

Country Programme Action Plan (CPAP)

2006-2010

**for the
Programme of Cooperation**

Between

The Royal Government of Cambodia

And

The United Nations Population Fund



The Royal Government of Cambodia



United Nations Population Fund

List of Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ART	Anti Retroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behavior Change Communication
BS	Family planning
CBD	Community Based Distributor
CDC	Cambodian Development Council
CDHS	Cambodian Demographic and Health Survey
CIPS	Cambodian Inter-Censal Population Survey
CMDG	Cambodia Millennium Development Goals
CO	Country Office
CP	Country Programme
CPA	Complimentary Package of Activities
CPAP	Country Programme Action Plan
CPR	Contraceptive Prevalence Rate
CS	Child Survival
CSES	Cambodia Socio-Economic Survey
D&D	Decentralization and Deconcentration
DFID	Department for International Development
DPHI	Department of Planning and Health Information
EmOC	Emergency Obstetric Care
FACE	Funding Authorization and Certificate of Expenditure
FP	Family Planning
GBV	Gender-Based Violence
GCA	Government Coordinating Authority
GDP	Gross Domestic Product
GTZ	German Technical Cooperation
HC	Health Center
HCMC	Health Center Management Committee
HIV	Human Immunodeficiency Virus
HRD	Human Resource Department
HSP	Health Sector Strategic Plan
HSS	HIV Sentinel Surveillance
HSSP	Health Sector Support Project
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMF	International Monetary Fund
IUD	Intrauterine Device
JAPR	Joint Annual Performance Review
JAHSR	Joint Annual Health Sector Review
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goals
MH	Maternal Health
MMR	Maternal Mortality Rate
MPA	Minimum Package of Activities
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoP	Ministry of Planning

MoWA	Ministry of Women's Affairs
MPA	Minimum Package of Activities
M&E	Monitoring and Evaluation
NCHP	National Center for Health Promotion
NCPD	National Committee for Population and Development
NGO	Non-Governmental Organization
NIS	National Institute of Statistics
NPP	National Population Policy
NRHP	National Reproductive Health Programme
NSDP	National Strategic Development Plan
OD	Operational District
ODA	Overseas Development Assistance
PD	Population and Development
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
RGC	Royal Government of Cambodia
RH	Reproductive Health
RHC	Reproductive Health Commodities
RHIYA	Reproductive Health Initiative for Youth in Asia
SEDP	Socio-Economic Development Plan
SIDA	Swedish International Development Agency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWAP	Sector-Wide Approach
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TWG	Technical Working Group
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCCT	Voluntary Confidential Counseling and Testing
VHSG	Village Health Support Group
YFCS	Youth-Friendly Clinical Services
WHO	World Health Organization

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Framework

The Royal Government of Cambodia, hereinafter referred to as “the Government”, and the United Nations Population Fund, hereinafter referred to as “UNFPA”;

Furthering their mutual agreement and cooperation for the fulfillment of the ICPD Programme of Action;

Building upon the experience gained and progress made during the implementation of the 1st and 2nd Country Programmes of Assistance;

Entering into a new period of cooperation;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

I. Basis of Relationship

The relationship between the Royal Government of Cambodia and UNFPA is governed by the Agreement signed 19 December 1994. The programme of assistance described herein has been agreed jointly by the Government and UNFPA. This Country Programme Action Plan consists of ten parts and four annexes wherein the general priorities, objectives, strategies, management responsibilities and commitments of the Government and UNFPA are described.

II. Situation Analysis

Peace and stability were progressively re-established throughout Cambodia following the Paris Peace Agreements in October 1991. The country’s first national elections were held in 1993, and subsequent elections were held in July 1998, July 2003, and the country’s first commune elections were held in February 2002.

The government recently developed the “Rectangular Strategy”, a tool to implement its political platform and to meet the Cambodia Millennium Development Goals (CMDGs). The Rectangular Strategy aims to promote economic growth, full employment of Cambodian workers, equity and social justice and enhanced effectiveness of the public sector. It consists of four interlocking growth rectangles focusing on 1) enhancement of the agricultural sector; 2) further rehabilitation and construction of physical infrastructure; 3) private sector development and employment generation, and 4) capacity building and human resource development. The fourth rectangle is further divided into four pieces reflecting the government’s prioritization of key population, gender and reproductive health issues: 1) enhanced quality of education; 2) improvement of health services; 3) fostering gender equity; 4) implementation of the population policy. The CMDGs and the Rectangular Strategy are the basis for Cambodia’s National Strategic Development Plan. This plan will guide Cambodia’s development 2006-2010, and is scheduled to be completed by the end of 2005.

Despite the significant progress since 1991, the country continues to face many challenges. Poverty rates remain very high. Thirty five percent of the population subsists below the poverty line, and an estimated 15 percent subsist in extreme poverty. Poverty is overwhelmingly rural, and is aggravated by very limited sources of growth, few linkages to the domestic economy, limited access to social services, landlessness, environmental degradation, and a lack of genuine participatory processes.

Cambodia's gross domestic product (GDP) grew an average of 6.8% between 1999 and 2002. It peaked at 10.8% in 1999, and is now on a declining trend. GDP growth was estimated at 5.2% in 2003¹, and economic growth continues to be narrowly based, and inequality is increasing. At present, GDP is just over US\$300 per capita, and levels of ODA remain high, at US\$39 per capita as of 2002².

Population and Development

Cambodia's total population is currently estimated at 13.1 million, and approximately 80% live in rural areas. The country's national population growth rate decreased from 2.4% in 1998 to 1.8% in 2004, and there was a corresponding and rapid decline in total fertility from 4.0 to 3.3³ during the same period. This decline is in line with Cambodia's MDG targets, and exceeds Cambodia's CMDG Total Fertility Rate (TFR) target of 3.4 by 2010.

Life expectancy is increasing, and is now 63.4 years for women, and 57.1 years for men. The age dependency ratio decreased during the 1998 to 2004 period, and is currently 74.0. Of particular note is the changing population structure, with increasing youth and elderly cohorts. As of 2004, 60% of the population is below 25 years of age, 36.5% is between 10 and 24 years of age, and 12% is above the age of 50.

While Cambodia has experienced a rapid decline in fertility, maternal and child mortality rates remain high and are currently estimated at 437 per 100,000 live births and 124 per 1000 live births, respectively.

At 5.1, the average size of households has marginally decreased during 1998-2004, both in urban and rural areas. A high proportion of households are headed by women (29%), and this represents a slight increase over the 1998 figure. While households headed by women are not significantly poorer than others, they are often more vulnerable.

Levels of migration have exhibited a slight increase from 31% in 1998 to 35% in 2004, with no male-female differentials either in size or pattern of migration. Rural-to-rural migration constitutes the largest percentage of migrants within Cambodia (69%), followed by rural-to-urban migration (14%). Migrants from outside Cambodia constitute only about 4% in 2004, as against 6% in 1998.

In recent years, Cambodia made significant strides in monitoring, analyzing and prioritizing population issues. In 2004, The National Institute of Statistics successfully completed its first Inter-censal Population Survey, and the country launched its first National Population Policy. During the same year, Cambodia also launched CamInfo, the country's national system for monitoring progress toward the CMDGs. These are significant achievements, and function as key building blocks for development of Cambodia's upcoming National Strategic Development Plan 2006-2010.

However, much remains to be done to ensure practical population issues, such as increasing youth and elderly populations, increasing unemployment and high levels of migration, are understood and able to be addressed at local levels. At present, there is limited capacity and resources to undertake research on emerging population issues, and provincial, district and commune planners often don't have access to current population data. The capacity of local level planners to analyze and use this data as part of a participatory planning and budgeting process is also quite limited.

¹ ADB, World Bank, UNCT and DFID, 2004

² DFID, 2005

³ CIPS: Demographic Estimates and Revised Population Projections, 2005

Gender

The Cambodian Constitution (1993) and The Marriage and Family Law (1989) enshrine equality between men and women, and Cambodia is a signatory to International Human, Women's and Children's Rights Conventions that regard men and women as equal partners. These conventions and laws combat discrimination against women, and promote equal opportunities for women, girls, men and boys.

Gender equality and the necessity of gender mainstreaming are prioritized by the Royal Government of Cambodia, and are integrated into all major policies, including the 2002 National Poverty Reduction Strategy, the 2003 Cambodia Millennium Development Goals, the 2003 National Population Policy, and the 2004 Rectangular Strategy. The adoption of draft laws on domestic violence and trafficking were included as 2005 targets in Cambodia's Millennium Development Goals Document. This is particularly noteworthy as Cambodia was the first country in the world to do so.

The Cambodia Gender Assessment - *A Fair Share for Women*, 2004, provides a detailed overview of the gender 'terrain' in Cambodia. It highlights that gender inequalities in Cambodia remain high, and social attitudes and tradition deem women to be of lower status than men. The consequences are manifested in significant gender inequities in access to education, representation in decision-making processes, and access to paid and skilled employment opportunities. The gender disparities in Cambodia are particularly severe for women in rural and remote areas.

Cambodia's Gender Empowerment Measure is among the lowest in Asia, reflecting low female representation in parliament, and at all levels of government⁴. At present, only 8% of the commune councillors, 16% of National Assembly members and 18% of Senate members are women.

Despite achievements in ensuring gender sensitive policy development and planning at the national level, gender specific issues are not well integrated into sectoral and local development plans. There is a weak understanding of key issues, and commitment and budgets for implementation are often limited. A lack of opportunities is also a concern, particularly for poor girls and women in rural and remote areas.

While almost equal numbers of boys and girls are enrolled in primary school, dropout rates for girls are higher, particularly at secondary and higher levels. Female enrolment in primary school is 90%. However, by lower secondary this has fallen to 21%, and to 8% by upper secondary⁵.

Women, especially those between the ages of 10 and 49, have increased health risks. Access to essential health services is limited, and this places women at a particular disadvantage. Cambodian women face significant reproductive health concerns, including limited access to family planning and safe delivery services, and high levels of malnutrition. High-risk sexual behaviour of men, sexual violence, and gender dynamics that limit women's ability to negotiate sex and condom use, make women especially vulnerable to unwanted pregnancies, STIs and HIV/AIDS.

Gender-based violence (GBV), including domestic violence, sexual abuse and trafficking is widespread in Cambodia. Gender based violence is associated with inequitable power relations between men and women, and takes place in an environment of weak legal mechanisms and a culture of impunity and acceptance. According to the 2000 Cambodian

⁴ Neary Rattanak II, 2004

⁵ MoEYS, 2004

Demographic Health Survey, 23% of women have experienced physical violence since age 15, and 25% of ever-married women have suffered emotional, physical and sexual violence.⁶

Health professionals, like most Cambodians, are often unaware of the causes of gender based violence, and are unable to recognise the physical and mental signs of abuse. They are often afraid to discuss abuse openly, and may believe that survivors of violence brought abuse upon themselves. There is limited availability of services for survivors, and policies and strategies for addressing perpetrators of violence are virtually non-existent.

Trafficking in women and children, both internal and cross border, is widespread, and is primarily for the purpose of commercial and sexual exploitation and labour. It is estimated that at any given time 100,000 people are being trafficked in Cambodia.⁷

Reproductive Health

Cambodia has made remarkable progress over the last decade, but the health sector still faces persistent challenges. While the Government has a number of policies and strategies related to reproductive health (e.g. safe motherhood policy and action plan, family planning policy, National Strategic Plan for Comprehensive and Multi-sectoral response to HIV/AIDS, etc.), these remain fragmented, and there is an identified need for an integrated approach to reproductive health and for development of an overarching reproductive and sexual health strategy to bring cohesion to this critical area.

Reproductive and child health indicators continue to be among the worst in the region. The maternal mortality rate averages 437 deaths per 100,000 live births, and infant mortality and child mortality are estimated to be 95 and 124 per 1,000 live births respectively. Neonatal mortality is also very high at 39.1 per 1,000 live births.

Approximately 89 percent of babies are still delivered at home, and more than two thirds of deliveries are not attended by skilled birth attendants. Traditional beliefs that negatively influence delivery practices, health seeking behavior and child feeding practices remain prevalent, and while availability of antenatal care is increasing, utilization remains limited and poor maternal, infant and child nutrition remain key problems. As of 2000, 57.8% of women were anemic⁸, and as of 2004, less than half of all pregnant women received 2 or more antenatal care visits, and only a half received adequate tetanus toxoid injections⁹.

The contraceptive prevalence rate (CPR) for modern methods, is still low, but exhibited a steady increase from 7% in 1995 to 18.5% in 2000. However, unmet need remains high at 32%, and both the TFR and CPR vary significantly with geographical location, education level and income. CPR for the wealthiest quintile is approximately twice that of the poorest, the highest provincial coverage rate is about three times that of the lowest, and the CPR of women with the highest education level is almost twice that of women with no education.

Although Cambodia still has the highest level of HIV/AIDS prevalence in Asia, impressive progress has been made and Cambodia is likely to achieve its Millennium Development Goal targets for 2015. Between 1997 and 2003, the estimated adult prevalence rate declined from 3.0 to 1.9, and Cambodia is one of the few countries in the world to achieve such a significant and rapid decline. High levels of commitment from government, civil society and partners have enabled Cambodia to achieve this success, and Cambodia has been able to attract

⁶ CDHS, 2000

⁷ A Fair Share, 2004

⁸ CDHS, 2000

⁹ JAPR, 2005

significant resources to address this issue, including multiple rounds of support from the Global Fund for AIDS, TB and Malaria.

While the overall decrease in prevalence rates is impressive, there is concern that the epidemic is shifting, and the prevalence rate in the general female population and among pregnant women has decreased only slightly¹⁰. Infection from husband-to-wife is now the major mode of transmission, and one third of all new HIV infections are from mother to child.

Cambodia has an increasingly youthful population. With 60% of the population below 25 years of age, and 36.5% between 10 and 24 years of age,¹¹ recognizing the sexual and reproductive health needs and rights of youth, and involving them in policy dialogue and implementation is critical for improving Cambodia's development potential. There is also a high unmet need for sexual and reproductive health (SRH) information and services for young people. While in and out of school education programmes, incorporating basic reproductive health issues as part of overall life skills and HIV peer education are increasing, current coverage remains limited, and ASRH issues have not yet been incorporated into the basic health service delivery packages. There is also limited capacity amongst teachers and health providers to provide necessary youth-friendly information, services and counseling.

A recent national survey of youth risk behavior indicated high levels of knowledge about HIV/AIDS, but also revealed that more than 50 percent of young people are not aware of symptoms of STIs, and that 21% didn't know how to prevent STIs. Although less than 2% admitted being sexually active, of these, 40% reporting engaging in sexual activity after drinking alcohol, and one out of five had either become pregnant or made their partner pregnant.¹²

The 2000 Cambodian Demographic & Health Survey (CDHS) identified a high unmet contraceptive need (37%) for young married women aged between 15-19 years. Thirty four percent of urban women and 39% of rural women had their first birth when 19 years or below, and less than 1% of women 19 years or below are using a modern contraceptive method¹³.

The public health system faces severe constraints in its ability to respond to these challenges. Public health staff are often inadequately skilled, suffer from poor access to resources and supplies, and salaries are so low as to create little or no incentive to work.

Public health expenditure per capita is also strikingly low at only USD\$2.96/capita.¹⁴ The national budget allocation to the Ministry of Health represents only 7.6 % of the national budget, and 1.26% of GDP. The situation gets worse at the sub-sectoral level, where allocations for Reproductive Health are minimal, and donor support relatively limited.

As a consequence, access to quality health services is limited, especially for the poor, and people often try to self-medicate before seeking care from a trained provider. These practices result in high out of pocket health expenditures, continuing ill health, debt and increased poverty.

A key element in the MoH's response to these issues has been the launch of the Health Sector Strategic Plan, 2003-2007 (HSP), which includes the provision of a Minimum Package of Activities (MPA) at health centers (HCs), and a Complementary Package of Activities (CPA)

¹⁰ HSS, 2003

¹¹ CIPS, 2004

¹² MoEYS, 2004

¹³ CDHS, 2000

¹⁴ JAPR, 2005

at referral hospitals. The MPA provides a basic package of preventive and curative services at the primary care level, and the CPA provides a complementary package of services for in-patient and out-patient care at the hospital level. Basic reproductive health services, such as deliveries by skilled attendants, ANC, family planning, emergency obstetric care, STI prevention and treatment, and basic Reproductive Health Commodities (RHC), have all been integrated into the MPA and CPA packages.

Although reproductive health commodities are part of the MPA/CPA packages, the MoH's forecasting and procurement capacity is limited, and government funding is limited to male condoms. There is an identified need for improving comprehensive RH commodity forecasting, both for public sector and social marketed products. While, in general, the supply of RH commodities is good, financial constraints and delays in procurement have resulted in some unexpected shortfalls and requests for emergency procurement. As government and donor resources for commodities are limited, long-term commodity security remains a challenge.

III. Past Cooperation and Lessons Learned

In 2004, UNFPA celebrated its tenth anniversary of support to Cambodia. Early assistance led to the nationwide introduction of family planning services, and the successful completion of the 1998 census - the first census undertaken in 3 decades.

A second programme of assistance was developed and implemented during 2001-2005. This programme encompassed a full range of gender, population and reproductive health initiatives in line with the ICPD Programme of Action and the Millennium Declaration. Key achievements of this Country Programme include the development and approval of Cambodia's first National Population Policy, successful completion of the Cambodian Inter-censal Survey (2004), the expansion of quality reproductive health services, and the introduction of adolescent health and gender mainstreaming initiatives.

Population and Development

In the last five years, significant achievements were made in the area of Population and Development. National capacity to collect and analyze population based data was strengthened, and increasingly data was used to inform policy development and planning. As noted earlier, several significant surveys were undertaken in this period, including Cambodia's Demographic and Health Survey 2000 (CDHS), and Cambodia's Inter-censal Population Survey 2004 (CIPS). CamInfo was also introduced and launched as a national data monitoring tool.

During the same period, Cambodia developed and launched its first National Population Policy (NPP). Implementation of the NPP is a core priority in the new government's Rectangular Strategy, and this is seen as critical for ensuring effective mainstreaming of population concerns into sectoral and decentralized planning and policy making.

UNFPA was a key supporter of statistical capacity development, national survey implementation, and policy formation and monitoring. During this period, UNFPA provided significant support for development of the national population policy, and for implementation of the CDHS and the CIPS.

Key next steps include strengthening evidence based planning and monitoring at the national and local levels, including development and monitoring of the National Strategic Development Plan 2006-2010. Capacity for collection, analysis and interpretation of population and poverty data will also be strengthened, and further in-depth analysis of recent

surveys, including the CIPS and the Cambodia Socio-economic Survey (CSES), will be undertaken to provide more detailed information on emerging population issues. Likewise, implementation and analysis of the 2005 CDHS and the 2008 Census, will ensure adequate data is available for on-going evidence based planning, monitoring and policy making.

Gender

Over the past several years, considerable progress was made in establishing and strengthening national institutions and structures, and in gender mainstreaming national policies and plans. Improvements were also made to the legal framework protecting Cambodians against gender based violence. Rape, physical violence, abuse and torture are defined as criminal acts, and several laws to combat gender based violence are currently under development. There were also gains in terms of increased female literacy and improved access to basic education.

Continued action is required to strengthen institutional mechanisms, and to foster socio-cultural practices that promote and protect the rights of women and girls. Gender mainstreaming action groups in line ministries need to be strengthened to ensure the integration of gender concerns within national and decentralized plans and budgets. Advocacy initiatives will also be required to bring about positive attitude changes towards gender equality and gender based violence.

UNFPA will support gender mainstreaming, advocacy and empowerment initiatives at both the national and decentralized levels. Key activities will include gender mainstreaming and advocacy at national and local levels, strengthening women's and children's focal points in selected commune councils, and supporting community awareness initiatives to advance gender equity and women's rights.

UNFPA will continue to advocate against gender-based violence, will support community focused campaigns to raise awareness and address gender based violence, and further strengthen integration of gender based violence concerns into peer education and life skills programmes in the formal and non-formal education systems.

As part of its support to the National Reproductive Health Programme, UNFPA will also support integration of GBV identification, counselling and referral services into the basic health service packages and support introduction of the female condom.

Reproductive Health

While significant challenges remain, there has been steady improvement in both availability and utilization of basic reproductive health services over the last five years. There has been a steady increase in the number of referral hospitals with the physical infrastructure to provide emergency obstetric care, and the number of midwives, especially in the north-east region, has increased steadily. In 2002, 361 health centers had staff with updated midwifery skills, and this number increased to 534 in 2004¹⁵. The number of pregnant women accessing antenatal care (2 + visits) also increased from 33% in 2003 to 47% in 2004¹⁶, and deliveries by trained attendants increased from 22% in 2003 to 33% in 2004¹⁷.

Knowledge and access to family planning (BS) services also expanded rapidly during this period, and this contributed to the dramatic decrease in the annual growth rates and the total fertility rate. This is largely due to increased availability of both short and long-term

¹⁵ JAPR, 2005 (Public sector data only)

¹⁶ JAPR, 2005 (Public sector data only)

¹⁷ JAPR, 2005 (Public sector data only)

methods, and expansion of government, community-based distribution (CBDs), and social marketing programmes.

In the last 5 years there was also marked expansion of VCCT, PMTCT and ART services. In 2002, the PMTCT Working Group formulated a National Policy on the Prevention of Mother-to-Child Transmission of HIV, and in July 2002 the *Law on the Prevention and Control of HIV/AIDS* was passed by the National Assembly. This law is regarded as best practice in Asia.

Through its support to training and district level initiatives, UNFPA contributed to increasing the availability and capacity of midwives, and increasing the access and utilization of ANC and delivery services by trained providers, especially in remote areas. UNFPA also provided critical support for expanding availability of family planning services through both the public sector, and through the socially marketed programmes. UNFPA also supported HIV prevention as an integral component of RH, ASRH and advocacy initiatives. A particular focus was support for HIV prevention activities amongst youth and adolescents.

The MoH and its health sector partners are seeking to improve access to quality RH services, especially for the poor and for women living in remote areas. The development of a comprehensive National Reproductive and Sexual Health Strategy has been prioritized, and key interventions will include increasing the number of facilities and staff with capacity to deliver quality Emergency obstetric and neonatal care, addressing the shortage and maldistribution of midwives, improving financial access to delivery services by trained providers for the poor, developing performance-based health systems, and developing and implementing effective referral systems. In addition, availability and choice of family planning methods and appropriate counseling will be expanded, including promotion of male and female condoms as dual protection, and expansion of long-term and permanent methods. Priority has also been given to increasing linkages between RH, child survival, especially neonatal survival, and HIV/AIDS services, expanding youth initiatives and youth friendly reproductive health services, and strengthening RH commodity security.

IV. Proposed Programme

The Country Programme Action Plan (CPAP) builds on the Country Programme Document for Cambodia reviewed by the Executive Board in June 2005, and scheduled to be approved in January 2006. The CPAP builds on the concepts and commitments outlined in the UN Development Assistance Framework (UNDAF), and contributes to achievement of UNDAF outcomes and national priorities as articulated in Cambodia's National Strategic Development Plan and the targets laid out by Cambodia's Millennium Development Goals.

The new Country Programme will provide support for pressing priorities Population and Development, Gender, and Reproductive Health priorities in Cambodia, and will utilize multiple interministerial, sectoral and decentralized channels to achieve real results. While in the past two Country Programmes, the majority of UNFPA Cambodia's support was focused at the national level, increased attention and focus will be given to decentralized needs within the new Country Programme.

After extensive consultation with government and donor partners, UNFPA has prioritized 18 Operational Districts / 14 Provinces for decentralized support. The locations were selected based on need, and showed poor results in relation to basic reproductive health, population and gender indicators, and do not have large-scale external assistance for population, gender and reproductive health initiatives. The list of priority locations can be found in Annex 1. Support at the decentralized level is strategically positioned to benefit areas most in need, and to inform UNFPA's critical national level policy dialogue and advocacy efforts.

While key initiatives and anticipated implementing partners are noted below, it is expected that the overall situation will change over time. New data will become available, new decentralization and deconcentration policies will come into play, public administrative reform and public financial management reform programmes will progress, and external partners will change. It is expected that progress will be jointly reviewed on an annual basis, and adaptations will be made to suit changing needs and priorities through the annual review and work plan processes.

Population and Development

Building on achievements and lessons learned from the last Country Programme, and on the government's current priorities and existing inputs from other development partners, UNFPA has prioritized two areas of support for 2006-2010: Output 1) Improved national and decentralized capacity to integrate and implement population, poverty and development issues within national, sectoral and decentralized plans; and Output 2) Strengthened national and local capacity in collecting, analyzing, interpreting, disseminating and utilizing disaggregated population and poverty data for decentralized planning, monitoring and policy making.

Work in these areas will ensure the following outcomes are achieved: 1) national and sectoral policies, decentralized plans and strategies take into account population, poverty and development linkages, and 2) the collection and utilization of age and sex disaggregated population and poverty data at national and decentralized levels is improved. In turn, achievement of these outcomes will contribute to the national priorities of good governance, the promotion and protection of human rights, and the development, implementation and monitoring of the National Strategic Development Plan.

For output one, UNFPA envisages a tiered approach with national level support to the Ministry of Planning and the National Council for Population and Development, provincial and district level support to Departments of Planning, and support to commune councils, and women's and children's focal points/committees in selected areas through new D&D structures and NGO initiatives. Support at the national level will complement existing and new initiatives supported by The UNCT and The World Bank, and initiatives at the commune level will complement on-going commune council training from D&D structures/Seila, UNICEF's Seth Koma work, and GTZ and other NGO initiatives.

As the government is currently engaged in a process of decentralization and deconcentration (D&D) reform, it will be important that there is flexibility to modify approaches and entry points as the situation evolves. For example, once the new D&D law and structures are defined and agreed in early 2006-2007, it is expected that there be opportunities for including population priorities within new implementation guidelines, curriculum, training and capacity building packages.

Key initiatives for Output 1 will include:

- Increase harmonization and alignment of donor support and move toward SWAP approach with the Ministry of Planning
- Implement the National Population Policy through integration of key population and development issues into the National Strategic Development Plan, sectoral plans and decentralized plans in selected areas.
- Strengthen government capacity to monitor, evaluate and report implementation of The National Strategic Development Plan, CMDGs, The National Population Policy and decentralized plans
- Build capacity and sensitize national level decision makers and decentralized planners on key population issues, and practical implementation in selected areas

- Sensitize and strengthen Ministry of Planning capacity to prioritize and mainstream gender issues
- Build awareness and responsiveness of community members, youth, commune councils, women's and children's focal points/committees, health center management committees and village health support groups to address population, gender and reproductive health issues in selected areas. (combined package for commune council/community level work)

For commune/community level work, a package of interventions including key population, gender and reproductive health awareness and empowerment initiatives has been designed. While this package of interventions is described here, within the population and development component, it also forms a key part of our gender and RH components.

This intervention package will be utilized in selected geographic areas to reinforce and complement efforts aimed at strengthening the capacity and responsiveness of provincial and district departments of planning, women's affairs and health. It is hoped that this approach of simultaneously building decentralized capacity and responsiveness of line ministries, community members, youth and elected commune councils, will lead to establishment of a critical mass of informed and capable individuals at the decentralized level who are aware of and empowered to claim their rights, and to achieve real improvements and results for their communities.

Key elements of this package will include:

- Commune Councils:
 - sensitization on key population, gender and RH issues
 - capacity building to analyze the local situation and use data for planning
 - support for participatory planning processes and inclusion of representatives from women's and children's committees in the planning process
- Women's and children's committees:
 - establishment and capacity building of members to advocate for women's and youth needs and rights, and to articulate these needs as part of the local planning process
 - development and support of proactive links with existing community based health, gender and education structures such as the Health Center Management Committee (HCMC), Village Health Support Groups (VHSG), community based distributors (CBD), midwives, schools, and in and out of school peer education and youth initiatives
- Community Members and Youth:
 - sensitization on key population, gender and RH issues and empowerment to claim their rights
 - support engagement and links with community based health, gender and education structures (Women's and Children's Committees, HCMC, VHSG, CBD, midwives, in and out of school peer education and youth programmes)
 - empower vulnerable women and youth
- Support for Health Center Management Committees and Village Health Support Groups.

UNFPA envisages a tiered approach for output two, including national level support to the Ministry of Planning and The National Council for Population and Development, provincial and district level support to Provincial and District Departments of Planning, and support to commune councils. Work at all three levels will improve quality, timeliness and use of key demographic data within development planning. UNFPA's support will be closely linked to and complement existing and new support for national statistics and capacity building from JICA, SIDA, IMF and UNDP.

Key initiatives for Output 2 will include:

- Build capacity of National Institute of Statistics/Ministry of Planning, selected Provincial and District Departments of Planning, and commune councils to collect, analyze and use population and poverty data
- Support Census 2008
- Support CDHS 2005 and 2010
- Support prioritization of research topics and research on emerging population issues (migration, youth, elderly, etc.)

Gender

Building on achievements and lessons learned from the last Country Programme, and based on the government's current priorities and existing inputs from other development partners, UNFPA has prioritized two areas of support for 2006-2010: Output 1) Strengthened capacity of priority ministries, selected commune councils and the media to promote the empowerment of women and youth; and Output 2) Increased awareness and empowerment of women and youth in priority areas to claim their rights to gender equity.

Work in these areas will ensure the following outcome is achieved: 1) Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls to advance gender equity. In turn, achievement of this outcome will contribute to the national priority of capacity-building and human resource development for the social sectors.

For output one, UNFPA envisages a tiered approach with national level support to the Ministry of Women's Affairs, Ministry of Health and Ministry of Planning, provincial and district level support to Provincial and District Departments of Women's Affairs, and support to commune councils, and women's and children's focal points/committees in selected areas through new D&D structures and NGO initiatives. Additional national level support will be considered for Women and HIV/AIDS programmes, and media initiatives.

Support at the commune level will focus on building capacity and responsiveness of commune councils and women's and children's committees regarding gender and gender based violence issues. It will also involve establishment and capacity building of women's and children's focal committees so that they can effectively advocate for women's and youths needs and rights and participate in the local planning process.

UNFPA's support at the national level will be closely linked and complement new/existing support from other gender partners, and at the commune level will link and complement on-going commune council training from D&D structures/Seila, UNICEF's Seth Koma work and other NGO initiatives.

Key initiatives for Output 1 will include:

- Build capacity of Ministry of Women's Affairs to support and monitor Gender Mainstreaming across line ministries and provinces.
- Build capacity of Ministry of Women's Affairs, and selected Provincial and District Department's of Women's Affairs to advocate for women's and girl's rights, to promote gender equality and reduce gender based violence.
- Sensitize and build capacity of Ministry of Women's Affairs for Women and HIV/AIDS initiatives.

- Sensitize and strengthen capacity of the Ministry of Planning and Ministry of Health to prioritize and mainstream gender issues.¹⁸
- Build capacity of selected Provincial and District Department's of Women's Affairs to integrate gender issues into local planning and to train/support Commune Women's and Children's Committees.
- Build awareness and responsiveness of community members, youth, commune councils, women's and children's focal points/committees, health center management committees and village health support groups to address population, gender and reproductive health issues in selected areas. (combined package for commune council/community level work).¹⁹
- Sensitize and develop capacity of media and civil society organizations to report on and advocate for women's and girl's rights, gender equality and a reduction in gender based violence.

For Output 2, UNFPA's primary approach will be to support commune/community level initiatives in priority areas. This will be done through UNFPA's combined Population, Gender and Reproductive Health package, and will involve sensitizing and empowering community members and youth to claim their right to gender equality, and empowering vulnerable women and youth. Work will link with and complement UNICEF's Seth Koma work, and NGO initiatives.

Reproductive Health

Building on achievements and lessons learned from the last Country Programme, and based on the government's current priorities and existing inputs from other development partners, UNFPA has prioritized four areas of support for 2006-2010: Output 1) Strengthened national capacity to develop, implement and evaluate gender-sensitive reproductive health and HIV policies, strategies and protocols; Output 2) Strengthened capacity of relevant government institutions and NGOs to provide high-quality reproductive health services, including those focusing on HIV/AIDS and sexually transmitted infection, in priority areas; Output 3) Increased access to high-quality, comprehensive, client-oriented and gender-sensitive reproductive health information and services (including those for HIV/AIDS and STIs) for the rural poor and vulnerable groups in priority areas; and Output 4) Increased awareness of women, men and youth about reproductive health, reproductive rights and available services in priority areas.

Work in these areas will ensure the following outcomes are achieved: 1) A policy environment that promotes reproductive health and reproductive rights; 2) Increased access to and utilization of high-quality reproductive health services; 3) Increased awareness and empowerment of the population, particularly women and youth, regarding their reproductive rights, including reproductive health services. In turn, achievement of these outcomes will contribute to the national priority of capacity-building and human resource development for the social sectors.

As output one specifically relates to capacity development for national level RH and HIV/AIDS policy and strategy work, UNFPA's support will focus on developing the capacity of appropriate national institutions such as the Ministry of Health and the National AIDS Authority. Additional national level support will be considered for the Ministry of Education

¹⁸ Support for gender mainstreaming in the Ministry of Planning and the Ministry of Health will be included within the Population and Development and Reproductive Health components, respectively, to promote appropriate ownership and mainstreaming within the relevant government institutions.

¹⁹ As noted earlier, commune/community level work will be supported through combined PD, Gender and RH package.

Youth and Sport, particularly in relation to development of youth policy, and in and out of school curriculum. UNFPA's support will be closely linked and complement existing/new support from health sector and education sector partners, particularly Health Sector Support Project (HSSP) Partners.

Key initiatives for Output 1 will include:

- Improve government-donor coordination and advance SWAP approach within the Ministry of Health
- Support development, implementation and monitoring of the reproductive health, HIV/AIDS and gender elements of The Health Sector Strategic Plan
- Support development, implementation and monitoring of the RH, HIV/AIDS and gender elements of the Annual Operational Plans from relevant MoH Departments and the National AIDS Authority.²⁰
 - Indicative departments (to be revised on an annual basis based on priorities and needs): NRHP, HRD, Personnel Department, NCHP, DPHI
- Finalize, cost and monitor the National Reproductive Health Strategy
- Revise protocols, service, drug, equipment and training packages based on results of new National Reproductive Health Strategy (including introduction of new contraceptive methods, female condoms, Adolescent friendly youth services, linkages RH, HIV and child health services and inclusion of gender based violence)
- Build capacity and improve RH commodity forecasting and security (public and social marketing)
- Sensitize and strengthen Ministry of Health capacity to prioritize and mainstream gender issues
- Support inter-ministerial development of Youth Policy, and relevant in and out of school curriculum for youth
- Strengthen engagement of midwives in policy and decision making

For Output 2, UNFPA envisages a tiered approach with national level support to the Ministry of Health, regional support to the Ministry of Health's Regional Training Centers (the institutions responsible for nurse and midwifery training), and provincial and district level support to selected Provincial Health Departments, Operational Districts and NGOs directly engaged in reproductive health service delivery. As per output one, UNFPA's support will be closely linked to and complement new/existing work of key health sector partners. At lower levels this will also include linkages to NGO initiatives.

Key initiatives for Output 2 will include:

- Increase availability of skilled midwives
 - Review, strengthen and implement midwifery elements of health workforce plan
 - Support midwifery training, recruitment and deployment for rural and remote areas
- Increase capacity of health providers to deliver quality RH-HIV services
 - Indicative in-service training topics include (to be revised on annual basis based on priorities and needs): EmOC and neonatal care, introduction of new contraceptive methods, introduction of the female condom, ASRH and GBV services and referrals, linked RH-HIV and STI services, management of complications from unsafe abortions, revised RH protocols, provider and client rights packages, communication and counseling skills)
- Support prioritization of research topics and research on emerging reproductive health issues to inform policy, strategy and service delivery

²⁰ No large scale support is anticipated for infrastructure or equipment costs. It is expected that these items will be covered by other government budgets or other donor support.

For Output 3, UNFPA envisages a tiered approach with national level support to the Ministry of Health, provincial and district level support to selected Provincial Health Departments, Operational Districts and NGOs directly engaged in reproductive health service delivery. As per above, UNFPA's support will be closely linked to and complement new/existing work of key health sector partners.

Key initiatives for Output 3 will include:

- Support development and implementation of performance based systems to enhance availability and quality of services and motivation of staff
- Support RH elements of Annual Operational Plans for selected Operational Districts and Provincial Health Departments (18 ODs/14 PHDs proposed).²¹
 - Indicative areas of support to include (to be revised on an annual basis based on needs): outreach, referrals, community based distribution, supervision, RH IEC/BCC initiatives, maternal death audit, linked RH/HIV/CS services, training (Note: potential training areas noted above.)
- Improve financial access to delivery services by skilled attendants for poor and vulnerable groups (equity funds, support for referral services)
- Public-private initiatives, including contracting of midwives for remote areas
- Introduce and expand youth friendly clinical services and appropriate health services and referral for survivors of gender based violence
- Procure female condoms, and other RH commodities, if required

For Output 4, UNFPA will use multiple channels to raise awareness of women, men and youth in priority areas. UNFPA's primary approach will be to support commune/community level initiatives through its combined Population, Gender and Reproductive Health package. Particular attention will be paid to building links and responsiveness between commune councils, women's and children's committees, community members, youth and existing health, gender and education structures, such as health center management committees, village health support groups, community based distributors, midwives, schools, and in and out of school peer education and youth initiatives. Engagement of men, youth and community leaders in RH issues will also be highlighted.

This work will be complemented by initiatives undertaken by NGO's, particularly youth organizations and NGOs engaged in local level YFCS and GBV services, and through MoEYS's in and out of school HIV/life skills peer education initiative. Additional support will be given at national level for large scale BCC campaigns.

Key initiatives for Output 4 will include:

- Build awareness and responsiveness of community members, youth, commune councils, women's and children's focal points/committees, health center management committees and village health support groups to address population, gender and reproductive health issues in selected areas. (combined package for commune council/community level work)²²
- MOEYS HIV/Life skills peer education programme for in and out of school youth
- NGO/youth organization community awareness raising and youth initiatives (ASRH, GBV, youth engagement, etc.)
- BCC initiatives

²¹ No large scale support is anticipated for infrastructure or equipment costs. It is expected that these items will be covered by other government budgets or other donor support.

²² As noted earlier, commune/community level work will be supported through combined PD, Gender and RH package

V. Partnership Strategy

With ODA at US\$39/capita, Cambodia is still highly dependent on external aid. Within the areas of population, gender and reproductive health, significant challenges and needs remain, and there are multiple partners providing support. Good coordination is essential to achieve optimal results from this support, and government-donor technical working groups (TWGs) and SWAp mechanisms have helped to improve coordination, and harmonization and alignment of support in some sectors.

In order to ensure the best use of UNFPA's resources, UNFPA will work in close collaboration with key government and donor partners in each of its programmatic areas. This will build on existing coordination efforts at both the inter-ministerial and the sectoral level, including participation in the on-going Consultative Group process, and participation in five government-donor technical working groups: health, gender, HIV/AIDS, education, and planning and poverty monitoring.

UNFPA also participates in and finances the sector-wide approach (SWAp) in the health sector, and intends to work with other partners in developing a similar approach with the Ministry of Planning. Working through a SWAp was an important lesson of the second country programme. This approach was seen to support the institutional structures and planning processes of the Government, reduced transaction costs for government, and was a critical vehicle for mainstreaming the ICPD agenda into policy and strategy decisions and implementation.

To achieve the aims of the next Country Programme, UNFPA will work with parliamentarians, government, NGOs, civil society partners and community leaders. This will mean continued partnership with the overall government, The Ministry of Planning, The National Committee for Population and Development, The Ministry of Women's Affairs and The Ministry of Health using both traditional funding and SWAp mechanisms. This will also mean strengthened or new partnerships with The Ministry of Education, The National AIDS authority, and with institutions at the decentralized level.

These decentralized partnerships are likely to include The Provincial and District Departments of Planning, Women's Affairs and Health, and elected commune councils in selected geographic areas. For emerging and sensitive issues, and for community based initiatives, there will be continued and/or new partnerships with NGOs, youth organizations and civil society partners. It is envisaged that partnerships will evolve and change over time to reflect the changing realities in the country. For example, new governmental and non-governmental partners may need to be added or changed based on the results of new decentralization and de-concentration laws, and the introduction of performance based incentive systems in various sectors.

UNFPA will work closely with all UN partner agencies, especially WHO, UNICEF, UNDP, UNIFEM and UNAIDS towards achievement of UNDAF and NSDP goals and targets. Key areas where joint programming is envisaged include: HIV/AIDS, gender, youth and national planning and monitoring. In SWAP situations, UNFPA will use commonly agreed support and financing mechanisms wherever possible.

VI. Programme Management

UNFPA will manage the Country Programme through its office in Phnom Penh. This office will consist of a representative, a deputy representative, an assistant representative, an operations manager, a national programme officer and administrative support staff. Programme funds will be earmarked for five national programme posts and four administrative support posts, within the framework of the approved country office typology. National project personnel, and technical consultants will be recruited as necessary.

The Government Coordinating Authority, the Cambodian Development Council (CDC), will have overall responsibility for coordination of the Country Programme, and the UNFPA CO will support the CDC to take on this function. Annual work plans will be the primary tool for operationalizing the programme, and these will be developed by implementing partners (government ministries/committees, NGOs and civil society partners, as detailed in the previous Partnership Section) in close collaboration with UNFPA. Progress will be reviewed on an annual basis linked to the UNDAF Annual Review. A detailed description of the planned monitoring and evaluation system can be found in the next section.

It is expected that sectoral level coordination of work will occur through the technical working group mechanisms, particularly the Technical Working Groups (TWGs) related to UNFPA's thematic areas of support - Planning and Monitoring, Health, Education, Gender and HIV/AIDS. These groups are officially recognized as the primary forum for donor - government consultation, coordination and monitoring, and are a key part of the Royal Cambodian Government's plan for Harmonization and Alignment. In an effort to support harmonization and alignment efforts and reduce transaction costs, the UNFPA CO will use the TWGs for external coordination of inputs. Internal coordination of inputs within each UNFPA thematic area will be supported by the UNFPA CO to fulfill the function of Programme Component Manager (PCM). The UNFPA CO will facilitate in-depth coordination and monitoring of inputs across implementing partners, and will ensure key activities and outputs are on-track. The CO and its respective implementing partners will highlight achievements and outstanding issues within the relevant TWGs on a monthly basis, and the GCA, the CDC, will receive on-going updates via quarterly TWG reporting. More detailed annual monitoring and reporting systems are described in the next section.

All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA.

Cash transfers for activities detailed in AWP's can be made by a UNFPA using the following modalities:

1. Cash transferred directly to the Implementing Partner:
 - a. Prior to the start of activities (direct cash transfer), or
 - b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by UN agencies in support of activities agreed with Implementing Partners.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months, except where alternate arrangements have been agreed. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. The UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

It should be noted that the majority of proposed implementing partners have previous experience executing UNFPA funds, and historical audit reports confirm that proper financial management and control systems are in place. However, the Country Office will support further capacity development of new and existing implementing partners to ensure full compliance with new harmonized cash transfer systems.

VII. Monitoring and Evaluation

The Country Programme Action Plan (CPAP) and the Annual Work Plans (AWPs) provide a crucial guide for implementation of the Country Programme. Annual Work Plans detail the activities to be carried out, the responsible implementing institutions, expected timeframes and planned inputs and outputs. Implementing partners will develop their workplans in close collaboration with UNFPA, and will report progress and expenditure on a quarterly basis using the Annual Work Plan Monitoring Tool and the Funding Authorization and Certificate of Expenditure (FACE). CO programme and finance staff will be responsible for monitoring progress of each implementing partner.

For government implementing partners who are operating under SWAp modalities, the Annual Work Plan will be based on the government's Annual Operational Plans which show all proposed activities and the corresponding funding sources for a given department, programme or district. Activities agreed for UNFPA funding will be clearly noted in these plans, and the UNFPA CO will apply relevant financial coding. Timing of reports and financial disbursements will be harmonized and agreed with government and other funding partners, and will likely occur on a six monthly basis.

UNFPA will sign separate letters of understanding and approval with each implementing partner. These Letters of Understanding provide details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reporting, and audit and control mechanisms. Responsible officials will utilize such funds in accordance with government and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved AWP activities and budgets, and ensuring adequate reporting as specified. Any balance of funds unutilized or which could not be used in accordance with the original plan can be reprogrammed by mutual consent between the government and UNFPA, or returned to UNFPA.

An in-depth annual review will occur at the end of each year, linked to the UNDAF annual review process. This review will look at annual work plan implementation and progress toward reaching the CPAP's defined results and targets using the annual workplan monitoring tools, the CPAP monitoring and tracking tool, and annual expenditure information. Ideally, the timing of the annual review will be in quarter 3 to ensure adequate time for development, consultation and approval of new Annual Work Plans for the following year. The results of this annual review will also be used to complete the Country Office Annual Report and to inform the UNDAF review process.

A Country Programme mid-term review and final evaluation are also envisaged. Like the annual review, the mid-term review and the final evaluation will be linked to the UNDAF review and evaluation processes. The mid-term review is planned for 2007/2008 and will be an opportunity to look at progress to date and relevance of strategies. The CPAP evaluation will occur towards the end of the programme cycle, and will assess overall progress towards achievement of CP outcomes and outputs, and inform future CP development.

Whenever possible, the monitoring and evaluation of the Country Programme will build on and contribute to national monitoring and evaluation systems, including the common systems for NSDP and CMDG monitoring, and the relevant sectoral monitoring systems for health, education, and

HIV/AIDS. National and sectoral review and data collection activities will also provide key data for CP monitoring. The annual NSDP review, the health sector annual and mid-term reviews, the education sector review, the gender assessment and the HIV/AIDS strategic plan review, will all occur during the country programme cycle, and will provide in-depth information and updated data for CPAP monitoring. These efforts to build on and contribute to national monitoring and evaluation systems will promote overall harmonization and alignment efforts, and will ensure high level profiling of key population, gender and RH issues.

Financial performance of implementing partners and the UNFPA CO will be reviewed on a regular basis. The UNFPA CO staff will be responsible for monitoring performance on a quarterly basis, and external audits will be regularly undertaken in compliance with UNFPA and UN harmonized regulations.

Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by the UNFPA. To that effect, Implementing partners agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives,
2. Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring,
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies (where so desired) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

The audits will be commissioned by UNFPA and undertaken by private audit services.

The CPAP Results and Resources Framework, The CPAP Monitoring Tool and the CPAP M&E calendar are attached as Annexes 2, 3 and 4.

VIII. Commitments of UNFPA

For the period 1 January 2006-31 December 2010, The UNFPA Executive Board approved a total commitment of US\$18,000,000 from Regular Resources in support of the Country Programme, subject to availability of funds. The board authorized UNFPA to seek additional funding, in the form of Other Resources, to support the implementation of the Country Programme, to an amount of US\$9,000,000. The availability of Other Resources will be dependent on the success of joint UNFPA and government resource mobilization efforts and donor interest. Therefore, the total value of the approved Country Programme (Regular Resources + Other Resources) equals US\$27,000,000. Please note that the regular and other resource amounts noted above are exclusive of any additional funding potentially received in response to an emergency appeal.

Resource mobilization will be a critical part of the new programme, and will be undertaken by UNFPA in conjunction with government and other partners as appropriate. As noted above, UNFPA hopes to mobilize an additional US\$ 9 Million to support CP initiatives, specifically for the census, contraceptive procurement and adolescent reproductive health initiatives. A resource mobilization plan was developed which highlights specific needs and possible funding sources. Work on census planning was initiated in 2005, and other resource mobilization activities will be initiated in the early part of the next Country Programme.

Specific details on the allocation and phasing of UNFPA's assistance in support of the Country Programme will be reviewed and further detailed through the Annual Work Plan process.

In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within 30 days.

In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within 30 days.

UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

IX: Commitments of the Government

The 2006-2010 Country Programme will be implemented in conformity with the policies of the Royal Government of Cambodia (RGC), the host country agreement signed between the RGC and the UN dated 1994, and the provisions and framework as set forth in this document. The Cambodian Development Council will function as Government Coordinating Agency and will take overall responsibility for coordinating and monitoring the Country Programme.

The government's expected contribution to this Country Programme is outlined in the host country agreement dated 1994. It includes, but is not limited to, in-kind contributions of space and local counterparts for achievement of Country Programme outcomes and outputs, support for resource mobilization efforts and the organization of annual and periodic reviews, and support for importation and exportation of goods, supplies and equipment, and payment or exemption from related customs charges.

Each of the UNFPA supported government committees, ministries, provincial and district departments and local institutions shall maintain proper accounts, records and documentation in respect of funds, supplies, equipment and other assistance provided under this Country Programme. Authorized officials of UNFPA shall have access to all relevant accounts, records and documentation concerning the distribution of supplies, equipment and other materials, and the disbursement of funds. The government shall also permit UNFPA officials, experts on mission, and persons/agents performing services for UNFPA, to observe and monitor all phases of the programme of cooperation.

A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWP's only.

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWP's, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA quarterly.

Where any of the national regulations, policies and procedures are not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA quarterly.

To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UNFPA or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
- all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore:

- receive and review the audit report issued by the auditors;
- provide a timely statement of the acceptance or rejection of any audit recommendation to the UNFPA;
- undertake timely actions to address the accepted audit recommendations;
- report on the actions taken to implement accepted recommendations to the UN agencies with the frequency that is mutually agreed.

X: Other Provisions

This Country Programme Action Plan and its annexes shall supersede any previously signed Country Programme Action Plans, and will cover the period 1 January 2006 to 31 December 2010.

The Country Programme Action Plan and its annexes can be modified by mutual consent of both parties, the Royal Government of Cambodia and UNFPA; and nothing in this document shall be in any way construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities, to which the government is a signatory.

IN WITNESS THEREOF, the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day..... 24 March 2006..... in Phnom Penh, Cambodia.

For the Royal Government of Cambodia



H.E. Mr. Keat Chhon
*First Vice Chairman of
The Council Development of Cambodia
Kingdom of Cambodia*

For the United Nations Population Fund



Ms. Bettina Maas
*Representative
UNFPA Cambodia*

Annex 1: List of Priority Locations

No	Province	# OD	# Adm Dist	# HC	# Commune	# Village
1	Banteay MeanChey	1. Monkul Borey	1. Serey Sophorn	19	21	217
			2. Mongkul Borey			
2	Battambang	2. Maung Russey	3. Mong Russey	13	18	144
			4. Kas Kralor			
		3. Sampov Lourn	5. Sampov Lourn	8	17	90
			6. Phnom Preuk			
			7. Kom Reang			
3	Kampong Cham	4. Tbong Khmum	8. Tbong Khmum	14	14	177
			9. Krouch Chmar			
4	Kampong Chhnang	5. Kg Chhang	10. Kg Chhang	23	50	356
			11. Roleapiear			
			12. Boribo			
			13. Chulkiri			
			14. Tuk Phos			
		6. Kg Tralach	15. Kg Leng			
			16. Kg Tralach	11	21	199
			17. Chulkiri			
5	Kampong Thom	7. Stong	18. Samaki Meanchey			
			19. Prsat Balaing	10	18	170
6	Koh Kong	8. Smach Meanchey	20. Stong			
			21. Smach Meanchey	6	13	45
			22. Modul Seima			
			23. Koh Kong			
7	Kratie	9. Kratie	24. Kiri Sakor			
			25. Kratie	12	29	151
			26. Prek Kabas			
			27. Sambo			
			28. Snuol			
		10. Chhlong	29. Chhlong			
			30. Prek Prasob	10	17	100
8	Mondul Kiri	11. Sen Monorum	31. Chhlong			
			32. Snuol			
			33. Sen Monorum	6 and 9HP	21	102
			34. Koh Nhek			
			35. Pichearda			
9	Preah Vihear	12. Peah Vihear	36. Oreang			
			37. Keo Sema			
			38. Tbeg Meanchey	14	49	204
			39. Chhep			
			40. Chey Sen			
			41. Ro Vieng			
			42. Sangkum Tmey			
43. Kou Len						
44. Chom Ksan						

No	Province	# OD	# Adm Dist	# HC	# Commune	# Village
10	Rattank Kiri	13. Ratanak Kiri	45. Banlung	10 and 17HP	49	240
			46. Ochum			
			47. Lumphat			
			48. Voeng Sai			
			49. Taveng			
			50. Borkeo			
			51. Oyada			
			52. Angdongmeas			
11	Siem Reap	14. Kralanh	54. Kralanh	10	17	149
			55. Srey Snam			
			56. Pouk			
		15. Angkor Chum	57. Pouk	15	25	242
			58. Angkor Chum			
12	Stung Treng	16. Stung Treng	59. Varin			
			60. Stung Treng	10	34	128
			61. Thala Bariwatt			
			62. Siem Pang			
			63. Sesan			
13	Oddar Mean Chey	17. Samroung	64. Siem Bok			
			65. Samroung	14	25	232
			66. Chong Kal			
			67. Bantay Ampil			
			68. Anglong Veng			
14	Pailin	18. Pailin	69. Trapeing Prasat			
			70. Khan Pailin	5	8	79
			71. Khan Sala Krauv			
Total		18		210 HCs & 26 HP	446	3025

HC = Health Center
HP = Health Post

Annex 2: The CPAP Results and Resources Framework

National Priority: Good governance and the promotion and protection of human rights									
UNDAF Outcome: By 2010, achieve significant progress towards effective participation of citizens, accountability and integrity of government.									
				Indicative resources by output (per annum, US\$)					
Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Yr1	Yr2	Yr3	Yr4	Yr5	Total
<p><u>PD Outcome 1 :</u> National and sectoral policies, decentralized plans and strategies take into account population, poverty and development linkages.</p> <p><u>PD Outcome 1 Indicator:</u> Population and poverty linkages explicit in national development policies and plans</p> <p><u>Baseline:</u> Population and poverty linkages partially reflected in national development plans and policies.</p> <ul style="list-style-type: none"> National Poverty Reduction Strategy 2003-2005 minimally incorporates population issues. 	<p><u>PD Output 1:</u> (CMB3P202) Improved national and decentralized capacity to integrate and implement population, poverty and development issues within national, sectoral and decentralized plans.</p>	<p><u>PD Output Indicator 1.1:</u> Key population and development issues integrated in the national strategic development plan.</p> <p><u>Baseline:</u> NPRS minimally incorporates population issues but no monitoring and no monitoring framework.</p> <p><u>Target:</u> The National Strategic Development Plan (NSDP) 2006-2010 and its monitoring framework incorporates key population, reproductive health and gender issues.</p> <p><u>PD Output Indicator 1.2:</u> Number and % of local plans in priority areas that integrate key population and development issues.</p>	<ul style="list-style-type: none"> Ministry of Planning Decentralization and Deconcentration Structures National Committee for Population and Development Donors NGOs 	Regular Resources					
				337,500	330,625	330,625	330,625	330,625	1,660,000
				Other Resources					
				0	0	0	0	0	0

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
<ul style="list-style-type: none"> 2004 Rectangular Strategy incorporates implementation of population, gender and reproductive health within 4th rectangle: Capacity building and human resource development. <p><u>Target:</u></p> <ul style="list-style-type: none"> National Strategic Development Plan (NSDP) 2006-2010, incorporates key population, reproductive health and gender issues. CMDGs include indicator and target for access to reproductive health. 		<p><u>Baseline:</u> 0-10% of provincial and commune plans in priority areas (estimation)</p> <p><u>Target:</u> 14 provincial and 400 commune plans (100% of provinces and 90% of communes in UNFPA supported areas) incorporate key population, reproductive health and gender issues.</p>							
<p>National Priority: The rectangular strategy of the Government is translated into a single national strategic development plan (2006-2010)</p> <p>UNDAF Outcome: The national development plan and its implementation serve as an effective guide for sectoral plans and related budgets.</p>									
<p><u>PD Outcome 2:</u> The collection and utilization of age and sex-disaggregated population and poverty data at national and decentralized levels is improved.</p> <p><u>PD Outcome 2 Indicator:</u> Sex and age-disaggregated data used to monitor the national strategic development plan and the MDGs</p>	<p><u>PD Output 2:</u> (CMB3P101) Strengthened national and local capacity in collecting, analyzing, interpreting, disseminating and utilizing disaggregated population and poverty data for decentralized planning, monitoring and policy-making.</p>	<p><u>PD Output Indicator 2.1:</u> Population data disaggregated by sex, age and income available through the census and demographic and health survey, and other surveys</p> <p><u>Baseline:</u> 1998 census, 2000 CDHS, 2004 CIPS data disaggregated by sex and age.</p>	<ul style="list-style-type: none"> Ministry of Planning National Committee for Population and Development Donors NGOs 	<p>Regular Resources</p>					
				320,000	165,000	1,135,000	235,000	485,000	2,340,000
				<p>Other Resources</p>					
				0	0	2,000,000	0	0	2,000,000

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
<p><u>Baseline:</u> Minimal age/sex/minority group disaggregation of data for monitoring National Poverty Reduction Strategy and MDGs, except education and literacy.</p> <p><u>Target:</u> Key data for NSDP and MDG monitoring routinely disaggregated by age, sex, income quintile, minority group (if possible).</p>		<p><u>Target:</u> 2005/2006 CDHS and 2008 Census data disaggregated and analyzed by sex, age, income, and minority group (if possible).</p> <p><u>PD Output Indicator 2.2:</u> Number and % of planners and staff in priority areas capable of incorporating key population issues into local plans</p> <p><u>Baseline:</u> Staff from 0-10% of UNFPA supported provinces and Commune Councils trained and capable of incorporating key population, reproductive health and gender issues into local plans (estimation)</p> <p><u>Target:</u> Staff from 14 Provincial Planning Departments and Commune Councilors from 400 communes (100% of UNFPA supported provinces and 90% of UNFPA supported communes) trained and capable of incorporating population, reproductive health and gender issues into local plans.</p>							

National Priority: Capacity –building and human resource development in the private sector
UNDAF Outcome: by 2010, improved health, nutritional and educational status and gender equity of the rural poor and vulnerable groups

				Indicative resources by output (per annum, US\$)					
Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Yr1	Yr2	Yr3	Yr4	Yr5	Total
<p>Gender Outcome 1: Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls to advance gender equity.</p> <p>Gender Outcome Indicator 1.1: Percentage of women in decision making positions (National Assembly, Senate, ministers, governors, commune councilors) (CMDG indicator)</p> <p>Baseline: (CMDG Report 2005) NA: 17.1 % Senate: 14.0% Ministers: 7.1% Governors: 0% CC: 8.7%</p> <p>Target: (2010 CMDG targets) NA: 24% Senate: 24% Ministers: 12% Governors: 6% CC: 15%</p>	<p>Gender Output 1: (CMB3G102) Strengthened capacity of priority ministries, selected commune councils and the media to promote the empowerment of women and youth</p>	<p>Gender Output Indicator 1.1: % of national and local development plans in priority areas that are gender responsive</p> <p>Baseline:</p> <p>National: 50% of national plans in priority areas gender responsive (NSDP, HIV/AIDS Strategic Plan, D&D, MoWA, MoH, MoP)</p> <ul style="list-style-type: none"> • NPRS: includes a section on gender equity and education, agriculture and rural development sections address some gender issues. • National HIV/AIDS Strategic Plan I: partially incorporates gender issues. • D&D: no organic law or national D&D roll-out plan • MoWA: Neary Rattanak II 2004-2008 confirms government commitment to gender equity 	<ul style="list-style-type: none"> • Ministry of Women's Affairs, • Ministry of Health, • Ministry of Education, Youth and Sport, Ministry of Planning • Decentralization and deconcentration structures • Donors • NGOs 	Regular Resources					
				273,200	337,400	337,400	337,400	339,600	1,625,000
				Other Resources					
				0	0	0	0	0	0

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
<p><u>Gender Outcome Indicator 1.2:</u> Youth Policy reflects gender equity and women's rights</p> <p><u>Baseline:</u> No youth policy</p> <p><u>Target:</u> Youth Policy explicitly reflects gender equity and women's rights</p>		<ul style="list-style-type: none"> • <u>MoH:</u> health sector strategic plan (03-07) promotes equity and social protection for vulnerable groups and supports action on Maternal Health issues, but plan not explicitly gender responsive. • <u>MoP:</u> No specific sectoral plan or gender mainstreaming plan. <p><u>Local</u></p> <ul style="list-style-type: none"> • 0-10% of province and CC plans in UNFPA supported areas are gender responsive. <p><u>Target:</u></p> <p><u>National:</u> 100% of national plans in priority areas gender responsive (national strategic plan, HIV/AIDS Strategic Plan, D&D, MoWA, MoH, MoP)</p> <ul style="list-style-type: none"> • <u>NSDP:</u> gender responsive • <u>National HIV/AIDS Strategic Plan II:</u> explicitly gender responsive 							

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
		<ul style="list-style-type: none"> • <u>D&D</u>: Organic Law and National D&D roll-out plan gender responsive • <u>MoWA</u>: Neary Rattanak III confirms government commitments and strategies for achieving gender equity • <u>MoH</u>: health sector strategic plan 08-10 explicitly gender responsive • <u>MoP</u>: gender mainstreaming plan exists. <p><u>Local</u></p> <ul style="list-style-type: none"> • 100% of provincial plans (14) and 90% of CC plan (400) in UNFPA supported areas gender responsive. <p><u>Gender Output Indicator 1.2:</u> Number of functioning focal points and committees for women and children on commune councils in priority areas</p> <p><u>Baseline:</u> 0-45 (0-10%) focal points and committees for women and children in UNFPA supported areas are functional (estimation)</p>							

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
		Target: 400 (90%) of focal points and committees for women and children in UNFPA supported areas are functional							
	<u>Gender Output 2:</u> (CMB3G104) Increased awareness and empowerment of women and youth in the priority areas to claim their rights to gender equity.	<u>Gender Output Indicator 2.1:</u> Percentage of population aware that violence against women is wrongful behaviour and a criminal act (CMDG indicator) <u>Baseline:</u> 4.5% (CMDG 2005 Update – MoWA Violence Against Women Survey 2005) <u>Target:</u> 50% (CMDG target for 2010) <u>Gender Output Indicator 2.2:</u> Percentage of women aware of trafficking and of specific laws on women's rights <u>Baseline:</u> <ul style="list-style-type: none"> • 52.4% of women have heard of any laws to protect women's rights (CDHS 2000) • 55.2% of women are aware of trafficking of women (CDHS 2000) 	<ul style="list-style-type: none"> • Ministry of Women's Affairs, Ministry of Health, Ministry of Education, Youth and Sports and Ministry of Planning • Decentralization and deconcentration structures • Donors • NGOs 	Regular Resources					
75,000				75,000	75,000	75,000	75,000	375,000	
Other Resources									
0				0	0	0	0	0	

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
		<u>Target:</u> • 70% of women have heard of any laws to protect women's rights • 70% of women are aware of trafficking of women							
National Priority: Capacity –building and human resource development in the private sector UNDAF Outcome: by 2010, improved health, nutritional and educational status and gender equity of the rural poor and vulnerable groups									
RH Outcome 1: A policy environment that promotes reproductive health and reproductive rights. <u>RH Outcome Indicator 1.1:</u> Reproductive health and reproductive rights, including the rights of youth, incorporated into the national strategic development plan; the health and education sector plans; and the MDG reports.	<u>RH Output 1:</u> (CMB3R102) Strengthened national capacity to develop, implement and evaluate gender-sensitive reproductive health and HIV policies, strategies and protocols	<u>RH Output Indicator 1.1 :</u> Comprehensive and gender sensitive national reproductive health strategy (2006-2010) in place <u>Baseline:</u> No National Reproductive and Sexual Health Strategy exists <u>Target:</u> National Reproductive and Sexual Health (RSH) Strategy (2006-2010) developed, monitored and evaluated. Strategy gender and youth responsive. <u>RH Output Indicator 1.2:</u> Minimum package of activities and complementary package of activities updated to reflect the new reproductive and sexual health strategy	<ul style="list-style-type: none"> • Ministry of Health • National AIDS Authority • Ministry of Education, Youth and Sports • Donors • NGOs 	Regular Resources					
				314,600	285,600	251,600	221,600	252,600	1,326,000
				Other Resources					
				0	0	0	0	0	0

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
<p><u>Baseline:</u> NPRS 2003-2005, HSSP 2003-2007, ESSP 2001-2005, and the MDG reports partially incorporated RH. Reproductive rights, including rights of youth, not explicit.</p> <p><u>Target:</u> NSDP 2006-2010, HSSP 2008-2010, ESSP 2006-2010 and MDG reports incorporate RH, reproductive rights and needs and rights of youth.</p>		<p><u>Baseline:</u> MPA and CPA contain RH package per agreed safe motherhood policy and plan 2001-2005 and BS policy (1997).</p> <p><u>Target:</u> MPA and CPA updated based on new RSH Strategy 06-10.</p>							
<p><u>RH Outcome 2:</u> Increased access to and utilization of high-quality reproductive health services</p> <p><u>RH Outcome Indicator 2.1:</u> Proportion of births attended by skilled health personnel (home and facility) (CMDG Indicator)</p> <p><u>Baseline:</u> 32% of births attended by skilled health personnel (CDHS 2000)</p>	<p><u>RH Output 2:</u> (CMB3R207) Strengthened capacity of relevant government institutions and NGOs to provide high-quality reproductive health services, including those focusing on HIV/AIDS and STIs, in priority areas</p>	<p><u>RH Output Indicator 2.1:</u> Number and % of health centers that have trained midwives</p> <p><u>Baseline:</u> National: 732 HCs (76% of 966 planned HCs) have trained midwife. (Primary: To be confirmed (TBC); Secondary: TBC)</p> <p><u>Target:</u> National: 868 HCs (90% of 966 planned HCs) have trained midwife. (Primary: TBC Secondary: TBC)</p>	<ul style="list-style-type: none"> • Ministry of Health • National AIDS Authority • Donors • NGOs 	Regular Resources					
				305,000	305,000	300,000	300,000	300,000	1,510,000
				Other Resources					
				0	0	0	0	0	0

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
<p><u>Target:</u> 70% of births attended by skilled health personnel (CMDG target 2010)</p> <p><u>RH Outcome Indicator 2.2:</u> Percentage of women aged 15-49 who have ever used a modern birth-spacing method (CMDG indicator)</p> <p><u>Baseline:</u> 18.5% of married women aged 15-49 have ever used modern birth spacing method. (CDHS 2000.)</p> <p><u>Target:</u> 44% of women aged 15-49 have ever used modern birth spacing methods (CMDG target 2010)</p>		<p><u>RH Output Indicator 2.2:</u> Number and % of health staff trained in updated minimum package of activities and complementary package of activities</p> <p><u>Baseline:</u> National: MPA: 0 (0%) of HC midwives trained in updated MPA (RH elements)</p> <p>CPA: 0 (0%) of referral hospital based midwives in priority areas trained in updated CPA (RH elements)</p> <p>Priority Areas: MPA: 0 (0%) of HC midwives trained in updated MPA (RH elements)</p> <p>CPA: 0 (0%) of referral hospital based midwives in priority areas trained in updated CPA (RH elements)</p> <p><u>Target:</u> National: MPA: 40% of HC midwives trained in updated MPA (RH elements)</p>							

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
		<p>CPA: 40% of referral hospital based midwives in priority areas trained in updated CPA (RH elements)</p> <p>Priority Areas: MPA: 75% of HC midwives in priority areas trained in updated MPA (RH elements)</p> <p>CPA: 75% of referral hospital based midwives in priority areas trained in updated CPA (RH elements)</p>							
	<p><u>RH Output 3:</u> (CMB3R201) Increased access to high-quality, comprehensive, client-oriented and gender-sensitive reproductive health information and services (including those for HIV/AIDS and STIs) for the rural poor and vulnerable groups in priority areas</p>	<p><u>RH Output Indicator 3.1:</u> Number and % of health centers with full minimum package of activities, and referral hospitals with comprehensive packages of activities</p> <p><u>Baseline:</u> National: (JAPR 2005) MPA: 294 out of 966 planned HCs (30%) have full MPA CPA: 26 = CPA 2, 15 = CPA 3 (41 out of 69 RH (60%) have medium to full CPA)</p>	<ul style="list-style-type: none"> • Ministry of Health • National AIDS Authority • Donors • NGOs 	Regular Resources					
808,600				994,600	1,180,600	1,216,600	1,216,600	5,417,000	
Other Resources									
300,000	2,300,000	2,300,000	300,000	300,000	5,500,000				

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
		<p><u>Target:</u> National: MPA: 400 out of 966 planned HCs (41%) have full MPA CPA: 32= CPA 2, 17= CPA 3 (49 out of 69 RH (71%) have medium to full CPA)</p> <p><u>RH Output Indicator 3.2:</u> Number and % of districts with equity funds or other financial systems that support access to services for poor and vulnerable groups.</p> <p><u>Baseline:</u> National: • 18 EF (24% of OD) • Small scale social health insurance (Takeo)</p> <p>Priority Areas: To be confirmed (TBC)</p> <p><u>Target:</u> National: 30 ODs (40% of OD) have EF or other financing mechanisms in place</p> <p>Priority Areas: To be confirmed (TBC)</p>							

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative resources by output (per annum, US\$)					
				Yr1	Yr2	Yr3	Yr4	Yr5	Total
<p><u>RH Outcome 3:</u> Increased awareness and empowerment of the population, particularly women and youth, regarding their reproductive rights, including reproductive health services</p> <p><u>RH Outcome Indicator 3.1:</u> Condom use among youth people aged 15-24 with non-regular partners (CMDG indicator)</p> <p><u>Baseline:</u> 1% of young women (15-24) used condoms during last sex (any partner) (CDHS 2000)</p> <p>33.8% of sexually active youth (11-18) always used condoms when having sex. (MOEYS 2004)</p>	<p><u>RH Output 4:</u> (CMB3R301) Increased awareness of women, men and youth about reproductive health, reproductive rights and available services in priority areas.</p>	<p><u>RH Output Indicator 4.1 :</u> % of youth who know where to go for appropriate reproductive health, HIV/AIDS and STI services (health centers, referral hospitals, NGOs or private clinics)</p> <p><u>Baseline:</u></p> <ul style="list-style-type: none"> No National Data For RHIYA supported areas: Public Hospital: 70.8% Private Clinic: 44.2% Health Center: 28.6% NGO clinic: 12.3% Traditional Healer: 42% Don't Know: 3% (RHIYA Baseline 2004) <p><u>Target:</u></p> <ul style="list-style-type: none"> Get indicator in routine national survey (youth risk behaviour survey 2009 or CDHS 2010) 80% of youth know at least one place to go for appropriate RH, HIV/AIDS and STI services (Youth Survey) <p><u>RH Output Indicator 4.2:</u> % of currently married couples where both partners approve of family planning</p>	<ul style="list-style-type: none"> Ministry of Health National Aids Authority Ministry of Education, Youth and Sport Donors NGOs 	Regular Resources					
				455,800	572,800	572,800	572,800	572,800	2,747,000
				Other Resources					
				300,000	300,000	300,000	300,000	300,000	1,500,000

				Indicative resources by output (per annum, US\$)					
Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Yr1	Yr2	Yr3	Yr4	Yr5	Total
<p><u>Target:</u> 90% of young people aged 15-24 use condom during sex with non-regular sexual partner. (CMDG target)</p> <p><u>RH Outcome Indicator 3.2:</u> % of women reporting births as wanted</p> <p><u>Baseline:</u> 67% of women reported births as wanted (CDHS 2000)</p> <p><u>Target:</u> 85% of women report births as wanted.</p>		<p><u>Baseline:</u> 68% (CDHS 2000)</p> <p><u>Target:</u> 85% (CDHS)</p>							

TOTAL Indicative Resources

		2006	2007	2008	2009	2010	TOTAL
Population and Development	Regular Resources	657,500	495,625	1,465,625	565,625	815,625	4,000,000
	Other Resources			2,000,000			2,000,000
	TOTAL	657,500	495,625	3,465,625	565,625	815,625	6,000,000
Gender	Regular Resources	348,200	412,400	412,400	412,400	414,600	2,000,000
	Other Resources	-	-	-	-	-	-
	TOTAL	348,200	412,400	412,400	412,400	414,600	2,000,000
Reproductive Health	Regular Resources	1,884,000	2,158,000	2,305,000	2,311,000	2,342,000	11,000,000
	Other Resources	600,000	2,600,000	2,600,000	600,000	600,000	7,000,000
	TOTAL	2,484,000	4,758,000	4,905,000	2,911,000	2,942,000	18,000,000
Programme Coordination and Assistance	Regular Resources	200,000	200,000	200,000	200,000	200,000	1,000,000
GRAND TOTAL - Regular Resources		3,089,700	3,266,025	4,383,025	3,489,025	3,772,225	18,000,000
GRAND TOTAL - Other Resources		600,000	2,600,000	4,600,000	600,000	600,000	9,000,000
GRAND TOTAL RR+OR		3,489,700	5,666,025	8,783,025	3,889,025	4,172,225	27,000,000

Annex 3: The CPAP Planning and Tracking Tool

PD Component

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: By 2010, achieve significant progress towards effective participation of citizens, accountability and integrity of government								
	Indicator	MoV	Res. Party	YR1-2006			YR2-2007	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 1								
National and sectoral policies, decentralized plans, and strategies take into account population/poverty and development linkages	1. Population and poverty linkages explicit in national development policies and plans	<ul style="list-style-type: none"> • NSDP and monitoring framework • NSDP Annual and Mid-term reports • CMDG list and reports 	<ul style="list-style-type: none"> • Ministry of Planning • National Committee for Population and Development 	Population and poverty linkages partially reflected in national development plans and policies. <ul style="list-style-type: none"> • National Poverty Reduction Strategy 2003-2005 minimally incorporates population issues. • 2004 Rectangular Strategy incorporates implementation of population, gender and reproductive health 	Population/poverty and development linkage explicit within NSDP.		<ul style="list-style-type: none"> • NSDP Annual Report includes population/poverty and development linkages • CMDGs list and reporting updated based on revised global list of indicators and new CDHS data. 	

	Indicator	MoV	Res. Party	YR1-2006			YR2-2007	
				Baseline	Target	Achievement	Target	Achievement
Output 1								
Improved national and decentralized capacity for integration and implementation of population/poverty and development issues within national, sectoral, and decentralized plans.	1.1 Key population and development issues integrated in NSDP.	<ul style="list-style-type: none"> • NSDP and monitoring framework • NSDP Annual and Mid-term reports 	<ul style="list-style-type: none"> • Ministry of Planning • National Committee for Population and Development 	<ul style="list-style-type: none"> • NPRS minimally incorporates population issues but no monitoring and not monitoring framework 	NSDP printed, launched, disseminated and NSDP monitoring framework established that integrate key population, RH and gender issues.		NSDP Annual Report includes key population, RH and gender issues.	
	1.2 Number and % of local plans in priority areas that integrate key Population and Development issues.	<ul style="list-style-type: none"> • Provincial and commune plans 	<ul style="list-style-type: none"> • Decentralization and Deconcentration Structures • NGOs 	<ul style="list-style-type: none"> • 0-10% of provincial and commune plans in priority areas (estimation) 	3 provincial and 101 commune plans (21% of provinces and 23% of communes in UNFPA supported areas) incorporate key population, reproductive health and gender issues.		5 provincial and 150 commune plans (36% of provinces and 37% of communes in UNFPA supported areas) incorporate key population, reproductive health and gender issues.	

	Indicator	MoV	YR3-2008		YR4-2009		YR5-2010	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 1								
National and sectoral policies, decentralized plans, and strategies take into account population/poverty and development linkages	1. Population and poverty linkages explicit in national development policies and plans	<ul style="list-style-type: none"> • NSDP and monitoring framework • NSDP Annual and Mid-term reports • CMDG list and reports 	NSDP mid-term review report includes population and population linkages.		NSDP Annual Report and CMDGs updated include population and poverty linkages.		<ul style="list-style-type: none"> • National Strategic Development Plan 2006-2010, incorporates key population, reproductive health and gender issues. • CMDGs include indicator and target for access to reproductive health. 	
Output 1								
Improved national and decentralized capacity for integration and implementation of population/poverty and development issues within national, sectoral, and decentralized plans.	1.1 Key population and development issues integrated in NSDP.	<ul style="list-style-type: none"> • NSDP and monitoring framework • NSDP Annual and Mid-term reports 	NSDP mid-term review report that includes key population, RH and gender issues.		NSDP Annual Report includes key population, RH and gender issues.		NSDP and its monitoring framework incorporate key population, reproductive health and gender issues.	
	1.2 Number and % of local plans in priority areas that integrate key Population and Development issues.	<ul style="list-style-type: none"> • Provincial and commune plans 	10 provincial and 243 commune plans (71% of provinces and 54% of communes in UNFPA supported areas) incorporate key population, reproductive health and gender issues.		14 provincial and 400 commune plans (100% of provinces and 90% of communes in UNFPA supported areas) incorporate key population, reproductive health and gender issues.		14 provincial and 400 commune plans (100% of provinces and 90% of communes in UNFPA supported areas) incorporate key population, reproductive health and gender issues.	

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome	The national development plan and its implementation serve as an effective guide for sector plans and related budgets							
	Indicator	MoV	Res. Party	YR1-2006			YR2-2007	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 2								
Collection and utilization of age and sex-disaggregated pop. and poverty data at national and decentralized levels improved	2. Sex and age disaggregated data used to monitor NSDP and CMDGs	<ul style="list-style-type: none"> • NSDP reports • CMDG reports 	<ul style="list-style-type: none"> • MoP/NIS • MoH/NIPH 	Minimal age/sex/minority group disaggregation of data for monitoring National Poverty Reduction Strategy and MDGs, except education and literacy.	NSDP monitoring framework includes sex, age, income and minority group disaggregated data.		<ul style="list-style-type: none"> • NSDP annual report includes key data disaggregated by sex, age, and income. • CMDG report includes key data disaggregated by sex, age, and income. 	
Output 2								
Strengthened national and local capacity in collection, analysis, interpretation, dissemination and utilization of disaggregated population and poverty data for decentralized planning, monitoring and policy-making.	2.1 Population data disaggregated by sex, age, income available through Census, CDHS, and other surveys	<ul style="list-style-type: none"> • CDHS reports • Census reports • Survey reports 	<ul style="list-style-type: none"> • MoP/NIS • MoH/NIPH 	1998 census, 2000 CDHS, 2004 CIPS data disaggregated by sex and age.	CDHS 2005/06 data disaggregated by sex and age		CDHS 2005/06 in-depth analysis disaggregated by sex, age, income and minority group if possible.	

	Indicator	MoV	Res. Party	YR1-2006			YR2-2007	
				Baseline	Target	Achievement	Target	Achievement
	2.2 Number and % of planners and staff in priority areas capable of incorporating pop. issues into local plan.	<ul style="list-style-type: none"> • Training/ workshop reports and capacity assessment 	<ul style="list-style-type: none"> • D + D Structure • NIS • Provincial Planning Depts. 	Staff from 0-10% of UNFPA supported provinces and Commune Councils trained and capable of incorporating key population, reproductive health and gender issues into local plans (estimation)	Staff from 3 Provincial Planning Departments and Commune Councillors from 101 communes (21% of UNFPA supported provinces and 23% of UNFPA supported communes) trained and capable of incorporating population, reproductive health and gender issues into local plans.		Staff from 5 Provincial Planning Departments and Commune Councillors from 150 communes (36% of UNFPA supported provinces and 37% of UNFPA supported communes) trained and capable of incorporating population, reproductive health and gender issues into local plans.	

	Indicator	MoV	YR3-2008		YR4-2009		YR5-2010	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 2								
Collection and utilization of age and sex-disaggregated pop. and poverty data at national and decentralized levels improved	2. Sex and age disaggregated data used to monitor NSDP and CMDGs	NSDP reports CMDG reports	NSDP mid-term review report includes key data disaggregated by sex, age, income, and minority group (if possible)		NSDP and CMDG reports include key data disaggregated by sex, age, income, and minority group (if possible)		Key data for NSDP and MDG monitoring routinely disaggregated by age, sex, income quintile, minority group (if possible).	
Output 2								
Strengthened national and local capacity in collection, analysis, interpretation, dissemination and utilization of disaggregated population and poverty data for decentralized planning, monitoring and policy-making.	2.1 Population data disaggregated by sex, age, income available through Census, CDHS, and other surveys	DHS reports Census reports Survey reports	2008 Census tools developed to allow disaggregation by sex, age, income, and minority group		2008 Census data disaggregated and analyzed by sex, age, income, and minority group		2005/2006 CDHS and 2008 Census data disaggregated and analyzed by sex, age, income, and minority group (if possible).	

	Indicator	MoV	YR3-2008		YR4-2009		YR5-2010	
			Target	Achievement	Target	Achievement	Target	Achievement
	2.2 Number and % of planners and staff in priority areas capable of incorporating pop. issues into local plan	<ul style="list-style-type: none"> • Training/ workshop reports and capacity assessment 	Staff from 10 Provincial Planning Departments and Commune Councillors from 243 communes (71% of UNFPA supported provinces and 54% of UNFPA supported communes) trained and capable of incorporating population, reproductive health and gender issues into local plans.		Staff from 14 Provincial Planning Departments and Commune Councillors from 400 communes (100% of UNFPA supported provinces and 90% of UNFPA supported communes) trained and capable of incorporating population, reproductive health and gender issues into local plans.		Staff from 14 Provincial Planning Departments and Commune Councillors from 400 communes (100% of UNFPA supported provinces and 90% of UNFPA supported communes) trained and capable of incorporating population, reproductive health and gender issues into local plans.	

Gender Component

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: By 2010 health, nutritional and education status and gender equity of the rural poor and vulnerable groups are improved								
	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 1								
Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls to advance gender equity	1.1. % of women in decision making positions (national assembly, senate, ministers, governors, commune councillors)	<ul style="list-style-type: none"> • CMDG Reports • Gender Assessments 	<ul style="list-style-type: none"> • MoP • MoWA 	NA: 17.1 % Senate: 14.0% Ministers: 7.1% Governors: 0% CC: 8.7%	NA: 17.1 % Senate: 21.0% Ministers:7.1% Governors:0% CC: 8.7%		NA: 17.1 % Senate: 21.0% Ministers: 7.1% Governors: 0% CC: 12%	
	1.2. Youth policy reflects gender equity and women's right			No Youth Policy	Youth Policy is drafted and is gender responsive		Youth Policy is drafted and is gender responsive	

	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
Output 1								
Strengthened capacity of priority ministries, selected commune councils and the media to promote the empowerment of women and youth	1.1. % of national and local development plans in priority areas that are gender responsive	<ul style="list-style-type: none"> • NSDP • NPRS • NSP II HIV/AIDS • D&D documents • Neary Rattanak • HSP • MoP Gender Mainstreaming Plan 	<ul style="list-style-type: none"> • MoP • MoP • NAA • Decentralization and Deconcentration structure • MoWA • MoH • MoP 	<p><u>National:</u> 50% of national plans in priority areas are gender responsive (NSDP, HIV/AIDS Strategic Plan, D&D, MoWA, MoH, MoP)</p> <ul style="list-style-type: none"> • <u>NPRS:</u> includes a section on gender equity and education, agriculture; and rural development sections address some gender issues. • <u>National HIV/AIDS Strategic Plan I:</u> partially incorporates gender issues. • <u>D&D:</u> no organic law or national D&D roll-out plan 	<ul style="list-style-type: none"> • National HIV/AIDS Strategic Plan II is finalized and gender responsive • D&D: organic law is approved and is gender responsive <p><u>Local</u> 21% of provincial plans (3) and 23% of CC plan (101) in UNFPA supported areas are gender responsive.</p>		<ul style="list-style-type: none"> • D&D roll out plan explicitly gender responsive • HSP 2008 -10 finalized and gender responsive • MoP: gender mainstreaming plan drafted <p><u>Local</u> 35% of provincial plans (5) and 37% of CC plan (150) in UNFPA supported areas are gender responsive.</p>	

	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
				<ul style="list-style-type: none"> • <u>MoWA</u>: Neary Rattanak (NRN) II 2004-2008 affirms government commitment to gender equity • <u>MoH</u>: health sector strategic plan (03-07) promotes equity and social protection for vulnerable groups and supports action on Maternal Health issues, but the plan is still not explicitly gender responsive. • <u>MoP</u>: No specific sectoral plan or gender mainstreaming plan. <p><u>Local</u>: 0-10% of province and CC plans in UNFPA supported areas are gender responsive.</p>				

	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
	1.2. Number of functioning focal points and committees for women and children in commune councils within priority areas	<ul style="list-style-type: none"> Focal points/ committees reports and assessments Commune council reports and assessments 	<ul style="list-style-type: none"> D&D structures Commune council NGOs 	0-47 (0-10%) focal points and committees for women and children in UNFPA supported areas are functional (estimation)	101 (23%) of focal points and committees for women and children in UNFPA supported areas are functional		150 (37%) of focal points and committees for women and children in UNFPA supported areas are functional	
Output 2								
Increase awareness and empowerment of women and youth in the priority areas to claim their rights to gender equity	2.1. % of population understands violence against women is a wrongful behaviour and criminal act	<ul style="list-style-type: none"> CMDG Reports VAW surveys CDHS surveys 	<ul style="list-style-type: none"> MoP MoWA MoP and MoH 	4.5% (CMDG 2005 Update – MoWA Violence Against Women Survey 2005)	25% of population are aware of violence against women is a wrongful behaviour and criminal act			
	2.2. % of women are aware of trafficking and have heard of specific laws on women rights	<ul style="list-style-type: none"> CDHS surveys 	<ul style="list-style-type: none"> MoP and MoH 	<ul style="list-style-type: none"> 52.4% of women have heard of any laws to protect women's rights (CDHS 2000) 55.2% of women are aware of women trafficking (CDHS 2000) 	<ul style="list-style-type: none"> 63% of women have heard of any laws protecting women's rights 65% of women are aware of women trafficking 			

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: By 2010 health, nutritional and education status and gender equity of the rural poor and vulnerable groups are improved								
	Indicator	MoV	YR3-2008		YR4-2009		YR5-2010	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 1								
Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls to advance gender equity	1.1. % of women in decision making positions (national assembly, senate, ministers, governors, commune councillors)	<ul style="list-style-type: none"> • CMDG reports • Gender Assessments 	NA: 21.0 % Senate: 21.0% Ministers: 10.0% Governors: 4% CC: 12%		NA: 21.0 % Senate: 21.0% Ministers: 10.0% Governors: 4% CC: 12%		NA: 24% Senate: 24% Ministers: 12% Governors: 6% CC: 15%	
	1.2. Youth policy reflects gender equity and women's right		Youth Policy is drafted and is gender responsive		Youth Policy is finalized and explicitly reflects gender equality and women's rights		Youth policy explicitly reflects gender equality and women's rights	

	Indicator	MoV	YR3-2008		YR4-2009		YR5-2010	
			Target	Achievement	Target	Achievement	Target	Achievement
Output 1								
Strengthen capacity of priority ministries, selected commune councils and the media to promote the empowerment of women and youth	1.1. % of national and local development plans in priority areas that are gender responsive	<ul style="list-style-type: none"> • NSDP • NPRS • NSP II HIV/AIDS • D&D documents • Neary Rattanak • HSP • MoP Gender Mainstreaming Plan 	<ul style="list-style-type: none"> • NRN III confirmed government commitment to achieve gender equality and equity. <p><u>Local</u> 71% of provincial plans (10) and 54% of CC plan (243) in UNFPA supported areas are gender responsive.</p>		<p><u>Local</u> 100% of provincial plans (14) and 90% of CC plan (400) in UNFPA supported areas are gender responsive.</p>		<p><u>National:</u> 100% of national plans in priority areas are gender responsive (national strategic plan, HIV/AIDS Strategic Plan, D&D, MoWA, MoH, MoP)</p> <ul style="list-style-type: none"> • <u>NSDP:</u> gender responsive • <u>National HIV/AIDS Strategic Plan II:</u> is explicitly gender responsive • <u>D&D:</u> Organic Law and National D&D roll-out plan are gender responsive • <u>MoWA:</u> Neary Rattanak III confirms government commitments and strategies for achieving gender equality and equity 	

	Indicator	MoV	YR3-2008		YR4-2009		YR5-2010	
			Target	Achievement	Target	Achievement	Target	Achievement
							<ul style="list-style-type: none"> • <u>MoH</u>: health sector strategic plan 08-10 is explicitly gender responsive • <u>MoP</u>: gender mainstreaming plan exists. <p><u>Local</u> 100% of provincial plans (14) and 90% of CC plan (400) in UNFPA supported areas are gender responsive.</p>	
	1.2. Number of functioning focal points and committees for women and children in commune councils in priority areas	<ul style="list-style-type: none"> • Focal points/ committees reports and assessments • Commune council reports • Training reports and assessments 	243 (54%) of focal points and committees for women and children in UNFPA supported areas are functional		4001 (90%) of focal points and committees for women and children in UNFPA supported areas are functional		400 (90%) of focal points and committees for women and children in UNFPA supported areas are functional	

	Indicator	MoV	YR3-2008		YR4-2009		YR5-2010	
			Target	Achievement	Target	Achievement	Target	Achievement
Output 2								
Increase awareness and empowerment of women and youth in the priority areas to claim their rights to gender equity	2.1. % of population are aware of violence against women is a wrongful behaviour and criminal act	<ul style="list-style-type: none"> • CDHS reports • VAW surveys • CDHS surveys 					<ul style="list-style-type: none"> • 50% of population are aware of violence against women is a wrongful behaviour and criminal act (CMDG target for 2010) 	
	2.2. % of women are aware of trafficking and have heard of specifics laws on women's rights						<ul style="list-style-type: none"> • 70% of women have heard of any laws protecting women's rights • 70% of women are aware of women trafficking 	

Reproductive Health Component

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: By 2010 improved health, nutritional and education status and gender equity of rural poor and vulnerable groups								
	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 1								
A Policy environment that promotes Reproductive Health and Reproductive Rights	Reproductive health and reproductive rights, including youth rights incorporated into: - The National Development Strategic Plan, - Health and Education Sector Plans and - The MDG Reports	NSDP MoH Sector Plan Education Sector Plan MDG Reports	MoP MoH MoEYS MoP	NPRS 2003 –2005 HSP 2003 – 2007 ESP 2001 – 2005,and MDG reports partially incorporated RH, RR, including rights for youth, not explicit.	• NSDP 2006 - 2010 • ESP 2006 – 2010		• Health Sector Plan 2008 – 2010 • Update CMDG 2007	
Output 1								
Strengthened national capacity to develop, implement and evaluate gender sensitive RH/HIV policies, strategies, and protocols.	1.1 Comprehensive and gender sensitive National Reproductive Health Strategy (2006 – 2010) in place.	NSRHS 2006 - 2010	MoH	• No National Reproductive and Sexual Health Strategy exists	• NRSHS finalised and disseminated		• NRSHS monitored	
	1.2 MPA and CPA updated to reflect new reproductive and sexual health strategy.	Updated MPA and CPA Packages	MoH	• MPA and CPA contain RH Package per agreed safe motherhood policy and plan 2001- 2005 and BS Policy (1997)	• Revision of MPA and CPA Packages initiated.		• Continued revision of MPA and CPA Packages.	

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: By 2010 improved health, nutritional and education status and gender equity of rural poor and vulnerable groups								
	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 2								
Increased access to and utilization of high quality RH services.	2.1 Proportion of births attended by skilled health personnel ²³ (home & facility) (CMDG Indicator)	CDHS	MoH	• 32% of birth attend by skilled health personnel (CDHS 2000)	• 40% of birth attend by skilled health personnel (CDHS 2005)			
	2.2 % of women aged 15 – 49 who have ever used a modern birth spacing method (CMDG Indicator)	CDHS	MoH	• 18.5% of married women aged 15-49 have ever used modern birth spacing method (CDHS 2000)	• 25% of married women aged 15-49 have ever used modern birth spacing method. (CDHS 2005)			
Output 2 Strengthened capacity of relevant government institutions and NGOs to provide high quality reproductive health services, including those focusing on HIV/AIDS and STIs in priority areas.	2.1 Number and % of HCs that have trained midwives.	JAHSR	MoH	National: • 732 HCs (76% of 966 planned HCs) have trained midwives (Primary: TBC; Secondary: TBC)	• National: 750 HCs (77.5%) of 966 planned HCs) have trained midwives (Primary: TBC; Secondary: TBC)		• National: 770 HCs (80%) of 966 planned HCs) have trained midwives (Primary: TBC; Secondary: TBC)	

	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
	2.2 Number and % of health staff trained in updated MPA and CPA.	NRHP HSSP Monitoring Reports	MoH	<u>National:</u> <ul style="list-style-type: none"> • MPA: 0 (0%) of HC midwives trained in updated MPA (RH elements) • CPA: 0 (0%) of referral hospital based midwives in priority areas trained in updated CPA (RH elements) <u>Priority areas:</u> <ul style="list-style-type: none"> • MPA: 0 (0%) of HC midwives trained in updated MPA (RH elements) • CPA: 0 (0%) of referral hospital based midwives in priority areas trained in updated CPA (RH elements) 			<u>National:</u> <ul style="list-style-type: none"> • MPA: 5% of HC (50 HCs) midwives trained in updated MPA (RH elements) • CPA: 5% (4 RHs) of referral hospital based midwives in priority areas trained in updated CPA (RH elements) <u>Priority areas:</u> <ul style="list-style-type: none"> • MPA: 10% (21 HCs) of HC midwives trained in updated MPA (RH elements) • CPA: 10% (2RHs) of referral hospital based midwives in priority areas trained in updated CPA (RH elements). 	

	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
Output 3								
Increased access to high quality, comprehensive, client oriented and gender sensitive reproductive health information and services (including HIV/AIDS and STIs) for rural poor and vulnerable groups in priority areas.	3.1 Number and % of HCs with full MPA, and RHs with CPA.	JAHSR	MoH	National: (JAPR 2005) <ul style="list-style-type: none"> • MPA: 294 out of 966 planned HCs (30%) have full MPA • CPA: 41(CPA 2: 26 and CPA 3: 15) out of planned 69 RHs (60%) have medium to full CPA. 	National: <ul style="list-style-type: none"> • MPA: 300 out of 966 planned HCs (31%) have full MPA • CPA: 42(CPA 2: 27 and CPA 3: 15) out of planned 69 RHs have medium to full CPA. 		National: <ul style="list-style-type: none"> • MPA: 320 out of 966 planned HCs (33%) have full MPA • CPA: 43(CPA 2: 27 and CPA 3: 16) out of planned 69 RHs (62%) have medium to full CPA. 	
	3.2 Number and % of districts with equity funds or other financial systems that support access to services for poor and vulnerable groups.	JAHSR	MoH	National: <ul style="list-style-type: none"> • Equity Funds 18 ODs (24%) • Small scale of social health insurance in Takeo. Priority areas: To be confirmed	National: <ul style="list-style-type: none"> • 20 ODs (26%) have Equity Fund or other financing mechanisms in place. Priority areas: To be confirmed		National: <ul style="list-style-type: none"> • 22 ODs (29%) have Equity Fund or other financing mechanisms in place. Priority areas: <ul style="list-style-type: none"> • To be confirmed 	

UNDAF Outcome: By 2010 improved health, nutritional and education status and gender equity of rural poor and vulnerable groups

	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 3								
Increased awareness and empowerment of the population, particularly women and youth regarding their reproductive rights, including RH services.	3.1 Condom use amongst young people 15-24 with non-regular partners (CMDG indicator)	Youth Surveys CDHS	MoEYS MoH	<ul style="list-style-type: none"> • 1% of young women (15-24) who used condoms during last sex with any partner (CDHS 2000) • 33.8% of sexually active youth (11-18) always used condoms when having sex (MoEYS 2004) 	<ul style="list-style-type: none"> • 40% of young people aged 15 –24 used condom during sex with non regular sexual partner 			
	3.2 % of women reporting births as wanted	CDHS	MoH	<ul style="list-style-type: none"> • 67% of women reported births as wanted (CDHS 2000) 	<ul style="list-style-type: none"> • 75% of women report births as wanted 			

	Indicator	MoV	Res. Party	YR1 - 2006			YR2 - 2007	
				Baseline	Target	Achievement	Target	Achievement
Output 4								
Increased awareness of women, men, and youth about reproductive health, reproductive rights and available services in priority areas.	4.1 % of youth who know where to go for appropriate RH, HIV/AIDS and STI services (HCs, RHs, NGOs or private clinics)	RHIYA End-line Survey. Youth Surveys CDHS	RHIYA MoEYS MoH	<ul style="list-style-type: none"> • No National Data • For RHIYA supported areas: <ul style="list-style-type: none"> - Public hospital 70.8% - Private clinic 44.2% - Health centre 28.6% - NGO clinic 12.3% - Traditional healer: 42% - Don't know: 3% (RHIYA Baseline 2004)	<ul style="list-style-type: none"> • 20% of youth know at least one place to go for appropriate RH, HIV/AIDS and STI services (Youth Survey) 			
	4.2 % of currently married couples where both partners approve of family planning	CDHS	MoH	<ul style="list-style-type: none"> • 68% (CDHS 2000) 	<ul style="list-style-type: none"> • 75% (CDHS 2005) 			

RESULTS	Indicator	MoV	Resp. party	Baseline	Target	Achievement		
UNDAF Outcome: By 2010 improved health, nutritional and education status and gender equity of rural poor and vulnerable groups								
	Indicator	MoV	YR3 - 2008		YR 4 - 2009		YR5 – 2010	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 1								
A Policy environment that promotes Reproductive Health and Reproductive Rights	Reproductive health and reproductive rights, including youth rights incorporated into: - The National Development Strategic Plan, - Health and Education Sector Plans and - The MDG Reports	NSDP MoH Sector Plan Education Sector Plan MDG Reports	• NSDP Mid Term Review				NSDP 2011 – 2015, HSP 2011 - 2015, ESP 2011 – 2015, and MDG reports incorporate RH, RR and needs and rights of youth	
Output 1								
Strengthened national capacity to develop, implement and evaluate gender sensitive RH/HIV policies, strategies, and protocols.	1.1. Comprehensive and gender sensitive National Reproductive Health Strategy (2006 – 2010) in place.	NRHS 2006 - 2010	• NRSHS monitored		• NRSHS monitored		• National Reproductive and Sexual Health (RSH) Strategy (2006-2010) developed, monitored and evaluated. Strategy gender and youth responsive.	
	1.2. MPA and CPA updated to reflect new reproductive and sexual health strategy.	Updated MPA and CPA Packages	• Revision of MPA and CPA Packages finalized.				• MPA and CPA updated based on new NRSH Strategy 2006 - 2010	

RESULTS	Indicator	MoV	Resp. party	Baseline	Target	Achievement		
UNDAF Outcome: By 2010 improved health, nutritional and education status and gender equity of rural poor and vulnerable groups								
	Indicator	MoV	YR3 - 2008		YR 4 - 2009		YR5 - 2010	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 2								
Increased access to and utilization of high quality RH services	2.1 Proportion of births attended by skilled health personnel ²⁴ (home & facility) (CMDG Indicator)	CDHS					• 70% of birth attended by skilled health personnel (CMDG 2010)	
	2.2% of women aged 15 – 49 who have ever used a modern birth spacing method (CMDG Indicator)	CDHS					• 44% of married women aged 15-49 have ever used modern birth spacing methods (CMDG 2010)	
Output 2 Strengthened capacity of relevant government institutions and NGOs to provide high quality reproductive health services, including those focusing on HIV/AIDS and STIs in priority areas.	2.1 Number and % of HCs that have trained midwives.	JAHSR	• National: 790 HCs (82%) of 966 planned HCs) have trained midwives (Primary: TBC; Secondary: TBC)		• National: 825 HCs (85%) of 966 planned HCs) have trained midwives (Primary: TBC; Secondary: TBC)		• National: 868 HCs (90%) of 966 planned HCs) have trained midwives (Primary: TBC; Secondary: TBC)	

	Indicator	MoV	YR3 - 2008		YR 4 - 2009		YR5 - 2010	
			Target	Achievement	Target	Achievement	Target	Achievement
	2.2 Number and % of health staff trained in updated MPA and CPA	NRHP HSSP Monitoring Reports	<u>National:</u> <ul style="list-style-type: none"> • MPA: 10% (100 HCs) of HC midwives trained in updated MPA (RH elements) • CPA: 10% (7RHs) of referral hospital based midwives in priority areas trained in updated CPA (RH elements) <u>Priority areas:</u> <ul style="list-style-type: none"> • MPA: 30% (63HCs) of HC midwives trained in updated MPA (RH elements) • CPA: 33% (6RHs) of referral hospital based midwives in priority areas trained in updated CPA (RH elements). 		<u>National:</u> <ul style="list-style-type: none"> • MPA: 25% (240HCs) of HC midwives trained in updated MPA (RH elements) • CPA: 26% (18 RHs) of referral hospital based midwives in priority areas trained in updated CPA (RH elements) <u>Priority areas:</u> <ul style="list-style-type: none"> • MPA: 50% (105 HCs) of HC midwives trained in updated MPA (RH elements) • CPA: 50% (9RHs) of referral hospital based midwives in priority areas trained in updated CPA (RH elements). 		<u>National:</u> <ul style="list-style-type: none"> • MPA: 40% (387 HCs) of HC midwives trained in updated MPA (RH elements) • CPA: 40% (28 RHs) of referral hospital based midwives in priority areas trained in updated CPA (RH elements) <u>Priority areas:</u> <ul style="list-style-type: none"> • MPA: 75% (158 HCs) of HC midwives trained in updated MPA (RH elements). • CPA: 75% (14 RHs) of referral hospital based midwives in priority areas trained in updated CPA (RH elements) 	

	Indicator	MoV	YR3 - 2008		YR 4 - 2009		YR5 - 2010	
			Target	Achievement	Target	Achievement	Target	Achievement
Output 3								
Increased access to high quality, comprehensive, client oriented and gender sensitive reproductive health information and services (including HIV/AIDS and STIs) for rural poor and vulnerable groups in priority areas.	3.1 Number and % of HCs with full MPA, and RHs with CPA	JAHSR	National: <ul style="list-style-type: none"> MPA: 345 out of 966 planned HCs (36%) have full MPA CPA: 45(CPA 2: 28 and CPA 3: 17) (65%) out of planned 69 RHs have medium to full CPA. 		National: <ul style="list-style-type: none"> MPA: 370 out of 966 planned HCs (38%) have full MPA CPA: 47 (CPA 2: 29 and CPA 3: 18) (68%) out of planned 69 RHs have medium to full CPA. 		National: <ul style="list-style-type: none"> MPA: 400 out of 966 planned HCs (41%) have full MPA CPA: 49(CPA 2: 32 and CPA 3: 17) out of planned 69 RHs (71%) have medium to full CPA. 	
	3.2 Number and % of districts with equity funds or other financial systems that support access to services for poor and vulnerable groups.	JAHSR	National: <ul style="list-style-type: none"> 24 ODs (31%) have Equity Fund or other financing mechanisms in place. Priority areas: <ul style="list-style-type: none"> To be confirmed 		National: <ul style="list-style-type: none"> 27 ODs (35%) have Equity Fund or other financing mechanisms in place. Priority areas: <ul style="list-style-type: none"> To be confirmed 		National: <ul style="list-style-type: none"> 30 ODs (40%) have Equity Fund or other financing mechanisms in place. Priority areas: <ul style="list-style-type: none"> To be confirmed 	

RESULTS	Indicator	MoV	Resp. party	Baseline	Target	Achievement		
UNDAF Outcome: By 2010 improved health, nutritional and education status and gender equity of rural poor and vulnerable groups								
	Indicator	MoV	YR3 - 2008		YR 4 - 2009		YR5 - 2010	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 3								
Increased awareness and empowerment of the population, particularly women and youth regarding their reproductive rights and their rights, including RH services	3.1 Condom use amongst young people 15-24 with non-regular partners	Youth Surveys CDHS					• 90% of young people aged 15 –24 used condom during sex with non regular sexual partner (CMDG target)	
	3.2 % of women reporting births as wanted	CDHS					• 85% of women report births as wanted.	
Output 4								
Increased awareness of women, men, and youth about reproductive health, reproductive rights and available services in priority areas.	4.1 % of youth who know where to go for appropriate RH, HIV/AIDS and STI services (HCs, RHs, NGOs or private clinics)	RHIYA End line Survey Youth Surveys CDHS					• 80% of youth know at least one place to go for appropriate RH, HIV/AIDS and STI services (Youth Survey)	
	4.2 % of currently married couples where both partners approve of family planning	CDHS					• 85% (CDHS 2010)	

Annex 4: The M&E Activities Calendar

Country: Cambodia

CP Cycle: 2006-2010

		2006	2007	2008	2009	2010	
M & E Activities	Surveys/studies	CDHS (2005/06) – MoP/NIPH	CSES - NIS	Census 2008 – NIS	Youth Risk Behaviour Survey (MOEYS)	CDHS 2010 – MoP/NIPH CSES - NIS	
	Monitoring systems	NSDP and CMDG Annual monitoring	→				
		Health Information System (HIS) and HSSP Joint Reporting - MoH	→				
		Ed. MIS – MoEYS	→				
		Decentralization and Deconcentration Monitoring	→				
	Evaluations				Strategy Evaluation (PD, D&D, Gender, RH)		
	Reviews	Health Sector Joint Annual Performance Review	→				
		Health Sector MTR (2003-2007)					Health Sector Review 2008-2010
		Education Sector Annual Review	→				
		Annual Work Plan Review	Gender Assessment	→			
Annual Internal CPAP Review		Annual Internal CPAP Review	CP/CPAP Review	Mid-Term	Annual Internal CPAP Review	Annual Internal CPAP Review	
UNDAF Annual Review		→					

Annex 4: The M&E Activities Calendar

Country: Cambodia

CP Cycle: 2006-2010

		2006	2007	2008	2009	2010
Planning references	Support activities	Field Monitoring Visits				
	UNDAF final evaluation milestones			UNDAF MTR		
	M&E capacity-building	Capacity building for NIS – NSDP/CMDG monitoring and Census Capacity building for decentralized levels in selected areas				
	Use of information					
	Partner activities	Majority of national and sectoral M&E activities shown above supported by multiple partners	Majority of national and sectoral M&E activities shown above supported by multiple partners	Majority of national and sectoral M&E activities shown above supported by multiple partners	Majority of national and sectoral M&E activities shown above supported by multiple partners	Majority of national and sectoral M&E activities shown above supported by multiple partners

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

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