

Country Programme Performance Summary
UNFPA Cambodia

A. Country Information		
Country name: Cambodia		
Category per decision 2013/31: Red	Current programme period: 2016-2018	Cycle of assistance: 5th

B. Country Programme Outputs Achievement *(please complete for all your CP outputs)*

Output 1 (Sexual & Reproductive Health): Increased national capacity to accelerate demand and improve delivery of quality integrated sexual and reproductive health services, including family planning, that are gender sensitive, youth friendly and rights-based

Indicators	Baseline	Target (2018)	End-line data (2017)
Number of strategies, guidelines and protocols on SRHR developed	4	5	10
Percentage of referral hospitals providing quality youth friendly services in UNFPA prioritized locations	0	25	15 (4 facilities out of 27 in 9 target provinces)
Comprehensive SRHR social behaviour change communication strategy for adolescents and youth developed and implemented in UNFPA prioritized locations	0	1	0

Key Achievements *(input also from the last CP evaluation)*

- As part of UNFPA policy support for building an enabling environment for sexual and reproductive health and rights (SRHR), and in partnership with the Ministry of Health and other partners, a number of national framework documents on SRHR were reviewed and updated, with UNFPA technical and financial support, to reflect the national needs and goals in line with International Conference on Population and Development Plan of Action and 2030 Sustainable Development Agenda. During the three years period of the Country Programme, eight documents were put in place: 1) Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2016-2020; 2) Emergency Obstetric and Neonatal Care (EmONC) Improvement Plan 2016–2020; 3) Adolescent and Youth Friendly Health Services Guidelines; 4) Costed National Strategy for Reproductive Sexual Health 2017-2020; 5) Family Planning Forecasting and Action Plan; 6) Minimum Package of Activities for Health Centres; 7) Infirmity Guidelines for Enterprises and Factories; and 8) Family Planning Counselling Guidelines. UNFPA also supported the monitoring and review of the above policies, strategies and guidelines to collect lessons for improvement of the SRHR policies and guidelines and to ensure that they are updated to reflect new evidence, global normative standards and allow a focus on vulnerable groups.
- As noted in the Country Programme Review, in terms of capacities for demand and delivery of quality integrated SRHR services, the country programme outperformed by supporting the country to put in place several relevant SRHR strategies and plans, paving the way for improving SRHR service delivery. To enhance youth friendly services, UNFPA supported the development of national guidelines and provided training to health workers in UNFPA target provinces. By the end of 2017, four health facilities in three provinces were selected to receive focus support to ensure services are provided according to the guidelines.
- A SRHR Behavioural Change and Communication strategy has been developed, however, the implementation remained limited due to resource constraints. An impact assessment on Love9 (multi-media intervention on SRHR knowledge for young people) showed positive impact on knowledge and confidence and reached 1.7 million young people. Re-broadcasting of the successful Love9 programme (multi-media interventions to promote SRHR/gender knowledge) proved a useful decision under these circumstances as noted by the Country Programme Review.

Output 2 (Sexual & Reproductive Health): Increased national capacity to deliver comprehensive maternal health services.

Indicators	Baseline	Target (2018)	End-line data (2017)
National pre-service midwifery training standards developed	0	1	1 (Midwifery education pathway)
Number of EmONC facilities per 500,000 population in UNFPA prioritized locations	1.31 CEmONC 1.04 BEmONC	1.40 CEmONC 2.50 BEmONC	1.48 CEmONC 2.52 BEmONC

Key Achievements (input also from the last CP evaluation)

- With UNFPA support, capacities for maternal health services were enhanced, as noted by the CP Review, through the use of a systems approach. To address the gaps in life-saving skills and capacities, to date, there have been 773 midwives trained in Basic EmONC skills, 92 Comprehensive EmONC trained doctors, and 160 nurses trained in EmONC Anesthesia. Reporting of maternal death was conducted on a regular basis, and main causes of death investigated and analyzed for UNFPA nine priority provinces.
- UNFPA support contributed to the increase of EmONC coverage in line with United Nations standards (EmONC per 500,000 population). In UNFPA target provinces, the coverage reached 4.00. Basic EmONC facilities reached 2.52, while the CEmONC reached 1.48 by 2017. UNFPA also supported the introduction of EmONC Monitoring and Evaluation tools that are instrumental for the Ministry of Health to perform EmONC quality assurance function. In general, there were notable improvements regarding signal functions in the UNFPA target provinces, which is an important element for further reduction of maternal death in the future.
- The existing quality of pre-service education for midwives and specialized courses in obstetrics, gynecology and anesthesia do not meet international standards, resulting in low skills and competencies of health workers currently in the service. UNFPA is providing support to address the weak regulatory environment for quality pre-service midwifery education provided by health education institutions. A midwifery education pathway was developed, and development of curriculum for Associate Degree in Midwifery in line with international standards is underway, as a bridge to the Bachelor of Science in Midwifery.
- To explore the feasibility of integrating selected adolescent health interventions with the vaccinations, UNFPA, with funding from GAVI Alliance, commissioned an assessment of all health interventions for boys and girls with a focus on the target age-group of 9-13 year olds. The assessment report was produced, providing key recommendations identifying selected interventions as entry point suitable for integrating into HPV demonstration project or when the full scale vaccination program is initiated.

Output 1 (Adolescents & Youth): Increased national and subnational capacity to advocate for increased investment in youth within development policies and programmes, with young people's full participation

Indicators	Baseline	Target	End-line data
Number of national platforms for policy and programme planning engaging young people	0	Lessons learnt from implementation National Youth Development Council Action Plan (NYDC-AP) collected for informing new Action Plan	Youth Development Index for Cambodia contextualized

Key Achievements (input also from the last CP evaluation)

- The Association of South East Asian Nations (ASEAN) has put in place the Youth Development Index (YDI) as a tool for member countries including Cambodia to monitor progress of youth wellbeing. UNFPA has supported Cambodia to put in place the Cambodian YDI (CYDI), covering four key domains such as health/wellbeing, education, employment/opportunity and participation/engagement. The draft CYDI has been made available for endorsement and launching in late 2018. Once endorsed, this will become a tool for policy makers to monitor youth development aspects. MOEYS will use CYDI as a tool to advocate with other line ministries and periodically update the index once new data become available. In late 2018, UNFPA will support the review of National Youth Development Policy Action Plan and identify lessons learnt to inform development of the next plan.
- UNFPA supported the revision of sub-national planning guidelines in collaboration with UNICEF to ensure that the sub-national planning engage young people. The guidelines were endorsed by the government. Due to budget constraints, UNFPA was not able to provide training to local planners to use the guidelines. However, after discussion with other partners, training was conducted nationwide on the new planning guidelines using other sources of funds.
- The UN Youth Advisory Panel (UNYAP), chaired by UNFPA, served as a strategic platform connecting the United Nations system in Cambodia with relevant civil society organizations. It provided opportunities in systematic way to CSOs to provide updates, voice their concerns and make recommendations to the UN system on key issues affecting youth development from various angles. The United Nations Youth Task Force (UNYTF), chaired by UNFPA, provided opportunities for UN system in Cambodia to position youth issues within relevant national development policies and its implementation.

Output 2 (Adolescents & Youth): Increased national capacity in designing and implementing systematic comprehensive sexuality education			
Indicators	Baseline	Target	End-line data
Number of grades with comprehensive sexuality education fully integrated into the core national school curriculum	0	8	Health Education/CSE Syllabus for 1-12 grades inclusive of CSE for grade 5 to 12 Health Education/CSE syllabus for primary and secondary pre-service teachers developed
Percentage of teachers receiving training on methodologies for implementing comprehensive sexuality education programme in prioritized locations	0 primary 0 secondary	15 primary 10 secondary	Curricula for pre-service teachers education institutions (Teacher Education College) available
Key Achievements (input also from the last CP evaluation)			
<ul style="list-style-type: none"> Building on momentum gained from the past country programme, through UNFPA's support, Comprehensive Sexuality Education (CSE) was shifted from the parallel curriculum to a mandatory subject for grades 5-12 as part of the new education curriculum reform of the government. UNFPA is working to assist MOEYS to develop CSE under the health education subject. Together with other key partners such as UNICEF, RHAC, UNFPA supported MOEYS to put in place the Health Education Syllabus for grades 1 to 12. The CSE learning standards and textbooks (for grades 5 and 6) will be put in place later in 2018 for consultation. The Country Programme could not achieve the targets for this output due to the delay of the education reform as a whole which also affected the CSE component. As part of a tandem approach, UNFPA is working to integrate teaching of health education/CSE into the pre-service teacher institutions (Technical Education College) to ensure that graduates are equipped with knowledge and skills to teach young graders when they are deployed after graduation. However, the whole process of education curriculum reform encountered a huge delay and one of the reasons was the lack of in-country experts to move other components of the reform. 			
Output 1 (Gender Equality and Women's Empowerment): Strengthened capacity of national and subnational governments, involving civil society, in promoting sexual reproductive health and rights and preventing violence against women and girls			
Indicators	Baseline	Target	End-line data
Number of interventions that engage men and boys in preventing violence against women and girls in prioritized locations	1	3	3
Legal framework on surrogacy protecting women's health including their sexual and reproductive health and rights developed	0	1	Zero draft surrogacy law available for inter-ministerial consultation
Key Achievements (input also from the last CP evaluation)			
<ul style="list-style-type: none"> UNFPA supported to review the implementation of the National Action Plan for Prevention of Violence Against Women (NAPVAW), in collaboration with UN Women. The report was produced with future-looking recommendations, especially to inform the design of the new NAPVAW. With funding from Australian DFAT, UNFPA also supported the further analysis of domestic violence module of the Cambodia Demographic and Health Survey. The in-depth report was produced and provided new evidence for policy making and planning. UNFPA supported the Ministry of Women's Affairs (MOWA) to implement a joint programme, UN Partner for Prevention (P4P) on prevention of violence against women through engaging adolescents aged 12-14 and caregivers in one district of Kampong Cham province. The intervention aimed to sustainably promote changes in social norms among adolescents within an enabling environment to address local, modifiable risk factors for men's use of violence against women and girls. Final evaluation of this programme showed positive impacts on behavior of the beneficiaries. UNFPA supported MOWA to disseminate the results and lessons learnt from this programme and advocate for replication. Surrogacy is an emerging issue in Cambodia. At the MOWA's request, UNFPA provided technical support, together with UNICEF and OHCHR, to review the draft law on surrogacy to ensure that it is in line with international standards and human rights principles. The draft law was made available, and to be consulted with broader stakeholders in late 2018. UNFPA promoted national youth debates on gender and VAW subject among young students from different education institutions, thereby allowing them conduct research and publicly discussed the issues, which later increased their knowledge and analytical skills. The debates were also aired for public awareness. 			

Output 2 (Gender Equality and Women’s Empowerment): Strengthened national and subnational health system capacity to address violence against women and girls within the coordinated multisectoral response			
Indicators	Baseline	Target	End-line data
Percentage of referral hospitals providing services to survivors of violence against women and girls, according to national guidelines, in prioritized locations	0	25	20 (2/9 hospitals in three VAW focused provinces were selected)
<p>Key Achievements <i>(input also from the last CP evaluation)</i></p> <ul style="list-style-type: none"> • With funding support from Australia, UNFPA promoted collaboration between the Ministry of Health and the Ministry of Women’s Affairs (MOWA) to strengthen health system capacity for providing services survivors of violence against women (VAW). The national VAW clinical handbook was developed, followed by training protocols. Through a cascade approach, health providers from 66 health facilities in UNFPA prioritized provinces were trained. With funding from UN Women, UNFPA strengthened capacity of national and provincial forensic committees to perform their role in support of VAW survivors. Training sessions were provided to the forensic committees nationwide to use revised forensic form. • Since VAW is a multi-sectoral issue, UNFPA supported the establishment of mechanisms under the existing provincial multi-sectoral mechanisms (Women and Children Consultative Committee) in three provinces (Kampong Cham, Stung Treng and Preah Vihear) with a plan to expand in the future based on evidence and lessons learnt. Members of these mechanisms were trained in effective referral of VAW survivors and case management. 			
Output 1 (Population Dynamics): Strengthened national and sub-national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socioeconomic inequalities			
Indicators	Baseline	Target	End-line data
Cambodian General Population Census designed according to international standards	2019 census plan finalized	All census legal and technical instruments endorsed and census pilot conducted	1) New Sub-decree for 2019 Census issued 2) National and technical Census committees established and functional. 3) All census instruments (both English and Khmer Versions) re-endorsed 4) Plan for the 2019 GPCC revised and endorsed
<p>Key Achievements <i>(input also from the last CP evaluation)</i></p> <p>The Royal Government of Cambodia’s commitment for the population census was greatly notable. The national budget was at USD8.3 out of the total census budget of USD12.5. The government decided to delay the census from 2018 to 2019. Certain preparatory work and legal and technical papers were adjusted to accommodate the change. UNFPA supported the quality review of census manuals and questionnaires to be in line with the Washington Group questions on disability and migration. The census pilot-testing was conducted with support from UNFPA expert, and adjustments to relevant materials based on the pilot findings are underway. Despite efforts made by UNFPA to mobilize additional funding, at the request of the Ministry of Planning, to cover the census budget gap above, to date there was no confirmed financial commitment made by any donor.</p>			
Output 2 (Population Dynamics): Increased availability and use of evidence on population dynamics, sexual and reproductive health, youth, and gender, and their linkages to national and subnational development for policy formulation, implementation and monitoring			
Indicators	Baseline	Target	End-line data
Number of national policies and plans informed by recent results of nationwide population surveys.	0	1 policy 5 plans	1 policy 4 plans
Percentage of sub-national planning bodies trained in analyzing and utilizing 2014 Cambodia DHS data in UNFPA prioritized locations	0	50	100

Key Achievements (input also from the last CP evaluation)

- As noted by the CP Review, this output achieved the results in terms of national policies and plans informed by population data. Following the endorsement of the National Population Policy (NPP), UNFPA developed an Action Plan to guide national efforts to achieve the NPP objective.
- There was a need to assist the government in putting in place a national policy to deal with the ageing issues. With support from UNFPA, the Cambodian National Ageing Policy was developed and finalized. The four-year action plan laying out different roles and responsibilities of line ministries was also put in place, with costings, to roll out the policy.
- Together with UNDP and UNICEF, support was provided for localization of the Sustainable Development Goals for Cambodian context in a consultative manner. The final draft Cambodia SDGs was submitted to the government for review and endorsement.
- With funding from Australia, UNFPA supported the analysis of VAW using 2014 Cambodia Demographic and Health Survey and 2015 National Survey on Women's Health and Life Experiences in Cambodia. The report was put in place to guide national policy development and planning.
- UNFPA built capacity of national and provincial planners in target provinces. Findings from CDHS and its in-depth analysis reports were presented and discussed in the training, highlighting inequalities across provinces on key SRH and VAW indicators. The training provided those provincial planners with new evidence and was useful for their provincial development planning.

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95 per cent of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	96	2015	N/A	N/A	MoH Progress Report (no new data available)
Contraceptive prevalence rate (total in percent)	40	2015	N/A	N/A	2014 DHS (no new data)
Proportion of demand for contraception satisfied (total)	82.7	2014	N/A	N/A	2014 DHS (no new data)
Percentage in which at least 60 per cent of service delivery points in the country have no stock-out of contraceptives in the last six months	96	2015	N/A	N/A	No new data (MOH report 2015)
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	89	2015	N/A	N/A	2014 DHS (no new data)
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	1	2016	1	2017	
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	Men: 30 Women: N/A	2014	N/A	N/A	2014 DHS (no new data)
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	Yes	2016	Yes	2017	Increase by 10 per cent

Summary of National Progress

Cambodia has made notable progress in a number of social and economic indicators. Improvements in the overall health status have contributed to significant gains in life expectancy from 54 years for males and 58 years for females in 1998, to 67 years and 71 years respectively in 2013. The maternal mortality ratio dropped sharply from 1,200 per 10,000 live births in 1990 to 170 by 2014 and between 1990 and 2016, Cambodia's infant mortality rate fell from 85 to 26 deaths per 1,000 live births, and the under-five mortality rate from 116 to 31 per 1,000 live births. Pertaining to family planning Cambodia has made significant progress in reducing the total fertility rate (TFR) from 3.8 in 2000 to 3.0 in 2010 and 2.7 in 2014. The use of family planning methods in Cambodia is widespread, and this is an important reason for the fertility decline. Practically, all Cambodian women are familiar with at least some methods of contraception. All health centres and health posts now are able to provide at least three contraceptive methods, with pills and condoms also provided through community-based distribution (CBD) in over 50 per cent of the primary health care facilities. The modern Contraception Prevalence Rate in 2010 was at 35 per cent, and increased to 39 per cent in 2014, slightly below the Cambodia MDG target for 2015 of 60 per cent.

UNFPA's Contributions *Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.*

- With support from UNFPA along with other partners, the overall SRHR policy environment was strengthened. Relevant SRHR strategies, guidelines and protocols were developed and updated to reflect international norms and standards. UNFPA also supported the monitoring of their implementation.
- One of the major contributions to the reduction of maternal and neonatal deaths was related to the increased availability of EmONC services. With support from UNFPA, capacities for maternal health services were enhanced, on the one hand through support to midwifery education using a systems approach, and the other and through the use of a training of trainers approach at the EmONC training facilities, it resulted in a large amount of midwives, nurse anesthetists and medical doctors equipped with life saving skills.
- The Health system was strengthened to provide effective services to survivors of violence against women. UNFPA supported the development of national guidelines and trained health providers in UNFPA prioritized provinces. Support was provided to monitor and collect lessons learnt to improve the VAW services and to inform expansion of services coverage.
- Adolescent and youth friendly services are being strengthened to ensure that young people access them when needed. Support was provided to monitor, capture and document lessons learnt to improve the VAW services and to inform expansion of services coverage.
- Using the Cambodia's national budget, UNFPA acted as a third party to procure reproductive health commodities for the country public sector use. This was important to ensure continuity of supplies in all public facilities and provide choices to users.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	37.6	2014	N/A	N/A	2014 DHS (no new data)
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2007	N/A	N/A	An inter-ministerial directive is being developed by education and health ministries on promoting health access by students.

Summary of National Progress

Teenage fertility is a major health concern. The number of teenage pregnancies has increased 8 per cent in 2010 to 12 percent in 2014, and there was no new data available to measure change. Against this backdrop, Cambodia put in place a multi-sectoral National Policy for Youth Development in 2011. A three-year action plan was developed in 2016 to implement the policy. The country has committed to reviewing and monitoring its investments on youth development by putting in place a national youth development index, which is also part of the ASEAN framework. The education system is being strengthened to provide comprehensive sexuality education to young people in all public schools. The health system is improving its services to make it friendlier for young people and health providers showcase a non-discriminatory attitude toward young people.

UNFPA’s Contributions

- As noted in the Country Programme Review, the UNFPA Cambodia’s fifth programme cycle proved to address relevant issues, from the perspective of addressing needs and rights of women, girls, adolescents and youth in Cambodia, where maternal mortality is still relatively high and where the number of teenage pregnancies is on the rise.
- UNFPA Cambodia continued to assist MOEYS to develop age-appropriate comprehensive sexuality education in line with international standards as a compulsory subject for public primary and secondary schools. Development of the CSE package (roadmap, syllabus) has been completed, to be followed by CSE learning standards and textbooks.
- In addition, UNFPA supported MOEYS to strengthen policy environment for increased youth investments by putting in place the National Youth Policy Action Plan 2016-2018. In line with the ASEAN framework, UNFPA supported the development of the Cambodia Youth Development Index to help the country keep track of investments on youth development issues.
- UNFPA also supported the development of provincial action plan on teenage pregnancy in two provinces (Preah Vihear and Monduliri). Due to resources constraint, UNFPA did not, however, support implementation of the plans.

Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	Yes	2016	Yes	2017	Neary Ratanak IV, 2014-2018
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	1/1	2013	1/1	2017	Work in progress to address the recommendation on reproductive
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	50.4	2014	N/A	N/A	2014 DHS (no new data)

Summary of National Progress

Gender equality and gender mainstreaming are prioritized by the RGC, and are integrated into key strategies and policies, including the Rectangular Strategy, the National Population Policy and the National Strategic Development Plan 2014-2018 and related sectoral strategies. The national gender strategy (Neary Ratanak IV) fully recognizes reproductive rights as part of women’s rights. Implementation of the National Action Plan on Violence Against Women (NAPVAW) is underway and a mid-term review of has been completed. Emerging issues affecting women’s wellbeing is surrogacy, and the country is working carefully to develop a law to regulate the practices and to protect rights of women and children in line with international human rights commitment.

UNFPA’s Contributions

- In collaboration with UNICEF and OHCHR, UNFPA provided support to the Ministry of Women’s Affairs to draft Surrogacy Law that will ensure rights of women and children are protected, in a consultative manner. UNFPA Cambodia worked closely with the UNFPA regional office to provide feedback on the draft law, which will be submitted for review and endorsement in late 2018.
- With UNFPA support, a wealth of statistical population data has been generated which adds to the understanding of violence against women and girls in Cambodia. A series of CDHS in 2000, 2005, 2014 included domestic violence and generated information on the knowledge of, and attitudes towards, violence against women. UNFPA supported the production of in-depth analyses of key thematic areas, including that on VAW, the report was produced and disseminated for use.
- Together with other partners, UNFPA supported implementation of the NAPVAW 2014-2018 and review of its implementation to collect lessons learnt to inform the new plan. A model intervention to prevent violence against women (UN Partner for Prevention) was piloted in one district in Kampong Cham. The evaluation found that the pilot positively improved knowledge of the beneficiaries; and UNFPA is supporting MOWA to mobilize resources for possible scale-up in other locations.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2008	N/A	N/A	Census inter-population survey in 2013
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2014	N/A	N/A	Cambodia DHS & further analyses
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	Yes	2014	N/A	N/A	N/A
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	1	2014	N/A	N/A	NSDP 2014-2018

Summary of National Progress

The Royal Government of Cambodia’s strong commitment for the population census was greatly appreciated by all development partners. Cambodia fully recognizes the importance of using updated population data to inform formulation of new policies and programmes including monitoring the progress of the implementation of the Cambodia Sustainable Development Goals. The government has remarkably increased the national budget for the 2019 population census to USD8 million (out of the total census budget of USD12.5 million). Capacities for the collection, analysis and dissemination of population data have been substantially enhanced over the last decades, since the first General Population Census of 1998. A second General Population Census was implemented in 2008 by the National Statistics Institute and the next census is scheduled to be conducted in 2019. Cambodia DHS were conducted in 2000, 2005, 2010 and most recently in 2014. In addition, the country has put in place a National Statistics Development Strategy (NSDS), which lays out priorities to improve national statistical system in the country.

UNFPA’s Contributions

With support from UNFPA, the country has been enriched with updated population data. As noted by the Country Programme Review, UNFPA was a strategic partner who provided added-value policy advice and support to relevant ministries of the Royal Government of Cambodia through the use of system strengthening approach. UNFPA co-chairs the Data for Development group with the National Institute of Statistics to ensure coordinated efforts toward building national statistical capacity within the NSDS. National capacities for the collection, analysis and dissemination of population data has been enhanced. A number of national policies and programmes (National Population Policy 2016-2030, National Ageing Policy 2017-2030, mid-term review of National Strategic Development Plan 2014-2018) were informed by updated evidence and data. Action Plans for these policies were put in place. Support was also provided to localize the SDG for Cambodian context, which is being finalized by the government. The 2014 CDHS provided data on disability; fertility; family planning; infant, child, adult and maternal mortality; maternal and child health; nutrition; knowledge of HIV/AIDS, women’s empowerment and domestic violence. Further analysis of the CDHS series were developed on SRH and VAW areas, mapping out inequalities and vulnerabilities to inform targeting planning. Nevertheless, the CP review recommended UNFPA to broaden the base of statistical capacity in the country and look beyond the National Statistical Institute to improve sustainability.

D. Country Programme Resources						
SP Outcome Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure) Exp. as of 30/03/18		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Outcome 1: Increased availability and use of integrated sexual and reproductive health services	3,972,923	3,126,002	251,474	184,272	4,224,397	3,310,274
Outcome 2: Youth policies and programmes, and increased availability of comprehensive sexuality education	420,553	321,838	-	-	420,553	321,838
Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights	515,575	383,465	291,725	256,870	807,300	640,335
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	858,550	602,087	22,345	22,338	880,895	624,425
Programme coordination and assistance	267,158	178,240	-	-	267,158	178,240
Total	6,034,759	4,611,632	565,544	463,480	6,600,303	5,075,112