



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

Distr.: General  
16 July 2010

Original: English

**UNITED NATIONS POPULATION FUND**

**Final country programme document for Cambodia**

Proposed indicative UNFPA assistance: \$24.2 million: \$18 million from regular resources and \$6.2 million through co-financing modalities and/or other, including regular resources

Programme period: 5 years (2011-2015)

Cycle of assistance: Fourth

Category per decision 2007/42: A

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

	Regular resources	Other	Total
Reproductive health and rights	10	5.0	15.0
Population and development	5	1.0	6.0
Gender equality	2	0.2	2.2
Programme coordination and assistance	1	-	1.0
Total	18	6.2	24.2

## I. Situation analysis

1. Cambodia has experienced robust economic growth in the past. Its economy grew at an average of 6 per cent from 1993 to 2003, and 11.1 per cent from 2004 to 2007. The high economic growth reduced overall poverty rates from 47 per cent in 1993 to 30 per cent in 2007. The recent global economic crisis has, however, resulted in substantial downward revisions of growth estimates.

2. In 2008, the population was estimated at 13.4 million, with 80 per cent living in rural areas. The population is growing at an annual rate of 1.5 per cent. The total fertility rate, which has declined rapidly since the 1990s, is 3.1 children per woman. Household size has also decreased, from 5.1 persons per household in 2004 to 4.7 in 2008.

3. Life expectancy was 60.5 years for men and 64.3 years for women in 2008. The population structure is changing, with increasing numbers of youth and elderly. In 2008, 56 per cent of the population was below 25, 34.8 per cent was aged 10 to 24, and 4.3 per cent was above 65.

4. Gender disparities, rooted in discriminatory attitudes, increase the vulnerability of women and girls to abuse, trafficking and exploitation. Gender-based violence is prevalent, with 22 per cent of women having experienced physical violence since the age of 15. Few women hold decision-making positions. Only 14.6 per cent of commune councillors and 19 per cent of national assembly members are women. This represents a slight increase over the last five years.

5. The health status of the population is of concern. Infant mortality is estimated at 60 deaths per 1,000 live births. The maternal mortality ratio is 461 deaths per 100,000 live births, and has not significantly declined since 2000. However, 2008 public-sector health indicators show significant improvements from 2005/2006. Deliveries in public health facilities increased from 22 to 35 per cent; deliveries attended by skilled health care personnel

increased from 44 to 52 per cent; and antenatal care increased to 73 per cent. Nevertheless, challenges remain, including the quality of care, the number and competency of health professionals, especially midwives, and access to emergency obstetric care.

6. The contraceptive prevalence rate increased from 7 per cent in 1995 to 27 per cent in 2005, due in part to social marketing efforts. However, the unmet need for family planning remains at 25 per cent. Donors currently provide support to procure all contraceptive commodities except public-sector condoms, financed by the Ministry of Health.

7. Although Cambodia has one of the highest levels of HIV prevalence in Asia, prevalence has fallen from 3 per cent in 1997 to 0.9 per cent in 2005. However, transmission patterns are changing. Increasing high-risk behaviour among youth, shifts from brothel-based sex work to informal sex work, and illicit drug use could fuel a second wave epidemic.

## II. Past cooperation and lessons learned

8. UNFPA has worked in Cambodia since 1994. UNFPA helped to introduce nationwide birth-spacing services and to complete the 1998 census. Achievements of the third country programme, 2006-2010, in the area of reproductive health, included: (a) the implementation of the 2008 census; (b) increased contraceptive prevalence, antenatal care, and deliveries by skilled attendants; and (c) increased availability of skilled midwives and youth-friendly services.

9. The programme 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 national strategic development plan, and is the basis for mainstreaming population concerns.

10. In the area of gender, the programme helped to develop the capacity of gender-mainstreaming action groups and women's and children's committees, and the development and

implementation of the National Action Plan to Prevent Violence towards Women and the Strategic Plan on Women, the Girl Child and HIV/AIDS.

11. 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 (the second health sector support programme), together with the United Nations Children's Fund, the World Bank and four other donors.

12. 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.

### III. Proposed programme

13. The fourth country programme is based on: (a) an analysis of the population, reproductive health, HIV and gender situations in Cambodia; (b) the common country assessment; (c) the United Nations Development Assistance Framework (UNDAF), 2011-2015; (d) the government Rectangular Strategy Phase II and the updated national strategic development plan; and (e) lessons learned from the third country programme.

14. The fourth country programme will contribute to the achievement of four UNDAF outcome areas: (a) health and education; (b) gender; (c) governance; and (d) social protection. The programme will contribute to the UNDAF country programme outcomes and outputs noted below. These outcomes and outputs are joint in nature, and a number of United Nations organizations will support them.

#### *Reproductive health and rights component*

15. This component will contribute to the UNDAF priorities in the areas of health and education, governance, and social protection. Within this component, UNFPA will support four

outcome areas and five outputs. The four outcome areas are: (a) increased equitable coverage, at national and subnational levels, of good-quality reproductive, maternal, newborn and child health and nutrition services; (b) enhanced national and subnational institutional capacity to expand young people's access to good-quality life skills, including on HIV, and technical and vocational education and training; (c) strengthened multisectoral response to HIV; and (d) increased national and subnational capacity to provide affordable and effective national social protection through improved development, implementation, monitoring and evaluation of a social protection system. The five outputs are elaborated below.

16. Output 1: Improved national and subnational capacity to increase the availability, accessibility, acceptability, affordability and utilization of good-quality reproductive, maternal, newborn and child health and nutrition services. The programme will support the reproductive and maternal health elements of the health strategic plan. The programme will focus on: (a) ensuring a supportive policy and resource environment; (b) improving the quality of and access to family planning, emergency obstetric care and youth-friendly services; and (c) reducing obstacles to care.

17. Output 2: Increased competency and availability of health-related human resources, particularly midwives and other professionals, where gaps in skills exist. Initiatives include improving the availability and competency of human resources in the areas of reproductive, maternal and neonatal health, particularly emergency obstetric and neonatal care doctors and midwives.

18. Output 3: 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. Initiatives include supporting comprehensive in-school and out-of-school life-skills programming.

19. Output 4: Enhanced national and subnational capacity to target key populations at risk with effective interventions to prevent HIV. Initiatives include supporting the implementation of prevention, advocacy and awareness elements of

the Strategic Plan on Women, the Girl Child and HIV/AIDS, and supporting policy, strategy and capacity development for HIV prevention among entertainment workers, sex workers, their clients and their partners.

20. Output 5: Increased national and subnational 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. Initiatives include supporting capacity development for emergency preparedness and response in the areas of reproductive and maternal health and gender-based violence.

#### *Population and development component*

21. This component will contribute to the UNDAF priority in the area of good governance. Under this component, UNFPA will support two outcome areas and three outputs. The two outcome areas are: (a) effective mechanisms for dialogue, representation and participation in democratic decision-making are established and strengthened; and (b) enhanced capacity for collecting, accessing and utilizing data disaggregated by sex, age, target population and region, at national and subnational 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. The three outputs are elaborated below.

22. Output 1: Avenues and structures are developed and strengthened to empower youth and women to participate in decision-making and planning at national and subnational levels. Initiatives include supporting and developing the capacity of women's and children's committees at provincial, district and commune levels in priority locations. This will ensure the engagement of women and young people and the integration of population, gender and reproductive health issues into local planning and decision-making processes.

23. Output 2: Improved availability and utilization of data and information disaggregated by sex, population and region. Initiatives include supporting and developing the capacity for data collection and monitoring activities, such as the

2013 intercensal population survey and the 2015 demographic and health survey.

24. Output 3: The national and subnational capacity is strengthened to develop evidence-based, gender- and child-sensitive plans and budgets that incorporate priority population, poverty and development linkages. Initiatives include sensitization and research on emerging population issues and capacity development for national and subnational evidence-based planning and budgeting.

#### *Gender equality component*

25. The gender component will contribute to the UNDAF priority in the area of gender. Within this component, UNFPA will support four outcome areas and five outputs, focusing on gender-based violence and decentralized capacity-building. The four outcome areas are: (a) a harmonized aid environment that promotes gender equality and the empowerment of women; (b) strengthened and enhanced gender-mainstreaming mechanisms at national and subnational levels; (c) enhanced participation of women in the public sphere at national and subnational levels; and (d) improved societal attitudes and preventive and holistic responses to gender-based violence. The five outputs are elaborated below.

26. Output 1: Increased United Nations leadership and facilitation of a programme-based approach to promoting gender equality and empowering women. Initiatives include improving gender responsiveness and coordination within the United Nations country team by supporting a United Nations gender adviser in the resident coordinator's office, and developing a programme-based approach for gender equality.

27. Output 2: Enhanced capacity of gender-mainstreaming action groups in line ministries and institutions at national and subnational levels. Initiatives include support to the gender mainstreaming action groups in the Ministry of Health and in the Ministry of Planning.

28. Output 3: Enhanced opportunities and mechanisms to strengthen women's capacity to participate in the public sphere at national, subnational and community levels. Initiatives

include strengthening the capacity of female council members and women's and children's consultative committees.

29. Output 4: 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. Initiatives include increasing advocacy and community awareness of violence issues, increasing the engagement of local authorities in activities related to gender-based violence, and working with men and boys on gender equity and the prevention of gender-based violence.

30. Output 5: Increased institutional capacity to provide multisectoral mechanisms to protect women's rights, promote gender equality, and prevent gender-based violence. Initiatives include supporting the implementation and monitoring of the National Action Plan to Prevent Violence towards Women, and developing model multisectoral prevention, referral and response mechanisms at the provincial level.

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

31. UNFPA and the Government will implement, monitor and evaluate the programme within the context of 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 and supporting the development of new programme-based approaches that focus on gender and subnational democratic development.

32. 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 operational research.

33. 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.

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. UNFPA will use programme funds to support programme and administrative posts, based on country programme requirements and the approved country office typology. UNFPA will recruit additional short-term personnel as needed. 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.

## RESULTS AND RESOURCES FRAMEWORK FOR CAMBODIA

<b>National priorities:</b> (a) good governance; (b) capacity-building and human resource development; and (c) private-sector development and employment <b>UNDAF outcome:</b> health and education: by 2015, more men, women, children and young people enjoy equitable access to health and education				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<u>Outcome 1:</u> Increased equitable coverage, on national and subnational levels, of good-quality reproductive, maternal, newborn and child health and nutrition services <u>Outcome indicator:</u> % of women with unmet need for family planning	<u>Output 1:</u> Improved national and subnational capacity to increase the availability, accessibility, acceptability, affordability and utilization of good-quality reproductive, maternal, newborn and child health and nutrition services <u>Output indicators:</u> <ul style="list-style-type: none"> <li>● % of births attended by skilled health personnel</li> <li>● Modern contraceptive prevalence rate among currently married women</li> </ul> <u>Output 2:</u> Increased competency and availability of health-related human resources, particularly midwives and other health professionals, where gaps in skills exist <u>Output indicator:</u> % of health centres with at least two midwives	Development partners; non-governmental organizations (NGOs); Ministry of Health; professional associations; second health sector support programme; United Nations organizations	\$15 million (\$10 million from regular resources and \$5 million from other resources)
	<u>Outcome 2:</u> Enhanced national and subnational institutional capacity to expand young people's access to good-quality life skills, including on HIV, and technical and vocational education and training <u>Outcome indicator:</u> % of young adults who successfully complete life skills programmes	<u>Output 3:</u> 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 <u>Output indicator:</u> % of primary and secondary schools integrating and implementing core life-skills training, including on HIV	Donors; Ministry of Education, Youth and Sports; NGOs; United Nations organizations	
<b>UNDAF outcome:</b> governance: by 2015, national and subnational institutions are more accountable and responsive to the needs and rights of all people living in Cambodia, and there is increased participation in democratic decision-making				
Reproductive health and rights (cont.)	<u>Outcome 3:</u> Strengthened multisectoral response to HIV <u>Outcome indicator:</u> HIV prevalence among general adult population (15-49 years)	<u>Output 4:</u> Enhanced national and subnational capacity to target key populations at-risk with effective interventions to prevent HIV <u>Output indicator:</u> % of condom use by most at-risk populations: entertainment workers, injecting drug users and others	Development partners; National AIDS Authority; Ministry of Women's Affairs; NGOs	
<b>UNDAF outcome:</b> social protection: by 2015, more people, especially the poor and vulnerable, benefit from improved social safety nets and social security programmes, as an integral part of a sustainable national social protection system				
Reproductive health and rights (cont.)	<u>Outcome 4:</u> Increased national and subnational capacity to provide affordable and effective national social protection through improved development, implementation, monitoring and evaluation of a social protection system <u>Outcome indicator:</u> % of affected vulnerable groups receiving emergency assistance, including food, sanitation, water, and shelter and other immediate response interventions within prescribed timeframes	<u>Output 5:</u> Increased national and subnational capacity for emergency preparedness and response, to reduce and mitigate the vulnerability of the poorest and most marginalized persons, especially women, children, the elderly, youth and people living with HIV, to environmental and health disasters <u>Output indicator:</u> A national, coordinated and integrated multisectoral contingency plan in place for emergency response, covering early warning, prevention and mitigation, which meets international standards	Donors; National Committee for Disaster Management; NGOs; Ministries of Health and Women's Affairs; United Nations organizations	
<b>UNDAF outcome:</b> governance: by 2015, national and subnational institutions are more accountable and responsive to the needs and rights of all people living in Cambodia, and there is increased participation in democratic decision-making				
Population and development	<u>Outcome 1:</u> Effective mechanisms for dialogue, representation and participation in democratic decision-making are established and strengthened	<u>Output 1:</u> Avenues and structures are developed and strengthened to empower youth and women to participate in decision-making and planning at national and subnational levels	National Committee for Subnational Democratic Development; NGOs;	\$6 million (\$5 million from regular resources and

	<p><u>Outcome indicator:</u> Number of women elected to representative bodies</p> <p><u>Outcome 2:</u> Enhanced capacity for collecting, accessing and utilizing data disaggregated by sex, age, target population and region, at national and subnational 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</p> <p><u>Outcome indicator:</u> Disaggregated data and information used to monitor the national strategic development plan, Cambodian Millennium Development Goals, and sectoral and subnational plans</p>	<p><u>Output indicator:</u> Subnational women's and children's consultative committees are established and functional in all locations</p> <p><u>Output 2:</u> Improved availability and utilization of data and information disaggregated by sex, population and region</p> <p><u>Output indicator:</u> Population data disaggregated by sex, age and income available through the census, the Cambodian demographic and health survey, Cambodia socio-economic survey, the commune database and other surveys</p> <p><u>Output 3:</u> The national and subnational capacity is strengthened to develop evidence-based, gender- and child-sensitive plans and budgets that incorporate priority population, poverty and development linkages</p> <p><u>Output indicator:</u> % of national, sectoral and provincial plans and budgets that are evidence based, gender and child sensitive and incorporate population, poverty and development linkages</p>	<p>United Nations organizations</p> <p>Donors; Ministry of Planning; National Council for Population and Development; United Nations organizations</p>	<p>\$1 million from other resources)</p>
<p><b>UNDAF outcome:</b> gender: by 2015, all women, men, girls and boys experience a reduction in gender disparities and progressively enjoy and exercise equal rights</p>				
Gender equality	<p><u>Outcome 1:</u> A harmonized aid environment that promotes gender equality and the empowerment of women</p> <p><u>Outcome indicator:</u> Road map for programme-based approach on gender mainstreaming is endorsed by all stakeholders and is implemented</p>	<p><u>Output 1:</u> Increased United Nations leadership and facilitation of a programme-based approach to promoting gender equality and empowering women</p> <p><u>Output indicator:</u> Programme-based approach is developed and development partner funds are flowing through programme-based approach modalities</p>	<p>Donors; Ministry of Women's Affairs; NGOs; United Nations organizations</p>	<p>\$2.2 million from regular resources and \$0.2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>
	<p><u>Outcome 2:</u> Strengthened and enhanced gender-mainstreaming mechanisms at national and subnational levels</p> <p><u>Outcome indicator:</u> % of technical working group work plans, and joint monitoring indicators that are gender responsive, using the criteria of the technical working group on gender</p>	<p><u>Output 2:</u> Enhanced capacity of gender-mainstreaming action groups in line ministries and institutions at national and subnational levels</p> <p><u>Output indicator:</u> % of gender-mainstreaming action groups accessing national government budget to implement activities</p>	<p>Gender-mainstreaming action groups; Ministry of Women's Affairs; UNDP; United Nations Development Fund for Women (UNIFEM)</p>	
	<p><u>Outcome 3:</u> Enhanced participation of women in the public sphere at national and subnational levels</p> <p><u>Outcome indicator:</u> % of female members in subnational councils (province, district and commune)</p>	<p><u>Output 3:</u> Enhanced opportunities and mechanisms to strengthen women's capacity to participate in the public sphere at national, subnational and community levels</p> <p><u>Output indicator:</u> % of subnational female candidates and councillors receiving training in capacity-building</p>	<p>Development partners; Ministry of Women's Affairs; NGOs; UNDP; UNIFEM</p>	
	<p><u>Outcome 4:</u> Improved societal attitudes and preventive and holistic responses to gender-based violence</p> <p><u>Outcome indicator:</u> % of population aware that violence against women is wrong and a criminal act</p>	<p><u>Output 4:</u> 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</p> <p><u>Output indicator:</u> % of secondary public schools with curricula that include gender issues and the prevention of gender-based violence</p> <p><u>Output 5:</u> Increased institutional capacity to provide multisectoral mechanisms to protect women's rights, promote gender equality, and prevent gender-based violence</p> <p><u>Output indicator:</u> Number of provinces with local-level response and referral systems linking government and non-government victim support institutions</p>	<p>Donors; Ministry of Women's Affairs; NGOs; United Nations organizations</p>	