



# USAID | CAMBODIA

FROM THE AMERICAN PEOPLE

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

**Subject: Implementation Letter No. 2 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 1) increase the Grant amount set forth in Article 3, Section 3.1(a) and (b) of the Agreement as well as a corresponding increase to the Grantee's contribution set forth in the Article 3, Section 3.2(b); 2) change the completion date of the Grant set forth in Article 4(a) of the Agreement; and 3) update the Amplified Descriptions contained in Annexes 1 and 2 of the Agreement. The Agreement is hereby amended as follows:

1. Article 3, Section 3.1(a) and (b) are deleted in their entirety and replaced with the following:

(a) 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. ninety three million, eight hundred and two thousand, six hundred and eighteen dollars (\$93,802,618), of which U.S. twenty four million, twenty four thousand, one hundred and twenty one dollars (\$24,024,121) are FY 2015 funds, U.S. twenty eight million, nine hundred and ninety thousand, three hundred eighty seven dollars (\$28,990,387) are FY 2016 funds, and U.S. forty million, seven hundred eighty eight thousand, one hundred and ten dollars (\$40,788,110) are FY 2017 funds (the "Grant").

(b) Total Estimated USAID Contribution. USAID's total estimated contribution under this Agreement to achievement of the Objective will be U.S. ninety three million, eight hundred and two thousand, six hundred and eighteen dollars (\$93,802,618) which will be provided in increments. Subsequent increments will be subject to the availability of funds to USAID for this purpose and may be provided by USAID upon written notice to the Grantee. The Parties agree that each such incremental contribution provided, if any, shall cumulatively increase the total amount of the Grant set forth in Section 3.1(a) and consequently may increase the Grantee's contribution, if any, under Section 3.2. The Grantee further

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agrees to acknowledge by written notice to USAID each such incremental contribution, if any.

2. Article 3, 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 Description 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 is estimated to be U.S. twenty eight million, two hundred and ninety five dollars (\$28,000,295), which includes U.S. seven million, sixty six thousand, one hundred twenty two dollars (\$7,066,122) with respect to USAID's FY 2015 grant, U.S. eight million, eight hundred and nine thousand, seven hundred forty two dollars (\$8,809,742) with respect to the FY 2016 grant, and U.S. twelve million, one hundred twenty four thousand, four hundred and thirty one dollars (\$12,124,431) with respect to the FY 2017 grant. 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. Article 4(a) is deleted in its entirety and replaced with the following:

The Completion Date, which is December 31, 2020, or such other date as the Parties may agree to in writing, is the date by which the Parties estimate that all the activities necessary to achieve the Objective will be completed.

4. Annex 1, FY 2017 Public Health Amplified Description, is supplemented by Annex 1 for FY 2015 and FY 2016, which are incorporated by reference. The Amplified Descriptions describe activities to be undertaken with Health funds obligated under the Agreement.
5. Annex 2, FY 2017 Education Amplified Description, is supplemented by Annex 2 for FY 2015 and FY 2016, which are incorporated by reference. The Amplified Descriptions describe activities to be undertaken with Education funds obligated under the Agreement.

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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 two original copies to USAID at the address specified below. USAID will countersign and return one fully signed original copy to you.

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

Veena Reddy

Veena Reddy  
Acting Mission Director  
USAID/Cambodia

Date: 8 JUNE 2018

Sean B. Chin

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

Date: 07/06/18

PHOENIX FUNDS AVAILABLE	
(Commitment)	
Amount:	<u>160,388,110</u>
<b>08 JUN 2018</b> <i>28/6/18</i>	
Requested By: _____	On _____
Reviewed By: _____	On _____
Submitted By: _____	On _____
Document Type:	<u>CO</u>

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## **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 has developed a Country Development Cooperation Strategy (CDCS) 2014-2018.<sup>1</sup> 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 30<sup>2</sup> high-burden countries for TB, and HIV prevalence remains

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<sup>1</sup> [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)

<sup>2</sup> 2016 WHO Global TB Report

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 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 \$80,346,890 in health programs are planned for the FY 2015-2017 timeframe to achieve the Development Objective. If additional health funds become available, USAID will consider expanding program activities. Currently USAID 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 be approximately 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 is approximately U.S. \$9,641,451 for FY 2017.

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	8,527,085	27,318,686
Strengthen Health Systems and	4,277,723	7,376,578	6,159,607	17,813,908

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Improve Infectious Disease Control Programs	3,836,703	8,608,403	14,237,661	26,682,767
<b>Sub-total:</b>	<b>18,313,367</b>	<b>24,577,641</b>	<b>28,924,353</b>	<b>71,815,361</b>
<b>Administration Cost:</b>	<b>2,725,754</b>	<b>2,427,746</b>	<b>3,378,029</b>	<b>8,531,529</b>
<b>Total Estimated USG Contribution</b>	<b>21,039,121</b>	<b>27,005,387</b>	<b>32,302,382</b>	<b>80,346,890</b>
<b>Total Estimated RGC Contribution</b>	<b>6,104,455</b>	<b>8,192,547</b>	<b>9,641,451</b>	<b>23,938,453</b>

#### 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/thematic 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.

## **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.<sup>3</sup> 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 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.<sup>4</sup> 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. 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

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<sup>3</sup> Health, Nutrition, and Population in Cambodia: Country Overview. World Bank.

<sup>4</sup> Mid-Term Review of the Government of Cambodia's Health Strategic Plan 2, 2008-2015.

provided by the Global Fund, the RGC, and other donors working in the health sector.

### **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.<sup>5</sup> 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.<sup>6</sup>

USAID support will control and eliminate 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.

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<sup>5</sup> HIV/AIDS Country Profile, USAID. December, 2010.

<sup>6</sup> Joint Review of the National TB Program, August 2012.

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

The table of activities outlined in the FY 2015 and FY 2016 Amplified Descriptions are incorporated herein by reference. The activities to receive FY 2017 USAID funds under the Agreement in the three technical/thematic areas described above may include:

<u>Activity Name</u>	<u>Description</u>	<u>Implementing Partner</u>	<u>Technical/thematic areas toward which the activity will contribute</u>
<u>Cambodia</u> <u>Demographic and Health Survey (CDHS)</u> <u>Estimated FY 2017</u> <u>funding \$1,000,060</u>	Support for the 2020 CDHS will ensure that this state-of-the-art nationwide survey yields robust data that accurately depicts the current health situation in Cambodia. USAID will collaborate with key donors to support the Cambodian government's implementation of the survey. The U.S. government will provide technical leadership to both ministries to analyze the 2020 CDHS results, develop the preliminary and final report, and conduct further analyses of critical health issues to be determined after the survey results are produced. The survey will measure key health and demographic impacts against Millennium Development Goal targets. Further analyses will be used to measure impact, prioritize interventions, and develop informed policies.	TBD	A. Increased Utilization of Quality Maternal and Child and Reproductive Health Services  B. Strengthen Health Systems and Governance
<u>Cambodia Malaria</u>	This activity will provide technical assistance to	URC	C. Improve Infectious

<p><u>Elimination Project (CMEP)</u></p> <p><u>Estimated FY 2017 funding \$4,686,000</u></p>	<p>the Cambodian MOH's CNM in an effort to control and prevent the spread of malaria, especially in areas where drug-resistant strains of malaria have emerged. The U.S. government will develop and demonstrate an implementation model that seeks to eliminate malaria through intensified case findings, enhanced control and prevention interventions, and strengthened surveillance systems. The U.S. government will support the CNM to replicate and scale-up this evidence-based model in a limited number of districts.</p>		<p>Disease Control Programs</p>
<p><u>Cambodia Promoting Healthy Behavior</u></p> <p><u>Estimated FY 2017 funding \$ 2,906,676</u></p>	<p>This activity will improve health behaviors among Cambodians, to ensure Cambodians seek and receive high-quality health and social services at decreased financial hardship through sustainable systems. The activity will accomplish this result through two specific objectives: 1) strengthened public sector systems for oversight and coordination of health behavior change at the national and provincial levels; and 2) improved ability of individuals to adopt healthy behaviors.</p>	<p>TBD</p>	<p>A. Increased Utilization of Quality Maternal and Child and Reproductive Health Services</p> <p>C. Improve Infectious Disease Control Programs</p>
<p><u>Challenge TB</u></p>	<p>Challenge TB will work with Cambodia's</p>	<p>FHI 360</p>	<p>C. Improve Infectious</p>

<p><u>Estimated FY 2017 funding \$850,000</u></p>	<p>National TB Program (NTP) to document effective approaches and implement them through the Global Fund New Funding Request 2018-2020. Challenge TB will provide technical assistance to improve TB laboratory services needed to ensure timely TB and multi-drug resistant (MDR)-TB diagnosis and to roll out the shorter regimen to treat MDR-TB. The activity will work with community directly observed therapy (C-DOTS) volunteers, healthcare workers and NTP managers to improve MDR-TB treatment management and ensure close follow-up of drug-resistant patients. Challenge TB will support the inclusion of a TB benefit package into the national health insurance scheme for the poor.</p>		<p>Disease Control Programs</p>
<p><u>Enhancing Quality of Healthcare (EQH)</u> <u>Estimated FY 2017 funding \$ 5,468,044</u></p>	<p>This activity focuses on improving the quality of public and private health services in Cambodia. This activity will provide technical assistance to national and sub-national health systems to improve policies, guidelines and standards for streamlined quality assurance and to increase the efficiency and effectiveness of service delivery at selected facilities in six</p>	<p>TBD</p>	<p>A. Increased Utilization of Quality Maternal and Child and Reproductive Health Services  B. Strengthen Health Systems and Governance</p>

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	<p>provinces. EQH will work to strengthen licensing and regulation of service providers and monitoring of service quality in the private sector, toward the development of accreditation. The activity will also seek to improve the quality of medical training for students before they are deployed to health facilities.</p>		C. Improve Infectious Disease Control Programs
<p><u>Global Health Supply Chain (GHSC)</u> <u>Procurement and Supply Management (PSM) – Task Order 1</u> <u>Logistics Management Information System (LMIS)</u> <u>Estimated FY 2017 funding \$474,429</u></p>	<p>The purpose of the GHSC-PSM is to ensure uninterrupted supplies of health commodities in support of U.S. government-funded public health initiatives around the world. In Cambodia, the project will provide technical assistance to the MOH for system strengthening and capacity building for the LMIS. PSM will provide technical assistance to MOH during software development, pilot implementation, for the evaluation of the strengthened LMIS and in planning nationwide scale-up.</p>	Chemonics	B. Strengthen Health Systems and Governance
<p><u>VectorLink</u> <u>Estimated FY 2017</u></p>	<p>The activity will support capacity building and strengthen entomological surveillance and routine insecticide resistance monitoring in Cambodia, including but not limited to:</p>	Abt Associates	C. Improve Infectious Disease Control Programs

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<p><u>funding \$459,000</u></p>	<p>updating policy and standard operation procedures for all entomological surveillance and testing; developing training materials and other tools for entomological surveillance activities; training entomology staff at all levels to carry out surveillance and resistance testing; facilitating entomological testing on vector behavior and effectiveness of potential vector control interventions; selecting routine sentinel sites to monitor malaria vectors annually; carrying out an entomological assessment as a part of foci investigation in operational districts targeted for elimination; and conducting entomological assessment in all districts reporting potential outbreaks based on set outbreak thresholds.</p>		
<p><u>Health Policy Plus (HP+)</u> <u>Estimated FY 2017 funding \$2,300,000</u></p>	<p>The HP+ activity strengthens capacity for and advances health policy priorities of equitable and sustainable health services, supplies, delivery systems and financing. In Cambodia, HP+ will support Cambodia's health financing work to increase government domestic resources for priority health areas, improve the effectiveness in the management of resources,</p>	<p>Palladium</p>	<p>B. Strengthen Health Systems and Governance</p>

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<p><u>LINKAGES</u> <u>Estimated FY 2017</u> <u>funding \$2,025,000</u></p>	<p>and increase efficiency in the use of resources. In FY 2017, HP+ will 1) support ongoing health sector reforms in the area of social health protection and general health financing; 2) conduct key analyses and make policy recommendations that will tangibly increase the country's capacity to fund an increasing share of the HIV and tuberculosis (TB) responses from domestic sources; and 3) provide an evidence base for more efficient use of health and disease-specific funds and to increase the role of civil society and citizens in how such funds are raised and allocated. The HP+ activity will also conduct key policy analyses related to health service delivery in the public and private sectors and at community level.</p>	<p>FHI 360</p>	<p>C. Improve Infectious Disease Control Programs</p>
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	<p>Consolidated Community Action Approach for Boosted-Integrated Active Case Management (B-IACM) framework to accelerate HIV case detection, enrollment on treatment, and treatment retention. More specifically, LINKAGES will improve client targeting and profiling and scale-up cost-effective interventions such as social networking (PDI, snowballing), HIV self-testing, use of social media, and partner notification and tracing. LINKAGES will assist in creating services that are stigma- and discrimination-free, including services for KP victims of gender-based violence and KP-competent services, to increase case detection and retention.</p>		
<p><u>Maternal and Child Health Umbrella Grant</u> <u>Estimated FY 2017</u> <u>funding \$84,000</u></p>	<p>This activity will provide support to UNICEF to help the RGC's Council for Agricultural and Rural Development coordinate nutrition activities in Cambodia through the Food Security and Nutrition Technical Working Group and the Cambodian Scaling Up Nutrition network.</p>	<p>UNICEF</p>	<p>A. Increased Utilization of Quality Maternal and Child and Reproductive Health Services</p>
<p><u>NOURISH</u> <u>Estimated FY 2017</u></p>	<p>The NOURISH activity will address key causal factors of chronic malnutrition in Cambodia</p>	<p>Save the Children</p>	<p>A. Increased Utilization of Quality Maternal and</p>

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<p><u>funding \$3,256,516</u></p>	<p>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 activity 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>Child and Reproductive Health Services</p>
<p><u>Partnership for Development Results.</u></p>	<p>This activity will strengthen the capacity of the Cambodian Rehabilitation and Development</p>	<p>UNDP</p>	<p>B. Strengthen Health Systems and Governance</p>

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<p><u>Phase 2</u> <u>Estimated FY 2017</u> <u>funding \$63,844</u></p>	<p>Board (CRDB) of the Council for the Development of Cambodia (CDC) to be able to better manage and align diverse sources of development finance with the national budget, the National Strategic Development Plan, and the Sustainable Development Goals. The funds will also help strengthen CRDB's capacity facilitate and monitor the implementation of the Industrial Development Plan.</p>		
<p><u>Procurement and Supply Management</u> <u>(Global Health Supply Chain-PSM TO 2 Malaria)</u> <u>Estimated FY 2017</u> <u>funding \$2,405,000</u></p>	<p>This activity will strengthen CNM's capacity to forecast, quantify demand, and distribute medical goods, and update its logistics management information system to avoid drug supply disruptions. The activity will provide technical assistance to CNM and its partners to improve the functionality of the malaria health commodity supply chain and support the procurement and distribution of malaria commodities designed for the prevention and reduction of the spread of malaria infection.</p>	<p>Chemonics</p>	<p>C. Improve Infectious Disease Control Programs</p>
<p><u>Quality Health Services (QHS)</u> <u>Estimated FY 2017</u></p>	<p>The QHS activity will improve the services in public-sector clinics and hospitals to improve maternal, neonatal and child healthcare in nine focus provinces. The activity will provide on-</p>	<p>University Research Co., LLC (URC)</p>	<p>A. Increased Utilization of Quality Maternal and Child and Reproductive Health Services</p>

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<p><u>funding \$1,473,828</u></p>	<p>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 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>Small Project Assistance (SPA)</u> <u>Estimated FY 2017 funding \$20,000</u></p>	<p>Under a country-level Memorandum of Collaboration between Peace Corps and USAID, the U.S. government allocates funding each year for Peace Corps volunteers to undertake health, education and Feed the Future activities in rural communities. The activities implemented by Peace Corps volunteers address locally identified development priorities in hard-to-reach areas of Cambodia. Peace Corps volunteers are implementing small activities to improve community awareness to help adopt better health behaviors.</p>	<p>Peace Corps</p>	<p>A. Increased Utilization of Quality Maternal and Child and Reproductive Health Services</p>

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<p><u>Social Health Protection (SHP)</u></p> <p><u>Estimated FY 2017 funding \$831,956</u></p>	<p>The Social Health Protection activity continues to provide technical assistance to the MOH to strengthen the social health insurance program for the poor, known as the Health Equity Fund (HEF). This fund pays for quality and life-saving health services for the poor. USAID is supporting the MOH and the RGC to develop the Payment Certification Agency (PCA) as the semi-autonomous government institution to take over management and funding responsibilities of HEF. The activity involves civil society and communities in making transparent the poor identification process for receiving HEF benefits and in providing feedback on service quality. Assistance will also support revision of the HEF benefit package to expand its coverage to vulnerable populations, including people living with HIV/AIDS and TB patients. USG support will enable the government of Cambodia to provide HEF coverage to over three million poor and vulnerable Cambodians.</p>	<p>URC</p>	<p>B. Strengthen Health Systems and Governance</p>
<p><u>World Health Organization</u></p>	<p>This activity will support CNM to monitor the emergence of drug resistant malaria in</p>	<p>WHO</p>	<p>C. Improve Infectious Disease Control</p>

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<p><u>Consolidated Grant (WHO)</u> <u>Estimated FY 2017 funding \$620,000</u></p>	<p>Cambodia. It will provide technical assistance in the implementation of therapeutic efficacy studies of antimalarial medicines in six sentinel sites in Cambodia; revise and update national malaria treatment guidelines; support CNM in analyzing malaria data and success rates; improve the quality of diagnosis, and advocate for policy development and change in response to real-time drug-resistance data. The activity will also generate the data and critical strategic information required by RGC for its malaria treatment efforts and strategy. This activity will help the RGC better respond to failures in malaria treatment.</p>		<p>Programs</p>
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## **D. Additional Support**

This Amplified Description may be changed upon written consent between the 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 the MOH and USAID, that will endorse program activities.

## **VII. Roles and Responsibilities of the Parties**

### **A. MOH**

The 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, the 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. Participate in the monitoring and evaluation of projects, including site visits;
5. Facilitate the official permits, visas, and any other permissions described in Article 6 of the Agreement;
6. Facilitate the exemptions described in Section B.4 of Annex 3; and,
7. 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 performance reports and other relevant documents on program activities to the MOH as appropriate and on a timely basis;
4. Consult with the 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 to 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.

## **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 has developed a Country Development Cooperation Strategy (CDCS) 2014-2018,<sup>1</sup> which aims to accelerate Cambodia's transformation to a democratic and prosperous country. USAID programs under USAID's Development Objective 2, "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) successfully increased net enrollment in basic education to 98.2% in the 2013-2014 school year and has 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, the 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

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<sup>1</sup> [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)

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 partnerships.

In support of the NSDP and DCPS, the MOEYS also developed its own development plan, the Education Strategic Plan for 2014-18, (ESP 2014-18) and will develop a new ESP for 2019-2023. The Mid-Term Review (MTR) of the ESP 2014-18 adopted two policies in line with SDG4: 1) ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all, and 2) ensuring effective leadership and management of education staff at all levels. The ESP MTR's ten core breakthrough indicators ambitiously aim to achieve numerous goals including placing 72% of five-year old children in early childhood education and achieving an 85% adult literacy rate in 2019-20 and liquidating 95% of the program budget by 2018. USAID's programs in education will help advance the goals of the current and future ESP wherever possible.

### **B. Support of Coordination Working Groups**

In coordination with the RGC and other donors on education issues, USAID 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 working groups and other aid coordination architecture throughout the life of this Development Objective Grant Agreement (DOAG).

### **III. Funding**

USAID investments of approximately \$13,455,728 in new basic education funds are planned for the 2015-2017 timeframe to achieve this Development Objective. If additional education funds become available, USAID will consider expanding program activities. Currently, education funds have congressionally mandated earmarks and limit support to focus on improving education quality for primary education, with a particular focus on early grade reading.

The RGC contribution reflects the MOEYS's in-kind contributions to the shared objectives of the program. The contribution will be approximately 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 is approximately U.S. \$2,482,980 for FY 2017.

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.

<b>Description</b>	<b>Year (FY 2015)</b>	<b>Year (FY 2016)</b>	<b>Year (FY 2017)</b>	<b>Total</b>
Education	2,885,000	1,851,586	7,448,940	12,185,526
<b>Sub-total:</b>	<b>2,885,000</b>	<b>1,851,586</b>	<b>7,448,940</b>	<b>12,185,526</b>
<b>Administration Cost:</b>	<b>100,000</b>	<b>133,414</b>	<b>1,036,788</b>	<b>1,270,202</b>
<b>Total Estimated USG Contribution</b>	<b>2,985,000</b>	<b>1,985,000</b>	<b>8,485,728</b>	<b>13,455,728</b>
<b>Total Estimated RGC Contribution</b>	<b>961,667</b>	<b>617,195</b>	<b>2,482,980</b>	<b>4,061,842</b>

#### **IV. Results to be Achieved**

In order to support the RGC's goal in basic education, USAID activities will contribute to the Ministry's reform on quality of education and Joint Monitoring Indicators (JMI). The revised indicators for 2017-2018 include the following:

Completion rate of students in basic education increased with better learning achievement through:

- Increased promotion rates in primary education particularly in early grades;
- Increased enrollment rate and reduced dropout rate in lower secondary education

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:

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### **A. Improved Literacy Skills of Children**

Although Cambodia's literacy rate is high, reading comprehension is low as a result of poor quality 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 all students, including students with physical or cognitive disabilities. Existing activities will continue to support inclusive and gender equitable programs that support the MOEYS reform agenda to improve education quality for Cambodian students. New activities will continue to be designed in consultation with the MOEYS.

### **B. Additional Support**

This Amplified Description may be changed upon written consent between the 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 the MOEYS or co-chaired by the 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**

The 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, the 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. Participate in the monitoring and evaluation of projects, including site visits;
5. Facilitate the official permits, visas, and any other permissions described in Article 6 of the Agreement;
6. Facilitate the exemptions described in Section B.4 of Annex 3; and
7. 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. Share performance reports and other relevant documents on program activities to the MOEYS as appropriate and on a timely basis;
4. Consult with the MOEYS at regular, mutually-agreed-upon intervals, or at the request of the 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 coordination working groups and its sub working groups and all other working groups 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 the 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.