

## CPE ANNEX Part 2: Additional Information

### *Description of criteria used in the CPE:*

**Evaluation Criteria:** The criterion of relevance brings into focus the correspondence between the objectives and support strategies of the CP, on the one hand, and population needs, government priorities, and UNFPA global policies and strategies on the other. In particular, it will look into the extent to which the objectives of the UNFPA CP correspond to population needs at country level and were aligned throughout the programme period with government priorities, with strategies of UNFPA and UNDAF.

Coherence assesses the dimensions of internal coherence and external coherence: how well or not, different actions work together by various partners (external) and within thematic and state units (internal). **Internal coherence** addresses the synergies and interlinkages between the intervention and other interventions carried out in CP6 within UNFPA, adhering to the norms and standards and the **external coherence** considers the consistency of the intervention with other actors' interventions in the same context. External synergy includes complementarity, harmonisation and co-ordination with other partners, and the extent to which the intervention is adding value while avoiding duplication of effort.

Assessing the effectiveness, the extent to which CP outputs have been achieved, and the extent to which these outputs have contributed to the achievement of the CP outcomes, will require a comparison of the intended goals, outcomes and outputs with the actual achievement of terms of results.

The efficiency criterion-the extent to which CP outputs and outcomes have been achieved with the appropriate amount of resources and captures how resources such as funds, expertise, time and etc, have been used by the CO and converted into the results along the results chain.

The sustainability is related to the likelihood that benefits from the CP continue after UNFPA funding is terminated and the corresponding interventions are closed. Therefore, the sustainability criterion - the continuation of benefits from a UNFPA - financed intervention after its termination, will assess the overall resilience of benefits to risks that could affect their continuation.

### ***In the humanitarian contest:***

Coverage: measures the extent that UNFPA humanitarian interventions systematically reached the affected populations, especially the most vulnerable and marginalized groups (including young people and women with disabilities; those of racial, ethnic, religious, and national minorities; LGBTQI populations).

Connectedness: measures the extent that UNFPA has contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises.

## 1. Additional Information on UNFPA Coordination Role

### Joint Programming and partnerships:

UNDAF Coordination mechanisms (source: RCO)

Under the leadership of the UN Resident Coordinator (RC), the UN Country Team (UNCT) in Cambodia is responsible for the implementation and monitoring of the UNDAF in partnership with the RGC and in collaboration with civil society and development partners. The UNDAF Programme Management Team (PMT) supports the UNCT and RC in the coordination of the implementation of the UNDAF, its monitoring and evaluation. The Operations Management Team provides recommendations on common services and business-related issues. Other coordination mechanisms include the M&E Group, the Communication Group, the Disaster Management Team, and UN Theme Groups/Task Forces.

### **UN Joint Programs – Coordination Mechanism**

As shown below, out of the 8 Joint Programs UN Cambodia has, UNFPA is part of two programmes, each with its own steering committees to oversee (co-chair by RC and Representatives from RGC).

<b>UNJP</b>	<b>Implementing Agencies</b>	<b>Lead Agency</b>
UN Joint Program on Youth Employment	ILO, UNESCO, UNICEF, UNIDO	ILO
Access to Justice Without Barriers for Person with Disabilities (A2J)	UNDP, OHCHR	UNDP
Supporting the National Social Protection Policy Framework in Cambodia	ILO, UNICEF, WHO	ILO
Strengthened National Preparedness, Response and Resilience to COVID19 in Cambodia	IOM, UNICEF, UNFPA, WHO	IOM
UN Joint Program on Integrated National Financing Framework (INFF) to Catalyze Blended Finance for transformative CSDG achievement	UNDP, UNCDF	UNDP
Promoting Human Security in the Context of Investment Surges in Preah Sihanouk Province	OHCHR, UN Habitat Collaboration with UNICEF, UNDP	UN Habitat
Financial Innovations for Supporting SMEs to Promote Growth and Employment (Credit guarantee)	UNDP, UNCDF, IOM, IFAD	UNCDF
CLEAN – Cambodia innovative Climate Adaptation & mitigation/ financing mechanism	UNDP, UNICEF	UNICEF
UN Partnership for Persons with Disabilities (MPTF) – Grant approved end of 2020/Joint Programme in formulation	UNICEF, OHCHR, ILO, UNFPA, UNDP, UNESCO	UNDP

### Representation of UNFPA in results groups and outcome groups:

Outcome 1 co-chaired by UNFPA with UNICEF and Accelerators 3 and 4 are led by UNFPA.

Result Group/Outcome	Co-Chairs
<b>Outcome 1: Expanding social opportunities (PEOPLE)</b>	<b>UNICEF, UNFPA</b>
Outcome 2: Expanding economic opportunities (PROSPERITY)	UNDP, UNIDO
Outcome 3: Promoting sustainable living (PLANET)	FAO, WFP
Outcome 4: Strengthening Participation and Accountability (PEACE)	OHCHR, UNESCO, UNDP
Outcome 5: Managing Urbanization	UNESCO, IOM, ( and UNOPS)

The four accelerators are reflected in each of the outcomes and the results frameworks. Out of the four, two are led by UNFPA.

**Accelerator 1:** Strengthening capacity for the implementation of the National Social Protection Policy Framework towards poverty eradication in Cambodia. (Lead : UNICEF)

**Accelerator 2:** Improving nutrition for sustained economic growth and equitable development benefits. (Lead: WFP/FAO)

**Accelerator 3:** Youth: Empowering youth to realize their full potential, and Cambodia to reap its demographic dividend (Lead: [UNFPA](#))

**Accelerator 4:** Ensuring greater availability and use of high quality disaggregated data for sustainable development. (Lead: [UNFPA](#))

## 2. **Additional Information on Sexual and Reproductive Health and Rights (SRHR):**

### a. **Support to development of policy advocacy, guidelines, SOPs, Curricula**

UNFPA has made great progress to contribute to the improvement of SRHR policies and guidelines in the country. Under CP6, UNFPA has contributed to the review, renewing and updating policies and guidelines, and developing new policy/guidelines. The key documents supported by UNFPA within the CP6 programme cycle are:

- The National Strategy for Reproductive Sexual Health and Reproductive Rights, extended from 2017-2020 to 2023, which fully incorporate ICPD Nairobi commitment
- EmONC Improvement Plan 2021-2025
- Safe Motherhood Protocol for Health Centres 2020
- Safe Motherhood Protocol for Referral Hospitals 2020
- National Guidelines for Health Sector Response to VAW for Health Managers
  - RH Commodity Security
- Family Planning Protocol
- Long Term Birth Spacing Methods Training Protocol
- National Strategy for Disaster Management for Health
- Minimum Initial Service Package for RH in emergencies
- The Guideline for Gender Mainstreaming in Inclusive Disaster Management
- National Standard Operating Procedures for Cervical Cancer Screening and Management
- National Guidelines on ensuring the continuity of essential SRMNCH services during COVID-19 pandemic
- Update EmONC Curricula (1-month and 3-month courses)
- Core Competency Framework for Midwives 2022
- National Strategic Plan for E-learning of Sexual and Reproductive Health 2022-2026
- Guideline for Health Manager of Health Response to VAW/GBV survivors
- National Guideline of Maternal and Child Health during the Pandemic 2020
- National Guideline of Telemedicine for Sexual and Reproductive Health 2022

### b. **Support to COVID-19 Response (SRHR):**

In response to COVID-19, UNFPA and MoH embarked on innovations, as listed below, which have been very helpful in responding to the pandemic and also built into the health systems:

- Move quickly from in-person meeting/training/workshop to work *via zoom and virtual arrangements*.
- *E-learning platform*: with UNFPA support, NMCHC starts with the e-learning and expected it will be up and running at the end of the year. <https://elearning.nmchc.moh.gov.kh>
- *Telemedicine*: Another innovation to support the NMCHC, this innovation is very critical for ensuring the access to SRMHR services and information during this pandemic and this system will continue to stay on with our system.
- *Website for better sources of info*: Develop the website of NMCHC to make it more viable and attractive. <https://nmchc.moh.gov.kh>
- *Increased use of social media* to promote access to essential SRMH services to ensure continued access to services despite the pandemic.
- *Support digital system* for COVID-19 Unit of the NMCHC hospital.

### c. Contribution to Knowledge Management:

**The following were produced during CP6 (2019 to 2022 period) Specific dates of reports are not available for some reports.**

1. EmONC Review 2019/2020
2. Clients' Feedback on Sexual Reproductive and Maternal Health Services in Cambodia: A qualitative study
3. Rapid Assessment Accessibility to and Availability of Essential Sexual Reproductive and Maternal Health (SRMH) services in Phnom Penh, Kandal and Sihanouk Ville: Experiences during the COVID-19 Lockdown and Travel Restriction
4. Barriers in access to sexual and reproductive health services among youth (aged 18-24) and women (aged 25-49) in Cambodia: A mixed-method study
5. Rapid Assessment on the Social and Health Impact of COVID-19 Among the Returning Migrant Workers
6. COVID-19 Socio-Economic Impact Assessment

### **UNFPA supported Health Sector Response to GBV (in partnership with UN Women, MOWA and MOH):**

Following the technical guidance from the global guidelines on essential service package for GBV survivors, UNFPA supported MoWA and Provincial Departments of Women's Affairs (PDOWAs) to roll out all minimum services developed in previous phase for front line providers in four targeted provinces (Kampong Cham and Tboung Khum provinces supported by ACCESS joint programme budget and Preah Vihear and Stung Treng provinces supported by UNFPA's core fund). With ACCESS Funding Support, the members of two Provincial Working Groups on GBV (PWG-GBVs) and 4 District Working Groups on GBV (DWG-GBVs) had been equipped with the minimum standard for GBV survivors. The minimum standard covers all four topics of the Essential Service Package for GBV survivors: 1) basic counselling, 2) referral guidelines, 3) health response, and 4) Page 6 of 36 key legal aspects. *As a result, in 2020, nearly a hundred cases <sup>1</sup>(including domestic violence and rape cases) received services from the provincial and district working groups on GBV in the four target provinces while in 2021, over 100 cases, including domestic violence and rape cases, received services from the same working groups.*

UNFPA also supported MoH to roll out the national guidelines and manual for health sector response to GBV in these four provinces to ensure proper and effective response from health providers. As a result of this capacity development and service availability, nearly 300 women victims of violence had been reported to have received health care services at health facilities in the four provinces of Kampong Cham, Tbong Khmum, Preah Vihear, and Stung Treng. Among these cases, over hundred rape cases were given forensic examination and the survivors received the examination certificates. In the joint programme, UN Women support has helped to achieve these results as technical and financial support from UN Women

---

<sup>1</sup> The exact number are not reported as per ethical guidelines "Improving the collection and use of administrative data on violence against women: global technical guidance. New York: United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and World Health Organization (WHO); 2022

has made a significant improvement of MoWA leadership to take lead in coordinating TWGG-GBV members to mobilise resources and budget allocation to develop the Annual Operational Plans to implement the NAPVAW III.

**MoWA had improved multi-sectoral referral and coordination networks at national and subnational levels with** UNFPA's technical and financial support to four PWGs-GBV and 8 DWGs-GBV in the four provinces. Despite of COVID-19 pandemic, UNFPA supported MoWA and PDoWAs to ensure the minimum functioning of the GBV working groups in providing services to GBV survivors physically and virtually. In 2020, all periodic meetings of PWGs-GBV and DWGs-GBV were conducted physically and in 2021 among 36 periodic meetings, 24 meetings had been conducted virtually. In addition to informing of the available GBV services, UNFPA also worked closely with MoWA to update the service directory for GBV survivors and produced posters and other IEC materials including the digital campaign to reach out to people in the community. Moreover, UNFPA also shared contribution to the MoP-NIS to conduct the CDHS to include the Domestic Violence module for this round of survey. The gender thematic report on gender dimension was also produced from the 2019 census data.

UNFPA collaborated with MoH and MoWA to further strengthen and roll out the health sector response to GBV/VAW in four priority provinces (Kampong Cham, Tboung Khmum, Preah Vihear and Stung Treng) with a particular focus on referral hospitals and some selected health centres, as first line support, including referrals. (UNFPA also supported MoH to roll out the national guidelines and manual for health sector response to GBV in these four provinces to ensure proper and effective response from health providers.) The National Guidelines had been adapted from UNFPA, WHO, and UNW global document to ensure that the different layers of the health system are cohesive, connected, sensitized and equipped with skills to address VAW/GBV in the health sector. The guidelines were endorsed and disseminated by the Ministry of Health in Q4 of 2020 and implemented from 2021 onward. During the reporting period, UNFPA provided leading technical support to the MoWA in collaboration with other partners to further strengthen the national and sub-national capacity to coordinate the GBV Working Group to ensure timely and effective responses to GBV survivors. In close collaboration with MoWA and CSO partners, the two PWG-GBV in Kampong Cham and Tboung Khmum were trained on effective multi-sectoral referral and coordination while four DWG-GBV in those provinces were established and capacitated in essential services packages. The members of PWG-GBV and DWG-GBV, who are the frontline providers, had been trained on the four topics of the Essential Service Package for VAW survivors.

Strengthened institutional capacities of health and other essential services to prevent and respond to GBV in selected provinces: Capacity development for healthcare providers in providing health sector response to GBV/VAW was conducted in 2020. The joint programme capacitated relevant referral hospitals and forty three (43) selected health centres in skills to provide healthcare services to women and girls affected by GBV/VAW. At the same time, six District Working Groups on GBV/VAW were established and their members were trained on skills in effective coordination around GBV/VAW among different stakeholders in the four provinces. In total, ten training sessions had been conducted among 190 healthcare providers and managers (134 females). According to the reports, their knowledge increased from 61.3% in the pre-test to 91.3% in the post-test. In 2021, UNFPA had continued to provide technical and financial support to the Ministry of Health to further enhance the capacity of the health

system to provide services to women and girls who experienced violence, particularly during the context of COVID-19 pandemic. Sixty-nine GBV/VAW monitoring, and supervision visits had been made by the National Reproductive Health Programme and PHDs to health facilities to follow up on GBV/VAW services offered by the health care providers to women and to monitor improvement on the case recording and referral systems at health facilities.

As a part of the capacity development and the on-going monitoring and supportive supervision visits to designated health facilities, eight referral hospitals had been assessed as GBV/VAW functioning facilities in the four target provinces. As part of an effort to promote multi- sectoral coordination for GBV/VAW survivors, GBV referral networks had been established in four provinces and have their capacity built on GBV/VAW case referral and management. The networks exchanged information through regular coordination meetings with UNFPA's support. VAW/GBV community meetings were carried out in 2020 with 91 stakeholders (72 females). In 2021, MoH and PHD provided hands-on coaching and supportive of 36 supervisions in order to build confidence in providing health sector response to GBV/VAW services to victims. Accumulatively, 40 sessions of Health Sector Response to VAWG in the communities were conducted in UNFPA 8 priority provinces with 309 participants (252 females). As a result of this capacity development and service availability, over three hundred (over hundred in 2021) women victims of violence had been reported to have received health care services at health facilities in the four provinces of Kampong Cham, Tbong Khmum, Preah Vihear, and Stung Treng. Among these cases, over hundred rape cases were given forensic examination and the survivors received the examination certificates.

During the reporting period, UNFPA provided leading technical support to the MoWA in collaboration with other partners to further strengthen the national and sub-national capacity to coordinate the GBV Working Group to ensure timely and effective responses to GBV survivors. In close collaboration with MoWA and CSO partners, the two Provincial Working Groups on GBV (PWG-GBV) in Kampong Cham and Tbong Khmum were trained on effective multisectoral referral and coordination while four District Working Groups on GBV (DWG-GBV) in those provinces were established and capacitated in the same essential services packages.

The members of PWG-GBV and DWG-GBV, who are the frontline providers, had been trained on the four topics of the Essential Service Package for VAW survivors. In support of enhanced coordination at the sub-national level, UNFPA provided technical support to MoWA and PDoWA focal points to improve its coordinating and monitoring roles. UNFPA actively participated in formulating and standardizing the Terms of Reference (TOR) for the GBV working Groups at the sub-national level.

The TORs of PWG-GBV (Kampong Cham, Tbong Khmum, Preah Vihear, and Stung Treng) and those (TORs) of the six DWGs-GBV under this fund (Stung Trang, Chamkar Leu, Prey Chhor, Ourang Ov, Cham Khsan, and Thalaboriwat) were approved by provincial and district governors in first half part of 2020. The six DWGs-GBV conducted their first gathering to familiarize themselves with the approved ToRs, their roles and responsibilities in Q3 of 2020. With forming of the DWGs-GBV under the new structure of district authorities, each of the DWGs-GBV is chaired by a female deputy district governor and facilitated by the Social Well-being Office serving as secretariat.

In 2021, UNFPA supported MoWA to deliver the third topic on “Health sector response to GBV” and why victims of rape cases are required to refer immediately for health treatment. The number of women and girls who are the GBV survivors is recorded manually by each Provincial Department of Women’s Affairs, serving as secretariat of the PWG-GBV. In 2020, nearly a hundred cases of domestic violence and rape received services from PWG-GBV and DWG-GBV in the four target provinces. Most of the survivors received basic counselling from members of those working groups and some of the victims got referred to other services based on their needs such as legal or court or health sectors and some received counselling offered by PDoWA staff and a few cases were referred to other services. In 2021, the reported cases (both domestic violence and rape) have increased in four target provinces which might have resulted from increased knowledge/awareness of people on gender and GBV and on the GBV network in their areas.

#### **Media Publicity:**

UNFPA and MoWA produced five spots on GBV services from provider perspective and one on the client in receiving services. These productions were posted on MoWA Facebook page and UN agencies pages, to celebrate 2021 IWD as well as to show the linkage between gender and GBV. In total, there were 267,7K views and 3,333 Likes during three weeks. In addition, some necessary materials such as hat, food containers, and bottle were produced for GBV front line providers utilize during this COVID 19 circumstances.

**Contribution to the GBV digital campaign:** The UNFPA took the lead in coordinating the 16 Days GBV Social Media Campaign (Starting from Nov 25 - Dec 31, 2021) with implementing partners, UN agencies, International and local Civil Society NGOs, and Social Enterprises. In close collaboration with the Ministry of Women Affairs, UNWOMEN and UNRC jointly launched the #16Days Campaign of Activism against Women and Girls under the global and UNFPA themes with the following hashtags: #16days, #bodyright, #OrangeTheWorld, #EndViolence, #EndGBVNow, and #GenerationEquality. Five short quote videos, three Vlogger videos from social media Influencers, five Government Officials/CSO short videos, and artworks with GBV key messages had been produced and posted on social media platforms across UN Agencies’ and MoWA’s pages. Through the UNFPA, MoWA and PDoWA Facebook pages, the GBV Social Media Campaign reached more than two million people with over 90,000 post engagements, comments, and shares during the campaign period.

In response to COVID 19, UNFPA supported MOWA to ensure that the essential services for VAW/GBV continue to function without interruption during the pandemic. Moreover, two roundtables were organized and aired on radio of Women Media’s Center (FM 103.5 MH) on basic counselling during COVID 19 and GBV services. The two roundtable discussions were edited and aired on other radio stations in order to cover all the 8 provinces of ACCESS Programme. MoWA also contributed to printing of IEC materials for GBV/VAW during COVID 19 together with TAF. 972 booklets, 7,000 posters, and 4,880 hand fans were produced for 8 ACCESS target provinces. Further, the service directory of VAW services in all four provinces has been updated and printed out. It was shared with the network as a resource support during this pandemic. In addition, UNFPA produced two messages on GBV/VAW and were disseminated on different media platforms. The messages reached more than 5 million people and



generated good interactions among viewers in 2020 and 2021. The key topics are: preventing violence against women (1 message); mental health related to GBV and adolescent and youth; and encourage service seeking for GBV.

Considerable support for the psychosocial and physical wellbeing of women and girls was provided with information about hygiene, reproductive health, GBV related issues, and services through the inclusion of health and protection information along with 1,300 dignity kits (500 kits in 2020) that had been distributed to the women and girls at high risk of gender-based violence in four UNFPA targeted provinces.

**Research/study:** Through the ACCESS program's fund, UNFPA also shared contribution to the MoP-NIS to conduct the Cambodian Demographic Health Survey (CDHS). UNFPA's main contribution focused on the training of enumerators. To enable the main training to take place successfully, NIS, MoH and UNFPA prepared a plan, identified suitable training venues with reliable internet connection, and particularly procured appropriate protective and pedagogical equipment in place prior to the training. The protective equipment included masks, hand sanitizer, disinfectant and cleaning supplies (e.g. paper towels, napkins, wipes, soaps etc.), touchless thermometer, projector and other necessary supplies. The enumerator training was done remotely as well as in class sessions, to the extent practicable. The CDHS report expected to be available in Q4 of 2022. Moreover, UNFPA supported MoWA and NIS to conduct the in-depth analysis on Gender and Women's dimension from the 2019 census data. The final report on gender and women's dimension was submitted to MoWA and NIS after the final consultative meeting with line ministries and CSOs and academic institution in Q4 2021.

A key lesson learned has been the success of shifting to largely remote provision of training for frontline GBV providers and other healthcare providers since COVID. UNFPA supported MoWA, PWG-GBV and DWGGBV to adopt the online and hybrid platforms, for the training for frontline providers and this has worked extremely well, far better than could have been conceived at the outset. Another important lesson has been the necessity of agile programming, and the ability of the country programme to quickly adapt in the face of the significant obstacles presented by the COVID pandemic, manageable in part as a result of the strong relationships developed and maintained between the UNFPA Country Office and Government partners and the donor.

### **3. Additional Information on Adolescents and Youth (AY):**

Various policies and national strategies have also been developed to advance the achievement toward the UN Sustainable Development Goals (SDG), particularly good health and well-being (SDG3, SDG4) and the achievement of gender equality and the empowerment of women and girls (SDG5). The government approved Education Strategy Plan 2019-2023: CSE was integrated into the core curriculum (2019) based on CSE pilot supported by UNPFA in seven provinces. And, 2030 Roadmap of Cambodia's SDG 4, Education to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all: - Priority 3 Ensuring equal access for all people to affordable and quality technical, vocational and tertiary education, including university; - Priority 4: Increasing lifelong learning opportunities for all youth and adults to achieve literacy and numeracy, and learners in all age groups as

well. Ministry of Education Youth and Sport (MoEYS) Gender Mainstreaming Action Plan provided education about sexual and reproductive rights in formal education for both male and female students.

Education Strategy Plan 2019-2023: CSE was integrated into the core curriculum (2019) based on CSE pilot supported by UNPFA in seven provinces.

- 2030 Roadmap of Cambodia's SDG 4, Education to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all: - Priority 3 Ensuring equal access for all people to affordable and quality technical, vocational and tertiary education, including university; - Priority 4: Increasing lifelong learning opportunities for all youth and adults to achieve literacy and numeracy, and learners in all age groups as well;

- Ministry of Education Youth and Sport (MoEYS) Gender Mainstreaming Action Plan: provide education about sexual and reproductive rights in formal education for both male and female students.

Education policy has focused successfully on increasing access to and participation in education opportunities. Importantly, in addition to enrollment and participation in formal education, the priority is to ensure life-long learning opportunities for all youth including technical vocational training. While the Gender Mainstreaming Action Plan only promotes education about sexuality and reproductive rights in formal education for males and females, good practices show that linking out of school CSE to these efforts is most successful.

#### **4. Additional Information on Population Dynamics (PD):**

There are two key indicators for PD. The first indicator focuses on in-depth thematic analyses of data using 2019 census data and 2021-2022 demographic health survey CDHS data. The target was set for 13 reports to be completed. With a technical support and coordination by UNPFA and a closely collaboration with MoP 15 reports were successfully produced so far<sup>2</sup>. Out of all the completed in-depth thematic reports mentioned above, 5 reports were produced by NIS and 3 were jointly produced between NIS and Census Technical Advisor. However NIS also actively engages in providing comments and ensuring quality of other reports as well. This provides evidence that the capacities of the government staff on data analyses have been strengthened. Moreover, the data collected by NIS have been used nation-wide by all relevant stakeholders. Overall, this indicator has been achieved more than planned. The completed 15 reports are listed below:

1. Thematic Report of 2019 Census Data Analysis on Child and Youth (by NIS)
2. Thematic Report of 2019 Census Data Analysis on Population Distribution and Urbanization
3. Thematic Report of 2019 Census Data Analysis on Population Growth and Composition by Age and Sex
4. Thematic Report of 2019 Census Data Analysis on Housing and Household Amenity (by NIS)
5. Thematic Report of 2019 Census Data Analysis on Ethnic and Minority (by NIS)
6. Thematic Report of 2019 Census Data Analysis on Gender Dimension
7. Thematic Report of 2019 Census Data Analysis on Fertility and Nuptiality (by NIS and support from Census Technical Advisor)
8. Thematic Report of 2019 Census Data Analysis on Disability
9. Thematic Report of 2019 Census Data Analysis on Mortality and Maternal Mortality (by NIS and support from Census Technical Advisor)

---

<sup>2</sup> Planning matrix for monitoring and evaluation, UNPFA Cambodia, by June 2022

10. Thematic Report of 2019 Census Data Analysis on Population Aging in Cambodia
11. Thematic Report of 2019 Census Data Analysis on Employment and Economic
12. Thematic Report of 2019 Census Data Analysis on Migratory Movement (by NIS)
13. Thematic Report of 2019 Census Data Analysis on Population Projection (by NIS and support from Census Technical Advisor)
14. Thematic Report of 2019 Census Data Analysis on Literacy and Educational Attainment
15. Provincial Provinces/Municipalities (25) (by NIS)

The second indicator focuses on national and sectoral policies and plans integrating the issues of sexual and reproductive health and rights, violence against women, youth and emerging population dynamics. Working closely with MoP, plans and evidence base for policy development were achieved more than planned. The 11 documents including three documents on plans, policies (1,2,and 3 below) and others supporting the coordination mechanisms are reported below:

1. (National Strategic Development Plan (NSDP) 2019-2023
2. The 3<sup>rd</sup> National Population Policy (NPP) Action Plan 2022-2024
3. Cambodian Sustainable Development Goals (CSDGs) 2016-2030 Revised List of Targets and Indicators by Goals
4. The government's decision on appointment of multi-sectoral composition of the special committee for accelerating ICPD-PoA
5. Decision on the establishment of the inter-ministerial of the special committee for accelerating the implementation of the international conference on population and development programme of action
6. Decision on the organization and functioning of the municipal-provincial committees for population and development
7. Gender Dividend and Cambodia Demographic Profile
8. Assessment of the Implementation of National Strategy for the Development of Statistics 2019-2023 and Statistics 2030: Towards Reform Agenda
9. Cambodia's Voluntary National Review (VNR) 2019 on the implementation of the 2030 agenda for sustainable development
10. The 2019 progress report on the implementation of the CSDGs 2016-2030
11. The Sub-Decree on the establishment of a Special Committee for Accelerating the Implementation of the International Conference on Population and Development Programme of Action (SC-ICPD-PoA)

The National Ageing Policy (2017-2030) was jointly developed between Ministry of Planning and Ministry of Social affairs veterans, and youth rehabilitation (MoSVY) and approved in 2017 by the government. The MOP is taking the lead in the implementation of this aging policy in collaboration with other relevant ministries. The purpose of the policy is to promote the well-being of the older persons. The policy discussed about the general demographic information for ageing population as well as issues and challenges faced by the older persons. The ministry of social Affairs MoSVY is the lead implementing agency to ensure this policy implemented by relevant ministries for this policy to contribute to the well-being of elderly people in the country with support from all relevant line ministries and development partners.<sup>3</sup>

---

<sup>3</sup> National Aging Policy (2017-2030)

Overview of the resource allocation and expenditure for the programmatic areas of CP6 : Summary of CP6 (2019-2023) Resources Utilization to date (30 Jun 22)

(There is a formatting problem with this table and will correct it with CO help)

Description	Total (CPAP: 2019-2023)	2019 Exp.	2020 Exp.	2021 Exp.	2022 Exp.	2023 Exp.	Total Est. Exp. (2019-2023)	Balance	
		1,660,000	1,808,848	1,863,848	2,026,053		7,358,749		
		03/02/20	03/02/21	31/10/21	30/06/22				
	A	B	C	D	E	F	G=B+C+D+E+F	H=A-G	
<b>REGULAR RESOURCES</b>									
Sexual and Reproductive Health (SRHR)	4,745,000	954,811	1,195,285	1,282,280	413,399	-	3,845,775	899,225	81.0%
Sexual and Reproductive Health (Gender & VAW)	955,000	30,390	51,025	78,328	62,812	-	222,554	732,446	23.3%
Adolescents and Youth	800,000	143,333	257,936	230,327	131,278	-	762,874	37,126	95.2%
Population Dynamics	1,300,000	352,166	182,065	186,831	135,837	-	856,899	443,102	65.5%
Programme Coordination Assistance (PCA)	500,000	80,513	49,444	47,232	133,643	-	310,831	189,169	62.0%
<b>Total (Regular Resources)</b>	<b>8,300,000</b>	<b>1,561,213</b>	<b>1,735,754</b>	<b>1,824,997</b>	<b>876,969</b>	<b>-</b>	<b>5,998,933</b>	<b>2,301,067</b>	<b>72.2%</b>
<b>Ceiling</b>		<b>1,660,000</b>	<b>1,808,848</b>	<b>1,863,848</b>	<b>2,026,053</b>	<b>-</b>	<b>5,332,696</b>		
<b>Implementation Rate</b>		<b>94.05%</b>	<b>95.96%</b>	<b>97.92%</b>	<b>43.28%</b>		<b>112.49%</b>		
<b>OTHER RESOURCES</b>									
Sexual and Reproductive Health (SRHR)	950,000	9,155	322,656	40,086	211,864	-	583,761	366,239	61.0%
Sexual and Reproductive Health (Gender & VAW)	1,400,000	65,719	143,571	276,015	58,711	-	544,016	855,984	38.9%

Adolescents and Youth	1,000,000	3,367	114,132	32,385	4,996	-	154,881	845,119	15.
Population Dynamics	1,350,000	44,999	42,235	490,759	149,448	-	727,440	622,560	53.
<b>Total (Other Resources)</b>	<b>4,700,000</b>	<b>123,241</b>	<b>622,594</b>	<b>839,244</b>	<b>425,019</b>	<b>-</b>	<b>2,010,098</b>	<b>2,689,902</b>	<b>42.</b>
<b>GRAND TOTAL</b>	<b>13,000,000</b>	<b>1,684,454</b>	<b>2,358,348</b>	<b>2,664,241</b>	<b>1,301,988</b>	<b>-</b>	<b>8,009,031</b>	<b>4,990,969</b>	<b>61.</b>

## A. Programme Logic for SRHR

**Goal:** Achieve universal access to sexual and report productive health and rights, and reduced maternal mortality to accelerate progress on the ICPD agenda to improve the lives of women, adolescent girls and vulnerable population by leaving no one behind.

**Outcome 1:** Every woman, adolescent and youth everywhere, especially those furthest behind, has accessed and utilized integrated sexual and reproductive health information and services and exercised reproductive rights. free of coercion. discrimination and violence.

**Output:** Strengthened national and sub-national capacities to provide high quality integrated sexual and reproductive health and rights information and services particularly for the marginalized and vulnerable including in emergencies.

**Strategic Intervention #1:** Review, develop and implement policies on SRHR according to international standards and humanitarian response frameworks focusing on those left furthest behind.

**Strategic Intervention #2:** Scale up the number of health facilities providing high-quality, integrated and youth-friendly sexual and reproductive health services and information.

**Strategic Intervention #3:** Improve the quality of pre-service and in-service midwifery training through further alignment of midwifery education with international standards ensuring delivery of lifesaving interventions for obstetric and new born complications and high quality sexual and reproductive health services.

**Strategic Intervention #4:** Support the development and implementation of guidelines and protocols to respond to GBV health service response, as per international standards, focusing on provinces with the highest prevalence of VAW and leverage South-South Cooperation with countries with well-functioning one stop crisis centres.

**Strategic Intervention #5:** Support the demand generation of youth friendly service and essential SRHR service and information for AY and GBV survivor at the sub-national level

- 1-Limited lifesaving skills among health care providers, and thus low emergency obstetric and neonatal care (EmONC) coverage compared to international standards and requirements;
- 2-Limited skills in providing non-discriminatory, respectful quality integrated services to women, youth and the most vulnerable and therefore barriers in accessing services
- 3-Stagnant of unmet need for family planning
- 4-Relatively low contraceptive prevalence rate amongst married young women (29 per cent for 15-19 years old)
- 5-Rise of teenage pregnancies
- 6-High acceptance of violence against women

**Problem:** Limited access to quality essential SRHR service and information among marginalized and vulnerable groups

Then over 5 years

Through These

## B. Programme Logic for AY

**Goal:** Achieve universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda to improve the lives of adolescents and youth, and women, enabled by

### **Outcome 2:** Adolescent and Youth

Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and

**Output:** Youth people, including the marginalized and vulnerable, are empowered with knowledge and skills to make informed choices for sexual and reproductive health and reproductive rights and well-being, in an enabling environment

**Strategic Intervention #1:** Expand access to comprehensive sexuality education, including for out-of-school youth targeting also teachers, parents, community and religious leaders, and the media for increased awareness.

**Strategic Intervention #2:** Capacity and engage young people and youth organization through the United Nations Youth Advisory Panel (UNYAP) for investment case development and advocacy for greater domestic resource investments youth participation in policy-making and dialogue in health including sexual and reproductive health, education, employment and gender equality as identified in the National Youth Policy Action Plan and the CYDI.

**Strategic Intervention #3:** Address barriers and social norms that inhibit young people from exercising their reproductive rights and accessing information and services on sexual reproductive health and VAW through partnerships, including with youth led organizations.

1-Decline in the education and health domains within the CYDI reflect a need for greater targeted investments at the national and subnational levels.  
2-More active forms of participation like consultation, collaboration, and empowerment within decision-making processes remain limited.  
3-Limited ability to access decision-making spaces within the government or the UN that further reduces collaboration.  
4-Owing to the taboo nature of sexual education and the lack of health literacy including sexual and reproductive health and rights among students, adolescents and youth are especially vulnerable to unwanted pregnancies, sexually transmitted infections (STIs) and gender-based violence.

**Problem:** Maternal mortality is still very high compared to other countries in the region, especially among women living in rural and remote provinces, and other marginalized and vulnerable groups.

Then over 5 years

Through These

### C. Programme Logic for PD

**Goal:** Achieve universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents and youth, and women, enabled by population dynamics, human rights, and gender equality

**Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development**

**Output:** Strengthened institutional capacities to produce and use data to map out inequalities and emerging population dynamics to inform policies and programmes and improve emergency preparedness

**Strategic Intervention #1:** Provide technical assistance and capacity development for the 2019 Population Census of Cambodia and the 2020 Demographic and Health Survey data collection exercises.

**Strategic Intervention #2:** Strengthen the capacity of national and sub-national institutions to produce and use disaggregated data at all geographical levels to inform policy-making which is also responsive to needs of women with disabilities and indigenous people.

**Strategic Intervention #3:** Gather additional evidence on barriers, including social norms that hinder women and girls from exercising their reproductive rights and accessing sexual and reproductive health and VAW information and services.

**Strategic Intervention #4:** Foster new partnerships with regional actors and through South-South cooperation, to improve data use and analysis and broaden the knowledge base

Then over 5 years

Through These

1-Lack of availability among partners to deliver the critical assumptions under-appreciation of population data and statistics

2-Absence of culture of using national or sub-national level data for governance

3-Weak capital infrastructure (internet coverage, reliable power) for digital information systems and information technology

4-Lack of alignment between training, skills-building and career development for young population

**Problem:** Limited the national data with in-depth analysis report to map out inequalities and emerging population dynamics to inform policies and programmes and improve emergency preparedness.



**List of Stakeholders Interviewed**

Themes	No.	Name	Sex	Organization	Title/postion	Email Address	Geography
SRHR		<b>National</b>					
	1	Dr. KIM Ratana	Female	NMCHC/MOH	Director	kmrattana@gmail.com	Phnom Penh
	2	Dr. SEAN Lumang Kunthear	Female	NMCHC/MOH	Deputy director		Phnom Penh
	3	Dr. TOUCH Sokneang	Female	Human Resource Development Department	Director	neanghrd@gmail.com	Phnom Penh
	4	Dr. LAK Muy Sreang	Male	Department of Preventive Medicine	Deputy director		Phnom Penh
	5	H.E. Prof. TUNG Rathavy	Female	MOH	Advisor		Phnom Penh
	6	Dr. HORNG Lay Rapo	Male	Hospital Services Department	Deputy director		Phnom Penh
	7	Dr. Prof. PECH Sothy	Male	Training Unit of NMCHC	Deputy director		Phnom Penh
	8	Ms. HENG Ngim	Female	Master Trainer			Phnom Penh
	9	Mrs. DUCH Sophath	Female	University of Health Science - Technical School of Midwifery Care (TSMC)	Senior Midwifery Educator	d_sophath@uhs.edu.kh	Phnom Penh
	10	Ms. Caroline HOMER	Female	Burnet Institute, Melbourne University	Programme Director		Phnom Penh
	11	Soth Samphhors	Female	NMCHC/MOH	Training Unit		Phnom Penh
	12	Sok Som Ean	Female	NMCHC/MOH	Training Unit		Phnom Penh
	13	H.E. RITH Vuthy	Male	CDC	Deputy Secretary General		Phnom Penh
	14	H.E. CHOU Bun Eng	Female	NCCT	Permanent vice chair of NCC		Phnom Penh
			<b>Provincial Level</b>				
	15	Ms. HENG Huyleang	Female	RTC Kg.Cham	Midwifery Trainer		Kampong Cham
	16	Head of MCH in Oddor Meanchey	Male	Head of MCH in Oddor Meanchey	Head of MCH		Oddor Meanchey
	17	Dr. Ms. KEO Sunty	Female	Provincial Health Department/MCH	Head of MCH Ratanakiri		Ratankiri
	18	Ms. HOUN Sophary	Female	Health Center Kechong, Borkeo District	Primary Midwife		Ratankiri
	19	Mr. LENG Thearin	Male	Health Center Kechong, Borkeo District	Primary Nurse		Ratankiri
	20	Mr. SEUR Socheat	Male	Health Center Banlung, Krong Banlung	Chief of HC		Ratankiri
	21	Ms. SAY Sophorn	Female	Health Center Banlung, Krong Banlung	Midwife		Ratankiri
	22	Dr. TAING Bun Sreng	Male	MCH in Kg Cham	Head of MCH Kg Cham		Kamong Cham
	23	Dr. PEANG Daro	Female	MCH in Kg Cham	Technical Official		Kamong Cham
	24	Mr. NON Pov	Male	Skun HC of Cheung Prey	Chief of HC		Cheung Prey, Kampong Cham
	25	Ms. LUY Sokroeun	Female	Skun HC of Cheung Prey	Midwife		Cheung Prey, Kampong Cham
	26	Ms. CHHEANG Sreytoch	Female	Skun HC of Cheung Prey	Midwife		Cheung Prey, Kampong Cham
	27	Ms. KIM Channara	Female	Skun HC of Cheung Prey	Midwife		Cheung Prey, Kampong Cham
	28	Student1	Male	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham
	29	Student2	Male	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham
	30	Student3	Male	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham
	31	Student4	Male	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham
	32	Student5	Male	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham
33	Student6	Female	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham	
34	Student7	Female	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham	

	35	Student8	Female	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham
	36	Student9	Female	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham
	37	Student10	Female	Skun HC of Cheung Prey	Students		Cheung Prey, Kampong Cham
		<b>UN agencies</b>					
	38	Dr. CHHEANG Kannitha	Female	WHO	National Officer		Phnom Penh
	39	Ms. Kristin PARCO	Female	IOM	Chief of Mission		Phnom Penh
	40	Ms. DUM Chanthida	Female	IOM	Project Officer		Phnom Penh
		<b>Donor</b>					
	41	Dr. Nozaki IKUMA	Male	JICA	Project Officer		Phnom Penh
	<b>NGO</b>						
42	Dr. VAR Chivorn	Male	RHAC	Executive Director		Phnom Penh	
PD		<b>National</b>					
	43	H.E. POCH Vannak	Male	MoP	Secretary of State		Phnom Penh
	44	H.E. HANG Lina	Female	MoP	Delegate of RGC in charge of Director General of NIS		Phnom Penh
	45	H.E. THENG Pangathun	Male	MoP	Delegate of RGC in charge of Director General of Planning		Phnom Penh
	46	H.E. CHEA CHANTUM	Male	MoP	Secretary General of General Secretariat for Population and Development,		Phnom Penh
	47	H.E. SOK Kosal	Male	MoP	Deputy Director General of NIS		Phnom Penh
	48	Mr. Hang Soviya	Male	MoP	Deputy Director General for PD		Phnom Penh
		<b>Provincial</b>					
	49	Mr. BE Buntha	Male	Provincial Department of Planning	Director of Department of Planning		Kampong Cham
	50	Mr. Ey Nareth	Male	Provincial Department of Planning	Deputy Director of Department of Planning		Kampong Cham
	51	Mr. KHON Sochea	Male	Provincial Department of Planning	Chief of Bureau of Planning		Kampong Cham
	52	Mr. KHENG Vuthy	Male	Provincial Department of Planning	Director of Department of Planning		Ratanakiri
	53	Mr. DET Phearum	Male	Provincial Department of Planning	Chief of Bureau		Ratanakiri
	54	Mr. TITH Phalla	Male	Provincial Department of Planning	Deputy Chief of Bureau		Ratanakiri
	55	Mr. YIM Soninpornea	Male	Provincial Department of Planning	Official		Ratanakiri
		<b>UN Agencies</b>					
	56	Mr Soth Nimol	Male	RCO	Staff		Phnom Penh
	57	Mr. LAING Lan	Male	RCO	Reporting Officer		Phnom Penh
	58	Mr. LIM Saky	Male	UNICEF	M&E Specialist		Phnom Penh
		<b>Donors</b>					
	59	Mr. Ole DOETHINCHEM	Male	GIZ	Programme Manager		Phnom Penh
60	Mr. LY Sophea	Male	EU	Programme Officer		Phnom Penh	
61	Mr. CHHOEUN Kongkea	Male	ADB	Programme Officer		Phnom Penh	
62	Mr. Kjeil TAMBOUR	Male	SIDA	Advisor		Phnom Penh	
	63	H.E. Chek Lim	Male	MoEYS	Deputy Secretary General		Phnom Penh
	64	Dr. YUNG Kunthearith	Male	MoEYS	Deputy Director of School Health Department		Phnom Penh
	65	Mr. ONN Sivutha	Male	MoEYS	Director of Planning		Phnom Penh
	66	Mr. Ros Pheareak	Male	MoEYS	Chief of Secretariat of D&Y		Phnom Penh
		<b>Provincial</b>					

AY	67	Mr. PA Sotha	Male	PDoEYS-Ratanak Kiri	Deputy Director		Ratanakiri	
	68	Mr. SEN Sandely	Male	PDoEYS-Ratanak Kiri	Deputy of Curriculum Bureau		Ratanakiri	
	69	Mr. KOK Sicheurn	Male	PDoEYS	Deputy Director		Kampong Cham	
	70	Mr. HONG Kimyet	Male	PDoEYS	Officer, Health Education Bureau		Kampong Cham	
	71	Mr. CHIN then	Male	PDoEYS	Deputy of Bureau, Health Study		Kampong Cham	
	72	Ms. PHIN Pheary	Female	PDoEYS	Officer, Health Education Bureau		Kampong Cham	
	73	Mr. CEUM Sokara	Male	PDoEYS	Committee Health Study Provincial Level and Deputy Chief of Bureau of Primary Education		Kampong Cham	
	74	Ms. CHEANG kimteang	Female	PDoEYS	Official		Kampong Cham	
	75	Ms. PACH Socheata	Female	PDoEYS	Official		Kampong Cham	
	76	Ms. EK Monada	Female	PDoEYS	Official		Kampong Cham	
	77	Mr. KHUT Khyheang	Male	PDoEYS	Official		Kampong Cham	
	78	Mr. KLAING Norear	Male	PDoEYS	Official		Kampong Cham	
	79	Ms. OUNG Sokheng	Female	PDoEYS	Official		Kampong Cham	
	<b>School Level</b>							
	80	Mr. TITH Vira	Male	Buthang O Chum High School, Ratanakiri	Principal		Ratanakiri	
	81	Student11	Female	Buthang O Chum, Ratanakiri	Students at Buthang O Chum		Ratanakiri	
	82	Student12	Female	Buthang O Chum, Ratanakiri	Students at Buthang O Chum		Ratanakiri	
	83	Student13	Female	Buthang O Chum, Ratanakiri	Students at Buthang O Chum		Ratanakiri	
	84	Student14	Female	Buthang O Chum, Ratanakiri	Students at Buthang O Chum		Ratanakiri	
	85	Student15	Female	Buthang O Chum, Ratanakiri	Students at Buthang O Chum		Ratanakiri	
	86	Student16	Female	Buthang O Chum, Ratanakiri	Students at Buthang O Chum		Ratanakiri	
	87	Student17	Female	Skun High School	Student		Kampong Cham	
	88	Student18	Female	Skun High School	Student		Kampong Cham	
	89	Student19	Male	Skun High School	Student		Kampong Cham	
	90	Student20	Male	Skun High School	Student		Kampong Cham	
	91	Student21	Male	Skun High School	Student		Kampong Cham	
	92	Student22	Female	Skun High School	Student		Kampong Cham	
	93	Kok Chichoreun	Male	Skun High School	Deputy School Health		Kampong Cham	
	94	Pi Vanna	Male	Skun High School	Director of Secondary Education		Kampong Cham	
	95	Hot Kimhong	Male	Skun High School	Hun Sen Skun High School Director		Kampong Cham	
	96	Khov Narin	Male	Skun High School	Hun Sen Skun High School Deputy School Director		Kampong Cham	
	97	Chim Simort	Male	Skun High School	Hun Sen Skun High School Deputy School Director		Kampong Cham	
98	Sam Sonit	Male	Skun High School	Hun Sen Skun High School Deputy School Director		Kampong Cham		
99	Pou Dany	Female	Skun High School	Librarian		Kampong Cham		
<b>UN Agencies</b>								
100	Dr. Khincho WIN THIN	Male	UNAIDS	Programme Advisor		Phnom Penh		
101	Mr. LEAVE Kimlay	Male	UNESCO	Programme Analyst		Phnom Penh		
<b>CSOs</b>								
102	Mr. ROFEK Rada	Male	UNYAP	Member		Phnom Penh		
103	Mr. MAO Polin	Male	UNYAP	Member		Phnom Penh		
104	Mr. SO Seamsokhim	Male	UNYAP	Member		Phnom Penh		
105	Mr. SOTH Peosomnang	Male	UNYAP	Member (LGBT)		Phnom Penh		
106	Mr. HOK Sovanvotey	Male	Green Lady-Youth Network	Founder		Phnom Penh		

	107	Ms. BUN Saosopheakneath	Female	Dosslab-Youth Nework	Founder		Phnom Penh
		<b>National</b>					
	108	H.E. NHEAN Sochetra	Male	MoWA	Director General-Development Affairs		Phnom Penh
	109	Ms. SAR Sineth	Female	MoWA	Deputy Director General		Phnom Penh
	110	H.E. TE Chhunhak	Male	MoWA	Director General-Gender Equity and Economic Development		Phnom Penh
		<b>Provincial</b>					
	111	Ms. SORN Sokha	Female	Provincial Department of Women's Affairs	Director		Stung Treng
	112	Ms. THY Phallyda	Female	Provincial Department of Women's Affairs	Deputy Director		Stung Treng
	113	Miss. POR Sarem	Female	Provincial Department of Women's Affairs	Deputy Chief of Finance Unit		Stung Treng
	114	Ms. UNG Sopheak	Female	Provincial Department of Women's Affairs	Chief of Law Proection Unit		Stung Treng
	115	Ms. NOY Soknim	Female	Provincial Department of Women's Affairs	Official, Law Protection Unit		Stung Treng
	116	Ms. UN Vicheney	Female	Provincial Department of Women's Affairs	Official, Law Protection Unit		Stung Treng
	117	Ms. ROEUN Sokly	Female	Provincial Department of Women's Affairs	Official, Law Protection Unit		Stung Treng
	118	Ms. SEAN Chanthon	Female	Provincial Department of Women's Affairs	Deputy Director		Kampong Cham
	119	Ms. ENG Sokchan	Female	Provincial Department of Women's Affairs	Official		Kampong Cham
	120	Ms. OEUN Molly	Female	District GBV Working Group, Prey Chhor District	Deputy District Governor, Chair of District GBV Working Group		Prey Chhor, Kampong Cham
	121	Mr. LONG Touy	Male	District GBV Working Group, Prey Chhor District	Deputy Chief of Administration		Prey Chhor, Kampong Cham
	122	Ms. MOK Phally	Female	District GBV Working Group, Prey Chhor District	Member of District GBV Working Group, Member of Commune Council		Prey Chhor, Kampong Cham
	123	Ms. PHATT Pel	Female	District GBV Working Group, Prey Chhor District	Member of District GBV Working Group, Member of Commune Council		Prey Chhor, Kampong Cham
	124	Ms. SOK Sara	Female	District GBV Working Group, Prey Chhor District	Commune Committee for Women and Children (CCWC)		Prey Chhor, Kampong Cham
	125	Ms. TOUCH Vat	Female	District GBV Working Group, Prey Chhor District	CCWC)		Prey Chhor, Kampong Cham
	126	Mr. SUON Ros	Male	District GBV Working Group, Prey Chhor District	Deputy Inspector, District Policy		Prey Chhor, Kampong Cham
	127	Name not reported	Female	One of the provinces visited	GBV Survivor		One of the 8 provinces
	128	Name not reported	Female	One of the provinces visited	GBV Survivor		One of the 8 provinces
	129	Ms. CHIN Chanthou	Female	OSSC, RH	Deputy Chief of Hall (Midwifery)		Kampong Cham RH
	130	Ms. HENG Seanghai	Female	OSSC, RH	Midwife		Kampong Cham RH
	131	Ms. HENG Sophat	Female	OSSC, RH	Midwife		Kampong Cham RH
		<b>UN agencies</b>					
	132	Ms. KHUON Chantevy	Female	UNWOMEN	GBV Programme Manager		Phnom Penh
	133	Ms. Sarah KNIBBs	Female	UNWOMEN	Deputy Regional Director		Bangkok

GBV/Gen  
der

	134	Ms KHUN Sophea	Female	UNWOMEN	Country Pro. Coordinator		Phnom Penh
	135	Ms. Sara KNIBBS	Female	UNWOMEN-Regional Office	Deputy Director		Bangkok
	136	Ms. Khun Sophea	Female	UNWOMEN Cambodia Office	Country Pro. Coordinator		Phnom Penh
	137		Female				
		<b>CSO</b>					
	138	Ms. BOU Makara	Female	ACCESS	GBV Programme Coordinator		Phnom Penh
	139	Ms. HOR Sakphea	Female	FHI360	Programme Officer		Phnom Penh
	140	Ms. POK Panha Vichetr	Female	CWCC	Executive Director		Phnom Penh
		<b>National</b>					
UNFPA staff	141	Ms. Sandra BURNKLAUS	Female	UNFPA	Representative		Phnom Penh
	142	Mr. ALEMU Daniel	Male	UNFPA	Former Representative a.i.		Phnom Penh
	143	Mr. MAY Tum	Male	UNFPA	Assistant Rep		Phnom Penh
	144	Dr. SOK Sokun	Male	UNFPA	SRHR Specialist		Phnom Penh
	145	Mr. PHON Vutha	Male	UNFPA	A/Y Specialist		Phnom Penh
	146	Mr. YI Soktha	Male	UNFPA	PD Analyst		Phnom Penh
	147	Ms. POAN Chanmoiroth	Female	UNFPA	PD Programme Assistant		Phnom Penh
	148	Ms. AING Sokroeun	Female	UNFPA	Gender Programme Analyst		Phnom Penh
	149	Ms. SRENG Wychheng	Female	UNFPA	Programme Associate		Phnom Penh
	150	Mr. NGUON Pros	Male	UNFPA	Midwifery Analyst		Phnom Penh
	151	Ms. MASUDA Chisato	Female	UNFPA	Midwifery Advisor		Phnom Penh
	152	Mr. LIM Tith	Male	UNFPA	M&E/Donor Reporting Analyst		Phnom Penh
	153	Mr. NORNG Ratha	Male	UNFPA	Programme Associate		Phnom Penh
	154	Mr. HENG Socheath	Male	UNFPA	Operations Manager		Phnom Penh
		155	Mr. RIENG Pon	Male	UNFPA	Finance Associate	

\*Note: A few men and women who visited the health center for services were interviewed and their feedback was used as input. Their names are not included in the above list.