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Population Fund and the United  
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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Cambodia**

Proposed indicative UNFPA assistance: \$13 million: \$8.3 million from regular resources and \$4.7 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2019-2023)

Cycle of assistance: Sixth

Category per decision 2017/23: Orange

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.70	2.35	8.05
Outcome 2	Adolescents and youth	0.80	1.00	1.80
Outcome 4	Population dynamics	1.30	1.35	2.65
Programme coordination and assistance		0.50	-	0.50
<b>Total</b>		<b>8.30</b>	<b>4.70</b>	<b>13.00</b>

## I. Programme rationale

1. The population of Cambodia is estimated at 15.9 million in 2018. Due to steady economic growth, poverty fell by almost half in the last ten years; an estimated 14 per cent of the population live below the poverty line today. Despite progress and the transition to lower-middle-income-country status, inequalities and poverty remain. Around 28 per cent of the population live in precarious situations and are vulnerable to falling back into poverty. Cambodia is changing rapidly from a predominantly rural to a more urbanized society, with young migrants coming to cities from rural areas, facing new vulnerabilities and adding to the risks of insufficiently planned urbanization.
2. Cambodia has a large youth population (32 per cent aged 10-24 years), which presents a unique opportunity for the country to reap its demographic dividend by increasing investment in human capital development. This will allow more sustainable social and economic development, in line with Cambodia's vision of becoming a middle-income country by 2030 and a high-income country by 2050, as outlined in the national strategic development plan that is aligned with the 2030 Agenda.
3. Maternal mortality dropped significantly between 2005 and 2014, from 472 per 100,000 live births to 170 per 100,000 live births, due to increases in: (a) the proportion of births attended by a skilled health provider (89 per cent); (b) institutional deliveries (83 per cent), (c) uptake in family planning (modern contraceptive prevalence rate of 39 per cent for married women in 2014); and (d) coverage of emergency obstetric and neonatal care. But despite this progress, maternal mortality is still high, compared to other countries in the region; progress would need to be accelerated if Cambodia is to achieve the Sustainable Development Goal (SDG) target of 70 per 100,000 live births by 2030. Maternal mortality in Cambodia is affected mainly by limited capacities of health personnel to provide lifesaving interventions and the relatively low contraceptive prevalence rate among married young women (29 per cent for 15-19 years old), as evidenced by the increase in teenage pregnancies. Remote provinces in the northeast have significantly higher maternal mortality than the national average; and the adolescent birth rate is three times higher in rural areas than in urban areas. Youth-friendly services are limited in scope and coverage, with discriminatory attitudes of some service providers towards clients a major challenge across the public health sector. The modern contraceptive prevalence has stagnated, with unmet need for family planning at 12.5 per cent.
4. While laws and policies to achieve gender equality exist, dominant social norms support male authority, including the toleration of violence against women, and hinder gender equality. Cambodia ranks low on the global gender inequality index (112 out of 188). The acceptance of violence against women from intimate partners is high: 27 per cent of men and 50 per cent of women believe that a husband beating his wife for specific reasons is justified. It is estimated that only 24 per cent of women who experience physical or sexual intimate partner violence seek help from formal service providers. Efforts to improve services had significant advances in the health sector response but low coverage and quality remain challenges.
5. Among the most left-behind groups are women and youth in remote areas as well as female workers in the garment industry, who are mostly out-of-school adolescent girls facing specific vulnerabilities: they are susceptible to entertainment or sex work and have limited access to sexual and reproductive health information, poor knowledge of HIV prevention (with evidence showing a decline in HIV knowledge particularly for adolescent girls). They are disproportionately exposed to unwanted pregnancies, unsafe abortions and a heightened risk of violence and abuse. Additional data is needed on indigenous people and women with disabilities. Adolescents represent a large proportion of the population but limited institutionalized structures limit their participation in policy and decision-making processes.
6. UNFPA has supported previous rounds of population censuses and invested heavily in capacity for data generation and analysis but a fragmented approach from different actors is hindering sustainability beyond ad-hoc surveys. Long-term capacity of the National Institute of Statistics, based on the National Strategy for the Development of Statistics, is needed for high-quality disaggregated data, mapping of the most vulnerable and for monitoring progress in implementation of the SDGs.

7. Laws and policies are in place to improve sexual and reproductive health and the full enjoyment of sexual and reproductive rights but accountability and implementation remain challenges. During the past country programme, UNFPA supported the implementation of the National Population Policy, the National Strategy for Reproductive and Sexual Health and the Fast-track Initiative Road Map for Reducing Maternal and Newborn Mortality. UNFPA was instrumental for the inclusion of comprehensive sexuality education as part of the health education curriculum and the establishment of a youth development index to monitor investments targeted for youth. In the multisector response to violence against women, UNFPA leads health sector efforts to provide quality services to survivors.

8. While Cambodia has not experienced major natural disasters in recent years, it scores high on the global vulnerability index due to the risk of flooding in certain areas but this rarely results in displacement or disruption in access to services. UNFPA has worked with the Government to update the Minimum Initial Service Package (MISP) guidelines and will incorporate them in the National Strategic Plan on Disaster Risk Management for Health (2020-2025) and mainstream emergency preparedness throughout its programme to ensure stronger linkages between the humanitarian and development pillars as well as promote resilience within communities.

9. The programme review showed remarkable results in the past programme, especially against the backdrop of a substantial drop in resources. Lessons learned and recommendations include the need to: (a) continue high partner involvement in programme design in all areas of UNFPA comparative advantage (sexual and reproductive health and reproductive rights; population dynamics; comprehensive sexuality education; and response to violence against women and girls through the health sector); (b) refine prioritization amongst provinces through identification of the most vulnerable communities and groups; (c) increase support to population data gathering and analysis in the monitoring of the SDGs and strengthen capacities in population-related data; and (d) strengthen a systems approach that incorporates short, medium and long-term efforts to build capacity.

## II. Programme priorities and partnerships

10. The country programme will contribute to national priorities identified in the National Rectangular Strategy: Phase IV, specifically to the priority area on human resource development, focusing on improving public healthcare, nutrition and quality of education and strengthening gender equality and social protection. It is aligned to the National Population Policy (2016-2030), National Strategy for Reproductive Health and Sexual Health (2017-2020), National Policy for Youth Development (2011), National Action Plan to Prevent Violence Against Women, and the National Strategy for the Development of Statistics.

11. The programme will also contribute to the implementation of the 2030 Agenda for Sustainable Development by reducing poverty, combating inequalities, protecting human rights and promoting gender equality and the empowerment of women and girls, notably through the United Nations Development Assistance Framework (UNDAF) and implementation of the common chapter in the strategic plans for 2018-2021 of UNDP, UNFPA, UNICEF and UN-Women. It will also be guided by key normative commitments, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the government responses to the CEDAW Committee's Observations and the Universal Periodic Review.

12. The programme will assist the Government to improve maternal and newborn health and gender equality, reduce unmet need for family planning, including of adolescents and youth, reduce teenage pregnancy, empower young people and strengthen demographic intelligence. This will be instrumental for Cambodia to reach its ambitions of middle-income-country status by 2030, and reap its demographic dividend resulting from the investments in health, education and youth empowerment.

13. In partnership with government institutions (Ministry of Health, Ministry of Education, Youth and Sports, Ministry of Planning, and Ministry of Women's Affairs), United Nations agencies and non-government partners, the programme will implement, under three integrated outcomes, mainly upstream interventions focused on policy dialogue, advocacy, capacity development, partnerships, coordination and evidence generation. Strategies to address gender inequality will be integrated across the

programme. The programme will support Cambodia to achieve key SDGs and realize the transformational results of zero preventable maternal deaths, zero unmet need for family planning and an end to gender-based violence by 2030.

14. Guided by the UNFPA Strategic Plan, 2018-2021, the programme focuses on women and youth, including out-of-school youth and those working in the garment sector, in eight (of 25) rural provinces with the highest maternal mortality and teenage pregnancy: Kampong Cham, Kratie, Mondulakiri, Oddar Meanchey, Preah Vihear, Ratanakiri, Stung Treng, Tboung Khmum, and in the city of Phnom Penh for specific interventions. Convening partners around issues of population and development is a key strength of UNFPA in Cambodia, and is crucial for achieving impact levels in the new programme.

#### **A. Outcome 1: Sexual and reproductive health**

15. Output 1: Strengthened national and subnational capacities to provide high-quality integrated sexual and reproductive health and reproductive rights information and services, particularly for the marginalized and vulnerable, including in emergencies. UNFPA will convene partners and engage in policy dialogue and capacity development with the Ministry of Health to: (a) review, develop and implement policies on sexual and reproductive health and reproductive rights, according to international standards and humanitarian response frameworks, focusing on those left furthest behind; (b) scale up the number of health facilities providing high-quality, integrated and youth-friendly sexual and reproductive health services and information including safe delivery and emergency obstetric and neonatal care, family planning, prevention against sexually transmitted infections, HIV and cervical cancer, and treatment and services for survivors of gender-based violence; (c) 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 newborn complications and high-quality sexual and reproductive health services; (d) support development and implementation of guidelines and protocols for one-stop crisis centres, following international standards, focusing on the provinces with the highest prevalence of gender-based violence, and leverage South-South cooperation with countries with well-functioning one-stop crisis centres; (e) advocate and engage at policy level on strengthening capacities of rights holders and improving feedback and accountability mechanisms in the health system; (f) support policies, strategies and programmes that address social norms hindering access to information and services on sexual reproductive health and gender-based violence and advance reproductive rights and gender equality through partnerships, especially with women-led organizations; and (g) ensure emergency preparedness through building capacity of the health sector to respond to sexual and reproductive health needs and gender-based violence in emergencies, incorporating the MISP guidelines in the National Strategic Plan on Disaster Risk Management for Health (2020-2025), and strengthening the linkages between humanitarian and development efforts.

#### **B. Outcome 2: Adolescents and youth**

16. Output 1: Young people, including the marginalized and those in vulnerable situations, are empowered with knowledge and skills to make informed choices for sexual and reproductive health and reproductive rights and their well-being in an enabling environment. UNFPA will: (a) 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; (b) engage young people as right holders and capacitate youth organizations through the United Nations Youth Advisory Panel for investment case development and advocacy for greater domestic resource investments and youth participation in policymaking 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 Cambodia Youth Development Index; (c) address barriers and social norms that inhibit young people from exercising their reproductive rights and accessing information and services on sexual reproductive health and gender-based violence through partnerships, including with youth-led organisations; and (d) improve system-wide coordination on youth issues through convening partners, including through the United Nations Youth Task Force to implement the United Nations Strategy on Youth and foster new partnerships to increase innovative approaches and mobilize resources for youth programming.

### C. Outcome 4: Population dynamics

17. Output 1: 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. UNFPA will: (a) provide technical assistance to the 2019 population census of Cambodia and the 2020 demographic and health survey data collection exercises; (b) strengthen the capacity of national and subnational institutions to produce and use disaggregated data at all geographical levels to inform policymaking that is responsive to the needs of women with disabilities and indigenous people; (c) 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 gender-based violence information and services; (d) foster new partnerships with regional actors and through South-South cooperation to improve data use and analysis and broaden the knowledge base, including in areas of adolescent sexual and reproductive health, unmet need for family planning, maternal mortality and gender-based violence; and (e) advocate and provide technical support for the integration of key elements of the demographic dividend into relevant national strategies.

## III. Programme and risk management

18. UNFPA will primarily use national execution, led by the Government, and will collaborate with other United Nations agencies and non-governmental organizations. UNFPA will continue implementing a harmonized approach to cash transfers as the preferred implementation modality, following appropriate risk and capacity analysis of implementing partners.

19. The country office will ensure the availability of human resource capacity that is necessary and adequate to achieve programme results. Technical assistance from the UNFPA regional office, headquarters and external sources will be sought as and when required.

20. Implementation of the programme may be threatened by potential programmatic risks, such as unpredicted financial cuts, limited institutional capacity, limited resource mobilization opportunities in the country, and changes in development priorities of partners and donors. Robust communication, partnership and resource mobilization strategies will be developed as part of the programme. Innovative partnerships, particularly with the private sector, academia, civil society organizations and the United Nations system will be explored as a key strategy.

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

## IV. Monitoring and evaluation

22. UNFPA, together with national partners, will monitor and evaluate the country programme guided by UNFPA policies and procedures, applying the principles of results-based management and accountability frameworks. A costed evaluation plan has been developed. A country programme evaluation, a midterm review, sectoral plans and joint quarterly and annual reviews, joint monitoring visits and spot checks will be conducted at different intervals throughout the five-year programme implementation.

23. The country office will assist in strengthening national capacities to improve results planning, monitoring and reporting, and incorporate feedback mechanisms to improve the quality of services and use monitoring information to guide corrective measures.

24. UNFPA will collaborate with the National Monitoring and Evaluation Working Group and support United Nations programme processes by providing strategic leadership in the UNDAF results groups, the programme management team and the monitoring and evaluation group to support implementation, monitoring, tracking and reporting of UNFPA-prioritized national SDGs and UNDAF results.

## Results and resources framework for Cambodia (2019-2023)

<p><b>National priority:</b> Capacity building and human resource development; poverty reduction and inclusive growth; social protection; health and nutrition; education; private sector development and employment and gender equality</p> <p><b>UNDAF outcome:</b> By 2023, women and men in Cambodia, in particular the marginalized and vulnerable, have their basic needs addressed equitably as they benefit from and utilize expanded quality social services and social protection in a more resilient, fairer and sustainable society</p> <p><b>Indicators:</b> (a) Percentage of pregnant women who received four or more antenatal care consultations by health personnel; <i>Baseline: 79%; Target: 92%</i>; (b) Proportion of births delivered by skilled health personnel; <i>Baseline: 89%; Target: 92%</i></p> <p><b>UNDAF outcome:</b> By 2023, women and men, including those underrepresented, marginalized and vulnerable, benefit from more transparent and accountable legislative and governance frameworks that ensure meaningful and informed participation in economic and social development and political processes</p> <p><b>Indicator:</b> Availability of robust government-owned evidence related to discrimination, stigma and gender-based violence, persons with disabilities, children, youth, people living with HIV and other key populations. <i>Baseline:</i> Government-owned gender-based violence and violence against children studies exist; no government-owned data currently exist on people living with HIV, key populations, sexual harassment, discrimination against persons with disabilities; <i>Target:</i> Government-owned data on people living with HIV, key populations, sexual harassment, discrimination against persons with disabilities exist and is available; annual surveys on violence against children conducted in selected provinces; periodic collection of data on gender-based violence prevalence through nationally representative surveys</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health</b> Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Proportion of births delivered by skilled health personnel <i>Baseline: 89; Target: 92</i></li> </ul>	<p><b>Output 1:</b> Strengthened national and subnational capacities to provide high-quality integrated sexual and reproductive health and reproductive rights information and services, particularly for the marginalized and vulnerable, including in emergencies</p>	<ul style="list-style-type: none"> <li>• Percentage of midwifery schools that implement the national pre-service curriculum based on the ICM standards <i>Baseline: 0; Target: 90</i></li> <li>• Number of health facilities per 500,000 providing emergency obstetric and newborn care according to international standards in eight UNFPA focus provinces: Basic emergency obstetric and newborn care: <i>Baseline: 10; Target: 20</i> Comprehensive emergency obstetric and newborn care: <i>Baseline: 8; Target: 10</i></li> <li>• National Gender Strategy includes specific strategies to address barriers to accessing sexual and reproductive health and gender-based violence information and services <i>Baseline: No; Target: Yes</i></li> <li>• Percentage of public health facilities that provide essential health services to women survivors of violence in five UNFPA focus provinces <i>Baseline: 25; Target: 50</i></li> <li>• Percentage of public health facilities that provide quality-assured, adolescent-friendly integrated sexual and reproductive health services in eight UNFPA focus provinces <i>Baseline: 25; Target: 50</i></li> </ul>	<p>Ministries of Health, Women's Affairs and Interior; WHO, UNICEF, UNAIDS, UN Women, UNDP, University of Technology Sydney, Health Equity Partnership, PSI, South-South Cooperation with Philippines/Sri Lanka or Malaysia</p>	<p>\$8.05 million (\$5.7 million from regular resources and \$2.35 million from other resources)</p>

<p><b>Outcome 2: Adolescents and youth</b> Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Percentage of women aged 15-24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject misconception about HIV transmission <i>Baseline: 38; Target: 44</i></li> </ul>	<p><u>Output 1:</u> Young people, including the marginalized and those in vulnerable situations, 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</p>	<ul style="list-style-type: none"> <li>Percentage of public schools in eight UNFPA focus provinces that provide comprehensive sexuality education according to international standards <i>Baseline: 0; Target: 75</i></li> <li>National strategy in place to deliver innovative out-of-school sexuality education that targets marginalized and vulnerable young people <i>Baseline: No; Target: Yes</i></li> <li>Strategic advocacy plan in place to inform efforts for increasing domestic investments on youth in line with Cambodia Youth Development Index domains <i>Baseline: No; Target: Yes</i></li> </ul>	<p>Ministries of Education, Youth and Sports and Labour and Vocational Training; UNICEF, Reproductive Health Association Cambodia, youth-led networks, United Nations Youth Task Force and Advisory Panel</p>	<p>\$1.8 million (\$0.8 million from regular resources and \$1.0 million from other resources)</p>
<p><b>Outcome 4: Population dynamics</b> Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Census data collected, processed and analysed <i>Baseline: No; Target: Yes</i></li> </ul>	<p><u>Output 1:</u> 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</p>	<ul style="list-style-type: none"> <li>Number of in-depth analysis reports which include mapping of inequalities produced using data from 2019 census and 2020 DHS in line with ICPD priority SDG indicators with focus on UNFPA prioritized provinces <i>Baseline: 0; Target: 13</i></li> <li>National and sectoral policies and plans which explicitly integrate identified inequities in areas of sexual and reproductive health and rights, violence against women, youth and emerging population dynamics <i>Baseline: 0; Target: 5</i></li> </ul>	<p>Ministries of Planning, Health, Women Affairs, Education Youth and Sports, Information, Interior, National Institute of Statistics, UNICEF, UNDP, UN-Women, Regional Research Institutes</p>	<p>\$2.65 million (\$1.3 million from regular resources and \$1.35 million from other resources)</p>