



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme document for Cambodia**

Proposed UNFPA assistance: \$27 million: \$18 million from regular resources and \$9 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2006-2010)

Cycle of assistance: Third

Category per decision 2005/13 A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Population and development	4	2	6
Gender	2	-	2
Reproductive health	11	7	18
Programme coordination and assistance	1	-	1
Total	18	9	27

## I. Situation analysis

1. Cambodia is at a crossroads, poised between post-conflict rehabilitation and long-term economic and social development. Cambodia has made significant achievements since the 1991 Paris Peace Accords. However, additional challenges must be addressed if Cambodia is to achieve the goals and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs).

2. Poverty rates are high, with 35 per cent of the population living below the poverty line. Poverty is predominantly rural and associated with landlessness, limited economic diversification, limited access to social services and large household size.

3. As of 2004, the population was estimated at 13.1 million, with 85 per cent living in rural areas. The population is growing at an annual rate of 1.8 per cent, and the total fertility rate is 3.3 children per woman. Although the annual growth rate and total fertility rate are high, they are declining. Household size has decreased from 5.2 persons per household in 1998 to 5.1 in 2004.

4. Life expectancy is 63.4 years for women and 57.1 years for men. The population structure is changing, with increasing numbers of youth and the elderly. As of 2004, 56.3 per cent of the population was below 25 years of age; 36.5 per cent was aged 10-24; and 16.5 per cent was above 50 years old.

5. Gender disparities are rooted in entrenched social attitudes and cultural traditions. There is unequal access to education. There are also high levels of female illiteracy and gender-based violence, and few women in decision-making positions. Only 8 per cent of the commune councillors and 16 per cent of national assembly members are women. About 23 per cent of women have experienced physical violence.

6. The health status of the population is a critical concern, with child mortality estimated at 124 deaths per 1,000 live births and maternal mortality at 437 deaths per 100,000 live births. Approximately 85 per cent of deliveries take place at home. Skilled personnel attend less than one third of all births, although the number of deliveries by skilled personnel is increasing. The public health system is characterized by poorly motivated health providers, unpredictable costs and low-quality services.

7. Although the unmet need for family planning services is high at 32.6 per cent, the contraceptive prevalence rate (CPR) is increasing, rising from 7 per cent in 1995 to 18.5 per cent in 2000, due partly to social marketing efforts. Donors currently provide support to procure all contraceptive commodities, except public-sector condoms, which are funded through the Ministry of Health.

8. Although Cambodia has the highest level of HIV/AIDS prevalence in Asia, it is likely to achieve its MDG target for 2015. Between 1997 and 2003, the adult prevalence rate declined from 3.0 per cent to 1.9 per cent. Transmission patterns are shifting, however. Most new infections occur among married women and their children. Increasing high-risk behaviour among youth and illicit drug use could fuel HIV transmission.

## II. Past cooperation and lessons learned

9. UNFPA has been active in Cambodia since 1994. UNFPA support helped to introduce nationwide birth-spacing services and to complete the 1998 census, the first undertaken in Cambodia in three decades.

10. The second country programme was approved for 2001-2005. This programme was broader in scope than the first one and encompassed a full range of gender, population and reproductive health initiatives aligned with the ICPD Programme of Action and the Millennium Declaration. Key achievements included implementing the 2004 Cambodian

intercensal population survey and launching the first national population policy in 2003.

11. Implementing the national population policy is a core priority of the “rectangular strategy” (economic policy agenda) of the Government. The strategy will serve as the basis for developing the national strategic development plan for 2006-2010, which will, inter alia, mainstream population concerns into sectoral and decentralized planning.

12. The programme also helped to develop and implement a gender mainstreaming and advocacy strategy; expanded high-quality and youth-friendly reproductive health services; and developed a national policy on behaviour change communication. Additional achievements included the expansion of long-term contraceptive methods; increased availability of midwives in remote areas; and increased prioritization of adolescent reproductive health issues.

13. A key lesson learned was the value of working with non-governmental organizations (NGOs) on sensitive and emerging issues. A case in point was in the area of adolescent reproductive health. Adolescent reproductive health issues and lessons culled from UNFPA-funded NGO initiatives informed Government evidence-based policy and strategy dialogues.

14. During 2001-2004, Cambodia made gains in harmonizing and aligning donor support. In 2003, the World Bank, the Asian Development Bank, the Department for International Development of the United Kingdom (DFID) and the United Nations worked together in developing a common country assessment, country programmes and in monitoring and evaluation.

15. UNFPA is a core partner in three government-donor technical working groups and is active in the partnership between the World Bank, the Asian Development Bank, DFID and the United Nations country team. In addition, UNFPA is participating in and financing the sector-wide approach (SWAp) in

the health sector, and is working with other partners in developing a similar approach in the Ministry of Planning.

16. The value of working through a SWAp was an important lesson of the second country programme. Since 2004, UNFPA has provided support to the Ministry of Health through a SWAp. Such an approach supports the institutional structures and planning processes of the Government, minimizes transaction costs, integrates reproductive health initiatives within overall planning and service delivery structures, and mainstreams the ICPD agenda into policy and strategy dialogues.

### III. Proposed programme

17. The third country programme is based on (a) an analysis of the population, reproductive health, HIV and gender situation in Cambodia; (b) the participatory poverty assessment jointly undertaken by the World Bank, the Asian Development Bank, DFID and the United Nations country team; (c) the United Nations Development Assistance Framework (UNDAF) for 2006-2010; (d) the rectangular strategy of the Government and the national poverty-reduction strategy; and (e) lessons learned since 1994.

18. The proposed programme will support the achievement of the MDGs and basic human rights as articulated in the Universal Declaration of Human Rights, the ICPD Programme of Action, the Convention on the Elimination of All Forms of Discrimination against Women and the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly Special Session on HIV/AIDS. It will help to achieve the UNDAF outcomes and national priorities.

19. The UNDAF identified four key priority areas that are aligned with the priorities of the rectangular strategy of the Government. They include: (a) good governance and the promotion and protection of human rights; (b) supporting agriculture and reducing rural poverty; (c) capacity-building and human resource

development for the social sectors; and (d) supporting the national strategic development plan (2006-2010).

#### *Population and development component*

20. The population and development component will contribute to the national priorities of good governance and the promotion and protection of human rights, and will support the national strategic development plan. Within this component, there are two outcomes: (a) national and sectoral policies, decentralized plans and strategies take into account population, poverty and development linkages; and (b) the collection and utilization of age- and sex-disaggregated population and poverty data at national and decentralized levels is improved.

21. Output 1: Improved national and decentralized capacity to integrate and implement population, poverty and development issues within national, sectoral and decentralized plans. Key initiatives include integrating population issues into the national strategic development plan, sensitizing planners on key population issues, and incorporating population issues into commune development plans in priority areas.

22. Output 2: Strengthened national and local capacity in collecting, analysing, interpreting, disseminating and utilizing disaggregated population and poverty data for decentralized planning, monitoring and policy-making. Key initiatives include developing a SWAp for planning, statistics and poverty monitoring; supporting key data collection and monitoring activities such as the 2008 census and the 2010 demographic and health survey; and supporting monitoring and reporting for the national strategic development plan and the Cambodian MDGs.

#### *Gender component*

23. The gender component will contribute to the national priority of capacity-building and human resource development for the social

sectors. The expected outcome of this component is: institutional mechanisms and sociocultural practices promote and protect the rights of women and girls to advance gender equity.

24. Output 1: Strengthened capacity of priority ministries, selected commune councils and the media to promote the empowerment of women and youth. Initiatives include creating gender groups in priority ministries; integrating and monitoring gender mainstreaming in sectoral and decentralized plans; support to implement gender-based violence policies and laws at the local level; advocacy efforts to change attitudes towards gender equality; and strengthening the capacity of women's and children's focal points and committees in the commune councils.

25. Output 2: Increased awareness and empowerment of women and youth in the priority areas to claim their rights to gender equity. Key interventions include advocacy and awareness initiatives at the local level focusing on women's rights, reproductive health issues and gender-based violence.

#### *Reproductive health component*

26. The reproductive health component will contribute to the national priority of capacity-building and human resource development in the social sectors. There are three outcomes within this component: (a) a policy environment that promotes reproductive health and reproductive rights; (b) increased access to and utilization of high-quality reproductive services; and (c) increased awareness and empowerment of the population, particularly women and youth, regarding their reproductive rights, including reproductive health services.

27. Output 1: Strengthened national capacity to develop, implement and evaluate gender-sensitive reproductive health and HIV policies, strategies and protocols. Key initiatives include developing a national reproductive health strategy; developing and implementing the reproductive health and gender components of the health-sector strategic plan; developing a

long-term reproductive health commodity security plan; including adolescent reproductive health components, gender-based violence and female condoms in existing service packages and protocols; and improving coordination through the technical working group on health.

28. Output 2: Strengthened capacity of relevant government institutions and NGOs to provide high-quality reproductive health services, including those focusing on HIV/AIDS and sexually transmitted infections (STIs), in priority areas.

29. Output 3: Increased access to high-quality, comprehensive, client-oriented and gender-sensitive reproductive health information and services (including those for HIV/AIDS and STIs) for the rural poor and vulnerable groups in priority areas. Key initiatives include: (a) improving financial access to delivery services for the poor; (b) developing performance-based health systems; (c) improving the quality and availability of midwives; (d) expanding the availability of integrated reproductive health, HIV and STI services, emergency obstetric care, youth-friendly services and services to address gender-based violence; and (e) introducing the female condom.

30. Output 4: Increased awareness of women, men and youth about reproductive health, reproductive rights and available services in priority areas. Key initiatives include community training and referral initiatives for safe deliveries; promoting condoms as dual protection; adolescent reproductive health education and life-skills education both in and out of school; male involvement; developing the capacity of youth organizations; and national and local behaviour change initiatives.

#### **IV. Programme management, monitoring and evaluation**

31. The programme will be implemented, monitored and evaluated within the context of UNDAF. A strategic baseline study that compiles outcome and output indicators will be undertaken in 2006. The programme will use

data from the Cambodian demographic and health survey, the socio-economic survey, the intercensal population survey, routine management information systems and operations research.

32. UNFPA will undertake annual and mid-term reviews in conjunction with UNDAF monitoring. UNDAF monitoring and evaluation mechanisms will be aligned wherever possible with national and donor monitoring processes, in particular with those of the World Bank, the Asian Development Bank and DFID.

33. UNFPA and the United Nations country team will continue to strengthen national monitoring and evaluation capacities by providing technical assistance to the Government in data collection, analysis and reporting. UNDAF monitoring and evaluation mechanisms will utilize the *CAMInfo* database system as the national system to monitor the Cambodian MDGs.

34. The UNFPA country office in Cambodia consists of a representative, a deputy representative, an assistant representative, an operations manager, a national programme officer and administrative support staff. Programme funds will be earmarked for five national programme posts and four administrative support posts, within the framework of the approved country office typology. National project personnel will be recruited as necessary. The UNFPA Country Technical Services Team in Bangkok, Thailand, along with national and international experts, will provide technical backstopping.

## RESULTS AND RESOURCES FRAMEWORK FOR CAMBODIA

<b>National priority:</b> good governance and the promotion and protection of human rights <b>UNDAF outcome:</b> by 2010, achieve significant progress towards effective participation of citizens, accountability and integrity of government				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><b>Outcome:</b> National and sectoral policies, decentralized plans and strategies take into account population, poverty and development linkages</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>▪ Population and poverty linkages explicit in national development policies and plans</li> </ul>	<p><b>Output 1:</b> Improved national and decentralized capacity to integrate and implement population, poverty and development issues within national, sectoral and decentralized plans</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Key population and development issues integrated in the national strategic development plan</li> <li>• Number and % of local plans in priority areas that integrate key population and development issues</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Planning</li> <li>• Decentralization and deconcentration structures</li> <li>• National Committee for Population and Development</li> <li>• Donors</li> <li>• NGOs</li> </ul>	<p>Regular resources: \$4 million</p> <p>Other resources: \$2 million</p>
<b>National priority:</b> the rectangular strategy of the Government is translated into a single national strategic development plan (2006-2010) <b>UNDAF outcome:</b> the national development plan and its implementation serve as an effective guide for sector plans and related budgets				
Population and development	<p><b>Outcome:</b> The collection and utilization of age- and sex-disaggregated population and poverty data at national and decentralized levels is improved</p> <p><b>Outcome indicator:</b> Sex- and age-disaggregated data used to monitor the national strategic development plan and the MDGs</p>	<p><b>Output 2:</b> Strengthened national and local capacity in collecting, analysing, interpreting, disseminating and utilizing disaggregated population and poverty data for decentralized planning, monitoring and policy-making</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Population data disaggregated by sex, age and income available through the census, demographic and health survey, and other surveys</li> </ul> <p>Number and % of planners and staff in priority areas capable of incorporating population issues into local plans</p>	<ul style="list-style-type: none"> <li>• Ministry of Planning</li> <li>• Donors</li> <li>• NGOs</li> </ul>	
<b>National priority:</b> capacity-building and human resource development in the social sectors <b>UNDAF outcome:</b> by 2010, improved health, nutritional and education status and gender equity of the rural poor and vulnerable groups				
Gender	<p><b>Outcome:</b> Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls to advance gender equity</p> <p><b>Outcome indicator:</b></p> <ul style="list-style-type: none"> <li>• Percentage of women in decision-making positions (National Assembly, Senate, ministers, governors, commune councillors)</li> <li>• Youth policy reflects gender equity and women's rights</li> </ul>	<p><b>Output 1:</b> Strengthened capacity of priority ministries, selected commune councils and the media to promote the empowerment of women and youth</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• % of national and local development plans in priority areas that are gender-responsive</li> <li>• Number of functioning focal points and committees for women and children on commune councils in priority areas</li> </ul> <p><b>Output 2:</b> Increased awareness and empowerment of women and youth in the priority areas to claim their rights to gender equity</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of population aware that violence against women is wrongful behaviour and a criminal act</li> <li>• Percentage of women aware of trafficking and of specific laws on women's rights</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Women's Affairs, Ministry of Health, Ministry of Planning, and the Ministry of Education, Youth and Sports</li> <li>• Decentralization and deconcentration structures</li> <li>• Donors</li> <li>• NGOs</li> </ul>	<p>Regular resources: \$2 million</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome 1:</b> A policy environment that promotes reproductive health and reproductive rights</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Reproductive health and reproductive rights, including the rights of youth, incorporated into the national development strategic plan; the health and education sector plans; and the MDG reports</li> </ul> <p><b>Outcome 2:</b> Increased access to and utilization of high-quality reproductive health services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Proportion of births attended by skilled health personnel (home and facility)</li> <li>• Percentage of women aged 15-49 who have ever used a modern birth-spacing method</li> </ul> <p><b>Source of data:</b> Cambodia demographic and health survey</p> <p><b>Outcome 3:</b> Increased awareness and empowerment of the population, particularly women and youth, regarding their reproductive rights, including reproductive health services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Condom use among young people aged 15-24 with non-regular partners</li> <li>• % of women reporting births as wanted</li> </ul>	<p><b>Output 1:</b> Strengthened national capacity to develop, implement and evaluate gender-sensitive reproductive health and HIV policies, strategies and protocols</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Comprehensive and gender-sensitive national reproductive health strategy (2006-2010) in place</li> <li>• Minimum package of activities and complementary package of activities updated to reflect the new reproductive health strategy</li> </ul> <p><b>Output 2:</b> Strengthened capacity of relevant government institutions and NGOs to provide high-quality reproductive health services, including those focusing on HIV/AIDS and sexually transmitted infections, in priority areas</p> <p><b>Output indicators:</b> (in priority areas)</p> <ul style="list-style-type: none"> <li>• Number and % of health centres that have trained midwives</li> <li>• Number and % of health staff trained in updated minimum package of activities and complementary package of activities</li> </ul> <p><b>Output 3:</b> Increased access to high-quality, comprehensive, client-oriented and gender-sensitive reproductive health information and services (including those for HIV/AIDS and STIs) for the rural poor and vulnerable groups in priority areas</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number and % of health centres with full minimum package of activities, and referral hospitals with comprehensive packages of activities</li> <li>• Number and percentage of districts with equity funds or other financial systems that support access to services for poor and vulnerable groups</li> </ul> <p><b>Output 4:</b> Increased awareness of women, men and youth about reproductive health, reproductive rights and available services in priority areas</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• % of youth who know where to go for appropriate reproductive health, HIV/AIDS and STI services (health centres, referral hospitals, NGOs or private clinics)</li> <li>• % of currently married couples where both partners approve of family planning</li> </ul>	<ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• National AIDS Authority</li> <li>• Ministry of Education, Youth and Sports</li> <li>• Donors</li> <li>• NGOs</li> </ul> <ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• National AIDS Authority</li> <li>• Donors</li> <li>• NGOs</li> </ul> <ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• National AIDS Authority</li> <li>• Donors</li> <li>• NGOs</li> </ul>	<p>Regular resources: \$11 million</p> <p>Other resources: \$7 million</p> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>