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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Cambodia**

Proposed indicative UNFPA assistance:	\$18.0 million: \$9.2 million from regular resources and \$8.8 million through co-financing modalities or other resources
Programme period:	Five years (2024-2028)
Cycle of assistance:	Seventh
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2024-2028

## I. Programme rationale

1. Cambodia has had stability and peace since 1998. It has ratified most human rights treaties and while there are critical gaps in implementation, there are positive developments in the Government's commitment to social protection and expanding support for universal health care. The recent elections in 2023 have seen a generational change in leadership.

2. Cambodia is a lower-middle-income member of the Association of Southeast Asian Nations that aspires to achieve upper- middle-income country status by 2030. It has a population of 16.8 million (2022) with a total fertility rate that has declined, from 3.8 to 2.7 births between 2000 and 2021. Youth aged 15-30 years account for nearly one third of the total population, while 39 per cent of the population live in urban areas. Cambodia has made remarkable progress in reducing poverty and improving health, yet it remains one of the poorest and most unequal countries in South-East Asia, with 17.8 per cent of its population living below the poverty line of \$2.6 per person per day.<sup>1</sup> The country's Gini coefficient was 54.6 in 2019 (World Economics) and Human Development Index was 0.569 in 2021 (UNDP).

3. The Government firmly supports the International Conference on Population and Development (ICPD) Programme of Action as affirmed through the voluntary commitments on ICPD25. To advance voluntary national commitments, a Special Committee for accelerating the implementation of the Programme of Action was officially launched in March 2022.

4. The north-east region, home to most indigenous peoples, is one of the least developed regions, with the poorest indicators in health and education. This region has higher rates of teenage pregnancy<sup>2</sup> (9-17 per cent) and child marriage (36 per cent) is also higher than the national rate (19 per cent). Over half (55 per cent) of young people drop out of school between grades 7 and 9 to seek employment. Other at-risk groups include rural and remote populations, migrant workers, persons with disabilities, indigenous populations, survivors of gender-based violence (GBV) and trafficking, lesbian, gay, bisexual, transgender and queer populations, as well as entertainment and sex workers, who face the highest health risks.

5. Cambodia has one of the highest maternal mortality ratios (MMR) in South-East Asia, at 154 per 100,000 live births in 2021. The rate of delivery by trained health personnel is 99 per cent (2021); however, limited quality of care and life-saving skills and "the three delays" result in the current high MMR. The first delay often happens due to harmful and negative social norms, and the second delay is due to remoteness and lack of referral means, particularly in Northeast region.

6. Challenges remain in addressing the unmet need for family planning as rates among currently married women remain stagnant at 11.8 per cent, and at 14 per cent for girls aged 15-19 despite family planning services, including commodities, being widely accessible. Disparities exist in terms of education, location and number of at-risk populations, particularly in the North-East region (12.8 per cent), and among women with no education (14.6 per cent) compared to women with higher education (8.7 per cent). Abortion is legal and services are available in the public and private sectors; however, remaining barriers include financing and cost, access, quality and stigma by service providers.

7. Gender-based violence is highly prevalent, with one in five women reported having experienced physical, sexual or emotional intimate partner violence in their lifetime and 13 per cent in the prior 12 months in 2021<sup>3</sup>. GBV is underreported due to deeply rooted patriarchal social norms; less than one third (31 per cent) of women sought help from service providers. More than one in three (39 per cent) of ever-partnered men reported perpetuating physical and/or sexual violence against a female partner. The evaluation of the third National Action Plan to Prevent Violence Against Women revealed that while there has been progress in responding to GBV with some promising practices, implementation of response systems and prevention programming faces challenges in terms of coherence and quality of implementation, as well as financing.<sup>4</sup> Technology-facilitated GBV is an increasing threat.

8. The 2022 Common Country Analysis (CCA) identified the drivers of exclusion which included gender, poverty and key populations at risk. The United Nations Sustainable Development Cooperation Framework (UNSDCF) responds to the CCA and aligns with the three UNFPA transformative results through its focus on social

<sup>1</sup> The regional average is 15.2 (World Bank).

<sup>2</sup> Fertility rates for 15-19 age group is 48 births per 1,000 women, compared to 154 births per 1,000 women in the 20-24 age group.

<sup>3</sup> Cambodia Demographic and Health Survey 2021-2022.

<sup>4</sup> The Final Evaluation Report of the National Action Plan to Prevent Violence Against Women 2019-2023 (NAPVAW III).

protection, universal health-care systems, gender inclusion and addressing GBV with a key focus on inclusion of at-risk populations.

9. The use of evidence-based decision-making to inform policies and programmes related to GBV, sexual and reproductive health and rights (SRHR), especially for key populations at risk of being left behind, is restricted by limited expertise to analyse, interpret and utilize disaggregated population data. Lack of quality assurance in data collection and surveys results in compromised data reliability. Fragmented coordination and mechanisms, policies and standard operating procedures, including the lack of a harmonized national statistical system, hinder data sharing among data producers and users.

10. Cambodia ranks among the countries most vulnerable to climate change, 15 of 181 countries,<sup>5</sup> given the dependence on agriculture and increased risks of floods due to changing rainfall patterns. Cambodia is susceptible to seasonal droughts, flooding, windstorms and increased heat, but has limited adaptive and coping capacities. Women, adolescent girls and other vulnerable groups are disproportionately impacted by these natural disasters and climate changes, which negatively affect development indicators and exacerbate inequality. The coronavirus disease (COVID-19) pandemic exacerbated existing vulnerabilities, particularly for women and youth, and highlighted the need for an integrated system-strengthening approach to health for the country to be better prepared for any future shocks.

11. The evaluation of the previous country programme confirmed the alignment of UNFPA with national priorities in SRHR, adolescents and youth, population and development and GBV. Key recommendations include to: (a) operate through strategic partnerships; (b) focus on priority target provinces with key interventions and more integrated programming; (c) consider gender equality as a stand-alone outcome. (d) enhance the quality and availability of essential SRHR services targeting key populations at risk of being left behind; (e) accelerate implementation of comprehensive sexuality education (CSE); and (f) strengthen institutional capacities on the production and availability of quality data to guide policymaking, planning and programming. Challenges and lessons learned were identified, and strategies to enhance the effectiveness of the programme interventions have been incorporated into the next five-year plan.

## II. Programme priorities and partnerships

12. The vision of the new country programme is that by 2028, women, adolescents and youth (with a focus on adolescent girls), migrants, particularly those living in rural and remote areas, indigenous communities and other key populations at risk of being left behind, can fully exercise their SRHR with bodily autonomy, in an enabling environment that promotes equal opportunities and a life free from all forms of violence. Guided by the UNFPA Strategic Plan 2022-2025, the ICPD Programme of Action, the Decade of Action, the 2030 Agenda for Sustainable Development, UNSDCF, the Sendai Framework for Disaster Risk Reduction, relevant human rights instruments, government priorities articulated in the Pentagonal Strategy 2024-2028 and the National Strategic Development Plan 2024-2028, and the status of the three transformative results, the new country programme will accelerate efforts to end unmet needs for family planning, preventable maternal deaths and GBV and harmful practices, including through addressing disaster and climate risks.

13. The programme was developed in consultation with government at national and subnational levels, civil society organizations (CSOs), United Nations organizations and representatives of those groups at-risk of being left behind, including women- and youth-led organizations, following a human rights-based approach and the principles of leaving no one behind and gender equality.

14. The programme will strengthen efforts and drive progress towards the three transformative results through three game-changing accelerators: (a) gender-transformative approaches to address GBV and change gender-discriminatory, harmful social norms and behaviours that perpetuate violence against women and girls, in addition to targeted implementation of essential services packages including strengthening the case management system and alignment with systems addressing violence against children; (b) cooperation with all stakeholders towards the transition from funding to financing by promoting financial investments in the areas of preventable maternal mortality, unmet needs for family planning and GBV through the use of financial analyses and return of investment tools and advocacy towards leveraging domestic and private sector financing for education and youth; and (c) leaving no one behind and reaching the furthest behind first by targeting key at-risk populations, particularly in remote rural provinces in the North-East, migrants, persons with disabilities and entertainment and sex workers,

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<sup>5</sup> 2021 World Risk Report.

through service delivery, community outreach and scaling up the use of digital innovations to further increase access to information and services.

15. The programme will leverage the existing strong partnerships with the Ministry of Health, Ministry of Planning, Ministry of Education, Youth and Sports and Ministry of Women’s Affairs, building on the ICPD Steering Committee mechanism. Through its key partner ministries, UNFPA will seek to engage with the Ministry of Economy and Finance to advance discussions on funding to financing. UNFPA will work more closely with and develop joint initiatives/programmes with CSOs and United Nations agencies to support key populations at risk of being left behind, including outreach to migrant, factory and informal workers as well as those working with entertainment and sex workers. The programme will also engage and promote the South-South and triangular cooperation), and other partnerships including academia, the private sector and international financial institutions.

16. UNFPA is strategically positioned in leadership and coordination roles in the areas of gender, SRHR, GBV in emergencies, health and data. UNFPA will maximize its comparative advantages of solid technical expertise and strong partnerships with government, as well as engage with diverse development partners. UNFPA will expand its partnership base to include greater outreach through CSOs to ensure access to services for key populations at-risk of being left behind. UNFPA will strengthen capacity in CSE, youth development and GBV and increase expertise in data, demography and statistics.

17. In line with the UNFPA Strategic Plan, 2022-2025, the new country programme will contribute directly to the four outcomes of the UNSDCF 2024-2028: (a) improved social protection; (b) green economic growth; (c) protection of the natural environment; and (d) social transformation for an increasingly gender-equitable and inclusive society. The country programme focuses on human rights-based programming and integrates a multisectoral approach across four interconnected outputs: (a) strengthening quality of care and sexual reproductive and maternal health services specifically targeting at-risk populations; (b) addressing GBV by expanding the focus to more inclusive case management systems and strategies for prevention of violence through addressing harmful social norms; (c) addressing adolescents and youth with a targeted focus on prevention of early pregnancy and reduction of child marriage, building resilience and reaching those in- and out-of-school youth at risk of being left behind through new and promising platforms, including digital innovations and youth-led networks; and (d) strengthened use of data and evidence to enhance decision-making and planning and accelerate achievement of the three transformative results and develop digital and sustainable data systems. Humanitarian action will be addressed in partnership with other United Nations agencies, CSOs and relevant government institutions to ensure SRHR and GBV are prioritized, including the Minimum Initial Service Package and GBV services.

**A. Output 1. By 2028, strengthened capacity of national and subnational institutions and communities to provide integrated, quality sexual and reproductive health and rights information and services, particularly for those at risk of being left behind, across the humanitarian development continuum in line with national standards.**

18. This output contributes to UNSDCF outcomes 1 and 4, UNFPA Strategic Plan outcomes 1 and 2 and Sustainable Development Goals 3, 5, 10 and 16. In the context of high maternal mortality, the high unmet need for family planning, high teenage pregnancy rates, with disparities across regions, education and wealth status, the programme will strengthen its human rights-based approach through partnerships with the Government, private sector, and civil society to increase the quality of care, access to and demand for integrated SRH information and services, including family planning and adolescent- and youth-friendly services, while addressing social stigmas that inhibit access by women and adolescents to services, especially for poor women, rural remote locations, migrants, entertainment and sex workers and other key populations at risk. The health sector response to GBV will be scaled up in provinces with highest prevalence. Community engagement through community meetings, dialogues, feedback; and research will inform the focus of behaviour change and communications approaches and interventions.

19. The focus will be on: (a) improved quality of family planning services through building capacity of health-care providers in rights-based family planning services; (b) increased government budget allocations for contraceptives to meet the actual demand through policy advocacy; (c) enhanced positive attitude towards utilization of family planning and SRMH services among populations in remote/rural areas, utilizing evidence-based behaviour change communication ; (d) functioning digital e-learning and telemedicine to provide and make SRHR information and services available and accessible for vulnerable populations and health-care providers; (e) scaling up adolescent

and youth-friendly health services through youth-friendly school health rooms<sup>6</sup> in selected locations which are interconnected with the CSE roll-out (f) scaling up and improving the quality of emergency obstetrics and newborn care services to save women's lives; (g) improvement of a pre-service midwifery programme to strengthen competencies of midwives to provide quality SRH services, including maternal health and family planning; and (h) enhanced utilization of evidence and data, including maternal and perinatal death response and surveillance (i), to support programming to address critical SRHR issues; and (i) scaling up the health sector response to GBV. Regarding humanitarian settings, output 1 will focus on rolling out the Minimum Initial Service Package to areas prone to climate-related natural disasters in UNFPA priority provinces<sup>7</sup>, and integrating the package in relevant national strategies and the midwifery curriculum. Focus will be on the furthest left behind, including persons with disabilities, through ensuring access to and utilization of the government social protection scheme.

**B. Output 2. By 2028, discriminatory gender and social norms that contribute to GBV and harmful practices addressed through enhanced quality of response services, innovative prevention interventions and strengthened multisectoral GBV coordination mechanisms in development and humanitarian settings.**

20. This output contributes to UNSDCF outcomes 1, 2, 3 and 4, Strategic Plan outcome 3 and Sustainable Development Goals 3, 5, 10 and 16. Given the slow gains in advancing gender equality and addressing GBV, UNFPA will focus on addressing the drivers of violence and harmful social norms which impede gender equality and cause GBV, while expanding its focus from quantity to quality of services and evidence-informed prevention interventions. The programme will focus on: (a) technical and financial support for strengthened implementation of gender/GBV planning and policy frameworks; (b) strengthened coordination of multisectoral mechanisms across the development and humanitarian nexus, for improved prevention and response to GBV; (c) capacity development for enhanced quality of services to prevent and respond to GBV, including case management, the health sector response, social work and strengthened capacities to address new forms of violence such as technology-facilitated GBV; (d) social and gender norm change created to improve the prevention of GBV and address harmful practices through increased knowledge and awareness-raising on GBV, SRHR and negative social norms among vulnerable populations, communities, boys, men and faith leaders, including through value-based dialogues, community outreach, media intervention and capacity-building initiatives; and (e) conducting evidence generation and research on harmful gender and social norms and behaviours to inform policy and programme formulation. Targeted interventions will be developed and implemented into the health sector response to GBV for persons with disabilities and for other at-risk populations including migrant workers, indigenous populations, entertainment and sex workers and out-of-school youth.

**C. Output 3. By 2028, strengthened national and subnational capacity to enhance skills and opportunities for adolescents and youth, particularly those at risk of being left behind, to ensure bodily autonomy, leadership and participation and to build human capital.**

21. This output contributes to UNSDCF outcomes 1, 2, 3 and 4, UNFPA Strategic Plan outcomes 1, 2 and 3 and Sustainable Development Goals 3, 4, 5, 8, 10 and 16. The key factors impeding progress are lack of access to SRH information and services, gender-discriminatory and harmful social norms and practices including sexual violence and early/child marriage, a high adolescent fertility rate and unmet needs for family planning among adolescents and youth. The programme will leverage interlinkages with outputs 1, 2 and 4, strategically ensuring that the country programme targets youth across all outputs, by: (a) leveraging, through technical assistance and policy advocacy, government financing for the implementation of health education and CSE policy frameworks of the Ministry of Education, Youth and Sports; (b) encouraging social and behaviour change to address the harmful social norms that contribute to gender inequality through increased knowledge of SRHR, CSE and gender equality among young people, vulnerable populations, communities, policymakers and service providers, leveraging resources for the Ministry, youth networks and CSOs to involve in SRH, CSE, gender and GBV initiatives; (c) integrating CSE into technical and vocational education and training, with the Ministry of Labour and Vocational Training, through technical assistance and capacity-building; (d) strengthening capacity of youth peer-support groups through technical assistance to pilot SRHR, family planning, CSE, gender equality, GBV prevention, response and reporting mechanisms in school settings in UNFPA target provinces, with disaggregation of data by disability, gender and

<sup>6</sup> School health rooms are part of the formal Ministry of Education health strategy.

<sup>7</sup> UNFPA priority provinces are based upon analysis of the data from the Cambodia Demographic and Health Survey 2021-22 to target provinces with the highest needs in maternal mortality, SRHR services and GBV. .

age; (e) scaling up the digital mobile ‘Youth App’ by leveraging resources to promote SRHR information, including on family planning, menstrual hygiene, prevention of HIV, other sexually transmitted infections and reproductive tract diseases, youth well-being and helpline support and referral services. Means of ensuring that digital platforms are accessible to persons with disabilities will continue to be improved, as well as the development of CSE content for learners with disabilities; and (f) generating evidence to improve the effectiveness of programme development and implementation, including researching effective models on prevention of teen pregnancy and early marriage, in collaboration with the UNICEF and CSOs.

**D. Output 4. By 2028, strengthened analysis and utilization of data, including demographic intelligence and disaggregated population data for national policies, plans and programmes to accelerate the ICPD Programme of Action and drive progress towards achieving the 2030 Agenda.**

22. This output contributes to UNSDCF outcomes 1, 2, 3 and 4, Strategic Plan Outcomes 1, 2 and 3 and Sustainable Development Goals 3, 5, 16 and 17. It addresses the limited capacity for data analysis and use of disaggregated population data for mapping disparities related to SRHR, GBV and harmful practices; the fragmented coordination mechanisms between producers and users of data, particularly for evidence-informed development plans; the limited information and communication technology infrastructure; and modest progress towards the voluntary national commitments of the ICPD25 Programme of Action. UNFPA will work with development partners, United Nations agencies, donors and CSOs to support the Ministry of Planning and the Government’s Special Committee to enhance the production, coordination and use of quality data for updating the national population policy and programme formulation and implementation.

23. The programme will focus on: (a) strengthened quality assurance of survey and research instruments and innovative tools by ensuring that upcoming surveys, e.g., Cambodia Inter-Censal Population Survey and Demographic and Health Survey, capture information on key populations at risk of being left behind, while adhering to international standards; (b) enhanced capacity for analysis and utilization of data by providing technical assistance to the National Institute of Statistics to conduct data analysis on SRHR and GBV, utilizing existing data sets, advanced technologies and analytical techniques such as small areas estimation and geospatial analysis to identify key populations unreached by national programme interventions related to maternal mortality, unmet family planning needs, adolescent and youth fertility and disaster risk reduction., (c) enhanced utilization of knowledge management for change, including high-quality, disaggregated population data and creation of knowledge products on population dynamics including ageing, migration, disability and urbanization to support evidence-based advocacy and high-level policy dialogues; and (d) foster partnerships, coordination, and resource mobilization among government ministries, United Nations agencies, development partners, CSOs, research institutions and the private sector through “data for development” and other joint platforms to ensure that gaps in data can be bridged, and knowledge and experiences on SRH, GBV and harmful practices can be shared.

### III. Programme and risk management

24. The country programme will be implemented under the overall coordination of the Council for the Development of Cambodia, in close partnership with the Ministries of Health, of Women’s Affairs, of Planning, of Education, other relevant ministries, CSOs and other institutions at the national and subnational levels and in line with the principles of national ownership and mutual accountability. The programme will engage CSO partners to reach identified at-risk populations.

25. The country office will align its human resources strategy to ensure efficient delivery of programme results and will mobilize strategic partnerships with United Nations organizations and academic institutions to meet demands for technical assistance. The programme will seek technical support from the Asia-Pacific Regional Office and headquarters to accelerate the achievement of the three transformative results in the areas of life-saving skills, midwifery, family planning, strategies to prevent GBV, including technology-facilitated GBV, and research on drivers of violence. The aim is to develop innovative approaches for the generation and use of population data, including geographical information systems and small area estimation, and innovative approaches to reach out-of-school youth with SRHR and family planning information and services.

26. UNFPA will contribute to the UNSDCF coordination mechanisms by participating in the new Cooperation Framework pillars and through chairing the gender theme group and the GBV in emergencies subcluster. UNFPA will engage with the results groups to ensure that joint actions and programmes are developed in the areas of health,

education and addressing GBV. UNFPA leads the new joint United Nations GBV sub-working group and plays a lead role in the new data group under discussion.

27. Risks that may impact programme implementation include: (a) reduction in development assistance as Cambodia transitions to upper-middle-income status; ; (b) United Nations agencies in transition to working “as one” may result in slower actions initially; (c) regional and global conflicts may divert traditional donor funds to other countries and priorities; (d) the impact of climate change may hinder successful implementation; (e) global economic crises may shrink funding for SRHR and GBV; (f) another pandemic occurs; and (g) limited human resources and getting the right people for the right posts.

28. To mitigate these risks, a joint United Nations country team/ Cambodia human rights strategy has been developed for implementation through the UNSDCF. UNFPA in turn has developed an integrated partnerships and resource mobilization plan based on an analysis of the existing landscape and mapping of resource requirements. It will be implemented through a communications strategy which seeks to better acknowledge the contributions of donors, raise awareness of the UNFPA mandate and communicate the results of its work more strategically to a wider audience. UNFPA will proactively seek out partnerships with traditional and non-traditional donors, including from the private sector, to mobilize resources from the Government to increase implementation.

29. In the event of a national emergency, UNFPA will, in consultation with the Government, reprogramme funds towards activities, particularly life-saving measures, to better respond to emerging issues and enhance resilience. The Government is responsible for the safety and security of UNFPA staff and the UNFPA country office. The programme will apply the UNFPA social and environmental standards to ensure that there is no unintended harm to people and the environment.

30. This country programme document outlines the UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

#### **IV. Monitoring and evaluation**

31. The monitoring and evaluation of the country programme will be closely aligned with the UNSDCF results and resources framework, which is anchored in the principles of results-based management and nationalized Sustainable Development Goal indicators. UNFPA will participate in inter-agency working groups, including those on gender, data and monitoring and evaluation, and support implementing partners to participate in joint monitoring platforms and joint activities of the UNSDCG, including its evaluation. UNFPA will collaborate with United Nations agencies, the government and civil society and will contribute to strengthening national capacities on monitoring and reporting on the ICPD Programme of Action, the 2030 Agenda, including the National Strategic Development Plan, voluntary national review reports, the universal periodic review and the Convention on the Elimination of all forms of Discrimination Against Women.

32. UNFPA will adopt a comprehensive monitoring and evaluation plan based on adaptive results-based management principles, building on the programme’s theory of change and accountability frameworks. The costed monitoring and evaluation plan will be implemented and reviewed periodically. UNFPA and partners will manage and monitor the programme following UNFPA policies and procedures. Progress and achievements will be monitored through quarterly and annual review meetings with implementing partners, including joint annual reviews and a midterm review to assess progress and reformulate as needed. The country programme will be evaluated in the last year of implementation to identify lessons learned and priorities for the next programme cycle. UNFPA will support and strengthen the use of national data collection systems, to help monitor and track the programme’s contribution to the attainment of national targets and the Sustainable Development Goals.

## RESULTS AND RESOURCES FRAMEWORK FOR CAMBODIA (2024-2028)

<b>NATIONAL PRIORITY:</b> Pentagon 1: Human Capital Development: Side 3: Improvements of People’s Health and Well-Being				
<b>UNSDCF OUTCOME:</b> By 2028, people in Cambodia, especially those at risk of being left behind, are healthier and benefit from improved gender-responsive education and social protection.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, reduction in unmet need for family planning accelerated. 2. By 2025, reduction of preventable maternal deaths accelerated.				
<b>UNSDCF outcome indicator(s), baselines, target(s)</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>UNSDCF Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>● Human Development Index <i>Baseline:0.596 (2020); Target: TBC (2028)</i></li> <li>● UHC service coverage index score <i>Baseline:61 (2020); Target: 70 (2028)</i></li> </ul> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> <li>● Unmet need for family planning <i>Baseline:11.8% (2022); Target: 9% (2028)</i></li> <li>● Maternal mortality rate <i>Baseline:154 (2022); Target: 95 (2028)</i></li> </ul>	Output 1. By 2028, strengthened capacity of national and subnational institutions and communities to provide integrated quality SRHR information and services, particularly for those at risk of being left behind, across the development and humanitarian continuum, in line with the national standards.	<ul style="list-style-type: none"> <li>● Number of newly recruited healthcare workers capacitated to deliver high-quality rights-based family planning services in identified low-performing provinces <i>Baseline: 37 (2023); Target: 915 (2028)</i></li> <li>● Number of health facilities in low performing provinces providing 24/7 emergency obstetrics and newborn care services that are functional, in line with United Nations standards <i>Baseline: 14 (2023); Target: 30 (2028)</i></li> <li>● Number of SRHR strategies and implementation plans and investment cases that incorporate needs across development-humanitarian contexts and of the most at risk of being left behind <i>Baseline: 1 (2023); Target: 3 (2028)</i></li> <li>● Number of individuals who acquired information on SRHR and relevant services through BCC campaigns, disaggregated by location and vulnerability characteristics <i>Baseline: 0 (2023); Target: 5 million (2028)</i></li> </ul>	Ministry of Health, Provincial Authorities in UNFPA target provinces; WHO, UNICEF, UNAIDS, ILO, IOM, World Bank; Department of Foreign Affairs and Trade (Australia); GIZ and KfW (Germany), Korea International Development Agency; Japan International Cooperation Agency; Government of the Czech Republic, CSOs, local authorities, private sector	\$5.4 million (\$3.8 million from regular resources and \$1.6 million from other resources)
<b>NATIONAL PRIORITY:</b> Pentagon 4: Resilient, Sustainable and Inclusive Development: Side 1: Optimization of Demographic Dividends and Strengthening Demographic Resilience and Promotion of Gender Equality				
<b>UNSDCF Outcome:</b> By 2028, all people in Cambodia, especially those at risk of being left behind, live in an increasingly gender-equitable and inclusive society with active civic space and enjoy more effective and accountable institutions				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 3. By 2025, reduction in GBV and harmful practices accelerated.				
<u>UNSDCF Outcome indicator(s):</u>	Output 2. By 2028, discriminatory gender and social norms that contribute to GBV and	<ul style="list-style-type: none"> <li>● Number of policies, strategies, plans and SOPs developed with UNFPA support to address GBV <i>Baseline: 0 (2022); Target: 3 (2028)</i></li> </ul>	Ministries of Women’s Affairs, of Health, of Education, Youth and Sport, of Social Affairs, of Justice; UN-Women, UNICEF,	\$5.4 million (\$1.2 million from regular resources and



<ul style="list-style-type: none"> <li>Worldwide Governance Indicators:<sup>8</sup> (a) voice and accountability; (b) political instability and violence; (c) government effectiveness; (d) regulatory quality; (e) rule of law; (f) control of corruption. <i>Baseline: 43.87 (2023); Target:45 (2028)</i></li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Women who have ever had an intimate partner have experienced emotional, physical, or sexual violence committed by their current or most recent husband / intimate partner in the last 12 months prior to the survey <i>Baseline: 13% (2021-2022); Target: 10% (2028)</i></li> </ul>	<p>harmful practices addressed through enhanced quality of response services, innovative prevention interventions and strengthened multisectoral GBV coordination mechanisms, in development and humanitarian settings.</p>	<ul style="list-style-type: none"> <li>Number of districts with an agreed standard referral pathway for GBV survivors <i>Baseline: 10 (2023); Target: 18 (2028)</i></li> <li>Number of users accessing information through Chatbot and GBV Safe App <i>Baseline: 0 (2022); Target: 15,000 (2028)</i></li> <li>Number of UNFPA- supported strategies to engage stakeholders towards eliminating discriminatory social and gender norms, stereotypes and practices, as well as GBV <i>Baseline: 1 (2022); Target: 4 (2028)</i></li> <li>Functioning inter-agency coordination mechanism at the national level in development and humanitarian settings through technical support from UNFPA <i>Baseline: 1 (2022); Target: 3 (2028)</i></li> </ul>	<p>ILO, UNDP, UNESCO, CSOs, organizations of persons with disabilities and of women</p>	<p>\$4.2 million from other resources)</p>
<p><b>NATIONAL PRIORITY:</b> Pentagon 1: Human Capital Development: Side 3: Improvements of People’s Health and Well-Being; Pentagon 4: Resilient, Sustainable and Inclusive Development: Side 4: Optimization of Demographic Dividends and Strengthening Demographic Resilience and Promotion of Gender Equality</p>				
<p><b>UNSCDF Outcome:</b> By 2028, people in Cambodia, especially those at risk of left behind, are healthier and benefit from improved gender-responsive education and social protection; By 2028, all people in Cambodia, especially those at risk of being left behind, live in an increasingly gender-equitable and inclusive society with active civic space and enjoy more effective and accountable institutions.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, reduction in unmet need for family planning accelerated. 2. By 2025, reduction of preventable maternal deaths accelerated. 3. By 2025, reduction GBV and harmful practices accelerated.</p>				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Human Development Index <i>Baseline: 0.596 (2020); Target: TBC (2028)</i></li> </ul> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Rate of reduction of the proportion of women aged 20-24 years who were married or in a union.</li> </ul>	<p>Output 3. By 2028, strengthened national and subnational capacity to enhance skills and opportunities for adolescents and youth, particularly for those at risk of being left behind, to ensure bodily autonomy, leadership and participation and to build human capital.</p>	<ul style="list-style-type: none"> <li>Percentage of public schools in UNFPA target provinces that provide comprehensive sexuality education as per national standards <i>Baseline: 22% (of 1,646 schools) (2023); Target: 75% (of 1,646 schools) (2028)</i></li> <li>Number of adolescents and youth, including those with disability, LGBTIQI, entertainment workers, garment workers, migrants and indigenous people who acquired knowledge on SRHR, prevention of GBV and harmful social and gender norms</li> </ul>	<p>National and subnational levels of Education, Youth and Sports, of Labour and Vocational Training, of Women’s Affairs, UN-Women, UNAIDS, WHO, UNICEF, ILO, UNDP, UNESCO; civil society and community-based organizations, including youth networks/groups; government and other development partners</p>	<p>\$3.5 million (\$1.7 million from regular resources and \$1.8 million from other resources)</p>

<sup>8</sup> United Nations, Cambodia Common Country Analysis, 2022, 37. Cambodia report generate from: <http://info.worldbank.org/governance/wgi/Home/Reports>.

<p><i>Baseline: 53.5% (2021); Target: 43% (2028)</i></p> <ul style="list-style-type: none"> <li>Youth Development Index. <i>Baseline: 1 (2023); Target: 2 (2028)</i></li> </ul>		<p><i>Baseline: 40,000 (2023); Target: 500,000 (2028)</i></p> <ul style="list-style-type: none"> <li>Number of adolescents and youth actively engaged in youth-led policy debates and programmes related to SRHR, gender equality, youth development <i>Baseline: 160 (2023); Target: 1,500 (2028)</i></li> <li>Amount of the national budget allocated for CSE implementation <i>Baseline: 100,000 (2022); Target: 500,000 (2028)</i></li> </ul>		
<p><b>NATIONAL PRIORITY:</b> Pentagon 4: Resilient, Sustainable and Inclusive Development: Side 1: Optimization of Demographic Dividends and Strengthening Demographic Resilience and Promotion of Gender Equality.</p>				
<p><b>UNSCDF Outcome:</b> By 2028, people in Cambodia, especially those at risk of being left behind, are healthier and benefit from improved gender-responsive education and social protection; By 2028, all people in Cambodia, those at risk of being left behind, live in an increasingly gender-equitable and inclusive society with active civic space and enjoy more effective and accountable institutions.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1. By 2025, reduction in unmet need for family planning accelerated. 2. By 2025, reduction of preventable maternal deaths accelerated. 3. By 2025, reduction GBV and harmful practices accelerated.</p>				
<p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Data collection and analysis mechanisms/initiatives providing disaggregated data (inc. gender disaggregation) to monitor progress towards the SDGs and enhancing policy coherence for sustainable development, established/implemented with United Nations support <i>Baseline: 3 (2023); Target: 3 (2028)</i></li> </ul>	<p>Output 4. By 2028, strengthened analysis and utilization of data including demographic intelligence and disaggregated population data for national policies, plans and programmes to accelerate the ICPD Programme of Action and drive progress towards achieving the 2030 Agenda.</p>	<ul style="list-style-type: none"> <li>Number of surveys (CIPS &amp; DHS) conducted in line with international standards <i>Baseline: 0 (2023); Target: 2 (2028)</i></li> <li>Number of CIPS and DHS in-depth analyses conducted and disseminated to advocate for and inform policy discussions on ICPD Programme of Action <i>Baseline: 18 (2023); Target: 24 (2028)</i></li> <li>Number of national policies updated and developed, including policy briefs <i>Baseline: 0 (2023); Target: 3 (2028)</i></li> <li>Number of joint multi-agency data initiatives and publications involving the National Institute of Statistics and other relevant stakeholders demonstrating improved coordination for data generation and use <i>Baseline: 0 (2023); Target: 4 (2028)</i></li> </ul>	<p>UNICEF, WHO, UN-Women, UNDP and regional United Nations bodies</p>	<p>\$2.5 million (\$1.3 million from regular resources and \$1.2 million from other resources)</p>
<p>Programme coordination and assistance</p>				<p>\$1.2 million from regular resources</p>