

### ANNEX 3: RGC-UNICEF Cambodia Country Programme Action Plan 2011-2015, Results Matrix

Programme Component 1: Maternal, newborn and child health and nutrition											
UNDAF Outcomes: Outcome 2 (Health and Education) – By 2015, more men, women, children and young people enjoy equitable access to health and education											
Programme Component Results / Intermediate Results	MTSP FA / KRA / OT	Key Progress Indicators	Baselines (2010)	Targets (2015)	Means of Verification / Source	Planned Budget (in US\$ millions)					
						RR	OR	Total			
PCR 1: Increased national and sub-national equitable coverage of quality reproductive, maternal, newborn, child health, HIV/AIDS and nutrition services (CPD Outcome 2.1)	FA1,3	1.1: % pregnant women with two or more ANC consultations (CPD Indicator 1.1.1)	1.1: 82.1	1.1: 90	1.1: HIS, CDHS	RR	OR	Total			
		1.2: % postpartum women and newborns attended by trained provider in the first 48 hours after delivery (CPD Indicator 1.1.2)	1.2: TBD <sup>i</sup>	1.2: 25 pp increase	1.2: CDHS				5.50	19.00	24.50
		1.3: # ODs with more than 80% immunization coverage for DPT-HepB-Hib3 and measles (CPD Indicator 1.1.3)	1.3: 61	1.3: 77	1.3: HIS, CDHS						
		1.4: % children < 5 yrs with cough and rapid breathing taken to a health facility or provider to seek treatment or advice (CPD Indicator 1.1.4)	1.4: TBD <sup>ii</sup>	1.4: 65	1.4: CDHS						
		1.5: % children 6-23 mo who receive appropriate complementary feeding (CPD Indicator 1.2.2)	1.5: TBD <sup>iii</sup>	1.5: 10 pp increase	1.5: CDHS 2010, CSES 2014						
		1.6: # health facilities that implement management of acute malnutrition (CPD Indicator 1.2.4, 1.2.5)	1.6: 20 hospitals	1.6: 500 health facilities, including 24 hospitals	1.6: Annual reports of the National Nutrition Programme						
		1.7: % HIV+ pregnant women receiving ARV prophylaxis for PMTCT and HAART for their own survival (CPD Indicator 1.3.1)	1.7: 32.2	1.7: 75 in at least 30 ODs	1.7: NCHADS and NMCHC reports						
		1.8: % infants, born to HIV-infected women, who received an HIV DNA PCR test before age 12 mo (CPD Indicator 1.3.2)	1.8: 39	1.8: 70	1.8: NCHADS report						
		1.9: % children < 15 yrs with advanced HIV infection receiving ART (CPD Indicator 1.3.3)	1.9: 68.15	1.9: 95	1.9: NCHADS report						
CPD PCR (IR) 1.1: Improved national and sub-national capacity to increase availability, accessibility and utilization of quality	FA1 KRA2 OT4	1.1.1: Government analysis and reports for key planning/review events in health sector contain disaggregated data and analysis by geography, socio-economic status, gender etc. and identify equity-focused programming approaches	1.1.1: Some geographical disaggregation, no explicit programming approaches to reduce inequities	1.1.1: Key MoH analysis and reports use disaggregated data and contain explicit equity-focused programming approaches	1.1.1: MoH Joint Annual Performance Review and Mid-Year Review reports; annual report of the Task Force for Reproductive, Maternal, Newborn and Child Health	RR	OR	Total			
						4.20	7.30	11.50			

maternal, newborn and child health (MNCH) services		<p>1.1.2: UNICEF-supported mapping and assessment of underserved communities and populations informs policy and programme actions to address inequalities in health</p> <p>1.1.3: % of health centres covering underserved remote communities providing appropriate newborn care</p> <p>1.1.4: Strengthened national system for Quality Improvement (QI) of the maternal, newborn and child health clinical services</p> <p>1.1.5: % underserved remote villages implementing community-based programmes on (i) Community Care of Mothers and Newborns (CCMN), (ii) Home Care of Sick Child and Appropriate Care Seeking (HCSC), and (iii) Community Case Management of Pneumonia and Diarrhoea (CCM)</p> <p>1.1.6: A gender-sensitive model for contracting of health volunteers by commune councils supported by UNICEF informs policy and programme action in order to improve quality and sustainability of community-based programmes</p> <p>1.1.7: Experience of UNICEF-supported operational pilot on Health Equity Fund (HEF) operations in decentralized context provides evidence on potential role of sub-national authorities in management of HEFs</p>	<p>1.1.2: No such analysis conducted</p> <p>1.1.3: &lt;5</p> <p>1.1.4: QI methods and tools for NMCH clinical services are not standardized; weak supporting systems for supervisors and clinical coaches</p> <p>1.1.5: Negligible, only few health centres and adjacent villages in three pilot health operational districts</p> <p>1.1.6: No standard practice or guidelines; only few commune councils contract health volunteers</p> <p>1.1.7: Current HEF operations are dominated by NGO management model and do not involve sub-national level authorities</p>	<p>1.1.2: UNICEF-supported mapping is used for the development of equity focused programmes</p> <p>1.1.3: 90</p> <p>1.1.4: QI methods and tools for NMCH clinical services are standardized; Improved support system for supervisors and coaches</p> <p>1.1.5: 75%</p> <p>1.1.6: Operational pilot experience informs development of policies and operational guidelines for sub-national authorities</p> <p>1.1.7: Results of the HEF operational research inform the development of policies and operational guidelines under decentralization and the social protection</p>	<p>1.1.2: Final report on mapping of underserved populations; MoH policies and strategic plans influenced by UNICEF-supported mapping</p> <p>1.1.3: Health Facility survey 2013; 2015 summary analysis of the supervision reports</p> <p>1.1.4: Programme progress reports; National MCH programme reports; annual progress report of the RMNCH Task Force</p> <p>1.1.5: Programme progress reports; National MCH programme reports; annual progress report of the RMNCH Task Force</p> <p>1.1.6: Programme progress report; evaluation of the 'contracting of volunteers' pilot; evidence of national policies influenced by pilot experience</p> <p>1.1.7: Programme progress report; evaluation of the HEF pilot; evidence of national policies shaped by pilot experience</p>			
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				agenda				
						RR	OR	Total
<p><b>CPD PCR (IR) 1.2:</b> Improved capacity to increase coverage of evidence-based nutrition interventions to prevent and treat malnutrition in women of reproductive age and children under five</p>	<p>FA1 KRA1 OT1</p>	<p>1.2.1: Experience of UNICEF-supported pilot on cash transfers linked to nutrition informs equity-based programming approaches in health and shapes operational implementation under the Social Protection Strategy (SPS)</p>	<p>1.2.1: No such experience in Cambodia</p>	<p>1.2.1: Results of 'cash transfer' pilot inform equity-based programming in health and SPS implementation</p>	<p>1.2.1: UNICEF and WB progress reports; evaluation report; government decisions on use of the results of the 'cash transfer' pilot</p>	0.65	7.35	<b>8.00</b>
		<p>1.2.2: Experience of UNICEF-supported pilots on management of acute malnutrition (MAM) and multiple micronutrient supplementation of young children informs national nutrition policies and programmes</p>	<p>1.2.2: No system for screening, referral and follow-up of children with acute malnutrition; limited policy provisions on micronutrient supplementation; no system for providing and monitoring of multiple micronutrient supplements to young children</p>	<p>1.2.2: Results of UNICEF supported pilots informs nutrition policy and programmes</p>	<p>1.2.2: Programme progress report; evaluation of pilots experiences; Essential Drug List of the MoH; HIS data collection and reporting forms; IMCI strategy</p>			
		<p>1.2.3: % villages classified as remote and poor implementing community-based nutrition programme promoting breastfeeding, complementary feeding, micronutrient supplementation, management of acute malnutrition</p>	<p>1.2.3: TBD<sup>liv</sup></p>	<p>1.2.3: 75</p>	<p>1.2.3: Programme progress reports; National MCH programme reports; annual progress report of the RMNCH Task Force</p>			
		<p>1.2.4: Health managers at the national and sub-national level effectively plan, implement and monitor nationwide communication plans promoting early and exclusive breastfeeding, appropriate complementary feeding and micronutrient supplementation</p>	<p>1.2.4: Annual implementation of the national breastfeeding communication; Implementation of the IFA supplementation communication campaign initiated in September 2010; no complementary feeding communication strategy</p>	<p>1.2.4: During 2011-2013, nationwide communication plans on breastfeeding, complementary feeding and IFA supplementation implemented; M&amp;E results used to strengthen the design and implementation of future communication strategies</p>	<p>1.2.4: Programme progress reports; National MCH programme reports; annual progress report of the RMNCH Task Force; evaluation of the national communication efforts in the area of BF, CF and IFA</p>			

		1.2.5: Evidence base to inform policy and programmatic decision on food fortification is strengthened	1.2.5: Limited evidence on fortification vehicles, food consumption and micronutrient deficiencies	1.2.5: Sufficient evidence is available to inform policy and programme action on food fortification; continued monitoring and surveillance for USI programme	1.2.5: Final research reports; IDD/USI monitoring reports			
<b>CPD PCR (IR) 1.3:</b> Strengthened multi-disciplinary health sector response in HIV prevention, treatment, and care and support services to women and children	FA3 KRA1 OT 1	1.3.1: National and sub-national HIV and MCH capacities are equipped to jointly plan, coordinate, implement and monitor 'linked' PMTCT and paediatric HIV care interventions	1.3.1: Two parallel PMTCT monitoring and reporting systems are in place (NCHADS and NMCHC); PMTCT and paediatric ART guidelines updated in 2010 to reflect new WHO guidelines	1.3.1: One harmonized PMTCT monitoring and reporting system is in place; national guidelines are regularly updated in line with international protocol/evidence	1.3.1: Annual reports (UNICEF, NMCHC, NCHADS)	<b>RR</b>	<b>OR</b>	<b>Total</b>
						0.65	4.35	<b>5.00</b>
		1.3.2: Improved coverage and quality of provider-initiated testing and counselling (PITC) for HIV at ANC, maternity and MAM service delivery sites in targeted locations	1.3.2: 64% pregnant women (attending ANC or delivery) at targeted locations are tested for HIV and received their results; no data available on % of male partners of HIV+PW tested; no data available on % of severely malnourished children (admitted for treatment) who are tested for HIV and received their results	1.3.2: 95% of pregnant women (attending ANC or delivery), 50% of male partners of HIV-infected pregnant women, and 50% of severely malnourished children (admitted for treatment) who are tested for HIV and received their results	1.3.2: NMCHC and NCHADS annual reports			
		1.3.3: Improved follow-up of newly identified HIV+ pregnant women/mothers and exposed infants in targeted locations	1.3.3: <2% HIV-exposed infants received an HIV DNA PCR test before the age of two months	1.3.3: 75% of HIV-exposed infants received an HIV DNA PCR test before the age of two months	1.3.3: NCHADS Annual Report			
		1.3.4: Experiences from targeted interventions	1.3.4: There are no	1.3.4: Results of	1.3.4: Operational			

		are used to inform national policy and programme actions regarding PITC and follow-up of HIV-infected pregnant women/mothers and their exposed infants  1.3.5: Mortality and loss to follow-up among HIV infected children is reduced, especially among children on pre-ART care	explicit programme approaches in place  1.3.5: Death and loss to follow-up among children on ART is 1.5% and among children on pre-ART care (OI care) is 4.6% (Q4, 2009)	operational research inform the development of explicit programme approaches  1.3.5: Less than 1% children on ART per quarter die or are lost to follow-up; less than 3% children on pre-ART (OI) care die or are lost to follow-up	research/assessment report; evidence of national policies/ programme shaped by findings  1.3.5: NCHADS Annual Report			
<b>Programme Component 2: Water, sanitation and hygiene</b>								
<b>UNDAF Outcomes:</b> Outcome 2 (Health and Education) – By 2015, more men, women, children and young people enjoy equitable access to health and education								
Programme Component Results / Intermediate Results	MTSP FA / KRA / OT	Key Progress Indicators	Baselines (2010)	Targets (2015)	Means of Verification / Source	Planned Budget (in US\$ millions)		
						RR	OR	Total
<b>PCR 2:</b> More women, men, children, and young people enjoy safe water, sanitation and hygiene conditions (CP Outcome 2.3)	FA1	2.1: % population drinking safe water (disaggregated by sex and wealth quintiles)	2.1: 40.5	2.1 : 50	2.1: Census/CDHS/ CSES and analysis of coverage by wealth quintiles	RR	OR	Total
						2.50	10.00	12.50
		2.2: % of population using an improved sanitation facility (disaggregated by sex and wealth quintiles)	2.2: 23.2	2.2: 50	2.2: Census/CDHS/ CSES and analysis of coverage by wealth quintiles			
		2.3: % caretakers of children under five who practice hand-washing with soap at critical times, i.e. before feeding children, after defecation, after cleaning a child's bottom and after disposing of children's faeces	2.3: TBD <sup>v</sup>	2.3: increase by 50% from baseline		2.3: KAP survey		
2.4: % children (boys and girls) who wash hands with soap at critical times	2.4: TBD <sup>vi</sup>	2.4: increase by 50% from baseline	2.4: Arsenic KAP survey					
<b>CPD PCR (IR) 2.1:</b> Communities practice key hygiene behaviours (hand-washing with soap at critical times, using toilet and drinking safe water)	FA1 KRA3 OT12	2.1.1: % men, women, boys and girls in selected areas who have knowledge of hygiene and safe water messages	2.1.1: TBD <sup>vii</sup>	2.1.1: Increase by 50% from baseline	2.1.1: Arsenic KAP survey	RR	OR	Total
						1.00	4.00	5.00
		2.1.2: % villages in selected areas certified ODF	2.1.2: 0	2.1.2: >= 50%	2.1.2: MRD database			
		2.1.3: % villages in selected areas that develop water safety plans	2.1.3: 0	2.1.3: 75 %		2.1.3: MRD report		
2.1.4: % HH in selected areas that always treat	2.1.4 - 7: TBD <sup>viii</sup>	2.1.4: 75%	2.1.4: CSES and					

		drinking water (similar to CPD Indicator 2.1.3)			evaluation				
		2.1.5: % HH in selected areas that keep their drinking water stored in a clean and covered container		2.1.5: 75%	2.1.5: KAP survey				
		2.1.6: % schools in selected areas that meet the SC WASH standard (as defined in the SC WASH guidelines)		2.1.6: 50%	2.1.6: MRD/MoEYS report				
		2.1.7: % HC in selected areas that participate in WASH promotion/education		2.1.7: 90%	2.1.7: MRD/MOH report				
<b>CPD PCR (IR) 2.2:</b> Communities, schools and health centres have access to sustainable technologies for safe water, sanitation and hygiene	FA1 KRA3 OT12	2.2.1: % HH in selected areas with access to safe drinking water (similar to CPD Indicator 2.2.1)	2.2.1-6, 2.2.8-10: TBD <sup>ix</sup>	2.2.1: 50%	2.2.1: Arsenic KAP survey	<b>RR</b>	<b>OR</b>	<b>Total</b>	
		2.2.2: % HH in selected areas with designated place for hand-washing where water and soap are present (part of and similar to CPD Indicator 2.1.1)		2.2.2: 50%		2.2.2: Census/CSES/CDHS	0.75	3.00	<b>3.75</b>
		2.2.3: % HH in selected areas with access to improved sanitation facilities (similar to CPD Indicator 2.2.2)		2.2.3: 100%		2.2.3: EMIS			
		2.2.4: % primary schools in selected areas with access to safe drinking water (part of and similar to CPD Indicator 2.2.3)		2.2.4: 100%		2.2.4: EMIS			
		2.2.5: % primary schools in selected areas with access to improved sanitation facilities for boys and girls (part of and similar to CPD Indicator 2.2.3)		2.2.5: 90%		2.2.5: Health Facility survey			
		2.2.6: % primary schools in selected areas with designated place for hand-washing where soap and water are present (part of and similar to CPD Indicator 2.1.1)		2.2.6: 90%		2.2.6: Health Facility survey			
		2.2.7: % HC in selected areas (including those covering underserved remote communities) with access to improved source of drinking water (part of and similar to CPD Indicator 2.2.4)		2.2.7: <5%		2.2.7: Health Facility survey			
		2.2.8: % HC in selected areas (including those covering underserved remote communities) with access to improved sanitation facilities for males and females (part of and similar to CPD Indicator		2.2.8: 90%		2.2.8: PDRD report			

		2.2.4)  2.2.9: % HC in selected areas (including those covering underserved remote communities) with access designated place for hand-washing where soap and water are present (part of and similar to CPD Indicator 2.1.1)  2.2.10: # small entrepreneur per commune providing WASH goods and services		2.2.9: 90%  2.2.10: >=1 per commune	2.2.9: Health Facility survey  2.2.10: PDRD report			
<b>CPD PCR (IR) 2.3:</b> MRD and concerned sub-national government agencies lead, coordinate, facilitate, monitor and evaluate the RWSSH and arsenic national strategy	FA1 KRA3 OT12	2.3.1: Programme-Based Approach (PBA) established and operational	2.3.1: not established	2.3.1: established and operational by 2015	2.3.1: TWG RWSSH report	<b>RR</b>	<b>OR</b>	<b>Total</b>
		2.3.2: # arsenic-affected communes including arsenic mitigation in their CIPs	2.3.2: < 5 %	2.3.2: 50%	2.3.2: MoP report	0.75	3.00	<b>3.75</b>
		2.3.3: Coordination mechanism established to provide guidance to all partners on common approaches and standards; ensure that all critical WASH gaps and vulnerabilities are identified; provide information on who is doing what, where, when and how, to ensure that all gaps are addressed without duplication	2.3.3: not established	2.3.3: established and operational by 2015	2.3.3: MRD report			
		2.3.4: # provinces with updated preparedness for WASH in emergency	2.3.4: >=3	2.3.4: 24	2.3.4: PDRD reports			
<b>Programme Component 3: Basic Education</b>								
<b>UNDAF Outcomes:</b> Outcome 2 (Health and Education) – By 2015, more men, women, children and young people enjoy equitable access to health and education								
<b>Programme Component Results / Intermediate Results</b>	<b>MTSP FA / KRA / OT</b>	<b>Key Progress Indicators</b>	<b>Baselines (2010)</b>	<b>Targets (2015)</b>	<b>Means of Verification / Source</b>	<b>Planned Budget (US\$ millions)</b>		
<b>PCR 3:</b> Increase in reach and sustainability of children learning in relevant, inclusive and quality early childhood and basic education through increased institutional capacities (CP Outcome 2.4)	FA2	3.1: Net enrolment in Early Childhood Education (state preschools, community preschool and home-based programmes) disaggregated by sex, age, urban/rural	3.1: 5 yrs 39%; 3-5 yrs – 20%	3.1: 5 yrs 70% 3-5 yrs – 50%	3.1: Education Congress report	<b>RR</b>	<b>OR</b>	<b>Total</b>
		3.2: Promotion rate disaggregated by grade and sex	3.2: SY 2008-2009 Grade Boy Girl 1 75.5 76.9 2 81.2 84.1 3 82.4 86.1 4 83.4 86.8 5 83.4 86.5 6 87.4 89.6 7 78.1 78.5 8 83.4 81.1 9 74.1 77.6	3.2: 90% (boys and girls)	3.2: EMIS	5.00	15.00	<b>20.00</b>
<b>CPD PCR (IR) 3.1:</b>	FA2	3.1.1: % children 3-5 yrs attending any kind of	3.1.1: 19 and TBD <sup>x</sup>	3.1.1: 40 and TBD <sup>xi</sup>	3.1.1: POE reports,	<b>RR</b>	<b>OR</b>	<b>Total</b>

ECE professionals at national and sub-national levels are able to plan, coordinate and guide the provision of high quality ECE programme	KRA1 OT1	organized early learning programme, with particular focus on children with disabilities, ethnic minority backgrounds and OVC (CPD Indicator 3.1.1)	for specific groups	for specific groups	Education Congress			
		3.1.2: ECCD National Action Plan is operationalized; ECCD partnerships are enhanced through implementation of ECCD NAP	3.1.2: N	3.1.2: Y	3.1.2: EMIS. ECCD NAP; Education Congress report	1.93	3.57	5.50
		3.1.3: Integrated ECE packages rolled out at sub-national level, including ECD in-service training	3.1.3: Integrated ECE packages are developed	3.1.3: Integrated ECE packages rolled out in 24 provinces	3.1.3: Education Congress report POEs annual reports			
		3.1.4: A bilingual education preschool model supported by UNICEF is implemented and documented in order to improve quality and equal access to preschool education	3.1.4: Not available	3.1.4: Implemented at least in two targeted provinces and documented	3.1.4: Education Congress report; evaluation of the pilot report			
		3.1.5: Inclusive preschool education approach is integrated into preschool system with support of UNICEF	3.1.5: Not available	3.1.5: IE is implemented and the experience is documented	3.1.5: Education congress report			
<b>CPD PCR (IR) 3.2:</b> Strengthened capacities at national and sub-national level to deliver inclusive basic education services	FA2 KRA3 OT7	3.2.1: % primary schools and lower secondary schools that are annually assessed against MoEYS CFS Standards (CPD Indicator 3.2.1)	3.2.1: 44 and 0	3.2.1: 100 and TBD <sup>xii</sup>	3.2.1: POE/DOE reports EMIS data; CFS checklist Education Congress	<b>RR</b>	<b>OR</b>	<b>Total</b>
		3.2.2: Primary and lower secondary dropout rates in rural and remote areas (CPD Indicator 3.2.2)	3.2.2: 8.5 and 25.1 rural, 12.0 and 21.0 remote	3.2.2: primary – 2 rural and 5 remote, lower secondary – TBD <sup>xiii</sup>	3.2.2: EMIS	0.22	7.28	7.50
		3.2.3: Primary repetition rates in rural and remote areas (CPD Indicator 3.2.3)	3.2.3: 9.1 rural, 14.7 remote	3.2.3: 2 rural, 2 remote	3.2.3: EMIS			
		3.2.4: # provinces, districts and schools undertaking school self assessment with community participation	3.2.4: None	3.2.4: 20%	3.2.4: CFS steering committee minutes; POE/DOE reports			
		3.2.5: Special Education courses are integrated into pre- and in-service teacher training	3.2.5: N	3.2.5: Y	3.2.5: Education Congress report			
		3.2.6: Results of CFS pilot at lower secondary school level informs policy and programme action in order to improve quality of education	3.2.6: Not available	3.2.6: CFS LSS pilot results are documented and inform policy	3.2.6: Education Congress report; evaluation of the pilot			
<b>CPD PCR (IR) 3.3:</b>	FA2	3.3.1: Disparities by gender, geographical areas	3.3.1: TBD <sup>xiv</sup>	3.3.1: TBD <sup>xv</sup>	3.3.1: Census/CDHS/	<b>RR</b>	<b>OR</b>	<b>Total</b>



Strengthened capacities at national and sub-national levels to plan and manage the implementation of the ESP	KRA2 OT3	(urban/rural) and socio-economic status in relation to access to basic education (CPD Indicator 3.3.1)			CSES/ Out of School Children study			
		3.3.2: # provinces with a provincial AOP in place (CPD Indicator 3.3.2)	3.3.2: 0	3.3.2: 24	3.3.2: Provincial AOPs	2.85	4.15	7.00
		3.3.3: # provinces with a provincial sector performance review with participation of civil society and review of sub-provincial disparities and governance performance (CPD Indicator 3.3.3)	3.3.3: 0	3.3.3: 24	3.3.3: Education Congress report			
		3.3.4: Identified CD plan priorities incorporated in national and sub-national AOPs	3.3.4: No	3.3.4: Incorporated into 24 AOPs	3.3.4: National and provincial AOPs			
		3.3.5: Guideline and implementation plan available for functional reassignment at sub-national level	3.3.5: None	3.3.5: Guideline and implementation plan is prepared	3.3.5: Education Congress report			
		3.3.6: % female education staff – teaching staff, middle management and top leaders	3.3.6: Teaching – 43% Middle – 10%; Top – 7.7%	3.3.6: At least 10% increase at middle and top level	3.3.6: Education Congress report			

**Programme Component 4: Child Protection**

**UNDAF Outcomes:** Outcome 3 (Gender Equality) – By 2015, all women, men, girls and boys are experiencing a reduction in gender disparities and progressively enjoying and exercising equal rights; Outcome 4 (Governance) – By 2015, national and sub-national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia and increased participation in democratic decision-making; Outcome 5 (Social Protection) – By 2015, more people, especially the poor and vulnerable, benefit from improved social safety net (SSN) and social security programmes, as an integral part of a sustainable national social protection system

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						RR	OR	Total
<b>PCR 4:</b> Increase in national and sub-national capacity to provide affordable and effective national social protection through improved development, implementation, monitoring and evaluation of social protection system, and to protect citizens' rights under	FA4,3	4.1: Key Child Protection indicators are integrated into the national plans and social protection strategy with budget allocation and support from donors (CPD Indicator 4.1.1)	4.1: N	4.1: Y	4.1: National plans documents			
		4.2: # accredited social workers (including females) operational per 100,000 population (CPD Indicator 4.1.4)	4.2: 25	4.2: 37	4.2: MoSVY and RUPP registry/records	3.50	15.00	18.50
		4.3: # coordination, monitoring and referral mechanisms that routinely address and take action on child vulnerability and disparities, including in emergencies (similar to CPD Indicator 4.1.3)	4.3: N	4.3: Y	4.3: Minutes and reports of the coordination mechanisms			

the Constitution and provide effective remedies for violations (CP Outcomes 5.1 and 4.2)		4.4: Legal, policy and regulatory frameworks that prevent and address gender-specific vulnerabilities and needs of children to care and protection including children with disability and HIV	4.4: 4	4.4: At least two more laws/policies in child protection developed and adopted	4.4: Senate records; Council for Legal and Judicial Reform legal compendium; website and annual reports of MoJ/Mol/MoSVY; prakas compendium			
<b>CPD PCR (IR) 4.1:</b> A child- and gender-sensitive social welfare system is well advanced towards delivery of increasingly accessible and quality services for vulnerable children and families	FA4 KRA1 OT1	4.1.1: A national M&E system on vulnerable children is operational, includes disaggregated data and used to inform policy and programmes (CPD Indicator 4.1.2)	4.1.1: N	4.1.1: Y	4.1.1: National plans documents	<b>RR</b>	<b>OR</b>	<b>Total</b>
		4.1.2: # coordination mechanisms that routinely prevent, address and take action on child vulnerability and disparities, including in emergencies	4.1.2: N	4.1.2: Y	4.1.2: The assessment of the M&E system	2.00	5.00	7.00
		4.1.3: % budget allocated for child protection and social welfare	4.1.3: TBD <sup>xvi</sup>	4.1.3: TBD <sup>xvii</sup>	4.1.3: Minutes and reports of the coordination mechanisms			
		4.1.4: # male and female professionals and qualified social workers who identify, provide and monitor child protection services at national and sub-national levels	4.1.4: 25/100,000	4.1.4: 35/100,000	4.1.4: MoSVY and RUPP registry/records and certification reports from Social Work Department of RUPP and MoSVY			
		4.1.5: # community workers, including faith-based leaders, equipped and providing support in 10 provinces to vulnerable households with children, including those with disabilities and affected by HIV and AIDs	4.1.5: 400 faith leaders	4.1.5: 800 faith leaders	4.1.5: Annual reports from MoCR/PDCRs			
<b>CPD PCR (IR) 4.2:</b> A child and gender-sensitive justice system for children in contact with the law that complies with international standards is well	FA4 KRA1 OT2	4.2.1: # provinces with formal police and court referral and coordination mechanisms in place for legal aid and recovery, rehabilitation and reintegration services for children (CPD Indicator 4.2.1)	4.2.1: 0	4.2.1: 6	4.2.1: MoSVY, MoJ, Mol annual reports	<b>RR</b>	<b>OR</b>	<b>Total</b>
		4.2.2: Monitoring and enforcement mechanisms for boys and girls in the justice system are in	4.2.2: N	4.2.2: Y	4.2.2: Police and court registers, MoJ, Mol-CNP	0.75	2.34	3.09

advanced and increasingly accessed by children		place 4.2.3: % children in contact with the law with access to legal aid, social services and expanded diversion and other community-based measures 4.2.4: # lawyers, judges, prosecutors, police, social workers, rehabilitation/corrections officers trained on new laws/regulatory frameworks on justice for children	4.2.3: 0% 4.2.4: 0	4.2.3: 50% 4.2.4:100% student lawyers, 100% student judges/prosecutors, 80% incumbent judges/prosecutors, 80% AHTJP police, 80% legal aid lawyers, 30% social workers	4.2.3: MoI-CNP, MoJ, MoSVY annual reports 4.2.4: Royal Academy for Judicial Profession, MoJ, MoI, MoSVY annual reports			
<b>CPD PCR (IR) 4.3:</b> Communities, families and children are equipped with protective knowledge and skills that reduce their vulnerability and stigmatization	FA4 KRA2 OT5	4.3.1: Family support services are provided by commune councils in a minimum of 50 communes to at least 75% of vulnerable households (CPD Indicator 4.3.2)	4.3.1: N	4.3.1: Y	4.3.1: MoSVY report	<b>RR</b>	<b>OR</b>	<b>Total</b>
		4.3.2: # models evaluated and documented with age- and gender-disaggregated data to inform policy development and advocacy	4.3.2: N	4.3.2: At least five models/innovations	4.3.2: Annual progress reports; reports of model practices; evaluations and assessments	0.00	4.00	<b>4.00</b>
		4.3.3: % population reached by key messages on child protection	4.3.3: 0	4.3.3: 40	4.3.3: Commune council and CCWC reports and minutes of the meeting			
<b>IR 4.4:</b> National and sub-national inter-sectoral efforts are strengthened to reduce overlapping risks and vulnerabilities among children and young people from key populations most at risk of HIV infection	FA3 KRA3 OT8	4.4.1: Age and sex disaggregated data and operational research is available to inform the efficiency and effectiveness of programmes	4.4.1: Partially	4.4.1: Y	4.4.1: BSS and specialized studies	<b>RR</b>	<b>OR</b>	<b>Total</b>
		4.4.2: # and type of HIV-related legislative measures, policy instruments and strategies influenced by evidence and advocacy	4.4.2: 3 national plans, 1 legislation	4.4.2: 4 national plans, 1 legislation	4.4.2: UNICEF Country Office Annual Report	0.75	3.66	<b>4.41</b>
		4.4.3: # urban hotspot locations having comprehensive HIV prevention interventions in place that are specifically tailored to meet the needs of young people from key populations at risk	4.4.3: 2 hotspot locations	4.4.3: 5 hotspot locations	4.4.3: Partner reports			
4.4.4: % at-risk young women and men < 24 yrs who received an HIV test in the past year and know their results (CPD Indicator 4.3.1)	4.4.4: 21% F and 16.5 % M	4.4.4: 60% F and 60% M	4.4.4: NCHADS annual report/specialized report					

Programme Component 5: Local governance for child rights								
UNDAF Outcomes: Outcome 3 (Gender Equality) – By 2015, all women, men, girls and boys are experiencing a reduction in gender disparities and progressively enjoying and exercising equal rights; Outcome 4 (Governance) – By 2015, national and sub-national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia and increased participation in democratic decision-making								
Programme Component Results / Intermediate Results	MTSP FA / KRA / OT	Key Progress Indicators	Baselines (2010)	Targets (2015)	Means of Verification / Source	Planned Budget (in US\$ millions)		
						RR	OR	Total
PCR 5: Sub-national governments have the capacity to take over increased functions (CP Outcome 4.4)	FA5	5.1: Capacities of line ministries to identify the functions to pilot and implement the assignment of functions to sub-national levels	5.1: Negligible	5.1: MoEYS, MoSVY, MoH, MRD have developed and started functional assignment roadmaps	5.1: NCDs Annual Report on IP3/ 10 Yr NP-SNDD annual reports of 3-year plan; annual report sectoral ministries DD WG; Child Poverty Study	RR	OR	Total
						5.00	10.00	15.00
CPD PCR (IR) 5.1: WCCCs (at provincial and district levels) and CCWCs are able to influence development plans and budgets to be evidence-based, child- and gender-sensitive and linked to national-level sector policies and CMDGs	FA5 KRA2 OT5	5.1.1: % implemented evidence-based, child- and gender-sensitive social priorities in annual provincial, district and commune development plans (CPD Indicator 5.1.1)  5.1.2: % budget allocated to social priorities in annual provincial, district and commune investment programmes (CPD Indicator 5.1.2)	5.1.1: Negligible  5.1.2: Negligible	5.1.1: 30%  5.1.2: 25%	5.1.1: Sub-National Investment Programme  5.1.2: Sub-National Investment Programme	RR	OR	Total
						0.63	0.96	1.59
CPD PCR (IR) 5.2: Sub-national authorities and communities have the means and capacity to monitor and partner with service providers to minimize risk, vulnerability and poverty	FA5 KRA1 OT1	5.2.1: % tools for provincial and district WCCCs and CCWCs are developed and used to identify vulnerable populations (CPD Indicator 5.2.1)  5.2.2: # provincial and district WCCC and CCWC meetings in the selected provinces and districts per year dedicated to discuss vulnerability to monitor equity of access to and utilization of services (CPD Indicator 5.2.2)  5.2.3 % of newborn children registered within 30 days at provincial level	5.2.1: N (20 communes in 6 provinces)  5.2.2: WCCC: None <i>Provincial Advocacy</i> CCWC: 6/24*2 meetings/yr = 12 meetings <i>District Advocacy</i> CCWC meetings: 35/193*2 meetings = 70 meetings CCWC monthly meeting: 422*10 meetings = 4,220  5.2.3: Negligible	5.2.1: Y (SSM tool effectively used in selected areas)  5.2.2: 1,838 <sup>xviii</sup> WCCC: 10 meetings/yr in selected areas per province <i>Provincial Advocacy</i> CCWC: In selected areas*2 meetings/yr = 140 meetings per province <i>District Advocacy</i> CCWC: meetings: In selected areas*2 meetings/yr = 15 meetings per	5.2.1: UNICEF Tracking Tool and WCCC and CCWC reports  5.2.2: NCDs social service working group report 5.2.3: Civil Registry Database	RR	OR	Total
						2.83	6.96	9.79

				province CCWC monthly meeting: In selected areas*10 meetings/yr =700 meetings per province 5.2.3: 75%				
<b>CPD PCR (IR) 5.3:</b> NCDD-S and line ministries utilize the experience and lessons learned from sub-national government on modelling social- sector-related functions to inform decision-making on assignment of functions	FA5 KRA3 OT6	5.3.1: # social sector ministries that have de- concentrated or decentralized at least one key function to sub-national government together with resources (CPD Indicator 5.3.1)	5.3.1: 0	5.3.1: 4	5.3.1: National Programme sectoral ministries 10-year and 3- year plans on functional assignment; NCDDS annual reports	<b>RR</b>	<b>OR</b>	<b>Total</b>
						1.54	2.08	3.62
		5.3.2: Capacity development strategy developed and activities rolled out to familiarize sector ministries with functional assignment process(CPD Indicator 5.3.2)	5.3.2: 0	5.3.2: All line ministries have a capacity development strategy and have rolled out capacity development activities on functional assignment	5.3.2: Ministry plans on functional assignment			

**Programme Component 6: Policy, advocacy and communication**

**UNDAF Outcomes:** Outcome 4 (Governance) – By 2015, national and sub-national institutions are more accountable and responsive to the needs and rights of all people living in Cambodia and increased participation in democratic decision making; Outcome 5 (Social Protection) – By 2015, more people, especially the poor and vulnerable, benefit from improved social safety net (SSN) and social security programmes, as an integral part of a sustainable national social protection system

Programme Component Results / Intermediate Results	MTSP FA / KRA / OT	Key Progress Indicators	Baselines (2010)	Targets (2015)	Means of Verification / Source	Planned Budget (in US\$ millions)		
						RR	OR	Total
<b>PCR 6:</b> Enhanced capacities for collection, dissemination, access and utilization of disaggregated information at national and sub- national levels to develop and monitor policies and plans that are responsive to the needs of the people and incorporate priority population, poverty,	FA5	6.1: Disaggregated data and information used to monitor NSDP, CMDGs, sectoral and sub- national plans (UNDAF Indicator 4.34)	6.1: 20%	6.1: 100%	6.1: Review of national plans and budgets; review of sub-national planning and budgeting	<b>RR</b>	<b>OR</b>	<b>Total</b>
						5.50	5.00	10.50

disaster, climate change and other development linkages (CP Outcome 4.3)								
<b>CPD PCR (IR) 6.1:</b> National and sub-national government and partners engage in quality research and analysis, together with rights-holders, leading to evidence-based policymaking and reforms	FA5 KRA1 OT1	6.1.1: # cases where government partners, at national and sub-national level, apply participatory, qualitative research approach to a data source of the NSDP M&E Framework or other key sectoral plan (CPD Indicator 6.1.1)	6.1.1: 0	6.1.1: 5	6.1.1: NSDP/sectoral plan annual reports	<b>RR</b>	<b>OR</b>	<b>Total</b>
						2.75	2.50	<b>5.25</b>
		6.1.2: The NSDP M&E Framework includes country-led evaluations of development interventions as data sources (part of CPD Indicator 6.1.2)	6.1.2: N	6.1.2: Y	6.1.2: NSDP annual reports			
		6.1.3: # CamInfo versions disseminated with latest Commune Database, and linked to annual NSDP review process (CPD Indicator 6.1.3)	6.1.3: 0	6.1.3: 5	6.1.3: NSDP annual reports			
<b>CPD PCR (IR) 6.2:</b> National policy dialogue and formulation in areas relevant to child rights are based on policy impact and budget analysis and backed by adequate resources	FA5 KRA2 OT5	6.2.1: # partners engaged in child-relevant budget analysis that are able to advocate for and obtain increased allocations to address equity in respective sector (CPD Indicator 6.2.1)	6.2.1: 0	6.2.1: 4	6.2.1: Budget monitoring reports	<b>RR</b>	<b>OR</b>	<b>Total</b>
						1.65	1.50	<b>3.15</b>
<b>IR 6.3:</b> Strengthened national institutional capacity including resources and technical knowledge to develop, roll out and coordinate a cross-sectoral Social Protection strategy, inclusive of social welfare services (CP Output 5.1.2)	FA5 KRA3 OT7	6.3.1: The national social protection strategy is operational and includes packages addressing critical vulnerabilities affecting children (CPD Indicator 6.2.2)	6.3.1: 5% (2008)	6.3.1: 8% (2013)	6.3.1: RGC budget allocations and expenditure reports	<b>RR</b>	<b>OR</b>	<b>Total</b>
						1.10	1.00	<b>2.10</b>
		6.3.2: % of government budget that is allocated on social protection (UNDAF Indicator 5.7)	6.3.2: N	6.3.2: Y	6.3.2: NSPS monitoring reports			

## Endnotes:

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- <sup>i</sup> To be updated when data from CDHS 2010 is available in late 2011.
  - <sup>ii</sup> To be updated when data from CDHS 2010 is available in late 2011.
  - <sup>iii</sup> To be updated when data from CDHS 2010 is available in late 2011.
  - <sup>iv</sup> To be updated when data from the Mapping of Underserved Population for Health and Nutrition is available in late 2011.
  - <sup>v</sup> To be updated when results of the 2010 Hygiene KAP survey is available in December 2010.
  - <sup>vi</sup> To be updated when results of the 2010 Hygiene KAP survey is available in December 2010.
  - <sup>vii</sup> To be updated when results of baseline data collection in selected areas is available in 2011.
  - <sup>viii</sup> To be updated when results of baseline data collection in selected areas is available in 2011.
  - <sup>ix</sup> To be updated when results of baseline data collection in selected areas is available in 2011.
  - <sup>x</sup> To be updated when data from secondary analysis of 2008 Census is available in December 2010, and when data from disability prevalence study is available in 2011.
  - <sup>xi</sup> To be updated when data from secondary analysis of 2008 Census is available in December 2010, and when data from disability prevalence study is available in 2011.
  - <sup>xii</sup> To be updated following pilot of CFS for lower secondary schools in 2011.
  - <sup>xiii</sup> To be updated based on final version of ESP available in October 2010.
  - <sup>xiv</sup> To be updated when data from secondary analysis of 2008 Census is available in December 2010.
  - <sup>xv</sup> To be updated when data from secondary analysis of 2008 Census is available in December 2010.
  - <sup>xvi</sup> To be updated when baseline study is conducted in 2011.
  - <sup>xvii</sup> To be updated when baseline study is conducted in 2011.
  - <sup>xviii</sup> 100% of 1,621 communes, 193 districts, 24 provinces.