

UNFPA CAMBODIA
Country Programme Review
Fifth Programme Cycle, 2016 - 2018

Review Report
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MAP 1: CAMBODIA COUNTRY MAP



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TABLE OF CONTENTS

Abbreviations and Acronyms	v
Executive Summary	xi
1. Introduction	
1.1 Purpose and Objectives of the Country Programme Review	1
1.2 Scope of the Review	2
2. Country Context	
2.1 Development Context	5
2.2 Sexual and Reproductive Health and Rights.....	6
2.3 Adolescents and Youth	7
2.4 Gender Equality and Women’s Empowerment.....	8
2.5 Population Dynamics	10
2.6 The United Nations Development Assistance framework	10
3. UNFPA’s Strategic Response and Programme	
3.1 UNFPA’s Strategic Response.....	12
3.2 UNFPA’s Response through the Country Programme.....	14
4. Review Methodology and Process	
4.1 Review Criteria and Questions	19
4.2 Review Approach and Methodology	20
4.3 Methods for Data Collection and Analysis	22
4.4 Data Gathering at National and Sub-National Levels.....	22
4.5 Review Process and Ethical Considerations	23
4.6 Evaluability Assessment, Limitation and Risks	23
5. Review Findings	
5.1 Relevance	25
5.2 Effectiveness.....	30
5.3 Efficiency and Process Issues.....	50
5.4 Sustainability	57
5.5 UNFPA Comparative Advantage/Added Value.....	61
6. Conclusions	62
7. Lessons Learnt	66
8. Recommendations	68

ANNEXES

Annex 1: Terms of Reference Country Programme Review UNFPA Cambodia 2016-2018.....	71
Annex 2: Matrix for UNFPA Cambodia’s 5 th Programme Review: 2016-2018	87
Annex 3: Results Chains of the Four Programme Components.....	96
Annex 4: Methodological Issues	100
Annex 5: Stakeholders consulted and Data gathering overview	105
Annex 6: Ethical Code of Conduct for UNEG/UNFPA Evaluations	106
Annex 7: Results at Output Level of Each of the Four Programme Components.....	107
Annex 8: Resource Distribution across the Four Programme Components.....	116
Annex 9: Organograms UNFPA Cambodia in 2016 and 2017	117
Annex 10: References	119

LIST OF MAPS

Map 1: Cambodia Country Map.....	ii
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LIST OF BOXES

Box 1: Evaluations and Studies conducted in the period 2011-2016	4
Box 2: UNDAF Strategic Priorities in Cambodia (2016 – 2018)	11
Box 3: End Line Study of the Love9 Programme	32
Box 4: Determinants of Contraceptive Choices in Cambodia	33
Box 5: Activating the Midwifery Education Pathway through 6 Priorities	34
Box 6: Development of Guidelines for Enterprise Infirmaries.....	36
Box 7: United Nations Youth Advisory Panel.....	38
Box 8: Comprehensive Sexuality Education.....	39
Box 9: Primary Prevention of VAWG.....	41

LIST OF FIGURES

Figure 1: The “bull’s eye” of UNFPA’s strategic plan 2014-2017	12
Figure 2: Change model of the UNFPA Strategic Plan, 2018-2021	13
Figure 3: Results Framework of the UNFPA Cambodia 5th Country Programme	14
Figure 4: Overview of Monitoring Activities of the UNFPA Country Programme.....	53

LIST OF TABLES

Table 1: Key Facts of Cambodia	vii
Table 2: Financial Structure of the UNFPA Fifth Country Programme in Cambodia	17
Table 3: Review Questions for the Selected Review Criteria.....	19
Table 4: Partners / Implementing Agencies for each of the UNFPA Programme Components	55

ABBREVIATIONS AND ACRONYMS

ANC	Ante Natal Care
APRO	Asia Pacific Regional Office (UNFPA)
Art	Article
AY	Adolescents and Youth
BEmONC	Basic Emergency Obstetric and Neonatal Care
BMI	Body Mass Index
CCWC	Commune Council on Women and Children
CDC	Council for the Development of Cambodia
CDHS	Cambodia Demographic and Health Survey
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CIPS	Cambodia Inter-Census Population Survey
CMC	Cambodia Midwife Council
CMDG	Cambodia Millennium Development Goal(s)
CNCW	Cambodia National Council for Women
CO	Country Office
CP4 / 5	Country Programme Cycle 4 / 5
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Country Programme Review
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization(s)
CWPD	Cambodian Women for Peace and Development (Cambodia Civil Society Organization)
DFAT	Department for Foreign Affairs and Trade (Government of Australia)
DM	District and Municipality
D&D	Decentralization and Deconcentration
EmONC	Emergency Obstetric and Neonatal Care
EW	Entertainment Workers
FTIRM	Fast Track Initiative Road Map for Reducing Maternal and New-born Mortality
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women's Empowerment
GIZ	German Development Agency
GVA	Gross Value Added
HACT	Harmonized Approach to Cash Transfers
HDR	Human Development Report
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immuno-deficiency Syndrome
HSSP II	Health Sector Support Programme (second phase)
ICPD (PoA)	International Conference on Population Development (Plan of Action)
ICPS	Inter-Censal Population Survey
IP3	Implementation Plan (of the Cambodia National Programme of Sub-National Democratic Development)
Km	Kilometre
MIC	Middle Income Country

MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoLVT	Ministry of Labour and Vocational Training
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women’s Affairs
MTR	Mid-Term Review
M&E	Monitoring and Evaluation
NGO	International Non-Government Organization
NIS	National Institution of Statistics
NMCHC	National Maternal and Child Health Center
NR	Neary Rattanak
NSDP	National Strategic Development Plan
PCA	Programme Coordination and Assistance
PD	Population Dynamics
PDoH	Provincial Department of Health
PDoWA	Provincial Department of Women’s Affairs
P4P	Partners for Prevention (Joint UN Regional Programme)
RGC	Royal Government of Cambodia
RH	Reproductive Health
SDG	Sustainable Development Goal(s)
SRH(R)	Sexual and Reproductive Health (and Rights)
TFR	Total Fertility Rate
TOR	Terms of Reference
TOT	Training of Trainers
TWGG	Technical Working Group on Gender
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UN AIDS	Joint United Nations Programme on HIV/AIDS
UN DESA	United Nations Department of Economic and Social Affairs
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UN YAP	United Nations Youth Advisory Panel
USAID	United States Agency for International Development
USD	United States Dollar
VAW(G)	Violence Against Women (and Girls)
WB	World Bank
WCCC	Women and Children Consultative Committee
WDI	World Development Indicators (World Bank)
WHO	World Health Organization
YDI	Youth Development Index

TABLE 1: KEY FACTS OF CAMBODIA

Key Aspects	Data	Source
Land		
Geographical location	Southeastern part of Asia	data.un.org
Land area	181,035 km ²	RGC National Strategic Development Plan (NSDP) 2014-2018
Capital	Phnom Penh	
Climate	Tropical with two distinct monsoon seasons	data.un.org
Government		
Government	Multi-Party democracy under a constitutional Monarchy established in September 1993	UN DESA
Administration	24 provinces and 1 capital	RGC NSDP 2014-2018
UN membership	14 December 1955	data.un.org
Health expenditure (per cent of GDP)	5.7 per cent (2014) 6.2 per cent (2012)	World Bank WDI
Health expenditure (per cent of government expenditure)	6.1 per cent (2014) 7.3 per cent (2012)	World Bank WDI
People		
Population	15.8 million (2014) 2.3 m. urban / 13.5 m. rural 14.7 million (2013)	CDHS 2014 CIPS
Life expectancy at birth (years)	68.8 years (2016) 71.6 years (2012) Male 70 years Female 75 years	UNDP HDR 2016 UNICEF
Female headed households	26.9 per cent 28.3 % urban / 26.6 % rural	CDHS 2014
Population under 18 years of age	5.6 million (2012)	UNICEF
Adolescents 10-19 years of age	3.1 million (2012)	UNICEF
Urban population	21.4 per cent (2013) same for both males and females 19.5 per cent (2008) Males 19.3% Females 19.7%	Cambodia ICPS 2013
Population Annual Growth Rate	1.56 (2016) 1.60 (2015)	World Bank WDI
Proportion of population over 60 years of age	7.7 (2012)	WHO
Disability (any domain)	8.5 (male) (2014) 10.5 (female) (2014) 20.5 (no education) (2014) 36.7 (marital status-widowed)	CDHS 2014
Fertility rate	2.7 (CDHS 2014) 2.1 Urban 2.9 Rural 3.0 (2010) 3.8 (2000)	CDHS 2014 CDHS 2010 CDHS 2000
Poverty and Malnutrition indicators		
Poverty headcount ratio at national poverty line	17.7 per cent (2012) 19.8 per cent (2011) 21.1 per cent (2010)	World Bank WDI RGC NSDP 2014-2018 RGC NSDP 2014-2018
Gini Index	30.8 per cent (2012) 33.4 per cent (2010)	World Bank WDI

Key Aspects	Data	Source
Underweight prevalence in children under 5 years of age (moderate and severe)	24 per cent (2014) 28 per cent (2010)	CDHS 2014 CDHS 2010
Stunted prevalence in children under 5 years of age (moderate and severe)	32 per cent (2014) 40 per cent (2010)	CDHS 2014 CDHS 2010
Prevalence of undernourishment of population	14.2 per cent (2015)	World Bank WDI
Economic indicators		
GDP per capita	1,270 USD (2016) 1,036 USD (2013) 417 USD (2004)	World Bank WDI
GDP annual growth rate (constant 2005 prices) 2014	7.1 per cent	UN World Statistics Pocketbook (at data.un.org)
Agriculture as % of GVA 2014	30.5 per cent	
Employment in Agriculture 2014	54.1 per cent	
Industry as % of GVA 2014	27.1 per cent	
Employment in Industry 2014	16.2 per cent	
Sexual and Reproductive Health indicators		
Maternal mortality ratio (MMR) (per 100,000 live births)	170 (2014) 206 (2010) 472 (2005)	CDHS 2014 CDHS 2010 CDHS 2005
Contraceptive prevalence rate	56.3 (currently married) (2014) 59.8 urban / 55.6 rural 34.3 percent (2013) (married or in union)	CDHS 2014 WHO
Contraceptive prevalence rate among women 15-19 years	29.1 (currently married) (2014) 20.8 (2005) (married or in union)	CDHS 2014 WHO
Teenage pregnancy (% of women 15-19 who have begun childbearing)	6.2 per cent (urban) 13.3 percent (rural)	CDHS 2014
Unmet need for family planning (married or in union)	12.5 (2014) For spacing 5.4 per cent For limiting 7.0 per cent 16.5 (2010)	CDHS 2014 CDHS 2010
Under-nutrition of women age 15-49 (BMI<18.5)	(2014) 14.0 per cent	CDHS 2014
Under-nutrition of women age 15-19 (BMI<18.5)	(2014) 27.5 per cent	
Under-nutrition of women age 15-49 (BMI<18.5)	(2010) 19.1 per cent	CDHS 2010
Under-nutrition of women age 15-19 (BMI<18.5)	(2010) 28.3 per cent	
Over-nutrition of women age 15-49 (BMI >=25.0)	(2014) 18.0 per cent	CDHS 2014
Over-nutrition of women age 15-19 (BMI >=25.0)	(2014) 2.9 per cent	
Over-nutrition of women age 15-49 (BMI >=25.0)	(2010) 11.0 per cent	CDHS 2010
Over-nutrition of women age 15-19 (BMI >=25.0)	(2010) 1.8 per cent	
Receiving antenatal care from a skilled provider	95.3 percent (2014) Urban 98.6 per cent Rural 94.8 per cent	CDHS 2014
Births attended by skilled health provider, percentage	89 per cent (2014) Urban 98 / Rural 88 percent 84 per cent (2013) Urban 94.7 per cent (2008-2012) Rural 66.6 per cent (2008-2012)	CDHS 2014 MOH/UNICEF
Institutional Delivery	83 percent (2014) 80 per cent (2013)	CDHS 2014 MOH
Proportion of deliveries by C-Section (per cent)	6.3 (2014) 3.3 (2013)	CDHS 2014 MOH
Under-5 mortality (per 1000 live births)	35 (2014) 54 (2010) 83 (2005) 124 (2000)	CDHS 2014 CDHS 2010 CDHS 2005 CDHS 2000
HIV prevalence (per cent Adults 15-49 of age)	0.7 per cent (2010)	MoH

Key Aspects	Data	Source
Comprehensive knowledge about AIDS (persons 15-49 years)	59.2 percent (women urban) 34.5 per cent (women, rural) 70.2 per cent (men, urban) 44.0 per cent (men, rural)	CDHS 2014
Adolescents and Youth indicators		
Population 19 years or younger	43 per cent (2014)	CDHS 2014
Youth literacy rate male (15 -24 years of age)	88.4 per cent (2008-2012)	UNICEF
Youth literacy rate female (15 -24 years of age)	85.9 per cent (2008-2012)	UNICEF
Gender parity in education at the primary	1 (2013)	MoYES
Gender parity in education at the lower secondary level	1.02 (2013)	MoYES
Comprehensive knowledge about AIDS: 15-19 years of age 20-24 years of age	32.7 per cent 42.4 per cent	CDHS 2014
Comprehensive knowledge about AIDS: 15-19 years of age 20-24 years of age	42.8 per cent 46.2 per cent	CDHS 2010
Women who were first married by age 18 (% of women ages 20-24)	18.5 per cent (2014)	World Bank (WDI)
Young men age 15-24 who had sexual intercourse in the past 12 months reported using a condom during their last sexual encounter	66 per cent	CDHS 2014
Gender indicators		
Percentage of women aged 15-49 who have ever experienced physical violence	20.1 per cent Never married 6.6% Married or in union 23.3% Divorced/Separated/Widowed 37.8% Lowest wealth quintile 28.2% Highest wealth quintile 15.7%	CDHS 2014
Percentage of women aged 15-49 who have ever experienced sexual violence	6.1 per cent Never married 2.0% Married or in union 6.8% Divorced/Separated/Widowed 14.1% Lowest wealth quintile 7.2% Highest wealth quintile 5.4%	
Percentage of women aged 15-49 who have experienced sexual violence in the past 12 months	3.1 per cent Never married 0.4% Married or in union 3.9% Divorced/Separated/Widowed 4.4% Lowest wealth quintile 5.1% Highest wealth quintile 2.5%	

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Executive Summary

Introduction

UNFPA has been providing support to Cambodia since 1994 and is currently implementing the fifth country programme of support (CP5) to assist the Government of Cambodia in achieving its population and development goals. The fifth programme cycle runs from 2016-2018, in line with the United Nations Development Assistance Framework (UNDAF). With the fifth programme cycle coming to an end in 2018, a Country Programme Review (CPR) was conducted. A review was considered appropriate for the present programme cycle, given that the cycle covers a three rather than a five year period and taking into account that a full Country Programme Evaluation (CPE) was conducted for the previous programme cycle.

The purpose of the present Country Programme Review combined accountability and learning objectives. The review was a means to demonstrate accountability of performance of the country programme during the period 2016 - mid 2017 to stakeholders. The review aimed to generate learning in the process of implementation of the fifth country programme and in this way contribute to the knowledge base of the organization. It, moreover, aimed to inform the design of the next programme cycle of UNFPA in Cambodia, in line with national needs and policies and UNFPA's corporate strategy. It has taken stock of performance and achievements and provides actionable recommendations to adjust programming and to inform the formulation of the next country programme cycle (2019-2023).

Main audience for the results of the review concern the UNFPA country office and Royal Government of Cambodia (RGC) partners. Secondary audiences include UNFPA regional office and headquarters, as well as other development partners: UN agencies, donor agencies and civil society organizations.

The object of the review concerned the UNFPA country programme and its four components: Sexual and Reproductive Health and Rights (SRHR), Adolescents and Youth (AY), Gender Equality and Women's Empowerment (GEWE) and Population Dynamics (PD).

The review included all of UNFPA's assistance and covered both those initiatives and activities funded through UNFPA regular resources, as well as those funded through other resources. The review included both national level activities as well as interventions supported at the sub-national level. In geographical terms, the review covered the territorial scope of the programme components at both the national and the sub-national levels.

Review questions focused on a set of strategic aspects, including comparative advantage and added value of UNFPA, while programmatic issues included questions on relevance, effectiveness, efficiency and sustainability of the country programme and its results.

The review methodology made use of a participatory approach, involving a wide range and variety of stakeholders in the process and applied appreciative questioning. Use was made of qualitative and quantitative methods and tools, which allowed for triangulation of data across methods as well as across the various stakeholders concerned at national and sub-national levels. A three week in-country data gathering process was part of the review. Data were gathered at the national level and in one of the nine target provinces supported by UNFPA. The ethical code of conduct of United Nations Evaluation Group (UNEG) was adhered to in all stages of the review process.

Field visits were limited to one province. This was mitigated through desk review of the fair number of evaluative studies conducted over the past five years in relation to the programme. Moreover, the field visit was meant to ground findings from desk review and national level data gathering rather than to be considered as representative for all sub-national support of UNFPA. Given the relatively short programme cycle of three years, outcome level changes and even output

level change were not to be taken for granted. Thus in terms of achievements, the review focused on milestones identified as required to reach outputs and output level indicators.

Findings and Conclusions

The UNFPA Country programme in its fifth cycle proved to be highly relevant from the perspective of providing support to addressing the needs and rights of women, girls, adolescents and youth in Cambodia, where the Maternal Mortality Ratio (MMR) is still relatively high, where the number of teenage pregnancies is on the rise and where prevalence of Violence against Women and Girls (VAWG) is substantial. The programme proved well in line with Government policies and with the UNFPA strategic plan and clearly linked to the UNDAF. The design of the programme was informed by the 2014 Cambodia Demographic and Health Survey (CDHS), which data became available in early 2015, as well as by a number of studies and evaluations, including the CPE of Country Programme 4 (CP4) and a number of thematic evaluation studies. The programme was underpinned by a gender and rights based perspective. Through targeting of a selection of nine underperforming provinces in terms of a selected set of indicators, UNFPA provided an equity perspective to its sub-national engagement.¹

The programme has performed well in terms of milestones achieved in each of the four programme components and a fair amount of outputs met, in particular when reviewed against the background of a substantial drop in resources. The level of performance was confirmed by the review of annual and quarterly progress reports, by discussions with UNFPA and partner staff and by the self-assessment of the country office made at the end of 2016.

In terms of SRHR it is the work on policy level support that stands out, in addition to improving maternal health services through support to midwifery education and Emergency Obstetric and Neonatal Care (EmONC) training. Regarding Adolescents and Youth the country office has taken advantage of the Government revision of the education curriculum to successfully advocate for inclusion of comprehensive sexuality education. UNFPA's support to the United Nations Youth Advisory Panel (UN YAP) initiative, has provided a platform for youth related Cambodian civil society organizations to connect with the UN agenda and to inform critical UN discussions with a youth perspective. For GEWE the work on primary prevention appeared successful, though on a very small scale, and the initiative on a multi-sector response to VAWG at sub-national level was delayed but proved promising. The PD component has been focused on the upcoming Census in terms of support to data production, while policy development has been supported and informed through data and data analysis and enhancement of the use of data.

The most important constraint to programme implementation has been the substantial reduction of the country programme budget in both 2016 and 2017, which amounted to almost half of the resources concerned. In addition to reduction of UNFPA Headquarters regular resources, the substantial decrease of other resources exacerbated the budget situation.

The approach to address this reduction of resources was based on maintaining core aspects of the programme, focusing cuts on selected programme initiatives and in this way avoiding taking budget away across all of the programming. Programme parts that were terminated concerned working on the demand side of the issues in SRHR, AY and PD components. It needs to be seen in the next programme cycle what a right balance would be between working on supply and demand side issues in the Cambodian context.

¹ Selected provinces include: Kampong Cham, Koh Kong, Kratie, Mondulkiri, Oddar Meanchey, Preah Vihear, Ratanakiri, Stung Treng and Tbong Khmum provinces. For selection use was made of a set of selected SRHR and development indicators. Royal Government of Cambodia, United Nations Population Fund, Country Programme Action Plan (CPAP) 2016-2018 for the Programme of Cooperation between The Royal Government of Cambodia and the United Nations Population Fund.

Another effect of the budget constraints has been that work at sub-national level has been substantially reduced. That goes on the one hand for initiatives terminated, which all focused at sub-national level, as well as for the more limited geographical coverage of remaining initiatives.

The capacity development approach of the country office has been enhanced through use of a systems approach in both the development of midwifery training and in support to Comprehensive Sexuality Education (CSE). In both these initiatives focus has been on support to development of training systems, that will in turn be responsible for training at the individual level.

The country office has put into place a robust monitoring system, with the use of a variety of milestones to inform output level changes and enhanced through the conduct of joint monitoring missions. Nevertheless some improvements can be made in monitoring of milestones and output level indicators, while the use of a systems approach in parts of the programme could benefit from the use of additional Monitoring and Evaluation (M&E) methodologies to the use of indicators.

The country office has done well in terms of partnering with Government agencies and UNFPA is seen as a trustworthy and technically competent partner. Staff are highly regarded and have been able to develop strong partnerships with RGC agencies, which has provided the programme the opportunity to support high level policy-making and planning. Though much of the work with civil society partners was terminated due to budget constraints, UNFPA has started to play a convening role on selected topics within its mandate with civil society organizations, development partners and universities in order to enhance coordination and support cooperation.

The human resources of the country office are well able to implement the present programme. Changes have been made to the organizational structure and it needs to be seen how these work out in practice. With the development of the new programme cycle there will be a need to re-assessment of the country office human resources as well as the organizational structure.

The use of a systems perspective has enabled a more sustainable approach to results, though these will only be realized through a longer term process which needs sustained investment over the period concerned. With the relative unpredictability of the UNFPA resource base, this has proven to be more difficult at present. Some of the programming has been based on a pilot or modelling approach. In such sub-national initiatives there is a need for a clear strategy on how models developed are meant to be scaled-up, what the responsibility of UNFPA, RGC and other partners is in this respect, and how UNFPA will phase-out of the initiative.

UNFPA Cambodia's comparative advantage is in particular in the areas of SRHR and PD, where it has a unique support position in line with its mandate. Moreover, it has a comparative advantage in CSE in terms of Adolescents and Youth programming and in a multi-sector approach to VAWG through the health sector. In terms of policy support UNFPA has shown to be able to add value in all four programme components. The future strategy of UNFPA need to be developed around these core comparative advantage and build on the results achieved in the present programme cycle, relating to the most urgent needs in Cambodia in terms of realising the ICPD. Given the less than predictable resource environment as well as the unlikelihood of this situation to improve in the short term, it will be useful for the country office to develop a few strategy-based scenarios, dependent on distinct resource envelopes.

Lessons Learnt

The application of a longer term systems approach in midwifery training has been an important change towards a more sustainable approach to capacity development, but needed to be combined with addressing immediate training needs. Given complexities of issues concerned, use of few pre-determined indicators appeared insufficient to guide implementation of the approach.

In the process of adaptation of a country programme to a more limited resource base, as well as in the development of a new country programme, the balance between national and sub-national

level programming and between working on supply and demand side issues needs to be taken into consideration and adapted to the development context concerned.

Recommendations - Abridged *(for full details see text in main report)*

- 1) **Development of the Country Programme Strategy:** *guidance to the strategic content and development process of the new UNFPA country programme cycle in Cambodia. Timing: within the coming six months*
 - a. To continue the high level of partner involvement in programme design.
 - b. Develop scenarios for the strategy of CP6 related to different levels of funding with options for a comprehensive, intermediate and minimum scenario.
 - c. Build the strategy of the next UNFPA country programme in Cambodia on the comparative advantage of the organisation.
 - d. Refine the targeting of the country programme.
 - e. Make use of a systems approach in the support to the PD component.
 - f. Leverage UNFPA's experience in support to data gathering and use for the M&E of Sustainable Development Goals (SDG) achievement
 - g. Explore ways to support CSE for out-of-school adolescents and youth
 - i. Consider including aspects on resilience in the new country programme
- 2) **Enhancing Resource mobilization:** *putting the means in place to enhance the UNFPA country office financial resource base*
Timing: *once the new country programme document is approved – mid 2018*
 - a. Develop a resource mobilization strategy.
 - b. Allocate human and financial resources to the resource mobilization strategy.
 - c. Monitor results of the implementation of the strategy and adapt as required.
- 3) **Human Resources:** *align human resources with the technical and financial requirements of the new country programme cycle*
Timing: *once the new country programme document is approved – mid 2018*
 - a. Align human resources and the structure of the CP team with the new programme strategy.
 - b. Establish a resource mobilization team, including communication staff, to spearhead the resource mobilization strategy (see also recommendation 2).
 - c. Include in the TOR of consultants to build capacities of national government and relevant UNFPA staff on the technical aspects concerned through a coaching role.
- 4) **Playing Multiple Roles:** *for UNFPA to prepare to play multiple roles in the support to the development process in Cambodia. Timing: on-going*
 - a. Further develop UNFPA's convening role with Civil Society Organizations (CSO) and other non-governmental stakeholders on selected topics within UNFPA's mandate.
 - b. Continue UNFPA's support to the United Nations Youth Advisory Panel (UN YAP) initiative, providing a platform for youth related Cambodian civil society organizations to connect with the UN agenda and to inform critical UN discussions with a youth perspective.
 - c. Develop entry points for assessing changes at the sub-national level.
 - d. Remain engaged in initiatives from which UNFPA phases out direct support.
- 5) **Monitoring and Evaluation:** *Further enhancing results-based management to inform programme implementation and development of the new programme cycle*
Timing: *on-going*
 - a. Assess the feasibility of the creation of a single database with all monitoring information of UNFPA and implementing partner agencies making use of existing software.
 - b. Expand the approach to monitoring beyond the use of indicators, through the application of complementary methodologies like process monitoring / documentation and outcome mapping, in order to enhance learning and inform results based management.
 - c. Let staff of different components share responsibility for performance on shared indicators.
 - d. Provide support to RGC agencies in the development of new monitoring and evaluation approaches.

1. Introduction

The United Nations Population Fund is the lead UN agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled. UNFPA aims to expand the possibilities for women and young people to lead healthy and productive lives. UNFPA focuses on population and development issues, with an emphasis on reproductive health and gender equality. This in the context of the Programme of Action of the International Conference on Population and Development (ICPD) and the Sustainable Development Goals (SDGs).

UNFPA has been providing support to Cambodia since 1994. UNFPA is currently implementing the second year of its fifth country programme cycle (CP5) to assist the Government of Cambodia in achieving its population and development goals. The fifth programme cycle runs from 2016-2018, and concerns a three year cycle in order to be in line with United Nations Development Assistance Framework (UNDAF) as well as the Royal Government of Cambodia (RGC) planning cycle.

To contribute to the formulation of the upcoming sixth programme cycle, a Country Programme Review (CPR) was conducted. Given that a full Country Programme Evaluation (CPE) was conducted in 2015 of the fourth programme cycle, the UNFPA evaluation policy² did not require a full-fledged CPE for the present cycle. However, in order to contribute to the evidence base for the development of the sixth CP cycle a Country Programme Review was conducted. The review built on the evidence generated through the last CPE process and made use of thematic evaluative studies conducted by UNFPA in Cambodia in the period 2014-15 and UNFPA global thematic evaluations and their country case studies in Cambodia.

1) *Purpose and Objectives of the Country Programme Review*

The purpose of the present Country Programme Review combined accountability and learning objectives. The review was a means to demonstrate accountability to stakeholders of performance of the country programme during the period 2015-2016. It aimed to broaden the evidence-base of achievements and to inform the design of the next programme cycle of UNFPA in Cambodia, in line with national needs, including the National Strategic Development Plan (NSDP) (2014-2018) and the UNFPA corporate strategy 2018-2021.³ The review was meant to generate learnings in the process of implementation of the fifth country programme and in this way contribute to the knowledge base of the country office and the organization at large.

Main audience for the results of the review concerned the UNFPA Cambodia country office and RGC counterparts, other development partners as well as relevant civil society organizations. Results of the review are in particular meant to be used to inform the development and formulation of the new Country programme cycle for the period 2019-2023 and to inform the process of the UNDAF formulation for the same period.

In order to reach the purpose of the review, the main objective of the review included to assess the CP5 initiatives, systems and programmes in Cambodia, more specifically focus was on two review objectives as identified in the Terms of Reference (TOR)⁴:

- a) To provide an independent assessment of the achievements of CP5 towards the expected outputs and outcomes set forth in the results framework, including evidence of progress to date and of lessons learnt from previous evaluations and assessments to address

² UNFPA Evaluation Policy.

³ United Nations Population Fund: *UNFPA strategic plan, 2018-2021*, July 2017.

⁴ The TOR of the present Country Programme Review is presented in Annex 1.

development challenges, needs of key populations and groups in vulnerable situations, gaps in their access to services; gaps in capacity or barriers to meeting their needs and strategies for addressing those gaps;

- b) To provide both strategic and programmatic recommendations that are practical and in priority order (addressing issues raised in the situation analysis, taking into full account lessons learnt) as the basis for the Country Office to formulate the next Country Programme which are in line with UNFPA's priorities as stated in the Strategic Plan 2018-2021 that contribute to national priorities.

The review made use of the following Criteria: relevance, effectiveness, efficiency, sustainability and added UNFPA value/comparative advantage. These are the same criteria that are used for UNFPA CPE's. However, it needs to be borne in mind that given the more limited resources for this review compared to a full-fledged CPE, aspects of scope and methodology were adapted accordingly (see below).

2) *Scope of the Review*

The review included all of UNFPA's assistance, covering both those initiatives and activities funded through its own resources, as well as those funded through other resources. The review covered development as well as resilience programming. It included both national level activities as well as interventions supported at the sub-national level. In geographical terms the review covered the territorial scope of the programme components at both the national and the sub-national levels with at sub-national level a focus on the priority locations as identified in the Country Programme Action Plan (CPAP).⁵ For field visits a limited sample of field locations was selected. The review took into consideration the national and corporate strategies and sectoral planning documents which have guided the programme and its implementation.

The review focused on programmatic aspects including what works, what does not work and to what extent the programme has been able so far to realize the planned results in an efficient manner, taking into consideration resources concerned. The latter in particular included the diminished financial resources available for the country programme, compared to the expected resources as identified in the Country Programme Document (CPD).⁶ In addition, focus included strategic aspects of the programme, including UNFPA's positioning vis a vis other UN agencies as part of the UNDAF, adaptation to the changing national context and related national and sub-national needs and strategic response to UNFPA organizational issues, including diminished resources as well as the development of the new UNFPA Strategic Plan 2018-21.

The review included all four programme components of UNFPA in Cambodia, including Sexual and Reproductive Health and Rights, Adolescents and Youth, Gender Equality and Women's Empowerment and Population Dynamics. Focus included outputs achieved through the implementation of activities in the four components of the country programme, covering the period from 2016 to mid-2017. Output level results included those changes which were meant to be under the management control of UNFPA and for which UNFPA and its implementing partners can be held accountable.

It proved not possible in the present review to assess the level of realization of outcome level changes as data on most of the indicators concerned was not available as these are usually gathered through surveys, including the Cambodia Demographic and Health Survey (CDHS). Moreover, given the relatively short period covered in the present review of about 1.5 year, the expectation of change at the outcome level could only be very limited. Therefore assessment of results focused on output level changes and the milestones contributing to those changes, as

⁵ Royal Government of Cambodia, United Nations Population Fund: *Country Programme Action Plan (CPAP) 2016-2018*.

⁶ United Nations Population Fund: *Country programme document for Cambodia, June 2015*.

identified in CPAP and reported on in quarterly and annual progress reports. In addition to expected results, the review included any unforeseen or unplanned results that emerged based on programme activities concerned. These could be unforeseen gains and positives, as well as undesirable effects.

The review included assessment of the monitoring and evaluation functions of the country office, the ways in which these functions have been organized and the extent to which they have enhanced accountability and learning. Moreover, aspects of results-based management were included, with a focus on the extent to which monitoring and evaluation results have informed programme management.

Important aspects of the implementation of UNFPA's programme concerned partnering with RGC and other agencies, in terms of implementing partners and providing policy and technical support to selected agencies and organizations. Moreover, UNFPA played a convening role with civil society and other parties concerned on issues of the Plan of Action of the ICPD. All these modes of engagement were included in the present review.

With the adoption of the SDGs there is an increased realization of the interrelatedness of development goals and the positive and reinforcing as well as negative and contradicting effects that realization of objectives of one SDG can have on the realization of objectives of other goals. This also goes for the outcome areas of UNFPA in Cambodia and the outputs concerned, in which there are many interrelations between issues concerned in the four programme components and in which results in one outcome area are likely to affect results in other areas. This interconnectedness of the outcome areas was included as part of the present review.

Given that the last CPE was conducted in 2014/15, with the final CPE report dated March 2015, the present review built on the results of the CPE as well as on other evaluations conducted in the period 2014-2015, commissioned by the country office as well as by UNFPA Evaluation Office at headquarters (see details in box 1 below). Moreover, the review will paid attention to those aspects of the programme that have been adapted or changed in the present cycle. In this way the review made use to the extent possible of existing evaluative studies in order to inform the present country programme review.

In terms of the forward looking aspects of the review, recommendations focused on the strategic directions, programmatic aspects and operational issues of UNFPA support, in order to inform the design of the sixth UNFPA programme cycle in Cambodia.

Box 1: Evaluations and Studies conducted in the period 2011-2016

- i. Cambodia Country Report ICPD beyond 2014
- ii. UNFPA Cambodia Country Programme Evaluation of CP3 (2006-2010)
- iii. UNFPA Cambodia Country Programme Evaluation of CP4 (2011-2015)
- iv. UNFPA Cambodia Thematic evaluative study on midwifery
- v. UNFPA Cambodia Thematic evaluative study on family planning
- vi. UNFPA Cambodia Thematic evaluative study on comprehensive sexuality education
- vii. UNFPA Cambodia Thematic evaluative study on gender based violence
- viii. UNFPA Cambodia Thematic evaluative study on decentralization and deconcentration reform
- ix. Review of the Cambodian EmONC improvement plan 2010-2015
- x. Country Case study of the UNFPA Global Thematic evaluation on family planning
- xi. Global Thematic Evaluation of the UNFPA Support to Maternal Health, 2000-2011, Cambodia Country Case Study
- xii. Evaluation of the contribution of the United Nations development system to strengthening national capacities for data collection and analysis to support the achievement of the MDGs and other internationally agreed goals
- xiii. UNFPA Cambodia Impact assessment of UNFPA multi-media interventions to raise awareness on SRH among young people (Love9)
- xiv. Impact assessment of Good Men Campaign (engaging men and boys in prevention of gender based violence)
- xv. Partners for Prevention (P4P) baseline survey - Primary Prevention of Violence against Women in Cambodia
- xvi. Global UNFPA Thematic evaluation on adolescents and youth
- xvii. Mid-term review of National Action Plan to Prevent Violence Against Women (NAPVAW) II
- xviii. Implant perception operational research
- xix. Integrated HIV Bio-behavioural Surveillance (IBBS 2016) among Female Entertainment Workers

2. Country Context

1) *Development Context*

Cambodia is located in Southeast Asia and bordered by Lao People's Democratic Republic, Thailand and Vietnam. It is geographically and culturally diverse. Cambodia has experienced relative political and institutional stability since the first national election in 1993, with a democratically elected government. Backed up by this political stability, Cambodia's economy has remained strong with robust growth in services and expanding export industries driving economic growth at an estimated 8 per cent annually over the past decade.⁷

The Human Development Index (HDI) has consistently improved since 1990 with an average annual increase of 1.84. This has positioned Cambodia in 2016 within the medium human development category at 0.563. However, in terms of rank Cambodia experienced a slight set-back ranking presently 143rd out of 188 countries. According to the Gender Inequality Index (GII), which measures the level of gender disparity in three realms: reproductive health, empowerment and labour market participation, Cambodia is ranked 112th out of 148 countries (2016).⁸

Cambodia has made significant progress in terms of economic as well as social development in particular during the last two decades. Per capita Gross Domestic Product (GDP) has increased from United States Dollars (USD) 417 in 2004 to USD 1,036 in 2013 and 1270 in 2016. Economic growth has been fuelled by private sector investments in agriculture, garment manufacturing, construction, and tourism as well as public sector investments in rural and urban infrastructure.⁹

Cambodia substantially reduced extreme poverty and hunger, reaching the MDG related objective before 2015, though important social inequities persist. About 19.8 (2011) and 17.7 per cent (2012) of the total population is reported to live below the national poverty line (see table 1). The sustainability of the gains concerning poverty have been precarious, as many households live on incomes just above the poverty line. Cambodia became a Lower Middle Income Country (MIC) by 2015 and aspires to become a Higher MIC by 2030 and a developed country by 2050.¹⁰

Cambodia is changing rapidly from a predominantly a rural society with 80.5 percent of the population living in rural areas (2010) towards a more urbanized society with intensive commercial farming in rural areas combined with urban based manufacturing and services. Many of the large population of young people are migrating out of rural areas contributing to rapid urbanization and constraining workforce availability in rural areas, which remain dependant on labour intensive agricultural production. There is an increasingly vocal demand of citizens and civil society organizations for more inclusive growth and political participation.¹¹

The difference between Phnom Penh on the one hand and other urban and rural areas on the other hand remain considerable with poverty rates in rural areas about twice as high compared to the capital. Provinces in the south and southeast, are more densely populated and have a long tradition of practicing sedentary farming. These provinces have a lower poverty rate compared to those in the north, northeast and northwest. The north-eastern provinces, with a high amount of

⁷ Cambodia Common Country Assessment, UNDAF 2016-2018, May 2014.

⁸ United Nations Development Programme, *Human Development Report 2016, Human Development for Everyone*. New York, 2016, Main report and Overview.

⁹ Cambodia Common Country Assessment, UNDAF 2016-2018, May 2014 and World Bank World Development Indicators.

¹⁰ Royal Government of Cambodia, *National Strategic Development Plan 2014-2018, For Growth, Employment, Equity and Efficiency to Reach Upper-middle Income Country*, Phnom Penh.

¹¹ Cambodia Common Country Assessment – UNDAF 2016-2018, May 2014.

people of ethnic minorities are of particular concern. These provinces are predominantly rural and less integrated in the national mainstream. People survive predominantly by subsistence agriculture, hunting and gathering.¹²

The Phase III of the Cambodian Rectangular Strategy for the period 2014-2018 focuses on inclusive growth as an overarching development priority, with such growth considered to include equal access of all to human development, comprising of social protection and access to meaningful employment. Moreover, good governance has remained at the core of the strategy in the third phase, with attention to reforms of social services, legal and judicial system, public finance and administration and decentralization and deconcentration of functions.¹³

2) *Sexual and Reproductive Health and Rights*

Cambodian Reproductive, Maternal and Child health has improved over the past decade with support from development partners and civil society under the stewardship of the Ministry of Health (MoH). The public health system has made important strides in ensuring that every health facility in the country has at least one secondary midwife whereas the goal is to have at least two secondary midwives per health facility. The number of both primary and secondary midwives is increasing rapidly: primary midwives from 1,997 in 2011 to 2,332 in 2013 and secondary midwives from 1,994 in 2011 to 2,734 in 2013.

In spite of the rapid growth in health personnel, Cambodia continues to have a relatively low number of specialized medical staff, including doctors, medical assistants, anaesthetists and nurses and midwives per capita compared to neighbouring countries: in Cambodia there is about one per every 1,000 people. There also is a need to improve an effective referral system to address complications during delivery, including emergency obstetric care, antibiotics for premature rupture of membranes, neonatal resuscitation, and management of new-borns with complications.¹⁴

With regard to achieving the Cambodia Millennium Development Goals (CMDG) targets for reproductive health, Cambodia was on track for maternal mortality ratio (MMR), while improvement needed to be made for both skilled birth attendance deployment and emergency obstetric and neo-natal care (EmONC) services. Regarding MMR, the country has met the CMDG target of 250 in 2015. In 2014 the MMR was at already 170 / 100,000 birth, decreasing steadily from 206 in 2010, and 472 in 2005. Although there was a notable decrease of the MMR and the increase in percentage of deliveries at health facilities from 35 per cent in 2008 to 80 per cent in 2013¹⁵ and 83 % in 2014¹⁶, the quality of ante-natal care services need continued attention. One of the reasons for the increased number of ante-natal visits have been information provided to women of the benefits of institutional delivery, encouraging them to go to a health facility when it is time to give birth. As a result, there been a dramatic rise in the percentage of institutional deliveries.¹⁷

¹² RGC, MOP, *Annual Progress Report, achieving Cambodia's Millennium Development Goals*, April 2014.

¹³ *Cambodia Common Country Assessment – CCA, UNDAF 2016-2018*, May 2014.

¹⁴ Ministry of Health, *Review of the Cambodian Emergency Obstetric and Newborn Care Improvement Plan 2010-2015*, April 2015.

¹⁵ MoH, HIS, 2013.

¹⁶ CDHS 2014.

¹⁷ Royal Government of Cambodia, Ministry of Planning, *International Conference on Population and Development beyond 2014, Cambodian Country Report*, Phnom Penh, August 2013.

The infant mortality rate has notably decreased from 95 in 2000 and continued to decline to 45 per 1,000 in 2010 while the under-five mortality decreased from 124 to 54 per 1,000 within the same period and further decline to 35 in 2014.¹⁸ This decline is in particular related to the national immunization programme, promotion of exclusive breastfeeding, improved access to basic health services, and an overall reduction in poverty levels as well as greater access to education and health care, and, moreover, supported by an expanded and improved road system.

One of the major causes for reduction of maternal and neonatal deaths was related to the availability of EmONC services. EmONC is integral to the Government's intensive strategic intervention in saving lives of women in Cambodia, called the Fast Track Initiative Road Map for Reducing Maternal and New-born Mortality. An assessment conducted found that the country was lacking both basic and comprehensive EmONC facilities, with 1.6 basic facilities for 500,000 populations versus a recommended level of five. The EmONC Improvement Plan 2010-2015 was introduced, including the upgrading of health facilities in order to be able to respond to the complications of deliveries.

A review of the results of the EmONC Improvement Plan conducted in late 2014 concluded that although important improvements had been made on most of the related UN standards concerned, most of these standards were still not met. This included availability of public EmONC facilities per 500,000 population, which had improved from 1.64 to 2.35 between 2009 – 2014, but still far from the UN standard at 5.0. Though the number of facilities performing all signal functions had improved, it also still remained well under the target of the Improvement Plan. Distribution of EmONC facilities had improved country wide, though in particular upgrading of designated health centres to functional EmONC was far behind schedule with only 2 out of 88 upgraded. While the study mentions a marked improvement in the distribution of midwives to support EmONC, it concludes that more specialists including anaesthetists and obstetricians are required to support 'around the clock' services.¹⁹

Pertaining to family planning Cambodia has made progress in reducing the total fertility rate (TFR) from 3.8 in 2000 to 3.0 in 2010 and 2.7 in 2014.²⁰ The use of family planning methods in Cambodia is spreading, and this is an important reasons for the fertility decline. Practically, all Cambodian women are familiar with at least some methods of contraception. All health centers 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 Contraception Prevalence Rate in 2013 was at 34 per cent, and increased to 56.3 per cent in 2014, slightly below the Cambodia MDG target for 2015 of 60 per cent. The unmet need for family planning is at 12.5 % still substantial.²¹

3) *Adolescents and Youth*

Cambodia has a large youthful population with 32 per cent in the 10-24 years age group. This young population forms a potential "demographic dividend" from which the country could benefit economically if sufficient investments are made in youth employment, education, and access to health services, including sexual and reproductive health.²²

¹⁸ CDHS 2000, 2010 and 2014.

¹⁹ Ministry of Health, *Review of the Cambodian Emergency Obstetric and Newborn CARE Improvement Plan 2010-2015*, April 2015.

²⁰ CDHS 2000, 2010 and 2014.

²¹ CDHS 2000, 2010 and 2014.

²² United Nations Population Fund: Country programme document for Cambodia. June 2015; *Cambodia Common Country Assessment, UNDAF 2016-2018*, May 2014.

Many young women find employment in the garment industry and are able to send remittances to their families in their home villages. Garment workers, however, are exposed to long working hours in often unsafe and unhealthy working environments. Other young women find employment in the entertainment industry where they are at risk of sexual exploitation and gender-based violence. In both cases, young women face sexual and reproductive health risks as a result of inadequate access to relevant information and proper services. Young men find employment in the construction industry that is often dangerous.²³

Migration is a critical factor in exposing youth to risk. Young Cambodians are migrating to the city in large numbers; 11.5 % of the population now lives in Phnom Penh. Young men and women who leave rural communities for urban employment are exposed to a wide range of issues and problems, including alcohol and drug abuse, gang violence, crime, rape and gang membership. Some adopt risk behaviours that expose them to Human Immunodeficiency Virus (HIV) and other Sexually Transmitted Infections (STI).²⁴

While Comprehensive Sexuality Education (CSE) and HIV life skills education has been integrated into primary and secondary education curricula in seven provinces and general awareness of HIV among young people is high, more comprehensive knowledge of HIV remains limited. HIV education in tertiary education establishments is largely missing. Out-of-school youth, including most at risk adolescents (street children, for example), have limited access to HIV/STI and Reproductive Health (RH) education, which is particularly problematic because of their greater vulnerability. Despite this, HIV prevalence for youth is low at 0.1% for both males and females.²⁵

Sex before marriage for women is not common. Only 8% of young women aged 15-19 are sexually active. Sexual behaviour and activity among young people may be changing with earlier sexual initiation being reported for students aged 13-15. Teenage fertility is a major health concern. While there is a decline in total fertility rate as mentioned above, the number of teenage pregnancies have increased from 8 per cent in 2010 to 12 percent in 2014. This relates amongst others to the relatively low contraceptive prevalence rate amongst married young women (15-19 years of age) at 29 per cent compared to 56% of women in total.²⁶

Young people although representing the largest portion of the population, do not have their needs, perspectives and concerns represented and reflected in national and sub-national development priorities and budgets (United Nations in Cambodia, 2009). There are limited institutionalised structures and systems that allow youth to participate in decision-making processes, development programming, policy-making and resource allocation.²⁷

4) *Gender Equality and Women's Empowerment*

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 NSDP and related sectoral strategies. The Cambodian constitution (1993) recognizes gender equality in its Article (Art) 31 and it prohibits discrimination against women (Art 46)

After the national reconciliation in 1991, and the first democratic election in 1993, the participation of women in decision-making positions has steadily improved in many fields. The

²³ Cambodia Common Country Assessment, UNDAF 2016-2018, May 2014.

²⁴ Clarke, David J.: Youth and Comprehensive Sexuality Education, Thematic Evaluation Report, UNFPA Cambodia Country Office, August 2014.

²⁵ Ibid.

²⁶ UNFPA Cambodia. (2013). Adolescents and Youth. Country Programme Brief. Phnom Penh; Clarke, David J.: *Youth and Comprehensive Sexuality Education, Thematic Evaluation Report*, UNFPA Cambodia Country Office, August 2014.

²⁷ Clarke, David J.: *Youth and Comprehensive Sexuality Education, Thematic Evaluation Report*, UNFPA Cambodia Country Office, August 2014.

number of women in the National Assembly has continuously increased over the past four legislatures, from 5 per cent in 1993 to 20.3 percent in 2013. The proportion of female members in the Senate, however, remained stable at 14.7 per cent between 1999 and 2012. The proportion of women in senior government positions has increased though remains limited.

At sub-national level, strong progress in female representation has been made at provincial level with females comprising 17 per cent of Deputy Governors at Provincial/Capital level (24 females of a total 143) and almost 25 percent of Deputy Governors of Municipalities, District & Khans (24 per cent, 196 female of 828 total). Also, the proportion of women elected as members of commune/sangkat councils more than doubled from 8 per cent in 2002 to 18 per cent in 2012.

Gender is since 1996 institutionalized as part of the Government system. In 1996 the Secretariat of State for Women's Affairs was elevated to the status of Ministry of Women's Affairs (MoWA). Other institutional mechanisms for gender equality and the empowerment of women at national level include the Cambodian National Council for Women (CNCW), Gender Mainstreaming Action Groups (GMAGs) in all line ministries and the Technical Working Group on Gender (TWGG) and its sub-group on Gender Based Violence (GBV). At the sub-national level, provincial and district Women and Children Consultative Committees (WCCC) have regular meetings with the Board of Governors on women, youth and children's issues. For better delivery of services to rural men and women, Commune Council on Women and Children (CCWC) have been established and Sub-decree 22 requires that among three village leaders, at least one must be a woman.

Gender is mainstreamed in national policies including the Socio-Economic Development Plan I (1996-2000) and II (2001-2005), the National Poverty Reduction Strategy, later referred to as National Strategic Development Plan (NSDP), and the Rectangular strategy 1, 2 and 3. Moreover, the CMDGs as well as the SDGs include gender equality as a priority.

MoWA developed a national policy for women in 1996 to guide the country in promoting gender equality and women's empowerment. The national policy was implemented through a five year strategic plan called Neary Rattanak (NR), which passed through three generations, NR1 (1999), NR 2 (2005-2009), and NR 3 (2009-2013). The 4th generation of NR (2014-2018) was adopted in December 2014 in alignment with the Rectangular Strategy III and NSDP 2014-2018.

In recent years significant data has been collected which adds to the understanding of Violence against women and girls (VAW/G) in Cambodia. The CDHS in 2000, 2005, 2014 included domestic violence and generated information on the knowledge of, and attitudes towards, violence against women. In 2005 and 2009 MoWA conducted baseline and follow-up surveys that measured perceptions about VAW/G. In 2012, the Australian Agency for International Development (AusAID, now Department for Foreign Affairs and Trade (DFAT)) supported a collaborative research project to better understand violence against women with disabilities (Triple Jeopardy) and Partners for Prevention (P4P), a Joint Regional UN programme, completed a representative prevalence study on men's perceptions and perpetration of violence against women in 2013.

In 2012, MoWA and the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), supported by UNICEF and the Centre for Disease Control and Prevention, conducted the Cambodia Violence Against Children Survey - a cross-sectional household survey retrospectively assessing violence against children in Cambodia, providing data on the scale and nature of physical, sexual and emotional violence against boys and girls and its underlying risk and protective factors.

Data from the DHS 2014 show that one in five women age 15-49 have experienced physical violence at least once since age 15, and 9 percent experienced physical violence within the 12 months prior to the survey. Six percent of women age 15-49 report having experienced sexual

violence at least once in their lifetime. About two in five women have sought assistance to stop physical violence they have experienced, while one out of three did so to stop sexual violence.²⁸

5) *Population Dynamics*

The total population of Cambodia amounts to about 15.8 million (2014) with 43 per cent age 19 or younger. Urban population consist of 21 per cent of the population. Life expectation amounted to 69 years in 2016, which concerns a slight decrease compared to the 2012 figure of 72 years. Nevertheless, the same concerns a substantial increase from 57.1 years of life expectancy in 2004.

Cambodia is currently going through a demographic transition with a large youthful population. The total fertility rate has declined since 1990 and stands at 2.7 (2014), down from 3.0 (2010) and 3.8 (2000). The population is increasing at an annual growth rate of 1.6 percent (2016), down from 2.3 per cent before (1990-2012)²⁹. Fertility is lowest in Phnom Penh, at 2.0 children per woman, and highest in Preah Vihear / Stung Treng and Kratie, at 3.6 children per woman. Among the remaining provinces, total fertility ranges from 2.4 to 3.3. Fertility is well known to be inversely related to level of education and, moreover, related to wealth, with the women of the poorest wealth quintile in Cambodia having a higher number of children (3.8) compared to the women of the richest wealth quintile (2.2). Average household size has declined, from 5.1 persons in 2004 to 4.6 in 2014.³⁰

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 NIS and a next census is scheduled to be conducted in 2019. CDHS were conducted in 2000, 2005, 2010 and most recently in 2014. The CDHS of 2014 contains 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.³¹

Cambodia launched its first National Population Policy in 2003, which was revised in 2015 in order to respond to new trends and emerging issues, and endorsed by RGC in March 2016. The National Institute of Statistics (NIS), is part of the Ministry of Planning (MOP), and the focal point on statistical issues. The NIS compiles and consolidates statistics provided by decentralized offices and also collects primary data through household and establishment surveys as well as population, agricultural and economic censuses. Cambodia has a decentralized statistical structure with statistical bureaus and sections within planning and statistics departments of the various Ministries and in the planning and statistical units in the provinces and districts.³²

By the end of 2012, The RGC set up a National Working Group on Monitoring and Evaluation (M&E) in order to streamline M&E activities for the planning cycle 2014-2018 and beyond. The working group proposed to initiate a debate on linking M&E with the overall planning framework of the NSDP in the context of results based management.³³

²⁸ CDHS 2014.

²⁹ Data from World Bank - WDI and UNICEF at http://www.unicef.org/infobycountry/cambodia_statistics.html.

³⁰ CDHS 2014.

³¹ CDHS 2014.

³² Source: <http://www.nis.gov.kh/index.php/en/2013-11-10-19-27-49/general-information.html>

³³ Royal Government of Cambodia, Ministry of Planning, *Monitoring and Evaluation: An approach to Strengthen Planning in Cambodia*. Phnom Penh, May 2014.

6) *The United Nations Development Assistance Framework*

The UNDAF of 2016-2018 is aligned with the main development strategy of RGC, i.e. the Rectangular Strategy for Growth, Employment, Equity and Efficiency, Phase III as well as the NSDP 2014-2018, which operationalizes the strategic directions. Inclusive growth is the overarching government development priority. The UNDAF covers a three year period and in this way is in line with the timeframe of the NSDP. The framework includes three outcome areas (see box 2 below). Estimated budget required for its implementation is USD 260 million.³⁴

Box 2: UNDAF Strategic Priorities in Cambodia (2016 – 2018)

1. By 2018, people living in Cambodia, in particular youth, women and vulnerable groups, are enabled to actively participate in and benefit equitably from growth and development that is sustainable and does not compromise the well-being, natural and cultural resources of future generations
2. By 2018, more people, especially vulnerable, poor and marginalized groups are equitably benefiting from and contributing to affordable, sustainable and quality social services and protection and have gained enhanced skills to achieve and contribute to social and human development
3. By 2018, national and subnational institutions are more transparent and accountable for key public sector reforms and rule of law, are more responsive to the inequalities in the enjoyment of human rights of all people living in Cambodia, and increase civic participation in democratic decision-making

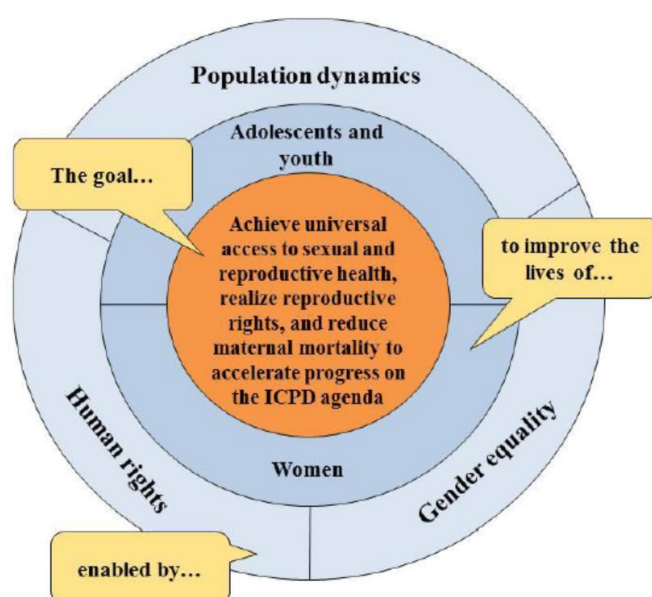
³⁴ Kingdom of Cambodia, United Nations in Cambodia, *United Nations Development Assistance Framework (UNDAF) 2016-2018*, Phnom Penh, April 2015.

3. UNFPA's Strategic Response and Programme

1) UNFPA's Strategic Response

The UNFPA strategic plan for the period 2014-2017 puts universal access to sexual and reproductive health, realization of reproductive rights, and reduction of maternal mortality to accelerate progress on the ICPD agenda as the agency's goal. This in particular for women and adolescents and youth which are the key beneficiaries of UNFPA support and enabled by information and analysis on population dynamics and a human rights and gender equality based approach. The focus is presented as "the bull's eye" (see figure 1 below).³⁵

Figure 1: The "bull's eye" of UNFPA's strategic plan 2014-2017



These strategic dimensions are meant to be operationalized in line with national priorities related to ICPD goals, with application of the principle of national ownership and leadership. Central to the approach is the development of national capacities, supporting systems and institutional development for governmental as well as civil society organizations. Special attention is meant to be placed on advocacy and policy dialogue, enhancing policy analysis and development. Effective dialogue is to translate in increased allocations of national and international financial resources for population and reproductive health programmes, positioned to reduce poverty and achieve the MDGs. This is to be done in multi-sectoral partnerships with other UN partners, international and national institutions and civil society. The strategy asks for more attention to results based management and knowledge sharing across the organization and with partners.

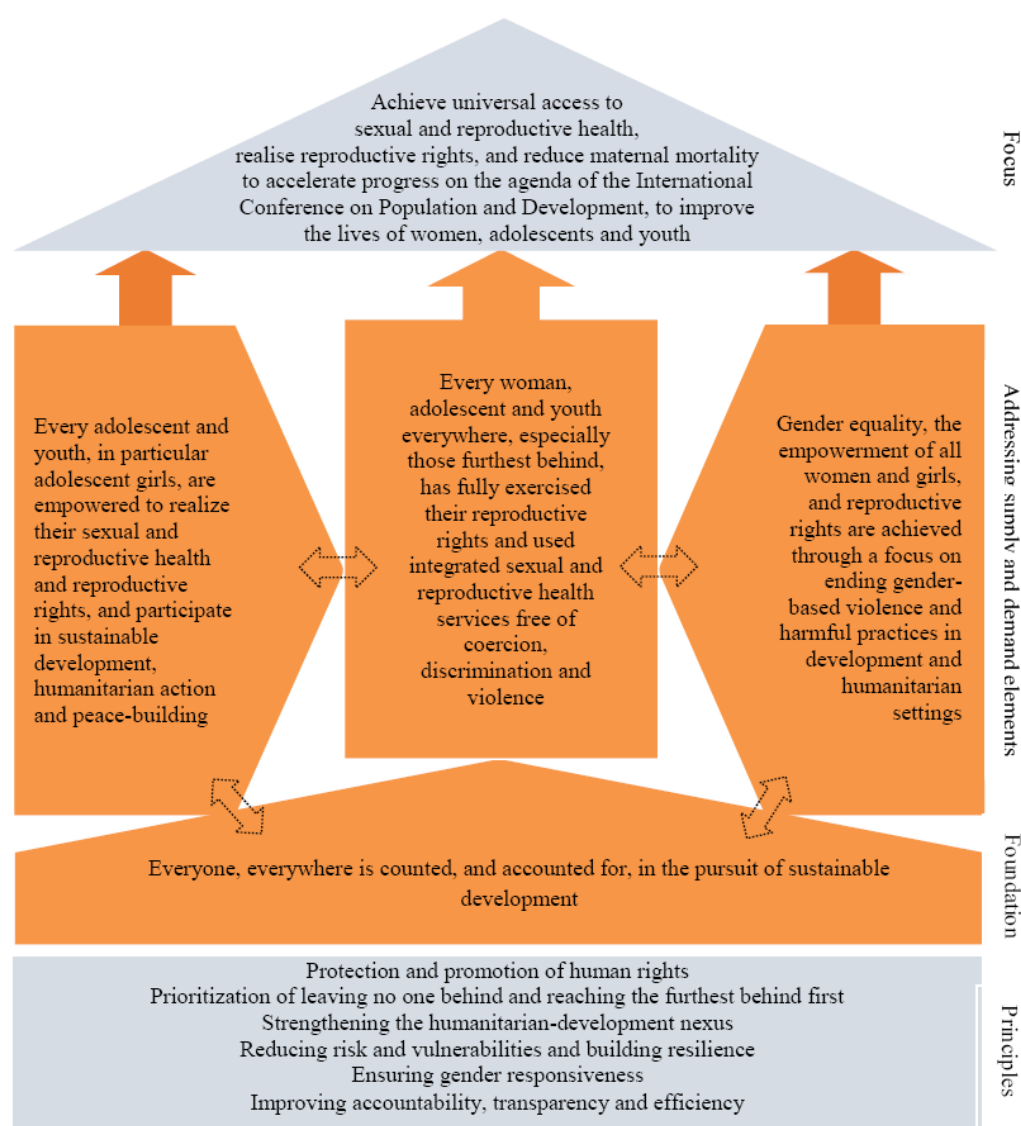
Based on the results of an organization wide review the draft Strategic Plan for the period 2018-2021 provides a slightly adapted approach. The main goal and objectives of the organization are presented in a Theory of Change model, in which the components of SRHR, Adolescents and Youth and Gender and Women's Empowerment are reflected in terms of addressing supply and demand element, while population dynamics component is reflected as the foundation of the theory of change. The organizational goal presented as the focus of the TOC is almost the same as the 'bull's

³⁵ United Nations Population Fund, *The UNFPA Strategic Plan, 2014-2017*. Report of the Executive Director. New York, September 2013.

eye’ of the present strategy, with the addition “to improve the lives of women, adolescents and youth”, clearly indicating the prime target groups of the organization. The focus on adolescents and youth has increased over time with the application of a life cycle approach and the realization that enhancement of youth people’s capacities can yield large returns during the course of their lives so that investment in this group can have long term and cost effective impact. The first UNFPA strategic guidance document on adolescents and youth was put forward in 2006. In addition to SRH services and education, the framework concerned included young people’s leadership and participation and supportive policy making applying population dynamics. Since 2012 a focus on reaching the most vulnerable and evidence based advocacy were included.³⁶

The TOC, moreover, includes a number of principles, including protection and promotion of human rights, leaving no one behind (an important principle in terms of SDG achievement), and building resilience and improving accountability, transparency and efficiency (see figure 2 below).

Figure 2: Change model of the UNFPA Strategic Plan, 2018-2021

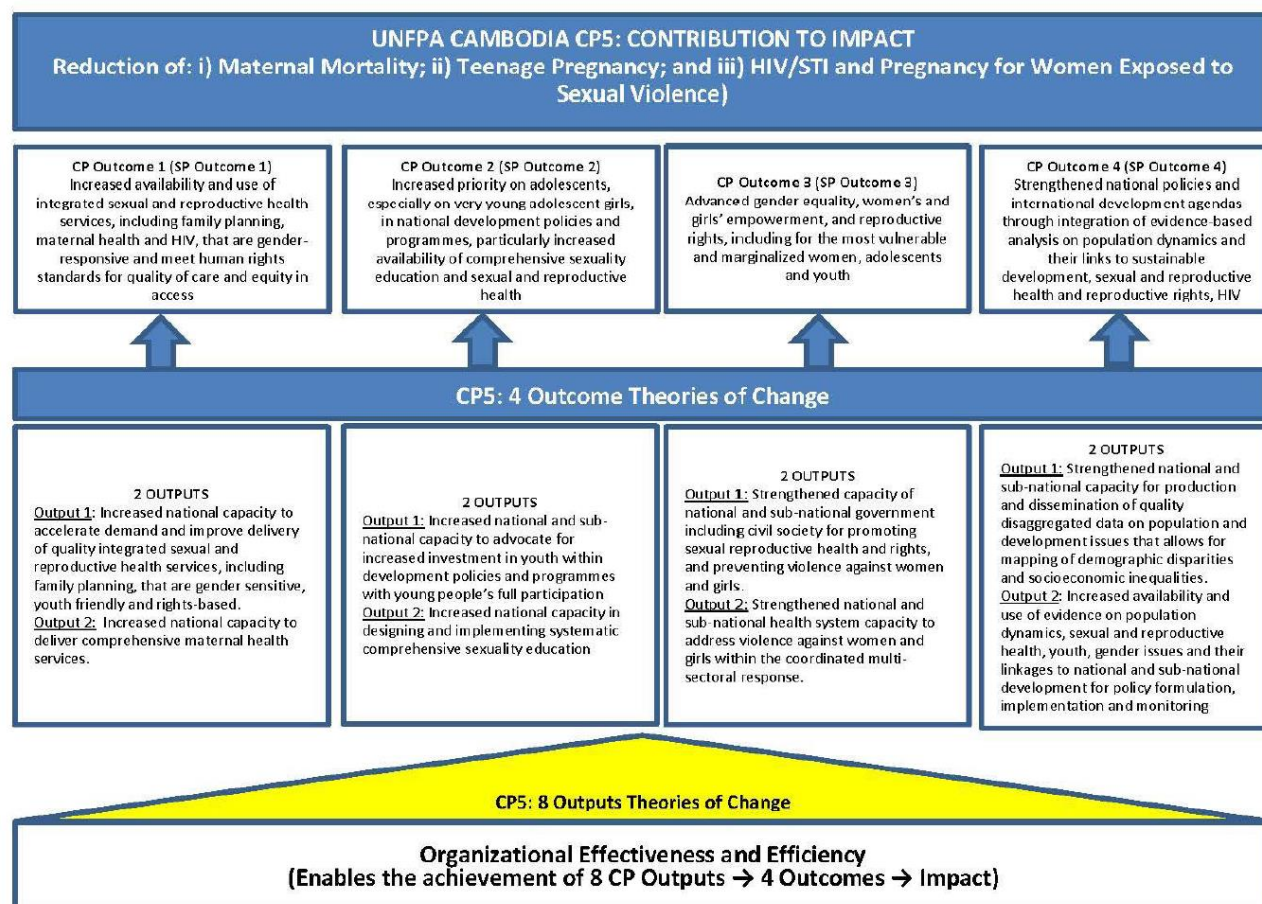


³⁶ UNFPA Evaluation Office, *Evaluation of UNFPA support to adolescents and youth 2008 – 2015*, New York 2016.

2) UNFPA's Response through the Country Programme

UNFPA's fifth country programme cycle in Cambodia, is implemented from 2016 – 2018 and includes four components: 1. Sexual and Reproductive Health and Rights; 2. Adolescents and Youth; 3. Gender Equality and Women's Empowerment; and 4. Population Dynamics. Each of the four outcome areas is underpinned by 2 output level changes. The outcome level changes conform the results framework of the UNFPA strategic plan while output level change can be tailored to the Cambodian context. An overview of the resulting Results Framework is provided in Figure 3 below.

Figure 3: Results Framework of the UNFPA Cambodia 5th Country Programme



Sexual and Reproductive Health and Rights

The outcome of this component has focused on increased availability and use of integrated sexual and reproductive health services. The two outputs of this component focus on increased capacities to accelerate demand and improve delivery of quality gender sensitive and youth friendly SRH services with a second output on enhanced capacities for the delivery of comprehensive maternal health services. Each of the programme components is further specified in the CPAP. The first output is meant to be realised through enhanced capacities for strategic planning in MoH, enhanced capacity of referral hospitals and other health facilities and enhanced knowledge on SRH issue of selected groups of adolescents and youth in targeted areas. Improvements in maternal health capacity are meant to be realised through quality improvement of midwifery services and enhancing capacities of EmONC in prioritized sub-national locations. These changes are in turn achieved through a total of 16 focused interventions. A graphical overview of the results chain drafted by the reviewer is presented in Annex 3.

Monitoring and evaluation is informed through the inclusion of 5 indicators, for each of the 5 ways in which output level changes are meant to be achieved. Three of these indicators assess change at this level while two of the indicators assess change at the contributing activities.

Outcome level indicators for this programme component:

- Contraceptive prevalence rate Baseline: 39%; Target: 46%
- Percentage of birth attended by skilled health personnel. Baseline: 89%; Target: 91%

Output level indicators for this programme component:

- Number of strategies, guidelines and protocols on SRHR developed. Baseline: 4; Target: 5
- Percentage of referral hospitals providing high-quality youth-friendly services in prioritized locations. Baseline: 0%; Target: 25%
- Comprehensive SRHR social behaviour change communication strategy for adolescents and youth developed and implemented in prioritized locations. Baseline: 0; Target: 1
- National pre-service midwifery training standards developed. Baseline: 0; Target: 5 (target was reduced to 1 by 2018)
- Number of emergency obstetric and newborn care (EmONC) facilities per 500,000 population in prioritized locations. Baseline: 1.31 Comprehensive EmONC (CEmONC) ; 1.04 Basic EmONC (BEmONC); Target: 1.4 CEmONC; 2.5 BEmONC

Adolescents and Youth

The AY component aims for enhanced priority on adolescents and youth in national development policies and programmes, which it means to achieve through youth participation in policy development and increased investment in youth and increased capacity in design and implementation of comprehensive sexuality education. The outcome is meant to be achieved through supporting the conditions for youth participation. Comprehensive sexuality education on the other hand is supported through integration in the school curriculum and the development of teacher capacities to implement health education and the CSE curriculum. Also in this component a variety of activities contributes to the changes concerned, a total of eight in this component. Details of the results chain are presented in Annex 3.

Outcome level indicators for this programme component:

- Teenage pregnancy. Baseline: 12%; Target 11.5%

Output level indicators for this programme component:

- Number of national and subnational participatory platforms for policy and programme planning engaging young people. Baseline: 0; Target: National level and in 10 prioritized locations
- Number of grades with comprehensive sexuality education fully integrated into the core national school curriculum. Baseline: 0; Target: 4
- Percentage of teachers receiving training on methodologies for implementing comprehensive sexuality education programme in prioritized locations. Baseline: 0% primary; 0% secondary; Target: 15% primary; 10% secondary

Gender Equality & Women's Empowerment

The GEWE component aims to contribute towards advanced gender equality, women's and girls' empowerment, and reproductive rights and is focused on enhancing capacities of government and civil society stakeholders to promote sexual and reproductive health and rights, support prevention of violence against women and girls and strengthen capacities of national and sub-

national health systems to address VAWG through a coordinated multi-sectoral response. This is meant to be achieved through engagement of men and boys in the prevention of VAWG and development of capacities of referral hospitals to provide quality services to survivors of violence. These outputs are to be achieved through the implementation of nine interventions. Results are monitored through two indicators. Details of the results chain are presented in Annex 3.

Outcome level indicators for this programme component:

- Percentage of men aged 15-49 years who agree that a husband is justified in beating his wife for specific reasons. Baseline: 22.4%; Target: 15%

Output level indicators for this programme component:

- Number of interventions that engage men and boys in preventing violence against women and girls in prioritized locations. Baseline: 1; Target: 3
- Percentage of referral hospitals providing services of survivors of violence against women and girls, according to national guidelines, in prioritized locations. Baseline: 0%; target: 25%

Population Dynamics

The PD component of the programme aims to strengthen national policies and international development agendas through support to the integration of evidence based analysis of population dynamics. The outcome area is focused on strengthening of national and sub-national capacities for production and dissemination of high-quality disaggregated data on population dynamics and on support of increased availability and use of evidence on population dynamics, sexual and reproductive health, youth, and gender. The outputs are achieved through development of capacities for production and dissemination of the general population census for 2019, enhancing capacities in analysis and use of population data in national and sub national policies and plans. Details of the results chain of this component are presented in Annex 3.

Outcome level indicators for this programme component:

- Number of national policies that address key population dynamics. Baseline: 1; Target: 2)

Output level indicators for this programme component:

- Cambodian general population census designed according to international standards Baseline: Census- related instruments revised and developed; Target: Census data collection completed and data processing initiated
- Number of national policies and plans informed by recent results of nationwide population surveys. Baseline: 0; Target: 2 policies and 4 plans
- Percentage of subnational planning bodies trained in analysing and utilizing 2014 Cambodia Demographic Health and Survey data in prioritized locations. Baseline: 0%; Target: 50%

Support from UNFPA's Asia Pacific Regional Office

The country programme implementation has been supported by UNFPA's Asia and the Pacific Regional Office (APRO), which was established in July 2008 in Bangkok, Thailand. The APRO provides a key link between UNFPA's organization-wide vision, strategies, policies and analyses and the needs of the region and the country office. The regional office is comprised of teams of technical, programme, communications, humanitarian and operations staff providing integrated support, and ultimately aiming to strengthen national and regional capacities. APRO has provided leadership in positioning the agenda of the ICPD at the forefront of poverty reduction and development strategies, policies, and debates in the region.

The Country Programme Financial Structure

The total budgeted resources for the Country Programme were at the design of the programme expected to amount to 14.8 million USD for the fifth country programme cycle. This included 11.1 million USD from regular UNFPA resources and 3.7 million USD from other resources. The reproductive health and rights components was planned to absorb most of the resources with 56 per cent of the budget allocated. Population Dynamics and gender had 22 and 11 per cent of resources allocated respectively, with 7% for the adolescents and youth component. For details see table 2 below.

Table 2: Financial structure of the UNFPA Fifth Country Programme in Cambodia

Programme Component	Regular resources	Other resources	Total	Percentage of Total
Budgeted Resources 2016-2018 (in million USD)				
Sexual and reproductive health and rights	6.9	1.4	8.3	56%
National capacity for demand and delivery of SRH Services	5.0	1.4	6.4	(77%)
National capacity to deliver comprehensive maternal health services	1.9	0	1.9	(23%)
Adolescents and Youth	0.8	0.3	1.1	7%
Increased investment in youth with young people's participation	0.4	0.15	0.55	(50%)
Increased capacity for systematic CSE	0.4	0.15	0.55	(50%)
Gender equality and women's empowerment	1.2	0.4	1.6	11%
Strengthened capacity for GBVG primary prevention	0.5	0.1	0.6	(38%)
Strengthened health system capacity to address VAWG in multi-sector response	0.7	0.3	1.0	(62%)
Population dynamics	1.6	1.6	3.2	22%
Strengthened capacity for production and dissemination of population data	1.05	1.28	2.33	(73%)
Increased availability and use of evidence on population dynamics	0.55	0.32	0.87	(27%)
Programme coordination / assistance	0.6	-	0.6	4%
Total	11.1	3.7	14.8	100.0 %
Programme Component	Adapted RR+OR Budget 2016 + 2017	Expenditure so far	Percentage of Budget spent	
Actual Expenditures from Jan 2016 till June 2017 (in million USD)				
Sexual and reproductive health and rights	3.27 (67%)	2.45	75%	
Adolescents and Youth	0.29 (6%)	0.22	74%	
Gender equality and women's empowerment	0.46 (9%)	0.36	78%	
Population dynamics	0.62 (13%)	0.46	74%	
Programme coordination / assistance	0.19 (4%)	0.16	83%	
Total	4.83 (100%)	3.65	75%	

Source: UNFPA Final Country Programme Document for Cambodia. June 2015 and UNFPA CP5 financial details.

The adapted budget based on the resource constraints from UNFPA headquarters has meant a substantial reduction of the budget from 14.8 million USD over 3 years to 4.8 million USD so far for the years 2016 and 2017, meaning that the actual budget is only about half of the planned resources. This has included a substantial reduction in the budget of all four programme components.

4. Review Methodology and Process

1) *Review Criteria and Questions*

The review focused on the one hand on **the programmatic aspects** of the country programme, including operational issues as well as on **UNFPA's strategic positioning** and made use for its assessment of the following five review criteria:

- i. relevance;
- ii. effectiveness
- iii. efficiency
- iv. sustainability
- v. the added value / comparative advantage of UNFPA

As would be the normal procedure for a CPE, the criterion of impact was not seen as relevant to the present country programme review. The inclusion of this criterion is already considered unfeasible in a 4 – 5 year programme cycle, let alone in a three year programme cycle. Moreover, the outcome level changes in most UNFPA results frameworks are relatively high level changes for which it is already quite a challenge to establish contribution. Moreover, impact assessment would require a specific methodological set up with baseline and other data requirements set out from the start of the country programme, which are not feasible in the set-up of the present review.

For each of the review criteria a set of review questions was developed, which are presented in the table below (adaptations to TOR in *italics*).

The review was meant to provide answers to each of these questions through the formulation of a number of findings related to each of the review criteria. Further analysis of these findings has resulted in a number of conclusions. These in turn informed a number of actionable recommendations, aimed at strategic, programmatic and operational level for the next programme cycle. Recommendations were prioritized and focus in particular on UNFPA Cambodia. Moreover, the review identified learning through the support provided by UNFPA Cambodia in the fifth programme cycle which can inform the next programme cycle of UNFPA support in Cambodia.

Table 3: Review Questions for the Selected Review Criteria³⁷

Relevance	
EQ 1	To what extent did the programme (i) adapt to the needs of the population (in particular, the needs of vulnerable groups), (ii) align with government priorities (iii) align with the priorities and strategies of UNFPA, and (iv) align with the UNDAF during 2016-2018?
EQ 2	To what extent was the country office able to respond to changes in the national development context and priorities?
EQ 3	Were gender, equity and human rights dimensions effectively incorporated into the CP design, implementation and monitoring?
Effectiveness	

³⁷ The ten review questions presented are a prioritization and adaptation from the 14 review questions presented in the Terms of Reference. In particular the number of questions under effectiveness, sustainability and UNFPA Comparative Advantage and Added Value were slightly reduced. The TOR asked explicitly for the finalization of the review questions in the design report and in discussion of the draft report with the review reference group as well as limitation of the number of review questions to ten in total.

EQ 4	To what extent has each of the expected outputs and outcomes of the programme been achieved or is likely to be achieved? To what extent have the most disadvantaged / vulnerable been reached? What were the factors (both within and outside of UNFPA Cambodia control) that influenced achievement and/or non-achievement of results?
EQ 5	What was the intervention coverage – were the planned geographic areas and target groups especially those of the marginalized ones appropriately and equitably reached? Or if not, were there adequate efforts being put in place that aim at reaching them?
EQ 6	To what extent did assumptions made during the design appear to be in place (including about core financial resources) and to what extent did risks identified materialize; how were issues concerned addressed in terms of programme strategic, operational and managerial decision-making?
Efficiency and other process issues	
EQ 7	To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the outputs and outcomes defined in the UNFPA country programme in a timely manner, including through establishment of relevant partnerships with RGC, other UN and civil society organizations?
Sustainability	
EQ 8	To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of results?
EQ 9	To what extent has UNFPA support helped to ensure that SRHR, and the associated concerns for the needs of the young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments, sector policy frameworks and partnership initiatives in Cambodia?
UNFPA Comparative Advantage and Added Value	
EQ 10	What are the main UNFPA comparative strengths in Cambodia and what do national stakeholder perceive as the main UNFPA added value through CP5?

Review Matrix

For each of these review questions a set of assumptions was identified, which were assessed by the reviewer as part of the assessment process. For each of these assumptions, types of evidence that can be used in terms of verification during the in-country data gathering were established and sources of information and methods and tools to be used in data collection for each of the stakeholders concerned were identified. Details are presented in the Review Matrix in Annex 2. The review matrix was an important tool for planning and implementation of the review, providing an overview of data requirements related to the review questions and criteria.

2) *Review Approach and Methodology*

The review methodology was set out to cover a variety of qualitative and quantitative methods and tools. Primary data collection made use of qualitative methods, while quantitative data gathering depended on secondary sources. The use of a mixed methods approach allowed for the use of triangulation of data across methods. The variety of methods enabled foci on both in-depth as well as broader based data gathering as part of the review process. A three week in-country mission was part of the review process. During this mission, primary data were gathered at the national and sub-national levels.

The review made use of a participatory approach, engaging as much as possible a wide range and variety of stakeholders in the various stages of the review process. This included the introduction

of the review, the process of data gathering, the provision of recommendations, the validation of review findings and conclusions, and commenting on the review report. Substantial participation enabled the inclusion of a range of voices and perspectives on the development and implementation of the UNFPA country programme during the period under review. The engagement of multiple stakeholders, moreover, allowed for triangulation of data across the various stakeholders and respondents and in this way enhanced validation of findings. Through the use of a participatory approach, the level of ownership of the review process and its results was enhanced, which in turn is expected to enhance the likeliness of the use of the review recommendations.

The review made use of *appreciative inquiry* rather than a problem-oriented approach. Through appreciative inquiry the focus was turned away from finding solutions to problems towards a more positive approach, focusing on what has worked and how this could be reinforced within the programme. Through a focus on appreciative questioning, appreciative inquiry provided a powerful way to engage participants in the review through evaluative discussions. Rather than addressing problems as negatives, through appreciative inquiry what did not work was assessed by asking what participants would wish to be different in their programme or organisation in order to enhance results.

The review made use of the UNFPA global results framework as well as the results framework of the CPD / CPAP, in order to assess the causal linkages amongst the output and outcome level changes. While the formal results chains in CPD and CPAP included two levels (outputs and outcomes), the narrative of the CPAP identified another two levels below the formal output level changes. In order to include these levels of “where the rubber hits the road” in the analysis, draft results chains were prepared for each of the four outcome areas of the country programme by the consultant, in order to inform the analysis of the programme, in particular its effectiveness (see Annex 3 for details).

The review included attention to human rights through assessment of the use of a rights-based approach in the programme design and implementation. Focus was on rights and responsibilities and included attention to rights holders as well as duty bearers. This was supplemented by a gendered approach, assessing the mainstreaming of gender in each of the programme components. As part of data gathering and analysis, moreover, a gender sensitive approach was applied, including gender concerns as much as possible, including a focus on women and girls’ rights, attention to women and girls’ as well as men and boys’ perspectives in interviews and focus group discussions and disaggregation of data where possible.

Throughout the data gathering process aspects of vulnerability and marginalization were included, attempting as much as possible to obtain disaggregated data that enabled the identification of inequalities and the specifics of the access of vulnerable and marginalized groups to reproductive health and other services. Criteria for disaggregation included gender, age, geography, education and other relevant vulnerability criteria.

Important part of the methodology concerned the review of existing secondary resources. This included a number of evaluations and evaluative studies, (referred to earlier and presented in box 1 on page 4). In addition to these evaluations and evaluative studies the review made use of UNFPA global strategy and policy documents, UNDAF plan and UNFPA Cambodia annual reports, UNFPA Cambodia relevant programme documentation and relevant RGC documentation in each of the four programme components. For details of relevant secondary information used see annex 10. For the identification of stakeholders included in the field work of the review use was made of an initial stakeholder analysis (see details in annex 4).

3) *Methods for Data Collection and Analysis*

Methods for data collection included desk review, semi-structured interviews, focus group discussions, observations and e-mail communications. Details on the use of each of these methods are presented in Annex 4.

Data analysis focused on the review criteria and questions as mentioned above. In this respect qualitative content analysis was used as well as pathway analysis (making use of the results chains of the programme and its outcome areas, see below) and context analysis to assess the contextual enablers and constraints in programme implementation. Moreover, use was made of stakeholder analysis, SWOT analysis, and analysis of the results chain (for details see annex 4).

4) *Data gathering at national and sub-national levels*

UNFPA has worked with a range of stakeholders in order to achieve the aims of the fifth Country Programme. Partners included at the national level: RGC Line Ministries and agencies, other UN agencies, civil society partners, Development Partners. At the sub-national level Provincial authorities and programme participants were included as well as staff and trainees of the EmONC training Centre and midwives of a referral hospital. An overview of primary and secondary stakeholders and programme beneficiaries in each of the four programme components is included in annex 4.

UNFPA collaborated closely with other UN agencies through the mechanism of the UN country team and other sector-specific channels in support of the UNDAF and the NSDP and in reaching the SDGs in Cambodia. There is particularly a close partnerships with World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), Joint United Nations Programme on HIV/AIDS (UN AIDS) and United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

The stakeholder mapping was used in order to identify key parties to include in the field visits. Priority was provided to primary stakeholders and to those stakeholders that have remained a partner throughout the programme so far. Regarding those stakeholders of the programme whose support was phased-out due to financial constraints and other concerns, a selection of organizations and agencies was made. In this way a diverse set of stakeholders was included at national as well as sub-national level which provided ample opportunities for triangulation of data and information across the various types of stakeholders concerned as well as between stakeholders at national and sub-national levels.

For the selection and planning of stakeholders included in the country visit at national level in Phnom and at the sub-national level in Kampong Cham province see annex 5.

For field work at the sub-national level one province was selected. Given that the review is not a full-fledged CPE and with the availability of a range of evaluative studies, fieldwork was limited to one province for a three day visit. Selection included the following criteria:

1. Province with a combination of SRHR, AY, Gender and PD component initiatives
2. Provinces identified as high priority in the UNFPA CPAP
3. Relatively short travel time

Through the application of these criteria the province of Kampong Cham was selected for the field visit, which enabled in particular combination of attention to SRHR and PD components of the programme. It was taken into consideration that the field work at the sub-national level was meant to provide a means of grounding of some of UNFPA support initiatives in particular in SRHR and PD components and was not meant to provide a representation of overall programme results. Moreover, this fitted with the scope of the review, with the availability of a variety of evaluative

studies, including the CPE of CP4, which included extensive field visits to multiple targeted provinces.

At the end of the country visit a validation meeting was conducted with UNFPA senior management and programme staff in order to validate the findings and to discuss the preliminary conclusions and recommendations of the review. A similar meeting with the members of the Review Reference Group was cancelled due to unavailability of members concerned.

5) *Review Process and Ethical Considerations*

The review process consisted of five phases: (i) preparatory phase, (ii) design phase, (iii) field phase, (iv) reporting phase, and (v) management response, dissemination and follow-up phase. The development of a design report was part of the design phase. Details on the design and field phases of the review are provided in Annex 4 as well as an overview of all the CPR workplan, details on the CPR team and support obtained from the country office during the review process.

The review team was bound by and abided by the ethical code of conduct for United Nations Evaluation Group (UNEG)/UNFPA evaluations (attached as annex 6) as well as the UNEG Standards and Norms for Evaluation in the UN System. This included the independence of the reviewers, the anonymity and confidentiality of individual participants to the review, sensitivity to social and cultural context and acting with integrity and honesty in relations with all of the stakeholders.³⁸

6) *Evaluability Assessment, Limitations and Risks*

The CPAP contained a planning and tracking tool, based on the results framework of the programme which contained the indicators at output and outcome levels. The country office has been using this tool to assess results achieved and details are available for all four components of the programme on an annual basis. With the fifth country programme cycle limited to 3 years, the present review covered only 1.5 years of programme implementation. As such in many cases the outcome level results aimed for at the end of the programme cycle, cannot yet be expected to have been achieved at the mid-term of the implementation period, i.e. the time of the review. Also the achievement of outputs was not to be taken for granted yet, given the short timeframe.

Regarding outputs, performance data were at times limited with some of the output level indicators not having data to confirm progress. This limited the extent of verification of results achieved in terms of output level changes. Limitations concerned of output level data will make contribution analysis of the output level changes to outcome level results unfeasible. This was mitigated through a focus of the review on output level changes and the milestones of the CPAP tracking tool and annual progress reporting.

The in-country data gathering process at the sub-national level was conducted in one selected province. This provided a fair opportunity to provide primary data for selected programme components. This nevertheless implied a limitation, as this province cannot be expected to be representative for all the programming provinces in which the UNFPA programme operated. This was mitigated through discussion on the specifics of the selected province compared to the whole of the sub-national area in which the programme operates for each of the four programme components. Moreover, the data gathering at the sub-national level was primarily used to ground as much as feasible the information from interviews with stakeholders in Phnom Penh and review of secondary resources.

³⁸ United Nations Evaluation Group, *Standards for Evaluation in the UN System*, April 2005; UNEG, *Norms for Evaluation in the UN System*, April 2005; UNEG, *UNEG Code of Conduct for Evaluation in the UN System*, March 2008.

The country visit took place in the first three weeks of July, which is a period in which some of the UNFPA staff members were on holiday. This was mitigated by targeting the three weeks so that most staff members were present at least part of the three week period and could be interviewed and otherwise engaged in the review process.

5. Findings

Below the findings of the review of the fifth cycle of the UNFPA Country Programme in Cambodia are presented. Use will be made of the review criteria presented above. Details will be provided at the level of the country programme as well as at the level of each of the programme components, in particular concerning the review criterion of effectiveness.

1) *Relevance*

Review Questions:

To what extent did the programme (i) adapt to the needs of the population (in particular, the needs of vulnerable groups), (ii) align with government priorities (iii) align with the priorities and strategies of UNFPA, and (iv) align with the UNDAF during 2016-2018?

To what extent was the country office able to respond to changes in the national development context and priorities?

Were gender, equity and human rights dimensions effectively incorporated into the CP design, implementation and monitoring?

Finding 1: The programme has been focused on felt needs which are confirmed through CDHS, in terms of SRH related indicators, including: MMR, prevalence of VAWG and teenage pregnancies. The programme has, moreover, responded to population data requirements, in particular at the national level, which has provided an important entry point to inform policy making. The programmatic focus on adolescents and youth, women of reproductive age and victims of violence against women and girls has set the scene for the programme focus on vulnerable groups. This has been enhanced through targeting on nine selected provinces with high and intermediate level needs in terms of selected reproductive health and development indicators. Targeting sub-national interventions primarily geographically, in provinces with lower averages on selected indicators, runs the risk of leaving out underserved areas and groups in other parts of the country.

The results of the CDHS of 2014, which was supported by UNFPA, provided important guidance to the country programme. It showed concerns remaining regarding Maternal Mortality Rates (MMR), an increase in teenage pregnancies, limitations in access of married and unmarried adolescents to SRH services, relatively low use of in particular modern contraceptives and high incidence of VAWG (see details in table 1 above). Also a number of analytical studies supported by UNFPA in the previous cycle informed programme design.³⁹ This shaped the programme, with a focus on maternal health, youth access to SRH services tailored to their needs, MoH policy development and strategic planning, prevention and response to VAWG, capacity development of CSE and support to gathering and use of population data. The relevance of the combination of programme components was confirmed in interviews with RGC officials.

³⁹ Studies concerned include general population studies on selected population topics, data analysis of Cambodia Inter-Censal Population Survey, Studies of Cambodia Rural Urban Migration Project and data analysis of CDHS 2010. UNFPA Cambodia, *UNFPA Country Programme Evaluation: Fourth Programme Cycle, 2011-2015, Evaluation Report*, Phnom Penh, April 2015.

UNFPA's focus on vulnerability is embodied by the programmatic focus on enhancing the conditions of women of reproductive age, adolescents and youth, and victims of violence against women and girls. The approach has been sharpened through targeting of programming at the sub-national level to nine provinces showing less performance on a set of selected SRH and development indicators.⁴⁰ In practice, the coverage at sub-national level at times is limited, making use of a model development approach, like for the support to primary prevention of VAWG, which was started in one district of Kampong Cham province and the support on a multi-sector response to VAWG which was conducted in three provinces. Rationale for these choices is not always made explicit.

Targeting based on averages of selected performance indicators at the provincial level runs the risk to miss out on underserved areas and groups in provinces that on average score higher than the nine selected provinces. This as these averages will conceal any differences between geographical areas, districts and communes as well as between different social groups within each of the non-selected provinces. UNFPA has identified two of these groups, including entertainment workers and female factory workers, which have been included in UNFPA programme components. The country office will need to keep an open mind for identification of other vulnerable and underserved groups and areas outside of the nine selected provinces.

Finding 2: The UNFPA Country Programme in Cambodia appears to be in line with Government Policies and plans in each of the four programme components. Moreover, the country programme has been informed by multiple studies made during CP4 including the CPE of CP4 and the programme built on the results obtained in the previous programme cycle. The programme appears largely in line with the RGC partnership strategy.

The alignment with policies and plans of RGC has worked in two ways, on the one hand UNFPA in its programming has aligned with the overarching policies and plans of the Government, while on the other hand, it has supported the development of policies and plans in the areas of its mandate.

The alignment with overarching policies includes the Rectangular Strategy Phase III, which includes improved access to health services, health insurance and protecting the poor from the risk of excessive health spending as well as improvement of reproductive, maternal and infant/children health.⁴¹ The three year implementation plan of phase II of the rectangular strategy known as Implementation Programme 3 - II (IP3-II) (2015-17)⁴² includes a framework to devolve administrative structures and systems to the sub-national level, a process to which UNFPA has responded with support to building capacities of WCCCs and CCWCs at sub-national levels in order to support the enhancement of social planning and budgeting at sub-national levels.⁴³

The programme is also in line with the NSDP in terms of each of the programme components. This as policy priorities of the Cambodia National Strategic Development Plan 2014-18 include development and improvement of health sector policies and strategies and improving equity in access to quality health services. It pays particular attention to improving reproductive, maternal and infant/children health as well as the quality of such services, with specific focus on expanded coverage of child delivery by professional midwives and physicians, maternal emergency and

⁴⁰ Selected provinces include: Kampong Cham, Koh Kong, Kratie, Mondulakiri, Oddar Meanchey, Preah Vihear, Ratanakiri, Stung Treng and Tbong Khmum provinces. Royal Government of Cambodia, United Nations Population Fund, *Country Programme Action Plan (CPAP) 2016-2018 for the Programme of Cooperation between The Royal Government of Cambodia and the United Nations Population Fund*.

⁴¹ Royal Government of Cambodia, *Rectangular Strategy Phase III*.

⁴² Kingdom of Cambodia, National Committee for Sub-National Democratic Development, 3 Year Implementation Plan, Phase II (2015-17).

⁴³ The support to sub-national planning through building capacities of provincial and district level WCCC and community level CCWC built on support provided in CP4. Sokheang Hong, *UNFPA Contribution to D&D Thematic Programme Areas, Decentralisation and Deconcentration Reform Programme, Thematic Evaluation Report*, August 2014.

newborn care services and provision of reproductive education and health care services to youth. The plan includes a variety of key interventions on sexual and reproductive health, maternal and newborn health and cross-cutting interventions, with the latter including improvement of quality of services, strengthening of monitoring and supportive supervision and deployment of midwives in all health centers.

In terms of gender the plan includes implementation of the National Action Plan to Prevent Violence against Women, mainstreaming of gender in government initiatives, enhancing the role of women in decision-making and responding to the needs of youth in all sectors and at every level. In terms of population dynamics, the NSDP pays attention to the integration of population policy into socio-economic policy, plans and programmes and includes monitoring and review of the population policy, strengthening capacities to integrate population issues into planning processes and continued gathering of population data and conducting population related research.⁴⁴

The support to primary prevention and response to VAWG through a multi-sector approach through the health sector aligns well with the National Action Plan to Prevent Violence Against Women (NAPVAW II - 2014-2018), which includes primary prevention and a multi-sector response as two of the five strategic directions of the plan.⁴⁵ Prevention and addressing of VAW is a clear priority of RGC and considered a serious obstacle for the sustainable development of Cambodia.⁴⁶

The programme is, moreover, in line with the Health Strategic Plan 2016-2020, the National Strategy for Reproductive and Sexual Health 2013-2016 and 2017-2020, and to the National Policy for Youth Development, to all of which it provided support in terms of their design.⁴⁷

The country programme appears largely in line with the Cambodia Development Cooperation and Partnerships Strategy 2014-2018 which defines the aspects of development effectiveness in the Cambodian context. At the heart of this strategy is the transition from aid effectiveness to development effectiveness, with a focus on achievement of development results through strengthening of systems and capacities and the engagement of all actors in an effective partnership, working towards the achievement of common national objectives. With an enhanced focus on institutional capacities and systems strengthening of the UNFPA programme, as will be detailed under the criterion of effectiveness, the UNFPA programme is well in line with the strategic objectives of the partnership approach. A recent deviation would be the reduced predictability of UNFPA funding, with unforeseen reductions of regular resources provided by UNFPA headquarters and diminishing other resources during the first years of the implementation of the fifth programme cycle.⁴⁸

The Mid-Term Review of the NSDP, which reviewed progress made in the various development sectors over the past three years, observed that though important progress has been made concerning social service delivery in the areas of education, health and nutrition and social protection, more investment will be required to improve such services, including health care services and those for sexual and reproductive health as well as for social protection, including for

⁴⁴ Royal Government of Cambodia, *National Strategic Development Plan 2014-2018, For growth, employment, equity and efficiency, to reach upper-middle income country.*

⁴⁵ Ministry of Women's Affairs, *National Action Plan to Prevent Violence Against Women (NAPVAW) II.* The remaining three strategic directions of the plan include formulating and implementing policies and laws, capacity building and monitoring and evaluation.

⁴⁶ Nakagawa Kasumi, *Thematic evaluation of UNFPA Gender-based violence programme, UNFPA Cambodia Country Office,* August 2014.

⁴⁷ Health Sector Strategic Plan 2016-2020; National Strategy for Reproductive and Sexual Health 2013-2016 and 2017-2020; National Policy for Youth Development.

⁴⁸ Royal Government of Cambodia, Cambodian Rehabilitation and Development Board, Council for the Development of Cambodia, *Development Cooperation & Partnerships Strategy 2014-2018,* June 2014.

people with disabilities and the elderly. It also stipulates that more concerted action and investment is required to eradicate gender-based violence and the need for development planning to incorporate analysis of demographic trends in order for public investments to reflect a 'life-cycle' approach to development planning. This reinforces the continued relevance of the UNFPA programme and its components in the present programme cycle.⁴⁹

Many of the interventions have built on support provided and results obtained during the fourth programme cycle and are informed by existing needs. This goes for example for the work on EmONC, which builds on the achievements of the implementation of the first EmONC improvement plan. The development of the National Population Action plan in this cycle, builds on support provided to the development of the National Population Policy in the previous cycle.⁵⁰

The design of the country programme has been informed by the country programme evaluation of the fourth cycle as well as five thematic studies conducted in CP4 on family planning, midwifery, comprehensive sexuality education, gender based violence and decentralization and deconcentration. Moreover, use was made of the UNDAF Common country assessment in which UNFPA participated and the results of discussions on UNDAF formulation informed programme design.⁵¹

Finding 3: CP 5 appears to be in line with UNFPA's strategic plan and has been focused more on the 'bull's eye' of the strategic plan compared to CP4. The country programme aligns well with the UNDAF in Cambodia, in particular with outcome 2 in terms of approach, contents and targeting of the country programme.

The fifth country programme covers each of the four outcome areas of the UNFPA strategic plan 2014-2017 and the outcomes are in line with the UNFPA Integrated Results Framework (IRF) of the strategy. Output level results are formulated in line with the IRF with some adaptations based on the specific context of Cambodia, like the first output of SRHR which includes demand for services in addition to the capacity to deliver services, with the latter the focus on the IRF output.⁵²

In comparison with the results framework of CP4, the country programme has substantially reduced the number of outcomes and outputs, from 10 outcome level changes and 12 outputs in CP4 to 4 outcomes and 8 outputs.⁵³ This has meant the exclusion of several aspects that related to the wider enabling environment including: young people's access to life skills and technical and vocational education and training, the development of a social protection system, support to a harmonized aid environment that promotes gender equality and the empowerment of women and enhanced participation of women in the public sphere. These can all be considered issues that are further away from the 'bull's eye' of the UNFPA strategic plan and as such excluding these issues has resulted in a more focused programme.

The UNFPA programme is aligned with the UNDAF,⁵⁴ in particular with outcome 2 on social development, social protection and human capital and outcome 3 on governance and human rights (see box 2 on page 10) in which sexual and reproductive, maternal and child health are

⁴⁹ Royal Government of Cambodia, Mid-Term Review 2016 on National Strategic Development Plan 2014-2018, For growth, employment, equity and efficiency to reach the status of an upper-middle income country, Phnom Penh, 2016.

⁵⁰ Royal Government of Cambodia, Ministry of Health, *Cambodia EmONC Improvement Plan, for implementation January 2010-December 2015, A plan to support and increase the availability and utilisation of quality functional EmONC throughout Cambodia*, December 2009; Royal Government of Cambodia, *National Population Policy 2016-2030, To further improve the quality of life and well-being of the People*. Phnom Penh, March 2016.

⁵¹ Royal Government of Cambodia and UNFPA Cambodia Office, Documentation Fifth Country Programme Formulation 2016-2018.

⁵² United Nations Population Fund, *The UNFPA Strategic Plan, 2014-2017, Annex 1: Integrated Results Framework*.

⁵³ Reference results frameworks CPD of CP4 and CP5

⁵⁴ Kingdom of Cambodia, United Nations in Cambodia, *United Nations Development Assistance Framework (UNDAF) 2016-2018*, April 2015.

priority areas, with a focus on institutional capacities at both national and sub-national levels, making use of approaches that address inequity in access to social services. More in particular outcome 2 of the UNDAF includes strengthening of health systems, integrated maternal and child health services, emergency obstetric and newborn care and access to modern contraceptives, with a particular attention to the needs and rights of poor and vulnerable people, including adolescent girls, female entertainment workers, and ethnic minorities. In outcome 3 focus of the UNDAF is on governance and human rights, including addressing high rates of violence against women and children and other marginalized group. The use of evidence and in particular data on population dynamics is stressed in each of the three UNDAF outcome areas. The approach, contents and targeting of the UNFPA country programme aligns well with the UNDAF.

Finding 4: Use has been made of a rights- and gender based perspective in the design of the programme. This is apparent in the SRHR component, in the support to access to youth friendly services, through the involvement of men and boys in eradicating VAWG, as well as in UNFPA support to the development of the population policy and plan and. Opportunities and constraints in the programmatic environment have been responded to and addressed.

The programmatic approach of UNFPA in Cambodia reflects the use of a rights-based perspective. This is evident in the attention to both needs and rights of women and girls and the support through both normative and technical advisory services. In each of the programme components, UNFPA has paid attention to rights holders and duty bearers, at national as well as sub-national levels. Development of capacities has often been focused on duty bearers, enabling them to fulfil their responsibilities. Moreover, there is attention to the demands of right holders in terms of SRH services as well as the right of women and girls to be free of violence. In support to entertainment workers, the programme was expanded beyond a focus on HIV prevention, to include the right of EWs to SRH and FP services. In terms of family planning (FP) the country office approach made use of a rights based perspective with UNFPA and key partner staff showing a shared understanding on the meaning and importance of a rights-based approach to FP. Moreover the updated FP policy to which UNFPA contributed reflected key human rights principles, including free choice, non-discrimination, gender equality and evidence-based.⁵⁵ In the support to the population policy and plan, UNFPA supported the inclusion of incorporation of the rights of women and men concerning reproduction.⁵⁶

Gender has been an integrated part of the rights based perspective, with emphasis on the rights of women and girls and the inclusion of responsibilities of men and boys in addressing VAWG. The enhanced focus of the programme in the fifth cycle around the UNFPA's 'bull's eye' has meant less attention to the broader aspects of empowerment of women and girls and the enabling environment required.

The targeting approach of the country office, focusing at sub-national level on provinces that have lower scores on selected RH and development indicators, represents an equity approach, supporting those areas and groups that have so far had least access to SRH services.

In terms of opportunities that emerged, the contextual change of revision of the National Education Curriculum was taken advantage of in the CSE initiative. UNFPA made use of this opportunity to advocate for the inclusion of CSE in the core education curriculum of grades 5-12 (more details on this initiative will be provided under the criterion of effectiveness). Moreover,

⁵⁵ UNFPA Evaluation Office, *Evaluation of UNFPA Support to Family Planning 2008-2013, Country Case Study Cambodia*, July 2015.

⁵⁶ Royal Government of Cambodia, *National Population Policy 2016-2030, To further improve the Quality of life and well-being of the people*, March 2016.

UNFPA has provided technical support to the process of localization of the SDGs in the context of Cambodia, responding to the emerging need of monitoring of SDG achievement.

The reduction of the regular resources received from UNFPA headquarters was responded to in cooperation with the Cambodia Development Council (CDC) as part of the annual review of CPAP implementation at the end of 2016.⁵⁷ Rather than slightly reducing the budget for each and every output, UNFPA and CDC agreed to phase out selected interventions that were considered to be less essential, in order to leave core aspects of the programme intact. The results framework was adapted accordingly.⁵⁸

2) Effectiveness

Review Questions:

*To what extent has each of the **expected outputs and outcomes** of the programme been achieved or is likely to be achieved? To what extent have the most **disadvantaged / vulnerable been reached**? What were the **factors** (both within and outside of UNFPA Cambodia control) that influenced achievement and/or non-achievement of results?*

*What was the **intervention coverage** – were the planned geographic areas and target groups especially those of the marginalized ones appropriately and equitably reached? Or if not, were there adequate efforts being put in place that aim at reaching them?*

*To what extent did **assumptions made during the design** appear to be in place (including about core financial resources) and to what extent did **risks identified materialize**; how were issues concerned addressed in terms of programme strategic, operational and managerial decision-making?*

The issue of effectiveness will be addressed at the level of the results of each of the four programme components as well as at the overall programmatic level, assessing issues beyond any single programme component. Given the relatively high level of outcome level changes and the short period of the fifth programme cycle (and in particular the fact that only 1.5 years have passed between the start of the programme and the present review) it would be unrealistic to expect much change at the outcome level. Therefore, in terms of results achieved, the focus will be on output level changes and achievement of the milestones that have been identified in the country programme monitoring framework to reach or contribute to these.

Results Achieved in terms of Outputs and Milestones

Sexual and Reproductive Health and Rights⁵⁹

Finding 5: In terms of capacities for demand and delivery of quality integrated SRH services the programme outperformed with several strategies and plans in place before the milestone planned. To enhance youth friendly services several results were reached at national and sub-national level, though data on the output level indicator itself were not available. A SRHR BCC strategy has been developed but implementation remained limited due to resource restrictions. Re-broadcasting of the successful Love9 programme proved a useful

⁵⁷ CPAP Annual Review Meeting Report, December 2016.

⁵⁸ CP Results Framework Adjustment Summary Dec 2016 and March 2017.

⁵⁹ Main sources: UNFPA Cambodia, *2016 Annual Report – Cambodia*, February 2017; UNFPA Cambodia, *2017 MyResults Plan, Programme Cycle Outputs*, Quarter 1 and 2, 2017; 2016 and 2017 annual work plans and progress reports; Semi-structured interviews with UNFPA Cambodia Senior Management and SRHR team, MoH, Mol and Cambodia Midwife Council.

decision under these circumstances. The Smart Girl programme implemented by Cambodian Women for Peace and Development (CWPD) targeted Entertainment workers with inclusion of a focus on SRHR and FP but was phased out due to resource limitations.

Capacities for maternal health services were enhanced, on the one hand through support to midwifery education, making use of a systems approach with milestones largely on track. On the other hand this included support to EmONC making use of a training of trainers approach at the EmONC training facilities, which resulted in a large amount of midwives as well as nurse anesthetists and some medical doctors trained. Midwives proved in particular satisfied with the opportunity to enhance their skills through practice during the training, something which was less of a focus of the pre-service training. The output level indicator could not be verified as such, due to a lack of data concerned.

The SRHR component of the programme focused on two output level changes including accelerating demand and improving delivery of integrated SRH services and increased capacity for maternal health services. Through these outputs the programme supported supply as well as demand side issues of SRHR, in response to the need to further build the health system capacity, including the provision of youth friendly services, in order to reduce maternal and new-born mortality and to support women and in particular adolescents to access SRH services at health centre and referral hospital level.

The first output, which was planned to absorb over three quarters of the budget for this outcome area, includes support to MoH capacity development for strategic planning, support to capacity of health facilities to provide youth friendly SRH services and enhancing the knowledge of youth on SRH issues in targeted areas. Improvement of maternal health services, for which slightly less than one quarter of the SRHR budget was planned, is meant to be achieved through support to the improvement of the quality of midwifery services and enhancing the capacities for EmONC in prioritized sub-national locations. A total of five output level indicators are part of the results framework for this component. See annex 3 for a results chain of this component based on the programme description provided in the CPAP.

While UNFPA had been part of the Health Sector Support Programme II (known as the 'Health SWAp') during the previous programme cycle, for the present cycle UNFPA was no longer part of this sector wide approach. This as key partners, including the World Bank, set minimum requirements in terms of financial inputs to Health Equip, the successor of Health Sector Support Programme (HSSP) II, which UNFPA and other UN agencies were unable to meet. In terms of management processes not much changed, as UNFPA funding under the HSSP II made use of UNFPA's own systems rather than passing through the government system, due to specific UNFPA financial management requirements.⁶⁰

When comparing the milestones of the first output level change as identified in annual and quarterly reporting it appears that for the first output indicator on number of strategies, guidelines and protocols on SRHR developed, the programme has over-performed, as it reached several of the milestones before the planned date. Policy related results supported include the National Strategy for SRH, the updated Fast Track Initiative for reducing Maternal and Newborn Mortality, the EmONC improvement plan, and the Safe Motherhood and FP protocol. Moreover, additional results expected in the second part of 2017 include the National Action Plan and Operational Guidelines for Cervical Cancer Prevention and Treatment.

Results achieved on adolescent and youth friendly services (AYFS) include the development of the AYFHS Guidelines and training protocol for which Training of Trainers (TOT) and roll out started at provincial level in 2017. The guideline can, moreover, be used as a checklist to assess youth friendliness of health facilities. UNFPA support has been provided to 4 pilot provinces and has put

⁶⁰ UNFPA Cambodia, *UNFPA Country Programme Evaluation: Fourth Programme Cycle, 2011-2015, Evaluation Report*, Phnom Penh, April 2015.

quarterly review meetings in place. Moreover, in collaboration with UNICEF, support was provided to include attention to SRH, gender, VAWG and youth related issues into the Social Services Manual that was being developed for District and Municipality level as part of the D&D process, with leaders sensitized and planners trained in 5 of the 9 UNFPA priority provinces. Some other results on support to AYFS appear less clear, with the study planned on barriers for adolescents to SRH services and social norms on teenage fertility postponed till 2017, which will limit its capacity to inform initiatives related to AYFS in the present programme cycle. Moreover, no data were available for the milestones of 2017 and 2018 concerning the percentage of referral hospital in the 9 targeted provinces providing AYFS in line with the guidelines. Thus there remains concern on the actual changes in terms of youth access to SRH services, something which was also reflected earlier in terms of adolescent and youth access to FP services in the UNFPA thematic evaluation of 2015.⁶¹

In terms social behaviour change the comprehensive SRHR social behaviour change communication strategy for adolescents and youth was developed, but due to resource constraints only selected interventions were implemented. This has included re-broadcasting of the episodes of “Love9”, a successful multi-media SRH programme developed and implemented in the previous programme cycle, which is aimed at enhancing knowledge on SRH for young people aged 15 – 24 years. The Love 9 programme included two series of multi-media communications including a weekly television drama and discussion show, radio phone-in and discussion, and an interactive website and social media pages, implemented between 2013 and 2016. An end line evaluation of the programme identified some of the positive effect that it had (see details on the end line evaluation of the programme in the box below). (For details on milestones planned and achieved for the SRHR component see Annex 7).

Box 3: End Line Study of the Love9 Programme

An assessment conducted in early 2016 on the effects of the Love9 programme on the youth audience through a nationally representative survey, including 1565 young people, showed that the intervention reached slightly over half of the young people in Cambodia. The audience proved gender-balanced though skewed towards urban, educated youth. The programme was considered educational and trustworthy by the audience and resonated with young people. The programme improved young people’s knowledge around sexual and reproductive health, though some misconceptions and gaps in understanding remained. Most of the young viewers of the programme did not report discussing modern contraceptives with parents and health providers, notwithstanding the encouragement on this of the Love9 programme. Though a majority of young Cambodians proved to have a positive attitude towards sexual consent, one third of men and one quarter of women still disagreed with such an attitude. Love9 audience members showed more positive attitudes in this respect compared to those not reached by the programme.

Source: BBC Media Action Research and Learning, April 2016.

As part of the behaviour change communication work under output 1, UNFPA provided technical and financial support to the “Smart Girl” initiative, implemented by CWPD in three provinces. This programme started off as an HIV/AIDS prevention and support programme for entertainment workers (EWs) but with UNFPA support was made to include adaptation of the behaviour of Entertainment workers and their clients in terms of family planning and enhancing their access to

⁶¹ UNFPA Evaluation Office, *Evaluation of UNFPA Support to Family Planning 2008-2013, Country Case Study Cambodia*, July 2015.

SRH services. Through an assessment of vulnerabilities, street-based entertainment workers and workers below 30 years of age were identified as the most vulnerable group compared to other free-lancers and establishment based workers.⁶² In its outreach activities, the programme made use of a holistic approach, including Provincial Health Department (PDoH), Operational District, Health Centre chief, health providers, establishment management, police and non-commercial partners of EWs. Use of family planning amongst the targeted EWs was assessed and rose from 1 to 11%, while condom use with sweethearts/husbands rose from 26 to 33%. Due to a substantial resource reduction for the 2017 annual budget allocation, UNFPA support to the initiative was terminated at the end of 2016.⁶³

In terms of Family Planning, the programme benefitted from the UNFPA advocacy initiative conducted since 2007 to include procurement of contraceptives in the budget of RGC, an initiative together with DFAT, KfW banking group and USAID. This was achieved as part of CP4 with RGC budgeting of 100 and 200 K USD in 2014 and 2015 respectively. During the present programme period close to full coverage was provided by RGC with 2.2 million USD in 2016 and 2.3 million in 2017. Continued advocacy for the importance of family planning remained important to achieve this result.⁶⁴ In order to better understand the determinants of contraceptive choices amongst Cambodian women and girls, a study was conducted on consumer perceptions on implants as a long term family planning method (see box 4 for details).⁶⁵

Box 4: Determinants of Contraceptive Choices in Cambodia

Main criteria for contraceptive choices in Cambodia proved to be ease of use and effectiveness, followed by recommendations received. Costs and availability of health financing schemes proved less of a determining factor, though knowledge of such schemes proved insufficient, in particular amongst those women that did not opt for implants. Main reason for discontinuation of use, other than a child wish, concerned inconvenient side effects, in particular those that made it more difficult or uncomfortable to work, and costs related to the treatment of such side effects. Choices made were primarily influenced by women themselves. Satisfaction levels with contraceptive counselling and services in government facilities was regarded positively with 70% considering services as effective. This in contrast with the overall satisfaction level for services for any type of treatment in government health facilities, which turned out to be low, with staff often seen as impolite and facilities considered to be dirty with long waiting times.

Source: NMCHC/MSD/UNFPA

An aspect not explicitly included in the CPAP concerns the development of provincial action plans for addressing teenage pregnancies, which was supported in Mondulkiri and Preah Vihear provinces in 2016 with dissemination of results in workshops in early 2017. The plans supported by MOI, aim to address several social, economic and cultural factors in terms of teenage

⁶² The vulnerability of these groups was confirmed through the IBBS survey, which highlighted higher HIV prevalence rates for freelance/street based entertainment workers. Dr. Heng Sopheab, *Integrated HIV Bio-behavioral Surveillance (IBBS 2016) among Female Entertainment Workers*, March 2017. PowerPoint Presentation.

⁶³ *Smart Girl Program*, PowerPoint Presentation of CWPDP, 2017; Quarterly Progress Reports 2016; Semi-Structured interview with CWPDP management and staff.

⁶⁴ UNFPA Cambodia, *Advocacy for the Allocation of National Budget for Contraceptives, Lessons Learned from Cambodia*; UNFPA Cambodia, *UNFPA Country Programme Evaluation: Fourth Programme Cycle, 2011-2015, Evaluation Report*, Phnom Penh, April 2015; EmSovannarith, *Family Planning Thematic Evaluation Report UNFPA Cambodia Country Office*, September 2014.

⁶⁵ NMCHC/MSD/UNFPA, *Operational Research on Consumers' Perceptions towards Implants as a Long Term Family Planning Method*.

pregnancies in the two provinces. Implementation of these plans will depend to a large extent to provincial government funding.

The second output level change concerns the strengthening of the health system capacity to provide maternal health services to all women and girls and to support RGC to further reduce maternal deaths. Guideline for MMR reduction are the national goals of 130 by 2020 and 70 by 2030, compared to 170 in 2014. The approach was informed by the review of the EmONC improvement plan which indicated that coverage of EmONC facilities had improved, though not reached target yet (see section 2.2).

This output has benefitted from the achievements of output 1, including the development of the Fast Track Initiative Road Map for Reducing Maternal and New-born Mortality (FTIRM) and the EmONC Improvement plan. With UNFPA support, a five year strategy for the Cambodia Midwife Association and the Cambodia Midwife Council were developed, which set out the midwifery strategic directions, aimed to contribute towards reducing maternal death and morbidity. The approach to midwifery pre-service training was a change in comparison to CP4, where the focus had been primarily on development of competencies of midwives through in-service training, with the quality of training not sufficiently in line with International Confederation of Midwives standards.⁶⁶

For this output the milestones concerning the midwifery education pathway, curriculum review and development of scope of practices, were achieved for 2016, while those on Midwifery education standards and faculty development plan have been achieved in 2017. The midwifery education pathway concerns a set of 6 priorities required to improve the pre-service midwifery education system and enhance the quality of midwifery services in a sustained way (see box 5 for the six priorities of the Midwifery Education Pathway).

Box 5: Activating the Midwifery Education Pathway through 6 Priorities

Priority 1: Providing opportunities for Primary Midwives

Priority 2: Revising the pre-service Curriculum

Priority 3: Develop a Masters in Midwifery Program

Priority 4: Support Faculty Development of Midwifery Teachers

Priority 5: Assessment and supporting Development of Teaching Facilities

Priority 6: Developing a Workforce Plan

Source: UNFPA Midwifery Partners Group Meeting, March 2017, PowerPoint Presentation

Regarding the results in terms of the second indicator on emergency, obstetric and neo-natal care the number of upgraded health facilities to provide EmONC services in the 9 selected provinces has reached a total of 45 (33 BEmONC, 12 CEmONC), where 24 of those upgraded facilities (13 BEmONC, 11 CEmONC) achieved all signal functions. This has resulted in a coverage of approximately 3.55 per 500,000 of population. This compares well with the overall coverage reached in Cambodia which stands at 3.42 with the objective to reach 5.0 per 500,000 of population.⁶⁷ UNFPA Support has included technical support to EmONC quality assurance and EmONC training of medical doctors, midwives and nurse anaesthetists in both 2016 and the first

⁶⁶ Krist'l D'haene, *Thematic Evaluation of Midwifery Programme UNFPA Cambodia Country Office*, Phnom Penh, September 2014; UNFPA Cambodia, *UNFPA Country Programme Evaluation: Fourth Programme Cycle, 2011-2015, Evaluation Report*, Phnom Penh, April 2015.

⁶⁷ Communication from UNFPA SRHR team.

half of 2017, with a total of 8 medical doctors, 288 midwives and 64 nurse anaesthetists trained in EmONC related knowledge and skills.

During interviews with midwives it became clear that VAWG is not included as topic in the training for midwives, though midwives interviewed did appear to see this as an important aspect to have knowledge about. Moreover, results were achieved in terms of the system of maternal death audit and the functioning of maternal death audit committees at national and provincial levels (see details in annex 7).

Though the MMR in Cambodia has dramatically decreased over the past decade, the reasons for maternal death have largely remained the same. Main causes of maternal deaths are identified as haemorrhage and eclampsia, with the majority occurring in referral hospitals and in the post-partum period.⁶⁸ Through the incorporation of these two and other signal functions in relevant health facilities, as well as improvement of the quality of midwives and EmONC services and addressing of workforce issues (including one obstetrician/gynaecologist per province), it is expected that the MMR could be further reduced.

UNFPA has been providing support to the Cambodia Midwife Council (CMC) which is a member organization with the objective to enhance the quality of midwifery services in Cambodia. Midwives need to be registered with CMC to be able to legally operate as a midwife in Cambodia and get a licence from MoH. The registration process includes quality assurance in terms of education concerned. CMC has presently about 6,000 members. CMC supports the upgrading process of midwives from primary to secondary, Bachelor and Master level degrees as part of the Midwifery Education Pathway.⁶⁹

Lack of surgeons / obstetricians, gynaecologists at sub-national level, in particular in remote areas, remains an important constraint to the provision of EmONC services, as well as the more generic difficulty of getting a sufficient amounts of doctors and nurses in health centres in remote areas. Moreover, the process of regulation and accreditation of midwifery training institutions is seen to require additional time and investment. Quality of health services has remained relatively low, with an assessment concerned rating quality of most services below 50%, with the exception of Ante Natal Care (ANC) services at 56% and delivery services at 69%. The level of ANC services is discussed in this assessment as possibly related to the steep increase in ANC utilization among pregnant women in the past 5 years and a sharp drop in maternal deaths.⁷⁰

The country office supported enhancing access to quality SRH services for female factory workers, in particular in garment and shoe wear factories which have a high number of female workers. This work was informed by a literature study on the access of garment workers to health services and in particular realization of their reproductive health rights.⁷¹ One of the initiatives concerned a workshop on the rationale for a focus on SRHR in the garment sector, including benefits at individual, family, social and enterprise level. Use was made of the return on investment family planning tool with support from UNFPA APRO, including an example from the Philippines. Participants included staff Ministry of Labour and Vocational Training (MoLVT), Gender

⁶⁸ UNFPA Cambodia, *Analysis on Maternal Deaths in Cambodia*, Internal PowerPoint Presentation.

⁶⁹ Data from semi-structured interviews.

⁷⁰ The Level 2 Quality of Care Assessment was led by MoH Technical Working Group on this issue and conducted in 2015 in 52 Referral Hospitals and 543 Health Centers across 16 provinces / cities. Ministry of Health, The Technical Working Group for Level 2 Quality of Care Assessment, *Level 2 Quality of Care Assessment in 2015 among Health Facilities in 16 Cities/Provinces*, Phnom Penh, April 2016 and Chhea Chhorvann, *Analysis Methods and Results of the Level 2 Quality of Care Assessment 2015*, April 2016 (presentation of the Director of the National Institute of Public Health in Cambodia).

⁷¹ UNFPA, *Literature review on Sexual and Reproductive Health and Rights of Garment Factory workers in Cambodia*, Phnom Penh, November 2014.

Mainstreaming Action Group, garment brands and factories, sector-related Non-Governmental Organizations (NGOs) and UNFPA APRO.⁷²

Moreover, UNFPA has led and participated in the working group on enterprise infirmaries, i.e. places where health care services can be provided at a workplace with 50 or more workers (enterprises with less than 50 workers are required to have a bandaging room or first-aid kit). This working group has supported the development of guidelines for infirmaries to enhance the implementation of existing prakas on the subject.⁷³ UNFPA, moreover, supported the inclusion of SRH and VAWG services at the health centre level as part of the minimum package, which in this way have become available for all women and girls, including factory workers (see box 6 below).

Box 6: Development of Guidelines for Enterprise Infirmaries

The initiative was enabled by a high level meeting in the previous programme cycle between the previous UNFPA Representative and the Secretary of State of the Ministry of Labour and Vocational Training. Another high level meeting was conducted in April 2016, presided over by the Secretary of State of MoLVT, with participation of various Department of MoLVT and partners of the enterprise infirmary working group, including UNFPA. Discussion during the meeting included lack of services on women's reproductive health, family planning and sexually transmitted infections in enterprise infirmaries and the need to improve quality of consultations. During the meeting the development of guidelines for enterprise infirmaries was agreed in order to enhance and inform the implementation of prakas concerning infirmaries in enterprises. Guidelines were developed in a partnership approach of RGC with UNFPA, other UN agencies, NGOs and donors and finalized after consultations with management of selected factories in February 2017. The guidelines include principles that contribute to enhanced occupational safety and health care services in order to protect and promote health, hygiene, and safety of all workers, and to ensure a safe and healthy workforce that will support and improve the enterprise productivity. The importance of women workers in the labour force of Cambodia is recognized as well as the needs for enterprises to address the unique health and safety needs of women. There is attention to the reproductive health and family planning needs of female workers as well as nutrition, infectious diseases including HIV, sexually transmitted infections and violence and sexual harassment. The guidelines include minimum standards, leaving it to enterprises to outdo those standards and makes reference to the benefits of ensured workplace health.

Sources: Kingdom of Cambodia, Guidelines Developing Enterprise Establishment Infirmary, February 2017 and Meeting Notes of the Working Group for Enterprise Infirmaries in Cambodia.

⁷² UNFPA Cambodia, Report on "Sexual Reproductive Health and Rights and Family Planning and Return on Investment (ROI) Tool Workshop", in Phnom Penh, 13 October 2016, Phnom Penh, October 2016.

⁷³ Kingdom of Cambodia, Guidelines Developing Enterprise Establishment Infirmary, February 2017; Notes of Meeting of UNFPA with Ministry of Labour and Vocational Training, 7 July 2015; Infirmary Working Group Meeting Notes, 2 November 2015; 9 December 2015, 19 January 2016, 1 April 2016; 24 August 2016; 14 December 2016; Draft meeting notes of the Consultative meeting: Review on the Implementation of Joint Prakas 330, dated 06 December 2000 on the Organization of Enterprise Infirmary and Prakas 139, dated 28 June 2001 on Conditions and Mission Services of Enterprise Infirmary, 1 April 2016.

Adolescents and Youth⁷⁴

Finding 6: Though the work on involving youth in local level planning and advocating for social development in local level development plans got started, it was constrained by administrative restrictions to social planning and budgeting at the local level which could not be addressed at that level but required inputs from the national level. With the UNFPA budget decreasing, the effort was focused on national participatory platforms only.

The UN Youth Advisory Panel (UN YAP) has started to play a role in engaging with Civil Society Organizations (CSO) and to inform UN programming with youth perspectives as well as inform CSOs on UN programming.

Support to CSE made use of the overall curriculum review and successfully advocated for the inclusion of CSE as part of health education in the common curriculum as an obligatory subject for grades 5-12. This represents a step change from the recent past in which CSE was optional part of life skills training for students of grades 5-11.

Important addition to the CPAP framework concerns the UNFPA support to the development of a Youth Development Index to monitor youth development and inform youth development policies and initiatives in the near future.

The Adolescent and Youth component of the country programme focused on two output level changes, with equal budgets attached. On the one hand it supported capacities at national and sub-national level to advocate for increased investment in youth and on the other hand it supported capacity development in designing and implementing systematic comprehensive sexuality education. The first output was meant to be achieved through enhanced youth participation in planning processes, in response to the low level of youth participation in policy development at both national and sub-national level (see section 2.3). After CPAP formulation development of a youth index was added to this output. The second output was meant to be achieved through support to the integration of CSE in the core national education curriculum and teacher training to implement the CSE curriculum as part of health education in schools. This in response to the high level of teenage fertility (see section 2.3) and as follow-up to attention to sexuality education in the previous programme cycle. A set of lower level results is meant to feed into these sub-output level changes. A total of three output level indicators are part of the results framework for this component. See annex 3 for a theory of change, based on the programme description provided in the CPAP.

In terms of results of initiatives on support to national and sub-national participatory platforms to engage young people in policy and planning, the work has included support to the development and implementation of the National Youth Action plan 2014-2018, which includes six strategies of which one concerns youth participation. The plan was based on the National Policy of Youth Development, which had been jointly supported by UNFPA and other UN agencies in the previous programme cycle. Moreover, the development of the two year work plan of the general secretariat of the youth plan was supported and the plan endorsed. Workshops were conducted with the participation of MoH, MoP, MoLVT, MoWA, Ministry of Economy and Finance, D&D, MoEYS and development partners on the implementation and monitoring and evaluation of the Youth Development Plan and mainstreaming youth issues in Line Ministries. Moreover, a workshop was conducted to map and implement a plan to enhance active participation of young people in ministerial planning in the Ministries of Health, Education and D&D.

At the sub-national level UNFPA, together with UNICEF, provided support to MoP on the review of sub-national planning / investment guidelines in order to ensure that youth, as well as other

⁷⁴ Main sources: UNFPA Cambodia, 2016 Annual Report – Cambodia, February 2017; UNFPA Cambodia, 2017 MyResults Plan, Programme Cycle Outputs, Q1 and 2, 2017; 2016 and 2017 quarterly work plans and progress reports; Semi-structured interviews with UNFPA Cambodia Senior Management, UNFPA Cambodia Adolescents and Youth team, UNYAP facilitation team, UNYAP members, MoEYS, MoI and UNICEF.

key populations, are provided with a platform in the planning process, as required by the sub-national planning policy. Approval of the guidelines was expected in 2017, to be followed by training to the planners at different levels throughout the country. Due to UNFPA budget reduction, this part of the work was phased out early 2017 with the indicator adapted to include only national level platforms for youth participation.⁷⁵

UNFPA has provided facilitation support to the UN YAP, which has been functioning during the programme period and has provided inputs to UN planning processes, including the development of the new UNDAF. Members of the panel and their organizations have learned about UN agencies and their workings, including the SDGs and ways in which they are meant to be achieved (see box 7 for details).

Members of the Panel proved enthusiastic participants and valued the panel, both from the perspective of their organization as well as from their personal perspective, as it proved an important learning process for individual members as well as their organizations. The panel does not have a budget and travel and other costs are borne by the member organizations. A facilitator recruited by UNFPA and working from the UNFPA office supports the initiative and manages meetings and other activities of the panel. This volunteer, as well as her predecessors operate on a 6 monthly or annual basis which results in a relatively high level of turn-over. Longer term support to the UN YAP would need at least the allocation of some resources to enhance viability.

The Youth Development Index (YDI) is a measure on the well-being of youth which can be used to inform policy development and implementation on youth related issues. The initiative for this index comes from the Association of Southeast Asian Nations, with a specific index at the level of the association as well as an index for member states. The latter has four generic domains which are provisionally: Education; Health and well-being; Employment opportunities; and Youth participation and engagement. Each country can further add other domains specific to its context.

Box 7: United Nations Youth Advisory Panel

The United Nations Youth Advisory Panel (UN YAP) was established in 2007 as a means for ongoing debate and dialogue with young people, to understand their development priority perspectives and ensure the voices of Cambodian young people are heard within the UN system. It was based on the realisation that attainment of Cambodia's development goals is dependent on its ability to harness the energy and vision of its youth population.

The panel combines the objective of enhancing youth representation and participation in the UN system and policy-making process with increasing the youth sector's understanding of the role of the UN and its development priorities in Cambodia. It is meant to provide a means for Cambodian youth representatives to discuss issues with the UN system and to build their understanding of youth related development issues. Moreover, it aims to influence the thinking of the UN system in its strategy and programme development and to improve the youth friendliness of UN programmes.

The Panel presently has a total of 15 members who act as representatives of their youth organisations and meet once a month. Membership needs to be renewed on an annual basis. While most members are based in Phnom Penh, some are from Battambang and Siem Reap. Once per year the panel members have a dialogue with the UN country team, the most recent of these was a means for the panel members to inform the UNDAF process on youth related issues.

Sources: The UN System in Cambodia, UN Youth Advisory Panel, Terms of Reference, Updated December 2016; UN Youth Advisory Panel Member List, May 2017; Semi-structured interviews with UNYAP facilitators and members.

⁷⁵ UNFPA Cambodia, *CP Results Framework Adjustment Summary*, 2016.

RGC has added 6 country specific domains to the index for Cambodia, including youth identity. A workshop on disaggregation of data for the YDI is planned, as this will enable more specific data on the conditions of youth in different provinces and for different social groups and economic strata of society, enhancing the possible use of the index for policy development and implementation. A National Task Force for the Youth Development Index was established to further develop the details on the index and its indicators.

The support to national capacity for Comprehensive Sexuality Education is well on track in terms of the milestones provided in the CPAP with the Health Education Syllabus, including CSE, developed and reviewed for three combinations of grade levels, i.e. grades 5-6; 7-9 and 10-12. As training of teachers on the implementation of the new syllabus has not yet started, the concerned indicator is not yet relevant and no milestones were included in the CPAP for 2016 and 2017 in that respect (for details see annex 7).

UNFPA successfully advocated for the inclusion of CSE in the regular education curriculum for grades 5 to 12 once the national curriculum came under revision. This built on UNFPA support in the previous programme cycle in which CSE had been integrated as part of life skill education for grades 5 to 11.⁷⁶ This represents an important achievement in the process of institutionalization of CSE in the education system in Cambodia. Providing young people that attend school with access to sexual and reproductive information, building their knowledge and enabling them to inform their behaviour accordingly, is meant to be an important contributor to prevention of teenage pregnancies (see box 8 for details).

Box 8: Comprehensive Sexuality Education

The Comprehensive Sexuality Education (CSE) for primary and secondary education grades 5 to 12 is part of the Health education. In addition to CSE, health education consists of five other issues including: primary health care, mental health, health and environment, health and economy and health and behaviour. UNFPA support was coordinated in close cooperation with UNICEF and WHO. Support was provided to four important steps in the process:

- 1. Development of a Curriculum framework of general and technical education in January 2016*
- 2. Development of a syllabus including methodological aspects of education and intended learning outcomes – expected to be finalized in 2017*
- 3. Development of text books for teachers and students in cooperation with MoEYS and MoH, to be conducted after finalizing the syllabus*
- 4. Teacher training (planned for 2018)*

Students are meant to receive 35 contact hours per school year on Health Education, with 11 hours focused on CSE and with Health, including CSE, incorporated as an exam subject.

Sources: Semi-structured interview with UNFPA staff and staff of MoEYS.

One of the constraints concerned the need to develop the whole of the health education curriculum, which in addition to CSE contains five other subjects (see box 8). This was done in close cooperation with UNICEF, who provided additional support in this respect. The inclusion as one of six subjects under health education limits the perspective as well as the total time devoted to CSE, with additional opportunities to include CSE issues as part of social studies and science. The process of training teachers had not yet started. It will be important to support such training in

⁷⁶ David J. Clarke, *Youth and Comprehensive Sexuality Education, Thematic Evaluation Report, UNFPA Cambodia Country Office*, August 2014.

terms of in-service as well as pre-service training. Moreover, support to counselling services will be important in order to provide adolescents with a way to get additional support on a personal level.⁷⁷ Limitation of the CSE component is its focus on in-school youth. There is a need to also include CSE for out-of-school youth, which concerns a particularly vulnerable group. This group is however, often hard to reach. UNFPA is assessing the possibilities to locate out-of-school adolescent girls through the HPV vaccination round in the next programme cycle.⁷⁸

Gender Equality and Women's Empowerment⁷⁹

Finding 7: The output level indicators on primary prevention of VAWG and a multi-sector response through the health sector could not sufficiently capture the progress that has been made in both these areas.

The milestones identified for the primary prevention initiative could largely be implemented and participants of the pilot project on supporting adolescent and caregivers at local level to change their attitudes and behavior, was much appreciated by the volunteers, adolescents and caregivers involved. More systematic results of the model intervention need to be obtained from the end line study planned and its comparison with the baseline data gathered earlier in order to assess the results obtained.

The set up for the multi-sector response was changed to work in 3 provinces at the same time and though implementation got delayed, initial results were achieved with the clinical handbook developed, VAWG training protocols finalized and training provided to health providers in referral hospitals and health centers of 7 out of 9 prioritized provinces.

The GEWE component of the programme focused on strengthening capacities for primary prevention of VAWG and supporting the capacity of the health system to respond to VAWG as part of a coordinated multi-sectoral response. This given the incidence of VAWG in Cambodia which was evidenced by CDHS data and other research (see section 2.3). Though support to women's participation in national and sub-national decision-making had been part of CP4, it was no longer supported in CP5, which resulted in a stronger focus of the component and enhanced linkages with the SRHR component of the programme, in particular through output 2 (see below).

Primary prevention of VAWG is meant to be achieved through the engagement of men and boys in prioritized sub-national areas, using 38% of the budget of this component, while the multi-sectoral response, is planned to be enhanced through development of capacities of referral hospitals to provide quality services to survivors of VAWG, using 62% of the budget of this component. A total of 9 lower level results feed into the two sub-outputs with a total of 2 output level indicators part of the results framework for this component. See annex 3 for a theory of change of this component, based on the programme description provided in the CPAP.

Results on primary prevention of VAWG are assessed through the number of interventions that engage men and boys in preventing of such violence. The practice of implementation has been slightly more diverse, with a model intervention for adolescent boys and girls and for parents and caregivers adapted to the Cambodian context and implemented in one of the districts in Kampong Cham province. Baseline and end line studies are included to assess the difference that the

⁷⁷ These issues were included as suggestions and recommendations in the review of the CSE support of UNFPA in CP4 and apply also to the support in the present programme cycle. (Ibid.)

⁷⁸ Out of school youth were originally included in the previous programme cycle through CSE to young people in non-formal education that took literacy classes in community learning centres. Due to implementation problems in these centres, this component of the programme got dropped. (Ibid.)

⁷⁹ Main sources: UNFPA Cambodia, 2016 Annual Report – Cambodia, February 2017; UNFPA Cambodia, 2017 MyResults Plan, Programme Cycle Outputs, Q1 and 2, 2017; 2016 and 2017 quarterly work plans and progress reports; Semi-structured interviews with UNFPA Cambodia Senior Management, UNFPA Cambodia Gender Equality and Women's Empowerment team, MoWA, PDoWA, PDoH, UN Women.

initiative has made and to inform options of scaling up of the initiative. Moreover, the mid-term review of NAPVAW II was supported and secondary analysis on domestic violence conducted and reported on.

With VAWG often perpetrated by men who have experienced domestic violence in their youth the primary prevention initiative focuses on adolescents as well as caregivers. Objectives include to (1) challenge harmful social norms that perpetuate gender inequality, (2) improve conflict resolution skills, and (3) promote supportive family relationships. Modules for each of these target groups have been produced, including a total of 22 sessions for adolescents and 12 for care givers. The initiative has been developed and is being implemented in partnership with the UN Regional Joint Programme Partners for Prevention (P4P), in which UNFPA partners with UNDP, UN Women and UN Volunteers in terms of regional support for engaging men and boys in eradication of VAWG. The Provincial Department of Women Affairs is the implementing agency at the sub-national level.

The initiative is meant as a model project in order to see the extent to which the approach works in practice and leads to the expected results. For this purpose a baseline study has been conducted and an end line study is planned with a focus on gender equitable attitudes, violence acceptance attitudes, parent-adolescent relationships, caregiver discipline strategies, communication and conflict resolution, attitudes toward school and engagement in volunteerism and related changes between baseline and end line concerned. Participants of the pilot project were enthusiastic about its results and how it changed their community as well as their own attitudes and behaviour (see box below). The end line survey will need to provide further systematic data on the results of the project.⁸⁰

Box 9: Primary Prevention of VAWG

In the focus group discussion with adolescents, youth and care givers all participants proved very enthusiastic about the project and what they had learned in terms of the ways in which one can prevent and manage violent behaviour within the community, violence perpetrated against children as well as against women. Learnings included reflection on ones own behaviour as well as the behaviour of others and to share such learnings with other community members.

A 16 day campaign in the district of Kampong Cham to end violence against women was conducted in order to include a wider array of adolescents, caregivers and other villagers in the initiative. This in order to enhance the understanding of individuals and local institutions on VAWG, to engage men and boys and young adolescents as change agents in combating VAWG and for duty bearers and other people to take action to stop VAWG and to provide immediate and appropriate support services to survivors of VAWG.

Sources: Semi structured interview PDoWA and Focus group discussion with project participants.

The prevention initiative follows on work in the previous programme cycle, including the UNFPA and P4P support to the Good Men Campaign from 2011 – 2015, which aimed to reduce VAW by transformation of gender standards for men through challenging gender norms that perpetuate VAW, promoting different ways of ‘being a man’ and to encourage changed attitudes and behaviour towards gender equality.⁸¹

⁸⁰ Partners for Prevention, *Building Our Future: Supporting Healthy and Happy Relationships*, Fact Sheet on Baseline Questionnaire.

⁸¹ Indochina Research Cambodia, *Good Men Campaign Final Report*, August 2015.

With UNFPA support, MoWA organized several youth debates and round table discussions all broadcasted on TV and through social media, which focused on three key topics: promotion of gender equality as key factor for sustainable development; women's economic empowerment; and engaging men and boys in promoting gender equality and ending VAW. The youth debates were attended by 250 participants (200 female) while the round table discussions included high-level officials from relevant ministries, NGOs and the private sector. Moreover, a secondary analysis study was supported on Domestic Violence which was launched at national and sub-national level in order to enhance the understanding of domestic violence and its prevalence in Cambodia.⁸²

Support on enhancing the capacity at sub-national level in terms of a coordinated multi-sectoral response to VAWG, including the strengthening the health system as well as the provincial WCCC, has focused on three selected provinces: Kampong Cham, Preah Vihear, and Stung Treng, with UNFPA providing support to MoWA, who in turn supported the provincial Department of Women Affairs to enhance sub-national capacities to respond to VAWG through a multi-sectoral approach. At national level the clinical handbook on health care services to victims of VAWG was finalized.⁸³ Training on health sector response to VAWG, including the use of the clinical handbook, was conducted through training of a national team of trainers who in turn provided training at provincial level, which trainees became the trainers for the health providers at the referral hospital and health center level, with different trainings for doctors and other health care providers, including midwives and nurses. Training included health as well as non-health consequences of VAW at the individual, family, community and national level and the importance to collaborate with other health and non-health service providers in facilitating referrals in a holistic approach to care provision.⁸⁴ DFAT support enabled expansion of the training beyond the three provinces to not only the nine UNFPA target provinces, but to all 25 provinces. This enabled a large coverage of capacity building concerned.

Though some of the activities were shifted from 2016 to be conducted in 2017, most of the milestones planned were reached in order to contribute to the output level change. Cooperation between MoWA and MoH to strengthen a coordinated and multi-sector response to VAWG survivors was identified as a good model in the review of NAPVAW II.⁸⁵ The output indicator concerns the percentage of referral hospitals providing services to survivors of violence against women and girls in line with guidelines, in the three provinces, however, this data is not gathered regularly to review progress concerned (see details in annex 7).

In each of the three provinces a sub-group of the WCCC was set up at provincial level to strengthen GBV response for survivors of violence, which sub-group was endorsed by the Provincial Governor. The sub-group included representatives of WCCC, PDoWA, PHD, PDoSAVY, PDoLVT, PDoEYS, Justice Officer, PDoInd, PM and NGOs. The Provincial Department of Women Affairs has performed the secretariat functions of the VAW group. Through the use of the WCCC the multi-sector approach has been based on an existing system. In 2017 these working groups have been meeting quarterly in each of the three provinces concerned, in order to discuss and review on-going issues. Moreover, individual cases of victims are meant to come to the notice of the committee, which usually happens through a community leader or through the police, and the

⁸² Ministry of Women's Affairs, *Women's Experience of Domestic Violence and Other Forms of Violence, Secondary data analysis report of CDHS 2014*, Phnom Penh, September 2016.

⁸³ *Clinical Handbook on Managing Health Care for Women Survivors of Intimate Partner Violence or Sexual Violence*, 2016.

⁸⁴ Training modules included: Gender; VAWG/GBV; Impact of VAWG; Providing health care to VAWG survivors; Providing emotional support; Care and services for sexual assault survivors; Referral pathways; and Forensic Medicine with the latter provided only at the referral hospital. MoH/ National Maternal and Child Health and UNFPA Cambodia, *Training Plan and Curriculum Development on Violence against Women for Health Care Providers, Consultation with Stakeholders*, Phnom Penh, 15 July 2016, PowerPoint Presentation.

⁸⁵ Ministry of Women's Affairs, *Mid-Term Review: National Action Plan to Prevent Violence Against Women (NAPVAW) II*, May 2017.

committee or a sub-group of its members would develop and coordinate a multi-sector response to each individual case, including referral as required. For some services, like the use of a shelter, victims would need to be referred to a relevant NGO, as RGC does not avail of a shelter for victims of VAWG.

Capacity development training courses were conducted at provincial and district level in each of the three provinces in order to enhance the knowledge on VAWG, its health aspects, case management, basic counselling and legal aspects and to enhance the understanding of the impact on victims and the role and responsibilities of service providers, including how to refer victims to other services. Pre- and post-tests of participants showed increased knowledge on issues concerned. Moreover, MoWA staff from health and legal protection departments, enhanced their knowledge on referral guidelines, case management and data collection on VAW occurrence through a German Development Agency (GIZ) training organized in-country. In 2017 additional training was provided to WCCC members in three selected provinces.

The results as planned at the start of the programme assumed that support would start in one province, with the other two provinces targeted in 2017. In practice, all three provinces were targeted at the same time. Given the limited amount of provinces, and the need to finalize the clinical handbook before working at provincial level, this appears to have been a useful approach. Staff capacities appeared to have been strengthened and referral mechanisms have been established in one referral hospital in each of the three selected provinces.⁸⁶ Nevertheless, the extent to which services provided to survivors of VAW are in line with guidelines remains unclear as that had not yet been assessed in detail.

Population Dynamics⁸⁷

Finding 8: Two of the three output level results planned for the PD component for 2016 and 2017 needed to be adapted considerably compared to the CPAP plans but nevertheless concrete results have been achieved for all three output related indicators.

Support to the census has been adapted to the new timeframe, with the census postponed to 2019 due to the national elections planned for 2018, but preparations have started.

The target for number of national policies and plans informed by population data is on track of being achieved. Development of the National population plan has been supported as well as support provided to the use of population data for other policies and plans. Support to localization of the SDGs has focused on inclusion of indicators relevant to the mandate of UNFPA.

Support to sub-national planning has been more limited than originally planned, due to limitations in financial resources, with a focus on the development of a training manual and a one-off training session for national planners and another for sub-national planners from the nine prioritized provinces, on population data use.

Given the limited demographical expertise in Cambodia, a system approach to develop institutional capacities concerned, could complement present UNFPA support.

The PD component of the programme focused on the one hand on enhancing the capacity for production and dissemination of high quality data on population dynamics, absorbing almost three quarters of the PD budget, and on the other hand on the increased availability and use of evidence on population dynamics and their relation to SRHR, youth and gender for policy development and implementation, with slightly more than one quarter of the PD budget available. It is a response to the remaining needs in capacities built over time, both in terms of data gathering

⁸⁶ Semi-structured interviews with PDoWA and PDoH during the field visit in Kampong Cham.

⁸⁷ Main sources: UNFPA Cambodia, 2016 Annual Report – Cambodia, February 2017; UNFPA Cambodia, 2017 MyResults Plan, Programme Cycle Outputs, Q1 and 2, 2017; 2016 and 2017 quarterly work plans and progress reports; Semi-structured interviews with UNFPA Cambodia Senior Management, UNFPA Cambodia Population Dynamics team, MoP, MoI, and UN RC.

as well as the analysis and use of data for development planning at national and sub-national levels (see details in section 2.4).

Support to achieve these outputs have included capacity development for the general population census, support the use of population data to inform national policies and plans and enhancing capacities at sub-national level to analyse and make use of CDHS data. Ten lower level results are planned as inputs to reaching the outputs concerned. A total of 3 output level indicators are part of the results framework for this component. See annex 3 for a theory of change of this component based on the programme description provided in the CPAP.

Focus of the first output level change is the progress on support to the general population census, with support provided primarily to the National Institute of Statistics (NIS). The support is largely on schedule with the exception of the scanning activity plan, with electronic scanning of questionnaires considered too costly. Moreover, the timeframe of the census has shifted from initially planned in 2018 to 2019, given the national elections to take place in 2018. UNFPA has followed up on this shift, including providing support to a revised plan for census implementation. Discussions on funding of the census were still underway at the time of the review. The census has an estimated budget of 13 million USD, which would enable the inclusion of details on disability, making use of the Washington protocol, land ownership and migration. UNFPA's role in the census is primarily focused on technical support and support to quality control through the National Census Committee.

RGC has committed to furnish 8 million USD, which is the first time that the government commits funding to a census, and development partners including DFAT are committed to support the gap, with the Government of China willing to provide in kind support, of which the total value was still to be determined at the time of the review. UNFPA has provided financial support to the preparations of the Census of up to 300,000 USD over a three year period. Funding issues will need to be finalized as soon as possible to enable further preparations to take place.

There is a realization for the need to conduct a CDHS with the latest data gathered in 2014. With the upcoming national elections in 2018 and the population census planned for 2019, it proved difficult to schedule the CDHS, which process was not yet finalized at the time of the review.

Regarding the second output, on support to the use of population related data, progress has been made in terms of several national policies and plans informed by population data, with UNFPA providing support to the General Secretariat for Population and Development, in charge of development of social policies, including the updating of the National Population Policy 2016-2030.⁸⁸ Results, moreover, include finalization of the Mid-Term Review (MTR) Report of the NSDP 2014-2018,⁸⁹ support to a technical high level meeting to validate the MTR results and support to an inter-ministerial meeting to discuss results across Line Ministries concerned, a costed and results-based three years National Population Policy Action Plan 2016-2018⁹⁰ and the Draft National Ageing Policy 2017-2030, all supported through the PD component of the UNFPA programme.⁹¹ The updated National Population Policy, the development process of which was supported by UNFPA in the previous programme cycle and which formed the basis for the NPP Action plan, was endorsed and launched in May 2016. UNFPA supported the publication and dissemination of the policy to policy makers and planners at national and sub-national levels.

⁸⁸ Royal Government of Cambodia, *National Population Policy 2016-2030, To further Improve the Quality of Life and Well-being of the People*. March 2016.

⁸⁹ Royal Government of Cambodia, *Mid-Term Review 2016 on National Strategic Development Plan 2014-2018, For growth, employment, equity and efficiency to reach the status of an upper-middle income country*, Phnom Penh, 2016.

⁹⁰ Royal government of Cambodia, *Action Plan 2016-2018 of National Population Policy 2016-2013, To further improve the quality of life and well-being of the People*. Phnom Penh, December 2016.

⁹¹ Royal Government of Cambodia, *National Ageing Policy, 2017-2030, To Further Improve Well-being of Older Persons of Cambodian People*, Second Draft.

Support to the updating of the ageing policy included a consultative workshop which required high level involvement of and agreement between MoP and MoSVY, which process UNFPA supported with perseverance, which ultimately led to results, which were nationally owned.

The support to the SDG agenda and its localization was started in 2016, through a consultative workshop and various technical meetings. An SDG on demining has been added in Cambodia, similar to what was done with the MDGs. Regarding the SDGs, the UNDP office has supported an assessment in cooperation with the UN Statistics Division (part of UNDESA) in order to assess the data availability on the SDG indicators in Cambodia as well as gaps concerned. Support from UNFPA with backing of APRO focused on the localization of the SDG framework in the Cambodian context, with particular attention to UNFPA mandate areas. One of the constraints concerned the lack of dedicated planning or M&E staff in some of the line Ministries, which proved difficult in development of the meta data of the SDG indicators framework. Moreover, baseline data for several of the SDG indicators were not available, which has made the setting of intermediate targets more challenging. With SDG localization not yet finalized, RGC has not yet committed to develop a Voluntary National Review on SDG achievement.

Additional results in terms of plans and guidelines supported, expected for the remainder of 2017, include the Action Plan for the National Ageing Policy and guidelines for the development of Sectoral Strategic Plans. One of the constraints identified in the 2016 annual report in terms of policy review and SDG preparation is the limited consultation with and involvement of civil society in Cambodia.

Regarding training in data analysis and use at sub-national level, activities were shifted to 2017 and support has been provided to the development of a training manual on population dynamics and 17 core trainers (of which 3 female) have been trained on the use of the manual. Training of sub-national planning bodies has been conducted through a one-off training to 84 sub-national planners (of which 20 female) on analysis and utilization of CDHS data. The support to capacity development of planners at sub-national level in the use of population data was scaled down due to the limited resources that were available for the country programme and later put on hold.⁹²

Moreover, two analytical reports making use of CDHS data were finalized and endorsed in 2016, including a report on SRH of Adolescents and youth and one on women's experience on domestic violence.⁹³ The number of reports planned was limited due to limitations in available resources for the country programme. Regarding analytical reports it was observed that much time was spent on the development of these studies, which were subsequently launched through focused events. However, by comparison substantial more effort was put into the development of the reports, with much less effort spent to the dissemination of the studies and towards advocating for the use of the results of the studies. There appears to be an opportunity to expand the way in which CDHS data and the results of analytical studies are disseminated, making more use of social media and other web based means.

The limited demographical expertise in Cambodia was mentioned by some of the interviewees as one of the biggest constraints in terms of making use of Population Data in policy development, implementation and monitoring and evaluation. The analysis of CDHS data has so far depended much on UNFPA support and could benefit from a more systemic approach, working e.g. with a University or research agency to take on this task, as well as to train home grown demographers (for details on the planned and achieved milestones for this programme component see annex 7).

⁹² UNFPA Cambodia, CP Results Framework Adjustment Summary (2016).

⁹³ Kingdom of Cambodia, National Institute of Statistics, Ministry of Planning and Directorate General for Health, Ministry of Health, *Sexual and Reproductive Health of Adolescents and Youth in Cambodia 2000-2014, Further Analysis of the Cambodia Demographic and Health Surveys*. Phnom Penh, September 2016; Ministry of Women's Affairs, *Women's Experience of Domestic Violence and Other Forms of Violence, Secondary data analysis report of CDHS 2014*, Phnom Penh, September 2016.

Programmatic Targeting

Finding 9: The focus of the programme has been on vulnerable groups through a focus on women, girls, adolescents and youth in terms of national level policies and plans as well as in terms of sub-national programming, targeting those provinces with the highest levels of needs in terms of access to SRH services, poverty and gender indicators. Moreover, particularly vulnerable groups of women and girls outside these provinces have been targeted, including female factory workers and entertainment workers. This has provided a clear equity-oriented approach to the programme. Nevertheless, there remains a risk that severely underserved areas in provinces with on average well performing indicators are missed out on. Moreover, there could well be further opportunities for targeting within the selected provinces, prioritizing reaching out to those furthest behind.

Targeting has been based first of all on women of reproductive age, girls, adolescents and youth in line with the mandate of UNFPA as an organization. This has guided the focus at national as well as sub-national level. In order to further target initiatives at the sub-national level the country office compared the provinces in Cambodia on key development, SRHR and gender related indicators, providing scores to different levels of reaching these indicators, with higher points for those provinces lacking in performance compared to other provinces. SRHR issues included MMR, TFR, teenage fertility, contraceptive prevalence rate, unmet need for FP, % of FP satisfied, skilled birth attendance, ANC care, caesarean-sections, and anaemia in pregnant women. Moreover, data on poverty, women control over earnings and incidence of domestic spousal violence were included.

Seven provinces with overall limited performance were identified as high need provinces. These included Preah Vihear, Stung Treng, Ratanakiri, Mondulakiri, Kratie, Kampong Cham and Tbong Khmum. Moreover, Kampong Chhnang and Oddear Meanchey were selected from ten provinces with medium range needs. Kampong Chhnang was selected as this province is mostly overlooked by development partners, while relatively close to the capital Phnom Penh and Oddear Meanchey, was selected based on its remote location. Both provinces, moreover, were at the high end of the medium range needs. Though each of the high need provinces proved to have some outliers, i.e. indicators on which they score relatively well, these are in most cases limited to 2 (for 4 provinces) to 4 (for 1 province) indicators of the total of 12 indicators used, meaning that scores on most of the indicators were relatively consistent and high need provinces have needs on most of the indicators concerned.⁹⁴

The geographical prioritization based on SRH, gender and poverty indicators provides a useful approach to targeting of the UNFPA country programme at the sub-national level, in particular from a health system strengthening approach. However, three issues can be identified.

The first concern questions the need to include two provinces with medium level needs in addition to the seven provinces with high needs, in particular in a resource constrained context. While a rationale is provided for the selection of the two provinces concerned, there is no clear justification for the amount of 2 provinces. Moreover, in several instances the programme has ended up covering less than the 9 prioritized provinces and at times less than seven.

The second concern lies outside the selected provinces. As the indicators that have been used reflect averages, there are likely to be areas and groups within the non-selected provinces that are vulnerable in terms of high levels of poverty and underserved in terms of access to SRH services. UNFPA Cambodia has already included a focus on female factory workers and entertainment workers, which are primarily located outside of the 9 selected provinces. It will be

⁹⁴ UNFPA Cambodia, *Cambodia CPAP prioritization Sheet* – 9 June 2015.

important to keep an open mind in this respect in terms of vulnerability and other left-behind groups outside the selected provinces.

Finally, also within the selected nine provinces there will be differentiation in terms of poverty and access to reproductive health and other social services. Further targeting within the selected provinces would become necessary once the averages of the indicators would show improvement. An indication of the poverty incidence within the selected provinces can be obtained from WFP supported studies concerned.⁹⁵

Programmatic Response to Resource Constraints

Finding 10: Adaptations to the country programme for the year 2017 made in consultation with CDC and other stakeholders have targeted distinct parts of the programme, leaving other parts intact, in particular normative oriented parts at the national policy level and selected institutional development work at the sub-national level. The latter have at times required to scale down sub-national coverage.

The relative distribution of funds across the four programme components has been largely maintained. Cuts made have affected the social behavior change communication strategy of the SRH component as well as the work on platforms for youth participation at the sub-national level. This has affected the balance between work on supply and demand side of SRH services, a balance which is emphasized in the new UNFPA strategic plan 2018-2021.

Budget reductions in 2016 and larger cuts in 2017 meant that the budgets of programme components needed to be reviewed and adjusted so that the regular resources budget would match the ceiling as set by UNFPA headquarters (more details on the financial aspects are provided as part of the review criterion on efficiency). Rather than reducing the budget of a large number of components, the country office, in close cooperation with the CDC decided to target selected parts of the programme, which left other part untouched.⁹⁶

The programme parts that were affected by the reduction in budget included the development and implementation of a social behaviour change communication strategy of the SRHR component, which in addition included the work with entertainment workers through the Smart Girl programme and work with BBC Media Action on the Love9 programme. Moreover, the work on platforms for youth participation was affected, with the work at the sub-national level through engagement with WCCC and CCWC to support and enhance youth participation in local planning processes, was terminated. The work conducted on national level youth platforms was maintained under this component. A third part of the programme put on hold concerned the development of analytical capacities at sub-national level with the use of CDHS data. Moreover, some of the programme initiatives that were maintained had to scale down their sub-national coverage.

One of the commonalities across these three aspects that were phased out or put on hold concerns their focus on demand side aspects of social development. This goes for the behavioural change communication components, which aim to change amongst others health seeking behaviour. It also goes for the sub-national youth platforms, with youth participating in local planning processes

⁹⁵ Kingdom of Cambodia, World Food Program, *Identification of Poor Households, Cambodia, Results from Data Collection Rounds 4 (2010) and 5 (2011)*, August 2012 and National Institute of Statistics, Ministry of Planning, Royal Government of Cambodia and the United Nations World Food Programme, *Small-Area Estimation of Poverty and Malnutrition in Cambodia*, April 2013.

⁹⁶ Royal Government of Cambodia, UNFPA, *Report on the Joint Annual Review Meeting between the Royal Government of Cambodia and United Nations Population Fund on Country Programme Action Plan 2016-2018*, Palais du Gouvernement, Phnom Penh, 08 December 2016 and PowerPoint presentations of each of the four UNFPA Outcome Areas; UNFPA Cambodia, *CP Results Framework Adjustment Summary (2016)*.

requiring data and evidence to inform this process. Finally, the development of analytical capacities at provincial level is meant to make planners aware of the need and the possibilities of data in terms of informing planning processes. With the new strategic plan putting much emphasis on the balance between supply and demand side support, it will be important to consider the effects of reducing attention to the demand side and to include the need for a balance in the development of the next programme cycle.

Resource reduction has also affected work with vulnerable groups, including termination of support to Entertainment workers and their SRHR needs. Moreover, work with out-of-school youth in terms of CSE and work with female urban workers will be more difficult to get off the ground.

Making cuts to a programme in terms of what to fund and which parts to discontinue is never easy and is one of the more difficult decisions to make. There is, moreover, not necessarily one right answer to it. Thus the analysis above is meant to assess what the decisions made in this respect have in common, in order to better understand how these could affect the programme.

Work at National and Sub-national Levels

Finding 11: The focus of work of UNFPA at sub-national level included development of capacities of WCCC at provincial and CCWC at district and commune levels in selected provinces, in order to enhance social planning and budgeting and involve women and youth in local planning processes. Due to administrative barriers to social planning at local level and the reduction in UNFPA's budget, work with these committees and councils at sub-national level was phased-out. This has resulted in the loss of a local level entry point through which UNFPA could gauge the living conditions of target populations at the local level and get to know how results of the programme resulted in effects at the local level. There is a need to develop other entry points / ways to fill this gap.

CCWC were established in the early 2000's to enhance the conditions of women and children at the level of the community, with more detailed guidelines provided in August 2008, issued by the National Committee for the management of D&D Reform. WCCCs were established by a decree of the Ministry of Interior in December 2009 to promote gender equality and the empowerment of women and children at the level of provinces and municipalities. UNFPA provided support to these councils and committees in order to enhance the involvement of women, girls and youth in planning processes and to increase sub-national spending on social development issues, including aspects of sexual and reproductive health. Support was provided during CP4 and was continued at the start of CP5 but discontinued early 2017. On the one hand the shift of development budget away from infrastructure to social development at the local level proved to have a variety of administrative constraints and had so far not been realised, while on the other hand there was the reduction of UNFPA resources that influenced this decision.⁹⁷

With the termination of the support to WCCC and CCWC UNFPA lost an important linkage with local level, bottom-up planning for social development. In addition, the engagement with WCCC and CCWC had provided UNFPA Cambodia with a link to a variety of issues at the sub-national level, as these councils and committees covered all aspects related to women and children, including SRHR, gender issues, VAWG in addition to local planning processes. Aspects of SRH were included in the capacity development of the CCWCs with CCWC working with the Village Health Support

⁹⁷ Such constraints were identified in the country programme evaluation of CP 4 and are also reflected in the 2016 progress reports of MOI.

Group to provide information and counselling on birth spacing, safe motherhood and family planning issues.⁹⁸

In this respect it provided a good entry point for UNFPA to understand the local level conditions at community and district levels and to get an informed viewpoint on how national and provincial level interventions of the programme affected the lives of women, girls, adolescents and youth at local communities.⁹⁹ With the termination of support to WCCC and CCWC UNFPA will need to find other entry points to achieve this.¹⁰⁰

Resilience to Disaster

Finding 12: In addition to the country office advocating for the inclusion of MISP in the national development plan, there is no specific support on resilience in the present country programme. Based on preparedness capacities built in the previous cycle, it would seem important to follow up and identify gaps concerned in order to inform the next country programme strategy and its attention to resilience. This in particular given UNFPA's recently enhanced responsibility towards coordination on VAW prevention in emergency situations.

There has been no specific resilience aspects in the present country programme, although UNFPA advocated for the inclusion of Minimum Initial Service Package (MISP) for SRH in the national development plan. There was explicit attention to emergency preparedness and response in programme cycle four, with the following output:

*Increased national and sub-national capacity for emergency preparedness and response to reduce and mitigate vulnerabilities to disasters, both environmental and health, of the poorest and most marginalized, especially women, children, youth and people living with HIV.*¹⁰¹

In that cycle UNFPA contributed to the national emergency preparedness and response plan in particular highlighting the MISP for SRHR. UNFPA support concerned contributed to development of emergency preparedness and response plans with a focus on mitigating the impact of possible emergencies on reproductive and maternal health and VAWG. Training was provided on the inclusion of MISP for SRH in crisis situations in disaster prone locations. There was no engagement in emergency response in the fourth programme cycle.¹⁰²

Recently Cambodia has been identified as one of the high risk countries in terms of effects to the El Nino conditions expected, in particular between June and September 2017. Though the vulnerability is medium with a score of 3 out of 10, the lack of coping capacity is considered as

⁹⁸ EmSovannarith, *Family Planning Thematic Evaluation Report UNFPA Cambodia Country Office*, September 2014.

⁹⁹ The UNFPA thematic country case study on Family Planning of 2015 also identified the UNFPA Cambodia focus on policy level change rather than the implementation level regarding the availability of quality SRH and FP services for adolescents and unmarried women and men. It further questions the need for more attention to community engagement regarding the FP needs of these groups. UNFPA Evaluation Office, *Evaluation of UNFPA Support to Family Planning 2008-2013, Country Case Study Cambodia*, July 2015.

¹⁰⁰ Possible entry point might include to seek linkages with NGOs that have been working on social accountability at the sub-national level as suggested in Sokheang Hong, 2014.

¹⁰¹ Royal Government of Cambodia, United Nations Population Fund, *Country Programme Action Plan (CPAP) 2011-2015 for the Programme of Cooperation between The Royal Government of Cambodia and the United Nations Population Fund and UNFPA Cambodia, UNFPA Country Programme Evaluation: Fourth Programme Cycle, 2011-2015, Evaluation Report*, Phnom Penh, April 2015.

¹⁰² Ibid.

relatively high with 6.5 out of 10. The risk concerns dry weather conditions for a prolonged period due to El Nino.¹⁰³

At global level UNFPA recently became the sole responsible agency for coordination of the sub-cluster on VAW in emergency situations, which has added to the expectations of UNFPA in terms of country preparedness.¹⁰⁴ Given the previous engagement of UNFPA in terms of resilience to disaster it would seem important to follow up on the preparedness and response plans supported earlier at national and provincial levels and to assess gaps concerned in order to prepare for any interventions necessary for inclusion in the next programme cycle. One of the issues to look at would be to assess whether in terms of prevention of VAWG, a connection could be made with the multi-sector response mechanism at the sub-national level to VAWG and to include emergency preparedness issues.

3) *Efficiency and Process Issues*

Review Question:

*To what extent has UNFPA made good use of its **human, financial and technical resources**, and has used an appropriate combination of tools and approaches to pursue the achievement of the outputs and outcomes defined in the UNFPA country programme in a **timely** manner, including through establishment of relevant **partnerships** with RGC, other UN and civil society organizations?*

Diminishing Financial Resources

Finding 13: Achievement of results across all of the programme components has been constrained primarily by the relatively unexpected and substantial reduction of financial resources. This concerns in particular a reduction of regular resources from UNFPA headquarters in 2016, followed by an even more severe cut for the UNFPA Cambodia country office in 2017. This has been further exacerbated by a decline in other resources. This has severely affected the annual budgets of 2016 and 2017 and has meant that considerable cuts in programme implementation were required, including termination of selected initiatives and some downscaling of sub-national programming, resulting in less geographical coverage. The unexpected substantial reduction of resources during the programme cycle has affected the resource predictability of the country office, leading to uncertainty in programme components in terms of ensured and longer term funding. Resource mobilization has proven to have become more challenging, with Cambodia's move to lower middle income country status.

The UNFPA Cambodia resource envelop consists of regular resources, provided annually by the UNFPA Headquarters, based on an annual ceiling, and other resources, primarily from development partners. The regular resources of UNFPA at the global level were expected to be reduced by 29% and 37% for the years 2016 and 2017 respectively.¹⁰⁵ This reduction in regular resources was due to reductions in contributions by few key donors to the organization at global

¹⁰³ Global El Nino Analysis Cell, *High Risk Countries Jun-Sept 2017, 1st Report*, May 31st 2017.

¹⁰⁴ Semi-structured Interviews UNFPA Cambodia Senior Management Team.

¹⁰⁵ UNFPA 2017 Regular Resource Distribution Plan – initial distribution, letter from A. Saberton, Director DMS.

level, including the anticipated loss of the US contribution, as well as adverse exchange rate movements. In practice the regular resources of UNFPA Cambodia for 2016 were reduced by 22%. The situation was worsened through a sharp decline of other resources in the same year by 72%, meaning that the total annual budget had declined by 33%.¹⁰⁶

Reduction of regular resources to UNFPA 'red' country offices in the Asia Pacific region in 2017 was meant to amount to 42% and after revision to amount to 50%. Thus the amount for 2017 for Cambodia was set at 1.84 million USD rather than the 3.92 million foreseen in the CPAP. After a further reduction based on APRO requirements the regular resources were scaled down to 1.79 million, a total reduction of 54%.¹⁰⁷ Though the letter from UNFPA headquarters suggested amongst others for country offices to try to compensate losses in regular resources through enhanced raising of other resources, the amount of other resources for UNFPA Cambodia has been further declining by up to 84% in 2017 compared to CPAP estimates. This left the country office with a total reduction in resources in 2017 of 60% compared to CPAP expectations. For both 2016 and 2017 combined the decline was at 48% of total expected resources.¹⁰⁸

The reduction of budget led to minor changes in the relative distribution of budgeted financial resources over the four components of the country programme over the two years period 2016 - 2017. In terms of regular resources, the SRHR component relative amount increased with 5 %, with changes for other components less than this amount. For the combined budget of regular and other resources the relative amount of SRHR increased with 8%, from 59 to 67% of all budgeted resources over the two year period. Changes for other components were more limited. For details see annex 8.

One of the other mitigation measures to reduce impact of reduction of regular resources for a country programme, mentioned by UNFPA headquarters, is to intensify engagement with government to contribute to the programme, in addition to enhance fundraising efforts. Both appeared not to work in the middle income context of Cambodia. Though RGC has enhanced spending on health and SRH in the recent years, this has not directly affected the UNFPA programme. Moreover, increases of salaries of civil servants in the lead up to the national elections planned for 2017 (commune level) and 2018 (national level), though favored under the public administration reform, has significantly reduced the proportion of the government budget for development programming.¹⁰⁹

Opportunities for the mobilization of resources, moreover, have become increasingly challenging, with many donors withdrawing support, given the middle income country status in World Bank terms. On the other hand, remaining donors like DFAT prefer larger investments in single programmes like in their support to the Health Equip programme, which limits management requirements for DFAT. Regarding UNFPA, they prefer to provide their support through the multilateral system to UNFPA globally, rather than spending relatively small sums on specific initiatives in the country programme. Opportunities for earmarking such funds to UNFPA globally would be limited and focused at the regional level, rather than the country level. Opportunities for funding of other donors are usually limited to donor interest in specific topics, like Japan and Sweden interest for CSE, USAID in CDHS and China, Germany, DFAT and USAID in support to the census.¹¹⁰ APRO support has been useful in terms of resource mobilization. At the level of the country office, no specific country office staff outside of the senior management team is presently

¹⁰⁶ UNFPA Cambodia, *Budget versus Expenditures by Outcome for CP5 (2016-2018)*, updated 18 July 2017.

¹⁰⁷ UNFPA 2017 Regular Resource Distribution Plan – initial distribution, letter from A. Saberton, Director DMS.

¹⁰⁸ UNFPA Cambodia, *Budget versus Expenditures by Outcome for CP5 (2016-2018)*, updated 18 July 2017.

¹⁰⁹ UNFPA Cambodia, *Annual Report 2016*.

¹¹⁰ Source: Semi-structured interview with staff of UNFPA, RGC and donor agencies; Royal Government of Cambodia, UNFPA, *Report on the Joint Annual Review Meeting between the Royal Government of Cambodia and United Nations Population Fund on Country Programme Action Plan 2016-2018*, Palais du Gouvernement, Phnom Penh, 08 December 2016.

tasked with taking resource mobilization forward. National level resource mobilization, from companies or individuals, has proven difficult in the Cambodian context.

While stability of resources has been a hallmark of UNFPA support and in line with the predictability of donor support as included in the Paris Declaration of 2005, the limitation of the regular and other resource budgets in consecutive annual rounds and the related uncertainty of the level of funding, including for the next year of the country programme, has created a substantial amount of uncertainty for the UNFPA country office and its partners, and constrained programming substantially. Though the funding for the next programme cycle is not yet clear, it is assumed by most concerned that it will not be higher than the present level of funding, as there is no prospect that the funding situation of UNFPA globally will improve nor that other resources for the Cambodia programme will increase substantially.

Monitoring, Evaluation and Reporting

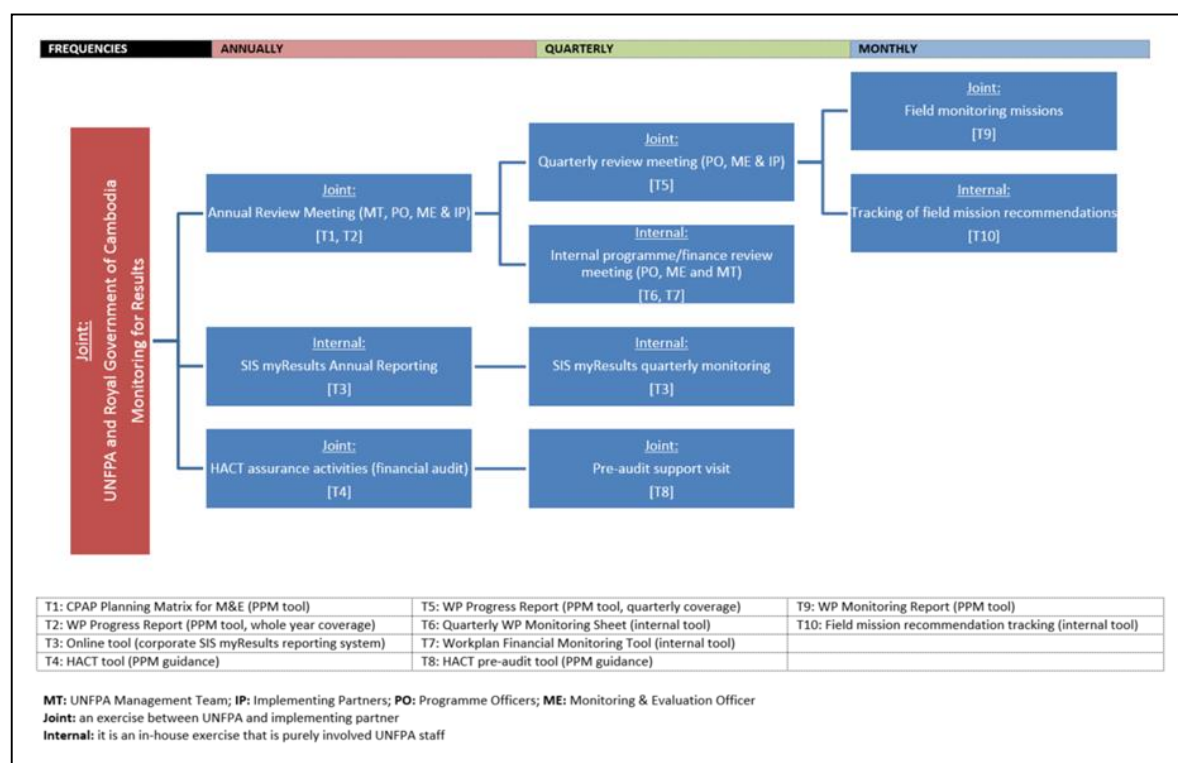
Finding 14: Monitoring and evaluation of the country programme has been guided by annual M&E plans with attention to the organizational requirements as well as the country programme specifics, with the latter including baseline and end line studies of selected interventions. In all programme components joint monitoring missions have been included. Monitoring results have informed quarterly and annual reporting, in particular in terms of the milestones achieved in the period under review. While useful milestones have been included to assess progress towards output level changes, there is space for better alignment of output level indicators and milestones with the output level change aimed for with reference to any adaptations made in annual reporting. The use of generic ISIS output level indicators in the MyResults reporting system, as required by UNFPA headquarters, instead of the county office specific ones, confuses the reporting.

Several means have been put into place for monitoring the implementation of the country programme, including an annual monitoring plan, which covers a one year period of all four programme components and an annual review meeting, in which progress is discussed amongst UNFPA and implementing partners, and which informs the updated CP planning matrix. Quarterly programme review meetings are conducted for each of the outcome areas to which workplan review meetings with implementing partners provide inputs. Throughout the year field monitoring missions are scheduled, conducted jointly between UNFPA staff and implementing partners, which missions assess progress on work plan activities as well as monitoring of compliance with relevant guidelines at health facilities, schools and other venues of social service delivery.

Reporting on field missions includes the provision of recommendations, which in turn are entered into the field mission recommendation tracking tool, in order to review implementation of them through discussion in monthly programme meetings. This appears to be a useful feedback mechanism on the use of recommendations and to enhance use of results of joint monitoring missions.

Monitoring data are fed into the corporate SIS My Results system in which progress is assessed against outputs and milestones and annually a report is generated. Moreover, there is the Harmonized Approach to Cash Transfers (HACT) audit tool, through which accountability of funds used by implementing partners is assured. An overview of the various monitoring means is presented in figure 4, which provides for a comprehensive approach to indicator-based monitoring of results.

Figure 4: Overview of Monitoring Activities of the UNFPA Country Programme



Nevertheless, some issues remain, one of which concerned the output level indicators in the SIS system, which are the ones from the UNFPA strategic plan rather than the country specific indicators from the CPD and CPAP results frameworks. This at times results in a misfit, for example results on midwifery pre-service EmONC training are reported under EmONC training midwife workforce policies while results on referral hospitals providing quality youth friendly services in UNFPA prioritized areas are reported under Country has trained all levels of personnel to implement the new family planning human rights protocol. The orientation of the country office reporting mechanism towards the HQ output level indicators does not appear useful from both the country office as well as for HQ as none actually appear to be getting out of it what they need.

Though the monitoring and reporting system does generate a lot of useful data, performance related data are in various reports in varying detail. Most detailed are the quarterly progress reports of implementing partners. While the corporate SIS report brings results together per output and outcome area, there is less detail in these data, which means that one needs to go back to the progress reports of each of the relevant implementing partners to get to more detailed data. It would seem useful to make use of a database system in which all performance data are combined, so that one could easily get access to them. Such a system could also enhance further analysis of data. It was not clear at the time of the review to what extent a UNFPA headquarter initiative would actually address this concern.

With RGC in the process of developing its own monitoring system, it will be important to ensure that UNFPA’s programme monitoring system is aligned with the RGC system and to provide inputs in terms of UNFPA related outcome areas to the RGC system.

There are opportunities recognized by UNFPA for further development of results based monitoring, for example through exit questionnaires or interviews for adolescent and youth users of SRH services, assessing their level of satisfaction with services provided and the level of youth friendliness of services concerned.

The tracking of follow up to recommendations from field monitoring missions is very useful in terms of aspects of management of the implementation of the programme activities. It would be useful to have a similar tracking means of recommendations made in quarterly and annual review meetings, which recommendations would likely be at a higher level: at the management level of an outcome area or at a strategic level. A follow up tool for such recommendations would seem to be very useful.

Regarding evaluation a plan was made covering the country programme period 2016-2018, with evaluative studies at the country programme level, and at the level of each of the programme components. This has resulted in a useful set of evaluations and other studies that can inform the implementation of the present programme as well as provide useful inputs into the development of the next country programme cycle. With the limitation of analytical studies in the PD component and the downscaling of the support to the development of analytical capacities at the sub-national level, it appears reasonable that there is in this phase no evaluative study included for this component.¹¹¹

Human Resources

Finding 15: The country office is well staffed and staffing levels have not been reduced substantially. Programme staff is highly appreciated by RGC and donors alike. Staff organizational set-up has been adapted in 2017 and will need to be further brought in line with the new country programme and its priorities in programme cycle 6.

The country office is resourced with a total of 26 staff members and one gratis personnel. Staff composition has not changed substantially compared to the previous programme cycle, with only some support positions terminated. Many staff have long service records with the country office and have been able to build good relationships with RGC agencies. Programme staff are well respected by Government counterparts and donors alike and valued for their technical and managerial capacities, with considerable part of the technical work in practice outsourced.

The organizational set-up of staff was changed during the present programme cycle in February 2017. Where in the previous staff set-up the Representative was responsible for operations, communications as well as the programme unit, with 5 direct reports, in the new set-up these functions are delegated to the Deputy Representative. This has left the Representative with 2 direct reports. While the Deputy Representative was in the previous set-up focused on programme, with oversight over the gender and youth component and the Assistant Representative managed the SRH and PD components, in the new set-up the Assistant Representative is responsible for all four programme components with oversight of the Deputy Representative. The latter, moreover, is responsible for Operations and Communications. This leaves the Deputy Representative with 7 direct reports, including the Assistant Representative, M&E/D&D officer and Operations Manager, as well as 4 other staff on communications, UN YAP and P4P. The assistant representative, who had previously oversight of two programme components, in the new set-up has oversight of all four programme components, which brings his direct reports from 3 to 5. For details see the organograms presented in annex 9.

The amount of direct reports of the Deputy Representative could be reduced by creating a communication/resource mobilization unit with oversight of either the Representative or the Deputy Representative and moving oversight of the UN YAP and P4P persons to the relevant programme analysts. Staffing set-up will need to be further assessed and if needed adapted to the programmatic contents of CP6.

¹¹¹ UNFPA Cambodia, *List of Evaluations, Fifth Country Programme 2016-2018*.

Partnerships

Finding 16: UNFPA works closely with a variety of partners in the four programme components to achieve the results planned. For most of the components this concerns Government agencies with only the SRHR component working directly with non-governmental agencies. As the reduction of UNFPA's resources led to termination of work with two of these, government agencies have become prime partner.

Through UNFPA's long term relationship with government agencies it has become a trusted partner and is highly respected for its technical competency and its respectful working relationship, providing space for partners in design and implementation of initiatives.

UNFPA has started to play a convening role in selected topics of its mandate, supporting coordination and cooperation amongst UN agencies, NGOs and Universities. One of these initiatives has led to a concrete result in terms of guidelines for enterprise infirmaries.

The CPAP includes a partnership strategy in which it commits to actively engage with purposeful partnerships to achieve the results of the country programme. Main implementing partners of the country programme are presented in table 4 below for each of the programme components. For most of the components UNFPA works together with and provides support to Government partners. Only in SRHR component is UNFPA working with several Non-Governmental agencies. However, given the resource constraints, initiatives with two of the three were terminated, leaving only one non-governmental organization as implementing partner.

Table 4: Partners / Implementing Agencies for each of the UNFPA Programme Components

Programme Component	Partners / Implementing Agencies
Sexual and Reproductive Health and Rights	<p>RGC</p> <ul style="list-style-type: none"> - Ministry of Health - National Maternal and Child Health Center - Ministry of Interior - Provincial Health Departments <p>Non-Governmental</p> <ul style="list-style-type: none"> - Cambodian Women for Peace and Development (CWPD) - Cambodian Midwives Council - BBC Media Action
Adolescents and Youth	<p>RGC</p> <ul style="list-style-type: none"> - Directorate General for Youth, (MoEYS) - School Health Department (MoEYS) - Curriculum Development Department, (MoEYS) - Ministry of Planning - Ministry of Interior
Gender Equality and Women's Empowerment	<p>RGC</p> <ul style="list-style-type: none"> - Ministry of Women's Affairs - Ministry of Health - Partners for Prevention (UN Regional Joint Programme)
Population Dynamics	<p>RGC</p> <ul style="list-style-type: none"> - National Institute of Statistics (MoP) - General Directorate of Planning (MoP) - General Secretariat for Population and Development (MoP) - Ministry of Interior

Relationship of UNFPA with most of the government agencies goes back a long time, to 1994 and UNFPA has become a trusted partner for the government agencies that it works with. UNFPA is regarded by all Government agencies as having a participatory approach in its programme design and implementation, providing sufficient space for the viewpoints of their partners, and responsive to RGC priorities and needs. UNFPA is regarded for its high level of technical capacity.

The UNFPA country case study for Cambodia conducted in 2015 on the theme of Family Planning stated that UNFPA was the most trusted partner of RGC in matters of maternal health and family planning and credited for a “friendly influencing” approach and professionalism while encouraging national ownership of supported policies and programmes.¹¹²

UNFPA is considered an efficient partner by donor agencies and seen as always putting its own resources to issues concerned, in addition to donor resources. UNFPA proposals are seen as practically oriented. Staff are considered to have good relationship with RGC, as well as with donors themselves.

The fact that civil society are not often implementing partners does not mean that UNFPA does not work with civil society. Some CSOs are secondary partner, meaning that UNFPA cooperates with them on issues concerned and coordinates activities, rather than providing funds for programme implementation. UNFPA has, moreover, taken up a convening role, supporting coordination amongst other UN agencies, national and international NGOs and Universities on selected topics within its mandate, including adolescent reproductive health, comprehensive sexuality education, midwifery and enterprise infirmary. While the first three have been focused on information sharing and coordination of activities, the meetings on enterprise infirmary have resulted in the joint development of guidelines to operationalize existing prakas on the subject, in close cooperation with RGC agencies.¹¹³

UNFPA, UNICEF, GIZ and other development partners have worked closely together with RGC to develop and implement the EmONC support plans. As part of these plans, development partners have divided responsibilities for geographical areas, with in this way the whole of the country covered. Though they all work towards the same target, development partners each have their own tailored methods to reach these objectives. While UNFPA’s method centered around training and coaching, the approach of GIZ incorporated skills laboratories and community level behavioural change communication work.

UNFPA actively participates in four of the nineteen TWGs, including health, gender, GBV and Data for development, with the latter co-chaired by NIS and UNFPA. UNFPA’s inputs are appreciated by other UN agencies and RGC. The working relationship with other UN agencies is good and there is in practice no real overlap in terms of mandate areas between the organizations, which provides a conducive environment for UN cooperation. The work in the TWG Health and maternal and child health as well as membership of the health partner group has become more important now that UNFPA is no longer part of the Health sector wide approach.

UNFPA has been an active player in the UN Country team, including the formulation of the UNDAF 2014-2018, with the Deputy Representative acting as the co-chair of the UNDAF Outcome Group 2 and with the programme team involved in the Common Country Assessment to gather data and

¹¹² UNFPA Evaluation Office, *Evaluation of UNFPA Support to Family Planning 2008-2013, Country Case Study Cambodia*, July 2015.

¹¹³ The broker role of UNFPA at national and sub-national level is also highlighted in the Family Planning country case study conducted in Cambodia, UNFPA Evaluation Office, *Evaluation of UNFPA Support to Family Planning 2008-2013, Country Case Study Cambodia*, July 2015.

evidence to inform UNDAF development, and participating in the discussions on all three UNDAF outcome areas.¹¹⁴

4) *Sustainability*

Review Question:

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of results?

To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of the young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments, sector policy frameworks and partnership initiatives in Cambodia?

Capacities developed

Finding 17: The capacity development approach of UNFPA includes a focus on enabling environment, institutional capacities as well as individual capacities and support has been provided at these three levels across the four programme components. There is a clear realization that capacities have been enhanced, but also that there are gaps remaining at each of these levels.

One of the changes in the present programme cycle concerns the use of a systems approach to the development of midwifery training as well as CSE, supporting the policy environment and institutional setup required for these initiative to provide results at the individual level of midwives and adolescents trained in the near future. Together with more immediate training activities, this provides a more sustainable approach.

However, it needs to be borne in mind that a systems approach is relatively resource intensive and needs a long term perspective, with relatively secure resources in place. Present monitoring approach focused on indicators and milestones is not likely to be able to sufficiently capture and document the experience of a systems approach in these two initiatives.

There is a clear realization of improvement in terms of capacities developed in each of programme components. This goes in particular for the longer term support that UNFPA has been providing to key partners in the country. The strength of the capacity development approach that is used in the country office, is the attention that is paid to three levels of capacities. Support is provided to law making, strategy and policy development as part of support to an enabling environment. Moreover, support is provided to the development of institutional capacities, through support to putting plans and guidelines in place and supporting the capacities of a body of trainers through a TOT approach. Finally, capacities have been built at the individual level, through a large number of trainings in each of the programme components. Though capacities concerned have been developed, that does not mean that all needed institutional and individual capacities are in place.

¹¹⁴ Royal Government of Cambodia and UNFPA Cambodia Office, *Documentation Fifth Country Programme Formulation 2016-2018*.

In the present programme cycle the capacity development approach has been brought to a new level, with support to the institutional development of the system in place to train midwives. The Midwifery education pathways tries to address the issues in midwifery education in a systematic way, through harmonization of curricula and linkage with workforce needs at health center, operational district and provincial hospital levels. This has included the regulation of education institutions, through laws and prakas and support to upgrading the education level of the teachers, which is presently at Bachelor level, to Master level. The midwifery pathways concerns a perspective on midwifery education with a focus on enhancing the quality of services through improving midwife education, making use of 7+2 signal functions that identify risks of delivery.

This has been guided by a process approach, supporting the various stages of the development of the pre-service training system and molding support to the requirements of each of these stages. This systems approach differs from the past approach to enhancing the quality of midwives, which focused primarily on in-service training of midwives. Though the skills of midwives trained improved, quality still remained insufficient. Therefore the focus was turned on the pre-service training. MoH is fully on board with this approach and wants to move forward on this, but main constraint in this respect concerns financial resources.

Through the systems approach to pre-service training, the programme has developed a longer term perspective to capacity development of midwives. While this approach does not produce immediate results in terms of mid-wives trained, it does provide a more sustainable way on the ability of the regular midwife training system to deliver higher quality midwives within a 2 to 5 year period. Though in-service training will remain a necessity, it will not need to be at the level that it is at presently, as it would not have to deal with the relatively low level of capacities of midwives as a result of a low quality pre-service training. Given that the use of a systems approach will not be able to deliver results at the level of enhanced capacities of individual midwives in the short term, the approach has been combined with a TOT approach in order to enhance existing individual capacities in the short term through in-service training.

A similar approach has been applied in the Adolescents and Youth component of the programme, for support to Comprehensive Sexuality Education, where a systems oriented approach was further developed and enhanced. CSE had previously been supported as a subject in life-skills training, as an optional extra-curricular activity. In the present programme cycle the opportunity of the RGC review of the whole education curriculum, was used to successfully advocate for inclusion of CSE as an obligatory subject as part of health education. This resulted in CSE being part of the core curriculum of grades 5-12, with 11 hours devoted to health education of which CSE is one of a total of six topics. However, still a lot of work needs to be done to realize this in practice. While the curriculum framework and health syllabuses have been developed for grades 5-6, 7-9 and 10-12, there is still a revision of those to occur, text books for teachers and students to be developed, learning standards to be adapted and teachers to be trained.

The support provided by UNFPA in both initiatives has changed along the way, starting with more policy-oriented support to advocate for the approach taken, towards getting plans and guidelines in place and building of institutional and individual level of capacities. In this respect UNFPA staff proved to have an advantage, as they have experience providing support at policy level as well as supporting development of institutional capacities and capacities at individual level through technical support. This partly as a systems approach was used already in terms of support to reproductive health as part of the overall health system, with attention to strategy and policy issues as well as their implementation and results at local level. Moreover, staff are well versed in aspects of partnership and the development and maintenance of good working relationships with RGC and other stakeholders involved.

Given the evolving aspects of a systems approach and its developing nature, the use of indicators for monitoring and evaluation does not always appear sufficient in order to capture the more

complex development and decision-making processes involved. This goes both for the midwifery education as well as for the CSE initiative. For the former the indicator concerned is: *National pre-service midwifery training standards developed*, while for CSE this concerns: *Number of grades with comprehensive sexuality education fully integrated into the core national school curriculum* and *Percentage of teachers receiving training on methodologies for implementing comprehensive sexuality education programme in prioritized locations*. Though these indicators do add some value in terms of identifying a certain level of achievement, they do not help much to support the implementation process as such. The milestones in the CPAP for both parts of the programme do at times provide more of a guidance, in terms of specific results needed to reach the output level indicator. However, when things prove different in the practice of implementation than the assumptions made during the development of the CPAP, also these milestones may prove to be less useful. Even when milestones are met, there is no indication on how they have been reached and it would be a hard task to document the experience of the use of a systems approach in these two initiatives merely on the basis of milestones and indicators. Considering all these limitations of indicators it will be useful to see what other M&E approaches and methodologies would be useful in order to capture aspects of the process of reaching output level changes, which could provide a better opportunity for the country office to inform the management of these initiatives and to document them as cases of the use of a systems based approach in the Cambodian context.

Ownership of Initiatives and Results achieved

Finding 18: High level of participation in programme design and implementation of RGC partners has resulted in a high level of national ownership of the country programme and its components and the results achieved. However, high level of national ownership has not necessarily yet always resulted in RGC taking over the initiatives concerned in terms sustaining or scaling up of the results and in various instances continuation appeared to be largely dependent on further funding and support from UNFPA.

In order to ensure national ownership of the present programme cycle, the UNFPA Country office in the design stage consulted with the Council for the Development of Cambodia (CDC) which is the Government Coordination Agency for all development assistance to the country. Technical level working groups were formed around the four country programme outcome areas, with participation from relevant government ministries, which worked on the priorities for the next UNFPA Country Programme. As part of the process of programme formulation, other UN agencies as well as non-governmental organizations were consulted. A large consultation workshop conducted on 24th December 2015 informed the agreement on key priority areas. The draft Country Programme Document was reviewed and endorsed by the CDC in June 2015 and approved by the UNFPA Board in August 2015.¹¹⁵

Based on the CPD, the country office and RGC developed the Country Programme Action Plan 2016-2018. A consultative workshop was conducted 13-14 August 2015 including RGC partners who were members of the four outcome groups. The workshop discussed and agreed on key interventions, milestones and annual targets for each of the four outcome areas. A consultative meeting with Civil Society organizations was held on 24 August to get their feedback, which was deemed important as these organisations represent rights holders, including youth people and other vulnerable population groups. A high level consultation workshop was convened by CDC on 27 October, with Ministerial representatives at the level of Secretary of State, accompanied by technical officers, to validate the draft CPAP. Feedback from this meeting together with feedback received from APRO was incorporated in the final version of the CPAP, which was formally

¹¹⁵ Royal Government of Cambodia and UNFPA Cambodia Office, *Documentation Fifth Country Programme Formulation 2016-2018*.

approved in November 2015. This process resulted in a high level of national ownership of the country programme and each of its components, in line with levels of ownership in previous programme cycles, which was confirmed in interviews with RGC officials of all four programme components.¹¹⁶

Long term support and close cooperation with RGC partners has in various instance resulted in the expectation of continued funding and support from UNFPA in order to sustain and expand results. This goes for example for work supported through MOI at the sub-national level, building planning capacities of WCCC and CCWC in order to enhance women and youth participation in local planning processes and to increase sub-national social budgeting. With this aspect of the programme no longer supported since early 2017, due to budget constraints, it appeared in discussions with MoI far from certain that the Ministry would be able to maintain this support to the local level and address some of the constraints encountered, let alone scale up the intervention. While the initial positive results of the initiative on primary prevention, using the model of building capacities of adolescents and caregivers, were highly appreciated, further continuation of the model and its scaling up appeared to depend much on UNFPA or P4P funding, rather than on inclusion in the budgeting of MoWA. In this respect one could question the use of a modeling approach if there is no entity other than the initial supporter to take over the initiative and bring it to scale.

SRHR incorporated in National Development Policies and Plans

Finding 19: UNFPA Cambodia has provided substantial support in each of the programme components to support RGC with the development of strategies, policies and plans in order to include the SRH needs and rights of women and girls and the rights and needs of young people, aspects of gender equality and to ensure that they are informed by data and information on population dynamics.

UNFPA Cambodia as part of the programme in the present cycle has provided support at the policy level in each of the programme components, advocating for the inclusion of key human rights in line with its mandate. For the SRHR component this has concerned support to the development of the National Health Sector Plan, the National Strategy for Reproductive and Sexual Health 2017-2020, the Family Planning Forecasting and Action Plan 2016-2025, the EmONC Improvement Plan, and the Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality. In the Adolescents and Youth component it has concerned support to the National Youth Action Plan 2014-2018, building on support provided to the National Policy on Cambodia Youth Development in the previous programme cycle and the analytical study on SRH of adolescents and youth. For the Gender Equality and Women Empowerment Component UNFPA has supported the review of the NAPVAW II as well as the Draft National Comprehensive Communication Strategy on Ending Violence Against Women and Girls (forthcoming). For the PD component it has included support to the sub-decree on the Census, the National Population Policy Action Plan 2017-2030, the National Ageing Policy as well as support to two analytical studies of the AY and GEWE components and the development of capacities to make use of CDHS and other population data in sub-national planning processes.¹¹⁷

¹¹⁶ Ibid. and Skype interviews with APRO staff.

¹¹⁷ **SRHR Component:** Ministry of Health, National Maternal and Child Health Centre, National Reproductive Health Programme: *National Strategy for Reproductive and Sexual Health in Cambodia, 2017-2020*, Phnom Penh, December 2016; Kingdom of Cambodia, Ministry of Health, *Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality, 2016-2020*. May 2016; Kingdom of Cambodia, Ministry of Health, *Emergency Obstetric and Newborn Care (EmONC) Improvement Plan 2016-2020*, June 2016; **A/Y Component:** Royal Government of Cambodia, *National Policy on Cambodia Youth Development*; Kingdom of Cambodia, National Institute of Statistics, Ministry of Planning and Directorate General for Health, Ministry of Health, *Sexual and Reproductive Health of Adolescents and Youth in Cambodia 2000-2014, Further Analysis of the Cambodia Demographic and Health Surveys*. Phnom Penh, September 2016; **GEWE Component:** Ministry of

5) *UNFPA Comparative Advantage / Added Value*

Review Question: *What are the main UNFPA comparative strengths in Cambodia and what do national stakeholder perceive as the main UNFPA added value through CP5?*

UNFPA Comparative Advantage / Added Value

Finding 20: UNFPA Cambodia's comparative advantage is in particular in the areas of SRHR and Population Dynamics, where it has a unique support position in line with its mandate and is respected for high level technical capacity. Moreover, it has a comparative advantage in CSE in terms of Adolescents and Youth programming and in a multi-sector approach to VAWG through the health sector.

UNFPA's comparative strengths in Cambodia is closely related its mandate and includes first and foremost its focus on SRHR and its expertise in population related data and analysis. These programmatic areas are unique to UNFPA in the Cambodian context. As part of the SRHR mandate this includes SRH services including youth friendly services, family planning, Emergency Obstetric and Neonatal Care and Midwifery. Concerning Population Dynamics this concerns UNFPA support to the population policy and plans. Moreover, UNFPA in Cambodia is the lead supporter in terms of statistical data gathering and analysis, evidenced by its support to the census and the CDHS and the support to the use of these data in analytical studies on population dynamics.

Moreover, UNFPA has comparative strengths on themes within programming on adolescents and youth and gender. For the first this concerns in particular programming on CSE, while UNFPA is also respected for its leadership of the UNYAP. With its entry point of SRHR it is, moreover, able to engage with sensitive adolescent and youth issues. For GEWE this refers in particular to the health sector response to VAWG through a multi sector approach. These comparative advantages are recognized by the RGC partners in the four components of the programme and it is where UNFPA adds most of its unique value and is respected for its technical capacity. Other areas of the AY component as youth participation and primary prevention of the GEWE component are shared with other UN organizations in Cambodia.

Women's Affairs, *Mid-Term Review: National Action Plan to Prevent Violence Against Women (NAPVAW) II*, May 2017; Ministry of Women's Affairs, *Women's Experience of Domestic Violence and Other Forms of Violence*, Secondary data analysis report of CDHS 2014, Phnom Penh, September 2016; **PD Component:** Royal government of Cambodia, *Action Plan 2016-2018 of National Population Policy 2016-2013, To further improve the quality of life and well-being of the People*. Phnom Penh, December 2016; Royal Government of Cambodia, *National Ageing Policy, 2017-2030, To further improve well-being of older persons of Cambodian People*, Second Draft, December 2016.

6. Conclusions

The UNFPA programme in its fifth cycle proved to address relevant issues, from the perspective of addressing needs and rights of women, girls, adolescents and youth in Cambodia, where MMR is still relatively high, where the number of teenage pregnancies is on the rise and where prevalence of VAWG is high, as well as from the perspective of Government policies with which the programme proved to be well aligned. This allowed for a high level of ownership of the programme by RGC partners.

The programme, moreover, was developed in line with the UNFPA global strategic plan and its outcome level changes and with the in-country UNDAF and informed by a variety of evaluations, including the CPE conducted in 2014/5 and by the CDHS data that became available early 2015. Compared to CP4, the programme has been more oriented towards the 'bull's eye' of the UNFPA strategic plan and has in this way become more focused.

The country programme in its approach is underpinned by a rights-based perspective, with attention to both responsibilities and related capacities of duty bearers as well as rights holders and their knowledge, attitudes and health seeking behaviour. This means that in addition to a focus on supply side issues of Government systems, including the health system, there is attention to aspects of demand from women, girls, adolescents and youth and in particular from vulnerable groups amongst them. Through targeting of a selection of nine underperforming provinces in terms of a selected set of indicators, UNFPA has provided an equity perspective to its sub-national engagement. However, given the limited resources and the inability to often cover 9 provinces at sub-national level, further targeting appears required, within the 9 selected provinces as well as keeping an open eye for severely underserved and marginalized groups outside of the nine provinces.

As part of the rights-based perspective the programme has made use of a gender approach, both in terms of a specific focus on the rights and needs of women and girls as well as on the responsibilities of men and boys. The latter in particular in terms of the way in which they perceive women and girls, in order to reduce VAWG and enhance respectful relations among women and men as well as amongst caregivers and children and youth at the community level.

In each of the four programme components the programme has been relative effective in reaching milestones, which contributed to reaching at least half of the output level indicators of the programme results framework. Assessment of results was at times difficult as some of the indicators had no or insufficient data, while some of the milestones had been adapted along the way or had been abandoned due to the reduction of resources. Nevertheless, in particular when reviewed against the background of a substantial drop in resources, amounting to about half of the resources expected in the CPAP, the results achieved in each of the outcome areas concerned are quite remarkable. This was confirmed by the review of annual and quarterly progress reports, by discussions with UNFPA and partner staff and by the self-assessment of the country office made at the end of 2016.¹¹⁸

In terms of SRHR it is the work on policy level support that stands out, in addition to enhancing maternal health services through support to the system of midwifery education and support to EmONC training. Regarding Adolescents and Youth, the country office has taken advantage of the Government revision of the education curriculum to successfully advocate for inclusion of comprehensive sexuality education for grades 5 to 12. The programme has not yet been able to address out of school youth, a particularly vulnerable group. The work on enhancement of youth

¹¹⁸ UNFPA Cambodia, *CP Results Framework Adjustment Summary*, 2016.

involvement in local level planning was terminated due to funding constraints, while the development of a youth index proved an important addition.

For GEWE the work on primary prevention appeared successful, through engagement of men and boys, though on a very small scale. With the termination of sub-national support in other components, this initiative has become more of an isolated effort at the level of the community. The initiative on a multi-sector response to VAWG through the health sector and WCCCs, was delayed but proved promising. For the next programme cycle a clearer link between these two parts of the GEWE component would be useful.¹¹⁹

The PD component has been focused on the Census in terms of support to data production, while several policies were supported through data and data analysis in terms of enhancing the use of data. Support to the development of sub-national capacities for data use were scaled down due to budget constraints. The country programme in cycle six will need to build on these achievements across the four programme components, which can further focus the support of the country office.

The most important constraint to programme implementation has been the substantial reduction of the country programme budget in both 2016 and 2017, which amounted to almost half of the resources concerned for the two year period. The approach to address this reduction of resources was based on maintaining core aspects, avoiding taking budget away from all components, but focusing cuts on selected programme initiatives. Parts of the programme that were phased-out included BCC strategy of SRHR, the work on youth participation in local planning and support to sub-national capacities for data analysis. With all these issues focusing on the demand side of services and data, there is a risk that the balance between supply and demand side issues of the programme is being affected. Though this might not show in the relatively short term of the present programme period of 3 years, there is a need to review this balance as part of the strategy for the new country office programme in cycle six.

An important aspect of the reduction of the country office budget, in addition to the drop in regular resources from UNFPA headquarters, is the tremendous reduction of other resources, which exacerbated the budget situation. Though opportunities for resource mobilization are limited, those that exist need to be fully taken advantage of, which will require putting support systems in place to achieve this. It needs to be realized in this respect that resource mobilization will require initial investment in order to enhance fund raising for the programme in the next cycle.

Another effect of the budget constraints has been that the work at sub-national level has been substantially reduced. That goes on the one hand for the initiatives terminated, which all worked at the sub-national level, as well as for the more limited coverage of remaining initiatives, which are often no longer implemented in the 9 selected provinces but in a sub-set of those, limiting the equity approach of the programme.

Limitation of work at the sub-national level has also included phasing out of support to WCCC and CCWC, which formed important entry points concerning the workings of national strategies, policies and plans at the sub-national level and their effects on the living conditions of women, girls, adolescents and youth. There is a need for UNFPA to develop other entry points to fill this gap of an on-going link with the local level to inform programming. It will be vital for UNFPA to keep track of how supported national level policies and initiatives are implemented (or not) at the sub-national level and how they influence the capacities of administrative entities and service providers and affect the lives of people at the local level.

¹¹⁹ Also the thematic evaluation conducted in 2015 suggested to link UNFPA's primary prevention support more directly with its work on the health sector response to VAW, including involvement of midwives and village health volunteers in primary prevention efforts. Nakagawa Kasumi, *Thematic evaluation of UNFPA Gender-based violence programme, UNFPA Cambodia Country Office*, August 2014.

The capacity development approach of the country office has been enhanced through the use of a systems approach in both the development of midwifery training and in the support to CSE. In both these initiatives the focus is not (or not only) on directly building capacities of individuals through training, but is on support to the development of the training systems that are responsible for the training at the individual level. In terms of midwifery this has been done through the midwifery pathway, while in CSE focus is on CSE as part of health education in the core education curriculum of grades 5-12.

The country office has put into place a robust monitoring system, with the use of a variety of milestones to inform output level changes and enhanced through the conduct of joint monitoring missions with implementing partners. The use of the tool developed to follow-up on recommendations of monitoring mission shows the focus on learning of the M&E system. Nevertheless, some improvements can be made regarding the results framework and output level indicators and milestones, partly following on changes made in programme implementation. Moreover, the use of a systems approach in parts of the programme could benefit from the use of additional M&E methodologies apart from the use of indicators to support results based management.

The country office has done well in terms of partnering with Government agencies and UNFPA is seen as a trustworthy and technically competent partner. Staff are highly regarded and have been able to develop strong partnerships with RGC agencies, which has provided the programme the opportunity to support high level policy-making and planning. Regarding cooperation with civil society, the reduction in budget has led to the termination of some of the partnerships concerned.

On the other hand, UNFPA has started to play a convening role on selected topics within its mandate with civil society organizations, development partners and universities to enhance coordination and in one case to cooperate on the development of enterprise infirmary guidelines. This convening role can prove important in the near future in order to stay engaged with civil society and other non-government stakeholders, which play an important role in a democratic society. Concerning the infirmary guidelines there is a need to follow up on their implementation in practice.

Coordination and cooperation with other UN agencies has been conducted on a bilateral basis and through UNFPA inputs into four of the TWGs. With the mandates of the UN organizations not really overlapping in practice, and agencies not depending on the same donors there appears to be a conducive environment for coordination and mutual support. This will be important in the formulation of the next programme cycle, as with the reduced resource base it will be important for UNFPA to develop its plan in close coordination with in particular UNICEF and UN Women.

While many performance details are available in a number of reports as well as the corporate SIS MyResults system, it would be more practical if all data could be made accessible in a single database for ease of access and use. In terms of evaluation, several baseline and end line studies were commissioned, which have informed the present programme and will be able to inform the development of the next cycle. It will be useful to further strategize on such studies in the next programme cycle, to ensure that from the start of the cycle the required baselines will be in place in order to enable the conduct of comparative end line studies, with a focus on those programme components which are most strategic to the country programme.

The human resources of the country office are well able to implement the present programme. Changes have been made to the organizational structure and it needs to be seen how these work out in practice. With the development of the new programme there will be the need to re-assess the country office human resources as well as the organizational structure of the country office, which could benefit from support from APRO.

The reduced resource base of UNFPA in Cambodia combined with the low middle income status of the country requires that UNFPA as well as other UN agencies rethink their contribution to the development process in Cambodia. Reduction of resources could easily result in a reduction of UNFPA technical staff, while the contradiction in this respect is that it is actually this technical capacity rather than the financial contribution that Cambodia will be needing most from UNFPA in the near future.

The use of a systems approach has enabled a more sustainable approach to results, though this will only be realized through a longer term process, which needs sustained investment over the period concerned. With the relative unpredictability of the UNFPA resource base, this has proven to be more difficult at present.

Some of the programming has been based on a pilot or modelling approach. In particular in sub-national initiatives there is a need for a clear strategy on how models developed are meant to be scaled-up, what the responsibility of UNFPA, RGC and other partners is in this respect, and how UNFPA will phase-out of the initiative.

UNFPA Cambodia's comparative advantage is in particular in the areas of SRHR and Population Dynamics, where it has a unique support position in line with its mandate. Moreover, it has a comparative advantage in CSE in terms of Adolescents and Youth programming and in a multi-sector approach to VAWG through the health sector and local government. In terms of policy support UNFPA has shown to be able to add value in all four programme components.

The future strategy of UNFPA need to be developed around these core comparative advantages and build on the results achieved in the present programme cycle. On the other hand, it needs to be informed by the country needs including the need to further improve maternal health and reduce MMR, to address the unmet need for family planning, to ensure access to SRH services for adolescents and youth, in particular access for unmarried young women and to reduce the amount of teenage pregnancies.

Given the less than predictable resource environment as well as the unlikelihood of this situation to improve in the short term, it will be useful for the country office to develop a number of strategy-based scenarios, dependent on distinct resource envelopes.

7. Lessons Learnt

Informed by the findings and the conclusions, below the lessons learnt are presented, which are learnings that can be used outside of the context in which these have been obtained and are in this sense meant to go beyond mere experiences closely related to and specific to the programmatic context in Cambodia. Though lessons learnt can be used outside of the context in which they were obtained, they would still need to be tailored sufficiently to other country and sub-national contexts to which they might be applied. Learnings concern a mixture of issues acquired during the implementation of the programme as well as those gained through the evaluation process.

1) ***The use of a Systems-based Approach:***

The application of a systems-based approach to midwifery training is an important change towards a more sustainable approach to capacity development. As this approach is based on a longer term perspective, it needs to be combined with continued attention to more direct support to training at the individual level.

(Learning of the programme)

In the programme cycle under review use has been made in the SRHR component of a systems-based approach to capacity development. In particular in the SRHR component, this meant a move away from primarily focusing on the direct provision of training, to support to development of the quality of the in-country training system that is responsible for the pre-service training of the professionals concerned. In terms of training support, this approach moved away from the sole development of individual capacities, towards working at the institutional level, getting the organizational requirements for training in place as well as necessary support in terms of the enabling environment, ensuring that laws, policies and regulations are in place for the institutions concerned to provide high quality training. In terms of midwifery training, this has shifted the focus from support to the provision of in-service training, to support for the development of the system of pre-service training. Given that the development of the quality of the pre-service training will take considerable time, the approach was combined with support to in-service training, to address shorter term training issues.

Given the complexities of the longer term change process, relying solely on the use of a small set of pre-determined indicators appears unable to sufficiently guide the management of the process and to support reaching intermediate and longer term results. There is a need to enhance monitoring beyond the use of indicators, in order to inform management of the process as well as to assess the results obtained over longer time frames, including the capacity changes that are required to reach the objective of access for all women and girls to high quality SRH services.

(Learning of the evaluation).

Given the complexities of the development of a pre-service training system and the work required at both institutional as well as policy levels, it was clear from the start that this approach needed a long-term perspective. Though the overall process could be well planned, there proved to be a need for a substantial amount of adaptation, based on specific circumstances and constraints met along the way. Rather than depending on short term implementing partners, the approach made use of longer term partnerships, which need careful management over time.

The monitoring system focused on indicators at output and outcome levels, with milestones to further detail the ways in which outputs were achieved. However, with one to three milestones per year these did not provide sufficient information on how outputs needed to be realized. The

use of a small set of pre-determined milestones and indicators appeared less suited to the complexities of a systems-based approach.

In terms of monitoring, this meant that in addition to a small number of pre-determined results related indicators, there was a need to monitor the process itself, in order to inform its management. Moreover, the various aspects of capacities of partners built needed additional attention. Though reaching intermediate level results remained imperative, it became as important *how* such results had been obtained, as these were steps in a longer term process with a range of partners, which relationships and changing capacities needed to be carefully assessed, understood and managed.

2) ***Adapting the Country Programme due to resource constraints:***

Resource constraints due to cuts in the programme's regular resources and a diminishing level of other resources were addressed by UNFPA Cambodia and its partners through phasing out of a selected set of initiatives. This had the advantage to leave untouched core aspects of the programme.

(Learning of the programme)

During the fifth programme cycle the regular resources of the country programme were severely cut at two times, which financial situation was aggravated through diminishing other resources in both 2016 and 2017. The country programme was caught by surprise, but responded aptly together with partners through phasing-out of a selected number of initiatives, leaving core aspects of the programme untouched. This guaranteed the continuation of those parts of the programme that were considered key to the support of UNFPA in-country.

The measures taken did have some less obvious effects, as they did affect the previous balance between work at national and sub-national levels as well as work on demand and supply side issues. This did not immediately influence the programme negatively, beyond the withdrawal of the initiatives concerned. Nevertheless, these two issues proved to be important concerns to take into consideration when making adjustments to a country programme and in the development of a new country programme strategy.

(Learning of the evaluation)

A closer analysis of the changes concerned, showed that these affected the balance of the relative attention of the country programme to support at the national versus support at the sub-national level. In effect, through termination of support with the WCCC and CCWC at the sub-national level, the country office lost an important entry point to the living conditions of in particular women, girls, adolescents and youth and a way to remain aware of how national level policies, strategies and plans supported by UNFPA, affected the living conditions at the local level.

Another effect of the phasing-out of selected initiatives was the reduced attention to demand side issues, both in SRHR component in terms of demand for SRH services, as well as in the PD component in terms of demand for data and information, in order to inform sub-national level planning.

Both these aspect prove to be important considerations when making adjustments to a country programme, based on changes in the resource base and they need, moreover, to be considered when developing a new country programme.

8. Recommendations

Informed by the findings and the conclusions, below the recommendations are presented, organized under key headings and broadly in order of importance, providing broad time indications and with all recommendations addressed at the UNFPA country office.

1) *Country Programme Strategy: guidance to the strategic content and development process of the new UNFPA country programme cycle in Cambodia (within the coming six months)*

a. To continue the high level of partner involvement in programme design, in particular regarding RGC and other UN agencies. Inform programme formulation through discussions with the convening partners including CSOs and relevant Universities in terms of coordination of support and inputs into the development process of each of the agencies in each of the programme components.

b. Develop scenarios for the strategy of the next country programme cycle related to different levels of funding in order to be prepared for a variety of levels of financial resources, both in terms of regular as well as other resources.

c. Build the strategy of the next UNFPA country programme in Cambodia on the comparative advantage of the organisation, in particular in the areas of SRHR and Population Dynamics as well as with respect to CSE in terms of Adolescents and Youth programming, a multi-sector approach to VAWG through the health sector and in terms of policy support across UNFPA programme areas, building on results achieved in the present cycle and aligning with the UNFPA strategic plan.

Options for scenarios could include:

1. **A comprehensive scenario** in which the CO would focus its support on the four programme components that presently make up the country programme in the fifth programme cycle
2. **An intermediate scenario** in which the CO would curtail its programme through reducing its involvement in AY and GEWE programme components and scale down its geographical coverage in the SRHR and PD components
3. **A minimum scenario** in which programming would become focused on SRHR and PD components, focused on the issues that UNFPA is the single UN agency with a mandate on, with, moreover, further scaling down of the programme at sub-national level

d. Refine the targeting of the country programme, in terms of prioritization amongst the nine selected provinces through identification of most vulnerable districts/communes/groups. Identifying underserved areas and groups outside the nine selected provinces, including urban and sub-urban areas and assess how these could be supported through existing national level programming initiatives. Relate the approach to targeting with the scenarios mentioned under item b. linked to different resource envelopes.

e. Make use of a systems approach in the PD component of the programme in support of the analysis of data and information. Work with a Cambodian Research institute or University on selected data analysis projects, in the process building their capacity in analysis of census, CDHS and other population related data. Thus serving the dual aim of increasing the evidence base on population related issues and building the capacity of a relevant agency to produce high quality analysis of population data in the future. Enhance the attention to information dissemination in the PD component.

- f. Leverage UNFPA's experience in support to population data gathering and analysis in the monitoring and evaluation of SDG achievement, in cooperation with other UN agencies.
- g. Explore ways to support CSE for out-of-school adolescents and youth, a particularly vulnerable group (only possible in the comprehensive scenario).
- i. Consider including aspects on resilience in the programme, in particular in the SRHR and PD components, based on follow-up on the preparedness and response plans supported in CP4 at national and provincial levels.

2) *Enhancing Resource mobilization: putting the means in place to enhance the UNFPA country office financial resource base (once the new country programme document is approved – mid 2018)*

- a. Develop a resource mobilization strategy, which includes targeting of donor agencies on specific components of the programme in line with donor interests.
- b. Allocate resources to the resource mobilization strategy, both in terms of human resources as well as financial resources.
- c. Monitor results of the implementation of the strategy and adapt as required.

3) *Human Resources: align human resources with the technical and financial requirements of the new country programme cycle (once the new country programme document is approved – mid 2018)*

- a. Align human resources and the structure of the country programme team in line with the new programme strategy.
- b. Establish a resource mobilization team, including communication staff to spearhead the resource mobilization strategy (see also recommendation 2).
- c. Include in the TOR of consultants to build capacities of national government and relevant UNFPA staff on the technical aspects concerned through a coaching role.

4) *Playing Multiple Roles: for UNFPA to prepare to play multiple roles in the support to the development process in Cambodia (on-going)*

- a. Further develop UNFPA's convening role with other UN agencies, CSOs and other non-governmental stakeholders on selected topics within UNFPA's mandate, in order to support coordination on topics concerned and to remain involved in the discussion of issues that UNFPA might not directly be involved in through budgetary constraints but that are within the organization's mandate.
- b. Continue UNFPA's role as leading and facilitating the UN YAP initiative, providing a platform for youth focused Cambodian civil society organizations to connect with the UN development agenda and perspective, including UNFPA and its specific mandate and to inform critical UN discussions with a youth perspective.
- c. Develop an entry point for assessing changes at the sub-national level, in order to keep track of the actual improvements that UNFPA supported national level policy changes have on the lives of women and girls, adolescents and youth.
- d. Remain engaged in initiatives from which UNFPA phases out direct support, to be able to provide limited technical support to smoothen a transfer process and to remain engaged with the Government and non-governmental organizations concerned as well as the issues addressed. This

could include support to initiatives that have been able to finance themselves through other means.

5) ***Monitoring and Evaluation: Further enhancing results-based management to inform programme implementation and development of the new programme cycle (ongoing)***

a. Assess the feasibility of the creation of a single database making use of existing database software, aiming to include all monitoring information of UNFPA and implementing partners. Linking up with a UNFPA headquarters initiative in this respect and making use of the experiences on such initiatives from other UNFPA country offices in the region.

b. Expand the approach to results monitoring beyond the use of indicators, through the application of additional methodologies. This will add relevant monitoring information beyond the present use of few indicators and will complement information concerned and enhance learning. Diversification of methodologies will in this way enhance results based programming and will be of use in the development of future programme strategies.

Methodologies concerned could include:

Process monitoring and documentation: refers to the systematic assessment of a deliberate set of development activities, in order to understand the processes that lead to their results, and enabling consultations with others on these processes, learn from programme implementation and inform the facilitation and management of supported development processes. This is of particular importance in pilot and other innovative initiatives as well as in more open-ended programme approaches, in which there is a need for incremental learning and to document such processes for future programme initiatives. For UNFPA Cambodia the use of a system approach in CSE and maternal health programming would in particular benefit from the use of this methodology.

Outcome mapping: is used to assess the intermediate changes that need to be attained in order to reach the organisations' vision. Outcome Mapping focuses therefor capacities of partner organizations through assessment of changes in the behaviour, relationships, activities or actions of the parties with whom a programme works directly. Through application of a participatory approach it builds the monitoring capacity of partner organisations using a learning perspective. The methodology is in particular useful for UNFPA Cambodia with the programme built on longer term partnerships, based on a shared vision and values amongst participating organisations. Use of this methodology could start with selected key partners, including MoH and MoP.

c. Make staff of different components bear shared responsibility on shared indicators, like SRHR and AY staff responsible for youth friendly services while SRHR and GEWE staff would be responsible for selected indicators on a multi-sector response through the health sector. In this way sharing responsibility for programme results are explicitly shared across programme components.

d. Provide support to RGC agencies in the development of new monitoring and evaluation approaches, in this way developing concerned capacities as well as supporting the gathering of relevant data on selected topics, in particular on how selected development interventions affect women, girls and youth. An example is the canvassing of an exit questionnaire for adolescent and youth users of SRH services in selected health facilities. This could, moreover, include the use of process monitoring and documentation and outcome mapping, as presented above.

ANNEX 1:

Terms of Reference

Country Programme Review (CPR)

UNFPA Cambodia Country Programme 2016-2018

16 May 2017



Terms of Reference - 30 May 2017

Country Programme Review (CPR)

UNFPA Cambodia Country Programme 2016-2018

<u>1. Introduction</u>	72
<u>2. Background and Context</u>	72
<u>3. UNFPA Strategic Response (5th Country Programme)</u>	74
<u>4. Review Objectives</u>	76
<u>5. Review Scope</u>	77
<u>6. Review Criteria and Review Questions</u>	77
<u>7. Methodology and Approach</u>	78
<u>8. Review Process</u>	79
<u>9. Review Deliverables</u>	81
<u>10. Management arrangements</u>	82
<u>11. Proposed work plan</u>	82
<u>12. Review consultant</u>	83
<u>13. Management arrangements</u>	84
<u>14. Ethical consideration</u>	84
<u>15. Bibliography and Resources</u>	85
<u>16. Annexes of TOR</u>	86

1. Introduction

In accordance with the 2013 UNFPA Evaluation Policy (DP/FPA/2013/5), UNFPA Cambodia is planning to conduct an independent Review exercise in order to generate evidence to: (a) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (b) support evidence-based decision-making; and (c) contribute important lessons learned to the knowledge base of the organization as a whole and inform the formulation of the new Country Programme (2019-2023) in particular.

Several evaluations have been conducted in the previous Country Programme cycle (2011-2015). The most recent Country Programme Evaluation was conducted in 2014 (with a report available in 2015) and used as the basis for formulation of the current Country Programme 2016-2018. Additionally, there were five other independent evaluations conducted on five themes: 1) midwifery; 2) family planning; 3) comprehensive sexuality education; 4) gender based violence; and 5) Decentralization and Deconcentration Reform. In addition, UNFPA Cambodia's work has been recently included in UNFPA global evaluations on family planning and adolescents and youth.

Monitoring activities have taken place and are well documented in line with UNFPA policies and procedures. In addition, an internal review of the Country Programme Action Plan (2016-2018) was conducted in 2016, following serious core budget reductions, and the results framework of the CP was adjusted in discussion and agreement with the government. The report and revised results framework is available.

In 2016, UNFPA CO increased its efforts in strengthening the capacity of UNFPA and implementing partner staff in monitoring results. A training workshop on Results-based Management was conducted with support from the UNFPA regional M&E Advisor for UNFPA programme staff and those of the implementing partners. A close monitoring of programme milestones and results was specifically emphasized as part of the implementation of the 2016 CO Monitoring Plan, including strengthening of the CO M&E filing practice and thorough programmatic and financial reviews of progress against plans.

Given the short timeframe of the current Country Programme cycle, and the in the stipulations of the UNFPA Evaluation Policy, UNFPA Cambodia is not required to conduct a full-fledged Country Programme Evaluation for this program cycle. However, in light of the need to have evaluative evidence in place to inform the next Country Programme, a decision has been made to conduct a rigorous, independent Country Programme Review.

The intended audiences of this Review are UNFPA Cambodia, Government counterparts, relevant development partners and civil society organizations, in which findings and recommendations will be used for formulation of the next programming cycle and the new UNDAF.

The Review will be managed by the UNFPA Country Office in close consultation with the UNFPA Asia and the Pacific Regional Office and conducted by an independent qualified consultant following UNFPA's guidance on country programme evaluation methodology to the extent possible.

2. Background and Context

UNFPA established the Cambodia Country Office (CO) in 1994 at the request of the Royal Government of Cambodia (RGC) following the UN-sponsored national elections in 1993. Since then UNFPA has provided technical and financial assistance to Cambodia through its successive programmes of assistance.

Currently, UNFPA Cambodia is implementing its fifth Country Programme (CP5) 2016-2018, which supports the RGC in its pursuit of meeting the goals of the International Conference on Population and Development Programme of Action and the relevant Sustainable Development Goals through Cambodia's National Strategic Development Plan (NSDP) 2014-2018 and the United Nations Development Framework (UNDAF) 2016-2018 and other sectoral strategies and plans. The year 2017 marks the penultimate year of the three-year Country Programme with its timeframe aligned with the UNDAF 2016-2018 and the NSDP 2014-2018.

Cambodia has a profoundly, and relatively recent, traumatic past whereby all social sectors were destroyed and the majority of educated professionals were killed or fled the country. The country has progressively re-established peace and stability over a period of over two decades since the Paris Peace Accord was signed in 1991. Cambodia's general elections were held in 1993, 1998, 2003, 2008, 2013 and commune council elections were held in 2002, 2007 and 2012 with an election year also planned in 2017 (commune election) and 2018 (general election).

With a per capita income of \$3,278 (GDP 2011 PPP \$), Cambodia ranked 143 out of 188 countries on the human development index, according to the Human Development Report 2016. The estimated annual population growth during 2008-2013 was 1.46 per cent, while 16 per cent¹²⁰ of the population is reported to live below the poverty line in 2013. Inequity still persists between rural and urban areas as well as among different socio-economic groups, notably the poor, female victims of violence, young migrant workers, entertainment workers, young garment factory workers and ethnic minorities.

The basis for the government's development priorities has been identified in the Rectangular Strategy, as the political platform of the RGC. National Strategic Development Plan (NSDP) is the tool for implementing the Rectangular Strategy and also to meet the Cambodia Millennium Development Goals (CMDGs). The process for defining the linkage to the Sustainable Development Goals (SDGs) is still being defined and will be linked to the priorities as defined in the new NSDP, 2019-2023.

The Rectangular Strategy III (RS III) aims to promote economic growth, full employment of Cambodian workers, equity and social justice and enhanced effectiveness of the public sector. The four interlocking growth rectangles focus 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 of the RS III is further divided into four pieces reflecting the government's prioritization of key population, gender and reproductive health issues. The National Strategic Development Plan (NSDP) 2014-2018 is the framework to operationalize the third phase of RS of the Royal Government of Cambodia (RGC). Most of the priority sectors have developed strategic plans that promote national ownership and support increased alignment. This CPAP is fully aligned with the NSDP, sector plans and the United Nations Development Assistance Framework (UNDAF) 2016-2018.

As outlined in the Decentralization and Deconcentration (D&D) Reform plan, the RGC has laid out a vision and a long term strategy and plan to increasingly delegate functions, resources and authority to sub-national administrations. A number of legal instruments, policies and guidelines have been put in place under the first phase (2011-2014) of the three-year Implementation Plan (IP3) of the ten-year National Programme for Sub-national Democratic Development, with a focus on strengthening the role of District and Municipality (DM) administrations.

¹²⁰ 2015 Progress Report on Cambodia NSDP 2014-2018 and CMDG Achievement

Along with other partners, UNFPA advocated for the inclusion of social issues into the D&D Reform agenda. Focus of the IP3 second phase (2015-2017) will continue to ensure that the DM administrations will be able to play an important role as coordinators of local development in addition to their administrative role. As more resources both on conditional and unconditional terms are increasingly being made available to DM administrations for them to coordinate and implement development interventions in an effective way, it will be critical to ensure that those resources are utilized for appropriate investments to address social sector issues including sexual and reproductive health and rights.

The profile and characteristics of external assistance to Cambodia have been changing gradually over the last years and the trend is compatible with the country graduation to a lower middle income country status, with the majority of sources of development finance transitioning from grants to concessional loans. Public expenditure on social services is traditionally low, and the country has been heavily dependent on external aid. Social sector support traditionally commands the largest share of development cooperation, standing at 37%, followed by infrastructure sector at 30%, economic sector at 20% and cross-cutting at 13% (Cambodia Development Cooperation and Partnership (DCP) Report in 2016). Five major development partners, including China, Japan, ADB, USA, and Republic of Korea, provided the largest share of ODA, accounting for approximately 60% of the total in 2015. Specifically, China provided almost USD 400 million annually over the last four years (2012-2015) and remains the single largest provider of external development cooperation, disbursing USD 348.8 million in 2015 representing 26% of total resources. Japan (10% of total cooperation) and ADB (10%) make up the three largest providers of development cooperation.

This changing donor environment is already visible with many of the large bilateral and multilateral donors withdrawing assistance from Cambodia or providing concessional loans rather than grants. This will also have an impact on UNFPA's resource mobilization efforts and will require a greater commitment from the Government to both jointly mobilize resources and to allocate an increased proportion of the national budget for social sector development plans.

3. UNFPA Strategic Response (5th Country Programme)

The fifth Country Programme, 2016–2018, grounded in human rights and gender equality principles, reflects the comparative advantage of UNFPA; it is aligned with national priorities, as reflected in the Cambodian NSDP 2014–2018, the UNFPA strategic plan, 2014–2017, and UNDAF priorities. The proposed three-year duration of the Country Programme is to allow alignment with the UNDAF 2016-2018 and the five-year NSDP 2014-2018.

This Country Programme reflects the principles of the ICPD Programme of Action as it emphasizes the value of investing in women and girls including the most marginalized both as an end in itself and as a key to improving the quality of life for everyone.

Outcome 1 (Sexual and Reproductive Health): The CPAP Outcome 1 statement directly links and reflects the UNFPA strategic plan priority which states: **SP 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.

There are two outputs under this outcome. The outputs address both the demand and supply sides of reproductive health to improve access to information and quality of services. The main strategies to achieve these results will be through providing technical support to develop and implement

policies, operational frameworks and competency based training guidelines for the provision of safe motherhood and adolescent- and youth-friendly reproductive health information and services, including for family planning services, maternal health and Emergency obstetric and newborn care, and prevention and treatment of sexually transmitted infections, including HIV/AIDS.

Outcome 2 (Adolescent and Youth): The CPAP outcome 2 statement directly links and reflects the UNFPA strategic plan priority which states: **SP 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.

There are two outputs under this adolescent and youth health outcome. The main strategies to achieve these results will be through provision of technical advice for the revision of the health education curriculum and syllabus frameworks and training strategies for teachers in line with international guidance and UN frameworks for Comprehensive Sexuality Education (CSE). This will provide opportunities for young people to develop their health knowledge and health seeking behaviours, reducing the risk of unwanted pregnancies, disease including HIV and promoting positive relationships, respect and gender equality.

Outcome 3 (Gender Equality and Women Empowerment): The CPAP outcome 3 statement directly links and reflects the UNFPA strategic plan priority which states: **SP Outcome 3:** *Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.*

There are two CPAP outputs under this outcome area. The main strategies to achieve these will be through provision of technical advice and capacity building support for the development of primary prevention of violence programs which could be implemented at subnational levels and scaled up as part of the Ministry of Women's Affairs' (MoWA) national programme and priorities set out in national policy frameworks – National Action Plan on Violence Against Women (NAPVAW) Phase II. This strategy will also involve advocacy, raising the awareness among rights holders of their rights and of the universality of rights.

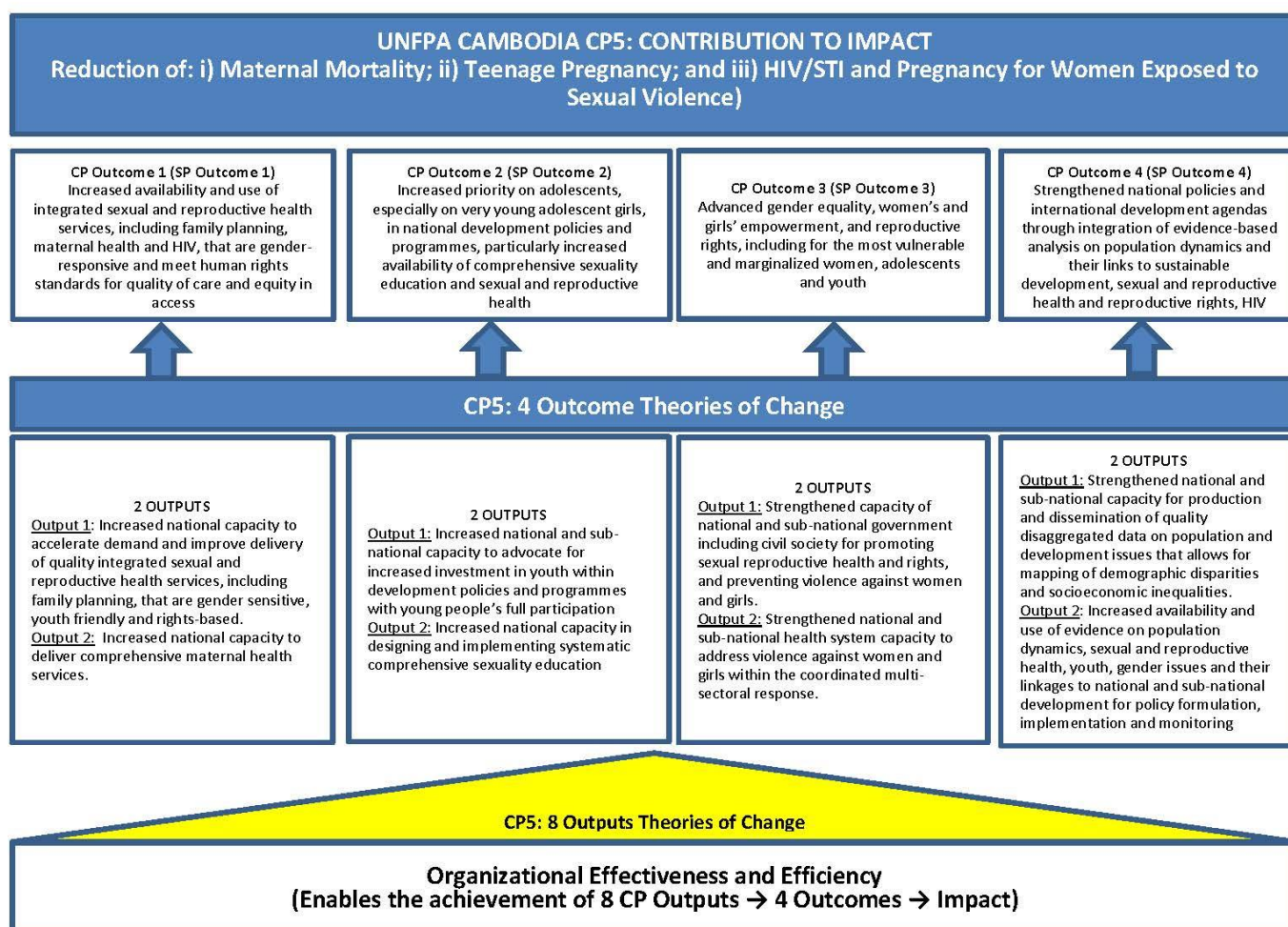
Outcome 4 (Population Dynamics): The CPAP outcome 4 statement directly links and reflects the UNFPA strategic plan priority which states: **SP Outcome 4:** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

There are two outputs under this population dynamics outcome. The main strategies to achieve these outputs include the provision of technical support to design and conduct the population census in 2018 adhering to international standards and guidelines. The strategy also involves building the technical capacity of the NIS and different line ministries and subnational planning bodies to analyse and disseminate disaggregated data including the CDHS 2014.

The process of geographic prioritization at subnational level involved an in depth review and analysis of several key indicators across the country with updated CDHS 2014 data amongst others. This analysis helped rank provinces as high, medium high, medium low and then low (see Annex 5). They are locations that are performing poorly in comparison to the national averages; respond to the CPE recommendations; where existing partnerships and resources can be leveraged; and where thematic convergence is possible.

The result of this analysis and following in depth discussions with government partners during CPAP planning workshops is the selection of a total of nine provinces for joint interventions across the four outcome areas. This is comprised of seven high priority provinces and two medium high provinces due to their mobile population and high vulnerability.

UNFPA Cambodia CP5: Theory of Change for the Programme



4. Review Objectives

The main objective of this Review is to assess the CP5 initiatives, systems and programmes in Cambodia, specifically:

- To provide an independent assessment of the achievements of CP5 towards the expected outputs and outcomes set forth in the results framework, including evidence of progress to date and of lessons learnt from previous evaluations and assessments to address development challenges, needs of key populations and groups in vulnerable situations, gaps in their access to services; gaps in capacity or barriers to meeting their needs and strategies for addressing those gaps;
- To provide both strategic and programmatic recommendations that are practical and in priority order (addressing issues raised in the situation analysis, taking into full account lessons learnt) as the basis for the Country Office to formulate the next Country

Programme which are in line with UNFPA's priorities as stated in the Strategic Plan 2018-2021 that contribute to national priorities.

5. Review Scope

The Review will cover the time period of 2016 to date (CP5 2016-2018). Given that the CP5 period covers 2016-2018, the timing of the Review will necessarily mean that the final achievements and results of the CP are most likely not seen within the scope of the exercise.

The Review will address the criteria (relevance, effectiveness, efficiency, sustainability, UN coordination and added value/comparative advantage) and questions as defined in section 6 below, and will cover UNFPA assistance funded both from its core resources and other resources.

Geographically, the Review will cover UNFPA's work at both the national level and priority locations as defined by the Country Programme (CPAP Annex 5). The Review will look at both interventions implemented by UNFPA Country Office and implementing partners.

The Review will assess the extent to which the current Country Programme, as implemented through the current approaches and recognizing diminished financial resources, will ensure achievement of intended results, and will provide both strategic and programmatic recommendations for the upcoming development of the new Country Programme (2019-2023) in line with the UNFPA strategic direction and focus and local context and needs.

The Review shall make the best use of the UNEG and UNFPA evaluation guidelines, to the extent possible, especially the UNFPA Evaluation Handbook in informing the whole evaluative process.

6. Review Criteria and Review Questions

In line with United Nations Evaluation Group guidance, key criteria and questions will be used in this Review. The consultant will answer all those questions, which will thereafter lead to conclusion, findings and recommendations.

RELEVANCE

- To what extent did the programme (i) adapt to the needs of the population (in particular, the needs of vulnerable groups), (ii) align with government priorities (iii) align with the priorities and strategies of UNFPA, and (iv) align with the UNDAF during 2016-2018?
- To what extent was the country office able to respond to changes in the national development context and priorities?
- Were gender, equity and human rights dimensions effectively incorporated into the CP design, implementation and monitoring?

EFFECTIVENESS

- To what extent have the expected outputs and outcomes of the programme been achieved or likely to be achieved? If so, to what degree? Are the most disadvantaged/vulnerable being reached, how? What were the factors (both controllable and not-controllable by UNFPA Cambodia) that influenced the achievement and/or the non-achievement of the results?
- How effective are the various strategies and implementation modalities selected from the beginning? Any need for change or selection of new strategies?
- Did risks identified at the beginning materialize, and how are/were they addressed?

- What was the intervention coverage – were the planned geographic areas and target groups especially those of the marginalized ones appropriately and equitably reached? Or if not, were there adequate efforts being put in place that aim at reaching them?
- What lessons can be drawn from the goals, implementation and achievement of CP5 that could have value addition to future programming?

EFFICIENCY

- To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the outcomes defined in the UNFPA country programme in a timely manner?

SUSTAINABILITY

- To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of effects?
- To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of the young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments and sector policy frameworks in Cambodia?
- To what extent has the CO exercised its comparative advantage to establish, maintain and leverage partnerships to achieve programme outcomes?

ADDED VALUE/CAMPARATIVE ADVANTAGES

- What are the main UNFPA comparative strengths in the country?
- What is the main UNFPA added value in the country context as perceived by national stakeholders?

The generic questions listed above are only indicative; the final set of questions will be determined during the design phase, after a discussion with the UNFPA CO and Reference Group. Ideally, the final set of evaluation questions should be limited to ten questions.

The evaluator should organize the questions into an evaluation matrix (see template #5 in the Handbook) that indicates the: evaluation questions, the assumptions to be assessed, its respective indicators (both qualitative and quantitative), proposed data sources and tools for data collection (document review, key informant interviews, field visit, etc.) to address each of the evaluation questions. Evaluators must use it throughout the data collection process with a view to structuring and recording all collected information. At the design phase, the matrix displays the data requirements (sources and collection methods) to respond to the evaluation questions while at the field phase evaluators shall organize the data and information collected with a view to responding to the evaluation questions. The completed evaluation matrix shall be included in the final report as an annex.

7. Methodology and Approach

The consultant will need to properly consult with the methodological guide – Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA - introduced by the Evaluation Office of UNFPA, which provides clear steps, recommended methodologies and tools and templates to be used for UNFPA country programme evaluations. Given that this is not a full scale evaluation but rather

a Country Programme Review, good attempt should be made to make use of **relevant parts** of the Handbook.

The Review will use a qualitative approach, ranging from collecting of **primary data** to analyzing **secondary data** and existing evaluations using various **triangulation techniques** appropriate under this Review. The following are the suggested approaches to collecting information:

Primary data: This will be done through conducting appropriate **key informant interviews (KII)** with relevant staff of UNFPA Cambodia, implementing partners (government and non-government), other civil society organizations, in-country donors and UN sister agencies at country level to triangulate information in order to strengthen the robustness of the findings, conclusions and recommendations useful for formulation of new Country Programme. **Focus Group Discussions (FGD)** with beneficiary groups especially those of the vulnerable will be proposed in consultation with the UNFPA CO and Reference Group in order to hear their voices and needs.

Secondary data: This will be done through reviewing strategic and programmatic documents including, but not limited to, relevant UNFPA Strategic Plans, UNDAF, NSDP, Country Programme Documents, Country Programme Action Plan, Work Plans, progress and annual reports of UNFPA and the implementing partners, annual review reports, mission/field monitoring reports, sectoral plans and their progress reports. The Review will need to capitalize on previous evaluations and assessments commissioned by UNFPA Cambodia and UNFPA HQ to understand what elements are still relevant and whether more needs to be considered as a way forward for the next CP formulation.

Stakeholder participation: The Review will adopt an inclusive approach, involving a broad range of partners and stakeholders at national level in managing the Review and data gathering. UNFPA Cambodia will provide the evaluator with a stakeholder map identifying UNFPA's direct and indirect partners (i.e., partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context), which will facilitate selection of partners for interviews. These stakeholders may include representatives from the government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations and bilateral donors. The design report will have to clearly mention the means through which the Review will aim to be participatory, inclusive, and how it will take into account existing power dynamics. A Review Reference Group will be constituted by key stakeholders to guide and quality assure the Review process.

Sampling strategy: The evaluator needs to thoroughly consult the previous evaluations (country programme evaluations, thematic evaluations and other studies) commissioned by UNFPA Cambodia and beyond (UNFPA regional office and HQs) and properly identifies areas which need to be further studied under this Review. Doing so will help fill the gap for those areas that have not been covered at all or not well covered in the previous evaluations and assessments. An appropriate number of key informants and FGDs (at both national and sub-national levels) will correspondingly be identified based on this evidence gap analysis in consultation with the UNFPA Country Office to make sure that they are part of the consultation process that can represent an appropriate picture of UNFPA-supported interventions.

8. Review Process

The Review will be divided into four phases, each consisting of various stages. The Review process will be conducted on an independent basis in line with the UNEG Norms and Standards, and will actively involve the UNFPA Cambodia CO and Reference Group.

Phase 1: Design Phase

Desk review: This will be performed by the evaluator and will involve the identification, collection and mapping of documents and other relevant data. The review will include an assessment of general documentation on the human development situation, national planning documents, different types of studies (including previous country programme evaluations, thematic evaluations and assessments) and a full overview of UNFPA country programme during the period under evaluation. UNFPA Country Office will make relevant documents available for the evaluator.

Design Report: The evaluator shall produce a design report which contains the logic underlying the intervention, background to the Review, questions, detailed methodology, information sources, instruments and a plan for data collection, data analysis design and format of final report (in line with the Handbook cited above). The design report will need to be agreed upon with the UNFPA CO and Review Reference Group prior to conducting data collection.

In line with the revised UNFPA Evaluation Quality Assessment (2016), the design needs to cover the following aspects to the extent possible:

- clearly describe the approach and framework
- establish the questions, assumptions, indicators, data sources and methods for data collection
- choose the methods appropriate for addressing the questions and tools for data collection need to be clearly described and justified
- clearly describe methods for analysis
- acknowledge any methodological limitations and their impact on the and discuss how any bias will be overcome
- describe the sampling strategy and possible validation techniques
- provide evidence of involvement of stakeholders in the design
- the methodology enables the collection and analysis of disaggregated data
- the design and methodology is appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)

Phase 2: Field Phase

In-country mission: One of the main sources of data will be doing:

- Desk review: review of relevant documents and particularly the previous evaluations and assessments commissioned by both UNFPA Cambodia and UNFPA HQ containing Cambodia as case studies.
- Key informant interviews: In order to validate this information, the evaluator will undertake a **two-week mission** to Cambodia to gain further in-depth understanding of the UNFPA interventions against the development needs and challenges. **Key informant interviews (KII)** with key UNFPA staff (management, programme, operations and communication), implementing partners, civil society organizations, donors and UN sister agencies will be conducted.
- Focus group discussions (FGD): Using FDG approach, discuss with key beneficiary groups especially those of the vulnerable should be conducted in consultation with the UNFPA CO to fill gaps of evidence.

Presentation of preliminary results: Following field data collection, and before ending the in-country mission, the evaluator will make a brief presentation to the UNFPA CO and Review Reference Group on the initial findings and conclusion in order to solicit first-hand feedback from the UNFPA CO before proceeding to drafting Review report and recommendations.

Phase 3: Synthesis Phase

Analysis and report: during this phase, the data collected will be analyzed, cross-checked and triangulated. The evaluator will prepare a first strong draft Review report and submit to the Cambodia CO and Reference Group for review.

Review: The draft will be quality assured by the Review Reference Group. The evaluator will complete the Review report on the basis of the comments received. After receiving the feedback, the evaluator will provide an audit trail of feedback that were accepted and those that were not accepted with appropriate justifications. The final draft Review report with recommendations, that are firmly based on evidence and analysis and should follow from the findings and conclusions, will be submitted to UNFPA CO by the end of this Review.

Phase 4: Dissemination and Follow up Phase

Communication and dissemination: The Review report will be distributed to the relevant stakeholders by UNFPA CO. The Review report will be made available to the UNFPA Executive Board as a companion document to the new country programme document (2019-2023). In addition, the Review report and the management response will be published on the CO web page and will be available to the public.

Management response: The evaluator will list all recommendations in the Management Response Template (in the Handbook), and submit to UNFPA CO to prepare a management response accordingly. By the time that the final Review report will be submitted to UNFPA CO, the assignment of the evaluator will be concluded.

Use of Review findings: The UNFPA CO will provide its management responses in the template prepared and submitted by the evaluator. This will be the basis of UNFPA CO to be used as evaluative evidence for the adjustment of the current CP implementation as well as formulation of the next Country Programme. In addition, the findings and recommendations from this Review will be used to inform the UNDAF evaluation commissioned by the UN Country Team in Cambodia, which is simultaneously conducted.

9. Review Deliverables

The evaluator will produce a number of quality Review deliverables and submit to UNFPA CO in a timely manner based on the work plan clearly stated in the Design Report:

- Design Report: will include framework with questions; methodology, detailed description of the data collection plan for the field work with clear timeframe
- Debriefing presentation at the end of in-country mission: succinct power point presentation with top line preliminary findings, conclusions and recommendations of the Review (for presentation with the Reference Group and UNFPA CO)
- Final Review report: follow the structure of the UNFPA Evaluation Handbook
- A Review Brief: one pager, summarizing key findings and lessons from the Review to be shared with programme managers and partners.

Payment of Consulting Fees

Payment will be made in three tranches, as follows:

- First payment (20% of total): Upon UNFPA's approval of design report
- Second payment (40% of total): Upon the submission/presentation of the initial findings (with key findings and conclusion); and
- Third/final payment (40% of total): Upon UNFPA's acceptance of the final Review report

10. Management arrangements

Review Manager: A UNFPA CO Review manager (Monitoring and Evaluation Officer) will be assigned to interact on a day-to-day basis with the evaluator and who will ensure that all the necessary aspects of Review are well taken into account in line with UNFPA Evaluation Handbook. Acting as the secretary to the Review Reference Group, the Review Manager will make all necessary documents available to enable effective desk review exercise, and set up appointments with key informants for interviews and focused group discussions. Local transport will be arranged by UNFPA Cambodia to afford the evaluator with conducting meetings with key informants at national and sub-national levels. A translator will be provided to assist the evaluator during meeting with KII and FGD.

Review Reference Group (RRG): The RRG, whose composition is indicated below and **Chaired by UNFPA Deputy Representative**, will be tasked with the following activities:

- Review and provide feedback on draft Terms of Reference **(in meeting)**
- Review and provide feedback on draft design report **(in meeting)**
- Provide feedback on initial findings **(by email)**
- Review and provide feedback on draft Review report, findings, conclusion and recommendations to be used as lessons learnt for new Country Programme **(by email)**
- Facilitate access of the evaluator to relevant information and key informants

Members of this **RRG** are: 1) UNFPA Deputy Representative **(Chair of RRG)**; 2) Representative of Council for the Development of Cambodia; 3) Representative of National Working Group on Monitoring and Evaluation (under Ministry of Planning); 4) Representative of UNDAF Monitoring and Evaluation Group (currently chaired by UNICEF); 5) UNFPA Assistant Representative; 6) UNFPA APRO Monitoring and Evaluation Advisor; and 7) UNFPA Monitoring and Evaluation Officer **(Secretary)**

11. Proposed work plan

Below is an indicative timeline for the Review. However, some flexibility is expected in order to respond to actual situation.

Phases	Key activities/deliverables	Timeframe: 2017							Responsibility	# of paid days for evaluator
		Apr	May	Jun	Jul	Aug	Sep	Oct		
Preparatory	<ul style="list-style-type: none"> Establish Review Reference Group Drafting of the ToR Approval of the ToR Recruitment of consultant <p>(Output: evaluator recruited)</p>	x	x	x					<ul style="list-style-type: none"> Review Manager UNFPA CO RRG 	N/A
Design	<ul style="list-style-type: none"> Develop design report and present to UNFPA CO and RRG for feedback Finalize design report <p>(Output: Review design report completed)</p>			x	x			<ul style="list-style-type: none"> Evaluator Review Manager UNFPA CO RRG 	10 days	
Field	<ul style="list-style-type: none"> <u>Primary data</u>: key informant interviews and Focused Group Discussions (<u>two-week in-country mission</u>) <u>Secondary data</u>: desk review of previous evaluations and relevant documents Present preliminary findings and conclusions to RRG for feedback <p>(Output: field data collection completed)</p>				x	x		<ul style="list-style-type: none"> Evaluator 	20 days	
Reporting	<ul style="list-style-type: none"> Write 1st draft Review report and submit to UNFPA CO RRG to provide feedback (by email) Finalize Review report (list recommendations in the Handbook template in priority order and strategic and programmatic levels) <p>(Output: Final Review report)</p>					x	x	<ul style="list-style-type: none"> Evaluator Review Manager RRG UNFPA CO APRO M&E Advisor 	21 days	
Dissemination and follow up	<ul style="list-style-type: none"> Conduct national level dissemination of the Review report, findings and recommendations Provide management responses against the Review recommendations Reflect lessons learnt and recommendations as appropriate in the new draft Country Programme to the UNFPA Executive Board <p>(Output: Management responses completed)</p>						x	<ul style="list-style-type: none"> Review Manager UNFPA CO APRO M&E Advisor 	N/A	
Total paid days for consultant									51 days	

12. Review consultant

An international consultant (at P5 level) is needed to conduct this Review. The consultant will be given a **45** paid days on this assignment, covering the design phase until reporting phase. The minimum requirements for this selecting the consultant are as follows:

- Master's degree in social sciences or related fields with at least 10 years of experience
- Demonstrated Experience leading evaluations in the field of development for UN organizations or other international organizations, preferably in the field of UNFPA work
- Demonstrated Experience in conducting complex programme and/or country level evaluations including knowledge of evaluation methods and techniques for data collection and analysis
- Experience in/knowledge of the South East Asia region, preferably, Knowledge of Cambodian country-specific development context or general regional knowledge in particular to Cambodia is preferable
- Excellent leadership, communication ability and demonstrated record of timely delivery
- Demonstrated Fluency in English language including proficiency in report writing in English

13. Management arrangements

UNFPA Representative Overall guidance will be provided by the UNFPA CO Representative who will ensure that the Review could be conducted in an independent and impartial manner that is in line with the UNFPA Evaluation Policy.

Review Manager: A UNFPA CO review manager (Monitoring and Evaluation Officer) will be assigned to interact on a day-to-day basis with the evaluator and who will ensure that all the necessary aspects of Review are well taken into account in line with UNFPA Evaluation Handbook. Acting as the secretary to the Review Reference Group, the Evaluation Manager will make all necessary documents available to enable effective desk review exercise, and set up appointments with key informants for interviews and focused group discussions. Local transport will be arranged by UNFPA Cambodia to afford the evaluator with conducting meetings with key informants at national and sub-national levels. A translator will be provided to assist the evaluator during meeting with KII and FGD.

Review Reference Group (RRG): The RRG, whose composition is indicated below and **Chaired by UNFPA Deputy Representative**, will be tasked with the following activities:

- Review and provide feedback on draft Terms of Reference **(in meeting)**
- Review and provide feedback on draft design report **(in meeting)**
- Provide feedback on initial findings **(by email)**
- Review and provide feedback on draft Review report, findings, conclusion and recommendations to be used as lessons learnt for new Country Programme **(by email)**
- Facilitate access of the evaluator to relevant information and key informants

Members of this **RRG** are: 1) UNFPA Deputy Representative **(Chair of RRG)**; 2) Representative of Council for the Development of Cambodia; 3) Representative of National Working Group on Monitoring and Evaluation (under Ministry of Planning); 4) Representative of UNDAF Monitoring and Evaluation Group (currently chaired by UNICEF); 5) UNFPA Assistant Representative; 6) UNFPA APRO Monitoring and Evaluation Advisor; and 7) UNFPA Monitoring and Evaluation Officer **(Secretary)**

14. Ethical consideration

The work of the evaluator will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Ethical Code of Conduct for UNEG/UNFPA Evaluations is provided in the annex for reference. The evaluator will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluator will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

http://uneval.org/papersandpubs/documentdetail.jsp?doc_id=102

http://uneval.org/papersandpubs/documentdetail.jsp?doc_id=100

15. Bibliography and Resources

LIST OF EVALUATIONS AND ASSESSMENTS

UNFPA Cambodia:

- Evaluation of UNFPA Country Programme 2011-2015
- Evaluation of UNFPA Country Programme 2006-2010
- Thematic evaluation of UNFPA support to midwifery
- Thematic evaluation of UNFPA support to family planning
- Thematic evaluation of UNFPA support to comprehensive sexuality education
- Thematic evaluation of UNFPA support to gender based violence
- Thematic evaluation of UNFPA support to Decentralization and Deconcentration Reform
- Impact assessment of UNFPA multi-media interventions to raise awareness on SRH among young people (Love9)
- Impact assessment of Good Men Campaign (engaging men and boys in prevention of gender based violence)
- Review of Emergency Obstetric and Neonatal Care (EmONC) Improvement Plan 2011-2015
- Mid-term review of National Action Plan to Prevent Violence Against Women (underway)

UNFPA Headquarters

- Evaluation of the UNFPA Support to Adolescents and Youth 2008-2014 – Cambodia Case Study
- Evaluation of the UNFPA Support to Family Planning Services 2008-2013, Cambodia Case Study Note
- Evaluation of the UNFPA Support to Maternal Health, 2000-2011, Cambodia Country Case Study
- Evaluation of the contribution of the United Nations development system to strengthening national capacities for data collection and analysis to support the achievement of the MDGs and other internationally agreed goals – UNFPA Cambodia is part of a country study

LIST OF STRATEGIC AND PROGRAMMATIC DOCUMENTS

UNFPA Headquarters

- UNFPA Strategic Plan 2014-2017 (including annexes)
- Mid-term review report of UNFPA Strategic Plan 2014-2017
- UNFPA Family Planning Strategy 2012-2020
- UNFPA Strategy on Adolescent and Youth (2012)

UNDAF Cambodia

- UNDAF 2016-2018
- UNDAF Joint Annual Report 2016

UNFPA Cambodia

- UNFPA Cambodia Country Programme Document (2016-2018)
- UNFPA Cambodia Country Programme Action Plan 2016-2018 (including Results and Resources Framework; Planning Matrix for Monitoring and Evaluation; Partnership Plan; Monitoring and Evaluation Calendar; CP5 Geographic Locations; CP5 Map with Priority Setting; Weighted Criteria)

- Progress of implementation of management responses under CP3 (2006-2010) and CP4 (2011-2015)
- 2016 UNFPA Country Office Annual Report
- 2016 CPAP Annual Review Meeting
- 2016 Work Plan Progress Reports
- UNFPA field monitoring visit reports

RELEVANT NATIONAL AND SECTORAL DOCUMENTS

- National Strategic Development Plan 2014-2018
- Mid-term review report 2016 of National Strategic Development Plan 2014-2018
- Health Strategic Plan 2008-2015 & 2016-2020
- Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality for 2016 – 2020
- EmONC Improvement Plan 2016-2020
- National Strategy for Reproductive and Sexual Health 2012-2016 & 2017 – 2020
- Strategic Plan for Cambodian Midwives Council 2010-2015
- National Population Policy and Action Plan 2016-2018
- National Gender Strategy (Neary Ratanak IV) 2014-2018
- National Action Plan on Violence Against Women II (2014-2018)
- National Programme for Sub-national Democratic Development 2010-2019 and Implementation Plans

16. Annexes

- Handbook on How to Design and Conduct Country Programme Evaluation at UNFPA
- UN Evaluation Group Norms and Standards for Evaluation (2016)
- Ethical Code of Conduct for UNEG/UNFPA Evaluations
- Stakeholder mapping (Handbook template)
- Design Report (Handbook template)
- Review Matrix (Handbook template)
- Review final report (Handbook template)
- Management response (Handbook template)

ANNEX 2:

Matrix for UNFPA Cambodia’s 5th Country Programme Review: 2016-2018

Assumptions to be assessed	‘Indicators’ / Substantiating Evidence	Sources of information and Methods of data collection
RELEVANCE		
EQ 1: To what extent did the programme (i) adapt to the needs of the population (in particular, the needs of vulnerable groups), (ii) align with government priorities (iii) align with the priorities and strategies of UNFPA, and (iv) align with the UNDAF during 2016-2018?		
1.1 CP5 in line with the needs of the population and in particular vulnerable groups	<ul style="list-style-type: none"> - Evidence of the conduct of a needs assessment for the various components of the programme and reflection of the results of the assessment in terms of programme design - Evidence that the programme design identifies vulnerable and marginalized groups and included ways in which these groups are addressed through programme interventions - Evidence of the inclusion of the viewpoints of vulnerable and marginalized groups in the preparation of the programme design through their participation or otherwise 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPD and CPAP - Other Documentation <ul style="list-style-type: none"> o UNDAF CCA - Field Work <ul style="list-style-type: none"> o Interviews with UNFPA senior management and programme staff
1.2 CP5 aligned with RGC priorities	<ul style="list-style-type: none"> - Evidence that UNFPA support in each of the four outcome areas aligns with RGC priorities and plans as well as with the needs identified in these 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPD and CPAP - Other Documentation <ul style="list-style-type: none"> o RGC Strategies incl. EmONC, RSH, Ageing Policy, Population Policy Action Plan, Youth NAP - Field Work <ul style="list-style-type: none"> o Interviews with RGC officials of MoH, MoWA, MoP, MoEYS, MoI,
1.3 CP5 in line with strategies and priorities of UNFPA globally and at country level	<ul style="list-style-type: none"> - Outcome and output level changes of the four programme components are in line with the new UNFPA Strategic Plan - Ways of working in each of the outcome areas are in line with the UNFPA business model for ‘red’ countries - Programme activities are in line with CPD and CPAP documents and results frameworks 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPD and CPAP - Other Documentation <ul style="list-style-type: none"> o UNFPA Strategic Plan 2014-2017 and 2018-2021, incl. TOC and business model; UNFPA FP strategy; UNFPA AY Strategy and UNFPA Census Strategy 2015-2024 - Field Work

Assumptions to be assessed	'Indicators' / Substantiating Evidence	Sources of information and Methods of data collection
1.4 CP5 in line with the UNDAF 2016-2018 in Cambodia	- Evidence of the reflection of the four programme components in the UNDAF 2016-2018 in Cambodia	<ul style="list-style-type: none"> ○ Interviews with UNFPA Cambodia senior management - UNFPA Documentation <ul style="list-style-type: none"> ○ CPD and CPAP - Other Documentation <ul style="list-style-type: none"> ○ UNDAF Cambodia 2016-2018 ○ CCA Cambodia 2014 - Field Work <ul style="list-style-type: none"> ○ Interviews with RC and UNFPA Cambodia senior management
EQ 2: To what extent was the country office able to respond to changes in the national and international development context and priorities?		
2.1 Responsiveness to national development context and priorities while maintaining a coherent programme	- Evidence of the quality of UNFPA response to changes in national and sub-national needs and context in terms of flexibility, timeliness and appropriateness as well as coherence of programme	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> ○ CPD and CPAP, COAR 2016 - Other Documentation <ul style="list-style-type: none"> ○ - - Field Work <ul style="list-style-type: none"> ○ Interviews with UNFPA senior management and programme staff
2.2 Responsiveness to international development context and priorities	- Evidence of the quality of UNFPA response to changes in international context, including resource situation, in terms of flexibility, timeliness and appropriateness as well as coherence of programme	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> ○ CPD and CPAP, COAR 2016, CPAP annual review - Other Documentation <ul style="list-style-type: none"> ○ - - Field Work <ul style="list-style-type: none"> ○ Interviews with UNFPA senior management, programme staff and financial management staff

Assumptions to be assessed	'Indicators' / Substantiating Evidence	Sources of information and Methods of data collection
EQ 3: Were gender, equity and human rights dimensions effectively incorporated into the CP design, implementation and monitoring?		
3.1 Gender dimensions included in CP design, implementation and monitoring of results	<ul style="list-style-type: none"> - Evidence that programme design and implementation mainstreamed gender concerns - Evidence of awareness raising and capacity development on gender mainstreaming in each of the programme components - Disaggregation of relevant monitoring data by gender 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPD and CPAP, CPAP annual review - Other Documentation <ul style="list-style-type: none"> o - - Field Work <ul style="list-style-type: none"> o Interviews with programme senior management and programme component teams and counterparts
3.2 Equity dimensions included in CP design, implementation and monitoring of results	<ul style="list-style-type: none"> - Evidence that the programme where relevant has identified and includes a focus on vulnerable and marginalized groups - Evidence of adapting programme design and implementation to the requirement of specific vulnerable and marginalized groups - Disaggregation of relevant monitoring data by vulnerability characteristics that enables assessment of results for vulnerable groups 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPD and CPAP, CPAP annual review - Other Documentation <ul style="list-style-type: none"> o - - Field Work <ul style="list-style-type: none"> o Interviews with programme senior management and programme component teams and counterparts
3.3 Human rights dimensions included in CP design, implementation and monitoring of results	<ul style="list-style-type: none"> - Evidence that programme interventions integrated the rights and responsibilities of both right holders and duty bearers - Evidence of awareness raising and capacity development on the use of a rights-based approach in each of the programme components 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPD and CPAP, CPAP annual review - Other Documentation <ul style="list-style-type: none"> o - - Field Work <ul style="list-style-type: none"> o Interviews with programme senior management and programme component teams and counterparts
EFFECTIVENESS		
EQ 4: To what extent has each of the expected outputs and outcomes of the programme been achieved or is likely to be achieved? To what extent have the most disadvantaged / vulnerable been reached? What were the factors (both within and outside of UNFPA Cambodia control) that influenced achievement and/or non-achievement of results?		
UNFPA support resulted in the achievement of the output level results of Sexual and	<ul style="list-style-type: none"> - Level of enhanced capacity for strategic planning in MoH - Level of enhanced capacity of referral hospitals and other health facilities to provide high quality youth friendly services 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP, CPAP annual review, COAR - Other Documentation <ul style="list-style-type: none"> o SRHR counterpart workplans, SRHR counterpart reports,

Assumptions to be assessed	'Indicators' / Substantiating Evidence	Sources of information and Methods of data collection
<p>Reproductive Health and Rights outcome area</p>	<ul style="list-style-type: none"> - Extent of enhanced knowledge on SRH issues of selected A/Y groups in targeted sub-national areas - Quality of midwifery services improved - Level of enhanced capacity for emergency obstetric and newborn care (EmONC) in prioritized sub-national locations 	<ul style="list-style-type: none"> - Field Work <ul style="list-style-type: none"> o Interviews with SRHR programme component team and counterparts and M&E team; Focus groups with selected stakeholders in Kampong Cham
<p>UNFPA support resulted in the achievement of the output level results of Adolescents and Youth outcome area</p>	<ul style="list-style-type: none"> - Enhanced participation of adolescents and youth in policy and programme planning - Comprehensive sexuality education fully integrated into the core national school curriculum - Teacher's capacities developed to implement the Health Education / CSE curriculum 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP, CPAP annual review, COAR - Other Documentation <ul style="list-style-type: none"> o AY counterpart workplans, AY counterpart reports, - Field Work <ul style="list-style-type: none"> o Interviews with AY programme component team and counterparts, M&E team and UN Youth Council members and APRO technical advisor; Focus groups with selected stakeholders in Kampong Cham
<p>UNFPA support resulted in the achievement of the output level results of Gender Equality and Women's Empowerment outcome area</p>	<ul style="list-style-type: none"> - Men and boys engaged in prevention of violence against women and girls (VAWG) in prioritized locations - Enhanced capacities of referral hospitals to provide services to survivors of VAWG in accordance with national guidelines, in prioritized locations 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP, CPAP annual review, COAR - Other Documentation <ul style="list-style-type: none"> o GEWE counterpart workplans, GEWE counterpart reports, - Field Work <ul style="list-style-type: none"> o Interviews with GEWE programme component team and counterparts, M&E team and APRO technical advisors
<p>UNFPA support resulted in the achievement of the output level results of Population Dynamics outcome area</p>	<ul style="list-style-type: none"> - Strengthened national and subnational capacity for production and dissemination of general population census according to international standards. - National policies and plans informed by recent results of nationwide population surveys - Enhanced capacity of sub-national planning bodies in analysing and utilizing 2014 Cambodia Demographic Health and Survey data, in prioritized locations 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP, CPAP annual review, COAR - Other Documentation <ul style="list-style-type: none"> o PD counterpart workplans, PD counterpart reports, - Field Work <ul style="list-style-type: none"> o Interviews with PD programme component team and counterparts, M&E team and APRO technical advisor, Focus groups with selected stakeholders in Kampong Cham
<p>Factors within and outside of UNFPA control influenced the achievement of results</p>	<ul style="list-style-type: none"> - Human resources structure and capacities - Financial resources available compared to planned resources in CPD - Monitoring and evaluation system to inform programme results-based management 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o Organizational charts, Financial reports, COAR, programme monitoring data system, annual M&E plan - Other Documentation

Assumptions to be assessed	'Indicators' / Substantiating Evidence	Sources of information and Methods of data collection
		<ul style="list-style-type: none"> ○ Monitoring reports of counterparts - Field Work ○ Interviews with programme senior management and programme component teams, M&E team and counterparts of each of 4 programme components
EQ 5: What was the intervention coverage – were the planned geographic areas and target groups especially those of the marginalized ones appropriately and equitably reached? Or if not, were there adequate efforts being put in place that aim at reaching them?		
5.1 Coverage and reach of programme results in geographical areas	<ul style="list-style-type: none"> - Planned and actual geographical coverage of programme activities in each of the four outcome areas - Planned and actual reach of the programme in each of the geographical areas covered by each of the four programme component 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> ○ CPAP, COAR, UNFPA monitoring data - Other Documentation <ul style="list-style-type: none"> ○ Counterpart workplans and reports - Field Work <ul style="list-style-type: none"> ○ Interviews with programme component teams, M&E team and counterparts of each of 4 programme components
5.2 Coverage and reach of programme results in terms of target groups, in particular vulnerable and marginalized groups	<ul style="list-style-type: none"> - Identification of vulnerable and marginalized groups - Efforts put in place to ensure reach of vulnerable and marginalized groups in programme areas covered - 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> ○ CPAP, COAR, UNFPA monitoring data - Other Documentation <ul style="list-style-type: none"> ○ Counterpart workplans and reports - Field Work <ul style="list-style-type: none"> ○ Interviews with programme component teams, M&E team and counterparts of each of 4 programme components
EQ 6: To what extent did assumptions made during the design appear to be in place (including about core financial resources) and to what extent did risks identified materialize; how were issues concerned addressed?		
6.1 Assumptions made explicit and addressed if found not to be in place	<ul style="list-style-type: none"> - Assumptions assessed - Assumptions in place - Measures identified for those assumptions not in place 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> ○ CPD, CPAP - Other Documentation <ul style="list-style-type: none"> ○ CCA - Field Work <ul style="list-style-type: none"> ○ Interviews with programme management team, programme component teams, M&E team, programme support team and counterparts of each of the 4 programme components

Assumptions to be assessed	'Indicators' / Substantiating Evidence	Sources of information and Methods of data collection
6.2 Risks assessed and mitigation measures put in place in case they would materialize	<ul style="list-style-type: none"> - Risks assessed - Mitigation measures put in place for risks identified 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPD, CPAP - Other Documentation <ul style="list-style-type: none"> o CCA - Field Work <ul style="list-style-type: none"> o Interviews with programme management team, programme component teams, M&E team, programme support team and counterparts of each of the 4 programme components
EFFICIENCY		
EQ 7: To what extent has UNFPA made good use of its human, financial and technical resources, and has used an appropriate combination of tools and approaches to pursue the achievement of the outputs and outcomes defined in the UNFPA country programme in a timely manner, including through establishment of relevant partnerships with RGC, other UN and civil society organizations?		
7.1 CP5 usage of human resources has been efficient	<ul style="list-style-type: none"> - Evidence of sound country office Human Resource management - Evidence of capacity development of staff in line with programme requirements - Organisational structure in line with programme requirements 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o Organizational charts, COAR - Other Documentation <ul style="list-style-type: none"> o Workplans and reports of counterparts - Field Work <ul style="list-style-type: none"> o Interview with HR manager and programme senior management
7.2 CP5 usage of financial resources has been efficient	<ul style="list-style-type: none"> - Evidence of financial resource allocation in line with strategic objectives - Evidence of efficient use of resources to reach output level changes compared to alternative options - Evidence of a resource mobilization strategy - Evidence of additional resources mobilized for individual programme components and for humanitarian response 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPD, CPAP, Financial reports - Other Documentation <ul style="list-style-type: none"> o Workplans and reports of counterparts - Field Work <ul style="list-style-type: none"> o Interview with Financial manager and programme senior management team
7.3 CP5 usage of technical resources has been efficient	<ul style="list-style-type: none"> - Evidence that technical challenges have been addressed in all programme components - Evidence of use of APRO support in areas required 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o Programme monitoring data system, - Other Documentation <ul style="list-style-type: none"> o Counterpart workplans and reports

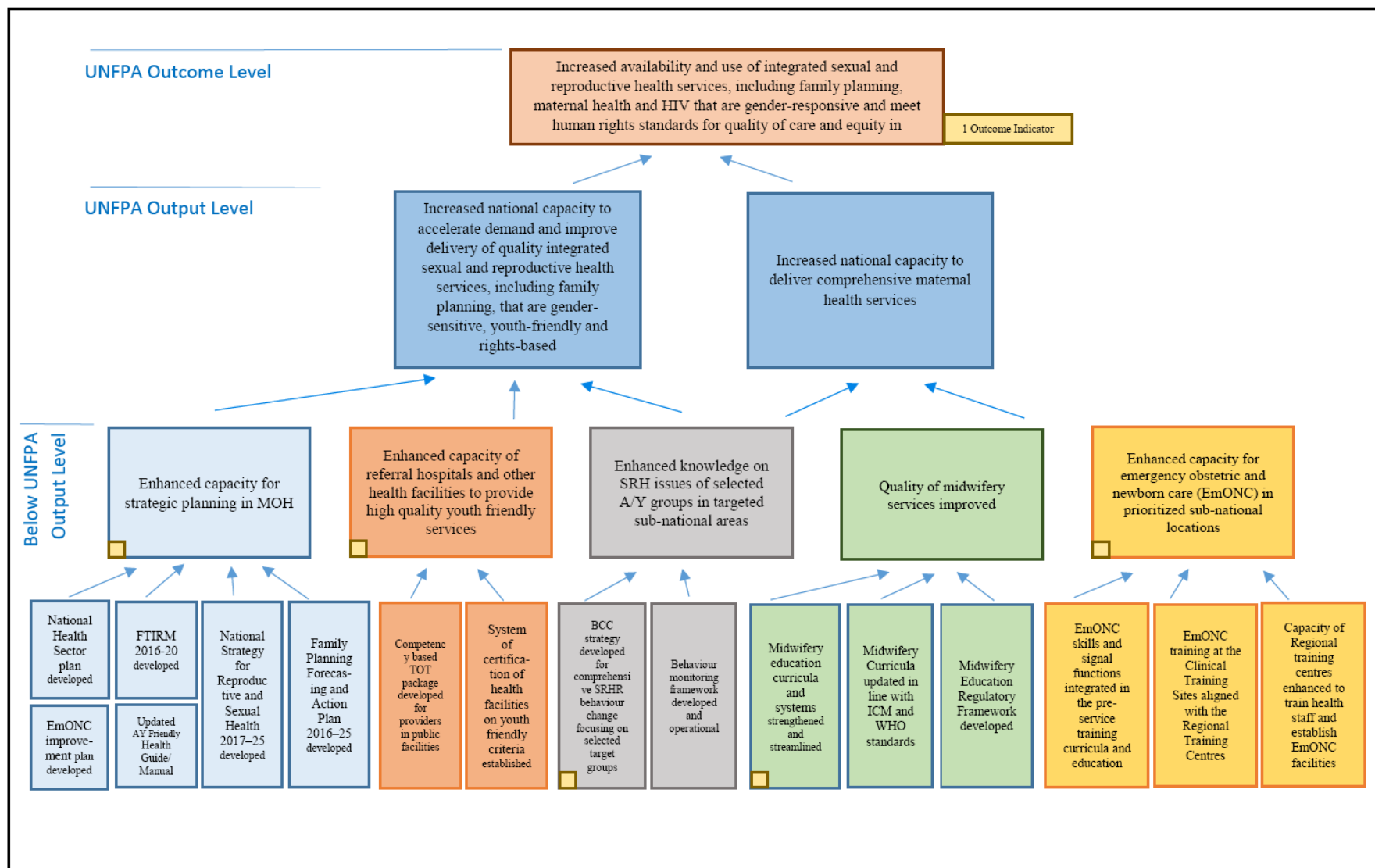
Assumptions to be assessed	'Indicators' / Substantiating Evidence	Sources of information and Methods of data collection
		<ul style="list-style-type: none"> - Field Work <ul style="list-style-type: none"> o Interviews with Programme senior programme management team, programme teams of 4 components and APRO technical advisors
7.4 UNFPA partnerships with RGC, other UN agencies and civil society organizations	<ul style="list-style-type: none"> - Evidence of UNFPA convening partners and facilitating coordination and cooperation across partners to realize shared objectives and goals 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP / partnership strategy; COAR - Other Documentation <ul style="list-style-type: none"> o Counterpart reports - Field Work <ul style="list-style-type: none"> o Interviews RGC ministries, RC and UN sister organizations, selected civil society organizations
7.5 Output level results have been achieved in a timely manner and to expected quality level	<ul style="list-style-type: none"> - Evidence of timely delivery of outputs, taking into consideration aspects of quality and required quantity 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP, COAR - Other Documentation <ul style="list-style-type: none"> o Counterpart workplans and reports - Field Work <ul style="list-style-type: none"> o Interviews with Programme senior programme management team, programme teams of 4 components and counterparts
SUSTAINABILITY		
EQ 8: To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability of results?		
8.1 Capacities of partners and beneficiaries have been sufficiently developed to sustain results in each of the outcome areas	<ul style="list-style-type: none"> - Level of capacities at individual and organizational level in counterpart organizations have been enhanced to a level where no further support is required 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP - Other Documentation <ul style="list-style-type: none"> o Counterpart workplans and reports - Field Work <ul style="list-style-type: none"> o Interview with programme teams of 4 components and counterparts

Assumptions to be assessed	'Indicators' / Substantiating Evidence	Sources of information and Methods of data collection
8.2 Mechanisms to ensure ownership of results have been put in place in each of the outcome areas	<ul style="list-style-type: none"> - Partners show ownership through allocation of human and financial resources where previously UNFPA support was provided 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP - Other Documentation <ul style="list-style-type: none"> o Counterpart workplans and reports - Field Work <ul style="list-style-type: none"> o Interview with programme teams of 4 components and counterparts
EQ 9: To what extent has UNFPA support helped to ensure that SRH and rights, and the associated concerns for the needs of the young people, gender equality, and relevant population dynamics are appropriately integrated into national development instruments, sector policy frameworks and partnership initiatives in Cambodia?		
9.1 SRHR appropriately integrated in national development instruments, sector policy frameworks and partnership initiatives in Cambodia	<ul style="list-style-type: none"> - The extent to which the rights to SRH of people and in particular the needs of young people, gender equality have been included in relevant RGC policies and frameworks and gaps remaining 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP - Other Documentation <ul style="list-style-type: none"> o RGC policies and plans incl. RGC Strategies incl. EmONC, RSH, Ageing Policy, Population Policy Action Plan, Youth NAP - Field Work <ul style="list-style-type: none"> o Interview with programme teams of SRHR, AY and GEWE components and counterparts
	<ul style="list-style-type: none"> - Extent to which RGC policies and frameworks at national level have been informed by population dynamics and gaps remaining 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o CPAP - Other Documentation <ul style="list-style-type: none"> o RGC policies and plans incl. RGC Strategies incl. EmONC, RSH, Ageing Policy, Population Policy Action Plan, Youth NAP - Field Work <ul style="list-style-type: none"> o Interview with programme teams of PD component and counterparts

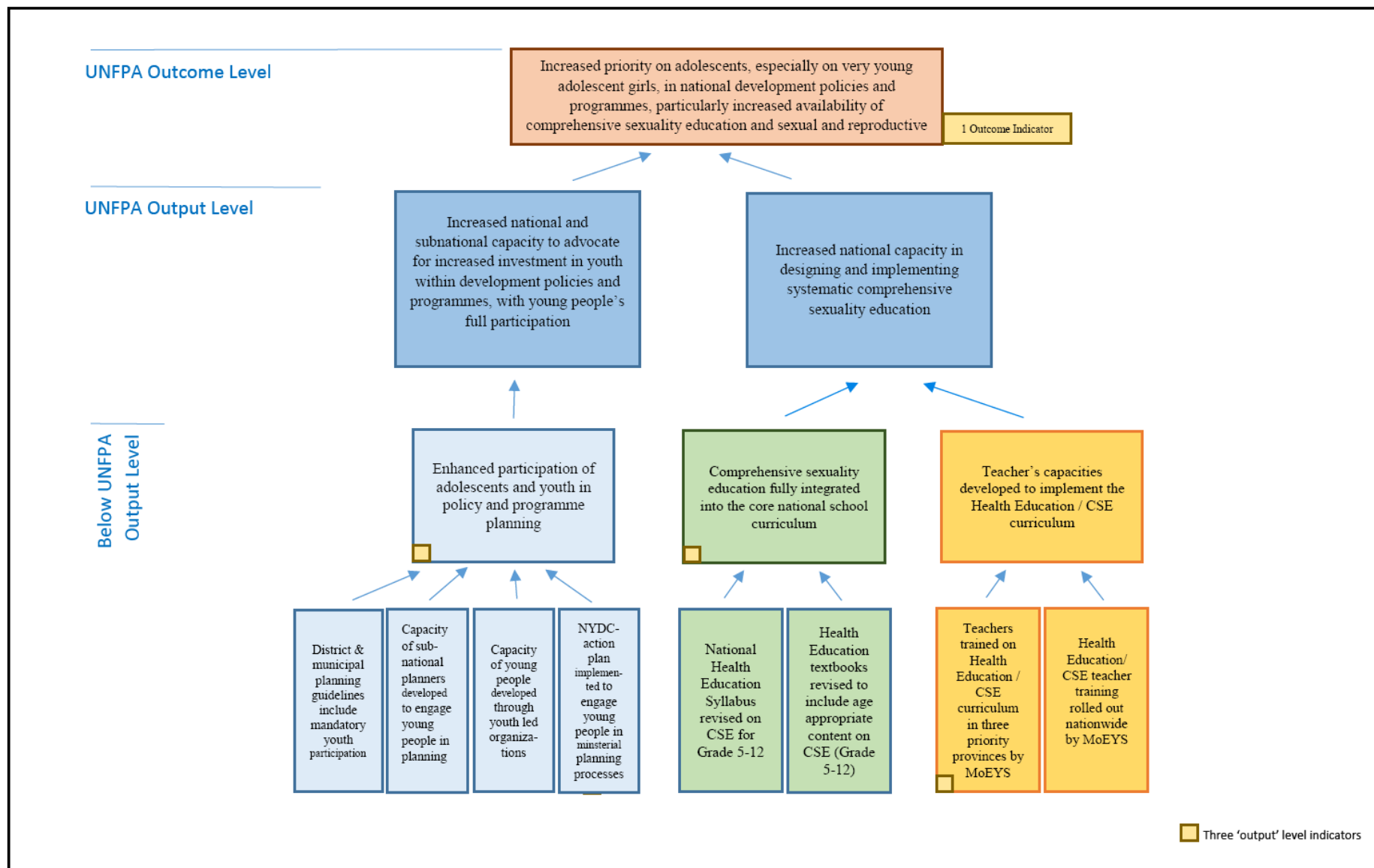
Assumptions to be assessed	'Indicators' / Substantiating Evidence	Sources of information and Methods of data collection
UNFPA COMPARATIVE ADVANTAGE AND ADDED VALUE		
EQ 10: What are the main UNFPA comparative strengths in Cambodia and what do national stakeholder perceive as the main UNFPA added value through CP5?		
10.1 UNFPA has a comparative advantage that is unique amongst UN agencies	<ul style="list-style-type: none"> - Limited overlap in UNFPA supported activities and those of other UN agencies 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o UNFPA Strategic plan, CPD and CPAP - Other Documentation <ul style="list-style-type: none"> o UNDAF - Field Work <ul style="list-style-type: none"> o Interviews RGC ministries, RC and UN sister organizations
10.2 National RGC and non-governmental stakeholders appreciate the value added through UNFPA support	<ul style="list-style-type: none"> - The added value that RGC, civil society, development partners and other UN agencies identify as specific for UNFPA in Cambodia in CP5 - Evidence that relevant stakeholder at national and sub-national level perceive UNFPA as a key partner in the programme component concerned 	<ul style="list-style-type: none"> - UNFPA Documentation <ul style="list-style-type: none"> o UNFPA Strategic plan, UNFPA Cambodia CPD and CPAP - Other Documentation <ul style="list-style-type: none"> o UNDAF - Field Work <ul style="list-style-type: none"> o Interviews RGC ministries, RC and UN sister organizations, selected civil society organizations

ANNEX 3: Result Chains of the Four Programme Components

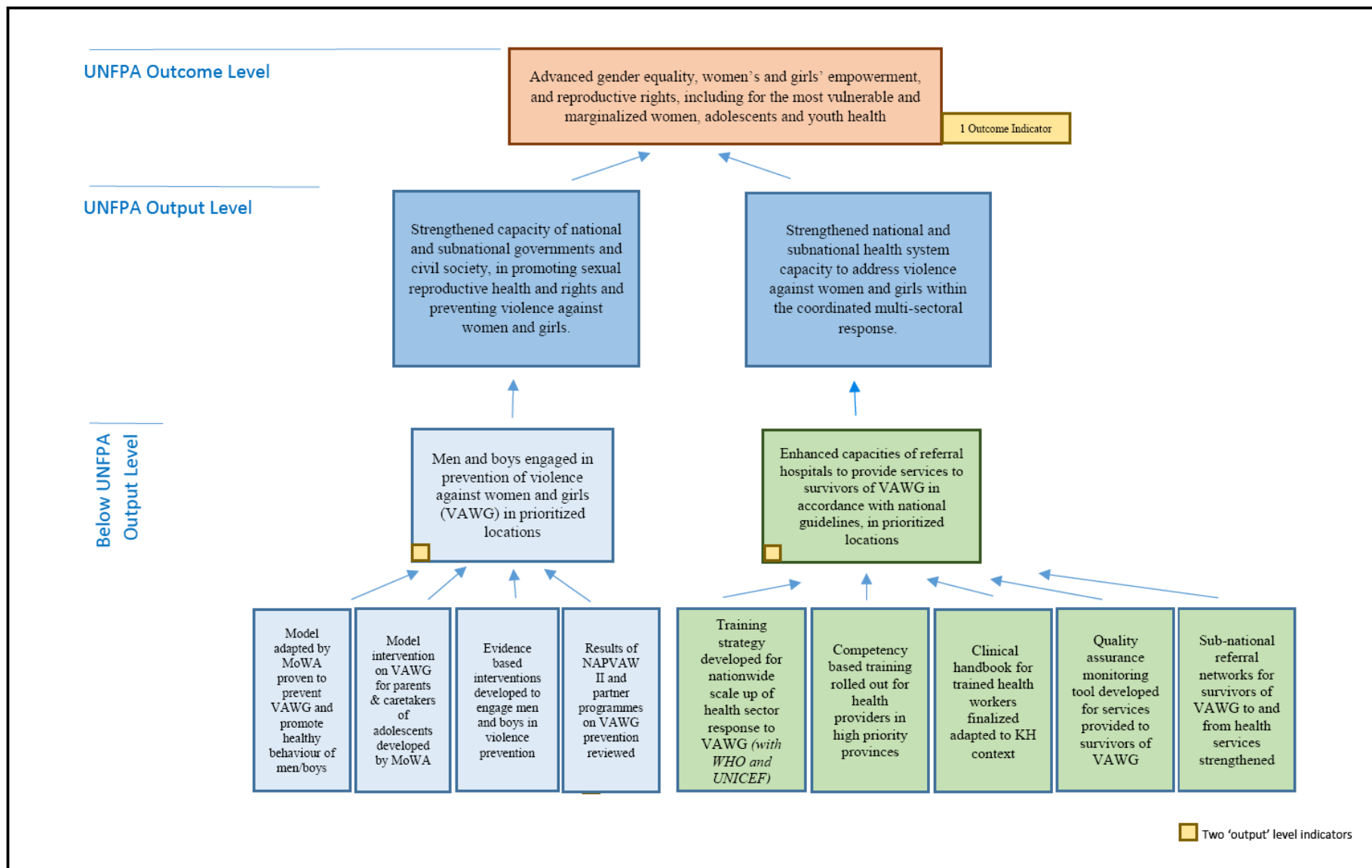
UNFPA Cambodia: Results Framework – Sexual and Reproductive Health and Rights Outcome Area - CP5



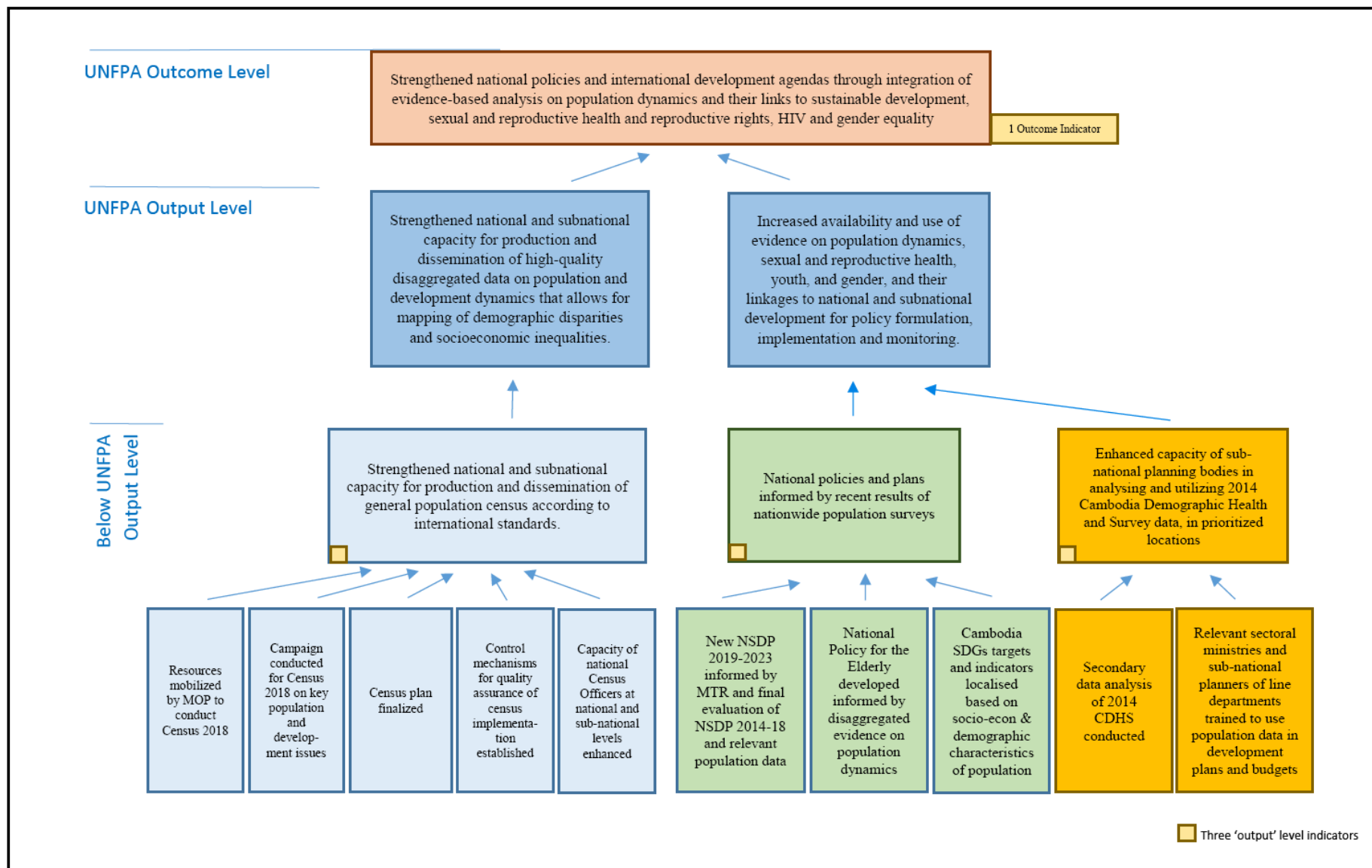
UNFPA Cambodia: Results Framework – Adolescents and Youth Outcome Area – CP5



UNFPA Cambodia: Results Framework – Gender Equality & Women’s Empowerment Outcome - CP5



UNFPA Cambodia: Results Framework – Population Dynamics Outcome - CP5



ANNEX 4:

Methodological Issues

Methodologies for Data gathering and their Characteristics

Method	Description	Objective	Comments
Desk review and Review of the monitoring data gathered at a variety of levels	Study and review of selected documents relevant to the present review	To get informed on the background and context as well as documented details of the country programme and its results through secondary resources	Main learnings from the desk review have been used to develop this design report, which details the approach and methodology applied in the review process
	Assessment of the regular monitoring data gathered at the level of the CPAP and individual initiatives	To inform assessment of output level changes achieved and outcome level changes contributed towards as well as the quantity and quality of monitoring data gathered at the various levels	Review of monitoring data is meant to inform both the results achieved at the various levels of programme implementation as well as the assessment of the monitoring system
Semi-structured key informant interviews (including Skype discussions with stakeholders not present in-country)	Face-to-face interviews in Phnom Penh and selected provinces, districts and communities	To gather qualitative data on the programme, including its design, implementation and results at national and sub-national levels	Topics for discussion are informed by the desk review and guided by the review questions and review matrix
	Interviews with selected stakeholders not present in-country	To include stakeholders that support the UNFPA country programme from APRO and UNFPA Headquarters	With selected stakeholders
Focus Group discussions	Discussions in groups of selected participants on identified topics at national and sub-national levels	To gather information at national and sub national level through group discussion	Topics for discussion informed by the desk review and guided by the review matrix
Observation	Structured and unstructured observations in selected health facilities and statistics offices	To gather data on the actual practices and related capacities of staff and the use of equipment and facilities	Structured observation will be limited with the number of facilities to be visited being limited by the time frame of the in-country data gathering
E-mail communication	Focused e-mail messages	To address specific gaps in data and information to be obtained from specific persons and stakeholders	As needed

Details on types of analysis used:

Stakeholder analysis: Identification of the stakeholders and their relationship to the country programme and its four components. Stakeholders will be identified at the national as well as at the sub-national level.

SWOT analysis: Looking at strengths and weaknesses in terms of internal capabilities of organizations concerned, while looking at opportunities and threats to highlight external factors. Strengths and opportunities will be used to assess aspects to be further developed

and reinforced, while weaknesses and threats will be used to identify those internal as well as external issues that need to be addressed and mitigated against.

Analysis of the Results Chains of the programme and its components, making use of TOC: The results framework provides a logical sequence between activities, their direct outputs, more indirect outcome level changes and the impact that these are intended to have on the lives of in particular women, girls, adolescents and youth. It concerns a people-focused approach and provides a framework for assessing whether objectives are likely to be achieved through a stepped approach of monitoring of indicators at the various levels concerned. As the CPD/CPAP includes a results framework which provides the basis of the monitoring and review of the programme, this approach will be suitable for the country programme review.

Timeline analysis: This analyses programme implementation from a chronological perspective, linking programme design and implementation as well as adaptations concerned with internal organizational processes as well as changes in contextual issues in country and beyond. An important aspect will be the changing financial situation over time and the related strategic, programmatic and operational adaptations made in response.

Details on Stakeholder Mapping along the Four UNFPA Programme Components

Component	Primary Stakeholders (Implementing Agencies)	Secondary Stakeholders (Other partners)	Beneficiaries
SRHR	<ul style="list-style-type: none"> - Ministry of Health - National Maternal and Child Health Center - Ministry of Interior - Provincial Health Departments - Cambodian Women for Peace and Development (CWPD) - Cambodian Midwives Council - BBC Media Action 	<ul style="list-style-type: none"> - Ministry of Labour and Vocational Training - WHO, UNAIDS, UNICEF - DFAT, USAID, JICA, GIZ - Marie Stop International (MSI), - CARE, Save Lives, Population Service Khmer (PSK); Save the Children (SC), Reproductive Health Association of Cambodia (RHAC); Population Council, University Research Company (URC) - NCDDDS - KHANA, FHI, PSK, - USAID – ASSIST Project, - Australian Volunteers International 	<ul style="list-style-type: none"> - Women and young people - Women and newborn Youth entertainment workers - Midwives - Policy makers - Programme implementers at national and sub-national levels - District and municipality planners
A/Y	<ul style="list-style-type: none"> - Directorate General for Youth,(MOEYS) - School Health Department (MOEYS) - Ministry of Planning 	<ul style="list-style-type: none"> - NCDDDS - Office of the UN Resident Coordinator - UN Youth Task Force - UN Youth Advisory Panel - UNESCO, UNICEF, WFP, RHAC, WHO - Donor Group on Sub-national Democratic Development 	<ul style="list-style-type: none"> - Young people - Policy makers - Planners
GEWE	<ul style="list-style-type: none"> - Ministry of Women’s Affairs - Ministry of Health 	<ul style="list-style-type: none"> - Ministry of Planning - UNICEF, UN Women, WHO - Partner for Prevention (P4P based in Bangkok) - CARE International 	<ul style="list-style-type: none"> - Women and girls, men and boys, - Policy makers and planners

Component	Primary Stakeholders (Implementing Agencies)	Secondary Stakeholders (Other partners)	Beneficiaries
PD	<ul style="list-style-type: none"> - National Institute of Statistics (MOP) - General Directorate of Planning (MOP) - General Secretariat for Population and Development (MOP) 	<ul style="list-style-type: none"> - Ministry of Health - Ministry of Women's Affairs - Ministry of Social Affairs, Veterans and Youth Rehabilitation - UNICEF, UNDP - JICA, KOICA, SIDA - HelpAge Cambodia 	<ul style="list-style-type: none"> - Policy makers - National and sub-national planners

Details on Key Limitations/Risks of Methodology and Mitigation Measures

#	Limitation / Risk	Mitigation Measure(s)
1	The availability of monitoring data at the outcome level is limited and to a lesser extent this goes for output level data	The review will be focused at the level of outputs and the milestones identified in the progress towards reaching these output level changes, as identified in the CPAP tracking tool and used in annual progress reporting
2	The field work is limited to one province which cannot necessarily be considered representative for all provinces	Assess the specific characteristics of the programme components and their implementation in Kampong Cham province and take this into consideration in the analysis of the data gathered
3	Country visit is scheduled during the month of July in which some UNFPA staff will take their annual leave	The visit is for a three week period and has been scheduled so that all key UNFPA staff will be able to participate in the review process

Review Process

The review process consisted of five phases: (i) preparatory phase, (ii) design phase, (iii) field phase, (iv) reporting phase, and (v) management response, dissemination and follow-up phase. An overview of all phases is presented in the CPE workplan below.

The design phase of the review included the desk review of the secondary information of the programme and related documentation. Moreover, several Skype calls were made with senior management and review manager in order to plan for the review process. As part of the design phase discussions with selected APRO technical advisors in Bangkok by Skype were conducted.

The first two weeks of the in-country data gathering phase focused on stakeholders at the national level in Phnom Penh, including staff of UNFPA and RGC partners, other UN agencies, relevant Civil Society agencies and bilateral development partners. The scheduling of the visit was coordinated with the review manager and the Review Reference Group.

The first part of the third week of the in-country data gathering process consist of a field visit to Kampong Cham province, where UNFPA has provided support with respect to multiple programme components.

The second part of the third week of the in-country data gathering focused on additional meetings in Phnom Penh. This concerned meetings with partners that were not available in the first two weeks as well as meetings in order to fill gaps in data identified during preliminary analysis.

The consultant was able to use the weekend during the in-country data gathering to travel to the selected province for sub-national field work and to start analysis of data gathered. Moreover, towards the end of the field visit, was used by the consultant to prepare for the debriefing and validation meetings.

The preliminary results of the review were presented in a meeting to the UNFPA team, while the meeting with the RRG at the end of the field phase was unfortunately cancelled. However, the PowerPoint presentation of the preliminary results of the review were sent to RRG members. The meeting with UNFPA staff proved relevant in terms of validation of findings and to discuss preliminary conclusions and recommendations. The meeting informed further analysis of the review results and the preparation of the draft review report. For details on the work plan see the table below.

Work plan of the Country Programme Review in Cambodia

Phases/Specific Activities/Milestones/Deliverables	Dates
1. Preparatory Phase	
Develop and finalize review terms of reference, establish RRG, prepare documentation for desk review, select independent consultants	by mid-June 2017
2. Design Phase	
Desk review of documentation and preparation of the design report	19-30 June 2017
Submit the draft design report of the CPR to the CO	04 July 2017
Presentation of the design report to the review reference group	10 July 2017
Final approval of the design report (with agreement on inclusion of comments concerned)	10 July 2017
3. Field Phase	
Meetings with senior management and programme staff of the four programme components and relevant support staff	3 -14 July 2017
Meetings with national level stakeholders in Phnom Penh	
Field visit to Kampong Cham	16 - 19 July 2017
Present and validate preliminary findings and draft conclusion and recommendations to UNFPA for feedback and comments	20 July 2017
Present preliminary findings and draft conclusion and recommendations to RRG for feedback and comments	21 July 2017
4. Reporting Phase	
Write first draft of review report	31 July – 18 Aug 2017
Send the draft of the review report to UNFPA	29 Aug 2017
Receipt of consolidated comments on the draft review report	13 Sep 2017
Finalize draft review report with review brief	29 Sep 2017
5. Dissemination and follow-up Phase	
CPE report distributed to stakeholders in country, RO and UNFPA headquarters, with a view to obtaining responses to recommendations (management response)	Oct 2017

Review Team Composition

The review team consists of:

- Frank Noij, Team Leader, Specialist in Complex Evaluation and Review

Frank is a specialist in Monitoring and Evaluation (M&E) in development programming with twenty five years of international experience in the Asia and Pacific region. He has led a variety of complex evaluations, including the evaluation and review of country programs, partnerships, strategies, policies and networks, and has led and participated in regional and global thematic evaluations. He has made use of quantitative, qualitative and mixed methods approaches and has ample experience in assessment of outputs and outcomes of development projects and programs and their results for vulnerable and marginalized groups, including women, girls, adolescents and youth.

ANNEX 5:**Stakeholders consulted at National and Sub-National Level**

No	Meeting Details
1.	Meeting with UNFPA management team, programme team and Operations team
2.	Meeting with National Reproductive Health Programme, MoH (including Training Unit of National Maternal and Child Health Center)
3.	Meeting with Cambodian Midwives Council
4.	Meeting with Ministry of Women's Affairs (MoWA)
5.	Meeting with Ministry of Education, Youth and Sports (MoEYS), Health Department
6.	Meeting with MoEYS, Youth Department
7.	Meeting with CWPDP (Cambodian Women for Peace and Development)
8.	Meeting with Australia DFAT staff
9.	Meeting with UNICEF
10.	Meeting with UN Women
11.	Meeting with National Institute of Statistics, Ministry of Planning
12.	Meeting with General Directorate of Planning, Ministry of Planning
13.	Meeting with General Secretariat for Population and Development, Ministry of Planning
14.	Meeting with District, Municipality, Commune and Sangkat Administrative Affairs Department, Ministry of Interior
15.	Meeting with UN Resident Coordinator
16.	Meeting with UN Youth Advisory Panel and its facilitator
17.	Focus group discussion (FGD): with Maternal Child Health officials of provincial health department
18.	Meeting with provincial department of women's affairs (PDoWA)
19.	FGD with community facilitators on male engagement for VAW prevention
20.	Meeting with Regional Clinical Training Site
21.	FGD with midwives working at the provincial hospitals and received BEmONC training including nurse anesthetists and midwifery teachers from the RTC who have received the EmONC skills training
22.	FGD with midwives who are receiving EmONC training support from UNFPA
23.	Meeting with provincial department of planning

Data gathering overview:**Desk Review**

Review of secondary data, including UNFPA CPD, CPAP, CPE CP4 and other UNFPA related evaluative studies in Cambodia, progress reports, workplans and monitoring data, presentations, financial data, component specific data, monitoring plans, RGC strategies and policies related to the four programme components, UNDAF related documents, UNFPA Organograms, humanitarian details

Semi-structured Interviews

With multiple stakeholders in Phnom Penh and in Kampong Cham province, including local level (47 persons)

Focus Group Discussions

At the EmONC training center, at Prey Chhor district and at Cheung Prey Referral Hospital, Kampong Cham (52 persons)

ANNEX 6:

Ethical Code of Conduct for UNEG/UNFPA Evaluations

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous. Each evaluation should clearly contribute to learning and accountability. Hence evaluators must have personal and professional integrity and be guided by propriety in the conduct of their business. In particular:

1. To avoid conflict of interest and undue pressure, evaluators need to be independent, implying that members of an evaluation team must not have been directly responsible for the policy-setting/programming, design, or overall management of the subject of evaluation, nor expect to be in the near future. Evaluators must have no vested interests and have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. Evaluators should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
3. Evaluations sometimes uncover suspicion of wrongdoing. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
5. Evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

For details on the ethics and independence in evaluation, please see UNEG Ethical Guidelines and Norms for Evaluation in the UN System.

<http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines>

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

ANNEX 7: Results at Output Level of Each of the Four Programme Components

Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red=planned but not yet realized)
Sexual and Reproductive Health and Rights			
1. 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	Number of strategies, guidelines and protocols on SRHR developed <i>Baseline start 2016: 4 Target end 2018: 5</i>	<p>2016</p> <ul style="list-style-type: none"> • 2 key documents developed and endorsed (FTIRM and EmONC Improvement Plan 2016 - 2020) <p>2017</p> <ul style="list-style-type: none"> • 2 key document developed and endorsed (AYFS Guidelines and NSRSH 2017-2025) <p>2018</p> <ul style="list-style-type: none"> • 1 key document developed and endorsed (Family Planning Forecasting and Action Plan) 	<p>2016</p> <ul style="list-style-type: none"> • Draft National Strategy for Reproductive and Sexual Health (NSRSH) 2017 – 2022 developed • Adolescent Youth Friendly Health Guidelines endorsed, finalized and printed • Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2016 - 2020 endorsed • EmONC Improvement Plan 2016 – 2020 endorsed • Draft MPA Guidelines Update available • Draft Forecasting of Contraceptive Projection, 2016 – 2025 and Action Plan 2016 – 2020 available <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> • Contraceptive Needs Forecasting and Action Plan 2017-2020 finalized and disseminated • Infirmary Guidelines for enterprises/factories finalized and disseminated • Costed National Strategy for Reproductive and Sexual Health 2017-2020 finalized and disseminated <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> • National Action Plan for Cervical Cancer Prevention and Treatment and the Cervical Cancer Prevention and Treatment Operational Guidelines finalized and disseminated • Minimum Package of Activities for Health Centers finalized
	Percentage of referral hospitals providing high-quality youth-friendly services in prioritized locations <i>Baseline: 0%; Target: 25%</i>	<p>2016</p> <ul style="list-style-type: none"> • Operational research on barriers to accessing AYFS and social norms to Teenage Fertility completed <p>2017</p> <ul style="list-style-type: none"> • 10% of referral hospitals of 9 provinces providing AYFS in line with the AYFHS Guidelines and Criteria <p>2018</p> <ul style="list-style-type: none"> • 25% of referral hospitals in 9 provinces providing AYFS in line with the AYFHS Guidelines and Criteria 	<p>2016</p> <ul style="list-style-type: none"> • AYFHS Training Manual/Package drafted and endorsed • Adolescent and Youth Friendly Health Services (AYFHS) Guidelines endorsed • ToT of AYFHS conducted to all PHDs • Training to sub-national administrations on Technical Document on Social Inclusiveness and Equity for IP3-Phase II conducted • National ToT and training to DM administrations on DM Service Manual conducted • DM Project Implementation Manual on Services finalized • Technical Document on Social Inclusiveness and Equity for IP3-Phase II finalized • <i>Operational research /desk review on barriers to accessing AYFS and social norms to teenage fertility completed</i>

Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red=planned but not (yet) realized)
			<ul style="list-style-type: none"> • <i>Minimum Package for Urban Poor finalized and disseminated to Khans/Sangkats for implementation</i> • <i>Roll out training AYFHS to selected health facilities in selected provinces conducted 2017 – Quarters 1 and 2</i> • AYFHS Training Protocol finalized for implementation • Orientation to the health management teams at provincial and operational district levels in 9 target provinces conducted • Rights-based Family Planning Protocol training roll-out to health care providers in 9 target provinces conducted <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> • Refresher provincial Training-of-Trainers on AYFHS to 9 target provinces conducted • Training for health facilities in newly updated AYFHS Training Protocol conducted • 3 Referral Hospitals meeting AYFHS criteria identified • Rights-based Family Planning Counseling Guidelines finalized
	<p>Comprehensive SRHR social behaviour change communication strategy for adolescents and youth developed and implemented in prioritized locations <i>Baseline: 0; Target: 1</i></p> <p><i>Mind: Due to budget constraints this part of the programme was put on hold.</i></p>	<p>2016</p> <ul style="list-style-type: none"> • Comprehensive SRHR social behaviour change communications strategy developed; • Key thematic messages identified and prioritized for support; • Counselling in FP Guidelines developed. <p>2017</p> <ul style="list-style-type: none"> • Comprehensive SRHR social behaviour change communications strategy implemented and monitored; • Key thematic messages identified and prioritized for support. <p>2018</p> <ul style="list-style-type: none"> • Comprehensive SRHR social behaviour change communications strategy implemented and monitored • Documentation of progress completed 	<p>2016</p> <ul style="list-style-type: none"> • Comprehensive SRHR social behaviour change communication strategy for adolescents and youth developed • <i>Report on qualitative study on SRH behaviour of street based EWs available</i> <p>2017 – Quarters 1 and 2</p> <p>Comment: <i>Due to the budget constraints, a full implementation of the Strategy has faced challenges. Selected interventions of the strategy have been implemented to address the highest priority areas and to maintain programmatic momentum.</i></p>

Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red= <i>planned but not (yet) realized</i>)
2. Increased national capacity to deliver comprehensive maternal health services	<p><i>National pre-service midwifery training standards developed</i> Baseline: 0; Target: 5 (reduced to 1 by 2018)</p>	<p>2016</p> <ul style="list-style-type: none"> Midwifery Education Pathway developed; Associate Degree in Midwifery Curriculum reviewed and updated; Scope of Midwives Practice developed <p>2017</p> <ul style="list-style-type: none"> Midwifery Education Regulatory Framework developed for training and midwifery practices (this is the midwifery training standard) <p>2018</p> <ul style="list-style-type: none"> Midwifery Education Regulatory Framework implemented and monitored 	<p>2016</p> <ul style="list-style-type: none"> Midwifery Education Regulatory Framework Endorsed Midwifery Education Pathway and Scope of Practice for Midwives developed National Exit Exam Questions and OSCE for Midwifery Students developed <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> Midwifery Educational Standards finalized Midwifery Faculty Development Plan finalized <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> Report on Review of Associate Degree in Midwifery Curriculum available
	<p><i>Number of emergency obstetric and new-born care (EmONC) facilities per 500,000 population in prioritized locations</i> CEmONC Baseline: 1.31; Target: 1.4 BEmONC Baseline 1.04; Target 2.5</p>	<p>2016</p> <ul style="list-style-type: none"> Plan to address shortfall of EmONC signal functions in UNFPA prioritized provinces developed: 1.33 CEmONC ; 1.20 BEmONC <p>2017</p> <ul style="list-style-type: none"> 1.36 CEmONC 1.70 BEmONC <p>2018</p> <ul style="list-style-type: none"> 1.40 CEmONC 2.50 BEmONC 	<p>2016</p> <ul style="list-style-type: none"> CEmONC increased target from 1.31 to 1.50 in 2016 (target reached) BEmONC increased target from 1.04 to 1.65 in 2016 (target not yet reached) 8 Medical Doctors trained in EmONC surgeries 169 Midwives trained in BEmONC skills M & E Tools focused on EmONC quality assurance developed 31 Nurse anesthetists trained National MDSR/MDA Committee meeting conducted and the report available 19 Provincial MDSR/MDA committee meetings (in UNFPA prioritized provinces) conducted <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> 119 Midwives trained in BEmONC skills 33 Nurse anesthetists trained 7 Meetings of Maternal Death Committees in 5 of the 9 target provinces conducted <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> Report on implementation of EmONC M&E Tools to assess signal functions of EmONC facilities available 7 Medical Doctors trained in EmONC surgery skills Report on 2017 Maternal Death Audits in Cambodia available

Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red=planned but not (yet) realized)
Adolescents and Youth			
<p>1. Increased national and subnational capacity to advocate for increased investment in youth within development policies and programmes, with young people's full participation</p>	<p>Number of national and sub-national participatory platforms for policy and programme planning engaging young people <i>Baseline: 0; Target: National level and in 10 prioritized locations</i></p> <p><i>Due budget constraints this indicator was adapted to focus on national participatory platforms only. Moreover, one indicator was added (to be realised in 2018): Lessons learnt from implementation of National Youth Development Council Action Plan collected and informing new Action Plan.</i></p>	<p>2016</p> <ul style="list-style-type: none"> • Draft national and sub national Functional Task Analysis available through consultation with UN-YAP and young people in the process • District/Municipality planning guidelines finalized and published • District/Municipality planners in 10 districts trained in using new planning guidelines • Youth-led organizations and young people in 10 districts trained to effectively participate in DM planning process <p>2017</p> <ul style="list-style-type: none"> • Final national and sub national functional task analysis available through consultation with UN-YAP and young people in the process • Youth-led organizations and young people in 10 districts trained to effectively participate in DM planning process <p>2018</p> <ul style="list-style-type: none"> • NYDC Action Plan (NYDC-AP) implemented by three selected ministries (MoEYS, MoH and Mol) by engaging young people in ministerial planning process • Youth-led organizations and young people in 10 districts trained to effectively participate in DM planning process 	<p>2016</p> <ul style="list-style-type: none"> • Draft two-year rollout operational plan to support active young people participation in ministerial planning in Health, Education and D&D (MoH, MoEYS & D&D/Mol) available • Approach paper on promoting youth participation at sub-national level in Cambodia developed and endorsed • <i>National TOT workshop on Investment Programme Guidelines & training to target provinces and districts (Ratanakiri/Preah Vihear) on new Investment Programme Guidelines</i> • <i>Three-year Sub-national Investment Programme Guidelines finalized, endorsed, printed, translated</i> • General Secretariat of NYDC's two year operational work plan finalized and endorsed • National Youth Action Plan 2014-2018 finalized <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> • National Task Force for Youth Development Index (YDI) established with clear terms of reference <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> • Cambodia YDI Protocol finalized • Capacity development of the YDI National Task Force members

Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red= planned but not (yet) realized)
<p>2. Increased national capacity in designing and implementing systematic comprehensive sexuality education</p>	<p>Number of grades with comprehensive sexuality education fully integrated into the core national school curriculum</p> <p><i>Baseline: 0; Target: 4 (Target was adapted to 8 at the end of 2016)</i></p>	<p>2016</p> <ul style="list-style-type: none"> Health Education Syllabus inclusive of CSE developed for grade 5 to 12. <p>2017</p> <ul style="list-style-type: none"> Health Education textbooks inclusive of CSE developed for grade 5 to 12 <p>2018</p> <ul style="list-style-type: none"> Health Education Syllabus / textbooks inclusive of CSE for grade 5 to 12 finalized and endorsement Syllabus/Textbooks of grade 5 to 12 printed 	<p>2016</p> <ul style="list-style-type: none"> Health Education Syllabus, inclusive CSE, for grade 10 to 12 developed Health Education Syllabus, inclusive CSE, for grade 7 to 9 developed Health Education Syllabus, inclusive CSE, for grade 5 to 6 developed <p>2017 – Quarters 1 and 2</p> <p>-</p> <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> Revision of CSE Syllabus for grades 5 to 12 in line with MoEYS guidance completed Revision of Mental Health Syllabus for grades 1 to 12 in line with MoEYS guidance completed Learning standards for CSE/Health Education developed in line with MoEYS guidance (expected to be delayed until 2018)
	<p>Percentage of teachers receiving training on methodologies for implementing comprehensive sexuality education programme in prioritized locations</p> <p><i>Baseline: 0% primary; 0% secondary; Target: 15% primary; 10% secondary</i></p>	<p>2016</p> <ul style="list-style-type: none"> n/a <p>2017</p> <ul style="list-style-type: none"> n/a <p>2018</p> <ul style="list-style-type: none"> 15% of primary and 10% of secondary state school teachers trained in utilization of Health Education/CSE in three provinces (Ratanakiri, Preah Vihear and Mondulakiri) 	<p>2016</p> <ul style="list-style-type: none"> n/a <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> n/a

Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red=planned but not (yet) realized)
Gender Equality and Women's Empowerment			
<p>1. Strengthened capacity of national and subnational governments, involving civil society, in promoting sexual reproductive health and rights and preventing violence against women and girls</p>	<p>Number of interventions that engage men and boys in preventing violence against women and girls in prioritized locations <i>Baseline: 1; Target: 3</i></p>	<p>2016</p> <ul style="list-style-type: none"> Model intervention for adolescent boys and girls aged 12-14 years old adapted to Cambodian context and implemented in one province. Model intervention for parents/care takers adapted to Cambodian context and implemented in one province Comprehensive communication strategy on engaging men and boys for VAWG prevention developed with targeted messages for various groups <p>2017</p> <ul style="list-style-type: none"> Implementation and evaluation of two model interventions (adolescent boys and girls aged 12-14 years old and their parents and care takers) completed. Comprehensive communication strategy on engaging men and boys for VAWG prevention implemented Midterm review of NAPVAW II conducted that informed by lessons learnt from primary interventions and communication strategy supported by UNFPA <p>2018</p> <ul style="list-style-type: none"> Recommendations of evaluation of model interventions and communication strategy providing details of level of impact for scale up decision 	<p>2016</p> <ul style="list-style-type: none"> National youth debates on gender equality / VAWG / women empowerment during IWD conducted and broadcasted Community sessions on VAWG primary prevention for caregiver conducted <i>Draft mid-term review report of NAPVAW II / Neary Ratanak IV available</i> Report on Secondary analysis of 2014 CDHS domestic violence data available (results shared with PD component) VAWG Referral Directory and pamphlets developed Community sessions on VAWG primary prevention for young adolescent conducted Baseline survey report on VAWG primary prevention with young adolescent and caregivers in Kampong Cham province available Two training courses for facilitators on primary intervention models for young adolescent and caregivers conducted <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> <i>Mid-term review report of NAPVAW II finalized</i> Refresher workshop on primary prevention models for community facilitators conducted <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> Report of end-line survey of primary prevention models with adolescent and caregiver finalized (supported by P4P) Draft National Comprehensive Communication Strategy on Ending Violence Against Women and Girls finalized

Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red=planned but not (yet) realized)
<p>2: Strengthened national and subnational health system capacity to address violence against women and girls within the coordinated multi-sectoral response</p>	<p>Percentage of referral hospitals providing services to survivors of violence against women and girls, according guidelines, in prioritized locations</p> <p><i>Baseline: 0%; Target: 25%</i></p>	<p>2016</p> <ul style="list-style-type: none"> • Baseline at 0% • Clinical handbook and competency based training curriculum and manual are in place • ToT for health care providers in selected province conducted on VAW and implementation of clinical guideline and manual in response to survivor of VAWG <p>2017</p> <ul style="list-style-type: none"> • Target at 10% • Set up of one referral hospital for services in response to VAWG survivors in line with the clinical guidelines in first province • Referral mechanism for VAWG survivors established in the first province <p>2018</p> <ul style="list-style-type: none"> • Target at 25% • Set up of one referral hospital for services in response to VAWG survivors in line with the clinical guidelines in second and third province • Referral mechanism for VAWG survivors established in the second and third province 	<p>2016</p> <ul style="list-style-type: none"> • Competency based training manual for health professionals developed • <i>Two roll-out training courses to health providers (in one selected province)</i> • <i>Two ToT courses on competency based training manual to provincial trainers in 9 provinces conducted</i> • Clinical Handbook (VAWG) finalized • VAWG networks in one province and district established and strengthened to support VAWG survivors • TOT on competency based training manual to national trainers conducted <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> • Orientation on VAW Clinical Handbook to management teams of PHDs in 9 target provinces conducted • VAW Training Protocol for Health in Khmer finalized • VAW/Health Quality Assurance Checklist developed • Six provincial level TOT courses on VAW for the health sector were provided to 145 participants (79 females) who are officials from provincial health departments, hospitals and women’s affairs across the country • A total of 204 health providers (102 females) from 62 health facilities in 9 targeted provinces received training in six different sessions <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> • Roll-out trainings to health providers of Referral Hospitals and Health Centers in 9 target provinces • Sub-working Group on GBV in target provinces and districts are functional in support of VAW survivors • Referral hospitals providing VAW services according to VAW Guidelines (1 Referral Hospital in 9 target provinces)

Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red=planned but not (yet) realized)
Population Dynamics			
1. Strengthened national and subnational capacity for production and dissemination of high-quality disaggregated data on population and development dynamics that allows for mapping of demographic disparities and socioeconomic inequalities	<p>Cambodian general population census designed according to international standards Baseline: Census-related instruments revised and developed; <i>Target: Census data collection completed and data processing initiated</i></p> <p><i>Target adapted at end 2016 to:</i> All census legal and technical instruments endorsed and census pilot conducted Added moreover: Cambodia Demographic and Health Survey Baseline: 0; Target: Training to core national trainers on 2018 CDHS data collection conducted</p>	<p>2016</p> <ul style="list-style-type: none"> Sub-Decree on the Conduct of 2018 General Population Census endorsed by RGC 2nd draft Census Instruments available both in English and Khmer versions <p>2017</p> <ul style="list-style-type: none"> All Census Instruments finalized and endorsed <p>2018</p> <ul style="list-style-type: none"> Census Field Data collection completed and Data Processing initiated 	<p>2016</p> <ul style="list-style-type: none"> 1st draft census instruments in local language available 1st draft Census Instruments in English available according to international standard Sub-Decree on the Conduct of 2018 General Population Census endorsed by RGC 2nd draft census instruments integrating feedback from first stakeholders workshop available <i>Scanning Activity Plan Developed</i> <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> New Sub-decree for 2019 Census issued Revised Plan for General Population Census of Cambodia available <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> Revised instruments for General Population Census of Cambodia available
2. 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	Number of national policies and plans informed by recent results of nationwide population surveys	<p>2016</p> <ul style="list-style-type: none"> Target of 03 plans: (1)Mid-Term Review (MTR) Report 2016 of NSDP 2014-2018 endorsed by RGC; (2) Cambodian Sustainable Development Goals 2016-2030 (CSDGs 2016-2030) Agenda Document adopted by RGC; (3) 	<p>2016</p> <ul style="list-style-type: none"> Draft Costed Results-Based Three Years Rolling NPP Action Plan 2016-2018 available Draft MTR Report 2016 of NSDP 2014-2018 available Final draft MTR Report of NSDP 2016 submitted to OCM Costed Results-Based Three Years Rolling NPP Action Plan 2016-2018 submitted to OCM Draft National Ageing Policy 2017-2030 available

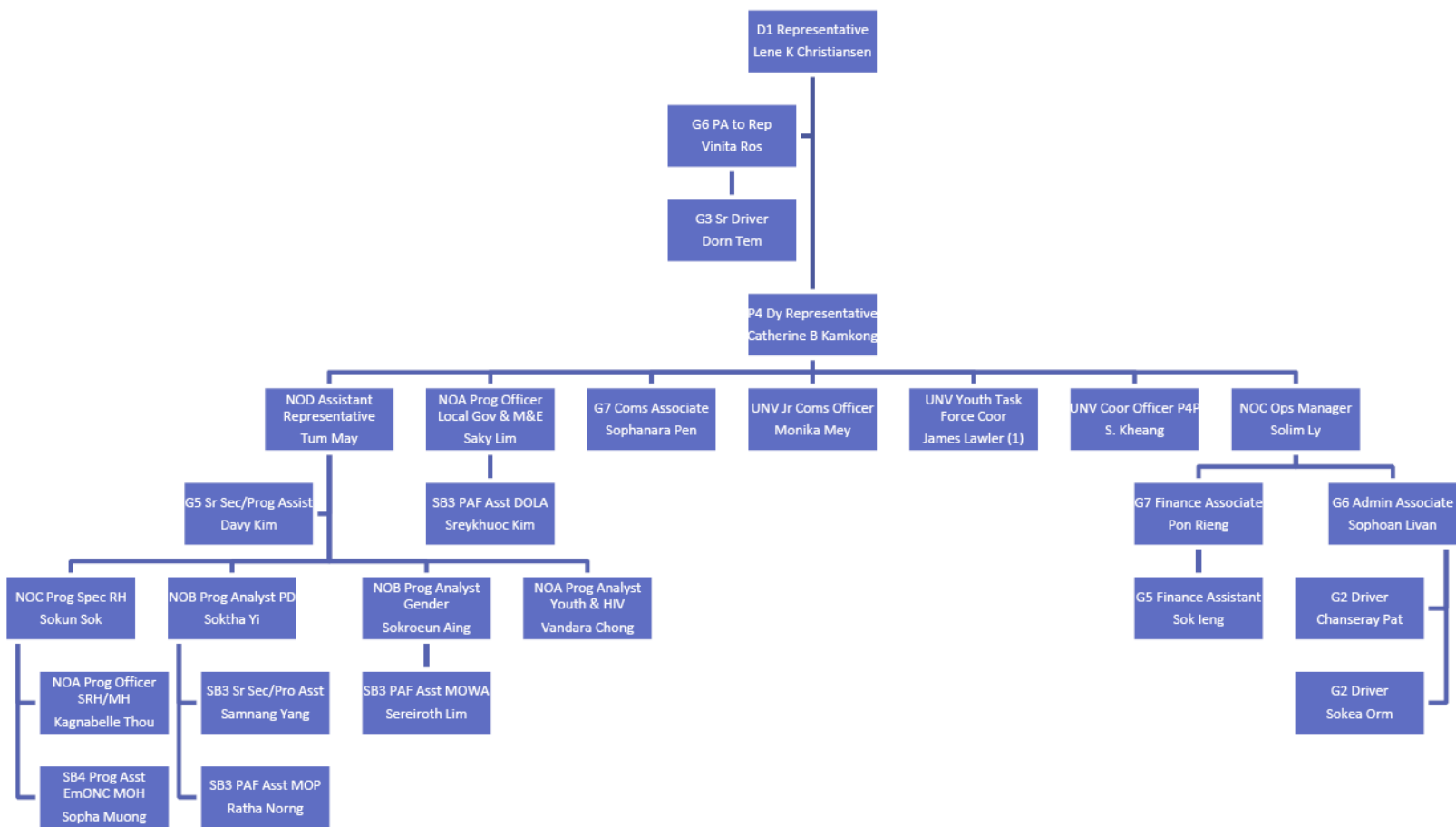
Output level Change	Output level Indicator	Results Planned (CPAP)	Results Achieved (black= implemented; red=planned but not (yet) realized)
<p>formulation, implementation and monitoring</p>	<p><i>Baseline: 0; Target: 2 policies and 4 plans</i></p> <p><i>Target adapted at end 2016 to: 1 policy and 5 plans</i></p>	<p>Costed Results-Based Three Years Rolling National Population Policy Action Plan 2016-2018 adopted by RGC</p> <p>2017</p> <ul style="list-style-type: none"> Target of 02 policies/guidelines: <ol style="list-style-type: none"> The National Ageing Policy 2017-2030 adopted by RGC National Guideline for the Development of Sectoral Strategic Development Plan and Annual Operational Plan <p>2018</p> <ul style="list-style-type: none"> Target of 01 plan: Final draft NSDP 2019-2023 approved by RGC, pending endorsement by National Assembly 	<ul style="list-style-type: none"> <i>CSDGs 2016-2030 Agenda Document endorsed by RGC</i> <i>Draft CSDGs 2016-2030 Agenda Document available</i> <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> Inter-ministerial and CSO consultation facilitated to gather inputs for Mid-Term Review Report of NSDP 2014-2018 for submission to the Office of Council of Ministers (OCM) Inter-ministerial and CSO consultation facilitated to gather inputs for Cambodian Sustainable Development Goals 2016-2030 with draft CSDG framework developed for submission to the Office of Council of Ministers later this year Final draft Cambodian National Ageing Policy available for submission to the Office of Council of Ministers <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> Cambodian National Ageing Policy’s Action Plan developed Guidelines for development of Sectoral Strategic Plans developed Support the high level meeting to validate the Cambodia SDGs Framework to advocate for inclusion of UNFPA-supported SDG indicators
	<p>Percentage of subnational planning bodies trained in analysing and utilizing 2014 Cambodia Demographic Health and Survey data in prioritized locations</p> <p><i>Baseline: 0%; Target: 50%</i></p> <p><i>Mind: Due to resource limitations this part of the programme was put on hold for the remainder of 2017 and 2018</i></p>	<p>2016</p> <ul style="list-style-type: none"> n/a <p>2017</p> <ul style="list-style-type: none"> Target at 50% Provincial planners in seven provinces trained in analysing and utilizing CDHS data <p>2018</p> <ul style="list-style-type: none"> n/a 	<p>2016</p> <ul style="list-style-type: none"> Final report of Further Analysis of the 2014 CDHS on Sexual and Reproductive Health of Adolescents and youth in Cambodia: Trend and Determinants endorsed by MoP and MoH. Final report of Further Analysis of the 2014 CDHS on Domestic Violence endorsed MoWA, MoP and relevant ministries. <i>Training materials based on 2014 CDHS available.</i> <p>2017 – Quarters 1 and 2</p> <ul style="list-style-type: none"> Training Manual on National Population Policy Training to national 17 core trainers (of which 3 female) on the Manual on Population and their linkages conducted Training to 84 sub-national planners (of which 20 female) on analysis and utilization of CDHS data conducted <p>Additional Results expected in 2017 – Quarters 3 and 4</p> <ul style="list-style-type: none"> Support to strengthen the capacity of LMs in the development of the meta data to monitor and report the implementation of the Cambodia SDGs

ANNEX 8: Resource Distribution across the Four Programme Components

Programme Component	CPAP Budget RR+OR 2016-2017	Actual Budget RR+OR 2016 + 2017	Change in Percentage of RR+OR budget	CPAP Budget RR only 2016+2017	Actual Budget RR only 2016 + 2017	Change in Percentage of RR only budget
Actual Expenditures from Jan 2016 till June 2017 (in million USD)						
SRHR	5.50 (59%)	3.27 (67%)	+8%	4.50 (62%)	2.92 (67%)	+5%
AY	0.62 (7%)	0.29 (7%)	0%	0.45 (6%)	0.29 (7%)	+1%
GEWE	1.08 (12%)	0.46 (9%)	-3%	0.80 (11%)	0.37 (8%)	-3%
PD	1.67 (18%)	0.62 (14%)	-4%	1.09 (15%)	0.61 (14%)	-1%
PCA	0.40 (4%)	0.19 (4%)	0%	0.40 (6%)	0.19 (4%)	-2%
Total	9.27 (100%)	4.83 (100%)	-	7.24 (100%)	4.38 (100%)	-

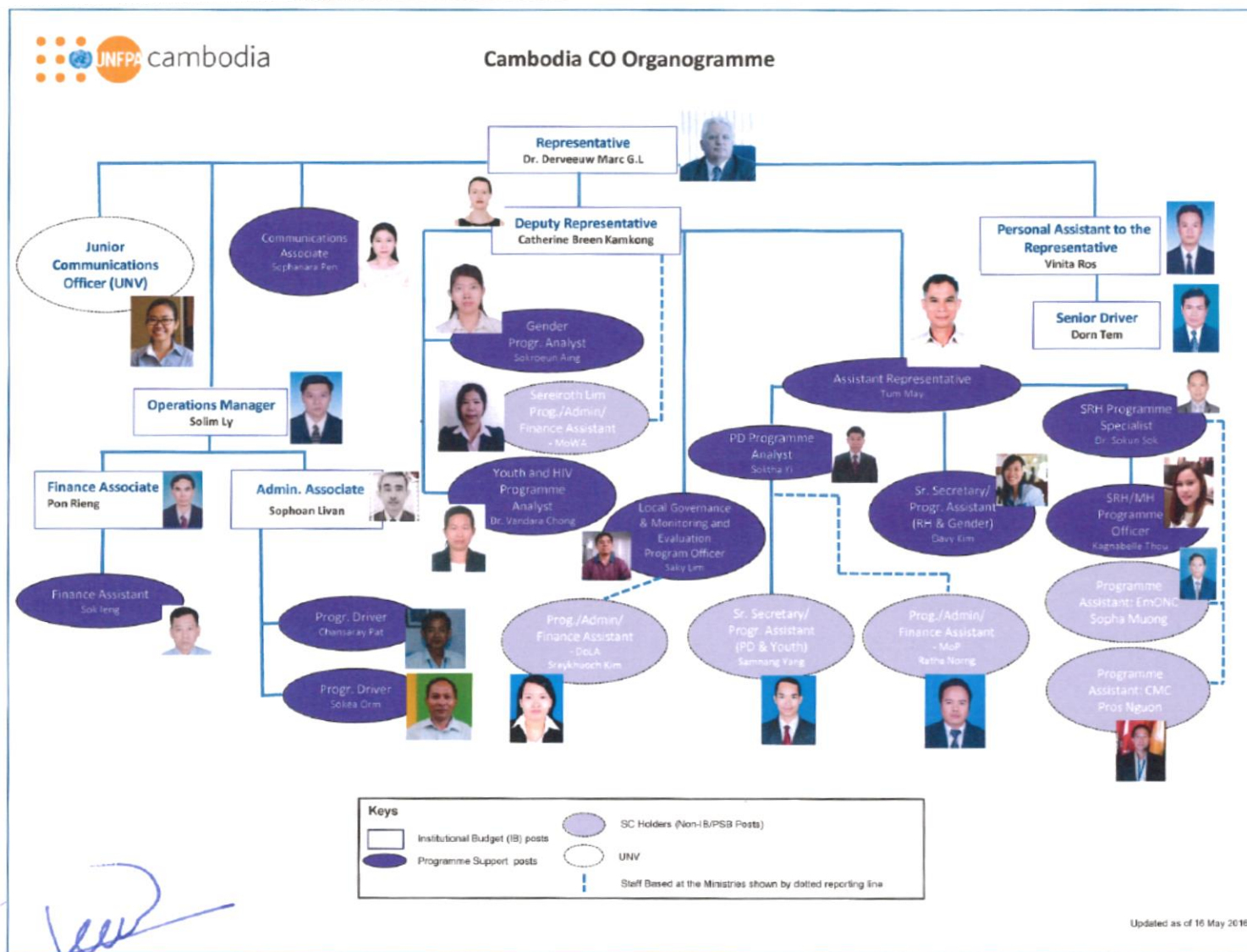
ANNEX 9: Organograms UNFPA Cambodia in 2016 and 2017

Organogram – UNFPA Cambodia, Feb 2017



Notes
 (1) Gratis personnel (non-staff)
 PAF: Programme/Administration/Finance

Organogram - UNFPA Cambodia, May 2016



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