



USAID | CAMBODIA

FROM THE AMERICAN PEOPLE

H.E. Chin Bun Sean
Senior Minister in Charge of Special Missions and
Vice-Chairman of
of the Council for the Development of Cambodia (CDC)
Phnom Penh, Cambodia

Subject: Implementation Letter No. 1 under Development Objective Grant Agreement No. 442-DOAG-0201 between the United States of America and the Kingdom of Cambodia for Public Health and Education, dated March 30, 2016 (the “Agreement”)

Your Excellency:

The purpose of this Implementation Letter is to notify you of an increase to the Grant set forth in Article 3, Section 3.1(a) of the Agreement as well as a corresponding increase to the Grantee’s contribution set forth in Article 3, Section 3.2(b) and to update the Amplified Project Descriptions contained in Annexes 1 and 2 of the Agreement. The Agreement is hereby amended as follows:

1. Article 3, Section 3.1(a) is deleted in its entirety and replaced with the following:

The Grant. To help achieve the Objective set forth in this Agreement, USAID, pursuant to the Foreign Assistance Act of 1961, as amended, hereby grants an amount to the Grantee under the terms of the Agreement not to exceed U.S. fifty three million, fourteen thousand, five hundred and eight dollars (\$53,014,508), of which U.S. twenty four million, twenty four thousand, one hundred and twenty one dollars (\$24,024,121) are FY 2015 funds and U.S. twenty eight million, nine hundred and ninety thousand, three hundred eighty seven dollars (\$28,990,387) are FY 2016 funds (the “Grant”).

2. Section 3.2(b) is deleted in its entirety and replaced with the following:

The Grantee’s in-kind contribution to the shared objectives described in the Amplified Descriptions will equal up to twenty-five percent of the total program costs used to support activities that substantially benefit the Grantee or entail direct and substantial involvement of the Royal Government of Cambodia in the administration, management, or control of the activities hereunder. The dollar equivalent amount of this contribution shall be U.S. seven million, sixty six thousand, one hundred and twenty two dollars (\$7,066,122) in FY 2015 and U.S. eight million, eight hundred and nine thousand, seven

hundred and forty two dollars (\$8,809,742) in FY 2016. This contribution amount shall be adjusted upon any increase in the amount of the Grant set forth in Section 3.1(a), and the precise amount of such adjustment shall be indicated in an Implementation Letter.

3. Annex 1, Amplified Description for Health, is deleted in its entirety and replaced with Annex 1, attached hereto.
4. Annex 2, Amplified Description for Education, is deleted in its entirety and replaced with Annex 2, attached hereto.

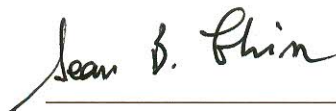
Except as amended herein, the terms and conditions of the Agreement shall remain in full force and effect. Please indicate your agreement with this Implementation Letter by signing and returning one original to USAID at the address specified below.

No. 1, Street 96, Phnom Penh, Cambodia.



Polly Dunford
Mission Director
USAID/Cambodia

Date: 3/22/2017



H.E. Chin Bun Sean
Senior Minister in Charge of
Special Missions and Vice-Chairman
of the Council for the Development
of Cambodia (CDC)

Date: 26/06/2017

DOAG No. 442-DOAG-0201 Annex 1: Health

Amplified Description

I. Introduction

This Annex describes the health activities to be undertaken and the results to be achieved with the funds obligated under this Agreement.

USAID Cambodia has developed a Country Development Cooperation Strategy (CDCS) 2014-2018.¹ USAID Programs under Development Objective 2, “Improved Health and Education of Vulnerable Populations,” aim to improve the health of Cambodians by strengthening the quality of health care in Cambodia and increasing access to this care. Specifically, programs aim to decrease maternal, infant, and under-five mortality, bring down the rates of stunting and anemia in children and women and reduce the prevalence of HIV/AIDS, tuberculosis (TB) and malaria in Cambodia. Through work identified in this Agreement, USAID expects to advance the Cambodian Ministry of Health’s (MOH) strategic plans as well as Cambodia’s National Strategic Development Plan (NSDP) and Cambodia’s Development Cooperation and Partnership Strategy.

II. Background

While Cambodia has made substantial progress to improve health outcomes in recent years, it still has among the highest maternal and child mortality rates in the region. Many Cambodian women and children die each year from preventable and treatable causes, including pneumonia, diarrhea and complications in labor. Recent survey results show that approximately one-third of children are stunted from poor nutrition and suffer from high rates of anemia. The Royal Government of Cambodia (RGC) recently launched a Food Security and Nutrition Strategy and has a dedicated coordinating body for nutrition with the role to interface cross-sectorally and across ministries to address the complex causes of malnutrition. Many households, particularly in rural areas, lack adequate access to clean drinking water and sanitation facilities.

Despite tremendous improvements in infectious disease control in recent years, Cambodia ranks among the world’s 30² high-burden countries for TB, and HIV prevalence remains high among key populations that face challenges in accessing prevention programs, testing, and treatment. Cambodia is a critical country in the region for diseases that are global threats, such as avian influenza and drug-resistant malaria, and a key country in stopping the potential for future pandemic disease outbreaks.

While the public health system has expanded rapidly in recent years, limited skills of health providers and limited institutional capacity contribute to fragmented and poor service delivery in some areas. Most Cambodians prefer to seek care in the private sector although

¹ [https://www.usaid.gov/sites/default/files/documents/1861/CDCS%20Cambodia%20Public%20Version%20\(approved\).pdf](https://www.usaid.gov/sites/default/files/documents/1861/CDCS%20Cambodia%20Public%20Version%20(approved).pdf)

² 2016 WHO Global TB Report

quality is questionable and private practices are not routinely regulated. Health financing remains problematic as approximately two-thirds of health expenditures are made out-of-pocket by the consumer. Despite the many challenges ahead, the RGC has made notable progress in the past decade and demonstrated significant commitment toward reaching higher goals.

A. Strategic Alignment with Government Strategies

USAID works closely with the RGC and development partners to optimize aid effectiveness. The RGC is developing key vision and planning documents in its quest to achieve higher middle-income status by 2030. The United States supports this goal and expects to achieve measureable improvements in health throughout the life of this Agreement. The RGC commits to ensuring a better quality of life for its people, and in building a democratic, rule-based society, with equitable rights and opportunities for the population in economic, political, cultural, and other spheres. The RGC produced a Development Cooperation and Partnerships Strategy (DCPS) to support implementation of the 2014-2018 NSDP, with the objective of strengthening Government ownership and promoting development effectiveness in Cambodia through a wide range of partnerships.

The MOH Third Health Strategic Plan 2016-2020 (HSP3) aims to improve the health outcome of the population and provide financial risk protection, thereby contributing to poverty alleviation and socio-economic development. The four main health development goals of HSP3 are to reduce maternal, newborn and child mortality and malnutrition among women and children; reduce morbidity and mortality caused by communicable diseases; reduce morbidity and mortality caused by non-communicable diseases and other public health problems; and make the health system accessible, responsive, accountable and resilient. USAID's programs in health will advance the goals of HSP3.

B. Support of Technical Working Groups (TWGs)

To better align with RGC priorities and improve donor coordination, USAID Cambodia participates in the following TWGs related to health:

- Food Security and Nutrition;
- Gender;
- Health; and
- HIV/AIDS.

As appropriate, USAID will participate in additional TWGs and other aid coordination architecture throughout the life of this Agreement.

III. Funding

USAID investments of approximately \$78,544,508 in health programs are planned for the FY 2015-2017 timeframe to achieve the Development Objective. If additional health funds become available, USAID Cambodia will consider expanding program activities. Currently USAID/Cambodia has limited flexibility on the type of health funds received and thus on the

type of programming USAID supports in the health sector.

The RGC contribution reflects the MOH's in-kind contributions to the shared objectives of the program. The contribution will equal up to 25% of the total program costs used to support activities that substantially benefit the Grantee or entail direct and substantial involvement of the RGC in the administration, management, or control of the activities hereunder. The dollar equivalent amount of this contribution shall be U.S. \$8,192,547 for FY 2016.

Changes may be made to the financial plan by representatives of the Parties without formal amendment of the Agreement, if such changes do not cause USAID's contribution to exceed the amount specified in Section 3.1 of the Agreement.

The financial plan for this program is set forth in the below table.

Description	Year (FY 2015)	Year (FY 2016)	Year (FY 2017)	Total
Increase Utilization of Quality Maternal and Child and Reproductive Health Services	10,198,941	8,592,660	8,622,660	27,414,261
Strengthen Health Systems and Governance	4,277,723	7,376,578	7,401,578	19,055,879
Improve Infectious Disease Control Programs	3,836,703	8,608,403	10,893,705	23,338,811
Sub-total:	18,313,367	24,577,641	26,917,943	69,808,951
Administration Cost:	2,725,754	2,427,746	3,582,057	8,735,557
Total Estimated USG Contribution	21,039,121	27,005,387	30,500,000	78,544,508
Total Estimated RGC Contribution	6,104,455	8,192,547	8,972,647	23,269,649

IV. Results to be Achieved

In order to support the RGC's vision to strive for "All peoples in Cambodia have better health and well-being thereby contributing to sustainable socio-economic development," USAID activities will contribute to Cambodian Sustainable Development Goals (SDGs) and the HSP3 Monitoring and Evaluation Framework, including but not limited to:

- Contraceptive Prevalence Rate;
- Infant mortality rate;
- Percent of children under five stunted;
- Percentage of ART clients with suppressed viral load;
- Percentage TB cure rate;
- Incidence rate of malaria at public health facilities;
- Total expenditure on health as a percentage of GDP;

- Out-of-pocket expenditure as a percentage of total health expenditure ; and
- Number and percentage of health workers registered and licensed by health professional councils.

Anticipated results under this Development Objective are:

1. Improved health and child protection behaviors;
2. Improved health financing and social health protection; and
3. Improved quality of public and private health and social services.

Relevant additional *illustrative* indicators include:

- Maternal mortality ratio;
- Neonatal, infant mortality rates;
- Malaria Annual Parasite Incident Rate per 1,000 population;
- Incidence rate of TB;
- Prevalence rates of HIV among key populations;
- Incidence of impoverishment due to OOP (HHs becoming poor as a result of health expenditures).

V. Activities

All activities will align with the technical areas detailed below.

A. Increased Utilization of Quality Maternal and Child and Reproductive Health Services

Cambodia's focused commitment to reduce maternal deaths has resulted in remarkable progress in recent years as basic, cost-effective interventions, such as Active Management of Third Stage of Labor and Magnesium Sulfate, have successfully reduced maternal mortality. Nonetheless, Cambodia's national maternal mortality rate remains among the highest in the region, requiring sustained focus to close the gap with neighboring countries. Continued promotion of evidence-driven, sustainable interventions drive USAID's strategic approach to improving maternal health in Cambodia.

Infections, pre-term delivery, and asphyxia remain the leading causes of newborn deaths even though many of these causes are readily preventable and treatable with basic measures such as hygienic cord care, thermal control, and early detection of danger signs. While the child mortality rate has improved significantly in Cambodia in recent years, pneumonia and diarrhea remain the top causes of death for children under the age of five, despite the availability of antibiotics and oral rehydration salts/zinc.

Further progress towards addressing the major causes of maternal and child mortality in Cambodia requires additional effort to upgrade health provider capacity and improve access to health commodities, equipment and infrastructure. In health facilities, healthcare providers and outreach workers must be equipped to deliver life-saving interventions at the appropriate time. In the surrounding communities, village-based community health workers must be prepared to increase demand for health services, fostering healthcare-seeking behavior that leads to earlier treatment and improved health outcomes. In addition, improved quality of nutrition counseling and screening provided by volunteer workers and

healthcare providers will complement community outreach through the food security sector. Increased access to health products, including contraceptives and diarrhea treatment commodities, accompanied with improved counseling by pharmacists and other healthcare providers will further improve maternal and child health. USAID will strengthen the capacity of local non-governmental organizations to ensure long-term sustainability remains a cornerstone of the maternal and child health program strategy.

Increased community participation, coordination and leadership in the health sector will support district or commune councils, health care providers, community leaders, patients, and volunteer health workers to work together to ensure the health sector is accountable to local needs. Specific efforts will identify opportunities to advance women’s leadership among the various community officials. Objective tools, such as client satisfaction surveys and community health scorecards, will be utilized to incorporate community feedback and be used to advocate for, and measure, improvement in the quality of services. The application of these tools in the agreed targeted areas should be jointly undertaken with the relevant commune council and local service delivery counterparts. Community monitoring of maternal and child health services will also be explored, including prevention of and response to, gender-based violence. This will improve citizen education on client and provider rights and strengthen policies to increase accountability among health centers, providers, communities, and elected leaders.

Maternal, child and reproductive health activities to receive FY 2016 USAID funds under the Agreement may include:

<u>Activity Name</u>	<u>Description</u>	<u>Implementing Partner</u>
<i><u>Empowering Communities for Health (ECH) Program. Estimated FY 2016 funding \$755,160</u></i>	The ECH program will assist communities to strengthen coordination and improve linkages between communities, health-care providers, and local governments. ECH will develop tools and approaches to strengthen communities’ engagement and participation in community health programs; assist local governments to be more responsive and accountable in addressing community health needs, including using commune funds to improve health services; and assist health facilities with their planning and management capabilities.	Reproductive and Child Health Alliance
<i><u>Quality Health Services (QHS) Program. Estimated FY 2016 funding \$3,442,727</u></i>	The QHS program will improve the services in public-sector clinics and hospitals to improve maternal, neonatal and child healthcare in nine focus provinces. The QHS program will provide on-site coaching to health providers on newborn care and emergency obstetric care (including prevention and treatment of post-partum hemorrhage, pre-eclampsia and eclampsia). QHS will improve skills of health	University Research Co., LLC (URC)

	<p>providers to screen and treat severe acute malnutrition according to national standards. QHS will also train health-care providers to identify and treat nutrition-related issues, pediatric TB and improve infection control in public-sector facilities.</p>	
<p><u>NOURISH</u> <u>Program Estimated FY</u> <u>2016 funding</u> <u>\$2,457,273</u></p>	<p>The NOURISH program will address key causal factors of chronic malnutrition in Cambodia including poverty, lack of access to quality nutrition services, poor sanitation, and behaviors that work against optimal growth and development. NOURISH will promote access to products and services that improve nutrition. Interventions include behavioral change communications in health; food demonstrations; nutrition-sensitive agriculture activities; community-led vouchers for the purchase of water, sanitation and hygiene related hardware; and private sector engagement to advance the supply of sanitation and nutrient rich products. NOURISH will also provide conditional cash transfers and vouchers to marginalized, especially female-headed households, to ensure that they have access to these services and products. This program is also reflected in the food security and environment agreement as it will be jointly funded from both sectors. The activity will be coordinated with the MOH and the Council for Agriculture and Rural Development.</p>	<p>Save the Children</p>
<p><u>Support for</u> <u>International Family</u> <u>Planning & Health</u> <u>Organizations II:</u> <u>Sustainable Networks</u> <u>(SIFPO WASH)</u> <u>Program Estimated FY</u> <u>2016 funding \$500,000</u></p>	<p>This activity will pilot a program with the intended result of improving the overall use of clean water which is essential to the prevention of diarrhea, acute respiratory infections, and malnutrition. The project is working in Kampong Speu province. This result will be accomplished by using existing clean water solutions and helping households get better access to a variety of options such as, water filters; clean water bottles; boiling and safe storage solutions. Further, the activity will also encourage consistent use of clean drinking water for all family members through a radio talk show and interpersonal communication to raise awareness about clean water and encourage the adoption of clean water solutions among households with children. In addition to attain the intended result, the activity will</p>	<p>Population Services International</p>

	conduct formative research to generate evidence to inform future project design.	
<u>TBD/Health Quality Program Estimated FY 2016 funding \$700,000</u>	The TBD-Quality Project will support the MOH to improve the quality of health services through targeted technical assistance and limited testing of new techniques, approaches, and technologies. The project will strengthen and institutionalize systems to monitor and improve service delivery quality at sub-national, facility and community levels while supporting the Ministry of Health to ensure that policies, guidelines and strategies are in line with international standards and incorporate proven, effective approaches. (This project supports both technical areas A and C.)	To be determined (TBD)
<u>TBD/Behavior Change Communication Program Estimated FY 2016 funding \$737,500</u>	This program will support the Ministry of Health's National Center for Health Promotion to develop and implement a multimedia health promotion strategy that targets Cambodian health providers and target vulnerable groups. The program will also be used to influence attitudes about health seeking behavior, prevention of diseases and challenging social norms that contribute to poor health and nutrition practices. The program will have nationwide reach and also work with other ministries on messaging for education and caregiving. (This project supports both technical areas A and C.)	TBD

B. Strengthen Health Systems and Governance

A strong healthcare delivery system is both competent in delivering services and accountable for delivering the kind that people need and want. Cambodia's health sector is challenged by a lack of provider skills, a mismatch in distribution of staff relative to population needs, relatively low salaries, limited governance and management systems, very limited public financial resources, and high patient out-of-pocket spending on health services.³ These factors result in Cambodia's current quality and accessibility of public health services. USAID will provide technical assistance to identify, prioritize and address these key healthcare delivery challenges.

Health equity funds play an instrumental role in supporting access to healthcare for the poor, and are scheduled for scale up by the RGC and its development partners. Given

³ Health, Nutrition, and Population in Cambodia: Country Overview. World Bank.

USAID’s past role in the design and launch of health equity funds, USAID will continue to shape the implementation of a comprehensive and sustainable system for social health protection that ensures coverage for the poor and vulnerable. USAID support is informed by recent assessments recommending that resolving human resource gaps should be the cornerstone of our health system improvement efforts.⁴ USAID support will ensure that health providers, such as midwives, attain life-saving skills and practices through a continuum of training, coaching, and mentoring activities. Strengthening the legal framework and capacity of Cambodia’s professional councils will establish a sustainable system in country with the ability to regulate, improve, and ensure quality healthcare in the public and private sectors. USAID will support targeted technical assistance through NGOs to public and private healthcare providers.

In addition to building human resource capacity, USAID will support other emerging priorities in the health sector, such as the increased role of community-level and private sector service provision and a comprehensive health sector approach to the prevention and response of gender-based violence. An improved health management information system that incorporates both public and private sector service delivery will provide data to be used by health managers, policy makers, and elected officials to make informed policy and resource allocation decisions based on evidence. To increase accountability for delivery of quality health services, local leaders will use data to understand their constituents’ health needs, advocate for greater resources, and hold healthcare providers accountable for the delivery of responsive, quality services. USAID technical assistance will complement resources provided by the Global Fund, the RGC, and other donors working in the health sector.

Health System Strengthening activities to receive FY 2016 USAID funds under the Agreement include:

<u>Activity Name</u>	<u>Description</u>	<u>Implementing Partner</u>
<i><u>Social Health Protection (SHP) Program Estimated FY 2016 funding \$1,950,000</u></i>	This program will provide technical assistance to the MOH to increase nationwide coverage of the Health Equity Fund (HEF). Activities will support efforts to monitor the implementation of the HEF, link reimbursements to improved quality of health services, include civil society and communities in oversight of the enrollment process to ensure transparency, and revise the package of health services provided to the poor to include priority services.	URC
<i><u>Health Information, Policy & Advocacy (HIPA) Program Estimated FY 2016 funding \$1,400,000</u></i>	This program will provide technical assistance to improve the quality and use of population and health data reported in the RGC’s health information system and vital statistics registration database.	Palladium

⁴ Mid-Term Review of the Government of Cambodia’s Health Strategic Plan 2, 2008-2015.

<p><u>Health Financing and Governance</u> <u>Program Estimated FY 2016 funding \$825,000</u></p>	<p>Through this program, a variety of technical assistance activities will support the following: MOH and Provincial Health Departments to develop more accurate program budgets and generate greater efficiencies; MOH and relevant partner ministries to develop a social services scheme including health insurance; a body of knowledge on options to increase domestic resources and improve efficiencies of domestic resource allocation and utilization.</p>	<p>Abt. Associates</p>
<p><u>Global Health Supply Chain Technical Assistance (GHSC) Program</u> <u>Estimated FY 2016 funding \$1,985,000</u></p>	<p>This project will strengthen the RGC's capacity to forecast and quantify demand for medical goods. This project will also provide technical assistance to improve the MOH's logistics management information system, in accordance with MOH requirements. This project will also provide a limited number of malaria commodities to cover gaps.</p>	<p>Chemonics</p>
<p><u>Capacity Building of Cambodia's Local Organizations</u> <u>Program Estimated FY 2016 funding \$116,578</u></p>	<p>The Capacity Building of Cambodia's Local Organizations program will directly support local Cambodian organizations. The program will support the development of new partnerships with local organizations and strengthen the skills of existing partners across all technical sectors. The program will help local organizations improve their financial management and human resource systems, develop strategic and operational plans, and strengthen their monitoring and evaluation systems. This program will also support USAID in implementing risk-mitigation procedures through pre-award assessments of potential local organizations and financial reviews of current partners.</p>	<p>International Executive Service Corps (IESC)</p>

<p><u>Social Protection Support Program</u> <u>Estimated FY 2016 funding \$400,000</u></p>	<p>The Social Protection Support activity will build upon the success of the HEF, the national health insurance for the poor. The objectives of these activities will be: improving quality of services; increasing utilization by the poor; and expanding beneficiary groups and benefit packages. Additionally, other activities will ensure sustainability by building the capacity of Cambodian government institutions to take over implementation responsibilities from an international organization. The project will support the host government in addressing bottlenecks that impede improving the quality of services by improving knowledge and practices of skilled health providers at both pre-service and in-service levels. The project will provide technical support in the quality assessment process to strengthen health facilities so that they can adequately meet minimum standards for selected priority health interventions.</p>	<p>GIZ</p>
<p><u>Applying Science to Strengthen and Improve Systems (ASSIST) Program</u> <u>Estimated FY 2016 funding \$700,000</u></p>	<p>The Applying Science to Strengthen and Improve Systems (ASSIST) project will provide technical assistance to strengthen the regulation of the health profession in Cambodia in order to improve safe health care practices among public and private providers. Activities will include providing technical assistance in reviewing and updating the existing legal framework as it relates to regulation of health professionals, as well as supporting the Health Profession Councils (doctor, dentist, pharmacist, nurse, and midwife) in developing and testing a harmonized and more cost-effective system and process for registering of all health professionals. Furthermore, the U.S. government will also support Health Profession Councils to develop and implement a shared business plan that includes a financial management plan and identification of human, physical, and financial resources needed to deliver regulatory functions for all health professions.</p>	<p>URC</p>

C. Improve Infectious Disease Control Programs

USAID support will strengthen the capacity of infectious disease control programs to reach vulnerable groups by improving their efficiency and quality while expanding targeted prevention activities; improving detection and diagnostic capacity; strengthening care and treatment services; and, improving surveillance and response capacity for infectious diseases and pandemic threats. Though HIV/AIDS prevalence within Cambodia's general population has declined in recent years, high-risk behaviors threaten this progress. Cambodia's HIV/AIDS epidemic is currently concentrated among high-risk groups, including entertainment workers, injecting drug users, and men who have sex with men.⁵ USAID programs will strengthen the ability of the RGC to take on the full responsibility for the provision of HIV services. Support will develop and advocate for more cost-effective approaches that the RGC is able to sustain in the long term, at the same time, strengthening the broader health system, particularly in quality service delivery, health information, and financing. Civil society, who are better able to reach highly stigmatized, high risk groups, together with the RGC will prevent new infections and protect those living with HIV/AIDS by ensuring they receive comprehensive care and treatment.

Morbidity and illness as a result of Cambodia's high TB prevalence negatively affects the nation's productivity and overall health status. Interventions will focus on populations more susceptible to TB (e.g., the elderly, prisoners, children, and the poor), to improve early detection of TB and ensure patients complete the full course of treatment through public and private providers.⁶

USAID support will control malaria in areas of emerging anti-malaria drug resistance and reduce malaria transmission especially among high risk populations such as mobile or migrant workers. USAID will provide technical assistance to the MOH's National Malaria Control Program (CNM) to ensure proper treatment and effective drug efficacy for malaria treatment. Since malaria elimination demands multinational partners, engagement of all malaria stakeholders in the country is very important, especially the national government. The RGC will take the lead and ownership of its efforts to control and completely eliminate malaria nationwide by 2025.

USAID Cambodia will also support key technical organizations to predict, prevent, identify, and respond to avian influenza and pandemic threats of infectious disease.

Infectious Disease activities to receive FY 2016 USAID funds under the Agreement include:

<u>Activity Name</u>	<u>Description</u>	<u>Implementing Partner</u>
<i><u>Challenge TB Program</u></i> <i><u>Estimated FY 2016</u></i> <i><u>funding \$636,000</u></i>	This program will work with Cambodia's National TB Program (NTP) to increase TB case detection and improve the quality of TB treatment. It will develop and demonstrate integrated	Koninklijke Nederlandse Chemische Vereniging (KNCV)/FHI360

⁵ HIV/AIDS Country Profile, USAID. December, 2010.

⁶ Joint Review of the National TB Program, August 2012.

	<p>approaches for TB control, including community-directly observed therapy (C-DOTS) targeting specific high-risk populations such as children and the elderly. Challenge TB will also improve multiple-symptom TB screening in large hospitals; standardize screening, diagnosis, and treatment of TB, TB/HIV, and multi-drug resistant (MDR)-TB; and develop an urban DOTS model to improve case detection in urban areas. Challenge TB will also provide technical assistance to improve TB laboratory services needed to ensure timely TB and MDR-TB diagnosis. Challenge TB will work with C-DOTS volunteers, healthcare workers and NTP managers to improve diagnosis of MDR-TB and ensure close follow-up of drug-resistant patients.</p>	
<p><u>Cambodia Malaria Elimination Project (CMEP)</u> <u>Program Estimated FY 2016 funding \$3,200,000</u></p>	<p>This program will advance the efforts of CNM to develop a package of interventions for elimination of malaria while strengthening malaria prevention and control in other drug resistant areas of Cambodia. This project will conduct behavior-change communication campaigns to increase awareness about malaria prevention and will distribute insecticide-treated bed nets, particularly among mobile and migrant workers and other vulnerable populations. The project will also improve management of drug resistant malaria cases to improve treatment outcomes and reduce malaria transmission. The project will also strengthen CNM's malaria surveillance system and build their capacity to manage the national malaria elimination strategy. These combined efforts will reduce Cambodia's malaria burden, including malaria-related deaths, as well as move Cambodia towards elimination of malaria.</p>	<p>URC</p>
<p><u>World Health Organization Consolidated Grant (WHO)</u> <u>Program Estimated FY</u></p>	<p>This program will support CNM to monitor the emergence of drug resistant malaria in Cambodia. It will provide technical assistance in the</p>	<p>WHO</p>

<p><u>2016 funding \$270,000</u></p>	<p>implementation of therapeutic efficacy studies of anti-malarial medicines in five sentinel sites in Cambodia; revise and update national malaria treatment guidelines; support CNM in analyzing malaria data and success rates; and advocate for policy development and change in response to real-time drug-resistance data. The project will also generate the data and critical strategic information required by RGC for its malaria treatment efforts and strategy.</p>	
<p><u>HIV Flagship Program Estimated FY 2016 funding \$1,986,504</u></p>	<p>This program will work with NCHADS to develop technical innovations to enhance impacts and reduce costs of quality targeted HIV prevention for key populations. It will improve the quality and integration of HIV care and treatment services and increase the use of strategic information including surveillance, monitoring, evaluation and data utilization. The project will also promote local technical leadership and capacity building to strengthen the quality and impact of prevention, care and treatment services.</p>	<p>Khmer HIV/AIDS NGO Alliance (KHANA)</p>
<p><u>HIV Innovate and Evaluate Program Estimated FY 2016 funding \$985,000</u></p>	<p>The program will build local, individual, organizational and systems capacity to use data to properly identify people to receive targeted interventions, ascertain the right package of services to address their needs, and utilize cost efficient methods to deliver services in the context of declining resources. The program will identify critical knowledge gaps in HIV and conduct formative research, operations research, and evaluations specifically linked to and based on activities conducted by USAID Cambodia's HIV/AIDS Flagship Project and other HIV implementers. The project will evaluate the impact, including the cost-effectiveness, of innovative approaches to HIV prevention, treatment and care and support. The project will also promote the use of data for decision making to direct policy development, and make</p>	<p>URC</p>

	resource allocation decisions as well as to measure the performance of the national HIV program. It will carry out evaluations and studies to improve the effectiveness of HIV interventions for the most-at-risk populations.	
<u>TBD/Behavior Change Communication Program</u> <u>Estimated FY 2016</u> <u>funding \$137,500</u>	This program will support the Ministry of Health's National Center for Health Promotion to develop and implement a multimedia health promotion strategy that targets Cambodian health providers and clients of the health system. The program will also be used to influence attitudes about health seeking behavior, prevention of diseases and challenging social norms that contribute to poor health and nutrition practices. The program will have nationwide reach and also work with other ministries on messaging for education and caregiving. (This project supports both technical areas A and C.)	TBD
<u>TBD/Health Quality Program</u> <u>Estimated FY</u> <u>2016 funding \$1,393,399</u>	The TBD-Quality Project will support the MOH to improve the quality of health services through targeted technical assistance and limited testing of new techniques, approaches, and technologies. The project will strengthen and institutionalize systems to monitor and improve service delivery quality at sub-national, facility and community levels while supporting the Ministry of Health to ensure that policies, guidelines and strategies are in line with international standards and incorporate proven, effective approaches. (This project supports both technical areas A and C.)	TBD

D. Additional Support

This Amplified Description may be changed upon written consent between MOH and USAID to, among other things, add additional activities without formal amendment to the Agreement, provided that such changes are within the limits of the definition of the Objective in Article 2, Section 2.1.

Additional activities may include small, short-term activities such as epidemic control or

disease response.

VI. Program Management

All activities will be designed in coordination with the relevant RGC counterparts and with appropriate consultations with stakeholders. Program design will include a provision for a management structure, co-chaired by MOH and USAID that will endorse program activities.

VII. Roles and Responsibilities of the Parties

A. MOH

MOH will serve as the RGC lead partner for USAID in the implementation of this Agreement, including, but not limited to the inter-ministerial and inter-departmental coordination, provision of competent technical staff and provision of workplace for the staff. Consistent with the Laws of the Kingdom of Cambodia and the policies and procedures of the RGC, MOH will:

1. Facilitate the official approval at all levels necessary within the RGC for implementing program activities;
2. Facilitate the necessary documentation, if required, for USAID implementing partners to carry out the work described herein;
3. Coordinate communications with the appropriate RGC authorities that the activities of USAID implementing organizations should receive support to carry out the work described herein;
4. Oversee program strategy and participate in site visits from time to time;
5. Participate in the monitoring and evaluation of the projects;
6. Facilitate the official permits, visas, and any other permissions described in Article 6 of the Agreement;
7. Facilitate the exemptions described in Section B.4 of Annex 3; and
8. Undertake other activities as required by the program.

B. USAID

In achieving results of this Agreement, USAID will:

1. Provide, through USAID partner organizations, appropriate technical assistance to implement the program;
2. Contribute towards the achievement of the HSP3;
3. Share consolidated reports on program activities as appropriate and other relevant documents and information produced by the program to MOH on a timely basis;
4. Consult with MOH and other relevant RGC entities at regular, mutually-agreed-upon intervals, or at the request of the RGC, on progress towards the achievement of the: a) program's objective; b) performance of obligations under this Agreement; and c) performance of USAID implementing organizations, and other matters related to this Agreement;
5. Participate and contribute to the health-related TWGs and their sub-TWGs and all other TWGs as appropriate; and
6. Instruct its partner organizations coordinate the development of their annual

workplans and monitoring and evaluation plans with the relevant national program(s) or department(s) within the MOH.

VIII. Monitoring and Evaluation

Routine monitoring will focus largely at the implementing mechanism level and track required indicators. USAID's implementing partners will regularly coordinate with the relevant national program or department within the MOH in monitoring and evaluating activities under each implementing mechanism. Given that there are multiple implementing mechanisms under this Agreement, USAID will ensure that all are working to achieve the complementary objectives and contribute to both technical areas and the RGC's JMIs. Indicators, baselines and targets should, as far as possible, be drawn directly from RGC's own results frameworks and policy objectives.

IX. 1994 Framework Bilateral

All assistance provided under this Agreement by USAID and its implementing organizations shall be entitled to all diplomatic, tax, and other privileges and benefits set forth in the Economic, Technical and Related Assistance Agreement between the Royal Government of the Kingdom of Cambodia and the Government of the United States of America dated October 25, 1994.

**DOAG No. 442-DOAG-0201 Annex 2: Education
Amplified Description**

I. Introduction

This Annex describes the education activities to be undertaken and the results to be achieved with the funds obligated under this Agreement.

USAID/Cambodia has developed a Country Development Cooperation Strategy (CDCS) 2014-2018.¹ Programs under USAID's Development Objective 2 of this CDCS (Improved Health and Education of Vulnerable Populations) aim to support the Royal Government of Cambodia's (RGC) goals to improve reading comprehension among children and lower school dropout rates. Ultimately, USAID hopes to help Cambodians attain increased readiness to enter the workforce.

II. Background

Cambodia's education system has improved substantially in the last decade. The Ministry of Education, Youth and Sport (MOEYS) has been successful in increasing net enrollment in basic education to 98.2% in the 2013-2014 school year and worked to build nearly 1,000 new schools in the last ten years. Additionally, in 2010-2014, the RGC revised the national curriculum and corresponding student learning materials with the goal of improving learning. Other achievements include declines in grade repetition and student dropout rates. Building upon these successes, the RGC seeks to improve the quality of education.

Literacy is a core indicator of education quality, as the ability to read and understand text is one of the most fundamental skills a child learns. The World Bank's Early Grade Reading Assessment in 2010 revealed that one-third of Cambodian children could not read, and nearly half (46.6%) of those who could read did not understand what they had read. This is especially concerning since research has shown that students who do not learn to read in the early grades are more likely to fall behind in studies, repeat grades, and eventually drop out of school. In recognition of the relationship between quality of education and literacy rates, MOEYS has made it a national priority to improve the quality of education to improve literacy rates.

A. Strategic Alignment with Government Strategies

The RGC seeks to achieve higher middle-income status by 2030. To support the Cambodian government's efforts toward this goal, USAID plans to assist Cambodia to achieve measurable improvements in education. The RGC has developed an overarching policy framework to support these efforts. The RGC commits to ensuring a better quality of life for its people, and to building a democratic, rule-based society, with equitable rights and opportunities for the population in economic, political, cultural and other spheres. The RGC produced a Development Cooperation and Partnerships Strategy (DCPS) to support implementation of the 2014-2018 National Strategic Development Plan (NSDP), with the objective of promoting development effectiveness in Cambodia through a wide range of

¹ [https://www.usaid.gov/sites/default/files/documents/1861/CDCS%20Cambodia%20Public%20Version%20\(approved\).pdf](https://www.usaid.gov/sites/default/files/documents/1861/CDCS%20Cambodia%20Public%20Version%20(approved).pdf)

partnerships.

In support of the NSDP and DCPS, MOEYS also developed its own development plan, the Education Strategic Plan for 2014-18, (ESP 2014-18). ESP 2014-18 aims to improve three areas: 1) ensuring equitable access to education services; 2) enhancing the quality and relevance of learning; and 3) ensuring effective leadership and management of education staff at all levels. ESP 2014-18's ten core breakthrough indicators ambitiously aim to achieve numerous goals including placing 80% of five-year old children in early childcare education, achieving a 97% adult literacy rate, and liquidating 95% of the program budget by 2018. USAID's programs in education will help advance the goals of the ESP wherever possible.

B. Support of Coordination Working Groups

In support of coordination with the RGC and other donors on education issues, USAID/Cambodia participates in the following coordination working groups related to education:

- Joint Technical Working Group on Education; and
- Education Sector Working Group

As appropriate, USAID will participate in additional TWGs and other aid coordination architecture throughout the life of this Development Objective Grant Agreement (DOAG).

III. Funding

USAID investments of approximately \$6,970,000 in new basic education funds are planned for the 2015-2017 timeframe to achieve this Development Objective. If additional education funds become available, USAID Cambodia will consider expanding program activities. Currently, education fund earmarks for USAID Cambodia limit support to early grade reading.

The RGC contribution reflects MOEYS's in-kind contributions to the shared objectives of the program. The contribution will equal up to 25% of the total program costs used to support activities that substantially benefit the Grantee or entail direct and substantial involvement of the RGC in the administration, management, or control of the activities hereunder. The dollar equivalent amount of this contribution shall be U.S. \$617,195 for FY 2016.

Changes may be made to the financial plan by representatives of the Parties without formal amendment of the Agreement if such changes do not cause USAID's contribution to exceed the amount specified in Section 3.1 of the Agreement.

The financial plan for this program is set forth in the below table.

Description	Year (FY15)	Year (FY16)	Year (FY17)	Total
Education	2,885,000	1,851,586	1,860,000	6,596,586

Sub-total:	2,885,000	1,851,586	1,860,000	6,596,586
Administration Cost:	100,000	133,414	140,000	373,414
Total Estimated USG Contribution	2,985,000	1,985,000	2,000,000	6,970,000
Total Estimated RGC Contribution	961,667	617,195	620,000	2,198,862

IV. Results to be Achieved

In order to support the RGC's goal in basic education, USAID activities will contribute to Joint Monitoring Indicators (JMI) such as:

- Completion rate of students in primary education increased;
- Improved use of textbooks for both students and teachers at primary schools; and
- Improved reading skills in early grades.

Relevant illustrative indicators are:

- Proportion of students who, by the end of two years of primary schooling, demonstrate that they can read and understand the meaning of grade level text;
- Percent change in early grade reading assessment scores;
- Number of learners receiving reading interventions at the early grade level;
- Number of teachers receiving USG assistance to implement effective instructional practices;
- Number of parents or caregivers who report reading to their children or listening to their children read to them daily; and
- Number of teaching and learning materials, policies revised or developed and distributed.

V. Activities

All activities will align with the following technical area:

A. Improved Literacy Skills of Children

Although Cambodia's literacy rate is high, reading comprehension is low as a result of poor quality teaching instruction in schools. Reading achievement scores on a national test revealed that 54% of children tested were not able to demonstrate the expected reading skills at grade 1. USAID programs will enhance the quality of Cambodia's reading programs by strengthening MoEYS systems particularly in the areas of teacher training, teaching and learning materials, assessments, curriculum and instruction, and other relevant and related areas to improve the quality of education and increase learning for students. Specific activities are currently being designed in consultation with MOEYS.

B. Additional Support

This Amplified Description may be changed upon written consent between MOEYS and USAID to, among other things, add additional activities without formal amendment of this Agreement, provided that such changes are within the limits of the definition of the Objective in Article 2, Section 2.1.

VI. Program Management

All activities will be designed in coordination with the relevant RGC counterparts and with appropriate consultations with stakeholders. Program design will include a provision for a management structure, chaired by MOEYS or co-chaired by MOEYS and USAID that will, inter alia, endorse an annual work plan and budget and monitoring of the program activities.

VII. Roles and Responsibilities of the Parties

A. MOEYS

MOEYS serves as the RGC lead partner in the implementation of the Agreement, including, but not limited to the inter-ministerial and inter-departmental coordination, provision of competent technical staff and provision of workplace for the staff. Consistent with the Laws of the Kingdom of Cambodia and the policies and procedures of the RGC, MOEYS will:

1. Facilitate the official approval at all levels necessary within the RGC for implementing program activities;
2. Facilitate the necessary documentation, if required, for USAID implementing partners to carry out the work described herein;
3. Coordinate communications with the appropriate RGC authorities that the activities of USAID implementing organizations should receive support to carry out the work described herein;
4. Oversee program activities and participate in the site visits from time to time;
5. Participate in the monitoring and evaluation of the projects;
6. Facilitate the official permits, visas, and any other permissions described in Article 6 of the Agreement;
7. Facilitate the exemptions described in Section B.4 of Annex 3; and
8. Undertake other activities as required by the program.

B. USAID

In achieving this Development Objective and results of this Agreement, USAID will:

1. Provide, through USAID implementing organizations, appropriate technical assistance to implement the program;
2. Contribute towards the achievement of the ESP;
3. Ensure that USAID implementing organizations provide reports on program activities to MOEYS as appropriate and that other relevant documents and information produced by the program be provided to MOEYS on a timely basis;
4. Consult with MOEYS at regular, mutually-agreed-upon intervals, or at the request of MOEYS, on progress towards the achievement of the: a) program's objective;

- b) performance of obligations under this Agreement; and c) performance of USAID implementing organizations, and other matters related to this Agreement; and
- 5. Participate and contribute to the Education TWG and its sub-TWGs and all other TWGs as appropriate.

VIII. Monitoring and Evaluation

Routine monitoring will focus largely at the implementing mechanism level and track required basic education indicators. USAID's implementing partners will use their own monitoring and evaluation systems to regularly collect data against these indicators. Should there be multiple implementing mechanisms under this Development Objective, USAID will ensure that all are working to achieve the complementary objectives and contribute to both USAID's Intermediate Results and the RGC's JMIs. Indicators, baselines and targets should, as far as possible, be drawn directly from RGC's own results frameworks and policy objectives.

IX. 1994 Framework Bilateral

All assistance provided under this Agreement by USAID and its implementing organizations shall be entitled to all diplomatic, tax and other privileges and benefits set forth in the Economic, Technical and Related Assistance Agreement between the Government of the Kingdom of Cambodia and the Government of the United States of America dated October 25, 1994.