Country Programme Action Plan (CPAP)

2011-2015

for the

Programme of Cooperation

between

The Royal Government of Cambodia

And

The United Nations Population Fund

The Royal Government of Cambodia

United Nations Population Fund

List of Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARH	Adolescent Reproductive Health
ART	Anti Retroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
BCC	Behavior Change Communication
BS	Birth Spacing
CBD	Community Based Distribution
CCWC	Commune Committee for Women and Children
CDC	The Council for the Development of Cambodia
CDHS	Cambodian Demographic and Health Survey
CEMONC	Comprehensive Emergency Obstetric and Neonatal Care
CIPS	Cambodian Inter-Censal Population Survey
CMDG	Cambodia Millennium Development Goals
CNCW	Cambodian National Council for Women
CO	Country Office
CP	Country Programme
CPA	Complimentary Package of Activities
CPAP	Country Programme Action Plan
CPR	Contraceptive Prevalence Rate
CS	Child Survival
CSES	Cambodia Socio-Economic Survey
CSO	Civil Service Organization
D&D	Decentralization and Deconcentration
DFID	Department for International Development
DPHI	Department of Planning and Health Information
EmONC	Emergency Obstetric and Newborn Care
EMIS	Education Management Information System
FACE	Funding Authorization and Certificate of Expenditure
FP	Family Planning
FTIRM	Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality
GBV	Gender-Based Violence
GCA	Government Coordinating Authority
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GMAG	Gender Mainstreaming Action Group
GMAP	Gender Mainstreaming Action Plan
GTZ	German Technical Cooperation
HC	Health Center
HCMC	Health Center Management Committee
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HRD	Human Resource Department
HSP	Health Sector Strategic Plan
HSS	HIV Sentinel Surveillance
HSSP	Health Sector Support Program
ICHAD	Interdepartmental Committee on HIV/AIDS and Drugs
ICPD PoA	International Conference on Population and Development Programme of Action
IEC	Information, Education and Communication
IMF	International Monetary Fund
IP3	Three Year Implementation Plan (for SNDD)
IUD	Intrauterine Device
JAPR	Joint Annual Performance Review
JAHSR	Joint Annual Health Sector Review
JICA	Japan International Cooperation Agency

JMIs	Joint Monitoring Indicators
JUTH	Joint UN Team of HIV/AIDS
MARP	Most at Risk Populations
MARYP	Most at Risk Young People
MDG	Millennium Development Goals
MH	Maternal Health
MMR	Maternal Mortality Rate
MPA	Minimum Package of Activities
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoP	Ministry of Planning
MoWA	Ministry of Women's Affairs
MPA	Minimum Package of Activities
M&E	Monitoring and Evaluation
NAA	National AIDS Authority
NCDDS	National Committee for Sub-National Democratic Development Secretariat
NCHP	National Center for Health Promotion
NCPD	National Committee for Population and Development
NGO	Non-Governmental Organization
NIPH	National Institute of Public Health
NIS	National Institute of Statistics
NPP	National Population Policy
NRHP	National Reproductive Health Programme
NSDP	National Strategic Development Plan
OD	Operational District
ODA	Overseas Development Assistance
PBA	Programme-Based Approach
PD	Population and Development
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
RGC	Royal Government of Cambodia
RH	Reproductive Health
RHC	Reproductive Health Commodities
RHIYA	Reproductive Health Initiative for Youth in Asia
SEDP	Socio-Economic Development Plan
SIDA	Swedish International Development Agency
SNDD	Sub-National Democratic Development
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWAP	Sector-Wide Approach
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TWG	Technical Working Group
TWG-G	Technical Working Group on Gender
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRC	UN Resident Coordinator
VCCT	Voluntary Confidential Counseling and Testing
VHSG	Village Health Support Group
YFCS	Youth-Friendly Clinical Services
WCCC	Women's and Children's Consultative Committees
WHO	World Health Organization

TABLE OF CONTENTS

The Framework

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Royal Government of Cambodia (hereinafter referred to as "the Government") and the United Nations Population Fund (hereinafter referred to as "UNFPA");

Furthering their mutual agreement and cooperation for the fulfillment of the International Conference on Population and Development (ICPD) Programme of Action;

Building upon the experience gained and progress made during the implementation of the previous Programme of Cooperation;

Entering into a new period of cooperation;

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

Have agreed as follows:

I. Basis of Relationship

The standard Basic Assistance Agreement (BAA) between the Government and the United Nations Development Programme (UNDP), dated 19 December 1994 and the agreement between the Royal Government of Cambodia and UNFPA signed 19 December 1994 constitute the legal basis for the relationship between the Royal Government of Cambodia and UNFPA. The programme of assistance described herein has been agreed jointly by the Government and UNFPA. This Country Programme Action Plan consists of ten parts and four annexes wherein the general priorities, objectives, strategies, management responsibilities and commitments of the Government and UNFPA are described.

II. Situation Analysis

Cambodia has progressively re-established peace and stability over a period of almost two decades since the Paris Peace Accord was signed in 1991. The country's first national elections were held in 1993 and subsequently in 1998, 2003 and 2008. As part of the process of sub-national democratic development, the first elections of commune councillors were held in 2002 and the second commune council elections were held in 2007.

The basis for the government's development priorities is the Rectangular Strategy, a tool to implement its political platform and to meet the Cambodia Millennium Development Goals (CMDGs). The Rectangular Strategy aims to promote economic growth, full employment of Cambodian workers, equity and social justice and enhanced effectiveness of the public sector. It consists of four interlocking growth rectangles focusing on 1) enhancement of the agricultural sector; 2) further rehabilitation and construction of physical infrastructure; 3) private sector development and employment generation, and 4) capacity building and human resource development. The fourth rectangle is further divided into four pieces reflecting the government's prioritization of key population, gender and reproductive health issues: 1) enhanced quality of education; 2) improvement of health services; 3) fostering gender equity; 4) implementation of the population policy. The CMDGs and the Rectangular Strategy are the basis for Cambodia's National Strategic Development Plan, which has been extended to 2013 to cover the current mandate.

Despite significant progress, Cambodia still faces many challenges. Poverty remains a serious problem, with 25 per cent of the population living below the national poverty line[1]. Poverty is overwhelmingly rural, and is aggravated by limited sources of growth, limited access to social services, landlessness, environmental degradation, and a lack of robust participatory processes.

Cambodia's gross domestic product (GDP) grew robustly over the last decade, with an average annual growth rate of 9 per cent in the ten years to 2009. However the current global economic downturn is expected to significantly impact growth rates. Cambodia's economic growth is also narrowly based, depending on a few areas, including garment manufacturing and tourism. Linkages to the rural economy are limited and inequality is increasing. GDP is now at US$677 per capita[2] and Overseas Development Assistance (ODA) remains a significant factor at US$46 per capita[3].

Cambodia is a relatively homogenous country in terms of ethnicity and religion. Approximately 90% of the population is from the majority Khmer ethnic group while over 95% of the population are Buddhist. However, indigenous people make up a majority of the population in the North-eastern provinces of Mondul Kiri and Rattanak Kiri where socio-economic and health indicators compare unfavourably with the rest of the country. The particular needs and different cultural norms, beliefs and languages of indigenous peoples need to be addressed in reproductive health and other social sector interventions in order to address inequities in health outcomes.

Population and Development

The total population of Cambodia is estimated at 13.4 million among which 10.8 million, or 80 per cent, live in rural areas[4]. The population is increasing at an annual rate of 1.5 per cent. Since the 1990s there has been a rapid decline in the total fertility rate (TFR) which now stands at 3.1 children per woman. This has already met the target set in the Cambodian Millennium Development Goals, which is 3.4 per woman by 2010. Despite decreasing levels of fertility population growth continues at a level of 1.5% annually as a consequence of fertility. Both infant and maternal mortality remain high. Maternal mortality is estimated at 461 per 100,000 live births and infant mortality at 60 per 1,000 live births.

Life expectancy continues to increase, rising from 57.1 years in 2004 to 60.5 in 2008 for men and 63.4 years in 2004 to 64.3 in 2008 for women. The population structure reflects large population cohorts entering adolescence and increasing numbers of people surviving into old age. In 2008, 56 per cent of the population was aged below 25, 34.8 per cent was aged 10 to 24, and 4.3 per cent was aged over 65. The age dependency ratio[5] has continued to decrease. In 2008 it stood at 61.2 compared to 74.0 in 2004[6].

The average household size has declined, from 5.1 persons per household in 2004 to 4.7 in 2008, with rural households on average slightly smaller than urban households. The proportion of households headed by women has fallen slightly, from 29 per cent in 2004 to 25.6 per cent in 2008[7].

[1] NSDP Update 2009-2013
[2] World Bank 2010. The GDP expressed in Purchasing Parity Power (PPP) is 29,811 (IMF 2010)
[3] Human Development Report 2009
[4] NIS 2008
[5] The age dependency ratio represents the proportion of the population aged 0 – 14 and over 65 against the population in the economically active age group (15 – 64).
[6] NIS 2004, NIS 2008
[7] NIS 2004, NIS 2008

The percentage of the population defined as internal migrants has fallen since 2004[8], reversing the trend of increase from 1998 to 2004. The 2008 Census found that 26.52 per cent of the population were migrants. There is a significant difference between urban areas with 57.93 per cent migrants compared to only 18.9 per cent in rural areas. There are no significant gender differences in the numbers or pattern of migration and migrants tend to have slightly higher levels of education than non-migrants.

Since holding the first General Population Census for over 30 years in 1998, Cambodia has made significant progress in monitoring, analyzing and prioritizing population issues. The country launched its first National Population Policy in 2003 and in 2010 this was revised to take account of new trends and emerging issues following the second General Population Census in 2008. CAMinfo, the national system for monitoring development indicators has been operating since 2004 and is a key tool for measuring progress toward the CMDGs and the National Strategic Development Plan 2006-2010 (revised to 2013).

Under the current country programme increasing emphasis is placed on developing capacity to analyze and use data at sub-national level, both through work with the Ministry of Planning and through the department of Local Administration of the ministry of Interior. The current context of decentralization through the process of sub-national democratic development offers an entry point for increased efforts to develop such capacity and to strengthen the links between data analysis and new planning and budgeting processes. Over the last five years, UNFPA has engaged with the decentralization process by providing training, sensitization and support to local authorities at Commune level to enable them to understand and address population issues in their local context. However, much remains to be done, particularly in relation to key population issues such as youth unemployment, ageing and migration. The emergence of new elected bodies and decentralized accountabilities at provincial and district level will further highlight the need for capacity to use and analyze data in planning at these levels.

Gender

The Cambodian Constitution (1993) and The Marriage and Family Law (1989) enshrine equality between men and women, and Cambodia is a signatory to International Human, Women's and Children's Rights Conventions. These conventions and laws provide a policy framework of gender equality.

Gender equality and the necessity of gender mainstreaming are prioritized by the Royal Government of Cambodia, and are integrated into key strategies and policies, including the Rectangular Strategy, the National Population Policy and the National Strategic Development Plan and related sectoral strategies.

The 2008 Cambodia Gender Assessment: A Fair Share for Women analyses the gender dimensions of key sectoral areas. The assessment notes significant progress compared to the previous assessment produced in 2004 in terms of attitudes and awareness, noting increased acceptance of gender equality, increased women's participation in the workforce, more acceptance of the importance of girls' education and women's rights to make decisions and choose their own marital partners. However, traditional societal attitudes and particularly male attitudes and behaviours remain a barrier to women's participation and significant inequities in political participation, access to education, health status and employment opportunities persist. Gender disparities are more serious for women in rural and remote areas.

[8] According to the 2008 Census methodology "a migrant refers to a person who has moved to the place of enumeration from another village (or another country) which is the person's last place of residence", NIS 2009

Cambodia's Gender Empowerment Measure (GEM), which reflects women's political participation, remains low compared to other countries in the region. Women remain particularly under-represented in the executive branch of government and in the judiciary. However, there has been an encouraging increase in the number of women in elected office over the last few years. The proportion of women elected to the National Assembly has increased from 5 per cent in the first national election in 1993 to 11 per cent in 1998 and 19 per cent in 2003, while the proportion of women elected to commune councils has increased from 8 per cent in the first election in 2002 to 15 per cent in 2007[9].

The Ministry of Women's Affairs (MOWA) takes a lead in gender mainstreaming, with the support of the Cambodian National Council for Women (CNCW), Gender Mainstreaming Action Groups (GMAGs) and civil society. While gender has increasingly been integrated in key policies and strategies there is a need to consolidate gender mainstreaming capacity and policy implementation at all levels.

Women's and girls' education is a key determinant of social development and women's empowerment and health status. Gender equity in education in Cambodia is improving. At primary level girls comprised 47 per cent of students enrolled in 2007. However, dropout rates are higher for girls, so that female students account for only 45 per cent at lower secondary level, 39 per cent at upper secondary and 35 per cent at tertiary level[10]. For women who are already adults there are significant gender differences in literacy levels, with 85.1 per cent of males over 15 defined as literate compared to only 70.9 per cent of their female counterparts[11].

Women face particular health risks and these are exacerbated by gender factors. Difficulties in accessing health care disproportionately affect women, given their needs for specific health services such as safe delivery and family planning. In 2005 88.5 per cent of women reported difficulties in accessing health care, with cost of treatment the most significant barrier[12]. Women are also made vulnerable to unwanted pregnancies, STIs and HIV by male sexual behaviour and gender norms which make it difficult for women to negotiate sex and condom use.

Gender-based violence, including domestic violence, rape sexual abuse and trafficking remains a significant issue in Cambodia. Gender based violence is associated with unequal power relations between men and women, exacerbated by a weak law enforcement and a culture of impunity. Twenty-two per cent of women who had ever been married report having experienced physical, sexual or emotional violence from an intimate partner[13]. Social attitudes regarding the acceptability of domestic violence show some improvement. The majority of people surveyed in 2009 understood domestic violence to be illegal, and fewer people believed that in some circumstances violence could be justified, compared to the previous survey in 2005[14]. However there were still a significant proportion of respondents who believed that in some circumstances it was acceptable for a man to be violent to his wife. For example, 36% of people felt it is sometimes acceptable for a man to hit his wife on the head while 82% recognised it was illegal and 18% felt that tying a woman up and hitting her was sometimes acceptable while 96% knew this was illegal[15]. Such attitudes make it hard for survivors of gender-based violence to seek health services or social or legal support and specialist services to address their needs are extremely limited.

[9] MOWA 2008
[10] EMIS 2008
[11] NIS 2008
[12] NIPH/NIS 2006
[13] NIPH/NIS 2006
[14] MOWA 2005
[15] MOWA 2009

Reproductive Health and Rights

Cambodia's reproductive and child health indicators are still among the worst in the region. The maternal mortality ratio is 461 deaths per 100,000 live births, and has not significantly declined since 2000. Infant mortality shows a downward trend but remains unacceptably high at an estimated 60 per 1,000 live births. Reproductive and child health are recognized by the Royal Government of Cambodia as a major priority. In particular, the Health Strategic Plan for 2008 - 2015 recognizes reproductive and child health as the most important priority facing the health sector. Political commitment to maternal health is reflected in the Ministry of Health's Fast Track Initiative Road Map for Reducing Maternal and Neo-natal Mortality which was launched in 2010 and sets out the priority interventions for the next five years in order to meet Cambodia's commitments in relation to Millennium Development Goal 5 (MDG5), which is currently off-track. The National Strategy for Reproductive and Sexual Health in Cambodia, 2006-2010 provides the policy framework for reproductive and sexual health in Cambodia and enshrines the principles of reproductive choice and rights set out in the ICPD POA. Building on the achievements and lessons learned from the implementation of the NSRSH 2006-2010, it is envisaged that support will be provided to the National Reproductive Health Program of the Ministry of Health to develop a 2011-2015 NSRSH which will serve as road map and implementation plan of the principles of reproductive choice and rights set out in the ICPD POA, taking into consideration of the new sector priorities as well as new development context.

There has been a notable improvement in intermediary indicators related to maternal health, with increasing numbers of women accessing essential pregnancy and delivery related services. While only 32 per cent of deliveries were attended by a skilled birth attendant in 2000 this had increased to 44 per cent by 2005[16]. Figures from the Ministry of Health's Health Information System suggest that the increase has accelerated, with 63 per cent of deliveries in 2009 being carried out by a skilled birth attendant.

Similarly there has been a significant increase in the availability and take-up of ante-natal care. In 2005 a survey of women who had a live birth over the last five years showed 60 per cent reporting at least two ANC visits[17] while 83 per cent of pregnant women went to ANC at least twice in 2009. A needs assessment of emergency obstetric and neonatal care services in Cambodia found that the availability and distribution of services was inadequate. There were only 1.6 Emergency Obstetric and Neonatal Care (EmONC) and 0.9 Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services per 500,000 people compared to the globally accepted minimum of at least five facilities, including at least one CEmONC while services were poorly distributed, tending to be focused around urban areas[18]. The lack of such facilities was reflected in a very low rate of caesarian section with only the capital city, Phnom Penh, achieving an acceptable caesarian rate at the time of the assessment.

Traditional beliefs that negatively influence practices during pregnancy, delivery and the post-partum period as well as child feeding practices and dietary norms for pregnant and post-partum women persist. Poor maternal, infant and child nutrition remain key problems. Anemia among women is a significant consequence of poor nutrition, which can contribute to risks associated with childbirth. Between 2000 and 2005 the overall level of anemia found among women aged 15 – 49 fell from 58 per cent to 47 per cent, however, the level of severe anemia remained constant at one per cent[19].

Use of modern methods of contraception has increased from the very low baseline of the mid-1990s. From 1995 to 2005 the contraceptive prevalence rate (CPR) increased from seven per

[16] NIPH/NIS 2006
[17] NIPH/NIS 2006
[18] NIPH/MOH 2009
[19] NIPH/NIS 2006

cent to 27 per cent. However, the CPR still stood at only 28 per cent in 2009[20]. Unmet need for contraception remains high at 25 per cent. Use of contraception varies significantly with geographical location, education level and income. In 2005 CPR for the wealthiest quintile was 32 per cent compared to 22 per cent among the poorest quintile. It should be noted that all contraceptive procurement in Cambodia is donor-funded with the exception of male condoms procured for the public sector, which are financed by the Ministry of Health.

Cambodia has made impressive progress in reducing HIV prevalence and incidence. HIV prevalence among adults peaked at almost 3 per cent in 1998 and is estimated at only 0.7 per cent in 2010. Cambodia is one of the few countries in the world to achieve such a significant and rapid decline and this was acknowledged with the presentation of the MDG Award in September 2010. This success is seen as reflecting high levels of commitment from government, civil society and development partners. The HIV response in Cambodia has attracted significant donor resources, including multiple rounds of support from the Global Fund for AIDS, TB and Malaria.

The shift from a generalized HIV and AIDS epidemic to one concentrated among high-risk groups such as men who have sex with men, sex and entertainment workers and injecting drug users poses new challenges. Spousal transmission from husband to wife remains a major mode of transmission, and one third of all new HIV infections are from mother to child. The national response to HIV and AIDS needs to be refined in order to meet new challenges. Prevention needs to be more focused on most at risk or vulnerable populations and there is an increasing need to link HIV and AIDS and SRH services which have been delivered vertically in Cambodia. The Ministry of Health is piloting the Linked Response, which attempts to join up these services. This is crucial in order to address the unmet SRH needs of most at risk populations, including the unmet needs of sex and entertainment workers for contraception, evidenced by high rates of abortion as well as to improve the coverage and targeting of PMTCT and to ensure that PLHIV are able to access SRH services, including family planning.

Cambodia has a young population. With 56 per cent of the population below 25 years of age, and 35 per cent between 10 and 24 years of age,[21] recognizing the sexual and reproductive health needs and rights of youth, and involving them in policy dialogue and implementation is critical. There is a high unmet need for sexual and reproductive health (SRH) information and services for young people. While in and out of school education programmes, incorporating basic reproductive health issues as part of overall life skills and HIV peer education are increasing, current coverage remains limited. There is also limited capacity amongst teachers and health providers to provide necessary youth-friendly information, services and counselling.

A survey of Most At Risk Young People (MARYP) aged 10-24 undertaken in 2010 under the auspices of ICHAD of MOEYS and technically and financially supported by a group of development partners including UNFPA[22], reflected the need to understand the diversity of young people's needs and the drivers of SRH, drug and HIV-related vulnerability. The survey findings particularly highlighted the need to address multiple and overlapping risks, the need for comprehensive approaches and most at risk young people's need for appropriate and accessible information and services.

In spite of steady and significant improvements, the public health system remains constrained in its response to reproductive health needs. The significant challenges include quality of care, the number and competency of health professionals, especially midwives, and access to emergency obstetric care. Public health staff are often inadequately skilled, suffer from poor access to resources and supplies, and salaries are so low as to create little or no incentive to

[20] HIS 2009 (reflects contraception from public health system only)
[21] CIPS, 2004
[22] MOEYS, 2010

work. This reflects low public expenditure on health, with government health disbursement at $9.36 per capita in 2009[23].

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

Basic reproductive health services, such as deliveries by skilled attendants, ANC, family planning, emergency obstetric care, STI prevention and treatment, and basic Reproductive Health Commodities (RHC), are all been integrated into the MPA package of primary health care services provided at health centre level and the CPA package of in-patient and out-patient services provided at referral hospitals. However, although reproductive health commodities are part of the MPA/CPA packages, this remains a challenging area due to limited forecasting and procurement capacity. Only male condoms are procured using government funding and long-term commodity security remains a concern.

III. Past Cooperation and Lessons Learned

UNFPA has worked in Cambodia since 1994. UNFPA's notable achievements under the first two Country Programmes included supporting the introduction of nationwide birth-spacing services and the implementation of the 1998 census, the first for 36 years.

Particular achievements under the third Country Programme, 2006-2010 have included the implementation of the 2008 census in the field of population and development. In terms of reproductive health and rights notable achievements have included the gradual increase in the use of modern methods of contraception, the increased availability and take-up of ante-natal care and rapid increase in the number of babies delivered by skilled birth attendants, reflecting the major achievement in supporting the increased availability and competence of skilled midwives in the public health system.

Population and Development

Over the last five years there have been significant achievements in the area of Population and Development. The increased national capacity to collect and analyse population data was reflected in the successful implementation of the second General Population Census by the NIS of MOP in 2008. During this period the 2010 Cambodia Demographic and Health Survey (CDHS) was also designed and data collection was implemented. CAMinfo was consolidated as the principal national system for development planning. The National Strategic Development Plan (NSDP) was reviewed and revised to cover the full period of the current government mandate until 2013.

UNFPA has been a major supporter of developing national capacity for data collection, analysis and dissemination over the last five years. It contributed funding and technical support to the 2008 Census, 2010 CDHS and NSDP revision and funding to support the update and dissemination of the CMDG Report

UNFPA also continued to support the implementation and monitoring of the 2003 national population policy. This policy is a priority of the Rectangular Strategy Phase II and the NSDP and is the basis for mainstreaming population concerns.

[23] MOH, 2010

Based on the mid-term review of the current Country Programme and lessons learned from subsequent implementation, one of the key priorities for the future is ensuring that capacity to analyse and use data is developed at sub-national as well as national level, which will be a particular priority in the light of Sub-national Democratic Development (SNDD) and increased accountability for planning, implementation and monitoring at sub-national level. There is also a need for on-going in-depth analysis of data from the 2008 Census and 2010 CDHS to contribute to improving the data base for evidence based planning and policy development. Lessons learned from programme implementation underline the importance of carrying out such data analysis in a way that contributes to the building of national capacity through on-the-job training and mentoring.

Gender Equality

During the last five years Cambodia has seen a positive improvement in terms of capacity and mechanisms for gender mainstreaming. The Ministry of Women's Affairs is the key national institution charged with gender mainstreaming in Cambodia. GMAGs at line ministries, including those supported by UNFPA at MOH and MOP, have begun to function and have formulated Gender Mainstreaming Action Plans. However, lessons learned from the last CP suggest that gender mainstreaming and gender analysis capacity still need to be reinforced at MOWA and sectoral line ministries to enable them to fully play a leading role and function effectively in this area as well as in the GMAGs of line ministries. There is also a need for increased budgetary commitment to gender mainstreaming, through the allocation of national budget to activities outlined in the GMAP.

At the same time, however, it should be noted that gender is increasingly referred to as a priority by leading politicians and policy makers. For example, there is a high-level commitment and policy to increase the numbers of women in key areas of the civil service where they are under-represented, particularly in law enforcement, marking a recognition of the need for women officers to respond to cases involving women, including those related to GBV as well as an imperative to open up more opportunities for women to advance. In the current mandate of the government there has been an improvement in the representation of women in elected positions and there have been high-profile discussions on the need for more engagement of women in politics and decision-making.

Lessons learned from the current country programme highlight the significant potential of emergent opportunities for women's political engagement as part of the process of SNDD as well as the capacity development needs of women candidates and elected officials at Commune level. Experience in capacity development and sensitisation work with Commune Councillors will feed into work with the new Women's and Children's Consultative Committees at District and Provincial level.

The Technical Working Group on Gender has proven to play an effective role, including in the promotion of an aid effectiveness agenda in relation to support for MOWA. Lessons learned from UNFPA's engagement in this forum as well as in the development of Programme Based Approach (PBA) in other sectors, suggests that engagement in the proposed PBA for MOWA and continued strengthening of the TWG-G should be a priority.

The development of the National Action Plan to Prevent Violence on Women and the Strategic Plan on Women, the Girl Child and HIV/AIDS have both been significant contributions to an improved policy environment. However, there is a need for better implementation and follow-up of these strategies. There is still a lack of models for effective services to respond to gender-based violence and experience from the current country programme suggests that this should be a priority. Attitudes to gender-based violence remain a barrier to both prevention and services and there is a need for more focused work in this

area, including work that focuses on men and on gatekeepers in the community, including local authorities, law enforcement and health service providers.

Reproductive Health and Rights

During the last five years there have been steady improvements in some key indicators related to reproductive health, including a gradual increase in use of family planning and marked increases in the numbers of pregnant women accessing ANC and delivering in health facilities. New midwifery training has been inaugurated and increasing numbers of women are entering the profession. The experience of the current country programme validates the importance of continuing to support specific initiatives in relation to midwifery training and support for professional development of midwives at the same time as engaging in health sector strengthening to improve the delivery of RMH services. An EmONC assessment was recently carried out and an improvement plan was formulated to address the lack of EmONC facilities.UNFPA has contributed to improvements in aid effectiveness and to the harmonization and alignment of donor support, by supporting the programme-based approach in the health sector through HSSP II. The second and third country programmes demonstrated the value of working through programme-based approaches. They facilitated the mainstreaming of reproductive and maternal health concerns, reinforced national structures and planning processes, and leveraged large-scale government and donor support for these issues, while reducing transaction costs for the government.

As the MTR of the current CP and subsequent implementation experience has highlighted, the reduction of financial barriers to accessing health services is an important demand-side strategy. UNFPA has been among donors supporting Health Equity Funds to enable poor people to access essential services, which has contributed to increased take-up of services at public health facilities and this should continue to be a priority. At the same time there is a need for other interventions focusing on the demand side. Experience under the current CP, highlighted in the MTR, suggests that communities and gatekeepers can play an important role in promoting take-up of and access to RMH services and there is potential to intensify work in this area as part of engagement with capacity building as part of SNDD.

UNFPA's engagement with HIV prevention in Cambodia is mainly focused on work with entertainment and sex workers, with the emphasis at policy level. During the current CP, the impact of the enforcement of the Human Trafficking Law showed the possible unintended negative consequences of policy change as it contributed to changes in the nature of transactional sex in Cambodia and posed significant challenges to these women's access to HIV and SRH services. UNFPA's role in the response to these changes has underlined the importance of upstream policy work and close collaboration with UNAIDS and other relevant agencies and these will continue to be a priority.

IV. Proposed Programme

The Country Programme Action Plan (CPAP) builds on the Country Programme Document for Cambodia reviewed by the Executive Board in June 2010 and approved in September 2010. The fourth country programme is based on:

- an analysis of the situation and key issues in relation to population and development, reproductive health and rights, HIV and gender in Cambodia;
- the Common Country Assessment;
- the United Nations Development Assistance Framework (UNDAF), 2011-2015;
- the government Rectangular Strategy Phase II and the updated National Strategic Development Plan;
- experience and lessons learned from the third country programme.

The fourth Country Programme will support key national priorities related to Population and Development, Gender and Reproductive Health by contributing to the achievement of four UNDAF outcome areas:

- Health and education;
- Gender;
- Governance;
- Social protection.

The UNFPA Country Programme will contribute to the UNDAF country programme outcomes and outputs noted below. This reflects the commitment of the UNCT in Cambodia for each agency's programming to align to the UNDAF as the binding agreement between the RGC and the UN system for the next five years. The UNDAF outcomes and outputs represent the outcome of a prolonged joint process facilitated by the UNRCO and are joint in nature. Each is supported by the programmes of a number of United Nations organizations. As part of the UNDAF development process, UNFPA Cambodia has ensured that the Fund's mandate and strategic priorities are reflected in the overall UNDAF. The conceptual and logical linkages between the UNDAF outcomes and outputs and the UNFPA Strategic Plan 2008 – 11 are set out in the matrix attached as Annex 5.

It should be noted that while key initiatives and anticipated implementing partners are set out below, it is also envisaged that the overall situation will change during the implementation of the Country Programme. In particular, new data will become available, including from the CDHS 2010, new policies will be introduced, the sub-national democratic development agenda will be refined, public administrative reform and public financial management reform programmes will progress, the donor landscape and political environment will change and Programme Based Approaches and other mechanisms for promoting aid effectiveness will become increasingly important. In the light of this dynamic context, it is expected that progress will be jointly reviewed on an annual basis, and adaptations will be made to suit changing needs and priorities through the annual review and work plan processes.

Population and development component

This component will contribute to the UNDAF priority in the area of good governance. The UNDAF outcome for this area is:

By 2015, national and sub-national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia and increased participation in democratic decision making.

Building on UNFPA's comparative advantage, achievements and lessons learned from the last Country Programme and on the government's current priorities expressed in the Three Year Implementation Plan for Sub-National Democratic Development (IP3) and the Ministry of Planning's Strategic Plan, UNFPA will support two outcome areas and three outputs.

The two outcome areas under the population and development component are:

1. Effective mechanisms for dialogue, representation and participation in democratic decision-making are established and strengthened;

2. Enhanced capacity for collecting, accessing and utilizing data disaggregated by sex, age, target population and region, at national and sub-national levels, to develop and monitor policies and plans that are responsive to the needs of the people and incorporate priority population, poverty and development linkages.

In pursuit of outcome one, UNFPA will focus on output one: Avenues and structures are developed and strengthened to empower youth and women to participate in decision-making and planning at national and sub-national levels. Work under this output will use the entry point of the ongoing process of sub-national democratic development[24] to seek opportunities to ensure that women and young people are empowered to participate in emergent local structures and processes as part of the decentralization and local democratization process. At the same time, activities will build on the experience under the last Country Programme by seeking effective ways to support the integration of social sector issues and priorities, including population, gender, sexual and reproductive health, youth and HIV issues into local planning and decision-making processes. This will involve supporting and developing the capacity of women's and children's committees at provincial, district and commune levels in priority locations.

Work in this area will involve close collaboration with a range of development partners active in the area of sub-national democratic development, notably UNICEF, UNDP, World Bank, GTZ and the EU. Once the IP3 is finalised, which is expected to be in the first quarter of 2011, it is expected that there will be a formalization of donor alignment around this plan, which will guide the first three years of SNDD that will involve a range of core ministries and national institutions under the coordination of the NCDDS. This may include the formation of a Programme-Based Approach and UNFPA and other UN agencies will seek to engage in this modality.

Key initiatives under output one will include supporting the capacity development of the key emergent institutions charged with promoting social sector issues as part of decentralization, Women and Children's Consultative Committees at provincial and district levels as well as CCWCs at Commune level, in order to:

- Increase the voice and participation of women, youth and vulnerable groups to engage in local planning and budgeting processes;
- Increase awareness and responsiveness of community members to key population, gender, sexual and reproductive health and youth issues;
- Ensure key social sector issues including education, health, GBV, youth and HIV are integrated and addressed in local planning and budgeting processes;
- Improve the responsiveness of services to women, young people and vulnerable groups.

It should be noted that there are significant links between these activities and the gender and reproductive health components of the Country Programme and this is likely to become even more significant as the process of SNDD evolves over the next few years, with the expected functional assignment exercise. This will involve the decentralization of functions from sectoral line ministries, including those with which UNFPA partners, and increased local accountability for the planning and delivery of services.

Under the second outcome, UNFPA will focus on two outputs, the first of which is output two: Improved availability and utilization of data and information disaggregated by sex, population and region. Work under this output will involve continuing to work closely with the Ministry of Planning's General Department of Planning and National Institute of Statistics as well as with a range of UN agencies and other development partners supporting the planning sector.

There will be an emphasis on supporting capacity building for the collection, dissemination and utilization of disaggregated data through key initiatives including:

- Developing the capacity of partners to provide timely and comprehensive population data and statistics;

[2424] Previously referred to as Deconcentration and Decentralization

- Promoting networking of national partners involved in population data collection and utilization;
- Improving the coordination and management of data storage at the National Institute of Statistics;
- Promoting disaggregated data analysis, utilization and dissemination at national and sub-national levels;
- Supporting the development and use of CAMinfo tools;
- Strengthening NIS capacity in IT, programming, data processing and analysis.

It is envisaged that as part of the process of decentralization, there will be increasing focus on developing sub-national capacity to analyse and use data.

During the period of the fourth Country Programme, UNFPA will support a number of key data collection, analysis and dissemination initiatives, notably:

- Completion of the analysis and dissemination of the 2010 CDHS;
- Planning, implementation and analysis of the 2013 Intercensal Population Survey
- Planning and implementation of the 2015 CDHS.

These will involve close collaboration with other development partners engaged in supporting data collection, analysis and dissemination activities in Cambodia.

Also under the second outcome, UNFPA will work on output three: National and sub national capacity is strengthened to develop evidence-based, gender- and child-sensitive plans and budgets that incorporate priority population, poverty and development linkages.

The focus here will be on sensitization and research on emerging population issues and capacity development for national and sub-national evidence-based planning and budgeting and it is envisaged that UNFPA will partner with the NCPD of the Council of Ministers and other relevant governmental and non-governmental agencies as well as the NIS.

Working primarily with the planning sector at national and sub-national level, key initiatives will include:

- Enhancing the capacity of policy-makers, parliamentarians and planners to utilize population, poverty and development data for planning, M & E and reporting;
- Strengthening the Ministry of Planning's capacity to prioritize and mainstream gender issues, through support to the GMAG and GMAP[25].

Together with NCPD and other relevant institutions, UNFPA will also focus on:

- Development of training and advocacy materials on priority and emerging population issues;
- Sensitization and training on priority and emerging population issues;
- Compiling and disseminating policies and plans related to population and development;
- Integration of key issues into NSDP reporting;
- Conducting and disseminating research into priority and emerging population issues.

Gender equality component

This component will contribute to the UNDAF priority in the area of gender. The UNDAF outcome for this area is:

[25] See also Outcome 2 of the Gender Equality Programme where support to GMAGs is described in more detail.

By 2015, all women, men, girls and boys are experiencing a reduction in gender disparities and progressively enjoying and exercising equal rights.

Building on UNFPA's comparative advantage, achievements and lessons learned from the last Country Programme and on the government's current priorities expressed in the Neary Rattanak III[26], the MOWA strategic plan and the National Action Plan to Prevent Violence on Women UNFPA will support four outcome areas and five outputs.

The four outcome areas under the gender equality component are:

1. A harmonized aid environment that promotes gender equality and the empowerment of women
2. Strengthened and enhanced gender-mainstreaming mechanisms at national and sub national levels.
3. Enhanced participation of women in the public sphere at national and sub national level
4. Improved societal attitudes and preventive and holistic responses to gender-based violence.

In pursuit of outcome one, UNFPA will focus on output one: Increased United Nations leadership and facilitation of a programme-based approach to promoting gender equality and empowering women. Work under this outcome will entail working closely with the UNRC Office and United Nations Country Team to improve gender responsiveness and coordination.

The key initiatives, which will all be undertaken in collaboration with other UN agencies, will include:

- Contributing to joint UN support for improved gender responsiveness and coordination in the UNCT;
- Participation in development and implementation of a proposed PBA for gender equality and women's empowerment;
- Contributing to joint support for the development of new MOWA five-year strategic plan, Neary Rattanak IV;
- Contributing to joint support for third Cambodia Gender Assessment.

Under outcome two, UNFPA will work on output two: Enhanced capacity of gender-mainstreaming action groups in line ministries and institutions at national and sub national levels. The key initiatives here will be support to capacity development of Gender Mainstreaming Action Groups in the Ministry of Health and in the Ministry of Planning. Capacity development will focus on gender analysis and advocacy capacity at national and increasingly at sub-national level. This will complement the activities supported by other development partners in support of GMAGs in other line ministries and will be integrated into the annual workplans of these two line ministries as implementing partners under the PD and RH components.

Under outcome three, UNFPA will support output three: Enhanced opportunities and mechanisms to strengthen women's capacity to participate in the public sphere at national, sub national and community levels.
This work will complement the activities describes above under the PD component as part of support to SNDD aligned with the IP3. Under the gender equality component the focus will be on supporting the capacity development of WCCCs with particular reference to social sector issues through the following key initiatives:

[26] Neary Ratanak III is the name of the Ministry of Women's Affairs'third strategic plan

- Support to MOWA at national level to develop capacity to provide technical assistance, coaching, mentoring and follow-up activities;
- Engage NGOs to provide training to strengthen capacity of WCCCs, including women councillors;
- Support mid-year and annual review meetings for WCCCs;
- Arrange exchange visits for exchange and learning between WCCCs in different locations.

Under Outcome four, UNFPA will focus on two outputs, the first of which is output four: Increased community awareness of and involvement in the promotion and protection of women's rights and gender equality, and the prevention of gender-based violence. Under this output the focus will be on creating an enabling environment for GBV prevention and the protection of women's and children's rights through:

- Support to activities targeting men to play a positive role in promoting gender equity and preventing GBV
- Advocacy to encourage key stakeholders in communities, including local authorities and law enforcement officers, to intervene in GBV cases
- Support for research on GBV issues
- Support media and communications activities to increase public awareness and involvement in protection of women's rights and prevention of GBV.

The second output under outcome four is output five: Increased institutional capacity to provide multi-sectoral mechanisms to protect women's rights, promote gender equality, and prevent gender-based violence. Under this output UNFPA will be engaged in establishing multi-sectoral mechanisms for the protection of women's rights and the prevention of and response to GBV by:

- Collaborating with other development partners to supporting the implementation and monitoring of the National Action Plan to Prevent Violence towards Women
- Developing model multi-sectoral prevention, referral and response mechanisms at the provincial level in two selected provinces
- Advocating for a national standard or mechanism for a multi-sectoral response to GBV.

It is envisaged that the development of a multi-sectoral response model for GBV will be undertaken by an NGO or consortium of NGOs with comparative advantage in this area, with close collaboration with relevant departments at local and provincial level as well as engagement of MOWA at policy level. The design of the model will be expected to incorporate robust evaluation and lesson-learning to facilitate replication. UNFPA will collaborate with other UN agencies to advocate with MOWA, which is seeking opportunities to explore holistic multi-sectoral responses to GBV and will lead other line ministries in engaging with GBV, for the this model to be scaled-up.

Reproductive health and rights component

This component will contribute to the UNDAF priorities in the areas of health and education, governance and social protection. The relevant UNDAF outcomes are:

- Health and education: By 2015, more men, women, children and young people enjoy equitable access to health and education
- Governance: By 2015, national and sub-national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia and increased participation in democratic decision making.

- Social protection: By 2015, more people, especially the poor and vulnerable, benefit from improved social safety net and social security programmes, as an integral part of a sustainable national social protection system

Building on UNFPA's comparative advantage, achievements and lessons learned from the last Country Programme and on the government's current priorities expressed in the Health Strategic Plan, the Fast Track Initiative Road Map for Reducing Maternal and Newborn Health and the Third National Strategic Plan for a Multi-Sectoral Response to HIV/AIDS, UNFPA will support four outcome areas and five outputs.

The four outcome areas are:

1. Increased equitable coverage, at national and sub-national levels, of good-quality reproductive, maternal, newborn and child health and nutrition services
2. Enhanced national and sub-national institutional capacity to expand young people's access to good-quality life skills, including on HIV, and technical and vocational education and training
3. Strengthened multi-sectoral response to HIV
4. Increased national and sub-national capacity to provide affordable and effective national social protection through improved development, implementation, monitoring and evaluation of a social protection system.

Under outcome one, UNFPA will support two outputs, the first of which is output one: Improved national and sub-national capacity to increase the availability, accessibility, acceptability, affordability and utilization of good-quality reproductive, maternal, newborn and child health and nutrition services[27].

Under this output, UNFPA will continue to work as part of HSSPII to support the reproductive and maternal health elements of the health strategic plan. HSSPII is he PBA for the health sector, in which UNFPA is one of seven development partners[28] aligned in support of the MOH's own strategy, within which maternal and reproductive health are the main priority. It is envisaged that UNFPA funds under the fourth Country Programme will continue to be channelled through the PBA under two modalities – the pooled fund and the discrete fund.

UNFPA will ensure a supportive policy and resource environment for reproductive maternal and newborn health through:

- Support for the development and revision of relevant national strategies, policies, guidelines and protocols
- Support for improved aid effectiveness in the health sector through continuing commitment to the HSSP II JPIG, TWG-H, RMNH Taskforce and other joint government-DP processes
- Support for research on key emerging RMH issues to inform policy, strategy and guideline development.

There will also be significant support for the increased availability of and access to quality reproductive and maternal and newborn health services by:

- Support for the implementation and monitoring of the EmONC Improvement Plan and FTIRM;

[27] It should be noted that while the UNDAF outcomes and outputs encompass RMNCH, these represent the work of a number of UN agencies with different mandates and UNFPA's focus will be on reproductive and maternal health as set out in the text.

[28] The HSSP II partners are UNFPA, UNICEF, World Bank, AFD, BTC, AusAID and DFID.

- Support to the provision and quality improvement of RMNH services, including the integration of HIV and AIDS and SRH services and other reproductive services including those addressing reproductive cancers.
- Promotion of community based activities including community notification of maternal death, birth preparedness, community based distribution (CBD) of contraceptives and outreach by health service providers.
- Supporting capacity development, sensitisation, protocol development and behaviour change communication in relation to the identification, management and referral of GBV cases in pilot provinces.
- Ensure family planning commodity security
- Support the introduction of new and long-term family planning methods.

Young people's needs will be addressed through promotion of the increased availability of and access to SRH information and services for young people, particularly vulnerable or most at risk young people through:

- Support for integration of adolescent/youth friendly services as part of the CPA and MPA, including development of referral systems for young people.

On the demand side, there will be efforts to increase demand, accessibility and community involvement in quality RMNH services through:

- Support to financial mechanisms such as Health Equity Funds which enable poor people to access services
- Support for behaviour change communications, particularly those addressing harmful practices and misconceptions affecting health-seeking behaviour and practices related to sexuality, pregnancy and delivery.

Behaviour change communication will promote understanding of the importance of appropriate health-seeking behaviour among women themselves as well as their partners, families and communities who can provide an enabling environment for women to access care during pregnancy and at and after delivery. In particular, it should be noted that messages will encourage women to attend ANC at least four times during their pregnancy in line with internationally accepted good practice as well as delivery with skilled birth attendance in a health facility and PNC for mothers and babies.

The second output under outcome one is output two: Increased competency and availability of health-related human resources, particularly midwives and other professionals, where gaps in skills exist. Under this output, UNFPA will focus on supporting the improved availability and competency of human resources in the areas of reproductive, maternal and neonatal health, particularly emergency obstetric and neonatal care doctors and midwives.

The key initiatives to promote capacity development of relevant human resources include:

- Support for improved midwifery training, deployment, registration, licensing and practice through pre-service training and the recruitment, appropriate deployment, licensing and registration of midwives.
- Support for in-service training to develop improved competency for family planning, skilled birth attendance and EmONC
- Support for improved competency to provide youth friendly clinical services, GBV identification, clinical management and referrals and HIV and STI.
- Support the roles and functions of professional organisations for midwifery, the Cambodian Midwives Council and the Cambodia Midwives Association.

Under outcome two, UNFPA will work on output three: Enhanced access to and utilization of core life-skills training, including on HIV, and technical and vocational education and

training, especially for disadvantaged young people and out-of-school children. UNFPA will focus on increasing the availability of and access to information for young people including vulnerable and most at risk young people by:

- Supporting the integration of SRH and HIV and AIDS into life skills training
- Providing direct support for life skills implementation in selected geographical areas for in and out of school young people
- Strengthening the linkages between life skills education and ASRH services
- Promotion of the participation of most at risk young people in policy dialogue on SRH and reproductive rights and youth outreach activities.

It is envisaged that activities under this output will be implemented in partnership with relevant governmental agencies and civil society organisations. These are likely to include the Interdepartmental Committee on HIV and AIDS and Drugs of MOEYS and youth organisations, including those working with most at risk young people, according to their comparative advantage.

Under outcome three, UNFPA will focus on output four: Enhanced national and sub national capacity to target key populations at risk with effective interventions to prevent HIV.

It is envisaged that UNFPA will continue to work closely with the JUTH and as part of the division of labour between UN agencies and UNAIDS co-sponsors will continue to take a lead among the UN family on addressing the needs of sex and entertainment workers by:

- Supporting policy, strategy and capacity development for HIV prevention with entertainment and sex workers, their clients and partners
- Supporting the capacity development of networks among entertainment and sex workers

As a partner of MOWA, UNFPA will also contribute to reducing the vulnerability of women and girls to HIV and addressing gender and HIV issues through support to the implementation of prevention, advocacy and awareness-raising elements of MOWA's Strategic Plan on Women, the Girl Child and HIV/AIDS.

Under outcome four UNFPA will focus on output five: Increased national and sub national capacity for emergency preparedness and response, to reduce and mitigate the vulnerability of the poorest and most marginalized persons, especially women, children, elderly, youth and people living with HIV, to environmental and health disasters.

UNFPA will support the national and sub-national agencies engaged with emergency preparedness and response to mitigate RMH and GBV impacts of emergencies through:

- Contributing to the development of emergency preparedness and response plans
- Supporting the rollout of national and sub-national training on the Minimum Initial Service package for SRH in crisis situations, with a particular focus on disaster-prone locations.

V. Partnership Strategy

The Cambodian context is characterized by a concentration of development partners and a continuing dependence on external aid. This poses significant challenges in terms of aid effectiveness and coordination.

Through the mechanism of joint government-donor technical working groups (TWGs) working to Joint Monitoring Indicators (JMIs), the Royal Government of Cambodia provides coordination and leadership on a sectoral basis under the CDC. The CDC actively promotes

the development of PBAs, such as those that are already successfully implemented in Health and Education. However, the recent history of Cambodia and the large number of development partners active in the country make this a particularly complex undertaking. Given this context, UNFPA Cambodia is committed to support the aid effectiveness agenda, promote national ownership and engage in the development of future PBAs using its experience in the PBA for the health sector. Possible PBAs being discussed at the current time would be in relation to SNDD in support of the Implementation Plan 3 (IP3), in support of MOWA and in support of the Ministry of Planning's Strategic Plan.

UNFPA will work with a range of stakeholders in order to achieve the aims of the Fourth Country Programme. Partners will include parliamentarians, government, NGOs, civil society partners, local authorities and community leaders. UNFPA will continue and build on existing partnerships with relevant line ministries and other institutions of the Royal Government of Cambodia, namely the Ministry of Planning, The National Committee for Population and Development, the Ministry of Women's Affairs, the Ministry of Health, the National AIDS Authority and the Ministry of Education, Youth and Sports. UNFPA will also engage with the process of sub-national democratic development through a partnership with the National Council for Democratic Development Secretariat and selected local authorities. While some of these partnerships will continue to take form of traditional funding through AWPs, UNFPA will continue to demonstrate its commitment to aid effectiveness by engaging in existing and emergent Programme Based Approaches.

Where civil society organizations have a comparative advantage, particularly in work focusing on new or sensitive issues at community level, UNFPA will enter partnerships with relevant NGOs. Partnerships are expected to evolve and change during the implementation of the Fourth Country Programme, reflecting evolving priorities and realities.

In reflection of UNFPA's commitment to South-South Cooperation as an empowering, appropriate and cost-effective approach to technical assistance, South-South approaches to capacity development will be utilized where appropriate.

UNFPA will collaborate closely with UN agencies through the mechanism of the UNCT and other sector-specific channels in support of the UNDAF and the NSDP. There will be particularly close partnerships with WHO, UNICEF, UNDP, UNAIDS and UN Women. Examples of the kinds of collaboration envisaged include UNCT coordinated approaches to gender as part of the UNDAF, led by UN Women, close collaboration with UNICEF on support to social sector priorities and capacity building of CCWCs, collaboration with H4+1 partners in support of RMH, UNCT joint advocacy on MDG5 and active engagement in the JUTH.

VI. Programme Management

The Country Programme will be managed through the country office in Phnom Penh. This office will consist of a representative, a deputy representative, an assistant representative, an operations manager and administrative support staff. UNFPA will use programme funds to support programme and administrative posts, based on country programme requirements and the approved country office typology. Additional national project personnel and short-term technical support will be recruited as required. National, regional and international experts and institutions will provide technical support. The Asia and the Pacific Regional Office, based in Bangkok, Thailand, will assist the country office in identifying technical resources and in providing quality assurance.

The Government Coordinating Authority, the Council for the Development of Cambodia (CDC), will have overall responsibility for coordination of the Country Programme, and the UNFPA Country Office will support the CDC in this function. Annual work plans will be the primary tool for operationalizing the programme. These will be developed by implementing

partners, including line ministries and other government institutions, NGOs and civil society partners as detailed above, in close collaboration with UNFPA. Progress will be reviewed on an annual basis linked to the UNDAF Annual Review. A detailed description of the planned monitoring and evaluation system can be found in the next section.

The major mechanism for sectoral coordination will continue to be Technical Working Groups (TWGs), primarily the TWGs with responsibility for Planning and Monitoring, Health, Education, Gender and HIV and AIDS. Under the coordination of the CDC, the TWGs are the sectoral forums for government-development partner consultation, coordination and monitoring and demonstrate the Royal Government of Cambodia's commitment to enhancing aid effectiveness. In an effort to support harmonization and alignment efforts and reduce transaction costs, the UNFPA CO will use the TWGs for external coordination of inputs. The UNFPA CO will facilitate in-depth coordination and monitoring of inputs across implementing partner in order to ensure that key activities and outputs are on-track. The CO and its respective implementing partners will highlight achievements and outstanding issues within the relevant TWGs on a regular basis, and the CDC, will receive regular updates through quarterly TWG reporting. Annual monitoring and reporting systems are described in the next section.

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

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

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

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

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

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

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

It should be noted that the majority of proposed implementing partners have previous experience executing UNFPA funds, and historical audit reports confirm that proper financial

management and control systems are in place. However, the Country Office will support further capacity development of new and existing implementing partners to ensure full compliance with new harmonized cash transfer systems.

VII. Monitoring and Evaluation

The overarching framework for UNFPA and the Government to monitor and evaluate the Country Programme is the UNDAF. UNFPA will work jointly with other United Nations organizations and development partners. This will include assistance through the existing programme-based approach in the health sector, in which UNFPA will monitor through the joint review process using the planning tools and mechanisms of the Ministry of Health.

UNFPA and the Government will monitor the programme using data from the 2008 census, the Cambodian demographic and health survey, socio-economic surveys, the intercensal population survey, surveys on violence against women, management information systems, other surveys, and supplementary operational research where needed.

UNFPA will undertake annual reviews and evaluations in conjunction with UNDAF monitoring and evaluation mechanisms, which will utilize CAMinfo, the national socio-economic database system, and national monitoring systems. UNFPA will also support IP thematic evaluations and reviews. Where pilot activities are supported under the CP, there will be a robust and well-planned evaluation in order to work with the RGC to bring the programme to scale by examining effectiveness and relevance.

A comprehensive Country Programme Evaluation will be conducted in the fourth year of the country programme so that evaluation findings can feed into the process of development of the subsequent country programme and will contribute to evaluation of the UNDAF as a whole. In keeping with UNFPA good practice in CP evaluation this will be undertaken by a team of external consultants who will be encouraged to examine all aspects of the CP including relevance and impact as well as the effectiveness, efficiency and sustainability of implementation. .

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

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

To facilitate assurance activities, Implementing Partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA

VIII. Commitments of UNFPA

For the period 1 January 2011 - 31 December 2015, the UNFPA Executive Board approved a total commitment of US$18,000,000 from Regular Resources in support of the Country Programme, subject to availability of funds. The board authorized UNFPA to seek additional funding, in the form of Other Resources, to support the implementation of the Country Programme, to an amount of US$6,200,000. The availability of Other Resources will be dependent on the success of joint UNFPA and government resource mobilization efforts and donor interest. Therefore, the total value of the approved Country Programme (Regular Resources + Other Resources) equals US$24,200,000. The regular and other resource amounts noted above are exclusive of the UNFPA support to core office staff and operational expenses through the BSB budget as well as any additional funding potentially received in response to an emergency appeal.

Resource mobilization will be a critical part of the new programme, and will be undertaken by UNFPA in conjunction with government and other partners as appropriate. As noted above, UNFPA hopes to mobilize an additional US$6.2 Million to support CP initiatives, specifically for RH and family planning commodity security, EMoNC improvement, support to development of SBA and adolescent reproductive health initiatives, gender-based violence responses, Cambodia Inter-censal Population Survey (CIPS) and CDHS. A resource mobilization plan will be developed to highlight specific needs and possible funding sources. Resource mobilization activities will be initiated in the early part of the next Country Programme.

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

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

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

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

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

IX. Commitments of the Government

The 2011 - 2015 Country Programme will be implemented in conformity with the policies of the Royal Government of Cambodia (RGC), the host country agreement signed between the RGC and the UN dated 1994, and the provisions and framework as set out in this document. The CDC will function as Government Coordinating Agency and will take overall responsibility for coordinating and monitoring the Country Programme.

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

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

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

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

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA quarterly. Where any of the national regulations, policies and procedures are not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

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

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

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

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

- receive and review the audit report issued by the auditors;
- provide a timely statement of the acceptance or rejection of any audit recommendation to the UNFPA;
- undertake timely actions to address the accepted audit recommendations;

- report on the actions taken to implement accepted recommendations to the UN agencies with the frequency that is mutually agreed.

X. Other Provisions

This Country Programme Action Plan and its annexes shall supersede any previously signed Country Programme Action Plans, and will cover the period 1 January 2011 to 31 December 2015.

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

IN WITNESS THEREOF, the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day.....11 MARCH 2011..... in Phnom Penh, Cambodia.

For the Royal Government of Cambodia

H.E. Mr. Keat Chhon
Deputy Prime Minister, and Minister of Economy and Finance
First Vice Chairman of the Council for the Development of Cambodia
Kingdom of Cambodia

For the United Nations Population Fund

Mr. Nesim Tumkaya
Officer-in-Charge
UNFPA Cambodia

Annex 1: The CPAP Results and Resources Framework (PD Component)

National Priority: CMDGs, Rectangular Strategy Phase I and Phase II, National Strategic Development Plan extension
UNDAF Outcome: By 2015, national and sub national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia and increased participation in democratic decision making.

				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
PD Outcome 1 : Effective mechanisms for dialogue, representation and participation in democratic decision-making established and strengthened. PD Outcome 1 Indicator: Number of women elected candidates to representative bodies Baseline: 22 % in NA (2008 elections) and 14.6% elected female councilors (2007 elections)	PD Output 1: Avenues and structures developed and strengthened to empower youth and women to participate in decision-making and planning at national and sub-national level.	PD Output Indicator 1.1: Multi-sectoral National Youth Policy developed with reference to youth participation. Baseline 2010: Draft stage Target 2012: developed PD Output Indicator 1.2: Sub-national Women and Children Consultative Committees (commune, district, province) are established and functional in all locations. Baseline: Commune/Sangkat: 100% District: 0 % (newly established 2010) Province: 0 % (newly established 2010) Target: Commune: 100% District: 100% Province: 100%	• National Committee for Sub-national Democratic Development (NCDD)/ DoLA • UN organizations • NGOs	**Regular Resources**					
				330,000	330,000	330,000	330,000	330,000	1,650,000
				Other Resources					
				0	0	0	0	0	0

				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
Target: NA: 2013: 30% CC: 2015: 25%		PD Output Indicator 1.3: Number and % of local plans (commune) in priority areas that are evidence based, gender sensitive and incorporate population, RH and youth issues. **Baseline (2009)**:[1] **CIPs:** ▪ 88% CIPs in priority areas reviewed incorporated key population issues. ▪ 88% CIPs in priority areas analyzed implemented key population issues. ▪ 100% CIPs in priority areas reviewed incorporated key RH, HIV/AIDS and Youth issues. ▪ 100% CIPs in priority areas reviewed implemented key RH, HIV/AIDS and Youth issues. ▪ 100% of CIPs in priority areas incorporate gender issues ▪ 100% of CIPs in							

[1] It should be noted that the baseline refers to the 446 CC in 14 target provinces supported by UNFPA under the third CP. It is envisaged that under CP IV there will be a transition to support new provinces so the targets refer to the new locations which will be defined following discussion and coordination with other DPs.

		priority areas were found to be gender sensitive **Target (2015):** **CIPs:** • 100% CIPs in priority areas incorporate key population issues. • 95% of CIPs in priority areas implement key population issues. • 100% of CIPs in priority areas incorporate key RH, HIV/AIDS and youth issue • 95% CIPs in priority areas implement key population, RH, HIV/AIDS and youth issue and are found to be gender responsive • 100% of CIPs in priority areas incorporate gender issues • 95% of CIPs in priority areas are found to be gender sensitive								
D Outcome 2: Enhanced capacities for collection, access and utilization of disaggregated information (gender, age, target populations, region) at	PD Output 2: Improved availability and utilization of disaggregated (gender, population, region) data and information.	PD Output Indicator 2.1: Population data disaggregated by sex, age, income available through Census, CDHS, CSES, Commune database and other surveys.	• Ministry of Planning (GDP and NIS) • UN organizations • Donors	**Regular Resources**					
				327,000	337,000	287,000	387,000	237,000	1,575,000
				Other Resources					

national and sub-national levels to develop and monitor policies and plans that are responsive to the needs of the people and incorporate priority population, poverty and development linkages. <u>PD Outcome 2 Indicator:</u> Disaggregated data and information used to monitor NSDP, CMDGs, sectoral and sub-national plans. Baseline: 20% (estimated) Target: 2015: 100%		Baseline: 70% (estimated) Target: 100% in 2015	• NGOs	0	0	250,000	0	750,000	1,000,000
	<u>PD Output 3:</u> National and sub-national capacity to develop plans and budgets that are evidence based, gender and child sensitive and incorporate priority population, poverty and development linkages strengthened.	<u>PD Output Indicator 3.1:</u> Proportion of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages. <u>CP IV Indicators:</u> • Key population, RH and gender issues integrated in National Strategic Development Plan (NSDP). • Sectoral plans (Health, Education, Women, HIV, and planning) are evidence based, gender sensitive and incorporate population and development linkages. • Proportion of provincial plans (in selected areas) that are evidence based, gender sensitive and incorporate population and development linkages. <u>Baseline: 10% (estimated)</u> • NSDP Update 2009-2013 incorporated key population, RH, and gender issues.	• Ministry of Planning (GDP and NIS) • National Committee for Population and Development (NCPD) • UN organizations • Donors NGOs	**Regular Resources**					
				295,000	395,000	395,000	395,000	295,000	1,775,000
				Other Resources					
				0	0	0	0	0	0

		However, the NSDP M&E framework formulated minimally incorporates population issues. • Sectoral Plans (Health, Education, Women, HIV, and planning) minimally incorporate population, RH, and gender issues. • Provincial plans minimally incorporate population, RH, and gender issues and there is no monitoring framework. <u>Target: 100% in 2015</u> • NSDP 2014-2018 and monitoring framework incorporates key population, RH and gender issues. • Sectoral Plans (Health, Education, Women, HIV, and planning) fully include population, RH, and gender issues. • 100% provincial plans and monitoring frameworks in UNFPA supported provinces incorporate population, RH, gender issues.							

Annex 1: The CPAP Results and Resources Framework (Gender Component)

National Priority:
UNDAF Outcome: By 2015, all women, men, girls and boys are experiencing a reduction in gender disparities and progressively enjoying and exercising equal rights.

				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
Gender Outcome 1: A harmonized aid environment that promotes gender equality and the empowerment of women. Gender Outcome Indicator 1.1 : Road map for PBA on gender mainstreaming is endorsed by all stakeholders and implemented Baseline: 2009: none Target: 2012: developed 2013: endorsed	Gender Output 1: Increased UN leadership and facilitation of a programme based approach to promote gender equality and the empowerment of women	Gender Output Indicator 1.1: PBA developed and DP funds flowing through PBA modalities. Baseline: 2009 - none Target: 2013-2014 – PBA developed and DP funds flowing through PBA modalities	• MoWA • UN • Donors • NGOs	**Regular Resources**					
				30,000	30,000	30,000	30,000	30,000	150,000
				Other Resources					
				0	0	0	0	0	0
				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
Gender Outcome 2: Strengthened and enhanced gender mainstreaming	Gender Output 2: Enhanced capacity of Gender Mainstreaming	Gender Output Indicator 2.1: Percentage of GMAGs accessing	• MoWA • GMAGs • UNDP	**Regular Resources**					
				UNFPA (support to line ministry (LM) GMAGs (MoH, MoP) via LM support)					

mechanisms at national and sub-national levels. Gender Outcome Indicator 2.1 : Percentage of Technical Working Groups (TWGs) a) Workplans, and b) JMIs that are gender responsive against criteria developed by TWG-G Baseline: 2009 Policies: 25% 2009 JMIs: 25% est. 2009 Target: 2015 Policies: 50% JMIs: 70%	Action Groups (GMAGS) in all line ministries/institutions (24+3) at national and sub-national level.	national government budget to implement activities Baseline: 2009 20% Target: 2015-60% Gender Output Indicator 2.2: GMAG in MoH access to annual national budget allocation Baseline: 2010 – No Target: 2015 - Yes Gender Output Indicator 2.3: GMAG in MoP access to annual national budget allocation Baseline: 2010 – No Target: 2015 - Yes	• UNIFEM	**Other Resources**					
				0	0	0	0	0	0
				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
Gender Outcome 3: Enhanced participation of women in the public sphere, at national and sub-national levels.	Gender Output 3: Enhanced opportunities and mechanisms to strengthen women's capacity to participate in the public sphere at national, sub-national	Gender Output Indicator 3.1: Percentage of sub-national female a) candidates and b)councilors that receive capacity building training	• MoWA • UNDP • UNIFEM • DPs • NGOs	**Regular Resources**					
				100,000	120,000	120,000	80,000	80,000	500,000
				Other Resources					
						20,000	40,000	40,000	100,000

Gender Outcome Indicator 3.1 : Percentage of candidates that are women within National Assembly, Commune Baseline: NA: 21.1% (2008) CC: 14.1% (2007) Target: NA: 30% (2013) CC: 25% (2015) Gender Outcome Indicator 3.2 : Percentage of members of sub-national councils that are women Disaggregated by: Province, District, Commune Baseline: P – 10.1% (2009) D – 12.65% (2008) C – 14.1% (2007) Target: P – TBD D - TBD C – 25% (2014 – CMDG)	and community levels.	Baseline: a) 30% (2009); b) CCs: 90% (2009); District councilors 0% (2009); Provincial councilors 0%(2009) Target: a) 80% (2015); b) CC: 100% (2015); District councilors 100% (2015); Provincial councilors 100%(2015) Gender Output Indicator 3.2: Number and percentage of WCCCs that received capacity building/training Baseline: 0% (2010) Target: Provincial WCCC 100% (2015) District WCCC 100% (2015)							
				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	
Gender Outcome 4:	Gender Output 4:	Gender Output	• MoWA	**Regular Resources**					

Improved societal attitudes and preventive and holistic responses to gender based violence. Gender Outcome Indicator 4.1 : Percentage of population aware that violence against women is wrongful behaviour and a criminal act Disaggregated by: Sex, Age, Urban/rural, ethnic and social background Baseline:TBD (information released in 3rd quarter 2010) Target:TBD (information released in 3rd quarter 2010)	Increased community awareness and involvement in the promotion and protection of women's rights, gender equality and prevention of GBV.	Indicator 4.1: Percentage of secondary public schools which teach curricula that include gender issues and the prevention of GBV Baseline: TBD Target: TBD Gender Output Indicator 4.2: Number of local authorities and key stakeholders in target area, especially CCs, CCWCs and police understand their responsibility to intervene in GBV cases in their community Baseline: TBD Target: TBD	• UN • Donors • NGOs						
				50,000	80,000	80,000	80,000	60,000	350,000
				Other Resources					
						40,000	40,000	20,000	100,000
	Gender Output 5: Increased institutional capacity to provide multi-sectoral mechanisms for protection of women's and rights, gender equality and prevention of GBV.	Gender Output Indicator 5.1: Costed annual work plans for the National Action Plan to Combat Violence against Women developed Baseline: no costed workplan for 2009 Target: Costed work plan for		**Regular Resources**					
				150,000	150,000	220,000	240,000	240,000	1,000,000
				Other Resources					
				0	0	0	0	0	0

		2012, 2013, 2014, 2015 <u>Gender Output Indicator 5.2</u>: Number of provinces with local level response and referral systems linking government and nongovernment victim support institutions together (medical services, crisis centers and counseling, legal aid and police, local authorities and women and children's committee) <u>Baseline</u>: 2009 – 0% <u>Target:</u> 2015 – 15% <u>Gender Output Indicator 5.3</u>: Increase in number of GBV victims utilizing the following services: 1. Health services 2. Counseling 3. Shelter 4. Legal services <u>Baseline</u>: TBD <u>Target</u>: TBD							

Annex 1: The CPAP Results and Resources Framework (RH Component)

UNDAF Outcome: <u>Health and Education</u>: By 2015, more men, women, children and young people enjoy equitable access to health and education									
				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
<u>Outcome 1</u>: Increased national and sub-national equitable coverage of quality reproductive, maternal, newborn, child health and nutrition services. Percentage of women with unmet need for family planning • Baseline: 2005 – 25.5% • Target: 2015 – 18%	**Output 1:** Increased national and sub-national capacity to increase availability, accessibility, acceptability, affordability, and utilization of quality reproductive, maternal, newborn, child and nutrition health services.	1. Proportion of births attended by skilled health personnel (CMDG indicator 5.3) · Baseline: 2008 - 58% · Target: 2015 - 87% (80% from MOH) 2. Percentage of pregnant women who delivered by caesarean section (disaggregated by rural and urban) · Baseline: 2008 – 2% · Target: 2015 - 4% (MoH target) 3. Number of basic/ comprehensive EmONC per 500,000 population Baseline: 2008: · 1.6 Basic EmONC/ 500,000 population · 0.9 Comprehensive	• MOH – HSSP2 • Professional Councils and Associations • Possible NGO(s) for BCC/other initiatives	**Regular Resources**					
				1,310,000	1,310,000	1,310,000	1,310,000	1,310,000	**6,550,000**
				Other Resources					
				1,500,000	700,000	600,000	600,000	600,000	**4,000,000**

		EmONC/500,000 population Target: 2015: · 4 basic EmONC/ 500,000 population · 1 Comprehensive EmONC/500,000 population							
		4. Percentage of population living under the poverty line protected by health equity funds (UNFPA CP IV Specific) · Baseline: 73% (Health Congress March 2010) · Target: 90% 5. Percent of pregnant women with 2 and 4 Antenatal care consultations (ANC) • AN**C 1:**							

		▪ Baseline: 100% (2008) ▪ Target: 100% • AN**C 2:** ▪ Baseline: 81% (2008) ▪ Target: 100% • AN**C 4:** ▪ Baseline: 33% (2008) ▪ Target: 60% 6. Contraceptive prevalence rate among currently married women (any modern methods) ▪ Baseline: 2005 - 27% ▪ Target: 2015 - 60% 7. Percentage of Operational Districts with at least 2 facilities providing (having staff trained in) adolescent friendly sexual and reproductive health care (AFSRH) o Baseline: 32 ODs/77ODs (41%) o Target: 60 ODs/77ODs (78%) (TBC)							

		8. Number of health facilities providing (having staff trained in) adolescent friendly sexual and reproductive health care (AFSRH) (UNFPA CP IV Specific) · Baseline: 110 health facilities providing AFSRH services · Target: 450 health facilities providing AFSRH services 9. Percentage of health financial resources allocated to RMNCH · Baseline: 27% (Health Congress March 2010) · Target: 5 percentage points increased over baseline by 2015.							
	CP Output 2: Increased competency and availability of health human resources, particularly midwives and other professionals where skill gaps exist.	1. Percentage of health centres with at least two midwives (any type) · Baseline: (2009): 55% · Target: (2015): 70%	• MOH – HSSP2 • Professional Councils and Associations • Possible NGO(s) for BCC/other initiatives						
		2. Percentage of health centres with at least one secondary midwife (UNFPA CP IV Specific) · Baseline: (2009): 50% (485 HCs out of 977HCs)							

		· Target: (2015): 70% (TBC)							
				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
CP Outcome 2: Enhanced national and sub-national institutional capacity to expand young people's access to quality life skills including on HIV and technical and vocational education and training (TVET). Percentage of young adults who successfully completed life skills programs. Disaggregated by: sex, ages, urban/rural Baseline: TBD Target: TBD Note: Young Adult - over 18 to 30 years old Percentage of young people in target locations who successfully completed SRH/HIV life skills programme (UNFPA CP IV Specific) · Baseline: TBD	**CP Output 3:** Enhanced access to and utilization of life skills training [and TVET] especially by disadvantaged young people and out of school children.	1. Percentage of primary and secondary schools integrating and implementing core life skills training including HIV. · Baseline: (2010): o Primary level: 46% o Secondary level: 6% · Target: 2015: o Primary level: 90% o Secondary level: 40% 2. Percentage of provinces that have at least one training program on life skills [and TVET] targeting disadvantaged young females and males and school dropouts. Baseline: 2010: 100% Target: 2015: 100% 3. Number of functioned Community Learning Centres (CLCs) and Literacy Classes (UNFPA Specific Indicator) Baseline: 2010: o Community Learning Centre: 102 o Literacy Class: 1,093	• The Inter-Departmental Committee for HIV/AIDS (ICHA) of the Ministry of Education, Youth and Sport (MoEYS); and • Khmer Youth Association (KYA) • NGO(s) to be determined	**Regular Resources**					
				520,000	520,000	520,000	520,000	520,000	**2,600,000**
				Other Resources					
				140,000	140,000	140,000	140,000	140,000	**700,000**

▪ Target: TBD		Target: 2015: o Community Learning Centre: 550 o Literacy Class: 1,700							
				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
CP Outcome 3: Strengthened multi-sectoral response to HIV. 1. HIV prevalence among general adult population (15-49 years) Disaggregated by: sex, age, geographic unit ▪ Baseline: 0.9% 2006 (2007 NCHADS) ▪ Target: 0.6%	**CP Output 4**: Enhanced national and sub-national capacity to target key populations at risk with effective HIV prevention interventions.	1. Percentage of condom use by most at risk populations entertainment workers (EW), men who have sex with men (MSM), injecting drug users (IDU) Disaggregated by: sex, age Baseline ▪ Brothel-based FSWs: 99% (BSS 2007): ▪ Non-brothel based FSW: 96% (BSS 2007): ▪ MSM: 86.5% (BSS 2007): ▪ IDU: 40% (with regular partner); 68% (with non regular partner) (Drug user study 2007) ▪ DU: 52.9% (with regular partner); 80.5 % (with non regular partner) (Drug user study 2007) Target: TBD 2. HIV prevalence in most at risk populations o Baseline: ▪ EW: 14.7% (BSS 2007) ▪ IDU: 24.4%1 (Drug user study 2007)	• UNFPA/NAA • UNFPA/EW/SW Network • MoWA / NGO or Firm	**Regular Resource**					
				150,000	150,000	150,000	150,000	150,000	**750,000**
				Other Resources					
				60,000	60,000	60,000	60,000	60,000	**300,000**

1 NCHADS (2008) HIV Prevalence among Drug Users 2007

		• MSM 8.7% (in Phnom Penh (SSS 2005) Target: TBD							
				Indicative resources by output (per annum, US$)					
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**	**Total**
UNDAF Outcome: <u>Social Protection</u>: By 2015, more people, especially the poor and vulnerable, benefit from improved social safety net and social security programmes, as an integral part of a sustainable national social protection system.									
CP Outcome 4: Increase in national and sub-national capacity to provide affordable and effective national social protection through improved development, implementation, monitoring and evaluation of a social protection system. 1. Percentage of affected vulnerable groups receiving emergency assistance including food, sanitation, water, shelter and other immediate response interventions within prescribed timeframes. (disaggregated by sex, age, rural-urban, and socio-economic	**CP Output 5**: 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 marginalised, especially women, children, youth and people living with HIV.	• Develop national, coordinated, realistic, integrated multi-sectoral contingency plan for emergency response, which covers early warning, prevention, and mitigation meeting international standards o Baseline: TBD o Target: Establishment of coordinated, integrated contingency plan. • Minimum Initial Services Package of Reproductive and Sexual Health in Crisis and Post Crisis training/workshops rolled out to national and sub-	• Joint UN support to NCDM/others • NGOs to be determined	**Regular Resources**					
				10,000	10,000	30,000	30,000	20,000	**100,000**
				Other Resource					

characteristics) o Baseline: TBD o Target: 2015: 80%		national level. o Baseline: 10 provinces trained in MISP o Target: 24 provinces trained in MISP							

Annex 2: The CPAP Planning and Tracking Tool (PD Component)

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: By 2015, national and sub national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia and increased participation in democratic decision making.								
	Indicator	**MoV**	**Res. Party**	**YR1-2011**			**YR2-2012**	
				Baseline	**Target**	**Achievement**	**Target**	**Achievement**
CP Outcome 1								
Effective mechanism for dialogue, representation and participation in democratic decision-making established and strengthened.	1. Number of women elected candidates to representative bodies	• UN/EC observation	• National Committee for Sub-national Democratic Development (NCDD)/ DoLA • UN organizations • NGOs	22 % in NA (2008 elections) and 14.6% elected female councilors (2007 elections)				
Output 1								
Avenues and structures developed and strengthened to empower youth and women to participate in decision-making and planning at national and sub-national level.	1.1 Multi-sectoral National Youth Policy developed with reference to youth participation.	• Youth Working group • MoEYS	MoEYS	Draft stage of youth policy	Final draft being reviewed to be submitted to CoM		Final draft adopted by CoM	
	1.2 Sub-national Women and Children Consultative Committees (commune, district, province) are established and functional in all locations.	NCDD report	NCDD/ DoLA	Commune/Sangkat: 100% District: 0 % (newly established 2010) Province: 0 % (newly established 2010)	Commune/Sangkat: 100% Establishment: District: 100 % Province: 100 % Functioning: District: 50% Province: 60%		Commune/Sangkat: 100% Establishment: District: 100 % Province: 100 % Functioning: District: 60% Province: 70%	

	Indicator	MoV	Res. Party	YR1-2011			YR2-2012	
				Baseline	Target	Achievement	Target	Achievement
	UNFPA Specific CPIV indicator: 1.3 Number and % of local plans (Commune) in priority areas that are evidence based, gender sensitive and incorporate population, RH and youth issues.	CIPs Assessment	NCDD/ DoLA	**Baseline**[1] • 88% CIPs in priority areas reviewed incorporated key population issues. • 88% CIPs in priority areas analyzed implemented key population issues. • 100% CIPs in priority areas reviewed incorporated key RH, HIV/AIDS and Youth issues. • 100% CIPs in priority areas reviewed implemented key RH, HIV/AIDS and Youth issues. • 100% of CIPs in priority areas incorporate gender issues • 100% of CIPs in priority areas were found to be gender sensitive	• 30% CIPs in priority areas reviewed incorporated key population issues. • 30% CIPs in priority areas reviewed incorporated key RH, HIV/AIDS and Youth issues. • • 30% of CIPs in priority areas incorporate gender issues •		• 40% CIPs in priority areas reviewed incorporated key population issues. • 40% CIPs in priority areas reviewed incorporated key RH, HIV/AIDS and Youth issues. • 40% of CIPs in priority areas incorporate gender issues •	

[1] It should be noted that the baseline refers to the 446 CC in 14 target provinces supported by UNFPA under the third CP. It is envisaged that under CP IV there will be a transition to support new provinces so the targets refer to the new locations which will be defined following discussion and coordination with other DPs.

	Indicator	MoV	YR3-2013		YR4-2014		YR5-2015	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 1								
Effective mechanism for dialogue, representation and participation in democratic decision-making established and strengthened.	1. Number of women elected candidates to representative bodies	• UN/EC observation	NA: 2013: 30%				CC: 2015: 25%	
Output 1								
Avenues and structures developed and strengthened to empower youth and women to participate in decision-making and planning at national and sub-national level.	1.1 Multi-sectoral National Youth Policy developed with reference to youth participation.	• Youth Working group • MoEYS	National Action Plan of National Youth Policy implemented				Final draft adopted, implemented and monitored	
	1.2 Sub-national Women and Children Consultative Committees (commune, district, province) are established and functional in all locations.		Establishment: Commune: 100% District: 100% Province: 100% Functioning: Commune: 100% District: 70% Province: 80%		Establishment: Commune: 100% District: 100% Province: 100% Functioning: Commune: 100% District: 80% Province: 90%		Establishment: Commune: 100% District: 100% Province: 100% Functioning: Commune: 100% District: 100% Province: 100%	

	Indicator	MoV	YR3-2013		YR4-2014		YR5-2015	
			Target	Achievement	Target	Achievement	Target	Achievement
	UNFPA Specific CPIV indicator: 1.3 Number and % of local plans (Commune) in priority areas that are evidence based, gender sensitive and incorporate Population, RH, and youth issues.	CIPs Assessment	• 60% CIPs in priority areas reviewed incorporated key population issues. • 60% CIPs in priority areas reviewed incorporated key RH, HIV/AIDS and Youth issues. • 60% of CIPs in priority areas incorporate gender issues		• 80% CIPs in priority areas reviewed incorporated key population issues. • 80% CIPs in priority areas reviewed incorporated key RH, HIV/AIDS and Youth issues. • 80% of CIPs in priority areas incorporate gender issues		• 100% CIPs in priority areas incorporate key population issues. • 100% of CIPs in priority areas incorporate key RH, HIV/AIDS and youth issue • 100% of CIPs in priority areas incorporate gender issues •	

	Indicator	MoV	Res. Party	YR1-2011			YR2-2012	
				Baseline	Target	Achievement	Target	Achievement
CP Outcome 2								
Enhanced capacities for collection, access and utilization of disaggregated information (gender, age, target populations, region) at national and sub-national levels to develop and monitor policies and plans that are responsive to the needs of the people and incorporate priority population, poverty and development linkages.	2. Disaggregated data and information used to monitor NSDP, CMDGs, sectoral and sub-national plans.	Review of national plans and budgets Review of sub-national planning and budgeting	• MoP • UN Agencies and Donors • NGOs	Disaggregated data by sex, age, urban & rural partially used to monitor NSDP, CMDGs, sectoral and sub-national plans.	• NSDP MTR and monitoring framework uses disaggregated data and info • Sectoral and provincial reports reflected data disaggregation and info.		Disaggregated data and info used to monitor the implementation of NSDP, CMDGs, sectoral and provincial reports.	
Output 2								
Improved availability and utilization of disaggregated (gender, population, region) data and information.	2.1 Population data disaggregated by sex, age, income available through Census, CDHS, CSES, Commune database and other surveys.	CDHS report, CIPS report, CSES report, CAMInfo NSDP APR, MTR, Provincial annual report, Commune profiles.	• MoP • UN Agencies and Donors • NGOs	Population data disaggregated by sex, age, income available through 2008 Census, CDHS 2005, CSES 2010, Commune database and other surveys.	• Disaggregated data by age, sex and geography and information available in CDHS 2010 report. • Sex and age disaggregated data and information are with Commune database.		Sex, age and geography disaggregated data used to improve commune database.	

	Indicator	MoV	Res. Party	YR1-2011			YR2-2012	
				Baseline	Target	Achievement	Target	Achievement
Output 3								
National and sub-national capacity to develop plans and budgets that are evidence based, gender and child sensitive and incorporate priority population, poverty and development linkages strengthened.	3.1 Proportion of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages.	NSDP and monitoring framework NSDP Annual and Mid-term reports Sectoral plans, budgets and reports	• MoP/NSDP • NCPD • UN Agencies and Donors • NGOs	10% of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages.	20% of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages.		40% of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages.	
	3.1.1 The National Strategic Development Plan (NSDP) is evidence based, gender sensitive and incorporate population issues.	NSDP and monitoring framework NSDP Annual and Mid-term reports	• MoP/NSDP • NCPD • UN Agencies and Donors • NGOs	NSDP Update 2009-2013 incorporated key population, RH, and gender issues. However, the NSDP M&E framework formulated minimally incorporates population issues.	Key population, RH and gender issues integrated in NSDP MTR		Research on population issues such as ageing, urbanization, migration is used as evidence base for the next planning preparation.	

	Indicator	MoV	Res. Party	YR1-2011			YR2-2012	
				Baseline	Target	Achievement	Target	Achievement
Output 3 (Continued)								
National and sub-national capacity to develop plans and budgets that are evidence based, gender and child sensitive and incorporate priority population, poverty and development linkages strengthened.	3.1.2 Sectoral plans (Health, Education, Women, HIV, and planning) are evidence based, gender sensitive and incorporate population and development linkages.	Setoral plans, budgets and reports	• MoP/NSDP • NCPD • UN Agencies and Donors • NGOs	Sectoral Plans (Health, Education, Women, HIV, and planning) partially incorporate population, RH, and gender issues.	Sectoral plans (Health, Education, Women, HIV, and planning) incorporate population, RH, and gender issues are implemented.		Sectoral plans (Health, Education, Women, HIV, and planning) incorporate population, RH, and gender issues are implemented.	
	3.1.3 Proportion of provincial plans (in selected areas) that are evidence based, gender sensitive and incorporate population and development linkages.	Provincial plans	• MoP/NSDP • NCPD • UN Agencies and Donors • NGOs	Provincial plans minimally incorporate population, RH, and gender issues and there is no monitoring framework.	20% of provincial plans in selected areas are gender sensitive and include key pop issues		40% of provincial plans in selected areas are gender sensitive and include key pop issues	

	Indicator	MoV	YR3-2013		YR4-2014		YR5-2015	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 2								
Enhanced capacities for collection, access and utilization of disaggregated information (gender, age, target populations, region) at national and sub-national levels to develop and monitor policies and plans that are responsive to the needs of the people and incorporate priority population, poverty and development linkages.	2. Disaggregated data and information used to monitor NSDP, CMDGs, sectoral and sub-national plans.	Review of national plans and budgets Review of sub-national planning and budgeting	NSDP 2014-2018 preparation using the disaggregated data and info		NSDP 2014-2018 finalized and implemented.		100% of disaggregated data and information used to monitor NSDP, CMDGs, sectoral and sub-national plans.	
Output 2								
Improved availability and utilization of disaggregated (gender, population, region) data and information.	2.1 Population data disaggregated by sex, age, income available through Census, CDHS, CSES, Commune database and other surveys.	CDHS report, CIPS report, CSES report, CAMInfo NSDP APR, MTR, Provincial annual report, Commune profiles.	Disaggregated data by sex, age, and region collected through CIPS 2013.		Pop data disaggregated by age, sex available through CIPS report		100% of population data disaggregated by sex, age, income available and disseminated.	

	Indicator	MoV	YR3-2013		YR4-2014		YR5-2015	
			Target	Achievement	Target	Achievement	Target	Achievement
Output 3								
National and sub-national capacity to develop plans and budgets that are evidence based, gender and child sensitive and incorporate priority population, poverty and development linkages strengthened.	3.1 Proportion of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages.	NSDP and monitoring framework NSDP Annual and Mid-term reports Sectoral plans, budgets and reports	60% of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages.		80% of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages.		100% of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population poverty and development linkages.	
	3.1.1 The National Strategic Development Plan (NSDP) is evidence based, gender sensitive and incorporate population issues.	NSDP and monitoring framework NSDP Annual and Mid-term reports	Final report of NSDP and new NSDP include key pop, RH and gender issues		Key pop, RH, and gender issues incorporated in NSDP 2014-2018 implementation		NSDP 2014-2018 and monitoring framework incorporate key population, RH and gender issues.	

	Indicator	MoV	YR3-2013		YR4-2014		YR5-2015	
			Target	Achievement	Target	Achievement	Target	Achievement
Output 3								
National and sub-national capacity to develop plans and budgets that are evidence based, gender and child sensitive and incorporate priority population, poverty and development linkages strengthened.	3.1.2 Sectoral plans (Health, Education, Women, HIV, and planning) are evidence based, gender and incorporate population and development linkages.	Setoral plans, budgets and reports	New Sectoral Plans (Health, Education, Women, HIV, and planning) fully incorporate population, RH, and gender issues.		New Sectoral Plans (Health, Education, Women, HIV, and planning) fully incorporate population, RH, and gender issues.		New Sectoral Plans (Health, Education, Women, HIV, and planning) minimally incorporate population, RH, and gender issues are implemented	
	3.1.3 Proportion of provincial plans (in selected areas) that are evidence based, gender and incorporate population and development linkages.	Provincial plans	60% of provincial plans in selected areas are gender sensitive and include key pop issues		80% of provincial plans in selected areas are gender sensitive and include key pop issues		100% of provincial plans in selected areas are gender sensitive and include key pop issues	

Annex 2: The CPAP Planning and Tracking Tool (Gender Component)

RESULTS	Indicator	MoV	Responsible party	Baseline	Target	Achievement		
UNDAF Outcome: By 2015, all women, men, girls and boys are experiencing a reduction in gender disparities and progressively enjoying and exercising equal rights.								
	Indicator	**MoV**	**Res. Party**	**YR1-2011**			**YR2-2012**	
				Baseline	**Target**	**Achievement**	**Target**	**Achievement**
CP Outcome 1								
A harmonized aid environment that promotes gender equality and the empowerment of women .	1.1.Road map for PBA on gender mainstreaming is endorsed by all stakeholders and implemented	• Road Map • TWGG records	• MoWA • UN • Donor • NGOs	None (2009)	• Drafted outlines for PBA on gender mainstreaming		• PBA on gender mainstreaming developed	
CP Output 1								
Increased UN leadership and facilitation of a programme based approach to promote gender equality and the empowerment of women	1.1.PBA developed and DP funds flowing through PBA modalities.	• PBA documentation; • Minutes of meetings of PBA steering committee, • Budget allocations and sources of funding	• MoWA • UN • Donors • NGOs	None (2009)	• Drafted outlines for PBA on gender mainstreaming		• PBA on gender mainstreaming developed • Draft new CGA: A Fair Share for Women	
CP Outcome 2								

Strengthened and enhanced gender mainstreaming mechanisms at national and sub-national levels.	2.1.Percentage of Technical Working Groups (TWGs) a) Workplans, and b) JMIs that are gender responsive against criteria developed by TWG-G	• Desk review of records of TWG – G meetings JMIs	• MoWA • GMAG • UNDP • UNIFEM	• Policies: 25% (2009) • JMIs: 25% (2009)	• Policies: 30% • JMIs: 30%		• Policies: 40% • JMIs: 40%	
CP Output 2								
Enhanced capacity of Gender Mainstreaming Action Groups (GMAGS) in all line ministries/institutions (24+3) at national and sub-national level.	2.1.Percentage of GMAGs accessing national government budget to implement activities	• LMs and MEF • UNDP • UNIFEM • Desk review and assessment	• MoWA • GMAG • UNDP • UNIFEM	20% (2009)	• 30% of GMAGs accessing national government budget to implement activities • GMAGs established in all LMs		• 30% of GMAGs accessing national government budget to implement activities • GMAPs are available in all LMs and are integrated into Ministry's strategy and Annual Operational Plan (AoP) • Proportion of national budget are allocated for gender mainstreaming activities in LMs	

	2.2. GMAG in MoH access to annual national budget allocation	• Desk review and assessment	• MoWA • GMAG • UNDP • UNIFEM	None (2010)	• Proportion of national budget are allocated for gender mainstreaming activities in MoH • Senior government officials in MoH are aware of gender mainstreaming activities and gender concerns in health sector		• Increase proportion of national budget for gender mainstreaming activities in MoH • Gender concern is reflected in the Ministry's strategy and gender mainstreaming activities are integrated in Annual Opeational Plan of MoH • GMAG in MoH are able and have enough budget to provide training to health staff at sub-national level	

	2.3. GMAG in MoP access to annual national budget allocation	• Desk review and assessment	• MoWA • GMAG • UNDP • UNIFEM	None (2010)	• Proportion of national budget are allocated for gender mainstreaming activities in MoP • Senior government officials in MoP are aware of gender mainstreaming activities and gender concerns in planning sector		• Increase proportion of national budget for gender mainstreaming activities in MoP • Gender concern is reflected in the Ministry's strategy and gender mainstreaming activities are integrated in Annual Opeational Plan of MoP • GMAG in MoP are able and have enough budget to provide training to planning staff at sub-national level	
CP Outcome 3								
Enhanced participation of women in the public sphere, at national and sub-national levels.	3.1.Percentage of candidates that are women within National Assembly, Commune	• NEC report	• MoWA • UNDP • UNIFEM • DPs • NGOs	NA: 21.1% (2008) CC: 14.1% (2007)	NA: 21.1% CC: 14.46%		NA: 21.1% CC: 25%	

	3.2.Percentage of members of sub-national councils that are women Disaggregated by: Province, District, Commune	• NEC report	• MoWA • UNDP • UNIFEM • DPs • NGOs	P: 10.1% (2009) D: 12.65% (2008) C: 14.1% (2007)	P: 10.1% D: 12.65% C: 14.1%		P: 10.1% D: 12.65% C: 25%	
CP Output 3								
Enhanced opportunities and mechanisms to strengthen women's capacity to participate in the public sphere at national, sub-national and community levels.	3.1.Percentage of sub-national female a) candidates and b)councilors that receive capacity building training	• CCs records • D&D reports	• MoWA • UNDP • UNIFEM • DPs • NGOs	a) 30% (2009); b) CCs: 90% (2009); District councilors 0% (2009); Provincial councilors 0%(2009)	a) 50% in UNFPA supported areas b) CCs: 90% District councilors 30% Provincial councilors 30%, in UNFPA supported areas		a) 60% in UNFPA supported areas b) CCs: 90% District councilors 50% Provincial councilors 50%, in UNFPA supported areas	
	3.2. Number and percentage of WCCCs that received capacity building/training	• CCs records • D&D reports • Capacity need assessment	• MoWA • UNDP • UNIFEM • DPs • NGOs	0% (2010)	• Provincial WCCC 30% in UNFPA supported areas • District WCCC 30% in UNFPA supported areas		• Provincial WCCC 50% in UNFPA supported areas • District WCCC 50% in UNFPA supported areas	
CP Outcome 4								

Improved societal attitudes and preventive and holistic responses to gender based violence.	4.1. Percentage of population aware that violence against women is wrongful behaviour and a criminal act Disaggregated by: Sex, Age, Urban/rural, ethnic and social background.	• VAW/GBV survey	• MoWA • UN • Donors • NGOs	• More than 50% of the local authorities and police indicated they knew that physical violence was illegal, in contrast to 80% of the general population • 63% of local officials were inclined to cite the lack of law enforcement as influential on men's attitudes towards women, as compared to 58% if the general population	• More than 50% of the local authorities and police indicated they knew that physical violence was illegal, in contrast to 80% of the general population • 63% of local officials were inclined to cite the lack of law enforcement as influential on men's attitudes towards women, as compared to 58% if the general population		• More than 50% of the local authorities and police indicated they knew that physical violence was illegal, in contrast to 80% of the general population • 63% of local officials were inclined to cite the lack of law enforcement as influential on men's attitudes towards women, as compared to 58% if the general population	
CP Output 4								

Increased community awareness and involvement in the promotion and protection of women's rights, gender equality and prevention of GBV.	4.1. Percentage of secondary public schools which teach curricula that include gender issues and the prevention of GBV	• MoEYS /MIS secondary school curricula	• MoWA • UN • Donors • NGOs	• Not available	• 15% of secondary public schools which teach curricula that include gender issues and the prevention of GBV		• 30% of secondary public schools which teach curricula that include gender issues and the prevention of GBV	
	4.2. Number of local authorities and key stakeholders in target area, especially CCs, CCWCs and police understand their responsibility to intervene in GBV cases in their community	• Baseline survey • Endline survey	• MoWA • UN • Donors • NGOs	• Est. 0-10 of CC, CCWC and police in UNFPA's pilot provinces	• 30 of CC, CCWC and police in UNFPA pilot provinces • GBV case are intervened, referred and solved by CC, CCWC and police in UNFPA pilot provinces		• 60 of CC, CCWC and police in UNFPA pilot provinces • Increase GBV case intervened, referred and solved by CC, CCWC and police in UNFPA pilot provinces	
CP Output 5								
Increased institutional capacity to provide multi-sectoral mechanisms for protection of women's rights, gender equality and prevention of GBV.	5.1. Costed annual work plans for the National Action Plan to Combat Violence against Women developed	• NAP workplans	• MoWA • UN • Donors • NGOs	No costed workplan for 2009	• Draft costed workplan of National Action Plan to Prevent Violence on Women is available		• Costed work plan for 2012, 2013, 2014, 2015 is available	

	5.2. Number of provinces with local level response and referral systems linking government and nongovernment victim support institutions together (medical services, crisis centers and counseling, legal aid and police, local authorities and women and children's committee)	• Evaluation/ assessment report • NAP reporting • Sponsors and training organisers' records against agreed criteria • Records of CCWCs and WCCC and sponsors such as UNICEF, UNFPA	• MoWA • UN • Donors • NGOs	0% (2009)	• 4.17% • Pilot multi-sectoral mechanism for prevention and response to GBV is established in one province of UNFPA supported areas and functioning		• 4.17% • Pilot multi-sectoral mechanism for prevention and response to GBV is established in one province of UNFPA supported areas and functioning	
	5.3. Increase in number of GBV victims utilizing the following services: 1. Health 2. Counseling 3. Shelter 4. Legal	• Baseline survey • Assessment report • Endline survey	• MoWA • UN • Donors • NGOs	• Est. 0-10 GBV victims utilizing the four-service in UNFPA's pilot provinces	• Record system is introduced to the relevant stakeholders including HC staff, police, CCWC and NGOs • 30 GBV victims at least use one of the four-service in UNFPA's pilot provinces		• 40 GBV victims at least use one of the four-service in UNFPA's pilot provinces	

	Indicator	MoV	YR3-2013		YR4-2014		YR5-2015	
			Target	Achievement	Target	Achievement	Target	Achievement
CP Outcome 1								
A harmonized aid environment that promotes gender equality and the empowerment of women.	1.1.Road map for PBA on gender mainstreaming is endorsed by all stakeholders and implemented	• Road Map • TWGG records	• PBA on gender mainstreaming endorsed by all stakeholders		• PBA on gender mainstreaming implemented and monitored		• PBA on gender mainstreaming successfully implemented and monitored	
CP Output 1								
Increased UN leadership and facilitation of a programme based approach to promote gender equality and the empowerment of women	1.1.PBA developed and DP funds flowing through PBA modalities.	• PBA documentation • Minutes of meetings of PBA steering committee • Budget allocations and sources of funding	• PBA on gender mainstreaming successfully developed and DP funds flowing through PBA modalities • New CGA: A Fair Share for Women is available • Draft 5-year strategic plan of the MoWA (NRN IV) • Gender mainstreamed in NSDP with gender responsive indictors		• PBA on gender mainstreaming successfully developed and DP funds flowing through PBA modalities • 5-year strategic plan of MoWA is in place • The 5th government mandate's strategy/policy is gender responsive		• PBA on gender mainstreaming successfully implemented and monitored • 5-year strategic plan of MoWA is implemented and monitored	
CP Outcome 2								

Strengthened and enhanced gender mainstreaming mechanisms at national and sub-national levels.	2.1.Percentage of Technical Working Groups (TWGs) a) Workplans, and b) JMIs that are gender responsive against criteria developed by TWG-G	• Desk review of records of TWG – G meetings JMIs	• Policies: 40% • JMIs: 40%		• Policies: 50% • JMIs: 50%		• Policies: 50% • JMIs: 70%	
CP Output 2								
Enhanced capacity of Gender Mainstreaming Action Groups (GMAGS) in all line ministries/institutions (24+3) at national and sub-national level.	2.1.Percentage of GMAGs accessing national government budget to implement activities	• LMs and MEF • UNDP • UNIFEM • Desk review and assessment	• 40% of GMAGs accessing national government budget to implement activities • GMAPs are available in all LMs and are integrated into Ministry's strategy and Annual Operational Plan (AoP) • Increase proportion of national budget for gender mainstreaming activities in LMs		• 50% of GMAGs accessing national government budget to implement activities • GMAPs are integrated into Ministry's strategy and Annual Operational Plan (AoP) • Increase proportion of national budget for gender mainstreaming activities in LMs		• 60% of GMAGs accessing national government budget to implement activities • Gender concerns well notes, address and response by all stakeholders, including sectoral ministries	

	2.2. GMAG in MoH access to annual national budget allocation	• Desk review and assessment	• Increase proportion of national budget for gender mainstreaming activities in MoH • Gender concern is reflected in the Ministry's strategy and gender mainstreaming activities are integrated in Annual Opeational Plan of MoH • Health staff at national and sub-national level are quite aware of gender mainstreaming activities		• Increase proportion of national budget for gender mainstreaming activities in MoH • Gender concern is reflected in the Ministry's strategy and gender mainstreaming activities are integrated in Annual Opeational Plan of MoH • Health staff at national and sub-national level are quite aware of gender mainstreaming activities		• National budget is allocated in Ministry's Annual Operation Plan and available for gender mainstreaming activities in MoH • Senior government official in MoH are strongly supported gender mainstreaming activities in Health sector, including GBV issues	

	2.3. GMAG in MoP access to annual national budget allocation	• Desk review and assessment	• Increase proportion of national budget for gender mainstreaming activities in MoP • Gender concern is reflected in the Ministry's strategy and gender mainstreaming activities are integrated in Annual Opeational Plan of MoP • Planning staff at national and sub-national level are quite aware of gender mainstreaming activities		• Increase proportion of national budget for gender mainstreaming activities in MoP • Gender concern is reflected in the Ministry's strategy and gender mainstreaming activities are integrated in Annual Opeational Plan of MoP • Planning staff at national and sub-national level are quite aware of gender mainstreaming activities		• National budget is allocated in Ministry's Annual Operation Plan and available for gender mainstreaming activities in MoP • Senior government official in MoP are strongly supported gender mainstreaming activities in planning sector • Gender concerns are well integrated into national policies and strategies	
CP Outcome 3								
Enhanced participation of women in the public sphere, at national and sub-national levels.	3.1.Percentage of candidates that are women within National Assembly, Commune	• NEC report	NA: 30% CC: 25%		NA: 30% CC: 25%		NA: 30% CC: 25%	

	3.2.Percentage of members of sub-national councils that are women Disaggregated by: Province, District, Commune	• NEC report	P: 10.1% D: 12.65% C: 25%		P: 15% D: 20% C: 25%		P: 15% D: 20% C: 25%	
CP Output 3								
Enhanced opportunities and mechanisms to strengthen women's capacity to participate in the public sphere at national, sub-national and community levels.	3.1.Percentage of sub-national female a) candidates and b)councilors that receive capacity building training	• CCs records • D&D reports	a) 70% in UNFPA supported area b) CCs: 90% District councilors 60% Provincial councilors 60%		a) 80% in UNFPA supported areas b) CCs: 100% District councilors 80% Provincial councilors 80%, in UNFPA supported areas		a) 80% in UNFPA supported area b) CC: 100% District councilors 100% Provincial councilors 100%, in UNFPA supported areas	
	3.2. Number and percentage of WCCCs that received capacity building/training	• CCs records • D&D reports • Capacity need assessment	• Provincial WCCC 70% in UNFPA supported areas • District WCCC 70% in UNFPA supported areas		• Provincial WCCC 100% in UNFPA supported areas • District WCCC 100% in UNFPA supported areas		• Provincial WCCC 100% in UNFPA supported areas • District WCCC 100% in UNFPA supported areas	
CP Outcome 4								

Improved societal attitudes and preventive and holistic responses to gender based violence.	4.1. Percentage of population aware that violence against women is wrongful behaviour and a criminal act Disaggregated by: Sex, Age, Urban/rural, ethnic and social background	• VAW/GBV survey	• More than 50% of the local authorities and police indicated they knew that physical violence was illegal, in contrast to 80% of the general population • 63% of local officials were inclined to cite the lack of law enforcement as influential on men's attitudes towards women, as compared to 58% if the general population		• More than 70% of the local authorities and police indicated they knew that physical violence was illegal, in contrast to 90% of the general population • 80% of local officials were inclined to cite the lack of law enforcement as influential on men's attitudes towards women, as compared to 65% if the general population		• More than 70% of the local authorities and police indicated they knew that physical violence was illegal, in contrast to 90% of the general population • 80% of local officials were inclined to cite the lack of law enforcement as influential on men's attitudes towards women, as compared to 65% if the general population	
CP Output 4								
Increased community awareness and involvement in the promotion and protection of women's rights, gender equality and prevention of GBV.	4.1. Percentage of secondary public schools which teach curricula that include gender issues and the prevention of GBV	• MoEYS /MIS secondary school curricula	• 55 % of secondary public schools which teach curricula that include gender issues and the prevention of GBV		• 70 % of secondary public schools which teach curricula that include gender issues and the prevention of GBV		• 80 % of secondary public schools which teach curricula that include gender issues and the prevention of GBV	

	4.2. Number of local authorities and key stakeholders in target area, especially CCs, CCWCs and police understand their responsibility to intervene in GBV cases in their community	• Baseline survey • Endline survey	• 90 of CC, CCWC and police in UNFPA pilot provinces • Increase GBV case intervened, referred and solved by CC, CCWC and police in UNFPA pilot provinces		• 150 of CC, CCWC and police in UNFPA pilot provinces • Increase GBV case intervened, referred and solved by CC, CCWC and police in UNFPA pilot provinces		• 150 of CC, CCWC and police in UNFPA pilot provinces • Increase GBV case intervened, referred and solved by CC, CCWC and police in UNFPA pilot provinces	
CP Output 5								
Increased institutional capacity to provide multi-sectoral mechanisms for protection of women's rights, gender equality and prevention of GBV.	5.1. Costed annual work plans for the National Action Plan to Combat Violence against Women developed	• NAP workplans	• Costed work plan for 2012, 2013, 2014, 2015 is available		• Costed work plan for 2012, 2013, 2014, 2015 is available		• Costed work plan for 2012, 2013, 2014, 2015 is available	

	5.2. Number of provinces with local level response and referral systems linking government and nongovernment victim support institutions together (medical services, crisis centers and counseling, legal aid and police, local authorities and women and children's committee)	• Evaluation/assessment report • NAP reporting • Sponsors and training organisers ' records against agreed criteria • Records of CCWCs and WCCC and sponsors such as UNICEF, UNFPA	• 8.34% • Pilot multi-sectoral mechanism for prevention and response to GBV is established in two province of UNFPA supported areas and functioning		• 8.34% • Pilot multi-sectoral mechanism for prevention and response to GBV is established in two province of UNFPA supported areas and functioning		• 8.34% • Pilot multi-sectoral mechanism for prevention and response to GBV is established in two province of UNFPA supported areas and functioning	
	5.3. Increase in number of GBV victims utilizing the following services: 1. Health services 2. Counseling 3. Shelter 4. Legal services	• Baseline survey • Assessment report • Endline survey	• 80 GBV victims at least use one of the four-service in UNFPA's pilot provinces		• 150 GBV victims at least use one of the four-service in UNFPA's pilot provinces		• 200 GBV victims at least use one of the four-service in UNFPA's pilot provinces	

Annex 2: The CPAP Planning and Tracking Tool (Reproductive Health Component)

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	**MoV**	**Res. Party**	**YR1 - 2011**			**YR2 – 2012**	
				Baseline	**Target**	**Achievement**	**Target**	**Achievement**
CP Outcome 1								
Outcome 1: Increased national and sub-national equitable coverage of quality reproductive, maternal, newborn, child health and nutrition services.	1. Percentage of women with unmet need for family planning Disaggregated by age, unmet need for spacing and limiting	· CDHS	· MOH /MoP(NIS)	· 25.5% (CDHS 2005)	· 21% (CDHS 2010)		· 20%	
Output 1								
Output 1: Increased national and sub-national capacity to increase availability, accessibility, acceptability, affordability, and utilization of quality reproductive, maternal, newborn, child	1. Proportion of births attended by skilled health personnel (CMDG indicator 5.3)	· CDHS · HIS/MoH	· MOH/MoP (NIS) · MoH	· 63% (HIS 2009)	· 73%		· 77%	
	2. Percentage of pregnant women who delivered by caesarean section (disaggregated by rural and urban)	· CDHS · HIS/MoH	· MOH – HSSP2	· 1.4% (HIS 2009)	· 2%		· 2.5%	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	Res. Party	YR1 - 2011			YR2 – 2012	
				Baseline	Target	Achievement	Target	Achievement
and nutrition health services.	3. Number of basic and comprehensive EmONC per 500,000 population	· EmONC Needs Assessment 2008 · HIS, MoH · NRHP Report, MoH	· MOH – HSSP2	· 1.6 Basic EmONC/ 500,000 population · 0.90 Comprehensive EmONC/500,000 population	· BEmONC: 2 · CEmONC: 0.90		· BEmONC: 2.5 · CEmONC: 0.92	
	4. Percentage of population living under the poverty line protected by health equity funds (UNFPA CP IV Specific)	MoH Reports, CSES	· MOH – HSSP2	· 73% (MoH/DPHI)	· 80%		· 83%	
	5. Percent of pregnant women with 2 and 4 Antenatal care consultations (ANC)	CDHS HIS, MoH	· MOH – HSSP2	· ANC1: 100% (HIS 2009) · ANC 2: 83% (HIS 2009) · ANC 4: 33% (HIS 2009)	· ANC1: 100% · ANC 2: 90% · ANC 4: 45%		· ANC 1: 100% · ANC 2: 94% · ANC 4: 50%	
	6. Contraceptive	CDHS	· MOH –	· 40% (CDHS	· 45 %		· 50%	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	Res. Party	YR1 - 2011			YR2 – 2012	
				Baseline	Target	Achievement	Target	Achievement
	prevalence rate among currently married women (any modern methods)	HIS, MoH	HSSP2	2010 – revised when data available)	(CDHS 2010			
	7. Percentage of Operational Districts with at least 2 facilities providing (having staff trained in) adolescent friendly sexual and reproductive health care (AFSRH)	NRHP/MoH Reports	· MOH – HSSP2	· 32 ODs/77 ODs (41.5%) (NRHP/MoH 2009)	· 40 ODs (52%)		· 45 ODs (58.5%)	
	8. Number of health facilities providing (having staff trained in) adolescent friendly sexual and reproductive health care (AFSRH) (UNFPA CP IV Specific)	NRHP/MoH Reports	· MOH – HSSP2	· 110 health facilities · (NRHP/MoH 2009)	· 200 health facilities		· 300 health facilities	
	9. Percentage of health financial resources allocated to RMNCH	Government and donor expenditures for programme 1 of HSP	· MOH – HSSP2	· 27% (MoH/ · DPHI)	· 28%		· 29%	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	Res. Party	YR1 - 2011			YR2 – 2012	
				Baseline	Target	Achievement	Target	Achievement
Output 2: Increased competency and availability of health human resources, particularly midwives and other professionals where skill gaps exist.	1. Percentage of health centres with at least two midwives (any type)	MoH-Personnel Dept database	· MOH – HSSP2	· 55% (MoH – Database of Personnel Dept 2009)	· 60%		· 63%	
	2. Percentage of health centres with at least one secondary midwife (UNFPA CP IV Specific)	MoH-Database of Personnel Dept		· 50% (MoH - Database of Personnel Dept 2009)	· 53%		· 58%	
Outcome 2: Enhanced national and sub-national institutional capacity to expand young people's access to quality life skills including on HIV and technical and vocational education and training (TVET).	1. Percentage of young adults who successfully completed life skills programs. · Disaggregated by: sex, ages, urban/rural	NAA Reports MoEYS Reports NGO reports	· ICHA/MoEYS · Khmer Youth Association (KYA) · NGO(s) to be determined	· TBD	· TBC		· TBC	
	2. Percentage of young people who successfully completed SRH/HIV life skills programme (UNFPA CP IV Specific)	MoEYS Reports		· 43% (MoEYS Report)	· 48%		· 53%	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	**MoV**	**Res. Party**	**YR1 - 2011**			**YR2 – 2012**	
				Baseline	**Target**	**Achievement**	**Target**	**Achievement**
Output 3: Enhanced access to and utilization of life skills training [and TVET] especially by disadvantaged young people and out of school children.	1. Percentage of primary and secondary schools integrating and implementing core life skills training including HIV.	Database and reports of MOEYS	· The Inter-Departmental Committee for HIV/AIDS (ICHA) of the Ministry of Education, Youth and Sport (MoEYS); and · Khmer Youth Association (KYA) · NGO(s) to be determined	· Primary level: 46% · Secondary level: 6% · (MoEYS Report)	· Primary level: 58% · Secondary level: 13%		· Primary level: 67% · Secondary level: 20%	
	2. Percentage of provinces that have at least one training program on life skills [and TVET] targeting disadvantaged young females and males and school dropouts.	MoEYS annual reports		· 100% (MoEYS)	· 100%		· 100%	
	3. Number of functioned Community Learning Centres (CLCs) and literacy classes (UNFPA Specific Indicator)		· The Inter-Departmental Committee for HIV/AIDS (ICHA) of the Ministry of Education, Youth and	· Community Learning Centre: 102 · Literacy Class: 1,093	· Community Learning Centre: 150 · Literacy Class: 1,200		· Community Learning Centre: 250 · Literacy Class: 1,300	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	Res. Party	YR1 - 2011			YR2 – 2012	
				Baseline	Target	Achievement	Target	Achievement
			Sport (MoEYS); and					

UNDAF Outcome: Governance: By 2015, national and sub national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia, and increased participation in democratic decision making.								
	Indicator	MoV	Res. Party	YR1 - 2011			YR2 - 2012	
				Baseline	Target	Achievement	Target	Achievement
Outcome 3: Strengthened multi-sectoral response to HIV.	1. HIV prevalence among general adult population (15-49 years) · Disaggregated by: sex, age, geographic unit	MoH/NCHADS Modeling	· NCHADS/MoH	· 0.9% 2006 (2007 MoH/NCHADS)	· 0.6%		· 0.6%	

UNDAF Outcome: Governance: By 2015, national and sub national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia, and increased participation in democratic decision making.								
	Indicator	**MoV**	**Res. Party**	**YR1 - 2011**			**YR2 - 2012**	
				Baseline	**Target**	**Achievement**	**Target**	**Achievement**
Output4: Enhanced national and sub-national capacity to target key populations at risk with effective HIV prevention interventions.	1. Percentage of condom use by most at risk populations entertainment workers (EW), men who have sex with men (MSM), injecting drug users (IDU) Disaggregated by: sex, age	MoH/NCHADS Reports HSS, BSS, Drug Use surveys	· UNFPA/NAA · UNFPA/EW/SW Network	· Brothel-based FSWs: 99% (BSS 2007) · Non-brothel based FSW: 96% (BSS 2007) · MSM: 86.5% (BSS 2007) · IDU: 40% (with regular partner); 68% (with non regular partner) (Drug user study 2007) · DU: 52.9% (with regular partner); 80.5 % (with non regular partner)	· TBC		· TBC	

UNDAF Outcome: Governance: By 2015, national and sub national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia, and increased participation in democratic decision making.								
	Indicator	**MoV**	**Res. Party**	**YR1 - 2011**			**YR2 - 2012**	
				Baseline	**Target**	**Achievement**	**Target**	**Achievement**
				(Drug user study 2007)				
	2. HIV prevalence in most at risk populations Disaggregated by sex and ages	HSS, BSS, Drug Use survey	· MoH/NCHADS	· EW: 14.7% (BSS 2007) · IDU: 24.4%1 (Drug user study 2007) · MSM 8.7% (in Phnom Penh (SSS 2005)	· TBC		· TBC	

UNDAF Outcome: Social Protection: By 2015, more people, especially the poor and vulnerable, benefit from improved social safety net and social security programmes, as an integral part of a sustainable national social protection system.					
	Indicator	**MoV**	**Res. Party**	**YR1 - 2011**	**YR2 - 2012**

				Baseline	Target	Achievement	Target	Achievement
Outcome 4: Increase in national and sub-national capacity to provide affordable and effective national social protection through improved development, implementation, monitoring and evaluation of a social protection system	1. Percentage of affected vulnerable groups receiving emergency assistance including food, sanitation, water, shelter and other immediate response interventions within prescribed timeframes. (disaggregated by sex, age, rural-urban, and socio-economic characteristics)	NCDM Report, WFP Report	· Joint UN support to NCDM/others · NGOs to be determined	· TBC	· 40% of affected population (TBC)		· 50% of affected population (TBC)	
Output 5: Increased national and sub-national capacity for emergency preparedness and response to reduce and mitigate vulnerabilities to disasters, both environmental	1. Develop national, coordinated, realistic, integrated multi-sectoral contingency plan for emergency response, which covers early warning, prevention, and mitigation meeting international standards	OCHA and UN Resident Coordination Office Reports	· Joint UN support to NCDM/others · NGOs to be determined	· No contingency plan in place	· Establishment of mechanism to develop the national contingency plan for emergency response.		· The National Contingency Plan for emergency response developed	

UNDAF Outcome: Social Protection: By 2015, more people, especially the poor and vulnerable, benefit from improved social safety net and social security programmes, as an integral part of a sustainable national social protection system.								
	Indicator	**MoV**	**Res. Party**	**YR1 - 2011**			**YR2 - 2012**	
				Baseline	**Target**	**Achievement**	**Target**	**Achievement**
and health, of the poorest and most marginalised, especially women, children, youth and people living with HIV.	2. Minimum Initial Services Package of Reproductive and Sexual Health in Crisis and Post Crisis training/workshops rolled out to national and sub-national level.	OCHA and UN Resident Coordination Office Reports		· 10 provinces	·14 Provinces		· 18 Provinces	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	**MoV**	**YR3 – 2013**		**YR 4 - 2014**		**YR5 – 2015**	
			Target	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
CP Outcome 1								
Outcome 1: Increased national and sub-national equitable coverage of quality	1. Percentage of women with unmet need for family planning Disaggregated by age, unmet need for spacing and limiting	· CDHS	· 19%		· 18.5%		· 18%	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	YR3 – 2013		YR 4 - 2014		YR5 – 2015	
			Target	Achievement	Target	Achievement	Target	Achievement
reproductive, maternal, newborn, child health and nutrition services.								
Output 1								
Output 1: Increased national and sub-national capacity to increase availability, accessibility, acceptability, affordability, and utilization of quality reproductive, maternal, newborn, child and nutrition health services.	1. Proportion of births attended by skilled health personnel (CMDG indicator 5.3) · Baseline: 2009: 63% · Target: 2015: 87% (80% from MOH)	· CDHS · HIS, MoH	· 81%		· 85%		· 87%	
	2. Percentage of pregnant women who delivered by caesarean section (disaggregated by rural and urban)	· CDHS · HIS, MoH	· 3%		· 3.5%		· 4%	
	3. Number of basic/ comprehensive EmONC per 500,000 population	· EmONC Needs Assessment · HIS, MoH · NRHP Report, MoH	·BEmONC: 3.0 ·CEmONC: 0.94		· BEmONC : 3.5 · CEmONC : 0.97		·BEmONC: 4 ·CEmONC: 1	
	4. Percentage of	MoH	· 86%		· 88%		· 90%	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	YR3 – 2013		YR 4 - 2014		YR5 – 2015	
			Target	Achievement	Target	Achievement	Target	Achievement
	population living under the poverty line protected by health equity funds (UNFPA CP IV Specific)	Reports, CSES						
	5. Percent of pregnant women with 2 and 4 Antenatal care consultations (ANC)	CDHS HIS, MoH	·ANC 1: 100% ·ANC 2: 96% ·ANC 4: 55%		·ANC 1: 100% ·ANC 2: 98% ·ANC 4: 58%		·ANC 1: 100% ·ANC 2: 100% ·ANC 4: 60%	
	6. Contraceptive prevalence rate among currently married women (any modern methods)	CDHS HIS, MoH	· 54%		· 57%		· 60%	
	7. Percentage of Operational Districts with at least 2 facilities providing (having staff trained in) adolescent friendly sexual and reproductive health care (AFSRH)	NRHP/MoH Reports	· 50 ODs (65%)		· 55 ODs (71.5%)		· 60 ODs (78%)	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	YR3 – 2013		YR 4 - 2014		YR5 – 2015	
			Target	Achievement	Target	Achievement	Target	Achievement
	8. Number of health facilities providing (having staff trained in) adolescent friendly sexual and reproductive health care (AFSRH) (UNFPA CP IV Specific)	NRHP/MoH Reports	· 350 health facilities		· 400 health facilities		· 450 health facilities	
	9. Percentage of health financial resources allocated to RMNCH	Government and donor expenditure for programme 1 of HSP	· 30%		· 31%		· 32%	
Output 2: Increased competency and availability of health human resources, particularly midwives and other professionals where skill gaps exist.	1. Percentage of health centres with at least two midwives (any type)	MoH-Personnel Dept database	· 66%		· 68%		· 70%	
	2. Percentage of health centres with at least one secondary midwife (UNFPA CP IV Specific)	MoH-Personnel Dept database	· 62%		· 66%		· 70%	
CP Outcome 2								

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	**MoV**	**YR3 – 2013**		**YR 4 - 2014**		**YR5 – 2015**	
			Target	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
Outcome 2: Enhanced national and sub-national institutional capacity to expand young people's access to quality life skills including on HIV and technical and vocational education and training (TVET).	1. Percentage of young adults who successfully completed life skills programs. Disaggregated by: sex, ages, urban/rural	NAA Reports MoEYS Reports NGO reports	· TBC		· TBC		· TBC	
	2. Percentage of young people who successfully completed SRH/HIV life skills programme (UNFPA CP IV Specific)	MoEYS Reports	· 58%		· 63%		· 70%	
Output 3: Enhanced access to and utilization of life skills training [and TVET] especially by	1. Percentage of primary and secondary schools integrating and implementing core life skills training including HIV.	Database and reports of MOEYS	• Primary level: 76% • Secondary level: 27%		• Primary level: 84% • Secondary level: 34%		• Primary level: 90% • Secondary level: 40%	

UNDAF Outcome: **Health and Education**: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	**MoV**	**YR3 – 2013**		**YR 4 - 2014**		**YR5 – 2015**	
			Target	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
disadvantaged young people and out of school children.	2. Percentage of provinces that have at least one training program on life skills [and TVET] targeting disadvantaged young females and males and school dropouts.	MoEYS annual reports	· 100%		· 100%		· 100%	
	3. Number of functioned Community Learning Centres (CLCs) and literacy classes (UNFPA Specific Indicator)		· Community Learning Centre: 350 · Literacy Class: 1,300		· Community Learning Centre: 450 · Literacy Class: 1,400		· Community Learning Centre: 550 · Literacy Class: 1,700	
UNDAF Outcome: Governance: By 2015, national and sub national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia, and increased participation in democratic decision making.								
	Indicator	**MoV**	**YR3 - 2013**		**YR 4 - 2014**		**YR5 – 2015**	
			Target	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
Outcome 3: Strengthened multi-sectoral response to HIV.	1. HIV prevalence among general adult population (15-49 years) Disaggregated by: sex, age, geographic unit	MoH/NCHADS Modeling	· <0.6		· <0.6		· <0.6	
Output 4:	1. Percentage of	MoH/NCHADS	· TBC		· TBC		· TBC	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	**MoV**	**YR3 – 2013**		**YR 4 - 2014**		**YR5 – 2015**	
			Target	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
Enhanced national and sub-national capacity to target key populations at risk with effective HIV prevention interventions.	condom use by most at risk populations entertainment workers (EW), men who have sex with men (MSM), injecting drug users (IDU) Disaggregated by: sex, age	Reports HSS, BSS, Drug Use surveys						
	2. HIV prevalence in most at risk populations Disaggregated by sex and ages	MoH/NCHADS HSS, BSS, Drug Use survey	· TBC		· TBC		· TBC	
UNDAF Outcome: Social Protection: By 2015, more people, especially the poor and vulnerable, benefit from improved social safety net and social security programmes, as an integral part of a sustainable national social protection system.								
	Indicator	**MoV**	**YR3 - 2013**		**YR 4 - 2014**		**YR5 – 2015**	
			Target	**Achievement**	**Target**	**Achievement**	**Target**	**Achievement**
Outcome 4: Increase in national and sub-national capacity to provide affordable and effective national social protection through	1. Percentage of affected vulnerable groups receiving emergency assistance including food, sanitation, water, shelter and other immediate response interventions within prescribed timeframes.	NCDM Report, WFP Report	• 60% of affected population (TBC)		• 70% of affected population (TBC)		• 80% of affected population (TBC)	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	YR3 – 2013		YR 4 - 2014		YR5 – 2015	
			Target	Achievement	Target	Achievement	Target	Achievement
improved development, implementation, monitoring and evaluation of a social protection system	(disaggregated by sex, age, rural-urban, and socio-economic characteristics)							
Output 5: 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 marginalised,	1. Develop national, coordinated, realistic, integrated multi-sectoral contingency plan for emergency response, which covers early warning, prevention, and mitigation meeting international standards	OCHA and UN Resident Coordination Office Reports	· The National Contingency Plan for emergency response implemented		· The National Contingency Plan for emergency response implemented		· The National Contingency Plan for emergency response implemented and monitored	

UNDAF Outcome: Health and Education: By 2015, more men, women, children and young people enjoy equitable access to health and education								
	Indicator	MoV	YR3 – 2013		YR 4 - 2014		YR5 – 2015	
			Target	Achievement	Target	Achievement	Target	Achievement
especially women, children, youth and people living with HIV.	2. Minimum Initial Services Package of Reproductive and Sexual Health in Crisis and Post Crisis training/workshops rolled out to national and sub-national level.		• 20 provinces		• 22 provinces		• 24 provinces	

Annex 3: The M&E Activities Calendar

Country: Cambodia
CP Cycle: 2011 - 2015

		2011	2012	2013	2014	2015
M & E Activities	**Surveys/studies**	CSES – NIS, MOP CDHS 2010 – MoP/MoH CAM Info HSS 2010 and BSS 2010-NCHADS VAW 2009 Follow-up Survey Baseline survey for GBV in piloted provinces	CAM Info	Cambodia Intercensal Survey – NIS, MOP CAM info HSS - NCHADS BSS NCHADS VAW 2013(?) Follow-up Survey End-line survey for GBV in piloted provinces	CAM-info	CDHS 2015 – MoP/MoH CAM Info
	Monitoring systems	HSSP Joint Annual Programme Report - MoH Monitoring of 3 year implementation plan of the NP-SNDD	NSDP Mid-Term Review	NSDP Final Report		
	Evaluations	Evaluation of CP III		HSSP 2 Programme Evaluation	Evaluation of CP IV	

		2011	2012	2013	2014	2015
	Reviews	Health Sector Joint Annual Performance Review Health sector MYR Health Sector MTR HSSP MTR Education Sector Annual Review Annual Work Plan Review Annual Internal CPAP Review Joint Annual UNDAF Review Annual Work Plan and Budgeting D+D	Health Sector Joint Annual Performance Review Health sector MYR Education Sector Annual Review Annual Work Plan Review Review of WCC and communes and provincial investment plans Annual Internal CPAP Review Joint Annual UNDAF Review Annual Work Plan and Budgeting D+D	Health Sector Joint Annual Performance Review Health sector MYR Education Sector Annual Review Annual Work Plan Review Gender Assessment CP/CPAP Mid-Term Review Annual Work Plan and Budgeting D+D	Health Sector Joint Annual Performance Review Health sector MYR Education Sector Annual Review Annual Work Plan Review Review of WCC and communes and provincial investment plans Annual Internal CPAP Review Annual Work Plan and Budgeting D+D	Health Sector Joint Annual Performance Review Health sector MYR Education Sector Annual Review Annual Work Plan Review Annual Internal CPAP Review Joint Annual UNDAF Review Annual Work Plan and Budgeting D+D

		2011	2012	2013	2014	2015
	Support activities	Field Monitoring Visits				
	UNDAF final evaluation milestones			UNDAF MTR	Evaluation of UNDAF	
	M&E capacity-building					
	Use of information					
	Partner activities	Majority of national and sectoral M&E activities shown above supported by multiple partners	Majority of national and sectoral M&E activities shown above supported by multiple partners	Majority of national and sectoral M&E activities shown above supported by multiple partners	Majority of national and sectoral M&E activities shown above supported by multiple partners	Majority of national and sectoral M&E activities shown above supported by multiple partners