



# **Evaluation of the UNICEF Cambodia Country Programme 2019-2023**

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## **EVALUATION REPORT FINAL – December 2022**

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## List of Acronyms

ADAP	Adolescent Development and Participation
AOPs	Annual Operational Plans
ASEAN	Association of Southeast Asian Nations
AYRG	Adolescent and Youth Reference Group
CCA	Common Country Analysis
CC	Climate Change
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CP	Country Programme
CPD	Country Programme Document
CDPF	Capacity Development Partnership Fund
CPE	Country Programme Evaluation
CRC	Convention on the Rights of the Child
CRPD	The Committee on the Rights of Persons with Disabilities
CSDG	Cambodian Sustainable Development Goals
CSO	Civil Society Organization
D&D	Decentralisation and Deconcentration
C4D	Communications for Development
C4E	Communication for Education
EBF	Exclusive breastfeeding
ECD	Early Childhood Development
ECD-NAP	Early Childhood Development National Plan
EM	Evaluation Manager
EMIS	Education Management Information System
ERG	Evaluation Reference Group
ESC	Evaluation Steering Committee
ESP	Education Strategic Plan
ET	Evaluation Team
GAP	Gender Action Plan
GBV	Gender Based Violence
GD	Group Discussion
GDP	Gross Domestic Product
GEROS	Global Evaluation Reports Oversight System
GEWE	Gender equality and women's empowerment
GPCC	General Population Census of Cambodia
GPR	Gender Programmatic Review
HRBa	Human Rights-Based Approach
HLP	Home-Learning Package
HMIS	Health Management Information System
IECD	Integrated Early Childhood Development
IFI	International Financial Institution
IR	Inception Report
IYCF	Inadequate Infant and Young Children Feeding
KII	Key Informant Interview
M&E	Monitoring & Evaluation
MDG	Millennium Development Goals
MEF	Ministry of Economy and Finance
MICS	Multiple Indicator Cluster Surveys

MISTI	Ministry of Industry, Science, Technology, and Innovation
MLE	Multi-Lingual Education
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoI	Ministry of Interior
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoPTC	Ministry of Post and Telecommunication
MHPSS	Mental Health and Psychosocial Support
MRD	Ministry of Rural Development
MTR	Midterm Review
NCDs	Non-communicable diseases
NGO	Non-governmental organization
NIE	National Institute of Education
NIS	National Institute of Statistics
NSDP	National Strategic Development Plan
OECD-DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
PCA	Programme Cooperation Agreement
ODF	Open defecation free
PPF4C	Policy and Public Financing for Children programme
PwD	Persons with disabilities
QA	Quality Assurance
RCCE	Risk communication and community engagement
RBM	Result-based management
RGC	Royal Government of Cambodia
RS	Rectangular Strategy
RTUF	Ready to Use Food
RWP	Rolling Work Plan
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goal
SIDA	Swedish International Development Cooperation Agency
SOP	Standard Operations Procedure
SSFA	Small-Scale Funding Agreements
SUN	Scaling Up Nutrition
TBD	To be determined
ToC	Theory of Change
ToR	Terms of Reference
T4D	Technology for Development
TWG	Technical working groups
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
NDVP	National Deployment and Vaccination Plan
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

UNODC	United Nations Office on Drugs and Crime
VACS	Violence Against Children Survey
VNR	Voluntary National Review
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	(United Nations) World Health Organization
ZO	(UNICEF) Zone Office

## EXECUTIVE SUMMARY

1. This report presents the UNICEF Cambodia Country Programme 2019-2023 Evaluation (hereinafter: CPE) which assessed UNICEF's performance in Cambodia across the period between January 2019 - June 2022. The evaluation has a summative perspective of Country Programme (CP) implementation in the period between 2019-2021, and formative perspective for the period of 2022 onward. The report contains the key findings, conclusions, and recommendations of the CPE.
2. The UNICEF Cambodia CP focuses on five key programmatic areas: 1) Health and Nutrition, 2) Water, sanitation and hygiene (WASH), 3) Education, 4) Child Protection, and 5) Social Policy and Public Financing for Children, as well as the internal programme effectiveness area. The CP works on three levels: (a) upstream: national; (b) midstream: subnational; and (c) downstream: community. This CPE looks at the programme as a whole with a deep-dive review of Health and Nutrition, WASH, and Education, while multiple sectoral evaluations informed the Social Policy and Child Protection sectors contributions to the overarching CP results. The overall budget for the Cambodia CP for the reference period has reached a total of US\$80.3 million.
3. The evaluation followed the 2019 OECD Development Assistance Committee evaluation criteria of relevance, effectiveness, and sustainability<sup>1</sup>, the Norms and Standards of the United Nations Evaluation Group (UNEG), and the 2018 UNICEF Evaluation Policy and the principles of 'do no harm'. The evaluation was theory-based and used a mixed-methods approach drawing on three main sources of information: pre-existing documentation, pre-existing quantitative or qualitative information and primary qualitative information. The immediate users of the evaluation findings and recommendations include UNICEF Cambodia, the Royal Government of Cambodia (RGC) including the Ministry of Planning and other line ministries, UNICEF East Asia and Pacific Regional Office (EAPRO), the Cambodia United Nations Country Team (UNCT), development partners and donors.

## The Main Evaluation Findings

4. **UNICEF's strategic positioning.** UNICEF's country strategies and areas of intervention are aligned with, and continuously contribute to, Cambodia's national development and sector priorities, and Cambodia's Agenda 2030. UNICEF's support to the Decentralisation and Deconcentration (D&D) process and engagement with civil society varied by sector. Gender considerations are not seen as a priority in Government, but UNICEF has continued to advocate for gender equality. UNICEF's targeting and coverage is informed by a range of studies, evaluations, and reviews and geographic targeting was generally appropriate. UNICEF's sustained system-wide capacity building in multiple areas has helped lay the groundwork for future reforms, although respondents indicated that UNICEF could have promoted more equitable methods through its strategic positioning and advocacy role.
5. **UNICEF identifying and responding to emerging needs.** The choice of activities, target groups and areas of intervention included in the CP were guided by national priorities and unmet needs of children, following an equity approach, as identified by UNICEF's and other actors' analytical work. UNICEF was adaptable to the evolving local context and needs throughout the CP implementation. The importance of the role of Communication for Development, Private Sector Engagement and Technology for Development in implementation of UNICEF's CP has been constantly growing.
6. **UNICEF's comparative advantages.** UNICEF's main comparative advantage pertains to integrated upstream policy support and modelling of services in different sectors, contributing

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<sup>1</sup> Available at: <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>



to generating evidence and policy dialogue, supporting innovative tools and strategies. UNICEF requires greater focus and prioritization of key areas, and review of its broad and demand-driven portfolio, a rather generalist approach across sectors, and lack of strategies to engage at subnational level.

7. **Adequacy and effectiveness of steps to deliver in convergent approaches.** UNICEF's sectoral interventions are very broad, covering a range of activities and interactions at central level. UNICEF's convergence efforts are on the rise but still not fully consistent between sectors. UNICEF's partnership approaches prioritize cooperation with government over, and sometimes at the expense of, collaboration with other development partners.
8. **Achievement of sector level results in Health and Nutrition, WASH, and Education.** UNICEF's support in strengthening the implementation of high-impact Maternal, Newborn and Child Health (MNCH) and nutrition services and interventions at national and sub-national level is an important contribution to the national health system. UNICEF's work to strengthen nutrition programming, assisting in systems strengthening for maternal and child nutrition provided through facility and community-based delivery mechanisms is also a significant contribution. The WASH programme has made consistent efforts to build more capacity at subnational level (focusing on rural WASH), showing a coherent balance of investment and prioritization between national level policy guidance and policy implementation support (national and sub-national levels). UNICEF contributed to an overall increase in the capacity of state and non-state actors to develop and implement measures aimed at increasing access to basic, safe, climate resilient water supply for people in schools and health care facilities in targeted UNICEF districts. UNICEF has also contributed to enhanced Ministry of Education, Youth and Sport capacity to navigate transformation of the quality, inclusiveness and relevance of education policies and services, including by building on the capacity of its human resources to plan, implement and monitor Education Strategic Plan targets. However, operationalisation of ambitious educational reform plans at subnational level is slow and warrants consolidated focus on priority areas. UNICEF's support to the technical and system strengthening in areas such as inclusive education, multi-lingual education and supporting the upscaling of positive discipline training for teachers to address various issues has brought several positive short-term results, though transformative potential is still limited. UNICEF's contributions to the enhancement of capacity of communities to demand accountability and relevant quality education services have been minimal.
9. **Active involvement with duty-bearers.** UNICEF has actively engaged with duty bearers at central level, leading to strong ownership of results. Engagement with duty bearers at subnational level varied between thematic areas but is positive where it happened.
10. **The CP integrated and utilised several strategies to deliver results.** The evaluation found that UNICEF has used appropriate programming at scale, and winning support for the cause of children from decision makers, while developing and leveraging resources and partnerships for children and the power of evidence to drive change.
11. **Timeliness of UNICEF's delivery of results.** COVID-19 constraints, Cambodia's challenging topography, and other more structural factors hampered the timeliness of delivery of support to the duty bearers and right holders. UNICEF's adaptable management boosted the timeliness of support.
12. UNICEF's contributions to the United Nations Development Assistance Framework (UNDAF), Sustainable Development Goals (SDGs) and UN COVID-19 Socioeconomic Response Framework (SERF) were positive. UNICEF-supported system level strengthening and reforms across education, social protection and child protection, health and nutrition and WASH contribute to UNDAF, SERF and the SDG acceleration, despite persistent challenges. UNICEF's COVID-19 response has been strong and appreciated by all interviewed stakeholders.

13. **Factors influencing the achievement of CP results.** CP focus and performance have benefited from UNICEF's office structure, evidence generation, combination of upstream and downstream focus and adaptability and the Royal Government of Cambodia's commitment and positioning. Nevertheless, delivery of results was hindered by internal siloed approaches, and external factors such as the COVID-19 pandemic.
14. The sustainability of gains relating to programming at scale in vaccination, social protection, and increased investments in various areas such as Gender Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS). UNICEF is already supporting the Ministry of Health in the integration of COVID-19 vaccination into routine immunisation programming, which could be delivered with other essential primary health care services for the most vulnerable. The unprecedented expansion of Cambodia's social protection system during the pandemic has provided the opportunity to develop new capacities among the national duty bearers, providing a unique opportunity to temporarily expand social assistance during a crisis. Some key informants indicated that UNICEF's operational focus on GBV and MHPSS activities reaching out to the most vulnerable and marginalized has opened a window of opportunity for policy influencing and advocacy for equitable coverage, and may help intensify efforts in other domains too, such as civil registration-returned migrants, refugees, etc.

### The Main Evaluation Conclusions

15. **Relevance.** The CP design is aligned with national priorities, the UNDAF and the relevant SDGs. UNICEF's focus on the most deprived regions of Cambodia is appropriate. The CP integrated gender considerations and responds to most needs of rights holders, though coverage of the most vulnerable groups would have enhanced UNICEF's added value in Cambodia. UNICEF Country Office has created, cultivated, and maintained good relationships with the Royal Government of Cambodia, enabling UNICEF to influence national discourse and policy development, though to a lesser extent its operationalisation and implementation.
16. **Convergence is still emerging.** The design of the different sectors' Theories of Change do not reflect key thematic and cross-sector linkages, which hinders convergence. A multitude of sectoral upstream and downstream interventions with funding constraints and siloed approaches in implementation of activities are further reflected in vertical communication issues between the Country Office (CO) and Zone Offices (ZOs). It is hard to assess the effectiveness and impact of conceptualised converging programmes (e.g., The Cambodia Integrated Early Childhood Development and Adolescent Development and Participation).
17. **Comparative advantage.** The two most significant strengths and value propositions of UNICEF in Cambodia include its reputation as the go-to agency for system strengthening, policy support, modelling, and filling gaps in education, child protection and social policy, WASH, and increasingly health and nutrition, with an equity approach. This provides an opportunity for tackling reform efforts more systematically at central and subnational levels. UNICEF also holds substantial coordination, convening, and leveraging potential – both with the Government and with development partners.
18. **Effectiveness and sustainability.** UNICEF's output level results from system strengthening efforts across all CP sectors (and the COVID-19 response) have been positive, though the challenge remains to ensure that investments across these thematic areas transform into sustainable outcome level results. There has been significant progress in improvement of policy and regulatory frameworks thanks to UNICEF's support, but there are still gaps in terms of conducive policy and the fiscal environment at all levels; operationalisation of regulatory provisions and the models' scale up.
19. **UNICEF implemented several relevant and effective interventions in response to COVID-19 under SERF.** The utility of UNICEF's mandate and efficient resource mobilisation approaches

in response to the pandemic led to the immediate rapid and effective response, providing needed vaccination, child protection and social assistance, education and WASH support services at scale to the Government and children. Such support to the most affected population has to some extent mitigated the negative learning loss and health impact of COVID-19 across Cambodia.

20. **Factors affecting sustainability of results.** The transformative potential and sustainability of UNICEF's results are muted to some extent by national absorption capacity limitations, UNICEF's fragmented approaches and recurring crises. By providing significant amounts of technical assistance to national institutions, UNICEF has delivered on its promises, though longer term sustainable transformative potential and impact of UNICEF contributions is muted because even as programme interventions deliver outputs, the benefits of the programme interventions often do not materialize with the affected populations. These suggest the need for more in-depth accompaniment regarding institutional bottlenecks and procedures to bridge the gap between policy guidance and policy implementation, identifying areas where UNICEF could add value through a system strengthening approach across areas mentioned above.

### Lessons Learned

21. **Lesson 1.** In countries where UNICEF's sector reform interventions include strong evidence generation and engagement in Public Financial Management, there is a greater transformational potential for improving accountability and transparency of targeting and access to services for the most vulnerable.
22. **Lesson 2.** Government sector institutions require long-term funding to support continuous and comprehensive technical and financial support over time, often over multiple programme cycles.
23. **Lesson 3.** Given the critical importance of essential services for children, including primary health care and education, long term dedicated resources are needed at decentralized and community levels to ensure a strong focus on quality, equity, and inclusiveness.
24. **Lesson 4.** Convergence requires organisational dedication, time, resources, and clear and sound intervention logic.
25. **Lesson 5.** The COVID-19 pandemic is a challenge but can also be an opportunity.

### Key Recommendations

1.	<b>The next CP intervention logic should build on evidence of approaches that were proven to bring results in sharpening organization's focus on reaching the most marginalized. This can be done by addressing core bottlenecks and barriers, including emerging convergent approaches when relevant and building on lessons learned from implementation of this cycle of CP and outstanding gaps within UNICEF's thematic areas. The new CSP Intervention logic should consider what can realistically be achieved based on resource mobilization possibilities and definition of credible assumptions that may curtail too high ambitions.</b>
2.	<b>Develop and implement an institutional capacity strengthening strategy</b> focusing on areas where UNICEF can add value while considering the D&D reform needs
3.	<b>Support government fiscal planning and optimization processes across all UNICEF's sectors of focus</b> , by expanding its interventions to support the government's fiscal planning in all targeted sectors.

4.	<p><b>Continue strengthening strategic and operational support to the education sector.</b></p> <p>Operational recommendations include the need to: undertake joint assessments to identify needs and design joint and/or complementary inclusive education support interventions to promote inclusive and accessible school environments with an explicit strategy and tactics specifically for disability focus to address the complementary bottlenecks <i>around</i> intervention-level and policy activities that prevent successful policy and intervention products from reaching affected population; and to undertake joint assessments to identify needs and design joint and/or complementary interventions to mitigate learning loss, fostering holistic child development including social emotional learning</p>
5.	<p><b>Continue strengthening strategic and operational support to the health sector.</b></p> <p>Operational recommendations include the need for continue cooperation with key Government stakeholders (and potentially development partners) for a joint review of current immunization programmes to prioritize the “Zero-dose” agenda and barriers to uptake in immunization and other core child outcomes; to strengthen national and sub-national data quality and timely availability data on zero dose children/communities; and to continue cooperation with key Government stakeholders (and potentially development partners) in strengthening specific approaches to maternal, newborn and child health and immunization as part of Primary Health Care and Universal Health Care in a limited number of geographic areas.</p>
6.	<p><b>Continue strengthening strategic and operational support to the nutrition sector.</b></p> <p>Operational recommendations include the need to: strengthen evidence-based communication and advocacy to explicitly visualize the scope and consequences of the unaddressed management of SAM caseloads; 2) to intensify life-saving nutrition response and coverage, including well-targeted social interventions in the areas with critical SAM levels; 3) with partners to develop a tool to identify critical areas to be prioritized for immediate rapid assessments and rapid emergency response in humanitarian situations; and 4) to strengthen multi-sector, multiple systems and cross-sectoral programming to prevent and address the underlying causes of all forms of malnutrition including persistent child wasting.</p>
7.	<p><b>Continue strengthening strategic and operational support to the WASH sector.</b></p> <p>Operational recommendations include the need to: intensify efforts to move forward the Climate Resilient Water and Sanitation agenda; to advocate towards reinforcing Climate Resilient WASH Minimum Requirement in Schools (WinS MR); to support smart subsidy strategies for accessing market based sanitation services as well as supporting the development of WASH financing strategy.</p>

## INTRODUCTION

1. This evaluation report presents the key findings, conclusions, and recommendations of the UNICEF Cambodia Country Programme 2019-2023 Evaluation (hereinafter: CPE). In line with UNICEF Global Evaluation Reports Oversight System (GEROS)<sup>2</sup>, the evaluation provides the CO and other relevant UNICEF stakeholders with an independent assessment of UNICEF's strategy and portfolio of activities in the country. As per the Terms of Reference (ToR) (Annex 1) the evaluation assessed UNICEF's performance in Cambodia across the period between January 2019- June 2022 with the summative perspective of CP implementation in the period between 2019-2021, and formative perspective for the period of 2022-onward. The timing of the evaluation will enable the CO and other stakeholders to use the main findings, conclusions, and recommendations as input in the design of the new Country Programme (CP) 2024-2028.
2. The immediate users of the evaluation findings and recommendations include UNICEF Cambodia, the Royal Government of Cambodia (RGC) including the Ministry of Planning and other line ministries, UNICEF East Asia and Pacific Regional Office (EAPRO), the Cambodia United Nations Country Team (UNCT), development partners and donors.

## SUBJECT OF THE EVALUATION AND ITS CONTEXT

### Country Context<sup>3</sup>

3. Cambodia is a constitutional monarchy located on the Indochinese mainland of Southeast Asia, with a population of 15.5 million people, 51.3 percent of which are female.<sup>4</sup> The country is divided into four regions and 25 provinces, which are the country's first-level administrative divisions.<sup>5</sup> The urban population represents 39.4 percent of the overall population.
4. **Poverty:** A significant proportion of Cambodians live on the verge of poverty and are vulnerable to socio-economic and natural shocks.<sup>6</sup> The most recent data indicate that approximately 18 percent of the population is identified as poor with poverty concentrated in rural areas (22.8 percent), particularly in the northeast and northwest of the country.<sup>7</sup> Poverty rates have a marked gender inequality and tend to be higher in rural areas.<sup>8</sup> Cambodia sustained a steady annual growth of 7.7 percent from 1998 to 2019. However, the COVID-19 pandemic significantly slowed the economy with growth falling by an estimated 10.1 percentage points compared to the pre-pandemic coverage growth rate.<sup>9</sup> The employment rate has also been negatively affected by the COVID-19 pandemic and the resulting stringent measures to stop transmission. According to World Bank, about 45 percent of households continue to experience income losses.<sup>10</sup>
5. **Education:** Primary enrolment is nearly universal with 91.9 percent net enrolment rates for 2021 dropping to 32.2 percent for upper secondary net enrolment.<sup>11</sup> The gender gap in

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<sup>2</sup> <https://www.unicef.org/evaluation/global-evaluation-reports-oversight-system-geros>

<sup>3</sup> Please, see Annex 2 for more detailed context analysis

<sup>4</sup> National Institute of Statistics (NIS): Ministry of Planning, 'General Population Census of the Kingdom of Cambodia 2019: National Report on Final Census Results', NIS, October 2020.

<sup>5</sup> 'General Population Census of the Kingdom of Cambodia 2019'

<sup>6</sup> ILO, Social Protection <[https://www.social-protection.org/gimi/gess/ResultAchieved.action;jsessionId=AcVUcowVT8-XxoTCF0yu7edRxUZqjDO6\\_zakRK\\_a4xOw5I95ImLQ!-1692580434?id=945](https://www.social-protection.org/gimi/gess/ResultAchieved.action;jsessionId=AcVUcowVT8-XxoTCF0yu7edRxUZqjDO6_zakRK_a4xOw5I95ImLQ!-1692580434?id=945)>.

<sup>7</sup> 'The World Bank, 'The World Bank in Cambodia', The World Bank, <[www.worldbank.org/en/country/cambodia/overview#1](http://www.worldbank.org/en/country/cambodia/overview#1)>, accessed 19 April 2022.

<sup>8</sup> 'Gender Equality Deep-Dive for Cambodia'

<sup>9</sup> The World Bank, 'Main Findings of the Cambodia Country Economic Memorandum (CEM)', The World Bank, 31 January 2022, <[www.worldbank.org/en/country/cambodia/publication/main-findings-of-the-cambodia-country-economic-memorandum-cem](http://www.worldbank.org/en/country/cambodia/publication/main-findings-of-the-cambodia-country-economic-memorandum-cem)>, accessed 20 April 2022.

<sup>10</sup> Ibid.

<sup>11</sup> 'The World Bank in Cambodia: Overview'

education remains in primary and secondary education where completion rates are much lower for boys compared to girls<sup>12</sup>. Inequality in basic education is still a major issue in Cambodia with the literacy gap being higher in rural areas. There is also a gender gap in literacy rates (91.1 percent for males and 86.2 percent for females in 2019).<sup>13</sup> Despite high enrolment, the quality of education is poor with nearly a quarter of students in Grade 3 unable to write a single word in a dictation test.<sup>14</sup> Children with disabilities, indigenous children, those living in rural areas, those from poorer areas and those from poorer families face additional barriers to accessing quality education. Learning outcomes are also threatened for working children aged 5-17 years attending school (52.3 percent<sup>15</sup> in the 2019/2020 academic year, 15 percent higher than in 2017)<sup>16</sup>. Child labour is also keeping around 800,000 children out of school: 47.7 percent of the total working children, estimated by the National Institute of Statistics to be 18.2 percent of the total country population aged 5-17 years children<sup>17</sup>).<sup>18</sup>

6. **Water, sanitation, and hygiene (WASH):** Cambodia has made considerable progress in reaching national WASH targets. Between 2015 and 2020, Cambodia achieved the second largest increase in the world in access to at least basic sanitation at the household level and largest decrease in rates of open defecation (16 percentage points for both indicators).<sup>19</sup> However, despite these improvements, Cambodia is not on track to meet national and global targets with a continuation of the annual rate of increase in basic sanitation in rural areas at 3 percent, and in the reduction in rural open defecation at 3.6 percent (since 2000).<sup>20</sup>
7. Cambodia achieved the ninth largest improvement in basic hygiene in the world between 2015 and 2020, with an increase of 7 percent points.<sup>21</sup> However, with a 2020 baseline of 70.85 percent, and continuation of the annual increase of 1.5 percent (recorded since 2010), the country is not on track to reach the national target of universal basic hygiene in rural areas by 2025, nor the global SDG target date of 2030.<sup>22</sup> Absence of soap amongst 14 percent of rural households, and handwashing facilities amongst 15 percent of rural households, particularly among the poor, remain major bottlenecks.<sup>23</sup> Updated data from the 2021 Joint Monitoring Programme (JMP)<sup>24</sup> indicates that of the three elements of WASH, access to drinking water in rural areas posed the largest challenge, with an average annual rate of change of 0.9 percent since 2000 – slower than that of rural sanitation and hygiene (discussed above).<sup>25</sup> At this rate, the national and global targets will not be met until after mid-century.<sup>26</sup>
8. The poorest rural households experience a 20 percentage point drop in those using improved water sources, compared to an 11 percentage point drop amongst the richest rural

<sup>12</sup> United Nations Children's Fund Cambodia, 'Country Office Annual Report 2020: Cambodia', UNICEF.

<sup>13</sup> National Institute of Statistics (Ministry of Planning), General Population Census of the Kingdom of Cambodia 2019, Thematic Report on Gender in Cambodia, National Institute of Statistics (Ministry of Planning), Revised version 30 June 2021.

<sup>14</sup> United Nations Children's Fund Cambodia, 'UNICEF in Cambodia Country Programme 2019-2023', UNICEF.

<sup>15</sup> 53.7% male and 51.1% female.

<sup>16</sup> National Institute of Statistics, "Statistical Yearbook of Cambodia, 2021"  
<https://www.nis.gov.kh/nis/yearbooks/StatisticalYearbookofCambodia2021.pdf>

<sup>17</sup> 19.9% male and 16.4% female.

<sup>18</sup> National Institute of Statistics, "Statistical Yearbook of Cambodia, 2021"

<sup>19</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 'Progress on household drinking water, sanitation and hygiene: 2000-2020', WHO, JMP, UNICEF, 2021.

<sup>20</sup> JMP. 'Progress on household drinking water, sanitation and hygiene'.

<sup>21</sup> Ibid

<sup>22</sup> Ibid

<sup>23</sup> Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. 'Estimates on the use of water, sanitation and hygiene in Cambodia. Updated July 2021', JMP, July 2021.

<sup>24</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)

<sup>25</sup> JMP. 'Estimates on the use of water, sanitation and hygiene in Cambodia. Updated July 2021',

<sup>26</sup> Sustainable Development Report. 'Cambodia: East and South Asia', Sachs et. al. 2022, <  
<https://dashboards.sdgindex.org/profiles/cambodia/indicators>>, accessed 9 June 2022.

households.<sup>27</sup> In sanitation, it is estimated that over 25 percent of the population is affected by challenging environments, living in areas affected by floods, high ground water, and other barriers to effective sanitation and faecal sludge management. Of that population, the majority (62.5 percent) live in seasonally affected flood prone areas.<sup>28</sup>

9. WASH services in school have been interrupted by the impact of climate change,<sup>29</sup> affecting children's school attendance and possibly academic performance through the damages of the physical infrastructures and the contamination of water sources during floods, and the reduced quantity of safe drinking water and water for flushing and cleaning purposes during droughts.<sup>30</sup>
10. **Health and Nutrition:** Health in Cambodia has shown significant improvement in the quality, availability, and utilization of health services. As of 2021, total effective social health protection coverage equates to about one-third of the total population.<sup>31</sup> The maternal mortality rate (MMR) has halved from 2007-2017, from 303 to 160 per 100,000,<sup>32</sup> and continues to improve. The latest data indicates an MMR of 154 deaths per 100,000 live births<sup>33</sup> (i.e. four in every thousand mothers died in childbirth). Over the same period, infant<sup>34</sup> and under-five mortality rates both improved by over 70 percent<sup>35</sup>. Additional reduction during the five years immediately preceding the CDHS 2021-2022 results in an under-five mortality rate of 16 deaths per 1,000 live births and an infant mortality rate of 12 deaths per 1,000 births. These improvements are driven largely by increased antenatal and postnatal care, increased immunization coverage and skilled birth attendance.<sup>36</sup>
11. Remaining challenges include, inter alia, provincial disparities and growing inequalities, high neonatal mortality (mortality during the first month) which in Cambodia accounts for 66 percent of infant deaths and 50 percent of under-5 deaths,<sup>37</sup> a double disease burden of communicable and non-communicable diseases (NCDs)<sup>38</sup>, and high rates of adolescent pregnancy (approximately one in eight women (12 percent) of 15-19 years of age have become mothers or are currently pregnant with their first child).<sup>39</sup> Diarrheal disease also poses a significant health risk to children in Cambodia and represents around seven percent of the country's under-five deaths.<sup>40</sup>
12. Inadequate Infant and Young Children Feeding (IYCF) practices leave many Cambodian children at high risk of malnutrition during the early stages of life with Cambodia falling behind in: a)

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<sup>27</sup> Cambodia Demographic and Health Survey 2014 & UNICEF/WHO Joint Monitoring Programme 2017; Cambodia Country File 2017.

<sup>28</sup> Small-Scale Wastewater Treatment Technologies for Challenging Environments. Bukauskas et. al., 2017.

<sup>29</sup> UNICEF, 'Country Office Annual Report 2021: Cambodia', UNICEF, 2021.

<sup>30</sup> UNICEF, "Cambodia: Risk Analysis"

<sup>31</sup> United Nations Cambodia, "Cambodia Common Country Analysis", May 2021.

<sup>32</sup> Asian Development Bank, 'Cambodia and ADB', Asian Development Bank, <[www.adb.org/countries/cambodia/poverty](http://www.adb.org/countries/cambodia/poverty)>, accessed 19 April 2022.

<sup>33</sup> National Institute of Statistics (Ministry of Planning) and Directorate General for Health (Ministry of Health), "Cambodia Demographic and Health Survey 2021-22", June 2022, <https://dhsprogram.com/publications/publication-PR136-Preliminary-Reports-Key-Indicators-Reports.cfm>, accessed 20 September 2022.

<sup>34</sup> Infant mortality: the probability of dying between birth and the first birthday.

<sup>35</sup> United Nations Children's Fund, 'Cambodia: Key demographic indicators', UNICEF Cambodia, <<https://data.unicef.org/country/khm/>>, accessed 22 April 2022.

<sup>36</sup> United Nations Children's Fund Cambodia, 'Health and nutrition: UNICEF Country Programme 2019-2023', UNICEF.

<sup>37</sup> CDHS 2021-2022.

<sup>38</sup> NCDs account for a large and increasing share of the burden of disease in Cambodia – the share of deaths attributed to NCDs increased from 33% in 2000 to 64% in 2018. The World Bank, 'Health Equity and Quality Improvement Project – Phase 2 (P173368)', December 2020.

<sup>39</sup> CDHS 2021-2022.

<sup>40</sup> UNICEF (2021). Data: Diarrhoeal Disease. URL: <https://data.unicef.org/topic/child-health/diarrhoeal-disease/>, accessed 30 September 2022.



achieving exclusive breastfeeding (EBF)<sup>41</sup> targets with declining rates over time<sup>42</sup> and b) the target of reducing anaemia among women of reproductive age (47.1 percent of women aged 15 to 49 years affected).<sup>43</sup> Preliminary results from the 2021-2022 CDHS show a substantial decrease in stunting (moderate and severe) since 2014, down from “very high” to a national prevalence of 22 percent (high)<sup>44</sup> but with rising inequality.<sup>45</sup> The percentage of children who are wasted has remained unchanged at 10 percent (high).<sup>46</sup> At the same time, Cambodia has an increased trend of overweight and obesity and diet-related diseases.<sup>47</sup>

13. **Children, and Youth Protection:** There is an increasingly robust legal framework and expanded child protection services available in Cambodia.<sup>48</sup> The Government has made significant strides in the alternative care system, also adopting the Sub-Decree on the Management of Residential care Centres in 2015 to regulate the residential care sector.<sup>49</sup> The Government has publicly committed to ending all forms of violence against children, becoming the 26<sup>th</sup> Pathfinding Country in 2019. With the support of UNICEF, the Government developed the ‘Action Plan to Respond to Violence against Children 2017-2021’.<sup>50</sup> Violence against children remains a substantial problem with over half of respondents in 2013 (approximately 60 percent) reporting experiencing emotional, physical or sexual violence during childhood.<sup>51</sup>
14. **Climate and Disaster Risk:** Cambodia is one of the more disaster-prone countries in Southeast Asia<sup>52</sup>, affected by floods and droughts on a seasonal basis with extremely high exposure to flooding, potentially affect up to 25 percent of the population.<sup>53</sup> A succession of droughts and floods resulted in significant loss of life and considerable economic loss. In 2020 alone, “more than two million people were exposed to flooding and some 800,000 people were directly affected. Of these, an estimated 388,000 people with pre-existing vulnerabilities prior to the

<sup>41</sup> Infants aged 0 to 5 months exclusively breastfed.

<sup>42</sup> Since 2014, from 65 percent in 2014 to 51 percent in EBF in 2021-22, a 14 percent increase in infants missing out on this optimal practice. Source: CDHS 2021-22.

<sup>43</sup> Global Nutrition Report, ‘Country Nutrition Profile: Cambodia’, Global Nutrition Report, <<https://globalnutritionreport.org/resources/nutrition-profiles/asia/south-eastern-asia/cambodia/>>, accessed 29th April 2022 and World Food Programme, ‘From the canteen to the corner shop: How WFP is using schools as a platform to enable healthy diets in Cambodia - A case study on nutrition-sensitive school-based programmes’, October 2021, WFP and Hellen Keller Intl, “Nutrition composition and labelling practices of commercially produced complementary foods sold in the Khsach Kandal District, Cambodia”, October 2021, Hellen Keller Intl.

<sup>44</sup> Based on WHO cut-off values

<sup>45</sup> CDHS 2021-2022 data.

<sup>46</sup> UNICEF, WHO, World Bank. Joint Child Malnutrition Estimates Database <http://www.who.int/nutgrowthdb/estimates2016/en/>; WHO; 2017 [cited 2017 August 12].

<sup>47</sup> World Food Programme, ‘From the canteen to the corner shop: How WFP is using schools as a platform to enable healthy diets in Cambodia - A case study on nutrition-sensitive school-based programmes’, October 2021, WFP and Helen Keller International, <https://docs.wfp.org/api/documents/WFP-0000132683/download/>, accessed 03 October 2022.

<sup>48</sup> UNICEF Cambodia and Division of Data, Research and Policy, UNICEF New York, ‘A Statistical Profile of Child Protection in Cambodia’, UNICEF, New York, March 2018.

<sup>49</sup> UNICEF, Child Protection, UNICEF Country Programme 2019-2023

<sup>50</sup> Kingdom of Cambodia, ‘Action Plan to Prevent and Respond to Violence Against Children (2017-2021)’, The Steering Committee on Violence Against Women and Violence Against Children, 11 December 2017.

<sup>51</sup> UNICEF East Asia and the Pacific Regional Office, UNFPA Asia and Pacific Regional Office and UN Women Asia and Pacific Regional Office, *Ending Violence against Women and Children in Cambodia: Opportunities and Challenges for Collaborative and Integrative Approaches*, Bangkok: UNICEF, 2020.

<sup>52</sup> <https://www.unicef.org/cambodia/press-releases/children-cambodia-very-high-risk-impacts-climate-crisis-unicef>

<sup>53</sup> World Bank Group and Asian Development Bank; Climate Risk Country Profile: Cambodia (2021), [https://climateknowledgeportal.worldbank.org/sites/default/files/2021-08/15849-WB\\_Cambodia%20Country%20Profile-WEB.pdf](https://climateknowledgeportal.worldbank.org/sites/default/files/2021-08/15849-WB_Cambodia%20Country%20Profile-WEB.pdf), accessed 20 September 2022.



disaster needed humanitarian assistance”.<sup>54</sup> Other hydrometeorological hazards, including floods, drought, heavy storms / typhoons, etc. also present threats.<sup>55</sup>

15. **Gender and Disability:** Cambodia is party to all core international human rights treaties including the Convention on the Elimination of all forms of Discrimination against Women (CEDAW).<sup>56</sup> In 2021, Cambodia ranked 103 out of 156 countries and 12<sup>th</sup> in the region out of 20 countries, dropping 14 places since its 2020 ranking.<sup>57</sup> There are still gender social norms and beliefs that restrict what women can do and be, accompanied by vastly unequal distribution of unpaid domestic and care work, with women doing, on average, 90% of that work<sup>58</sup>.
16. According to the 2019 General Population Census of Cambodia (GPCC), there has been an important undercount of the number of children, adult and older population with disabilities, leading to an underestimated figure of 4.9 percent (4.2 male and 5.5. female) of Cambodia’s population aged five years and above (out of which, 1.2 percent experience severe disability).<sup>59</sup> This figure of disability prevalence is officially stated to be unrealistically low - the specific questions on functional difficulties of children younger than five years of age were not asked in the 2019 GPCC and the same applies to psychosocial disabilities.<sup>60</sup> The CCA estimates people with disabilities numbering around 310,000, whilst in the 2014 DHS survey, the percentage of mild, moderate and severe disability was about two times higher than the 2019 GCCC estimates.<sup>61</sup> Other more general limitations are related to stigmatization or insufficient reporting of functional limitations when collecting data on disability.
17. **COVID-19:** A total of 136,262 confirmed cases of COVID-19 and 3,056 deaths were reported in Cambodia between 27 January 2020 and 29 April 2022. The COVID-19 pandemic and resulting measures had a devastating impact on Cambodia’s economic and social development. In 2020, economic growth contracted for the first time in nearly a decade, with real gross domestic product (GDP) estimated to have contracted by 3.1 percent.<sup>62</sup> Public health expenditure dropped from 6.43 percent of the total national budget in 2020 to an estimated 4.8 percent in 2021 (excluding COVID-19 extraordinary allocations), as the total 2021 national budget was scaled down due to concerns over the expanding fiscal deficit. The national response was substantial as detailed in [Annex 2](#).

## Subject of the Evaluation

18. UNICEF’s cooperation with the Government is articulated in the RGC–UNICEF **Country Programme (CP) 2019–2023**. The CP was designed to contribute to Cambodia’s national efforts to enable “all girls and boys, especially those most vulnerable and marginalized, progressively enjoy their rights to survival, care, protection and participation, and develop to reach their full potential”. The CP focuses on five key programmatic areas/pillars: 1) Health and Nutrition, 2)

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<sup>54</sup> “Floods Response Plan Cambodia”, Humanitarian Response Forum, 4 November 2020, <https://www.humanitarianresponse.info/en/operations/cambodia>, accessed 8<sup>th</sup> May 2022.

<sup>55</sup> Conseil Santé, 2019. “Strengthening Resilience to Climate Change in the Health Sector in the Greater Mekong Subregion: National & Provincial Vulnerability and Adaptation Assessments in Cambodia”, 2019.

<sup>56</sup> United Nations Cambodia, ‘Gender Equality Deep-Dive for Cambodia’.

<sup>57</sup> World Economic Forum, ‘Global Gender Gap Report 2021’, WEF, Geneva, March 2021.

<sup>58</sup> [https://cambodia.un.org/sites/default/files/2022-03/Gender%20Deep%20Dive%20-%20CCA%20Cambodia\\_V6\\_010322\\_LQ.pdf](https://cambodia.un.org/sites/default/files/2022-03/Gender%20Deep%20Dive%20-%20CCA%20Cambodia_V6_010322_LQ.pdf)

<sup>59</sup> General Population Census of the Kingdom of Cambodia 2019, National Report on Final Census Results, National Institute of Statistics (Ministry of Planning), October 2020.

<sup>60</sup> National Institute of Statistics, Ministry of Planning, “General Population Census of Cambodia 2019, Thematic Report on Disability in Cambodia”, Third Draft 25 August 2021.

<sup>61</sup> The 2021–2022 DHS available data does not include any updated figures on disability that could provide a more accurate and updated estimation

<sup>62</sup> Asian Development Bank, ‘Southeast Asia Rising from the Pandemic’, ADB, March 2022, pp. 39–51.

WASH, 3) Education, 4) Child Protection, and 5) Policy and Public Financing for Children, with a sixth programme area focusing on programme effectiveness.

### Programme outcomes and outputs

19. The CP document (CPD)<sup>63</sup> does not present an overarching intervention logic for the CP, but intervention logics for individual programme areas are available (see [Annex 3](#)). The CPD presents the results and resources framework showing the structure for implementation of UNICEF's mandate in Cambodia within the given period (See [Annex 3](#)). UNICEF planning documents show an evolution of the CP outputs and Indicators over time, with revisions of the framework and addition of several COVID-19 related indicators (See detailed overview of the CP in [Annex 3](#)).
20. **CP review 2021:** UNICEF Cambodia undertook a programme review in 2021 with an aim to better align the CP with the new UNICEF Strategic Plan (2022-2025) and the Gender Action Plan (2022-2025), to help to assess UNICEF's interventions in light of COVID-19 and emerging RCG priorities, and to reflect on UNICEF's adolescent programming and a zonal office review. Emerging sectoral priorities and recommendations<sup>64</sup> coming out of the CP Review are included in [Annex 3](#).
21. **Programme delivery:** The CP works on three levels: (a) upstream: national; (b) midstream: subnational (provincial and district); and (c) downstream: community (parents, caregivers, service providers, children, and adolescents). The UNICEF Cambodia's main office is based in the city of Phnom Penh covering national level and south-eastern & western provinces, and two Zone Offices (ZO) cover Kratie and Siem Reap provinces (Figure 1). UNICEF's work is operationalised through Rolling Work Plan (RWP), which is signed between UNICEF and the respective Ministry. For service delivery with NGO partners, UNICEF usually entered into Programme Cooperation Agreement (PCAs), which fully scope the work, and are usually developed in consultation with the different Ministries leading to the RGC sectoral responses. Small-Scale Funding Agreements (SSFA) are also used to provide cash transfers to a Civil Society Organization (CSO) for activities within the CP (regular and humanitarian response).

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<sup>63</sup> Document E/ICEF/2017/P/L.22/Rev.1, UNICEF Executive Board, 12-14 September 2018, <https://digitallibrary.un.org/record/1638976#record-files-collapse-header> accessed 10<sup>th</sup> May 2022.

<sup>64</sup> The summarized narrative of Recommendations stated in the Report, also include Cross-sectoral Approaches and Cross-cutting Issues Arising, that can be consulted in Annex 3 Recommendations stated in the "Report of the Programme Review of the Royal Government of Cambodia – UNICEF Country Programme of Cooperation" (2019-2023), September 2021

FIGURE 1 UNICEF ZONAL OPERATIONAL AREAS



22. **Budget:** The overall budget for the Cambodia CSP, approved by the Executive Board in February 2019, was US\$50.2 million for a total of 424,640 direct beneficiaries (Tier 1). The CSP budget has been subsequently revised four times, reaching a total of US\$80.3 million. The distribution and prioritization across the different programmatic areas are reflected in Figure 2. Figure 3 presents the 20 top donors of the current Country Programme.

FIGURE 2 UNICEF IN CAMBODIA – UNICEF SECTION FUNDING IN PERCENTAGE

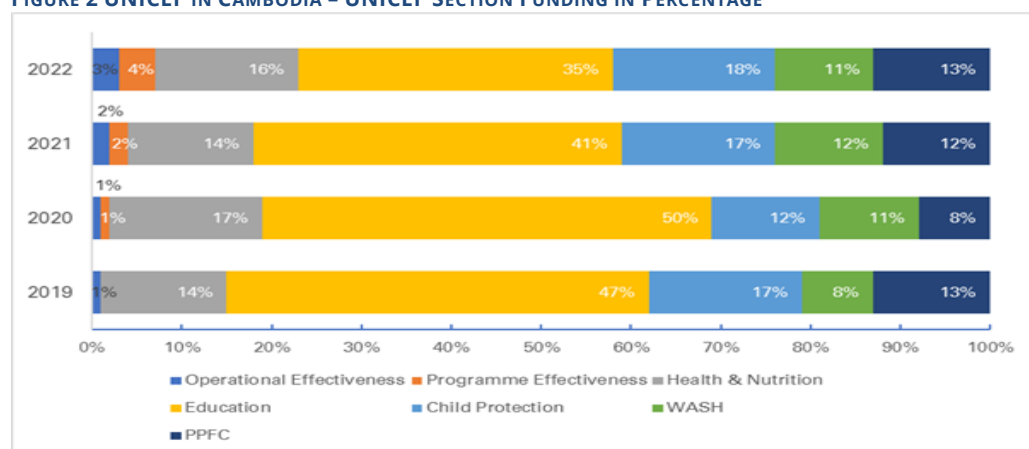


FIGURE 3 DONORS OF THE COUNTRY PROGRAMME

## Donors of the current country programme

### Top 20 donors: 2019 – July 2022

GLOBAL PARTNERSHIP FOR EDUCATION	13,270,000	GERMAN COMMITTEE FOR UNICEF	907,765
EUROPEAN COMMISSION	11,106,254	CHINA - CIDCA	850,599
USA - USAID	10,140,097	CZECH REPUBLIC - MOFA	701,219
SWEDEN - SIDA	9,907,818	THEMATIC HUMANITARIAN ACTION	570,000
JAPAN - JICA	6,723,290	PSFR - CONSOLIDATED POOL FUNDING	513,533
AUSTRALIA - DFAT	4,176,827	CANADIAN COMMITTEE FOR UNICEF	481,563
CAMBODIA (pass through fund)	3,267,189	END VIOLENCE AGAINST CHILDREN FUND	471,026
THE UNITED KINGDOM - FCDO	3,063,964	THEMATIC HEALTH	435,005
THEMATIC SOCIAL POLICY	3,026,289	IRELAND COMMITTEE FOR UNICEF	410,515
CONSOLIDATED FUNDS FROM NATCOMS	2,882,684	HONG KONG COMMITTEE FOR UNICEF	363,385
AUSTRALIAN COMMITTEE FOR UNICEF	2,793,364	US COMMITTEE FOR UNICEF	288,541
THEMATIC EDUCATION	2,408,047	SWEDEN - JPO	222,019
ILO GENEVA (pass through fund)	2,138,036	UNICEF-SINGAPORE	200,000
THEMATIC CHILD PROTECTION	2,049,843	FINLAND - JPO	165,193
THEMATIC WASH	1,892,537	GERMANY - JPO	123,544
GAVI THE VACCINE ALLIANCE	1,693,489	ASIAN DEVELOPMENT BANK	114,286
JAPAN COMMITTEE FOR UNICEF	1,579,055	IOM (pass through fund)	96,421
JOINT SDG FUND	1,021,424	UK COMMITTEE FOR UNICEF	43,978
IRELAND - IRISH AID	999,258		
THEMATIC NUTRITION	928,398		

## PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION -

### Main Objectives and Users of the Evaluation

23. The evaluation had both summative and formative nature, assessing the past and ongoing programme implementation and helping to inform future programming and in particular, the design of the next CPD. As outlined in the ToR, the CPE had the following main objectives:
- Assess the relevance, effectiveness, and sustainability of the CP, with a strong cross-cutting focus on equity, human rights, disability, and gender equality and with a focus on specific programme areas which have not been subject to evaluation<sup>65</sup>.
  - To identify key challenges that constrain or catalyst and that accelerate or enhance the effectiveness and efficiency of CP implementation and performance.
  - To assess the ability of the CP to respond and adapt to changing contexts (including but not limited to COVID-19), new emerging issues, and national priorities.
  - Support an accountability objective by providing an independent assessment of progress towards expected results of the country programme, and the programme's contribution to national development results and UNICEF's contribution to UNDAF results.
  - Identify key lessons from implementation of the ongoing CP which can inform the design of the next CP.
24. To fulfil the objectives and respond to all evaluation questions, this evaluation looked at all areas of the CP, assessing higher level results. In depth assessment of Health and Nutrition, Education and WASH components of the CP was conducted, and insight into performance and contributions of CP components was gained from previous sectoral evaluations and key informant interviews (KIIs) with national level stakeholders and donors. The evaluation also assessed the cross-cutting areas such as Early Childhood Development (ECD), Technology for Development (T4D) and support to adolescents and climate resilience. The UNICEF CO has an increasing focus on adolescents, so it was important to take this opportunity to understand how the programme addresses adolescents needs.

<sup>65</sup> See the full list in the TOR p. 5

25. **Time period:** During the inception phase, the scope was reconfirmed as January 2019- June 2022.
26. **Evaluation Use:** The evaluation served the dual and mutually reinforcing objectives of accountability and learning. For accountability, the evaluation assessed and reported on the performance and results achieved (intended or unintended, positive, or negative) of UNICEF's assistance to Cambodian institutions. The evaluation also provided stakeholders with an independent platform to register their suggestions, ultimately becoming recommendations for incorporation into programme design or implementation. For learning, the evaluation determined why and how specific results occurred the way they did, drawing lessons and good practices with pointers for learning from them. It provided evidence-based findings to inform operational and strategic decision-making. Lessons learnt from this evaluation are intended to help refine and improve the implementation of the activities under the current cycle and for future CPs.
27. **Evaluation questions:** The questions that guided this evaluation were aligned with the 2019 OECD Development Assistance Committee (DAC) evaluation criteria of relevance, effectiveness, and sustainability.<sup>66</sup> The evaluation questions are listed in Evaluation Matrix, [Annex 4](#).
28. **Cross cutting areas:** The evaluation prioritizes human rights, equity, disability and gender equality as key criteria was mainstreamed across all evaluation questions (EQ) and subsequent analysis.

## METHODOLOGY

29. The evaluation methodology was guided by the Norms and Standards of the United Nations Evaluation Group (UNEG)<sup>67</sup> and the 2018 UNICEF Evaluation Policy<sup>68</sup> and employed a theory-based approach, enabling assessment of cause-effect interactions between individual components and the programme's desired outcomes. The evaluation was founded on principles of participation, empowerment, and appreciative inquiry, which led the design and tools and analysis exercises and used a mixed-methods approach drawing on three general sources of information across different levels of stakeholders. These were: i) Pre-existing **documentation** (e.g., policies, donor reports, evaluations, annual workplans, external research, among others – see Bibliography in [Annex 5](#)); ii) Pre-existing **quantitative or qualitative** information (e.g., National level indicators on child wellbeing; CP outcome, output and activity indicators, internal datasets, among others); iii) **Primary qualitative** information (information collected by the Evaluation team (ET) during the data collection process - e.g., KII, focus group discussions (FGD), site observations).
30. Document review was a continuous process from the start of the inception phase and served to create informational and secondary data foundations, leading to preliminary hypotheses that were checked during the primary data collection. The primary data collection spanned July – September 2022, coinciding with annual leave for many UNICEF, governmental staff and development partners, which called for a longer, hybrid data collection approach. This included in-person field mission to sampled communities and remote KIIs from UNICEF, central government, civil society, and development partners. Online interviews were done through virtual platforms, such as Teams and Zoom.

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<sup>66</sup> Available at: <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

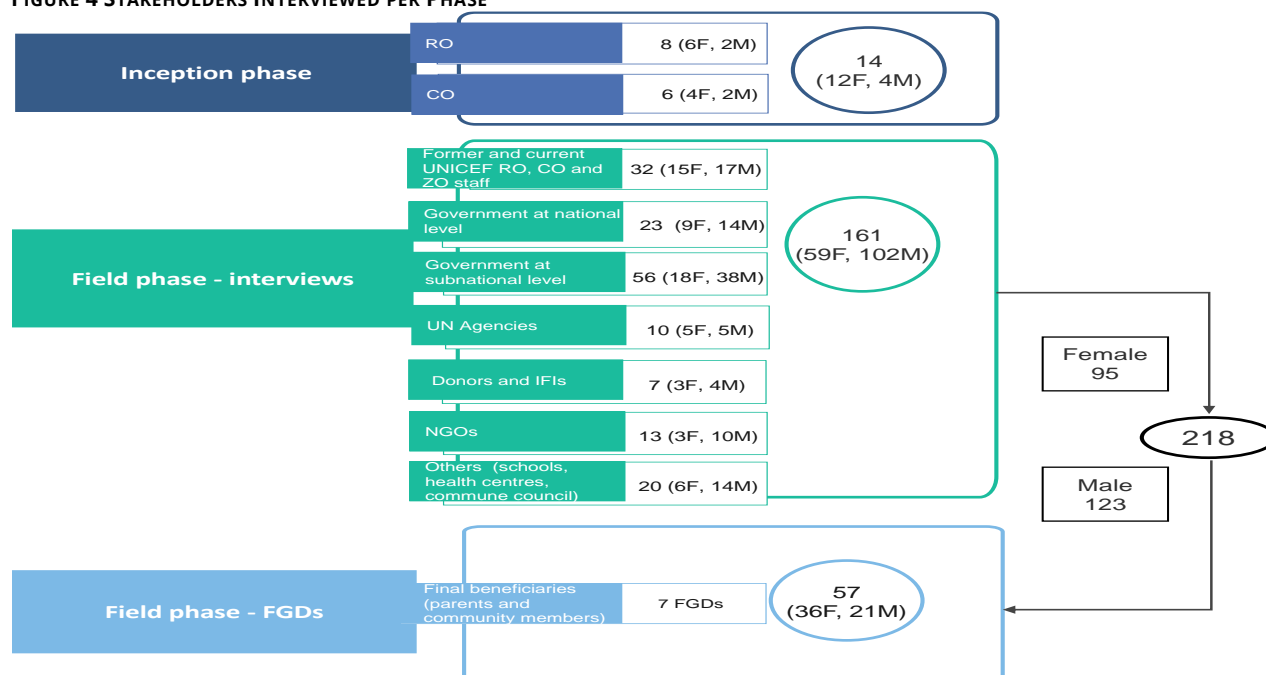
<sup>67</sup> <http://www.unevaluation.org/document/detail/1914>

<sup>68</sup> <https://www.unicef.org/executiveboard/>

## Data Collection

31. The primary qualitative and quantitative collected by the ET related to four dimensions: i) Qualitative information from a wide range of stakeholders at the central level (national Government institutions, UNICEF, UN agencies, development partners, civil society and other central level stakeholders) regarding the *overall* CP performance (strategic positioning, convergence, programming at scale, relevance, comparative advantage, leverage, etc.); ii) Interviews with provincial, district and local level stakeholders (provincial, district, and commune authorities engaged in sectors of Health and nutrition, Education, WASH, but also child protection), service providers and other partners working at the local level; iii) FGD with communities and final beneficiaries; and iv) site observations of schools and health centres; and iv) sectoral working sessions with UNICEF section teams. Over the whole evaluation, the ET spoke with a total of 218 people (43.6 percent of them were female) (Figure 4). This included 14 KII during the inception phase (86 percent women), 161 KII during field phase (36.6 percent women), and seven FGD gathering a total of 57 persons (63 percent women). Field data collection covered 13 districts across six provinces to collect views of authorities, service providers and communities (see Table in [Annex 6](#)). For both the KII and the FGD, semi-structured interview and focus group guides were used to ensure consistent formatting of the interviews.<sup>69</sup> Evaluation notes were compiled into a standardized template for each of the FGD and KIIs - labelled by stakeholder and activity. The ET also conducted **5 observations** in schools and health facilities.

FIGURE 4 STAKEHOLDERS INTERVIEWED PER PHASE



## Data Analysis

32. The ET undertook a comprehensive data analysis exercise with a combination of synchronous and asynchronous exercises, including using interactive record management to help organize the main findings and evidence. The analysis of collected data included descriptive and comparative quantitative analysis, thematic narrative analysis, qualitative iterative data analysis, and contribution analysis. All methods were triangulated both internally and across methods as feasible.

<sup>69</sup> [Annex 7](#) Interview guides



33. In line with the participatory approach, the ET held a debriefing session with the CO teams while in the country, and then follow up meetings to check facts and further validate the findings, conclusions and recommendations. Key stakeholders had the opportunity to comment on the draft report, with the final report being submitted in conjunction with an online validation workshop that will also serve to co-create recommendations in November 2022.

#### Data Reliability and other Limitations

34. The evaluation experienced delays and rescheduling, due partly to the long finalization process for the inception report. The hybrid approach and extended collection period was mitigated by ensuring that the team debriefed internally and was well prepared for the second round of data collection. Only the national consultant undertook the field component at provincial level, though the ET members remained in close contact and used different opportunities to discuss field data collection, reflect on some emerging themes between central and subnational level stakeholders.
35. The lack of an overarching programme Theory of Change (ToC) limited somewhat the analysis of overarching CP transformative results. Individual programme components were used as a framework for ToC and contribution analysis, particularly regarding the three components in focus (WASH, Health and Nutrition and Education). Without an overarching ToC, the CP results framework in use and implicit theory were articulated through naturalistic analysis of interview notes. This approach helped to assess the UNICEF contributions based on the *a priori* frameworks used by individual stakeholders.

#### Ethical considerations

36. **Adhering to the United Nations Evaluation Ethics Principles:** The ET abided by the 2016 UNEG norms and standards, the 2007 UNEG Ethical Guidelines and Code of Conduct and the principles of 'do no harm'. The ET ensured that the gender lens of the evaluation was integrated by ensuring adequate representation of gender considerations in the evaluation processes and assessment of results. The humanitarian principles of neutrality, impartiality, and independence were safeguarded in the development of findings and recommendations. The Ethical Clearance from the Ethics Review Board (ERB) was obtained ahead of the field data collection phase (See Annex 14).

#### KEY FINDINGS

37. This section presents the evaluation findings against the key evaluation questions, and their related judgment indicators in response to evaluation objectives. The synthesis findings were derived from detailed analysis of the overall strategic framework of UNICEF's work in Cambodia as presented in the CP and analysis of UNICEF's sector interventions. The responses to evaluation questions present triangulated findings from comprehensive document review, information received from various stakeholders and site observations.

#### 5.1 UNICEF's strategic positioning and adaptability to respond to changes in national needs, and priorities or to shifts caused by COVID-19 and other major socio-economic and political changes (EQ1)

##### 5.1.1 Strategic positioning

*Finding 1. UNICEF's country strategies and areas of intervention are aligned with and contribute to Cambodia's national development and sector priorities, and Cambodia's Agenda 2030.*

38. The overall direction of the CP design and implementation were informed by and contributed to national priorities as defined in the ten-year National Strategic Development Plan 2019-2023,

the Rectangular Strategy, the National Social Protection Policy Framework 2016-2025, other national sectoral strategies and country priorities, and the United Nations Development Assistance Framework (UNDAF) 2019-2023, and UNICEF Strategic Plan 2018-2021.<sup>70</sup> The programme targeted national, subnational and to a certain extent, community levels, with a geographical focus on north-eastern and north-western Cambodia, where the needs were considered higher based on key socio-economic indicators.<sup>71</sup> This national strategic and legislative framework created a strong foundation for UNICEF's work and its corresponding activities helped achieve vital milestones towards developing a systematic response to address the needs of the most vulnerable people.

39. There was ample evidence of UNICEF's strong strategic positioning as a partner of the Royal Government of Cambodia and donors, being one of the longest standing UN Agencies actively engaging in supporting the Government and the most vulnerable groups. Evidence points to UNICEF's efforts to maintain regular and intensive consultations with government authorities<sup>72</sup> and relevant public institutions at national level, though to a lesser extent with subnational authorities. National level government stakeholders consider close consultation and open and flexible approaches of UNICEF as a driver of ownership of results. UNICEF's value proposition lays with its systems approach, that includes institutional capacity strengthening and provision of financial resources; modelling of preventive and responsive services; promoting positive social norms; and investment in a robust legal and policy framework. Most stakeholders interviewed also consider UNICEF as a partner of choice when it comes to technical assistance support to the Government's priorities in education, health and nutrition, child protection and social protection, and WASH. For instance, UNICEF is viewed as a long-term partner for improving and optimizing health and nutrition services for children and women across Cambodia, and the main partner for supporting the Ministry of Health (MoH) to address wasting in the country. UNICEF's work on Public Financial Management (PFM) and social policies is increasingly being recognised as effective, and contributes to better planning, aligned with the Government's recognised need to invest in programme budgeting for children. The evaluation found that nutrition and health were not initially visible and promoted at the onset of the CP implementation but were boosted and leveraged UNICEF's strong support to the immunisation efforts, particularly the COVID-19 immunisation and Communications for Development (C4D) efforts.
40. UNICEF focused on strengthening human and financial resources and capacities to plan, budget and deliver policies and services for children at the national level and to a lesser extent the subnational levels. The sector support strategies included service delivery, capacity development, institution building, evidence generation, policy engagement, behaviour change, leveraging resources and partnerships, and advocacy. It is not clear how these were informed by systematic evidence on government partners' needs and capacity gaps, beyond a consultative process. UNICEF's global network and experience has helped provide a cutting-edge vantage position in terms of the ability to source the best technical experts on different themes and issues. Interviewed stakeholders cited that most outsourced international technical expertise was valuable, despite the travel limitations due to COVID-19, which changed the type of support due to experts not being able to travel to Cambodia. Evaluation findings point to the challenge of sustained dependence from continuing UNICEF hands-on support to government institutions in the design and implementation of policies, and the direct delivery of support.

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<sup>70</sup> UNICEF (2019). End of Year Results Summary Narrative 2019.

<sup>71</sup> UN Economic and Social Council (2018). Country programme document.

<sup>72</sup> UNICEF and government consult closely through bilateral meetings, workshops or other types of consultative events, participation in government- or UN-lead working groups (WG) or task forces (TF), etc.



*Finding 2. UNICEF's support to the Decentralisation and Deconcentration (D&D) process and engagement with civil society were of varying depth. These related to UNICEF's promoted upstream work that at times came at the expense of mid- and down- stream engagement. More efforts to develop programmes with more full engagement with the communities, to solicit their inputs is warranted.*

41. UNICEF's support to the national Government's efforts to implement the D&D reform, and to gradually delegate power (involving administration of finance) to subnational government levels in sector areas was implemented, but with varying level of elaboration by sector. This is due to UNICEF's upstream macro-level focus to respond to structural issues and systemic bottlenecks, which was considered as a prerequisite for operationalisation of policies at subnational level and depended on the pace of D&D implementation in different sectors. The most elaborated contribution to the D&D process was found across the Social Policy (SP) sector, where UNICEF engaged with the Ministry of Interior to help cascade upstream policies down to the subnational level. UNICEF's subnational engagement strategies in SP were efficient to systematically address (and bridge) the gap between policy guidance and policy implementation (operationalization), but less so in other sectors.
42. UNICEF's field presence and ability to demonstrate small-scale implementation models in WASH and social services, education, health and nutrition results for children were valued and brought evidence of feasible and functional approaches that could be scaled up by the government. The field presence acted as a platform for supporting cross-sectoral collaboration at community level and creating opportunities for collecting data and strengthening data systems at the subnational level, though wider coverage. A more consistent approach to systems strengthening at subnational level was cited as necessary by UNICEF's key national and donor partners. The evaluation found that the ZOs cannot always manage to engage in every aspect of implementation (participation in health, nutrition, WASH, education technical WGs at subnational level, or their prioritisation), which should be an aspect to consider in the new CP cycle.
43. UNICEF's convener role and capacity has been helpful to advocate and promote child rights and to gather partners around important issues. For instance, UNICEF is the lead development partner for subnational multisectoral nutrition coordination in three provinces (and member in all others) and plays a leading role in the development and implementation of the multisectoral National Strategy for Food Security and Nutrition (NSFSN) 2019-2023. UNICEF also financially and technically supports the Council for Agricultural and Rural Development (CARD) to lead implementation of the NSFN. Evaluation also found numerous examples of efforts to reinforce the provincial/district levels data systems and commune/district and provincial plannings; putting in place up-to-date equity analysis to reach the most deprived through adapted assessments; better profiling and monitoring access to essential services for vulnerable populations for evidence-based cross-sectoral approaches and solutions at both national and subnational level. Despite evidenced UNICEF's good work in this area, some development partners mentioned UNICEF's perceived hesitancy to use its position to advocate more strongly for child rights (e.g., right to education, faster reopening of schools following COVID-19, disability and inclusion) or advocacy for the centrality of Protection in the humanitarian response. The reason might be related to visibility of UNICEF's work or little publicity of such actions. Desk review and stakeholder interviews with UNICEF and the government, found that much of UNICEF's advocacy efforts for school reopening, improving inclusion of social assistance took place in bilateral meetings with the government, or in TWG meetings, joint UN letters initiated by UNICEF, OpEds, etc..
44. UNICEF's engagement with civil society and communities was found to be limited. While documents pointed to some consultations with civil society, interviewed civil society

stakeholders cited their engagement as implementing partners to be less in matters of consultations on priorities, gaps or as advisors or advocacy partners. The subnational level presence has helped to establish and nurture productive partnerships with state and non-state actors in some sectors, but complaints regarding flexibility of partnership approaches, misunderstanding by Provincial Officers or CSOs were noted in a few instances.

45. No structured feedback mechanisms are in place that could serve as tools to strengthen community involvement or to promote participatory decision-making and inform programme design. The evaluation found varied but not systematic approaches to Accountability to Affected Populations. Good examples were found in the SP sector, where post-distribution calls are conducted together with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) to get feedback from cash transfer beneficiaries, and with some partners and/or collaborators implementing the Social Accountability Framework (ISAF) in Cambodia.<sup>73</sup> Another example is the COVID-19 Rapid Coverage Assessment (RCA) implemented by the health team to support MoH to engage vulnerable HHs and communities in the northeast & northwest and identify behavioural and structural barriers to access, demand and uptake of vaccination. To date, 2120 HHs have been engaged with key findings shared with EPI managers and PHDs to inform booster campaigns.
46. Information collected by the evaluation indicated that feedback from communities also sought by UNICEF programme staff during field visits, including from beneficiaries in health facilities, school, etc. Findings were discussed routinely within UNICEF teams at Zonal Office and Phnom Penh level and used as evidence to guide UNICEF programmes, informing annual work plans of all sections.

### **5.1.2 UNICEF's ability to meet the needs and include the most vulnerable and marginalised groups (EQ 1, EQ 9, EQ 12)**

*Finding 3. UNICEF's Country Programme Document shows efforts to promote and document the programme delivery through a gender and equity lens. While gender considerations are not seen as a priority in Government, UNICEF's advocacy in this area has been continuous.*

47. Regarding gender equality and women's empowerment (GEWE), the programmatic gender review helped UNICEF better understand the potential and gaps for integrating gender into programming and was one of the foundations around which the CP was built and implemented. Examining the CP metrics also reveals efforts to promote and document the programme's delivery through a gender lens. The evaluation found that all information, education and communication (IEC) materials are gender-responsive and depict both girls and boys in active roles, while also taking gender-specific barriers to education or other services into account. UNICEF's work to raise menstrual hygiene awareness was also considered by relevant stakeholders as important, resulting in some schools implementing specific measures, including stocking menstrual hygiene kits. Although these are only preliminary steps, they provide positive experience that be later expanded across the country. Interviews with key informants revealed that gender considerations were not seen as a priority in the Government, so the fact that UNICEF addressed issues like female leadership and the training of gender focal points in the MoEYS was considered important. Other significant contributions included the Gender Audit within the education sector, the Gender Mainstreaming Action Plan (2020-2024), and a Gender Master Training for a key pool of specialists within the MoEYS. These contributions were considered by stakeholders as important to promote a gender-equitable working environment and advancement of women leaders across the education sector. The evaluation found that

<sup>73</sup> The ISAF aims to improve local service delivery through enhanced accountability. See more in World Bank Group (2021); "Evidence and Learning from Cambodia's implementation of the social accountability framework (ISAF), 30 May 2021, <https://documents1.worldbank.org/curated/en/589721622805294604/pdf/Evidence-and-Learning-from-Cambodia-s-Implementation-of-the-Social-Accountability-Framework-ISAF.pdf>, accessed 08 August 2022.

gender-based violence (GBV) was tackled within child protection, education and mental health and psychosocial support activities.

48. With regards to wider coverage and equity issues, the evaluation found some adaptation issues regarding work with children with disabilities relating to inclusive education, health, nutrition and social policy. While UNICEF has maintained focus on these groups, particularly in education, such support may have not been sufficiently communicated or promoted. UNICEF invested continuous efforts to support inclusive education by training teachers, including special education teachers (to teach children with sight and hearing impairment). UNICEF and MoEYS chose a blended learning strategy which was then incorporated into the National Institute of Education (NIE) teacher preparation syllabus. The national programme for disability identification was launched with UNICEF's assistance, involving rolling out identification tools and data collection mechanisms, and helped to collect data in all 25 provinces, leading to an estimated 250,000 people with disabilities identified for final verification and receipt of Disability ID cards. The design of interventions pertaining WASH in Schools and WASH in Health Centres include gender, disability and climate resilience inclusive designs and approaches to ensure that WASH facilities are accessible and more friendly. Gender, Age and Disability disaggregation and analysis are also systematically included in WASH baseline survey. UNICEF also mainstreamed disability and climate change resilience into its programming, such as climate change focused life skills education, disability identification and social protection, COVID-19 vaccination support for ID-poor and people with disabilities, climate resilient WASH risk-informed programming at national and sub-national levels and rural WASH management information system linked to the National Adaptation Plan (NAP) process at national and sub-national level.
49. UNICEF worked hard to ensure equal access to resources created for online/distance learning during the COVID-19 epidemic, by adapting the contents for blind and Multi-Lingual Education (MLE) students or providing materials in paper and digitally. These efforts were positively evaluated by KII, suggesting that UNICEF also improved access to education for students with disability or those from minority groups (most of whom are based in vulnerable regions) by supporting MLE in those areas.
50. UNICEF's focus on children and young people as agents of change has been very fragmented and unsystematic. UNICEF engages in the Adolescent Development and Participation (ADAP) platform and in multiple youth-related activities, including - but not limited to - Adolescent and Youth Reference Group (AYRG), engaging youth in budget planning and implementation at provincial levels; the nutrition youth group, Generation Future (following up on Voices of Youth initiative); and some, albeit limited, work on U-report. The document review and stakeholder interviews revealed that it is unclear what the common goal of these interventions was, or how these different interventions could work together or converge. The lack of a unified strategy for all these types of engagements results in initiatives running in parallel, leading to fragmentation and spreading resources, in turn delivering very short-term output level results and very limited transformative potential. The level of development of each of these initiatives is different as well. For instance, ADAP does not have a clear strategy but has its TOC, which is helpful to understand the underlying intervention logic. Interviews with UNICEF stakeholders noted efforts by senior management to bring different initiatives together, but this has yet to bear fruit towards creating coherent platforms and opportunities for the youth to demand accountability and drive progress for children.
51. UNICEF has been addressing the issues of school drop-out prevention and access to education through the support to the strengthening of scholarships and other social protection systems to address the economic barriers of children's school retention and completion. In response to COVID-19, UNICEF provided learning materials to many students and intensive support for

continuous and remedial learning, back-to-school campaigns to promote students' school enrolment and attendance after the school reopening, etc. (See Section 5.4.3). However, criticism was raised by some development partners that UNICEF's COVID-19 response could have invested more strongly in tackling issues of dropout (particularly amongst boys), working children and mental health issues, and more intensive communication on such issues by UNICEF. The evaluation found that UNICEF had worked on the issue of drop out, but that work was less intensive and visible compared to support to continuous learning and learning recovery.

52. All stakeholders spoke positively about UNICEF's vaccination contributions (See Section 5.4.1), its risk communication, communication engagement and Infection Prevention and Control (IPC) in schools and health facilities, as well as the emergency WASH response to Cambodian returning migrants (non-food items distribution). A criticism was raised in relation to the joint UN response to returning migrants,<sup>74</sup> which only began in 2022 even though 63.5 percent of the surveyed population had returned to Cambodia in March and April 2021. This raised protection concerns and criticism among development partners and UNICEF staff about: 1) Overall UN capacity to deliver a principled humanitarian action, and 2) raised specific concerns about UNICEF's understanding of the centrality of Protection and its leadership role in the Protection Working group of the Humanitarian Response Forum.<sup>75</sup> The evaluation recognises that the timing of the response was out of UNICEF control, and is something for the UN Cambodia team to reflect on.

*Finding 4. Geographic targeting was generally appropriate, though at times it happened in silos which brought some overlaps and lack of synergies.*

53. UNICEF's targeting and coverage is informed by a range of studies, evaluations, and reviews. UNICEF implements several sector-specific activities across the country and intensively in a total of 25 provinces across the north-east and northwest regions where Zone Offices are located (see Figure 2 in Section 1). Analysis of multiple deprivations in Cambodia (see figure in [Annex 2](#)) shows that the most vulnerable provinces are Ratanakiri, Mondolkiri, Stung Treng, Kampong Thom, Preah Vihear and Koh Kong. In Ratanakiri, Mondolkiri and Stung Treng, UNICEF implements different sectoral components with uneven levels of intensity; in Kampong Thom UNICEF activities are reduced to three out of the 12 Education components and two out of the nine Child Protection components, whilst in Koh Kong, only one out of the 12 Education components are implemented.
54. Activity mapping conducted by the ET based on document review and stakeholder interviews shows several provinces, districts and communities where more than one sector intervention is taking place. Except for Health and Nutrition (i.e., community outreach of services that provide both health and nutrition services at the same time, place and targeted populations in remote communities in NE provinces, IECD, IYCF, ADAP) and some WASH components, activities are dispersed and implemented in silo from one another. The districts or areas where more than one sectoral activity does happen is more due to geographical 'coincidence', and not because of efforts to converge. IECD is progressing to overcome such issues through progressively building coherent approaches, based on findings of the IECD evaluation and learnings from how ECD has worked during this CP, which lead to an IECD-TOC workplan, and coherent approach in 2022. As a rule, the profiled activities at subnational level tend to be highly specialized, focusing on niche populations and reported as separate sector-specific activities targeting different

<sup>74</sup> Source: United Nations Cambodia, "Emergency Health and Socio-Economic Response to Returning Migrants",

<sup>75</sup>The Humanitarian Response Forum (HRF) was established in Cambodia in 2011 in response to the demand for increased coordination between development partners to address the demands of humanitarian disasters, primarily floods and drought.

stakeholder groups<sup>76</sup> for different purposes,<sup>77</sup> though at times the same beneficiaries may be included in different thematic activities. As a result, individual beneficiary numbers reported are at activity level and do not necessarily help capture multiple benefits of more than one sector-specific intervention that could be implemented in any community/district/province. This pattern reflects the challenges of linking specific types of programme intervention strategy to overall CP contributions, calling for more interaction between sections on planning and implementation of activities addressed to achieve common goals at subnational levels. Comparative analysis of UNICEF's coverage and available data on key indicators shows that the generic geographic targeting of the north-eastern provinces is appropriate.

### 5.1.3 Adaptability and continued relevance

*Finding 5. UNICEF was able to adapt to the evolving local context and needs throughout the CP implementation. These efforts helped boost efficiency and effectiveness and turn challenges into opportunities.*

55. The evaluation found evidence of UNICEF's flexible and adaptive approaches, and their utility considering emerging needs and shifted national and donor priorities, such as the reprioritization of Government priorities for the COVID-19 response. UNICEF refocused the CP towards the pandemic response and recovery, aligning with the UN Cambodia Framework for Socio-Economic Response to COVID-19 and emerging sector priorities, by investing in emerging needs in education, health and nutrition, WASH, C4D, social protection and child protection. UNICEF's flexible strategies, strong strategic positioning and rolling workplans were found to be the drivers of adaptability and agile response to emerging needs and priorities. The CO also worked to minimize the effects of underachievement and/or the suspension of activities.
56. UNICEF's COVID-19 response was considered as relevant and timely considering the needs and challenges children were facing. For instance, in response to COVID-19, UNICEF shifted its focus towards investing significantly in immunization (See Section 5.4.1). School closures led to extensive learning loss; around 30 percent of children were unable to access some forms of distance learning programmes,<sup>78</sup> affecting 3.2 million students.<sup>79</sup> In response, UNICEF refocused its education work to help children continue their learning and supporting their safe return to school in 2021/2022. The flexible and continuously responsive WASH support to Government partners on infection prevention and control (IPC), hand hygiene supplies, risk communication and community engagement, and the technical working group to mobilise the national COVID-19 response and planning, were valued as very relevant and timely support efforts. UNICEF's climate and environment work has increasingly been anchored in WASH, allowing UNICEF to support national development needs during the pandemic period, such as those articulated in Cambodia's climate change Nationally Determined Contributions (NDC), to priority actions in Education and WASH.
57. In responding to evidenced emerging challenges related to domestic violence and online security during the COVID-19 period, UNICEF's child protection programme invested time and effort in strengthening information sharing and coordination amongst Government

<sup>76</sup> For example: Cambodia national, provincial or district Institutions, Municipality Stakeholders, Teachers, Nurses, Social Workers, Women, Children, Youth, NGOs or other groups targeted by thematic interventions.

<sup>77</sup> Health, Education, Social Protection, Child Protection or other programme components

<sup>78</sup> UNICEF (2020). End of Year Results Summary Narrative 2020.

<sup>79</sup> UNICEF, Royal Government of Cambodia Ministry of Education, Youth and Sport, and Save the Children, "Cambodia COVID-19 Joint Education Needs Assessment.", March 2021, <https://www.unicef.org/cambodia/media/4296/file/Cambodia%20COVID-19%20Joint%20Education%20Needs%20Assessment.pdf>

counterparts, CSOs, other UN agencies and donors, to ensure continuity of child protection services. This refocused attention resulted in integration of child protection in the 'Back to School Agenda'. For instance, stakeholders valued UNICEF's stepped-up efforts to provide 650,000 children and adults with mental health and psychosocial support through hotlines, counselling, and supportive messages. UNICEF also pushed for adoption of the new case management guidelines for the safety of children in residential care and quarantine facilities during COVID-19. These efforts were considered as extremely relevant by interviewed stakeholders.

58. Finally, UNICEF played a catalytic role in developing and delivering the national response to poverty reduction and inclusion, by building capacities of institutions to plan, budget and deliver social services for vulnerable children and to design the first emergency government cash transfer scheme, reaching over 700,000 poor households. This role was considered as very relevant to address the needs of the most vulnerable and addressing policy and institutional capacity gaps in the social protection sector.
59. The participatory Programme Review conducted in 2021 helped take stock of changing contexts and shifting priorities, and UNICEF's position and interventions considering COVID-19. The process resulted in concrete recommendations for each thematic area, helping to reaffirm working methods and introduce other areas considered as relevant in the operational context. This strategic exercise also provided an opportunity to ensure alignment with the new UNICEF Strategic Plan (2022-2025), the Gender Action Plan (2022-2025) and new global strategies such as the UNICEF Nutrition Strategy (2020-2030) and the Child Protection Strategy (2021-2030). The Review presented a momentum for convergence for Integrated Early Childhood Development (IECD), addressing climate change (CC), Adolescent Development and Participation (ADAP), Communications for Development (C4D) and Technology for Development (T4D). It is important to note that the Health and Nutrition program positioning and interventions were used as entry points for stronger intersection with SBCC and T4D capacities in the office to better address demand side barriers that H&N and other programs face. Several evaluations and reviews were done on thematic components to inform adjustments in the programme - for instance, a review of the Child Protection programme in 2021 resulted in a revised results framework of that programme component for 2021-2023, to better reflect the new context and the strategic adjustments.<sup>80</sup> The IECD evaluation also helped to strengthen internal coherence of ECD through an overarching TOC framework, workplan and coherent approach to ECD.

## **5.2 Extent to which UNICEF identified emerging needs and adopted relevant strategies to respond to these, including the development and use of the Private Sector Engagement and Technology for Development (EQ2)**

### **5.2.1 Identification and response to emerging needs**

*Finding 6. The CPD design was informed by evidence collected through analytical studies initiated by UNICEF or conducted jointly with the central Government. This helped maintain focus on addressing gaps in government policies and social services and unmet needs of children and their families across different domains. UNICEF selected indicators relating to some critical bottlenecks linked to certain key outcomes for children, which created difficulties for UNICEF to measure their results, as much of indicator areas were beyond UNICEF's control or influence.*

<sup>80</sup> UNICEF (2021). Reflection on UNICEF Cambodia Child Protection Programme to be "Fit for Purpose"



60. The choice of activities, target groups and areas of intervention included in the CPD were guided by national priorities and unmet needs of children, as identified by UNICEF's and other actors' analytical work. Important evidence generation activities included the update of the 2018 Situation Analysis<sup>81</sup> (SitAn), which used and collated research, studies and evaluations conducted between 2014 and 2017 to confirm inequities, deprivations and gaps in the fulfilment of children's rights, especially the most disadvantaged, marginalized and excluded. UNICEF conducted a Gender Programmatic review (GPR) in September-October 2018. The aim of the GPR was to support UNICEF Offices to bring their country programmes in line with UNICEF's Gender Action Plan (GAP) 2018-2021 and the Strategic Plan (SP) 2018-2021, and accelerate results for all children by strengthening high-quality, evidence-based gender programming.<sup>82</sup> The review was used to reemphasise the CP's focus on strengthening targeting and integration of specific gender interventions across all programme areas. Other important studies that informed the development and implementation of the CP include the evaluation of the community preschools, the global evaluation of the nutrition programmes, the global evaluation of the UNICEF's drinking water supply programming in rural areas and small towns, the joint formative evaluation of the child friendly school policy implementation, and the formative evaluation of the UNICEF Cambodia Child Protection programme conducted in 2018. Some of UNICEF's interventions (for example, menstrual hygiene in schools) were informed by evidence on obstacles to girls' participation in education, bringing new themes to the agenda of the Government and the schools. This was applauded as a good initiative, even though the initiative remained limited to targeted pilot schools and not scaled up, despite evidence showing the need and value of such investments (see more in Section 5.3).
61. Analysis of sector interventions across the CP shows that UNICEF identified a range of national critical bottlenecks and multiple deprivations of children and addressed them by specific interventions. For instance, generated evidence on low utilization of services for children, insufficient public budget allocation and execution for social services and protection, and capacity levels within line ministries, informed the development and implementation of PF4C and social policy programme. However, some CPD design bottlenecks were linked to the choice of some key indicators for children's outcomes, which are rarely caused by a single factor but resulting from an interplay between poverty, gender, disease, caring practices, educational level, disability, etc.) many of which are outside UNICEF's influence. This made it difficult for UNICEF to measure adequately its contributions. The evaluation found that in some cases, indicator measurements are difficult to obtain due to information gaps (e.g. a lack of a nationwide mortality and nutritional or other surveys, or a lack of commune level data which is not available in DHS, or SMART surveys<sup>83</sup>). UNICEF's CP did not include any activity or budget to conduct such surveys on its own, which would have contributed to inform interventions in health, nutrition and IECD.

### 5.2.2 The role of Communication for Development, Private Sector Engagement and Technology for Development in implementation of UNICEF's CP

*Finding 7. Targeted technical expertise, capacity building, and C4D-SBCC, all enabled the implementation of strategies and plans. T4D and Private Sector Engagement have been less explored, although some promising results are already achieved in the WASH sector.*

62. The evaluation found a growing and effective role of C4D-Social and Behaviour Change Communication (SBCC) in achieving the goals of the CP. The evaluation found that the C4D-SBCC

<sup>81</sup> UNICEF (2018). Updated Situation Analysis of Children and Women in Cambodia.

<sup>82</sup> UNICEF Cambodia (2018). Gender Programmatic Review 24 September-04 October 2018

<sup>83</sup> UNICEF discussed SMART surveys with Government, but due to insufficient funds, pandemic context and competing priorities, and ongoing planning of the CDHS for 2021-2022, no other nutrition surveys were conducted

had been mainstreamed across all sections and its growth was boosted with the development of an evidence-based multi-sectoral Social and Behaviour Change costed Strategy.<sup>84</sup> This strategy reflects the global UNICEF strategic shift from C4D to SBCC, building on the common ground between SBC, IECD and ADAP. A positive and leading role of C4D-SBCC was found in the UNCT and the SERF COVID-19 response, and risk communication and community engagement (RCCE) at the national and subnational level,<sup>85</sup> corroborated by interviewed stakeholders who referred to it as “remarkable” and “outstanding”.

63. Digital innovations for immunization have been assessed as UNICEF’s particular expertise that show potential for further development. Notably useful were the technical support in designing and implementing an immunization information system (including an E-registration system), and the update of guidelines for micro-planning using satellite identification of settlements for better population estimation and building on existing GIS and geospatial mapping. The inclusion of real time monitoring tools and technical support to improve vaccine stock management and other key areas in the supply chain were also identified as areas with maximum relevance in the contemporary context.<sup>86</sup>
64. Regarding private sector engagement, the CO was working with Ready to Use Food (RTUF) produced by a local company, and salt producers for iodine, to conform to standards. However, this was deprioritized during the pandemic. UNICEF participates in the “Scaling Up Nutrition (SUN) Business Network” and developed a five-year strategy (2021-2025)<sup>87</sup> with the purpose of strengthening the private sector’s contributions towards healthy diets and practices for improved nutrition for all Cambodians. This was considered an opportunity to define the CO strategy related to the private sector and the business for results approach, grouped together with T4D.<sup>88</sup> UNICEF also engaged with ICT industry in the emerging area of Child Online Protection agenda together with Ministry of Post and Telecommunication (MoPTC). Although the CO’s participation in the overall SUN platform has been strong, the CO’s participation in the SUN Business network has been limited, with opportunities for more engagement.
65. UNICEF supports the Royal Government of Cambodia, the private sector and social enterprises to provide clean drinking water to communities that rely on rivers, wells and ponds (risking contamination from microbiological and naturally occurring pollutants such as arsenic), developing a range of water supply technologies, adapted for local contexts including piped water systems and bottled water enterprises. For WASH, the business engagement activities and the scope of the UNICEF operation are very relevant (at national and subnational levels) but need strengthening, especially at subnational/commune levels, where water system (piped water) operators need support to reduce the financial gap to expand people’s access to water at an affordable price. During the CP, UNICEF and UNDP in cooperation with Water and Waste service private businesses successfully submitted a proposal to the UN Joint SDG Fund, P a for the CLEAN joint programme on innovative financing for private sector climate resilient and low carbon water and waste services in Cambodia).

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<sup>84</sup> UNICEF Cambodia, “Achieving Social And Behaviour Change, A Strategic Shift In Support The Country Programme UNICEF Cambodia”, June 2022.

<sup>85</sup> UNICEF (2020); “Review of Risk Communication And Community Engagement Initiative for COVID-19 Prevention Behaviours in Cambodia”; <https://www.unicef.org/cambodia/media/3856/file/FinalReport.pdf>, accessed 3 October 2022.

<sup>86</sup> UNICEF (2022); “Immunization Programme Strategic shifts: 2023-2027, H&N section retreat”, power point presentation, UNICEF Cambodia, September 2022.

<sup>87</sup> CARD & WFP, “SUN Business Network Cambodia Strategy 2021-2025”, 2021, <https://docs.wfp.org/api/documents/WFP-0000140219/download/>, accessed 21 September 2022.

<sup>88</sup> The SBN in Cambodia is co-convened by the Council for Agricultural and Rural Development (CARD) and WFP, and coordinated by WFP.



### 5.3 Strengths, comparative advantages, and modalities to be kept and changes to make in the design of the next country programme to align with the 2021-2025 Strategic Plan (EQ3, EQ4)

#### 5.3.1 Comparative advantages

*Finding 8. UNICEF's main comparative advantage pertains to integrated upstream policy support and modelling of services in different sector, contributing to generating evidence and policy dialogue, supporting innovative tools and strategies. Such approaches help mobilise resources and interest by stakeholders by sharing effective methods and approaches to be integrated in policies and practices. From that perspective, such integrated upstream-downstream approach is appropriate considering Cambodia's development ambition and capacity needs.*

66. **Comparative advantage:** UNICEF in Cambodia should retain the roles of contributing technical expertise, as convener, and its role in advocacy. The comparative advantage valued by partners is combined upstream policy support to different sectors with modelling of services, which helps inform such policies. UNICEF brings international technical expertise, political credibility, and financial resources to the Government, and implements its convener role between different players. For instance, in the education sector, UNICEF's strategies integrate several key reform areas such as teacher training, school inspection, curriculum revision, capacity development and PFM, strengthening UNICEF's prominent role in the sector and position to capitalise delivery of results, especially in early childhood education (ECE) and primary education. During and in the aftermath of COVID-19, UNICEF, as co-chair of the Education Working Group, facilitated development partner support to the COVID strategy development, led advocacy on school re-opening and worked with partners on a joint needs assessment (evidence generation). UNICEF also invested in creating safe and protective learning environments, 'distance education, and technical support for safe school re-opening. These are considered by stakeholders as adding value to the education sector work.
67. In Nutrition, UNICEF has been key in mobilising external resources and leveraging budget support from the powerful Ministry of Economy and Finance (MEF). Government officials highlight UNICEF's mediation within their own Government as key to allocating official resources for the next year, even before they have their own budgets finalized. This was important and clear added value of UNICEF's advocacy role. The UNICEF contribution to supporting the GAP Roadmap (under the leadership of the Government) was seen as improving partner coordination for nutrition and bringing substantial resources to the country (with new multi-year funding recently approved).
68. Investing in PFM, social protection and child protection policies is seen as an important policy investment to make them more realistic, while also providing a larger framework for UNICEF to address vulnerabilities and social exclusion, by providing a more systemic framework for reaching the most vulnerable groups (through policies, cash transfer and protection services).
69. **Comparative Advantage:** UNICEF's WASH strategies to respond to the priority water and sanitation needs were valued, with its multi-sectoral approach (also engaging the private sector), to strengthen systems for sanitation and open defecation free (ODF) acceleration, climate risk informed programming, and rural water supply sustainability management modelling, with a gender-disability, equity, pro-poor and isolated communities programming focus. In healthcare facilities, UNICEF works with the Government to model and scale up inclusive sanitation and hygiene improvements, such as appropriate toilets, separated for patients and staff, private for women, equipped for menstrual hygiene management, and accessible for people with limited mobility. UNICEF's efforts to advocate for and model menstrual hygiene management (MHM) in the minimum 'WASH in Schools' package (Government guidelines) was considered as an

important first step. These efforts demonstrate how national guidance on WASH can be implemented, with a focus on raising minimum standards in health facilities and schools.

70. **Comparative advantage:** Adaptability (transforming challenges into opportunities) and innovation. As noted in Finding 3 above, UNICEF's flexibility and agile adaptation to changing needs and realities (e.g., response to COVID-19) is valued and should be kept. Innovation, particularly through T4D and C4D interventions was seen by partners as an area that UNICEF can tap into.
71. **Comparative advantage:** C4D-SBCC in general, and particularly during COVID, including excellent communication, response, and flexibility within the UN framework, was considered as UNICEF's comparative advantage, which can be capitalised upon and expanded in the next CP.

### 5.3.2 Changes to make in the design of the next country programme

*Finding 9. UNICEF requires a more focused approach on priority areas. Current approaches that require review include its broad and demand-driven approach to working with the government; a rather generalist approach across sectors; and inconsistent strategies to engage at subnational level. This poses a challenge to dilute impact by doing a lot of things, especially considering shrinking resource mobilisation opportunities, and increasing needs in the country.*

72. UNICEF's demand driven approach to working with government and the desire to respond to multiple government priorities and other identified needs has boosted relevance but also resulted in a broad scope of activities, with insufficient prioritization/focus and consolidation of approach and geographic targeting. The current financial and human resources portfolio still allows for such a broad scope, but multiplication of activities and thematic areas of intervention, with insufficient cross sectoral linkages, leads to fragmentation and reduces the impact of the overall portfolio. This will represent a challenge in the future without a more focused approach on priority areas.
73. UNICEF's focus on adolescents has been rather fragmented and prone to overlaps and duplication. The evaluation mapped multiple interventions implemented by different sections (child protection, communications, education, etc.) as presented in Figure 1 in Section 2, indicating gaps in joint approaches. Some duplication of activities (such as overlapping field missions; activities gathering same people for different topics organised at same time) were also cited by interviewed stakeholders from UNICEF and local partners. Stakeholder interviews (within UNICEF and with external partners) revealed confusion with activities pointing to a lack of interlinkages and insufficient clarity on the sectoral subnational systems strengthening approach. There are consistency limitations when it comes to efforts to build more capacity at the subnational level by profiting more from the ZO/provincial level presence; and tracking new technical working groups at provincial level, and the participation in the D&D process. The CO has not systematically prioritized nurturing consultative approaches and/or ownership of the programme at the subnational level or promoted bottom-up planning and coordination efforts (e.g., supporting provincial mechanisms and Action Working Groups, capacity building, etc.). A positive example was found to be the engagement with Ministry of Interior (MoI) on promoting sub-national planning and budgeting, which was considered by UNICEF and government as helpful to provide scaled support at subnational level. Another positive example relates to the national and sub-national WASH sector systems strengthening activities and the update and alignment of the national reporting to global level on WASH SDG goals connected to the Joint Monitoring Programme (JMP) reporting, among continued COVID restrictions. Example is also the technical support to MRD and 25 PDRDs to develop their WASH 2022 programme budgets which was followed by indications of an increase in the state budget for water supply work.

### 5.3 Adequacy and effectiveness of undertaken steps to deliver in convergent approaches (EQ5, EQ6)

#### Internal convergence

*Finding 10. UNICEF's convergence efforts are still inconsistent, bilateral (section-to-section) and ad-hoc. Effective convergence efforts included C4D, WASH and Public Finance for Children (PF4C). The 2021 programme review presented a boost for convergence efforts for ECD, climate change (CC), ADAP, C4D and T4D), though the follow up actions are only slowly gaining traction.*

74. As already discussed, the assistance components outlined in the CP were designed to have stand-alone results, though the review of some interventions shows cross-sector contribution in the achievement of certain key child indicators. The lack of a common Theory of Change presents an obstacle to integration or system thinking and convergent approaches. UNICEF's sectoral interventions are very broad, covering a range of activities and interactions at central level and in certain targeted regions (provinces, districts, and communities). As mentioned in para 56 the programme is quite siloed without a standardised approach to ensure coherence between sectors.
75. Despite some overlaps or duplication of activities noted in Finding 9 above, evaluation also found cross-sector synergies and interactions. Positive examples include: 1) integration of policy and financing for children's programme components, which aimed at contributing to the reduction in multidimensional poverty through advocacy for results-based financing for children across sectors; 2) synergies between Education and Child Protection (CP) (promotion of safe and protective learning environments from pre-schools to junior secondary schools, as well as teacher training in CP and positive discipline); 3) synergies between Education and WASH (upgrading physical school environments through the provision of clean water<sup>89</sup> and latrines, as well as support to MHM in schools); 4) synergies between Child Protection, Social Inclusion and Governance interventions (in particular cash transfers and increased access to child protection and other social services); 5) intersections between Child Protection and Health, 6) WASH and C4D-SBCC contributions to the mainstreaming of Climate resilience; 7) intersections between Health and Nutrition; 8) intersections between WASH and Nutrition; 9) intersections between thematic components and IECD; 10) COVID-19 response; etc. (see [Annex 8](#) for a detailed overview of synergies). Except for C4D-SBCC and the new emerging Climate Programming (under the WASH lead) which were developed more recently; other cross-component interactions happened within the evolution of the programme and with full awareness of the need for systematizing the planning or as interventions to seize openings in terms of Government priorities, needs or interests, rather than because of systematic higher-level planning. Examples include the CO's development of an IECD TOC at the start of COVID-19 to mitigate the socioeconomic impact of the pandemic, with a subsequent IECD plan for the office. This led to IECD funding to several sections working together (e.g from USAID, Australia Natcom).
76. A hindrance to convergence was found to be a lack of UNICEF's definition or joint understanding of what convergence means in terms of their work, leaving it open to interpretation. Some UNICEF stakeholders considered it an artificial construct and not sufficiently thought through in terms of specific common goals. Others considered it unnecessary for everything to be linked, noting that some areas (from a technical perspective) do not necessarily need to converge. The 2021 CP Review was used as an opportunity to re-emphasise UNICEF's convergence ambition, particularly through a focus on IECD for the first decade of life, and Adolescent Development and Participation (ADAP) for the second decade. To operationalise this strategic direction,

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<sup>89</sup> Note: children are usually requested to bring their own 0,5 l. of safe water per day (provided at home). At schools, the current approach is the provision of clean water, not of safe drinking water.

UNICEF empowered the Kratie ZO to drive and coordinate IECD programmes in the north-east, in close liaison with all sections. A joint workplan/framework for IECD was designed to steer joint planning, implementation, monitoring, and resource mobilization for IECD. At the same time, the leadership over the ADAP programme implementation was committed to the Siem Reap ZO, with similar operational linkages with the CO in Phnom Penh. The IECD and ADAP interventions were also discussed and steered through IECD and ADAP Task Forces (with TORs and M&E frameworks). UNICEF interlocutors noted that these efforts have helped to coordinate joint efforts, though they are not sufficient to substantially boost convergence, at least in short to medium term, because both IECD and ADAP are vertically set, being implemented in one region each. The ET's document review, and corroborated by stakeholder interviews, reveals that zonal offices implement their respective programmes in isolation from one another and with limited human resources, with interventions focused almost entirely on their respective region. This hinders the outreach, efficiency, and potential for substantial convergence. The evaluation also found that ZO are still not fully empowered and capacitated to lead and implement ADAP and IECD respectively. IECD is attached to Nutrition while ADAP is attached to the Child Protection section, with these tasks added to already huge portfolios of section staff (since before 2021 review). The lack of exclusively dedicated staff at the CO, and lack of substantial empowerment of ZO leads, present a challenge regarding moving the programmes forward.

77. The most recent Generation Future pilot implemented by the Communications department was considered by some UNICEF stakeholders as a new opening for cross-cutting collaboration. However, this is just one of UNICEF's multiple youth-related initiatives included under the ADAP (life skills programme, youth engagement on climate, child protection and environment issues, youth employability, etc). The document review findings, corroborated by stakeholder interviews, show that each of these gather and support diverse youth groups, but without genuine interaction between them, leading to a multiplication of efforts and resources, and general fragmentation of offers, diminishing transformational potential.

## External convergence

*Finding 11. UNICEF's partnership approaches prioritize cooperation with government over, and sometimes at the expense of, collaboration with other development partners. Joint activities with other UN agencies were noted, yet more strategic convergence of efforts is warranted.*

78. UNICEF's partnership approaches are comprehensive and multi-pronged, encompassing engagement with a wide range of national, subnational, and international actors. UNICEF's participation in Government and UN-led working and sub-working groups, task forces and other technical bodies also contribute to enhanced information sharing and convergence (as confirmed by multiple informants (See [Annex 9](#) with an overview of UNICEF's engagement in such groups). For instance, the Nutrition sector was mentioned as a positive example of external convergence acceleration and joint-programming, through the recently funded Global Action Plan on Wasting (GAP) project in Cambodia (UNICEF-led, with FAO, WFP, and WHO) in partnership with the Government of Cambodia and other development partners), that will strengthen joint efforts to prevent and treat wasting. Some joint projects with UN agencies have been realized (e.g., the CLEAN Joint Programme proposal on innovative financing for private sector climate resilient, low carbon water and waste services in Cambodia, with UNDP and the United Nations Resident Coordinator's Office (UNRC)) that has facilitated inter-agency collaboration. Convergence with financial institutions (like the ADB and the WB) has been very much focused on technical issues, bilateral exchanges, and coordination.

79. However, the evaluation finds that UNICEF, in some sectors (disability inclusion more generally, and protection, adolescents), could have publicised more its commitment and efforts to other development and/or humanitarian partners.

#### 5.4 Achievement of Sector level results in Health and Nutrition, WASH, and Education (EQ 7, EQ 8, EQ 9)

##### 5.4.1 Health and Nutrition (EQ 7, EQ 8, EQ 9)

**Outcome:** *By 2023 pregnant women, mothers, new-borns, and children under the age of 5 years have increased equitable access to and the use of quality health and nutrition services, especially in the north-eastern provinces and among marginalized groups, including during emergencies.*

80. The health and nutrition component of the Country Programme aimed to increase equitable access and use of quality, affordable and sustainable health, and nutrition services, and focused on supporting the Royal Government of Cambodia to reduce maternal, neonatal and child mortality, strengthen the capacity of the health workforce and increase the coverage of health services.
81. Throughout 2020 and 2021, although support to the government's COVID-19 response was prioritized, UNICEF's health and nutrition work, and COVID-19 immunisation and infection prevention and control, positioned UNICEF as a key health and nutrition sector partner in Cambodia.

**Output 1: By 2023, the national and sub-national health system and service providers have improved capacity to deliver quality Maternal, Newborn and Child Health (MNCH) interventions**

*Finding 12. UNICEF's support in strengthening the implementation of high-impact MNCH and nutrition services and interventions at national and sub-national level is an important contribution to the national health system, supporting the scale-up of maternal health services as a continuum of care. Similarly, UNICEF's assistance to the national immunization programme is unanimously considered an important contribution to universal primary health care.*

82. The health and nutrition programme focused on the implementation of high-impact MNCH and nutrition upstream capacity strengthening at national level and support to services at sub-national level, particularly in the five north-eastern provinces of Kratie, Mondulkiri, Preah Vihear, Ratanakiri and Stung Treng.
83. The ET found that the UNICEF programme was instrumental in providing technical, financial and advocacy support to planning, policy and strategy development, direct support in capacity building and strengthening of service provision and strengthening health sector partner coordination. Significant results have been achieved in improving both the capacity and coverage of health and nutrition services, specifically in NE areas, despite limited nutrition budget, especially prior to COVID-19.
84. The focus of UNICEF's more sector-intensive work was to improve key MNCH indicators in hard-to-reach areas across the five north-eastern provinces, with invested efforts to scale-up maternal health services as a continuum of care: from antenatal care, skilled birth attendance, and post-partum and post-natal care with integrated early essential new-born care approaches.
85. During COVID-19, despite the country facing large-scale community transmission and lockdowns, most outputs and targets were achieved. With UNICEF's direct technical support, the MoH was able to maintain essential health services and effectively implement IPC against COVID-19. UNICEF's direct support to continued integrated health and nutrition community outreach services led to minimized disruption in the availability of health and nutrition services in NE provinces.

86. With UNICEF financial and technical support, hard-to-reach villages in north-eastern provinces received at least two rounds of integrated outreach services that included childhood immunization; antenatal check-up, post-natal care for mothers and newborns; micronutrients supplementation and deworming; and growth monitoring for under-five children. Stakeholders noted UNICEF's contribution to the continuity of essential services to mitigate the impact of the pandemic. However, despite this, quality and comprehensiveness were impacted by COVID-19 and related restrictions, leading to the decline in coverage of maternal, newborn and child health services. Barriers to health service utilization included fear of infection transmission, movement restrictions, and an overstretched health system. The proportion of pregnant women completing four antenatal care visits and receiving post-natal care as recommended dropped between 2020 and 2021, after a significant improvement from 2019-2020, despite UNICEF's efforts. Supporting the government to accelerate the quality and coverage of routine and essential health and nutrition services is considered a priority by multiple stakeholders, to ensure sustainability of results achieved before the pandemic.
87. **Capacity building:** UNICEF supported maternal, newborn and child health programme staff, engage with 1032 government health personnel- through on the job coaching, supportive supervision, and refresher training. Hospital midwives were also trained to coach health centre midwives on intensive neonatal care and early essential newborn care. Midwives deployed to remote health facilities received quarterly on-site coaching by provincial health authorities, with technical and financial support from UNICEF. The revitalization of midwifery and intensive newborn care coaching is expected to have positive results in the maternal and new-born care cases, especially in remote areas, as evidenced by this evaluation. Under the GAVI HSS, UNICEF provided substantial capacity building support to routine immunisation through cold chain/supply chain strengthening at all levels, community outreach and demand generation.
88. As per UNICEF reports, UNICEF also supported the capacity building of 459 Village Health Support Group members to implement IPC measures and promote routine MNCH services, benefiting 190,305 people. UNICEF also used new donor funding and partnerships (e.g DFAT/Australia; USAID) on COVID-19 health response and vaccination, to leverage Education, Social Protection, Child Protection and Communications programmes to facilitate a multi-sectoral approach that contributed to more equitable vaccination among specific vulnerable groups while expanding its cross-sectoral capacities in T4D and C4D to broaden programming for children. The integration of T4D and C4D interventions were appreciated by interviewed stakeholders, who noted innovative approaches that were employed to maximise the potential of UNICEF's interventions.
89. **Immunization:** Programme reports indicate that with UNICEF support, almost 90 percent of hard-to-reach villages in NE provinces received integrated outreach services, including routine childhood immunization. UNICEF's assistance to maintaining the immunization programme across the country, including COVID-19 immunisation, was unanimously considered an important contribution to the national health system. The consistent support provided to government on vaccine logistic procurement and immunization systems support, including the specific support to north-eastern provinces (indicators 1 and 2) greatly surpassed the targets.<sup>90</sup>
90. The focus of the UNICEF immunization efforts has been on strengthening the cold chain system through improved equipment and management, RCCE, increasing community awareness of and demand for immunization, and increasing immunization coverage in high-risk communities. Some of the key activities undertaken include technical support to develop web-based immunization supply chain management, and promoting its use; implementing a comprehensive cold chain maintenance plan, and implementing a communications strategy,

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<sup>90</sup> Based on UNICEF monitoring data



rolling out standard operation procedure guidelines for the immunization supply chain in provincial health facilities, and several other important activities.<sup>91</sup> UNICEF has worked to strengthen the national cold chain system through improved equipment and management, increased community awareness of (and demand for) immunization, and increased coverage in high-risk communities. Stakeholders recognize UNICEF's position and approach towards prioritizing routine health services and routine immunization through government funding allocation, stronger intersectoral collaboration and increased community engagement. Output targets were achieved despite constraints in implementation due to the pandemic. Based on the 2022 mid-year assessment, all 4 indicators under Output 1 were fully achieved or on track, with 3 them exceeded. Key indicators under Output 1 are shown in Table 1.

**TABLE 1 HEALTH - OUTPUT 1 - RESULTS**

<b>Output 1: "By 2023, national and sub-national health system and service providers have improved capacity to deliver quality MNCH interventions"</b>				
<b>Base line value</b>	<b>Target value (final)</b>	<b>Indicator unit</b>	<b>2021 Value (end-year assessment)</b>	<b>2022 Estimated Value (mid-year assessment- June 2022)</b>
<b>1. Proportion of hard-to-reach villages in north-eastern provinces received integrated outreach at least four times annually</b>				
50%	80%	Percent	88%	On track: 89%
<b>2. Proportion of reported malfunctioning fridges in north-eastern provinces repaired within two weeks</b>				
0%	80%	Percent	100%	On track: 89%
<b>3. Dropout rate between DTP1 and DTP3 coverage</b>				
18%	10%	Percent	2.6%	On track: -6%
<b>4. Proportion of health facilities in north-eastern provinces with dropout rate of DTP1-3 less than 10%</b>				
52%	70%	Percent	54.8%	On track: 57.4%

Source: Evaluation team based on UNICEF RAM reports and monitoring data

91. Despite continued UNICEF's support, the emerging needs, and priorities due to COVID-19 affected the extent to which government could spend on routine health services. This led to a drop in the proportion of children under 12 months of age receiving the 3<sup>rd</sup> dose of DPT. Recent data from the 2021-22 DHS survey suggests that DTP-1 coverage has dropped to 92% nationally from 94% in 2014 (increasing the "zero-dose" children<sup>92</sup> up to 8% from 6% in 2014), with the greatest zero dose burden in Ratanak Kiri, where 54% of children age 12-23 months are missing out, followed by 30% in Kampot. The drop-out rate for DPT vaccine between first and third doses remained low at national level (2.6%) but in the NE provinces, dropout rate average was of 10.52%)<sup>93</sup>. Interviewed stakeholders felt that this drop was beyond UNICEF's control, noting the need for sustained government's focus on maintaining high coverage of routine health services, even in times of crises. Overall, both DTP1 rates (94%) and DTP3 rates (92%) were high in 2021 for children under 5 years and the drop-out rate between first and third doses remained low (2.6%).

92. **Output 1: COVID-19 related indicator:** UNICEF supported the MoH to minimize COVID-19 related disruptions by supporting continued availability of health services, effective implementation of IPC against COVID-19, and prioritising the COVID-19 vaccine roll-out, along

<sup>91</sup> Gavi, "Targeted Country Assistance Plan Cambodia 2021", <https://www.gavi.org/programmes-impact/country-hub/western-pacific/cambodia>, accessed 12 October 2022. Other activities include performing immunization data analysis with a focus on reaching the most vulnerable and technical support at provincial and operational district (OD) level to train immunization service providers at Health Centres in the NE provinces, including providing monitoring and supportive supervision support.

<sup>92</sup> Children who haven't received a single dose of life-saving diphtheria, tetanus and pertussis-containing (DTP) vaccine – DTP-1 (first dose of DTP, usually administered at 6 weeks of age).

<sup>93</sup> Stung Treng (8.7%), Ratanak Kiri (12.7%), Kratie (17.6%), Mondul Kiri (11.9%) and Preah Vihear (1.7%). Source: CDHS 2021-2022.

with capacity building to handle the workload. There is ample evidence of UNICEF's key and effective role in supporting the Government on sector coordination, planning, monitoring, RCCE in close collaboration with Communications and C4D, and vaccine supply chain management and cold chain strengthening to respond to COVID-19 pandemic. Responses to the COVID-19 pandemic called for the reprioritization of some components and additional indicators were added to the Results Framework over the course of 2020 and 2021. Under this output, one new indicator was added on the number of health facilities supported by UNICEF in 2021 using COVID-19 funds. Table 2 shows that by mid-2021, 126 health centres were supported. In total, USD14.4 million was allocated by UNICEF for COVID-19 vaccine shipments during 2021-22.

**TABLE 2 HEALTH OUTPUT 1 – COVID-19 RELATED INDICATOR RESULT**

Base line value	Target value (final)	Indicator unit	2020 Value (mid-year assessment)	2021 Value (end-year assessment)	2022 Estimated Value (mid-year assessment)
<b>Number of health facilities that received UNICEF support to maintain essential maternal, newborn and child health services since COVID-19 disruptions; disaggregated by type of support [COVID]</b>					
0	110	Number	110	<b>126</b>	126
<b>Number of people benefiting from information related to COVID-19 RCCE including vaccines</b>					
0	1,000,000	Number		<b>12,000,000</b>	Achieved
<b>Proportion of COVID-19 vaccination designated health facilities in north-eastern provinces with at least two staff trained on COVID-19 vaccination</b>					
0	80%	Percent		<b>100%</b>	Achieved

Source: Evaluation team based on UNICEF reports

## **Output 2: By 2023, the national and sub-national health system and service providers have improved capacity to deliver quality nutrition-specific interventions**

*Finding 13. There have been significant efforts and successes in nutrition despite limited funding, reflected through succeeding to make good progress on all but one indicator under this Output. UNICEF's work to strengthen nutrition programming, assisting in systems strengthening for maternal and child nutrition provided through facility- and community-based delivery mechanisms is considered a significant contribution. Efforts in addressing wasting (acute malnutrition), remain an important intervention that needs to be scaled-up according to international minimum standards in areas of high and very high severe acute malnutrition (SAM) prevalence. Funding constraints and the COVID-19 response influenced these results.*

93. Maximising its strategic partner role in light of limited funding (see more on funding in Figure 2 in [Annex 10](#)), UNICEF has focused on upstream support to nutrition during the reference period, providing long-term support to the MoH/National Nutrition Programme (NNP) to improve and optimize nutrition services for children and pregnant women across Cambodia. This approach was effective in light of funding constraints, as upstream intervention brought important results. For example, UNICEF's strong advocacy and technical support resulted in national roadmaps (i.e., the development of FTRIN 2022-2030, Global Action Plan/GAP to prevent and treat wasting (2021-2023)) and resource mobilization plans and commitments (i.e., financial allocation for SAM treatment under the MoH and World Bank supported Cambodia Nutrition Programme). UNICEF also played a critical role in the Government maintaining the national budget for RUTF despite fiscal constraints and in supporting Government to strengthen national goals, plans and resource mobilisation for wasting prevention and treatment and Food Systems Strengthening (FSS).
94. UNICEF also effectively applied its convener role to support the government in convening partners to formulate Nutrition 4 Growth (N4G) commitments, aiming to increase investments in nutrition and accelerate actions across sectors. Advocacy, coordination, and technical support from UNICEF led to new commitments for nutrition at a time when the socio-economic impacts



of COVID-19 were increasing risks of malnutrition, particularly for the poorest and most vulnerable populations, as found by this evaluation.

95. The assessment of this output of nutritional results is, however, constrained by limited availability of disaggregated data (by sex, age, location, and disability). While the CP appropriately prioritised nutrition in northeast provinces, which have the highest child malnutrition rates, more disaggregated data would enable better identification and targeting of the most vulnerable. While changes in programme indicators over the past years suggests an improvement in performance of SAM treatment (e.g., reduction in drop out although defaulter rates are still high), the coverage of SAM treatment in NE provinces and across the country remains small, given limited resources available for community screening and referral. Recent funding opportunities will prioritise addressing these issues from 2023.
96. **Capacity Building:** To maximize coverage and efficiency gains, UNICEF focused on capacity building of health facilities and staff, and community outreach, for both health and nutrition (for example, delivery of key nutrition services through the health sector), which Government and development partners cited as an effective approach with sustainability potential. Under Output 2, UNICEF planned to strengthen the capacity of the health system<sup>94</sup> to identify and treat earlier groups that are most at risk from prevalent forms of malnutrition, through the screening and management of SAM. UNICEF also supported the capacity building of health care workers on early identification and treatment of wasting. Despite the COVID situation, decentralized trainings were delivered to health workers focusing on the early identification of SAM cases during outreach services and referral of malnourished children to health facilities for treatment.
97. Despite limited resources, UNICEF Cambodia has made important contributions to mobilize additional resources to improve SAM identification and treatment (midterm) through the GAP framework. It also assisted in systems strengthening for maternal and child nutrition provided through facility- and community-based delivery mechanisms, aiming at maintaining the continuity of essential nutrition services. Leveraging COVID-19 funding, UNICEF was able to continue supporting integrated community outreach for nutrition counselling and community-based screening.
98. The COVID-19 pandemic decreased uptake in services and movement, limited time availability of health workers and limited resources for scale up on the side of the government. However, available data from internal UNICEF 2022 mid-year assessment shows 5 out of 6 indicators under Output 2 were fully achieved or on track and only one constrained (Table 3). Key successes include already exceeding the target for caregivers of young children receiving IYCF counselling support through facility-based services and community-based platforms supported by UNICEF (#2). Health screening reached 61 preschools in IECD enhanced monitoring districts, benefiting 1,922 children aged 3-6 years (#6). In the first half of 2022, 56 percent of the final target figure had been achieved.
99. Government and other stakeholders noted the relevance and utility of all UNICEF interventions for improvement of services, which have contributed to an increase of SAM programme cure rate (68%).

**TABLE 3 HEALTH OUTPUT 2 – NUTRITION INDICATOR RESULTS**

<b>Output 2: By 2023, national and sub-national health system and service providers have improved capacity to deliver quality nutrition-specific interventions</b>				
<b>Base line value</b>	<b>Target value (final)</b>	<b>Indicator unit</b>	<b>2021 Value (end-year assessment)</b>	<b>2022 Estimated Value mid-year assessment)</b>

<sup>94</sup> In four north-eastern provinces (Kratie, Preah Vihear, Ratanakiri and Stung Treng). Additionally, Growth Monitoring and Promotion (GMP - increasing the availability of growth monitoring) in health facilities and communities, was targeted to the same four provinces plus Mondolkiri.

1. Number of boys and girls with severe acute malnutrition admitted for treatment by sex and age (national - annually)				
5,182	7,000 (annual target)	Number	4,950	Constrained: Half-year data 2,307 (70% of the half-year target)- 2023 target is possible to achieve with the funding allocated for scale up to reach the intended target
2. In humanitarian situations: Number of primary caregivers of children aged 0-23 months who received optimal infant and young child feeding (IYCF) counselling				
480,000	520,000	Number	501,139	On track: 293,737
3. Number of health and nutrition workers trained on management of SAM as per national standards				
284	800	Number	864	Achieved: 261
4. Amount of national budget allocated for commodities for the management of severe acute malnutrition (USD) [non-cumulative]				
160,000	220,000	\$US amount	180,000	Achieved: 180,266
5. Number of health workers trained on new Integrated Early Childhood Development (IECD) job aids which are gender responsive and disability inclusive				
0	130	Number		On track: Development of material completed. Training of master trainers conducted. On track
6. Number of school aged children receiving nutrition services through schools with UNICEF support in the reporting year				
0	4,700	Number		On track: 1,922 (975 female (51%) and 947 male (49%)) received nutrition services at pre-schools (2022 target is 3000)

Source: Evaluation team based on UNICEF reports

100. **Wasting:** UNICEF remains the main partner supporting MoH to prevent and treat wasting in the country. UNICEF's continuous technical support and advocacy have led to mobilized funding to scale up modelled interventions in 4 new provinces with previously no SAM treatment services by MoH. Acute malnutrition treatment is mainstreamed into routine MoH Program and Primary Health Care package, available information (including 2021 UNDAF results) shows that targets for wasting coverage and scale up are behind, mainly because of fiscal limitations including for community screening-referral.
101. The evaluation found that UNICEF's technical support and advocacy leveraged financing from the Cambodia Nutrition Project (CNP) by MoH, World Bank and other donors (Global Financing Facility, DFAT, KOICA, Germany/KfW), in bringing more resources into wasting including RUTF commodities, where previously the CNP only focus on prevention of stunting alone. With UNICEF's support, Cambodia became one of the frontrunner countries globally to develop the GAP Wasting roadmap, which enabled UNICEF to an additional USD 3.4 million (from the donor ClIFF) to support efforts to eliminate wasting. Leveraged resources are expected to enable the government to scale up successful models further, interventions which are viewed by most KI as needed.
102. **Evidence Generation and Advocacy:** UNICEF played a leading role in data and analysis generation (i.e., SE survey results on food security and nutrition, gap analyses, etc) and their dissemination, and on advocacy and resource mobilization to support wasting prevention and treatment (GAP roadmap, N4G Commitment). This work resulted in attracting key donor' funding for nutrition as detailed above.
103. UNICEF conducted in-depth analysis to identify the drivers of malnutrition and indicate the disparities and levels of vulnerability using the available data (the 2014 CDHS report). This

helped define the current country program strategies and programming and provided data and evidence for the investment case of the CNP. UNICEF also contributed to the COVID-19 Socio-Economic Impact Assessment, which included an analysis of the COVID-19 impact on Food Security and Nutrition. This was considered useful by interviewed stakeholders for advocacy for social cash transfer program to the most affected population. UNICEF also played a major role in institutionalizing SAM and GMP data through advocacy and technical support and showing the gaps and challenges in current SAM treatment reporting and demanding to integrate key nutrition indicators into the Health Management Information System (HMIS).

104. Both document review and stakeholders indicate that UNICEF played a positive role in advocating for Government budget allocations for, nutrition to ensure continuous availability of treatment.<sup>95 96</sup> UNICEF supported budget analysis and a gap/needs analysis as part of the GAP national roadmap, considered by key Government stakeholders as an important leverage to better understand budget needs and commitments for scaling-up wasting treatment, including advocacy actions towards a gradual increase of the national MoH for RUTF. This involved technical support and advocacy alongside the PF4C.<sup>97</sup> Some of the activities were delayed due to pandemic restrictions: trainings and workshops were cancelled or postponed due to limits on gatherings, although these picked up again during 2022.
105. **Output 2 - COVID-19 related indicators:** UNICEF supported the MoH to issue guidance on how to implement safe nutrition outreach service during COVID-19. The use of this guideline helped to ensure continuity of health and nutrition services through community-based outreach services, including outreach nutrition screening. According to UNICEF data, the outreach interventions managed to screen 100,000 children under five in 2020 and 61,000 in 2021 through village level activity, screening integrated with SBCC actions to promote nutrition, counselling, and information on hygiene practices related to infant and young child feeding for pregnant women and mothers with children under the of age two years. The outreach screening sessions have been conducted mainly in hard-to-reach areas where families have the challenge to visit health facilities for regular health and nutrition services.
106. Two new indicators were added to respond to the COVID-19 situation, as shown in Table 4 below. Using social media and other communication channels, and working via school after their reopening, both targets have been met.

**TABLE 4 HEALTH OUTPUT 2 – NUTRITION - COVID-19 RELATED INDICATOR RESULTS**

Base line value	Target value (final)	Indicator unit	2020 Value (mid-year assessment)	2021 Value (end-year assessment)	2022 Estimated Value (mid-year assessment)
<b>1. Number of primary caregivers of children aged 0-23 months who received IYCF counselling and messages through facility, community outreach, social media and other communication channels with UNICEF support in the reporting year</b>					
0	44,300	Number	<b>48,168</b>	56,000	Not available
<b>2. Number of school age children receiving nutrition services through schools with UNICEF support in the reporting year</b>					
0	500,000	Number		<b>763,865</b>	763,865

Source: Evaluation team based on UNICEF reports

<sup>95</sup> UNICEF Cambodia, “Cambodia Maternal, Newborn and Child Health”, March 2019, <https://open.unicef.org/sites/transparency/files/2020-06/Cambodia-TP1-2018.pdf>, accessed 10<sup>th</sup> October 2022.

<sup>96</sup> UNICEF Cambodia, “Cambodia Maternal, Newborn and Child Health”, March 2019, <https://open.unicef.org/sites/transparency/files/2020-06/Cambodia-TP1-2018.pdf>, accessed 10<sup>th</sup> October 2022.

<sup>97</sup> The Policy and Public Financing for Children programme (PPF4C) focuses on reducing multi-dimensional child poverty in Cambodia, particularly for children living in urban and rural poor areas, children from ethnic minorities, and children with disabilities

107. **Communication:** UNICEF supported IYCF was integrated into COVID-19 risk communication, and it was estimated that as a result, information on breastfeeding and nutrition practices reached 2.8 million people. UNICEF also leveraged Education, Social Protection, and communication platforms to reach school-aged children and their caregivers by integrating nutrition into the MoEYS' Home Learning Package, which benefitted 763,865 primary school children. Nutrition content was also integrated into MOSVY's cash transfers programme reaching 110,000 cash transfer beneficiaries.
108. In the absence of survey data on behaviour change (promoted through IYCF, outreach, SBCC, etc.) (#1), it was not possible to assess the effectiveness of the communication approach, but key stakeholders indicated this activity had positive influence on better infant feeding practices, and better utilization of core and subsidized MNCH.
109. **Multi-sectoral approach:** The ET highlights the critical role that the health and nutrition programme played in strengthening the multi-sectoral and SBCC approaches using COVID-19 resources as leverage and entry points. Strengthening cross-sectoral capacities and roles in the areas of T4D and C4D, went beyond benefiting only the COVID-19 health response, it strengthened UNICEF's broader, routine programming for children across multiple sectors, mitigating the impact of COVID-19 in the longer term, through use of digital innovation and more effective strategies to identify, reach the unreached and bring them closer to services.
110. UNICEF also used the opportunity to ensure stronger cross sectoral approaches in health, , integrating youth engagement on climate change from the food and nutrition angle into the CO's climate change action plan and new ADAP strategy. The Mid-term review found that UNICEF reviewed its priorities in health and nutrition and focused efforts towards strengthening integrated, multi-sectoral approaches, such as IECD programme to include strengthened routine childhood immunisation, promote nurturing care behaviours, quality nutrition counselling and more effective management of SAM. Uncertainty of funding and the socio-economic impact of COVID-19 were the driving factors for UNICEF to rethink the use of resources towards more integrated approaches to better mitigate COVID-19's impact on children and their families. UNICEF is using best practices and lessons from COVID-19 to support the Government in strengthening equitable primary health care (e.g digital innovation for a new electronic immunisation record for both COVID-19 and routine childhood vaccinations).

#### 5.4.2. Achievement of outcome level results

111. Based on desk research and stakeholders' inputs, this evaluation found that UNICEF's technical and financial contributions promoted equitable access to quality health and nutrition services to pregnant women, mothers, new-borns and children under the age of 5 years, towards the achievement of target indicators in the area of health and nutrition. This was achieved through targeted interventions in policy development, capacity building and service delivery, and sector and resource mobilization.
112. Program implementation data suggest that outcome indicators in targeted vulnerable NE areas are improving (e.g., ANC, PNC, live births with skilled attendant). However, it is hard to assess outcomes in some areas where there is limited disaggregated data (e.g., immunization and SAM management). However, across several indicators, coverage of key health services in some NE provinces is increasing from year to year whilst others remain underperforming, given the large structural inequities they face. UNICEF's role as a key partner in MNCH and nutrition is instrumental in the achievement of these results. The improved/recovered (identified by UNICEF as "cured") and defaulter rates (see table below) is also indicative of improved quality of services, though challenges remain to meet international standards that correspond to the management of SAM (including unknown survival rates by age, sex and province). NE provinces

are the only provinces that have widely available SAM treatment services in health facilities (compared to other provinces), indicative of UNICEF investment in wasting in most vulnerable parts of the country including the northeast. UNICEF's technical support and advocacy have led to mobilized funding to scale up interventions in 4 new provinces with no SAM treatment services by MoH. The ET notes that this remains an important intervention that needs to be scaled-up in areas of high and very high SAM prevalence.

113. Data from the 2022 mid-year assessment shows that four of the regular programme indicators were fully achieved by June 2022 (#1, #2, #4, #6); two are partially achieved (#3, #5), one is missing (no value) (#7); and all the COVID-19 related indicators were surpassed. Although the available data sources do not allow disaggregation, there is ample evidence to suggest that geographical targeting of UNICEF's health and nutrition programme in the NE provinces represents a critical part of the CPD's equity approach.

**TABLE 5 HEALTH AND NUTRITION OUTCOMES - RESULTS**

<b>Outcome: "By 2023 pregnant women, mothers, newborns and children under the age of five years have increased equitable access to and the use of quality health and nutrition services, especially in the north-eastern provinces and among marginalized groups, including during emergencies"</b>				
<b>Base line value</b>	<b>Target value (final)</b>	<b>Indicator unit</b>	<b>2021 Value (end-year assessment)</b>	<b>2022 Estimated Value (mid-year assessment)</b>
<b>1. Women attended at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy</b>				
National: 66.7%; (Kratie: 35.8%, Preah Vihear: 49.7%)	National: 75%	Percent	National: 48,25%; (Kratie: 27,19%, Preah Vihear: 35,42%)	National: 97.5%; North-eastern provinces average: 83,7% (Kratie: 65.8%, Preah Vihear: 93.8%, Stung Treng: 86.8%, Ratanakiri: 84.3% and Mondolkiri: 87.8%) (CDHS 2021-2022 value)
<b>2. Percentage of live births attended by skilled health personnel (doctor, nurse, midwife, or auxiliary midwife) (national)</b>				
78.55%	85%	Percent	65.58%	<b>99%</b> (CDHS 2021-2022 value)
<b>3. Births delivered in a health facility (in north-eastern provinces)</b>				
82%	88%	Percent	North-eastern provinces average: 63.13%	North-eastern provinces average: 71.3% (Kratie: 97%, Preah Vihear: 58.9%, Stung Treng: 69.3%, Ratanakiri: 56.1% and Mondolkiri: 75.2%) (CDHS 2021-2022 value)
<b>4. Mothers receiving postnatal care within two days of childbirth</b>				
67%	80%	Percent	34%	<b>85.5%</b> (88.1% urban and 82.9% rural) (CDHS 2021-2022 value)
<b>5. Children &lt;1 year receiving measles-containing vaccine (MCV-1) at national level</b>				
78%	85%	Percent	83%	Not available
<b>6. Percentage of children aged 6-59 months with severe acute malnutrition (SAM): a) who are admitted for treatment and recover; b) who are admitted for treatment and default</b>				
Cured rate: 55% Defaulter rate: 35%	Cured rate: 60% Defaulter rate: 20%	Percent	Cured rate <b>68%</b> . Defaulter rate: 32%	Achieved 2023 target as of end of 2021 data

Source: Evaluation team based on UNICEF reports

114. Throughout CPD implementation, UNICEF supported system strengthening through facilitating the development of strategies and roadmaps, mobilizing resources, and providing direct services. Stakeholders have noted UNICEF's role in improving the capacities of service providers and expanding integrated service delivery in hard-to-reach operational districts in the north-eastern provinces. Document review and stakeholder interviews provide evidence of UNICEF's contributions to increasing availability of essential MNCH and nutrition services for hard to reach and marginalized populations, contributing to the recorded improvements in the coverage of antenatal care, skilled attendance during delivery, postpartum care, and reduction of drop-out rates of vaccines. Outreach services were complemented with facility-based service

delivery and monitoring system strengthening. UNICEF also initiated and supported expanded community-based integrated services for children<sup>98</sup>.

115. Between 2021 and 2022, there was a striking increase in ante-natal care (ANC) 4+ visits (#1), skilled birth attendance (#2), and post-natal care (PNC) within two days (#4). This is very positive, and MoH reports indicate that UNICEF's support in providing integrated health and nutrition outreach services substantially brought services closer to communities helping address the access and coverage barriers, though outstanding issues remain. The number of births delivered in a health facility (#3) in the north-eastern provinces also shows some improvement in 2022, but it is still below the 2019 baseline (which stakeholders linked to pandemic related factors that many women chose to deliver in private settings).
116. Improved cure and defaulter rate is indicative of improved quality of services. The increase of the SAM cure rate from 59 percent in 2020 to 68 percent in 2021 (#6), and a reduction in defaulters from 40 percent to 32 percent in the same years, are positive achievements. The fact that NE provinces are the only provinces that have full wide SAM treatment services in health facilities (compared to other provinces) strongly speaks to UNICEF's investment in wasting in most vulnerable parts of the country.
117. Improved SAM cure and defaulter rate is also indicative of improved quality of services. The increase of the SAM cure rate from 59 percent in 2020 to 68 percent in 2021 (#6), and a reduction in defaulters from 40 percent to 32 percent in the same years, are positive achievements. The fact that NE provinces are the only provinces that have full, widely available SAM treatment services in health facilities (compared to other provinces) strongly speaks to UNICEF's investment in wasting in most vulnerable parts of the country.
118. CDHS immunization coverage data between 2014 and 2021/2022 shows overall improvement in northeast provinces when considering full vaccinated children against basic antigens. Many NE provinces are not far off to the national average, and higher than other provinces in the country where there was less intensive integrated health and nutrition community outreach by MOH, as in NE with support of UNICEF. Table 7 below shows CDHS immunization coverage indicators between 2014 and 2021/2022 for all provinces including the NE ones where UNICEF has provided a lot of sub-national and community level.

**TABLE 6 IMMUNIZATION COVERAGE**

	Province	DPT- HepB- Hib 1		DPT- HepB- Hib 3		MR 1		Fully vaccinated (Basic antigens)	
		2014	2021- 22	2014	2021- 22	2014	2021- 22	2014	2021-22
	Banteay Meanchey	96.6	90.10	94.0	87.60	93.4	87.60	91.3	84.20
	Battambang	98.4	100.00	95.4	95.60	89.6	88.70	89.2	88.70
	Kampong Cham	81.1	95.80	70.6	93.50	64.1	85.90	56.8	85.90
	Kampong Chhnang	98.2	99.00	86.3	91.90	74.6	81.20	74.6	81.20
	Kampong Speu	97.3	94.30	78.2	84.20	66.5	81.00	66.5	76.90
	Kampong Thom	94.8	86.30	82.0	76.90	74.1	76.00	70.9	66.60
	Kampot	93.1	70.30	80.0	65.30	81.1	84.20	72.0	61.70

<sup>98</sup> Activities were conducted to help families, communities and schoolteachers identify and follow children with illness and/or impairment that could benefit from early, immediate and/or ongoing medical attention. UNICEF supported implementation of compressive nutrition program which is integrated in to the health system. The major programs supported were Management of Sever Acute Malnutrition (SAM), promotion of Maternal Infant and Young Child Nutrition and salt iodization.



	Kandal	100.0	95.10	81.5	87.40	75.2	92.20	64.5	84.30
	Koh Kong	98.0	79.10	92.0	60.80	86.4	67.30	82.6	49.00
<b>UNICEF Support</b>	Kratie	89.5	97.10	72.8	79.50	79.7	75.10	65.1	72.40
<b>UNICEF Support</b>	Mondul Kiri	79.7	89.10	55.9	77.20	62.8	71.00	43.9	63.80
	Phnom Penh	100.0	93.80	93.1	81.50	91.0	85.40	89.1	75.30
<b>UNICEF Support</b>	Preah Vihear	93.1	86.50	79.3	84.80	62.8	70.20	55.6	69.10
	Prey Veng	89.8	98.80	76.0	92.10	63.2	78.50	61.7	78.50
	Pursat	94.0	-88.00	83.3	73.40	88.9	68.80	79.7	62.50
<b>UNICEF Support</b>	Ratanak Kiri	79.7	46.10	55.9	33.40	62.8	52.60	43.9	33.40
	Siem Reap	99.0	98.00	90.9	92.20	85.1	92.40	78.6	81.30
	Preah Sihanouk	98.0	78.60	92.0	77.70	86.4	70.00	82.6	63.30
<b>UNICEF Support</b>	Stung Treng	93.1	90.30	79.3	81.60	62.8	71.60	55.6	64.70
	Svay Rieng	90.9	97.10	88.8	83.50	86.7	83.10	82.7	81.20
	Takeo	99.8	93.50	97.9	83.50	94.2	80.80	87.8	77.40
	Otdar Meanchey	92.7	84.90	83.4	82.10	85.3	89.10	75.0	63.40
	Kep	93.1	96.80	80.0	84.70	81.1	86.50	72.0	74.70
	Pailin	98.4	81.30	95.4	77.70	89.6	76.60	89.2	76.60
	Tboung Khmum		92.70		85.60		85.90		80.50
<b>National</b>	National	94.0	92.3	83.7	84.1	78.6	83.1	73.4	76.4

Source: CDHS preliminary report 2020-21

119. **COVID-19 related indicators:** Since the start of the pandemic, UNICEF's focus has been the response to COVID-19 and its central role in the SERF's Health First pillar. With more emergency funding available, additional support was provided to essential routine programming and community integrated health and nutrition services, sub-national capacity building in targeted provinces, etc. It is important to highlight that prior to the pandemic, the health programme had limited funding (even to support the CPD plans). Table 7 shows the added COVID-19 indicators all of which have been achieved/surpassed.

**TABLE 6 HEALTH OUTCOME – COVID-19 RELATED INDICATOR RESULTS**

Base line value	Target value (final)	Indicator unit	2020 Value (mid-year assessment)	2021 Value (end-year assessment)	2022 Estimated Value (mid-year assessment)
<b>1. Proportion of priority groups that receive the complete dose of COVID-19 vaccines</b>					
0	85%	Percent		<b>90%</b>	Achieved
<b>2. % of wastage of COVID-19 vaccines</b>					
0	Less than 5%	Percent		Less than 5% (estimated to be <b>around 0.3%</b> )	Achieved
<b>3. Number of people benefiting from information related to COVID-19 RCCE including vaccines</b>					
0	1,000,000	Number		<b>12,000,000</b>	Achieved
<b>4. Proportion of COVID-19 vaccination designated health facilities in north-eastern provinces with at least two staff trained on COVID-19 vaccination</b>					
0	80%	Percent		<b>100%</b>	Achieved

Source: Evaluation team based on UNICEF reports

120. All four indicators have been surpassed, and UNICEF's contribution to the successful National Deployment and Vaccination Plan (NDVP)<sup>99</sup> is widely recognized by the Government,

<sup>99</sup> MOH. 2021. National Deployment and Vaccination Plan For COVID-19 Vaccines – National Immunization Program. Phnom Penh. The plan was updated several times



UN agencies and development partners. UNICEF played a key role in vaccine supply chain management and cold chain strengthening in support of the Government, based on a detailed cold chain capacity assessment and modelling exercise to enable use of mRNA vaccines. This enabled the Government to diversify the vaccine portfolio and to have a low reported wastage rate (#2), as other partners have noted.<sup>100,101</sup>

121. Numerous informants confirmed (supported by documented evidence), that the NDVP was consistent with international norms and safeguards regarding the inclusion of marginalized and vulnerable groups. Key stakeholders confirmed that UNICEF's long-standing country presence, immunization expertise and field proximity helped the MoH to strategize how to best reach disadvantaged and more remote populations for vaccination, expanding vaccine delivery options from exclusively hospitals (as in the first phase) to selected health centres and mobile clinics in remote areas, thus greatly increasing the number of delivery points.<sup>102</sup>

### 5.4.3 WASH

**Outcome:** *By 2023, girls and boys, particularly the most vulnerable, have increased equitable access to, and sustainable use of safe water, and adoption of safe sanitation and hygiene practices, including during humanitarian situations.*

122. The WASH component of the CP aimed to increase equitable access and sustained use of water, and the adoption of safe sanitation and hygiene practices, to achieve compelling results in children's survival, health, and education. Three outputs were designed to deliver this outcome, and the Evaluation Team's findings, based on data from multiple sources, and their transformative potential, are given below.

**Output 1: By 2023, national and sub-national authorities have strengthened capacity to plan, coordinate, and monitor inclusive, quality, child-focused WASH services to communities and institutions (schools and health care facilities), including in emergencies.**

*Finding 14. The WASH programme has made consistent efforts to build more capacity on the sub-national level (focusing on rural WASH), showing a coherent balance of investment and prioritization between national level policy guidance and policy implementation support (national and sub-national levels). The WASH support contributed to identifying key challenges for the operationalization of the WASH policies within the framework of D&D process roll out.*

123. Output 1 addresses the enabling environment, and all indicators, as shown in Table 8, are on track and expected to be achieved by the end of 2022. One indicator (#4) is already fully achieved.<sup>103</sup>

**TABLE 7 OUTPUT 1 – WASH (ENABLING ENVIRONMENT) - RESULTS**

Output 1: "By 2023, national and sub-national authorities have strengthened capacity to plan, coordinate, and monitor inclusive, quality, child focused WASH services to communities and institutions (schools and health care facilities), including in emergencies"				
Base line value	Target value (final)	Indicator unit	2021 Value (end-year assessment)	2022 Estimated Value (mid-year assessment)

<sup>100</sup> UNICEF. 2021. UCC analysis and potential scenarios in Cambodia (PowerPoint presentation). Phnom Penh.

<sup>101</sup> ADB, Vaccine Needs Assessment, Cambodia Rapid Immunization Support Project, <https://www.adb.org/sites/default/files/linked-documents/55104-001-ld-01.pdf>, accessed 6 October 2022.

<sup>102</sup> MOH. 2021. Master Plan for COVID-19 Vaccination Deployment – 31 April 2021 (PowerPoint presentation).

<sup>103</sup> Four more indicators, in response to adaptation to climate change and climate resilient priorities, were added to this Output for the 2022 and 2023 Results Matrix, but have not yet been measured. These new indicators support the prioritization by the Ministry of Rural Development to accelerate access to climate finance for climate resilient WASH actions identified in Cambodia's 2020 National Determined Contributions (NDCs), and to develop a capacity building programme for key Government officials at various levels to mainstream climate resilience into WASH development planning and programming processes.

1. Proportion of target communes in which budget allocated in commune investment plan for rural WASH <i>The ET points out that these values should either be given as a percentage or a number, but this is what is in the Results Framework.</i>				
1	191	Number	105	132
2. Number of RGC annual WASH progress reports based on management information system data				
0	5	Number	3	Expected to be achieved
3. Number of target provinces with biannual provincial WASH TWG meetings using data to track ODF progress				
0	6	Number	3	Expected to be achieved
4. Number of target provinces with WASH emergency preparedness and response plans				
0	6	Number	6	Achieved

Source: Evaluation team based on UNICEF reports

124. **Capacity Building** UNICEF WASH programme has made consistent efforts to increase capacities at national and sub-national levels, through investment and support to delivering policy guidance and implementation support in key areas, including the formulation of state rural WASH budget. This has helped make more efficient use of available resources, and addressed challenges faced by ongoing rollout of the D&D reforms related to functions, resources, and responsibilities for the lower administrative levels.
125. Key Government partners in this area are Ministry of Industry, Science, Technology and Innovation (MISTI) and the Ministry of Rural Development (MRD). Government stakeholders indicated that they very much appreciated the broad support UNICEF is giving in this sector including catalytic contribution to the achievement of results through the convening of key partnerships with government, CSO, and private sector stakeholders.
126. A key part of the D&D reforms is to move decision making, functions related to service delivery and budget responsibilities to local levels, thus empowering local authorities to plan and implement necessary improvement for service reach, supporting the development of their operational and management capacity. To this end, UNICEF has helped over 132 communes (#1) build a WASH component into their local planning. Mapping of rural water supply in five provinces was undertaken to help prioritize available resources. UNICEF gave technical support to the MRD and 25 provincial departments to develop their 2022 budgets, and to ensure that WASH was included to allow them to undertake their basic responsibilities in the sector.
127. Improving data management and information has been key to support the sector with an improved regulatory framework and guidelines for ensuring sustainability of the water supply management arrangements. An assessment on the sustainability of rural water supply including source point solutions and community-based piped systems has been undertaken, along with technical support to ensure the mainstreaming of climate risk assessments into the on-going revision of the MRD and MISTI's water safety plan guidelines for water supply (both rural and urban). Indicator #2 shows progress reports are being generated.
128. Five provincial WASH technical working groups (TWGs) in six target provinces meet regularly, and UNICEF tracks and supports new TWGs as they are established. WASH emergency preparedness and response plans (#4) have been prepared for six provinces, and Development Action Plans developed in three provinces, with support from UNICEF and partners. UNICEF's proactive engagement and convener role was considered as constructive by interviewed stakeholders.

**Output 2: By 2023, state and non-state actors have strengthened capacity to implement programmes to increase equitable access to basic, safe, climate resilient water supply for people at home, in schools, and health care facilities in targeted UNICEF districts.**

*Finding 15. UNICEF provided effective support to the Government partners to repurpose WASH coordination, planning, and information management arrangements for emergency response – including COVID-19*

129. For Output 2, two of the four indicators (#1 and #3 in Table 9) were already achieved by mid-2022. The other two are likely to be reached by the end of 2022. One new climate resilience indicator was added to this Output for the 2022 and 2023 Results Matrix, but it has not yet been measured.<sup>104</sup>

**TABLE 8 OUTPUT 2 – WASH (EQUITABLE SANITATION AND HYGIENE) - RESULTS**

<b>Output 2: "By 2023, state and non-state actors have the capacity to implement programmes to increase equitable access to basic sanitation and hygiene for people at home, in schools, and health care facilities, in targeted UNICEF districts"</b>				
<b>Base line value</b>	<b>Target value (final)</b>	<b>Indicator unit</b>	<b>2021 Value (end-year assessment)</b>	<b>2022 Estimated Value (mid-year assessment)</b>
<b>1. Number of target districts with at least one sanitation business</b>				
16	19	Number	<b>19</b>	<b>Achieved</b>
<b>2. Number of target health care facilities meeting SDG basic sanitation and hygiene service levels, including through sex separated and accessible latrines, with MHM services</b>				
0	25	Number	15	Expected to be achieved
<b>3. Number of target schools meeting SDG basic sanitation and hygiene service levels, including through sex separated and accessible latrines, and Menstrual Hygiene Management (MHM) services where appropriate</b>				
0	187	Number	142	<b>187 (Achieved)</b>
<b>4. Number of additional people with access to climate-resilient sanitation services as a result of UNICEF support</b>				
62,316	360,000	Number	243,030	Expected to be achieved

130. Source: Evaluation team based on UNICEF reports

131. The JMP reports show Cambodia's excellent progress on improving priority WASH indicators, including ranking Cambodia between 2015 and 2020/2021 as:

- the most successful country in the world in reducing the percentage of schools with no hygiene service;
- the most successful country in the world in reducing household open defecation;
- the second most successful in the world in increasing basic household sanitation;
- the ninth in the world in increasing basic household hygiene.

132. There were also significant challenges:

- financing gaps and insufficient state investment for rural WASH services;
- poor access to safe water and sanitation disproportionately affecting rural communities, with 25 percent of the rural population still practicing open defecation, and only 65 percent having access to a basic water supply;
- access to safely managed water and sanitation shows even more disparities between urban and rural areas, and inequities between the richest and the poorest.

133. Feedback from multiple sources indicates that UNICEF's WASH programme is closely aligned with the Government's priorities and national targets, but these do not always reflect adherence to international minimum standards, such as WASH activities and facilities in schools (insufficient ratio of facilities for boys/girls, disability adaptation, etc.). Government commitment and financing for rural WASH programming remains insufficient to make any substantial progress.

134. The plan to increase access to sanitation activities through the private sector (#1) has resulted in the WASH programme working with 19 local businesses in Kratie rovince on the designs of climate resilient and safely managed sanitation facilities, adapted from the MRD

<sup>104</sup> Number of additional people with access to climate-resilient sanitation services as a result of UNICEF support.

guidelines and manuals. The programme has field-tested these facilities in flood risk areas with the local authorities. While this is above the set target, it remains very localized. Other private sector initiatives have included working with bottled water producers about improving quality and aiming for a standard mark.

135. Indicators #2, #3 and #4 are all on track despite funding constraints for the WASH programme. In several provinces, activities such as delivering pro-poor latrine 'smart subsidies' to vulnerable groups, in conjunction with the MRD, have been delayed due to COVID-19 restrictions; as have the MRD's guidelines for transferring key functions to the sub-national level. A market assessment of the sanitation sector in the north-eastern provinces is currently underway.
136. Secondary data and primary-level feedback to the evaluation, particularly from Government stakeholders, highlighted some other important contributions and approaches by the WASH programme that are not captured under these indicators. Action to address sanitation and hygiene bottlenecks included systems strengthening work to accelerate and scale up open defecation free (ODF) sanitation results and inclusion of hand hygiene in Cambodia's ODF criteria and are detailed elsewhere in this report.
137. The COVID-19 pandemic impacts on existing programmes with new priorities. KII confirmed that UNICEF had delivered a strong emergency response in the WASH sector, working with the Government and sector partners to ensure a coordinated approach on work plans, the monitoring frameworks, etc. As Table 10 shows, both new indicators for sanitation activities under the COVID-19 updates have been achieved.

**TABLE 9 OUTPUT 2 – WASH - COVID-19 RELATED RESULTS**

Base line value	Target value (final)	Indicator unit	2020 Value	2021 Value	2022 Estimated Value (mid-year assessment)
1. Number of targeted population provided with hygiene kits or key hygiene items in the reporting year [COVID]					
0	490,000	Number	446,470	98,000	Achieved (cumulative figure)
2. Number of health centres (clinics, hospitals, etc.) equipped with WASH facilities in the reporting year only, as a result of UNICEF direct support [COVID]					
0	25	Number	10	15	Achieved (cumulative figure)

Source: Evaluation team based on UNICEF reports

138. In response to COVID-19 programming, UNICEF procured 780,000 bars of locally produced soap and 31,500 recycled plastic buckets from local traders. UNICEF and the MRD convened virtual WASH sector stakeholder coordination meetings and updated the WASH management information systems to identify gaps and strengthen the coverage of hand hygiene promotion. WASH in schools was an outstanding activity, providing toilet, handwashing facilities and other material for hygiene sanitation, which were part of the Government's minimum standards to allow schools to reopen. Another recent evaluation<sup>105</sup> confirmed that the increased focus on sanitation during the pandemic was still in evidence in schools and being actively practiced by the children.
139. Hygiene promotion was another important activity during the pandemic: hand hygiene messages via mobile loudspeaker and local radio in six provinces and via social media (more than 1,132,000 views) – although maintaining or increasing this awareness will be an ongoing challenge. Hand hygiene supplies were distributed to people registered as IDPoor and factory workers, to health care facilities in seven provinces, and to 158 quarantine/treatment sites and red zone areas in 12 provinces and in the capital. UNICEF played a key role in the first collaboration between a mobile telecommunications operator and the MRD to widely distribute handwashing voice messages.

<sup>105</sup> USDA McGovern-Dole midterm evaluation on school feeding; WFP Cambodia; September 2022

**Output 3. By 2023, state and non-state actors have strengthened capacity to implement programmes to increase equitable access to basic, safe, climate resilient water supply for people at home, in schools, and health care facilities in targeted UNICEF districts.**

*Finding 16. UNICEF contributed to an overall increase in the capacity of state and non-state actors to develop and implement measures aimed at increasing access to basic, safe, climate resilient water supply for people in schools and health care facilities in targeted UNICEF districts. However, more transformative system results are muted by challenges relating to water accessibility and resilience.*

140. Cambodia classifies its water supply in two ways: by the type of supply system, piped water supply<sup>106</sup> and the rural supply in areas without a pipeline connection, currently using open wells and ponds, deep wells, water harvesting, etc., under the MRD. UNICEF focuses primarily on the rural supply side and the improvements to be made there, but the policy work often overlaps between the two ministries. For example, the programme has supported the Guiding Principles for Pro-Poor Water Connections Subsidies, and MISTI's field testing the implementation of piped water connection to poor households through development and trialling of tools on operator and beneficiary selection and agreements – all tools with the potential for scale-up through a pro-poor piped subsidy modelling and programme that would facilitate additional underserved rural areas to be covered. There remains the need to strengthen the enabling environment for climate resilient water supply programming and operational capacity, including climate risk assessment at both national and sub-national levels, for water supply work to be viable and sustainable.

141. Under Output 3 (equitable water access), three of the indicators are already fully achieved (#1, #2 and #3 as shown in Table 11), and the fourth one is on track to be achieved by the end of 2022.

**TABLE 10 OUTPUT 3 – WASH (EQUITABLE WATER ACCESS) - RESULTS**

<b>Output 3: "By 2023, state and non-state actors have strengthened capacity to implement programmes to increase equitable access to basic, safe, climate resilient water supply for people at home, in schools, and health care facilities in targeted UNICEF districts"</b>				
<b>Base line value</b>	<b>Target value (final)</b>	<b>Indicator unit</b>	<b>2021 Value (end-year assessment)</b>	<b>2022 Estimated Value (mid-year assessment)</b>
<b>1. Target population with access to basic, safe, climate resilient water supplies</b>				
0	96,000	Number	77,270	<b>96,700 (Achieved)</b>
<b>2. Target communes with water safety plans linked to Commune Investment Plan through UNICEF support</b>				
0	13	Number	10	<b>14 (Achieved)</b>
<b>3. Number of target schools with basic, safe, climate resilient water services</b>				
0	187	Number	160	<b>187 (Achieved)</b>
<b>4. Number of target health care facilities with basic, safe, climate resilient water services</b>				
0	25	Number	15	Expected to be achieved

Source: Evaluation team based on UNICEF reports

142. A current national priority under D&D is to provide piped water supply to communities as a key step to improve not only their access to clean water, but also, critically, to safe water (quality). Working with the provincial staff of the MISTI, the WASH programme has helped strengthen the capacity and systems for climate resilient water supply service delivery through technical and financial support to operationalize the official decision, starting with 250 IDPoor households in three provinces, thereby developing the implementation and management capacity of MISTI in this area. In turn, this has brought new funding to accelerate the connection of poor households to piped water supply systems.

<sup>106</sup> Piped water supply is overseen by the MISTI – with most of service provision concentrated in large cities,

143. A range of other activities have been supported, covering advocacy and ‘piped water campaigns’, development of an online portal for rural WASH MIS data (with training conducted to department focal points in all provinces), development of a climate risk-informed training package, and technical support for a government delegation to the 2022 Sanitation and Water for All Sectors Ministerial Meeting.
144. Over time, these initiatives should help increase the number of people who will ultimately benefit from new connections to piped (clean) water, but indicator #1 under this Output – which has been achieved – is a positive step forward. Convergence with the ECD programming, especially in the north-eastern provinces, means the programme will be more focused on water supply starting from 2023, ensuring that underserved children in these provinces equitably use water, including during humanitarian situations, allowing them to live in a healthier and cleaner environment.
145. Indicator #2 has also been surpassed with 14 communes including water safety plans within their commune level plans. Water safety planning (with training provided to MRD’s Rural Water Supply teams), and development of climate risk assessment tools adapted for the country context. At the sub-national level climate risk informed water safety analysis and planning was facilitated in 22 target communes, with the capacity of 289 local government officers built through their engagement with planning processes of climate risk assessments, with quality assurance provided by UNICEF. The programme also provided technical support to mapping the current water supply situation, groundwater quality, climate hazards and vulnerable population (IDPoor and children <5y) for data-led water supply planning and decision making in five provinces. The data from this mapping allowed MRD to identify priority communes for water safety planning, which will assist planning and targeting for future rural water supply interventions.
146. Target numbers for #3 and #4 have also been met under this programme. The programme has ensured a handover agreement as these facilities have been completed, between the various partners, outlining future maintenance roles and responsibilities, which should ensure their use into the future. However, despite UNICEF’s contribution to increase WASH services in schools and health care facilities, the national progress is only partially measured and available data is particularly concerning. Figure 1 in [Annex 11](#) gives additional information in the three WASH areas, clearly showing the challenges to be addressed, particularly in the rural areas.
147. Primary-level feedback to the evaluation, particularly from Government stakeholders, highlighted several other important contributions and approaches by the WASH programme that are not captured under the indicators. In summary, these covered:
- consistent perception of truly sharing the work as partners and preparing it together with them; enhanced national and sub-national sector coordination
  - strengthening activities and updated the national reporting to global level on WASH SDG goals
  - WASH key results and activities have been carefully designed, revised, and refined to enhance appropriateness to each WASH output, and the overall WASH outcome
  - promotion of COVID-19 infection prevention and control through community and mass media activities, complementing messages in the national ‘3 do’s and 3 don’ts’ campaign
  - increase partnerships with private sector and strengthen working relationship with MISTI and MPWT.
  - improvement of data (nationwide) with gender, disability, equity approaches; and use of innovative approaches (e.g: Rural WASH Management Information System – linked to NAPs; WASH SDG systems strengthening for alignment of national tools (CSES and census) to global definitions – connected to JMP reporting and baseline WASH surveys).
  - supported MRD to develop its first Emergency Response Contingency Plan on rural WASH, including strengthening capacity on emergency preparedness and response



### 5.4.3. Achievement of Outcome level Results

148. Despite important funding gaps for the WASH component, the section optimized effectiveness by carefully adapting, reviewing, and refining strategies and activities under each output to try to achieve the overall WASH outcome. Water supply interventions have contributed to achieve the CP outcome through work with social policy and dialogue with MEF and MRD to advocate for increased public funding for water supply, and to mainstream climate resilient water supply into its programming, including in institutions.
149. Based on the available data, two of the Outcome level indicators (shown in Table 12 below) are expected to be achieved by 2023, three are constrained and one is missing (no value).

**TABLE 11 OUTCOME – WASH - RESULTS**

<b>Outcome: “By 2023, girls and boys, particularly the most vulnerable, have increased equitable access to, and sustainable use of safe water, and adoption of safe sanitation and hygiene practices, including during humanitarian situations”</b>				
<b>Baseline value</b>	<b>Target value (final)</b>	<b>Indicator unit</b>	<b>2021 Value (end-year assessment)</b>	<b>2022 Estimated Value (mid-year assessment)</b>
<b>1. Percentage of the population using basic drinking water services</b>				
54	83	Percentage	66	Constrained
<b>2. Proportion of people in rural areas who use household toilets (rural areas - annual)</b>				
46	80	Percentage	64	Constrained
<b>3. Proportion of population using basic sanitation services</b>				
Not available	90	Percentage	69	Constrained
<b>4. Proportion of rural schools and health-care facilities with a functional water supply and sanitation and menstrual hygiene facilities</b>				
Not available	Not defined	Percentage	Not available	Not available
<b>5. Number of communities certified free of open defecation in the reporting year only as a result of UNICEF direct support</b>				
78	1,104	Number	867	Expected to be achieved
<b>6. Percentage of public schools with basic sanitation facilities</b>				
73	88	Percentage	66.3	Expected to be achieved

Source: Evaluation team based on multiple reports<sup>107</sup>

150. Water quality and quantity are defining dimensions of safe water supply. With only a small percentage of rural drinking water classified as ‘safely managed’ (around 18 percent; and compared with 57 per cent of urban drinking water), there is an urgent need to ensure that rural populations have access to clean, climate-resilient water supply in homes, schools, and healthcare facilities, particularly in more vulnerable areas. Cambodia’s stated goal<sup>108</sup> is to reach 90 percent of the rural population having access to improved drinking water by 2023, and 33 percent access to safely managed drinking water<sup>109</sup>. Although the WASH programme target communities started with a baseline of 54 percent (#1), progress has been slow, and it is unlikely the target will be reached by the end of the period.
151. The under-performance of rural water programming compared to rural sanitation in Cambodia remains a major challenge, with the top-down, centralized funding and service delivery model of rural water supply making it vulnerable to bottlenecks in investments and implementation when compared to the bottom-up model of rural sanitation, where households

<sup>107</sup> Evaluation team based on UNICEF reports, JMP report and Sanitation and Water for All, Cambodia Country Overview 2020 estimates, [https://www.sanitationandwaterforall.org/sites/default/files/2022-04/SWA\\_Profile\\_Cambodia\\_en.pdf](https://www.sanitationandwaterforall.org/sites/default/files/2022-04/SWA_Profile_Cambodia_en.pdf), accessed 12 October 2022.

<sup>108</sup> Cambodia falls behind its national SDGs, and the secondary targets of the Strategic Framework for the 2<sup>nd</sup> NFSN 2019-2023 in Cambodia

<sup>109</sup> WHO/UNICEF defines a safely managed drinking water as an improved water source that is accessible on premises, available when needed and free from faecal and priority chemical contamination. Improved water sources include: piped water, boreholes or tubewells, protected dug wells, protected springs, and packaged or delivered water.



largely finance their own needs, and small entrepreneurs deliver service improvements. Cuts in donor funding have further impacted on these activities. There is also the need to transition from clean to safe water approach, and there are currently insufficient needs assessments to give a better idea of interventions that should take place to move in this direction, and to identify how far Cambodia is from the SDGs target.

152. Improving the general sanitation situation in rural Cambodia remains a major challenge: for example, 14 percent of rural households had no access to soap and 15 percent no handwashing facilities. Scarcity of water compounds this problem. Data on access to basic hygiene shows several challenges: with a 2020 baseline of 70.85 percent, and the annual increase plateaued at 1.5 percent since 2010, the country is not on track to reach the national in rural areas by 2025, nor the global SDG target date of 2030.
153. Improving basic hygiene practices is also challenging. Data from the JMP report shows that Cambodia achieved the ninth largest increase in basic hygiene in the world between 2015 and 2020, with a jump of seven percent.<sup>110</sup> Household hygiene practices were strengthened in 2021 through the messages disseminated during the COVID-19 response. The WASH programme indicators (#2 and #3) refer to this area of work in selected places, and while they may show improvements over the baseline, both are unlikely to meet their targets within the programme period.
154. Although the first open defecation free (ODF) province in the country was declared in 2021 (benefiting a population of over 525,000 people), Cambodia is off track to meet its basic sanitation national or global targets with the annual rate of improvement plateaued in rural areas at three percent, and the reduction in rural open defecation at 3.6 percent (since 2000). The outcome indicator #2 is 'partially achieved' at 64 percent compared to a target of 66 percent. UNICEF also supports the ODF modelling replication and scale-up in six provinces, also resulting in one district (Ou Chum, population over 11,800 people) which was also declared the first ODF district in the northeast of Cambodia.
155. Ending ODF in rural areas implies that the people have access to alternatives. Action to address these bottlenecks included systems strengthening work to accelerate and scale up ODF sanitation results and an enabling environment for hand hygiene. Again, some national progress has been made, including one province being declared ODF-free, and the UNICEF programme is on track (#5) to reach the target in its target communities, but this masks the wider problems faced in the country. UNICEF supported pro-poor market and finance-based approaches to sanitation, through subsidies and payment by facilitating instalment modalities for families facing cashflow constraints, opening opportunities to poor households to purchase a partially subsidized toilet; and remote monitoring methods were used for sanitation programme assurance in more than half of the target provinces, to ensure proper programming and use of funds.
156. It was reported that in 2019 only 73 percent of schools had a basic water supply, and 32 percent had basic sanitation facilities – with the rural schools likely to be below these figures.<sup>111</sup> While the programme targets are likely to be met for water (#6), there is no data for those schools that were targeted for water and sanitation services and menstrual hygiene facilities (#4). Also see Figure 2 in the [Annex 11](#). Without such facilities, there are critical bottlenecks and obstacles for girls' participation in education, and UNICEF works with the Government to model and scale up inclusive sanitation and hygiene improvements, such as toilets that are usable, separated for patients and staff, private for women, equipped for menstrual hygiene

<sup>110</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 'Progress on household drinking water, sanitation and hygiene: 2000-2020', WHO, JMP, UNICEF, 2021

<sup>111</sup> [https://www.sanitationandwaterforall.org/sites/default/files/2022-04/SWA\\_Profile\\_Cambodia\\_en.pdf](https://www.sanitationandwaterforall.org/sites/default/files/2022-04/SWA_Profile_Cambodia_en.pdf), accessed 12.10.22

management, and accessible for people with limited mobility, and that demonstrate how national guidance on WASH can be implemented.

157. Some advances (either new facilities or repairs) were made at some schools while they were closed during the pandemic, but there remains much to be done. UNICEF promotes trials of solutions that can be safely managed on site, and are climate resilient, such as improved water sources, and flood-resilient latrines and latrines that use minimal water. This informs decisions on which climate-resilient WASH solutions to model and bring to scale.

#### 5.4.4 Education

*Outcome: By 2023, girls and boys have expanded access to inclusive, egalitarian, relevant, and high-quality early childhood and basic education.*

158. The education component of the CP aimed to ensure that every child can learn and emphasized fair and inclusive access to education for children with disabilities, children from racial and ethnic minorities, and children living in rural and urban impoverished regions.

#### **Output 1: Support to the enhancement of the MoEYS' capacity to plan and monitor results-based plans and budgets**

*Finding 127. UNICEF has contributed to enhanced MoEYS' capacity to navigate transformation of the quality, inclusiveness and relevance of education policies and services, including by building on the capacity of its human resources to plan, implement and monitor Education Strategic Plan targets. However, operationalization of ambitious educational reform plans at subnational level is slow and warrants consolidated focus on priority areas.*

159. Long-term cooperation between UNICEF and MoEYS and consistent donor financing, especially from the Swedish International Development Cooperation Agency (Sida) and the Capacity Development Partnership Fund (CDPF)<sup>112</sup>, enabled continuing and broad support for the Ministry's many reform initiatives. Being needs-based and demand-driven, the CDPF portfolio offered the chance to cover a variety of interventions.
160. The evaluation recognizes an internally consistent and integrated approach to national level policy making and the building of the MoEYS' capacities, and for other state institutions. Interviewed stakeholders highlighted UNICEF's contributions at scale through supporting the policies and programmes, which have created a strong framework, though they confirmed that capacity strengthening is complex in a country like Cambodia (because of the size of its educational system, the recent decentralisation of the education sector and persistent needs). However, a broad needs-based portfolio presented challenges due to the wide range of activities and multiple implementing partners, and engagement was reported to be 'at times insubstantial' and uneven, as it focused at central rather than subnational level.
161. The ET found that a more coordinated approach connecting different education interventions across the three output areas would have contributed more substantially and comprehensively to reform (e.g., integrating and reporting in particular activities under Output 1 and 2).
162. Due to the pandemic, approximately 93 per cent of the 2020 work plan activities faced delays. By the end of 2021, most UNICEF's output level indicators had been met, as presented in Table 13. Table 1 in [Annex 12](#) also shows that the evaluation identified some outputs that

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<sup>112</sup> The CDPF multi-donor partnership was programmed to support the implementation of MoEYS' Capacity Development Master Plan, comprising contributions from SIDA, EU, USAID, GPE and UNICEF, and included 3 technical service providers (IIEP, ITC-ILO and VSO), with UNICEF serving as CDPF Secretariat and fund manager. With an initially planned programmable budget of nearly \$5.5 million for the CDPF in 2020, the support was planned through 135 activities with convening actions and advocacy by CDPF partners.

were successfully provided to the MoEYS. These outputs are grouped under support to enhanced governance; competencies and skills; handbooks and manuals; and support to service provision. Some key examples: under governance, UNICEF played a critical role in helping MoEYS complete its Functional review (which resulted in revised job descriptions and clarity of roles); the review strategic policy documents (such as the ESP), the design and implementation of the scholarship policies as well as to strengthen its finance and budgeting process with support of CDPF and in cooperation between the education and social policy sections. Interviewed stakeholders praised the quality and effectiveness of such interventions, as helpful to strengthen institutional and policy capacity of MoEYS.

**TABLE 12 EDUCATION RESULTS (OUTPUT 1)**

Output Statement: By 2023 MoEYS at all levels has enhanced capacity to plan, execute and monitor results-based plans and budgets.						
Indicators	Baseline		Target		Rating	Status Primary Source
	Year	Value	Year	Value		
Number of provincial Annual Operating Plans which are of high quality, results-based and gender-sensitive	2018	0	2019	0		0
			2020	2		0
			2021	4		9
Percentage of primary scholarships paid within the first month of the school year (November 30)	2018	0	2019	0		0
			2020	0		
			2021	0		
Number of scholarship students in primary education increased through effective and efficient scholarship programme implementation	2018	0	2019	93000		110156
			2020	95000		148129
			2021			148577
Number of teacher educators who received scholarships for qualification upgradation with support from UNICEF		0				targeted enrolled into RUPP (87%) and for international scholarship programme, 6 have enrolled into EAP programme to progress
	2020		2021	23 (30% female) enrolled in RUPP Master programme (domestic scholarships)		other
Number of teacher educators who received professional development training with support from UNICEF	2020	0	2021	0		0
			2022	100 teacher educators (30% are female)		
			2023	140 teacher educators (30% are female) - (cumulative)		
At least 60% of primary scholarship beneficiaries receive the first tranche of scholarship payment within the first two months of school year	2020	0	2021	0		82.3 other
			2022	60		
			2023	60		

Source: UNICEF RAM data

163. **Capacity Building:** Under competencies, the ability of sub-national education officials to plan and budget based on results has risen. The use of tools designed to evaluate Annual Operational Plans (AOPs) shows that they are more effective, goal-oriented, and gender-sensitive. Support to the MoEYS to conduct a gender audit helped identify practical opportunities to promote organizational learning and action on how to achieve gender-equitable management and leadership, which resulted in the development of the MoEYS' gender mainstreaming action plan (2020-2024).
164. Through the strengthening of preschool and regional teacher training centres (TTCs), important investments have been made to upskill and support teacher educators. The transition from 12+2 to 12+4 teacher education is still in its infancy, hence more work needs to be done to improve the TTC teaching resources (human and material).
165. To create rules and procedures for Continuous Professional Development and the Teacher Career Pathway, UNICEF actively assisted the MoEYS to develop the necessary policies and guidelines and supported the design of a school-based mentoring programme that should contribute to improved competencies of early grade teachers, with plans also to establish a longer-term school-based mentoring system.

166. It was also noted that UNICEF supported the MoEYS's monitoring and evidence generation through making improvements in the tracking methods and indicators of the Education Management Information System (EMIS), which systematically produces key education data and indicators that are used for overall sector monitoring at both the central and sub-national levels. The EMIS was supported by a range of development partners (UNICEF, the ADB, GIZ, EU, WFP and more recently, the CDPF III); , however some development partners still consider EMIS to be not yet fully functional in terms of using data for policy and planning.

**Output 2: Supporting capacity strengthening of school leaders and teachers to deliver gender-responsive, equitable, inclusive, and relevant quality education**

*Finding 18. UNICEF's support to the technical and system strengthening in areas such as inclusive education, multi-lingual education and supporting the upscaling of positive discipline training for teachers to address the issues of corporal punishment and other violence in school has brought a number of positive short term results, that help create strong foundation for further and deeper investment in enhancement of quality and accessibility of education, though its full institutionalisation or scale has not yet materialised despite long term support. Further efforts in all areas are required.*

167. The achievements under this Output have been mixed, as can be seen from an overview of indicators in Table 14 below. Output level results are presented in full in Table 2, in [Annex 12](#).

**TABLE 13 EDUCATION RESULTS (OUTPUT 2)**

<b>Output Statement: By 2023 school leaders and teachers have enhanced capacity to deliver equitable, inclusive, relevant and quality education in safe learning environments.</b>							
Indicators	Baseline		Target		Rating	Status	Primary Source
Number of children reached with pre-primary, primary and secondary online/distance education lesson with UNICEF support in the reporting year [COVID]	Year	Value	Year	Value			
		0	2020	2860000		165000	other
			2021	2250000		2816350	
Number of teachers trained to provide distance support to learners with UNICEF support in the reporting year [COVID]	2019	Value	Year				
		0	2020	0		0	other
			2021	48184		26066	
			2022				
# schools implementing safe school protocols (infection prevention and control) [COVID]	2020		2021	8562		8822	other
<b>Additional indicators</b>							
Number of Community Preschools reaching MoEYS minimum quality standards for ECE	2018	Value	Year				
		600 CPS have reached MoEYS minimum quality standards for ECE	2019	780		850	Sector Management Information System
			2020	960		1050	
			2021	1140		1250	
			2022	1320			
			2023	1500			
Number of teachers trained in special education diploma course and deployed to special or mainstream school	2018	Value	Year				
		0	2019	20		18	Sector Management Information System
			2020	40		38	
			2021	60		60	
			2022	80			
			2023	100			
Number of MLE teachers employed in government or community primary schools and preschools across the five northeastern provinces	2016	Value	Year				
		Preschool: 94 Primary: 197	2019	Preschool: 107 Primary: 205		Preschool: 107; Primary: 206	Sector Management Information System
			2020	Preschool: 112 Primary: 218		Preschool: 116 Primary: 219	Sector Management Information System
			2021	Preschool: 119 Primary: 227		Preschool: 123 Primary: 231	Other
			2022	Preschool: 123 Primary: 240			
			2023	Preschool: 127 Primary: 153			
Number of primary school teachers trained on positive discipline in three target provinces	2018	Value	Year				
		6456 (F: 3102)	2019	9,003		9,497 (4,595 females)	Primary school teachers
			2020	11,853		9497	
			2021	N/A		13267	
			2022	N/A			
			2023	N/A			
Number of students enrolled in MLE education at primary and preschool level across the five northeastern provinces	2018	Value	Year				
		Preschool: 1798 Primary: 4866	2019	Preschool: 2127 Primary: 4954		Preschool: 2137; Primary: 4786	Sector Management Information System
			2020	Preschool: 2230 Primary: 5179		Preschool: 2258 Primary: 4877	other
			2021	Preschool: 2386 Primary: 5339		Preschool: 2329 Primary: 4765	other
			2022	Preschool: 2471 Primary: 5619			
			2023	Preschool: 2531 Primary: 6899			

Source: UNICEF RAM data

168. UNICEF's technical and policy level support for teacher and school leader capacity building for ECE and primary education has been extensive and multifaceted, addressing a wide range of sector priorities and capacity gaps. The improvement of classroom management, instructional methods, and infrastructure within the Community Preschools (CPS) had resulted in 1,250 CPS succeeding to meet MoEYS minimum quality criteria. These included significant and broad investments in improving educational access and quality, particularly among the most disadvantaged populations. As a result of such efforts, UNICEF data shows that UNICEF contributed to enabling national system to enrol approximately 327,000 children aged 3 to 5 years of age in ECE programmes (165,000 girls) out of which an estimated 68,000 (35,000 girls) are enrolled in ECE programmes within the community-based preschools supported by UNICEF and other education partners<sup>113</sup>.
169. Interviewed stakeholders considered that UNICEF had contributed to raising awareness of problems minority children face in the educational system, and had helped move this up the

<sup>113</sup> UNICEF (2022); Education Case study: Expanding quality early learning through results-based financing. [https://www.unicef.org/media/119771/file/Expanding%20quality%20early%20learning%20through%20results-based%20financing%20\(Cambodia\).pdf](https://www.unicef.org/media/119771/file/Expanding%20quality%20early%20learning%20through%20results-based%20financing%20(Cambodia).pdf)

MOEYS agenda, although further efforts (going beyond the regions UNICEF has covered to date) to create more transformative results beyond individual level are still required.

170. The ET found that UNICEF life cycle approach and the life skills education interventions both support the development of 21<sup>st</sup> century skills, including self-directed learning. Stakeholders view that UNICEF's advocacy and support to fight against physical punishment and gender-based violence in schools, including through cross-sectoral initiatives like the positive discipline course, have been essential and contributing to a larger effort to defend children's rights. Some stakeholders noted that while UNICEF's contribution in this area is significant, the current scattered initiatives do not provide much national value or transformative potential considering patriarchal norms and traditions.
171. MoEYS and UNICEF collaborated to ensure COVID-19 related learning loss was minimised despite 30 percent of children not consistently having access to online learning options, despite all efforts. Offline and paper-based resources were identified as an alternative solution, especially for the most vulnerable children, to continue learning during school closures. UNICEF and CDPF partners coordinated to support the development and distribution of a paper-based Home-Learning Package (HLP) to 760,000 Grade 1 and 2 students and their teachers in all 25 provinces.
172. UNICEF's advocacy efforts for safe school reopening both through the ESWG and wider campaigns have also been extensive and considered by all interviewed stakeholders as crucial in combination with provision of educational resources mentioned above to overcome the challenges posed by school closures.
173. UNICEF also had some engagement in inclusive education, albeit fragmented. UNICEF's support to adapting teaching/learning material and include some inclusive services were considered as contributing to transformative potential, but not sufficient due to their small scale. These interventions were therefore considered by interviewed national and international stakeholders as only "scratching the surface" of the more comprehensive reforms required to significantly improve inclusive education for all children.
174. Informants reported that UNICEF's efforts to improve the accessibility of education to minorities through support to multi-lingual education materials (including sign language), teacher training and the scholarship programme added value to its system support efforts.
175. The scholarship programme has also helped empower minority groups, while also attracting new financial support to expand the programme's reach. UNICEF data shows that about 5,000 children across in four north-eastern provinces benefited from the package in minority languages. The resources continued to be helpful for remedial learning once pupils returned to school, despite being designed initially for home study during the school shutdown. Informant feedback indicated this support was essential to prevent learning loss during the pandemic closures.

### Output 3: Supporting the enhancement of capacity of communities to demand accountability and relevant quality education services

*Finding 19. Contributions to the enhancement of capacity of communities to demand accountability and relevant quality education services have thus far been minimal, mainly due to COVID-19 which led to reorientation of the support. The “back to school” campaign lead by UNICEF was considered as very effective and as a good illustration of UNICEF’s value added.*

176. UNICEF’s rather ambitious agenda of Communication for Education (C4E) was mainstreamed, but the COVID-19 pandemic delayed or postponed many activities. The partnership between NGOs in the education sector has improved: the support to the NEP’s strategic reorientation and institutional capacity development (through a sub-grant and on-the-job strategic support to NEP’s executive leadership and staff) led to some improvements in the collaboration between NGOs in the education sector, though numerous interviewees indicated this could be further enhanced. The evaluation found that the C4E campaign and related wider communication efforts of UNICEF were very effective, promoting good practices and raising awareness on children’s rights and needs.
177. UNICEF adapted to the pandemic challenges by working proactively on community engagement and risk communication activities and assets, including COVID-19 prevention and mitigation messages for students, teachers, and communities. Using social media channels, more than 50 education-related IEC assets, including films, posters, booklets, and articles were created. Up to 1.7 million views per post were registered in 2020 alone.
178. Prior to schools reopening, UNICEF and MoEYS launched the nationwide Back to School campaign, which stressed the importance of good hygiene and COVID-19 preventive measures, as well as children’s wellbeing in the areas of education, health, nutrition, and protection, with many stakeholders remarking on its effectiveness.
179. The new CO SBC strategy (June 2022) also defines some additional education priorities, providing openings for further investment across these areas.

### Achievement of outcome level results

*Finding 20. Despite UNICEF’s efforts, overall progress toward achieving the CP’s expected outcome under Goal Area 2 has been slow. The effects of the COVID-19 pandemic and extended school closures were significant limiting factors. Other factors included institutional and, in some cases, financial constraints on scaling up working methods and approaches. Nevertheless, evidence suggests that UNICEF’s significant contribution to the education sector, reform, and emergency response is widely recognized.*

180. Despite extensive efforts from UNICEF, the overall progress towards achieving the CP anticipated outcome under Goal Area 2 has been limited. The COVID-19 pandemic and subsequent extended school closures were major restricting factors that impacted across Cambodia’s education sector. Institutional and, in some cases, financial restrictions on scaling up working methods and approaches were other elements that affected the achievement of results.
181. Evidence indicates that UNICEF’s major contribution to the education sector, reform, and emergency response is widely acknowledged. A broad improvement in capability and leadership across structures has been facilitated through technical help provided to the MoEYS. Along with the establishment of the groundwork for high standards of education, there were also notable advancements in the coordination of planning and resource distribution, along with foundations set for improved education quality (through teacher training, curriculum frameworks, classroom-based assessment guidelines, etc.)



182. Direct outreach to schools and final beneficiaries (through life skills education, school-based positive discipline, minority education, and return to schools following COVID-19), has also resulted in examples of improved practices, although the lack of such interventions on a large scale constrains wider transformative change. The positive trend in enrolment in ECE that had continued since 2012 stalled in 2021: the age-specific enrolment rate in ECE among 5-year-olds fell from 62.9 percent in 2020 to 61.1 percent in 2022 (Table 15).

**TABLE 14 EDUCATION SECTOR RESULTS (OUTCOME LEVEL)**

Outcome Statement: By 2023, girls and boys, particularly the rural and urban poor, have increased access to inclusive, equitable, relevant and quality early childhood and basic education that promotes lifelong learning, including in emergencies.

Indicators		Baseline		Target		Rating	Status	Primary Source
Survival/retention rate in primary education	2016	Value	Year	Value				
		Primary school survival rates for boys and girls - Total: 79.9 (Girls: 83.5; Boys: 76.5)	2019	Total: 81.1 (Girls: 84.4; Boys: 78.1)		0.00%	other	
			2020	Total: 82.3 (Girls: 85.3; Boys: 79.7)		78.1%	Sector management information system	
			2021	Total: 83.6 (Girls: 86.2; Boys: 81.3)		89.2	other	
				2022	Total: 84.8 (Girls: 87.1; Boys: 82.9)			
			2023	Total: 86 (Girls: 88; Boys: 84.5)				
Additional indicators								
Age-specific enrolment rate of five-year-old children in all aspects of ECE (public, community, private pre-school)	2018	58	2019	59.3%		0%	other	
			2020	60.6%		62.9	Sector management information system	
			2021	61.9%		61.1	other	
			2022	63.2%				
			2023	64.5%				
Percentage of students achieving at the below basic proficiency level	2018	G3 Reading: 52.6; G3 Math: 44.9; G6 Reading: 31.5; G6 Math: 53.2; G8 Reading: 18.9; G8 Math: 36.3	2019	N/A		0%	Other	
			2020	G3 Reading: 46.6; G3 Math: 38.9		G3 Reading: 50.5; G3 Math: 40.9	Sector management information system	
			2021	G6 Reading: 25.5; G6 Math: 47.2		Postponed to Q1 in 2022	other	
			2022	G8 Reading: 15.9; G8 Math: 30.3				
			2023	N/A				

Source: UNICEF RAM data

183. Numerous factors due to multiple causes, including COVID-19, have impacted the education sector in Cambodia. The deteriorating socio-economic situation and difficulties to sustain learning during school closures, increased domestic violence during lockdowns and child labour and drop out, particularly among boys, etc. as described earlier have all contributed. These elements have had a profoundly detrimental impact on educational results and instruction. Financial limitations for implementation of the reforms on the side of the government were reported to be another obstacle to getting the desired results.

*Finding 21. UNICEF's sustained system-wide capacity building in multiple areas has helped lay the groundwork for future reforms, although respondents indicated that UNICEF could have promoted more equitable methods through its strategic positioning and advocacy role. A more systematic (and systemic) approach would have allowed for a more 'blanket' coverage in capacity strengthening and policy transfer to sub-national levels. Feedback indicated that UNICEF appears more concerned with the Government's priorities than with the unmet needs of some of the most marginalized and vulnerable people (e.g., children with disability), an important perception for the CO to reflect upon.*

184. UNICEF's sustained system-wide capacity building in strategy and policy development (including ESP, CDMP, ECD-NAP), planning, finance, human resources, inclusive education, gender, has helped develop strong foundations for further reforms. UNICEF also continuously advocates for the government to develop and implement equity-focused policies and strategies, while providing direct support to government programmes specifically targeting disadvantaged populations (e.g., multi-lingual education for ethnic minority children, inclusive education for children with disabilities, scholarships for children from poor households etc.). However, some development partners felt that UNICEF could have promoted the equity agenda even more strongly (e.g., inclusion of children with disability) using its strategic positioning and advocacy

role. Such interlocutors also considered UNICEF to be more focused on the Government's priorities and less so on the unmet needs of the most marginalized and vulnerable (returnees, children with disabilities, out of school children, etc.). Reasons for this may link to COVID-19 related barriers to broader information sharing on UNICEF's work, especially in light of the protracted limitations for in-person exchange and information sharing, but it remains an important stakeholder perception for the CO to reflect upon.

185. UNICEF used its convener role well to maintain dialogue between the Government and development partners, which helped to leverage new budget support for programmes targeting children; as well as supporting budget negotiations and closely monitoring budget allocations. This is expected to increase the fiscal space, in addition to more consolidation resulting from coordinated policies in support of the Government's education agenda.

186. UNICEF's results and factors affecting performance in Social Protection, Child protection and cross cutting are found in Sections 5.6 and 5.8 (See also Subject of the evaluation section).

### 5.5 Active involvement with duty-bearers (EQ 10)

*Finding 22. UNICEF has actively engaged with duty bearers at central level, leading to strong ownership of results. Engagement with duty bearers at subnational level varied between thematic areas but is generally considered as positive where it happened. The strong ownership is yet to deliver results in terms of scale up and institutionalisation of tested mechanisms and modalities of work in some areas.*

187. UNICEF's long-standing role as one of the longest serving UN actors in Cambodia and close coordination and involvement with duty bearers, particularly at central level has already been frequently cited in other sections (e.g., 4.1, 4.2, 4.3). Close cooperation and inclusion of national level stakeholders in the design of the CPD and its 2021 review, and inclusive monitoring processes have contributed to the overall perception of UNICEF as transparent, credible and approachable partner. This has increased UNICEF strategic positioning and ownership over the selection of intervention areas and delivered results by national level duty bearers. Government stakeholders cited that their full involvement in the review and planning of the Annual work plans is a distinctive value of UNICEF when compared to other partners (UN and non-UN).

188. Regular exchanges also allow UNICEF to improve data/evidence-based programming and situation gap and comparative analysis, which serve as the basis for targeting and adaptation. The COVID-19 additional funding for health also offered the opportunity to leverage and jointly prioritize interventions with the MoH and concerned state departments, and the expansion of UNICEF planned support to routines services across all sectors. These measures helped raise ownership of respective duty bearers at central level. However, fragmented, and uneven engagement with subnational level duty bearers diminishes somewhat the ownership of results at that level.

### 5.6 The extent to which the Country Programme used: a) programming at scale, b) winning support for the cause of children from decision makers, c) developing and leveraging resources and partnerships for children and d) using the power of evidence to drive change to achieve results (EQ 11)

189. Overall, the evaluation found that UNICEF has used appropriately a) programming at scale, b) winning support for the cause of children from decision makers, c) developing and leveraging resources and partnerships for children and d) using the power of evidence to drive change. Detailed assessment of each of these strategies is presented below.

#### Programming at scale

*Finding 23. UNICEF's shift towards upstream work with integration of modelling has been sound and brought important national contributions across all sectors. A better definition of UNICEF's role in supporting the government to boost sub-national level capacity (commune and district levels) to operationalise and implement scaled up programmes would have increased the overall effectiveness of the CP.*

190. Programming at scale is included as one of the change strategies in UNICEF's Strategic Plan 2018-2021, promoting "cross-sectoral and multi-sectoral programming that responds holistically to children's needs and to the environments in which they grow up"<sup>114</sup>. UNICEF's upstream work was aligned with this principle even before the current CPD and continued to grow in response to Cambodia's development and graduation from LDC status by 2027 ambition.
191. Across all programme components, programmes focusing on structural reforms and national coverage have been implemented, with positive results overall. For instance, programmes at scale were implemented with MoEYS assisting the development, implementation and national scale up of early grade learning program, IECE, distribution of HLP, Life skills programme, minority education (over 50 districts), school block grants, national scholarship program, supporting community preschool nationwide to meet minimum standards (including teacher training and learning materials). The assistance to nation-wide teacher training was considered as an area with strong transformational potential, opening opportunity for general improvement of quality of education and as means for tackling learning loss.
192. **Social Policy:** In the area of Social Policy, notable programming at scale was evidenced in the promotion of programme-based budgeting and advocacy for budgeting for children and prioritization of social protection at all levels. Application of UNICEF's convener role helped facilitate the inter-ministerial dialogue for stronger sub-national budgeting, M&E and social service delivery. UNICEF's support at scale, resulted in increased budget allocations for social affairs as a share of the total budget increased, including the COVID-19 related Cash Transfer Programme in 2021.
193. Digitalization of the Family Package was rolled-out and the National Social Assistance Fund sub-decree was drafted. The national identification process of people with disabilities (PWD) was completed and important synergies continued to be created in support of the PDM and D&D reforms at SNA level.
194. Capacity building of 1646 communes and sangkats to plan and deliver social services using the Menu of Social Services and promote budget accountability is also considered a great achievement by all relevant interviewed stakeholders. With UNICEF support, the coverage of the COVID-19 Cash Transfer Programme for the Poor and Vulnerable households in Cambodia reached 681,090 households with additional 108,000 households reached through the Lockdown Cash Transfer Programme. Document review and KII from all stakeholder groups found this package of interventions to have the potential to be one the most relevant strategies put in place to push forward the work on filling in the capacity and coordination gaps on multiple issue related to social policies.
195. **Child Protection:** scaled programmes were evidenced towards enhancing child protection in Cambodia, with the launch of the first Child Protection Information Management System to track child protection service delivery and inform policy setting and action. The legal framework

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<sup>114</sup> UNICEF (2018); UNICEF Strategic Plan 2018-2021, p. 26;  
[https://www.unicef.org/media/48126/file/UNICEF\\_Strategic\\_Plan\\_2018-2021-ENG.pdf](https://www.unicef.org/media/48126/file/UNICEF_Strategic_Plan_2018-2021-ENG.pdf), accessed on 28 September 2022

also advanced with the drafting of the Child Protection Law and Standard Operating Procedures for child protection services, and kinship and foster care.

196. Capacity building of the social service workforce is another key achievement, as is the development of the training modules, curriculum, training strategy and adoption of job description of social workers for child protection nation-wide. UNICEF supported the development and launch of the National Action Plan to prevent and respond to online child sexual exploitation 2021-2025, and integration of online child protection and positive parenting materials.
197. The roll out of Primero digital case management system continued to support all children living in alternative care, reunified with their families from residential care as well as those at risk or that experienced significant harm<sup>115</sup>. The roll out of Primero enabled the assessment of all children living in residential care nationwide, as a first step towards individual development planning and family-based care placement. Guidelines on diversion of children in conflict with the law and on child friendly justice procedures were developed jointly by Ministry of Justice, Ministry of Interior and MoSVY.
198. **WASH:** Within the WASH sector, the sanitation systems strengthening and institutional building components of the CP were evidenced as major success in programming at scale. Key results included UNICEF's valuable inputs to support the development of key national ODF guidelines and strategies and eradication of ODF in one province (Svay Rieng province). Other outstanding achievements included: the support to the MRD in the development of the costed National Action Plan on Rural Water Supply, Sanitation and Hygiene 2019-2023 I, and the strengthening of capacities of the same ministry and its provincial branches (MRD and PDRD) in mainstreaming climate risk into the establishment of commune water safety plans.
199. In the **Health and Nutrition** areas, UNICEF supported the government to develop new policies, processes, tools, etc. and to roll them out to generate evidence-based analysis and approaches prior to scaling them up (e.g.: Electronic Immunization Registry (EIR (/digital health), SAM management and Growth Monitoring and Promotion (GMP) for children).
200. Limited human and financial capacities of subnational level governments to operationalise and implement new policies, functions and service delivery programmes are cited as most relevant challenges affecting programming at scale. Programming at scale assumes that the support to the government would result in nation-wide transformative national programmes which would be operationalised by government institutions. In most cases, UNICEF invested at central level, with assumption that strengthening of the capacities of service providers and implementers would be government led, which is not always the case. Given decreasing resource mobilisation efforts, it could not be expected from UNICEF to follow and support the entire policy cycle, and evaluation found that UNICEF supported to the extent possible given its resource limitations.

### Winning support for the cause of children from decision makers

*Finding 24. UNICEF's convening power, coordination, and leveraging potential is substantial – particularly with Government partnerships and with development partners. This positioning serves as a core foundation in all actions. UNICEF's engagement with children and youth as agents of change has been on the rise, though yet to reach its full potential. Obstacles for this are found to relate to still underdeveloped internal synergetic factors of various youth related activities that lead to duplication of efforts.*

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<sup>115</sup> UNICEF (2021). Country Programme Full Approved Report 2021

201. **UNICEF's Change Strategy 3:** Winning support for the cause of children as set out in the 2018-2021 Strategic Plan,<sup>116</sup> relates to engaging and leading in strong advocacy, campaigning, fundraising and communications for children, building alliances and movements for change. It also includes a focus on children and young people as agents of change, creating platforms and opportunities for them to demand accountability and drive progress for themselves.
202. The evaluation found ample evidence of utility of UNICEF's convener and coordination role to promote the needs and results for children as exemplified in other sections of this report. UNICEF's active participation, and in many cases, leadership of various working groups and task forces has been utilised for advocacy and awareness raising on issues pertaining to child rights, as interviewees confirmed.
203. UNICEF's C4D-SBCC strategies were utilised on issues of child and youth rights and empowerment, IECD, climate change, education, health (particularly considering COVID-19). These were helpful to advocate and win support from decision makers. However, more synergies between different youth activities would have been helpful to raise the profile and results of UNICEF's support to these groups.

## Developing and Leveraging Resources and Partnerships for Children

*Finding 25. UNICEF's efforts to develop and leverage resources and partnerships for children have mostly been successful. A strong boost was evidenced during and in the aftermath of the pandemic, whereby UNICEF seized the opportunity to strongly leverage its positioning and resources to reach children and maximise results.*

204. Partnerships and the ability to mobilise resources to reach children present the core foundation of UNICEF's work, including by influencing domestic planning, financing, and the delivery of children's services.<sup>117</sup> Over the reference period, and especially during the COVID-19 crisis, UNICEF's change strategy has successfully focused on developing and leveraging resources and partnerships. UNICEF leveraged its existing partnerships and programmes with ministries and partners in the sectors of Education, Social Protection, Child Protection and Communications to ensure timely information sharing and action.
205. Strategic partnerships and collaboration enabled UNICEF to mobilize critical resources for the COVID-19 response and vaccination, and to expand cross-sectoral capacities and approaches to reach the most vulnerable, including through digital innovation strategies and community engagement. UNICEF leveraged funding for COVID-19 vaccination support to multi-sectoral efforts to strengthen SBCC, social protection data systems (disability management information system) and community outreach with other health and nutrition services.
206. Substantial funding strengthened CO's T4D and C4D/SBC expertise. COVID-19 vaccination was also a significant entry point to strengthen broader UNICEF multi-sector programming for the most vulnerable. UNICEF maintained and strengthened partnerships with government and development partners for SUN and Cambodia Nutrition Project. Working with several Ministries including MoH, MoI and MOSVY, at both national and sub-national levels enabled UNICEF's support to directly benefit specific vulnerable populations, including the elderly, pregnant women, people with disabilities, and people living on the street, and provide timely COVID-19 information and vaccination.

<sup>116</sup> Unicef (2018); UNICEF Strategic Plan 2018-2021, p. 27;  
[https://www.unicef.org/media/48126/file/UNICEF\\_Strategic\\_Plan\\_2018-2021-ENG.pdf](https://www.unicef.org/media/48126/file/UNICEF_Strategic_Plan_2018-2021-ENG.pdf), accessed on 28 September 2022

<sup>117</sup> Unicef (2018); UNICEF Strategic Plan 2018-2021;  
[https://www.unicef.org/media/48126/file/UNICEF\\_Strategic\\_Plan\\_2018-2021-ENG.pdf](https://www.unicef.org/media/48126/file/UNICEF_Strategic_Plan_2018-2021-ENG.pdf), accessed on 28 September 2022

207. UNICEF leveraged resources and maximised partnerships with the MoH to gear up the NDVP, including risk communication and community engagement, with a notable focus on specific vulnerable. This was an innovative multi-sectoral approach, benefiting from additional funding, that led to LTAs with private sector suppliers and dedicated T4D and C4D-SBCC resources. The document review showed that a new Private Sector Engagement strategy 2021-2022 was developed by the CO, presenting thematic areas as a key priority for private sector engagement
208. UNICEF takes an active role in UNCT, leading, co-leading, or engaging in various results groups and programmes, which is considered by UNCT stakeholders as positive partnership engagement. UNICEF engages with civil society, but as discussed in previous sections, this engagement is often limited to their implementation tasks, without much consultation or wider advocacy potential.

### Using the power of evidence to drive change

*Finding 26. UNICEF's evaluations, research, and data about children in Cambodia have helped shape and strengthen national policies and measures but also donors' and UN agencies interventions.*

209. UNICEF engages with the Government in several evidence generation interventions, including situational analyses, research studies, evaluations, and reviews, which are used to inform both national policies and UNICEF's. For instance, studies such as the learning loss study, the joint rapid assessment of the education sector, or the UNICEF led the COVID-19 Socio-Economic Impact Assessment<sup>118</sup> (those most cited by informants), as being useful to better understand the changing needs of the most vulnerable in Cambodia.
210. UNICEF's monitoring efforts, such as the support to the GS-NSPC and MOSVY to get accurate information from beneficiaries of the cash transfer programme or the WASH section's support to the standardisation of monitoring processes and availability of data (through the support to the Management Information System (MIS)) and equity gaps analysis, were also cited as useful. However, informants noted persistent gaps and weaknesses in the government's sectoral MIS, and its insufficient exploitation for SNAs annual equity planning and budgeting.

### 5.7 Timeliness of UNICEF's delivery of results (EQ 12)

*Finding 13. Timeliness of delivery of support to the duty bearers and right holders was hampered to different extent by COVID-19 constraints, and in some cases by Cambodia's challenging topography. Other more structural factors also affected timeliness of support. Driver of timeliness of support was adaptability of the programme to changing context.*

211. The systematic planning approach at UNICEF, within which annual work plans, annual (and mid-term) reviews and evaluations represent the main pillars is effective at supporting timely results. In particular, the reviews and plans for each sector help to bring partners together to reflect on achievements and adjust and reprogramme some activities as required. However, documentary review findings, reinforced by stakeholder feedback, affirm that the timeliness of CP implementation was affected by COVID-19, although CP implementation is still on track to achieve its targets, with most output indicators considered on track or already achieved.

<sup>118</sup> WFP, UNFPA, UNF Women, UNAIDS and UNICEF, "COVID-19 Socio-Economic Impact Assessment", July 2021, [https://www.unicef.org/cambodia/media/5471/file/COVID-19 percent20Socio-Economic percent20Impact percent20Assessment.pdf](https://www.unicef.org/cambodia/media/5471/file/COVID-19%20Socio-Economic%20Impact%20Assessment.pdf), accessed 07 October 2022 and



212. To address constraints brought by COVID-19, UNICEF invested sustained efforts to continue its upstream capacity strengthening and direct support activities through online platforms. The shift to an online modality affected the quality of engagement, though most of activities continued. Once the restrictions were eased, the CO resumed direct engagement.
213. The immediate COVID-19 response (vaccination and education) and UNICEF's WASH response within the flood response were both found to be timely and efficient.

### **5.8 Contributions of the selected programmatic areas to intended national results, including SDG focused results, as well as whole of UN outcomes specified in the UNDAF and more recently in the context of COVID-19 in the SERP (EQ13)**

*Finding 28. System level reforms supported by UNICEF across education, social protection and child protection, health and WASH contribute to SDG acceleration, despite persisting challenges that Cambodia encounters. UNICEF's contributions to the UNDAF goals are positive overall, and in particular its contributions to the COVID-19 response within the framework of SERF.*

### **UNICEF's contributions to SDGs and Agenda 2030**

214. UNICEF's work in Cambodia reflects its global commitments to Agenda 2030 and is structured across five overarching areas of well-being for every child which are grounded in the 2030 Agenda for Sustainable Development.<sup>119</sup> The evaluation mapped a number of SDGs (SDG 1, 2, 3, 4, 5) and their respective targets to which UNICEF contributes. Most of these contributions are direct ones, though some leveraging potential is also found also in targets that do not show explicit linkages to date, or are only emerging, such as SDG 1, target 1.5 (see Figure 2 in [Annex 3](#)). The ET's document review and stakeholder interviews indicate that UNICEF's upstream interventions in capacity strengthening at national level and support services at sub-national level, in social protection, PFM, education, health, nutrition and child protection are contributing significantly to the achievement of the relevant SDGs. UNICEF's capacity strengthening work includes the provision of technical, financial and advocacy support to planning, policy and strategy development, direct support in capacity building and strengthening of direct service provision and partner coordination are perceived as good drivers of such contribution by interviewed stakeholders.
215. **SDG1:** Visible contributions to SDG 1 (End Poverty) were made through extensive two-pronged support to the reforms of social protection, engaging with national Government on reforming social services provision while at the same time investing in social assistance. The emergency cash assistance during the COVID-19 pandemic, the Family Package, integrating four core social assistance programmes addressing needs of pregnant women, children 0-2y, persons with disability, and the elderly, as well as wider work investment in better connection between policies and budgets, have all been positive. UNICEF has expanded its reach to the most vulnerable, with transformational potential on the well-being of women, children, and other vulnerable groups. Increased access to social assistance and social services helps contribute to mitigating socio-economic risks and vulnerability to poverty.
216. **SDG2:** UNICEF contributions to SDG 2 (Zero Hunger) targets are operationalized through its nutrition work. UNICEF's Investments in the prevention and treatment of wasting in targeted northeast provinces has been substantial and has enabled all Government health facilities to provide treatment services compared to many provinces in the country without SAM supplies and management capacity. However, overall, still only 10 percent of severely wasted children nationwide have access to treatment and more support from Government, partners and UNICEF is needed to further improve quality and scale. The improvement in the SAM cure rate

<sup>119</sup> <https://data.unicef.org/sdgs/country/khm/>



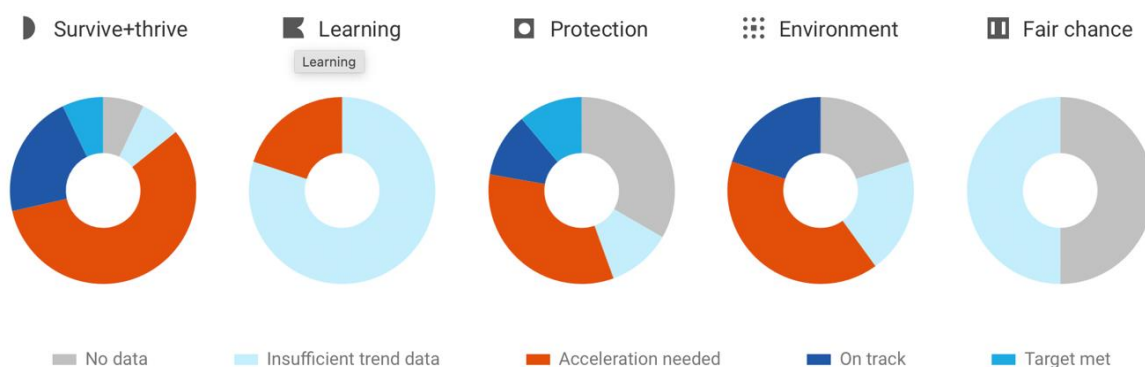
is an important achievement. Advocacy, coordination, and technical support from UNICEF also led to important recent national plans and commitments for nutrition at a time during the pandemic where the socioeconomic impact of COVID-19 was aggravating risks for increasing malnutrition, especially on the poorest and most vulnerable populations.

217. **SDG 3:** UNICEF contributions to SDG 3 (Good Health and Wellbeing) were evidenced by the mobilisation of substantial resources for health during the pandemic, not only for COVID-19 response and vaccination, but also for maintaining essential health care services including routine immunisation. UNICEF's direct technical support enabled MoH to maintain essential health services and effectively implement IPC against COVID-19. UNICEF's direct support to continued integrated health and nutrition community outreach services led to minimized disruption in the availability of health and nutrition services in NE provinces. Maternal care indicators show a striking increase in coverage in 2021 and 2022, with disparities by measures of inequality substantially decreased. This is largely due to UNICEF investment in integrated community outreach of Health and Nutrition services. Furthermore, according to different key stakeholders, this also reflected the effective community-based poverty identification system, the ID-Poor expansion and the conditional cash transfer (CCT) contribution (supported by UNICEF). Despite the reinforcement of health services, other key indicators suffered a serious decline in coverage (related to growing inequities and significant subnational disparities), reinforcing the need to monitor progress also at subnational levels.
218. **SDG 4:** Throughout decades of hands-on support to the education system, UNICEF has contributed significantly to progress towards achievement of SDG 4 (Quality Education) through technical support to system reforms in response to Cambodia's 2030 Education Roadmap.<sup>120</sup> Output and outcome level results coming out of investment in education policies, capacity strengthening of teachers and school leadership, school WASH infrastructure, and inclusive education (multilingual education), as well as supporting the COVID-19 response in education, etc. have brought contributions to SDG 4. A weakness is the variable support to inclusive education and the active promotion of disability rights.
219. **SDG 5:** Finally, contributions to SDG 5 (Gender Equality) were notable, resulting from the integration of GEWE into strategic interventions across all sectors. The review of available programme documents and evaluations shows overall positive assessments of UNICEF's GEWE efforts, as also confirmed by stakeholder interviews. For instance, girls and boys, pregnant and lactating women, and women from the most vulnerable groups all benefited from direct support across each sector, while technical support promoted the needs and vulnerabilities of girls and boys, women and men.
220. The evaluation confirmed the findings of the SIDA-funded project on strengthening local governance for social service delivery,<sup>121</sup> which found that *"the programme overall contributed towards the SDG 5.4 of recognising and valuing unpaid care and domestic work through the provision of public services, infrastructure and social protection policies"*. However, available data on the attainment of Agenda 2030, as measured through indicators for Cambodia, show weak progress across all five dimensions of child rights as shown in Figure 5.

**FIGURE 5 CAMBODIA'S PROGRESS OVER FIVE DIMENSIONS OF CHILD RIGHTS**

<sup>120</sup> <http://www.moeys.gov.kh/index.php/en/planning/2901.html#.YzdXsy8RqL0>

<sup>121</sup> UNICEF (2022); Evaluation of the SIDA Funded Project Strengthening Local Governance for Delivering Social Services and Social Protection for Vulnerable Children and Women in Cambodia, p. 24.



Source: <https://data.unicef.org/sdgs/country/khm/>

221. A detailed review of available indicator data relating to five dimensions of child rights confirms slow progress towards targets<sup>122</sup>. Some reasons for this (as cited by stakeholders) pertain to the slow pace of incremental reforms that UNICEF supports, and a worsening socio-economic outlook due to COVID-19. Most stakeholders indicated an expectation that the situation will further deteriorate due to the current global geo-political crises.

### UNICEF's contributions to UNDAF

*Finding 29. UNICEF remains an essential UNDAF partner, with multi-sectoral capacities, and programmatic focus areas that are fully integrated into national sector policies and successfully linked to UNDAF outcomes.*

222. UNICEF and UNDAF outcomes are closely related, including to expanding social opportunity (Outcome 1); promoting sustainable living (Outcome 3); and strengthening participation and accountability (Outcome 4); and its four key accelerators in the areas of social protection, nutrition, youth and data (see Figure 3 in [Annex 3](#) showing the UNICEF CP 2019-2023 linkages with UN priorities in Cambodia).

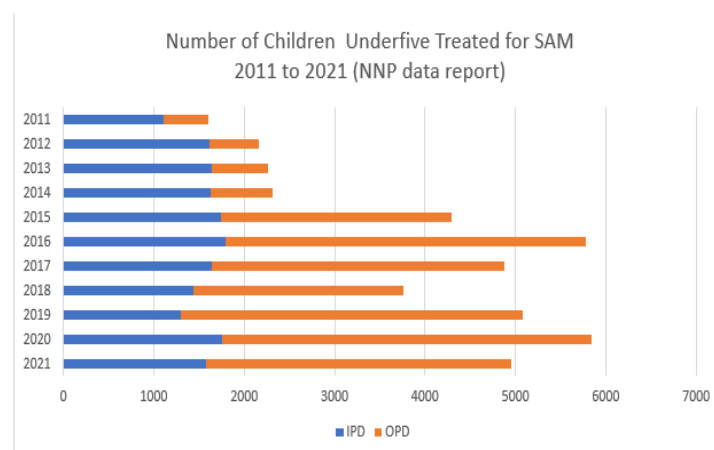
223. Notable contributions to UNDAF Outcome 1 and its Intermediate Outcomes 1.1, 1.2 and 1.3 included UNICEF's and the UN Country Team's (UNCT) efforts to adapt to emerging needs stemming from COVID-19 and the 2020 floods. For instance, UNICEF and HRF partners supported the development of a Floods Response Plan for the most affected provinces, to reach 237,000 people over six months addressing priority needs. UNICEF led the WASH response (WASH supplies and first aid kits) benefiting approximately 65,000 people. The Education response reached up to 187,000 children with primary and secondary level textbooks.<sup>123</sup>

224. Outcomes related to improving public health care (routine immunization) and nutrition (wasting prevention and treatment), based on last UNDAF reporting from 2021, shows that targets for wasting coverage and scale up are behind. This mentioned earlier, this is mainly due to lack of resource mobilization by the government, limited community-based approaches for screening/identification and limited resources for support by partners. Even though coverage of wasting program across the country is inadequate, in the areas where UNICEF is supporting, there has been increase in quality of treatment (Figure 3 in Annex 10) and increased number of children with wasting reached (Figure 4 in Annex 10).

<sup>122</sup> <https://data.unicef.org/sdgs/country/khm/>

<sup>123</sup> UNICEF Cambodia, "Country Office Annual Report 2020", <https://www.unicef.org/media/100546/file/Cambodia-2020-COAR.pdf>, accessed 06 October 2022.

**FIGURE 6: NUMBER OF CHILDREN UNDER 5 YEARS TREATED FOR SAM (2011-2021)**



SAM treatment services by MOH. Also, allocation of Cambodia Nutrition Project funding for the first time to support wasting programming including RUTF supplies (starting 2023).

226. UNICEF is also an active member of the UNCT, chairing or co-chairing a number of Results Groups, as presented in the [Annex 9](#). Interviewed UNCT stakeholders confirmed UNICEF's proactive and generally consultative role in UNCT Results and theme groups and Task forces.

### UNICEF's contributions to SERF

*Finding 30. UNICEF responded strongly in scale and scope of programming and in response to the COVID-19 challenge, gaining recognition for its capabilities, demonstrated adaptability and leadership.*

227. The "UN Cambodia framework for the immediate socio-economic response to COVID" (SERF) (August 2020), aimed to support the Government in several areas including scale-up and expansion of social protection; education and other essential services and the enhancement of food security and nutrition. The five pillars of SERF are detailed in the Figure 3 in [Annex 3](#).

228. The UNCT efforts also complemented the National COVID-19 Health Master Plan, stepping towards an integrated financing framework. UNICEF leadership and support to the Government on the COVID-19 programmatic response (vaccination programme rollout, education support and RCCE and C4D-SBC), is widely recognized by evaluation informants and in relevant reports, as outstanding. UNICEF contributed to combined efforts to ensure that essential and basic health services continued to be available for all, and in the prevention of GBV mechanisms and child protection services.

229. Using the Health and Nutrition program positioning as entry points and leveraging on this, UNICEF's C4D, Communications, and Health and Nutrition programme team worked on a nationwide Risk Communication and Community Engagement (RCCE) response and the co-creation of the evidence-based Advocacy Communication and Social Mobilization (ACSM)/C4D plan, which supported seamless coordination of prevention and vaccination approaches. UNICEF reports that 62 percent of the population of 16 million were reached by these communications.

230. In response to rising socio-economic and child malnutrition challenges in the north-eastern provinces, UNICEF prioritised implementation of a comprehensive Nutrition programme,<sup>124</sup> supporting capacity building and use of HMIS data tools, and the implementation and use of

<sup>124</sup> Maternal, Infant and Young Child Nutrition, Severe Acute Malnutrition (SAM) and Micronutrients strategic actions

Interpersonal Communication (IPC) and counselling tools. The WASH and the Health programme (with financial and technical support on RCCE, IPC, etc) focused its COVID-19 response on reducing the transmission of the virus, providing critical hygiene and prevention supplies alongside risk communication, IPC efforts, guidance, advocacy, and remote technical support. Contributions of these activities to UNDAF's Pillar 1 were assessed by stakeholders as outstanding.

231. In relation to Pillar 2 – Protecting People, prior to the UN SERF design, UNCT formulated a comprehensive social protection policy options paper that facilitated the direction for the Government's immediate response to the pandemic, influencing key policies for resilient recovery. The social protection responses before COVID-19, were not sufficient to fully protect and build the resilience of the most affected and disadvantaged groups during the pandemic.<sup>125</sup> UNICEF's support to the Government's cash transfer programme for Pregnant Women and Children under Two covering over 240,000 pregnant women and young children was an investment in system building for the delivery of the routine social assistance programme, with the system used to rapidly build the national emergency COVID-19 Cash Transfer Programme for the Poor and Vulnerable Households. As co-chair of the Education Working Group, UNICEF facilitated development partner support for COVID-19 response, including creating safe and protective learning environments, "Back-to-school" campaigns, distance education, and technical support for safe school re-opening. This Pillar also shows a critical UNICEF contribution to the implementation of the different technical components and a focus on areas where UNICEF has a comparative added value within the UNCT. Pillars (3, 4 and 5) show less engagement of UNICEF, explained by the leading role of other UN agencies in areas where they have primary capacities.

## 5.9 Major external and internal factors influencing the achievement of Country Programme results, with a special focus on Health and Nutrition, Education and WASH (EQ 14)

*Finding 31. CP focus and performance have benefited from UNICEF's office structure; evidence generation, combination of upstream and downstream focus and adaptability as well as the Royal Government of Cambodia's commitment and positioning. Nevertheless, progress was hindered by internal siloed approaches, and, to greater extent, external factors (D&D challenges, the Government's limited resources and the COVID-19 pandemic).*

### Internal enabling factors

232. The evaluation found that the attainment of CP strategic results was facilitated by UNICEF's well-resourced office structure, regional presence, and healthy budget. In Cambodia, UNICEF has the largest presence of all the UN agencies, with 104 staff members and 16 staff engaged in ZO.<sup>126</sup> Interviewed stakeholders cited UNICEF's resource mobilisation efforts and appropriate and sound budget utilisation; the team's expertise, familiarity with the local context; and flexibility and availability, as important enabling factors for the delivery of results.
233. Other factors included:
- timely evidence generation (SitAn, Analytical studies, assessment of impact of COVID-19 on vulnerability, reviews and evaluations) enabling informed strategic and operational decisions;
  - UNICEF's strategic positioning as a go-to-partner for reforms (in particular at national level);

<sup>125</sup> UN Cambodia, "UN Cambodia framework for the immediate socio-economic response to COVID", August 2020, [https://cambodia.un.org/sites/default/files/2021-02/UN\\_percent20Socio-economic\\_percent20Response\\_percent20to\\_percent20COVID-19\\_percent20Framework\\_Aug2020.pdf](https://cambodia.un.org/sites/default/files/2021-02/UN_percent20Socio-economic_percent20Response_percent20to_percent20COVID-19_percent20Framework_Aug2020.pdf), accessed 8 October 2022.

<sup>126</sup> According to UNICEF Cambodia's 2021 HR chart

- the integration of upstream policy work with capacity strengthening, hence contributing to sustainability;
- direct engagement with final beneficiaries. The evaluation found that this was systematically mainstreamed in the WASH sector, or in the SP sector, where post distribution calls were conducted together with the MoSVY to get feedback from cash transfer beneficiaries);
- UNICEF's convener role and partnership with other UN agencies, donors and other partners.

### **Internal hindrances**

234. Constraints to UNICEF's work relate to the silo approaches at both the design and implementation levels, often identifying pre-determined outputs rather than focusing on the achievement of broader outcomes that require an integrated causal framework analysis and ToC in support of a coordinated programme design.
235. The CP sectoral formulations remain quite theoretical, too high level and relative to the central/national level (policy guidance) with overly ambitious indicators, presenting challenges to understanding UNICEF's contributions and higher-level monitoring and reporting on results. The evaluation found that external subnational stakeholders are largely unaware of interventions beyond their own. Budget limitations in some sectors (Nutrition and WASH) also represented hindrances to implementation of planned results. UNICEF's demand driven approach to working with the government has resulted in some fragmentation, limited resources (i.e., nutrition) and spreading resources too thinly. An analysis of UNICEF's sectoral interventions (as illustrated by assessment of UNICEF's support to education, WASH and Health and Nutrition presented in Section 5.4, and corroborated by stakeholder feedback) indicates that UNICEF engages in multiple sector-specific interventions and thematic areas within each sector. The range of activities (resulting from UNICEF's demand driven approach) demands a lot of attention and resources, diluting the potential impact, and leading to little time for interaction and reflection.

### **External drivers**

236. The single main external driver of attainment of results is the government's commitment to reform and their ambitious reform agenda. Being a strategic partner of the government, UNICEF has direct access and influence on reform path, which helped both relevance and effectiveness of support.
237. COVID-19 was considered by most stakeholders as both a driver and a hindrance to UNICEF's work. UNICEF's adaptable approaches, global mandate and expertise put UNICEF at the forefront of the national pandemic response efforts.

### **External hindering factors**

238. The main hindering factors, in particular affecting sustainability or for scaling up, include pervasive and systemic bottlenecks for the delivery of services and inequity barriers, specifically in the Northeast regions of the country (including, but not limited to, limited infrastructure, capacity and fiscal limitations, lack of trained professionals, socio-cultural factors affecting minority groups, etc.). Stakeholders at all levels reported that Cambodia has developed a comprehensive policy and institutional framework portfolio, but that these policies are only implemented slowly, if at all, hindered by the very slow D&D process and systemic gaps. The D&D process, in turn, is constrained by several internal and external challenges, most notably institutional capacity related. Due to slow implementation of policies, access to the benefits of the services and policies by the affected populations is often limited or uneven.

239. The evaluation found that the stated strong ownership and declared commitment of the duty bearers does not always translate into, or guarantee, scaling up or sustainability of delivered results. The document review and stakeholder interviews confirmed that ownership is high and, in many cases, results in scaled up mechanisms (e.g., cash transfers; teacher training; large scale programming through sanitation systems strengthening; SAM treatment as a government national program, and numerous others). However, some interventions do not manage to be fully institutionalised (including MHM in schools, bridging the water supply gap in rural, etc.). Some of the quoted reasons include donor dependence, capacity and fiscal limitations, especially at decentralised levels. and recurring crises.
240. A linked challenge remains the limitations in subnational level government's absorption capacity (limited human, material and institutional resources, staff turnover, low awareness of relevance of proposed models and potential benefits, etc.) and fiscal limitations, particularly at subnational level. Key stakeholders cited these as important factors limiting UNICEF's and other development partners' results.
241. The document review and stakeholder feedback confirmed a low level of harmonization and coherence between different laws and policies, and weak inter-sectoral coordination within the Government, (both horizontally, between ministries; and vertically, between different tiers of government), which affects the transformative potential of UNICEF's work, despite best efforts.
242. UNICEF invested in building awareness and PF4C capacity across the Government, but the budget preparation and allocation processes and priorities, and roles and responsibilities for budgeting between central and subnational levels, remains challenging in a number of structural and fiscal domains. This is a critical factor for sustainability and scale up.
243. The availability of reliable data at administrative and social levels varies between sectors or themes, affecting the extent to which adequate government targeting or evidence-based policy decisions can be made across sectors. The evaluation found that UNICEF's work is affected by insufficiently disaggregated data at national and subnational levels on essential services, including vulnerability profiling and trend comparisons on disparities, gaps, etc. These were highlighted by stakeholders as major hindrances to better equity and results programming.
244. A further worsening of the socio-economic conditions in Cambodia in the aftermath of the pandemic, caused by both internal and global factors, were also noted as likely to hinder the transformative potential of delivered results.

**5.10 The sustainability of the gains relating to 1) programming at scale in vaccination; 2) social protection, including cash transfers, acceleration of the strengthening of the social workforce and 3) increased investments in areas such as GVB, MHPSS achieved in the COVID-19 response (EQ 15, 16)**

245. There is an overall perception among stakeholders that it is still too early to know if the changes generated through different investments in the COVID-19 response will be sustainable, as many of these changes are still underway. UNICEF is already supporting MOH in the integration of COVID-19 vaccination into routine immunisation programming, which could be delivered with other essential primary health care services for the most vulnerable, following the UNICEF supported integrated community outreach model in the northeast. UNICEF stakeholders confirmed that forecasting and tracking tools include both routine and COVID-19 vaccination and the cold chain. These elements and supporting systems are included in Gavi's Health System Strengthening Support 3 (HSS) five-year funding to the Government, which is strongly designed to reach zero dose children, due to substantial advocacy and technical support by UNICEF, WHO and CHAI. The new Primary Health Care booster framework of the MoH also integrates COVID-19 vaccination into routine immunization programmes and PHC policies and strengthens community outreach to reach zero dose children, which is a foundation



of sustainability for UNICEF's results. The HSS support is intended to address health system bottlenecks.<sup>127</sup>

246. The Health Sector is also documenting and building upon lessons from the past two years while global guidance and evidence continues to emerge on COVID-19 vaccination and its future, and in other areas such as digital immunization –an area that the MOH had not explored before the pandemic but wants to include now as a key programme priority. Feedback indicated that many of the components and investments are agreed at national decision making and technical levels but their roll-out and implementation may be challenged by policy environment and commitment from Government, fiscal and human resource limitations at all levels, as well as capacities to ensure equitable access to essential services for vulnerable populations.
247. UNICEF's contribution to bridging the digital divide in support of the education sector during the pandemic school closures boosted the Government's efforts to achieve the envisioned digitalization in education by 2030. Consulted government stakeholders reaffirmed their commitment to continue the efforts to bridge the gaps in internet access, reducing the rural-urban disparity.
248. The unprecedented expansion of Cambodia's social protection system during the pandemic response has provided the opportunity to develop new capacities among the national duty bearers, providing a unique opportunity to temporarily expand social assistance during a crisis. Such efforts have helped to shift minds towards scale-up, as emphasized by relevant stakeholders. Feedback also suggested using lessons learned in the pandemic response to tailor approaches across multiple sectors, such as in nutrition-sensitive interventions, to reduce child labour, for disaster risk management, humanitarian response, etc.
249. Efforts to extend WASH services and infrastructure, targeted provision of soap and handwashing facilities and campaigns, particularly for the low-income households in rural areas, have resulted (as per some of the participants in the evaluation), in sustaining handwashing with soap behaviour (handwashing at critical times) post COVID-19, although this evaluation could not corroborate these from other sources. The socio-economic impact study suggests that 93 percent of participants declared to wash hands with soap frequently (Feb21)). A hand hygiene addition to the ODF criteria represents a tangible and sustained gain on the COVID-19 focused WASH investment.
250. Some key informants indicated that UNICEF's operational focus on GBV and MHPSS activities reaching out the most vulnerable and marginalized has opened a window of opportunity for policy influencing and advocacy for equitable coverage, and may help intensify efforts in other domains too, such as civil registration-returned migrants, refugees, etc.

## CONCLUSIONS AND LESSONS LEARNED

### Conclusions

251. The findings from this evaluation indicate the importance of strengthening key policy and institutional mechanisms<sup>128</sup> across all sectors. This can be done through strong evidence generation activities to inform targeting of assistance, using the limited organizational resources, and acknowledging the troubled external geo-political, socio-economic and donor environment. Programme development often implicitly assumes a stable operational and financial framework and institutional environment within which to implement activities.

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<sup>127</sup> GAVI web page, <https://www.gavi.org/programmes-impact/programmatic-policies/hsis-support-framework>

<sup>128</sup> Such as educational institutions and teacher training colleges, social assistance, child protection; fiscal and budget planning and targeting; IT systems (e.g. EMIS, Primero digital case management system, integrated HN community outreach programme, integration of essential ECD services, etc.

252. **Relevance:** The CP design is aligned with national priorities, the UNDAF and the relevant SDGs. The CP integrated gender considerations and responds to most needs of rights holders, though coverage of the most vulnerable groups would have enhanced UNICEF's added value in Cambodia. UNICEF CO has created, cultivated, and maintained good relationships with the Royal Government of Cambodia, enabling UNICEF to influence national discourse and policy development, though to a lesser extent its operationalisation and implementation. UNICEF's credibility provides good potential for convening multiple actors and responding to emerging needs and priorities, though consultations with civil society and affected populations were not applied systematically. UNICEF's response within the UN Cambodia SERF to the pandemic is a good example of the CO's continued relevance and agility to adapt to emerging needs, boosting its relevance to both the governmental priorities and unmet needs of children.
253. UNICEF's scope of support to the country is expansive and includes upstream support to policies and institutional strengthening; downstream for strengthening quality of services, and generation of evidence and advocacy on child rights. Conceptually, these areas of engagement are relevant, though there are many emerging needs and demands which could have been better prioritized to ensure that resources are not too thinly spread. UNICEF CO modelling efforts and direct interaction with affected groups, where it happened, was relevant to the needs and local realities.
254. **Convergence is still emerging.** The design of the different sectors' Theories of Change do not reflect key thematic and cross-sector linkages, which hinders convergence. A multitude of sectoral upstream and downstream interventions with funding constraints and silo approaches in implementation of activities are further reflected in vertical communication issues between the CO and ZOs. The CO efforts to enhance convergence have been commended, though have been insufficient to bring any shift in terms of convergence or to break silos thus far. As such, it is hard to assess the effectiveness and impact of conceptualised converging programmes (IECD and ADAP, for instance) right now. However, there are promising developments as the Kratie Zonal office leads on IECD programming in the north, where recent focus has been on strengthening Government systems and capacities at national and sub-national level to operationalise the National Action Plan for Early Childhood Care and Development (NAP-ECCD 2022-2026), which has recently resulted in development of a first provincial ECD plan (in Kratie).
255. **Comparative advantage:** The two most significant strengths and value propositions of UNICEF in Cambodia include its reputation as the go-to agency for system strengthening, policy support, modelling, and filling gaps (e.g., through technical expertise, financial support, capacity strengthening, ICT, etc.) in education, child protection and social policy, WASH, and increasingly health and nutrition, with an equity approach. This provides an opportunity for tackling reform efforts more systematically at central and subnational levels. This advantage comes with a threat of multiplying efforts in response to demands and creating/maintaining donor dependence, which needs to be closely monitored and mitigated in the future. UNICEF also holds substantial coordination, convening, and leveraging potential – both with the Government and with development partners.
256. **Effectiveness and sustainability:** UNICEF's output level results from system strengthening efforts across all CP sectors (and the COVID-19 response) have been positive, though the challenge remains to ensure that investments across these thematic areas transform into sustainable outcome level results. The system strengthening support delivered results in both policy and delivery, which improved as a result of capacity strengthening efforts. There has been significant progress in improvement of policy and regulatory frameworks thanks to UNICEF's support, but there are still gaps in terms of conducive policy and the fiscal environment at all levels; operationalisation of policy and legislative provisions and the scale up of the tested models. UNICEF's blanket support across sectors in targeted regions (and nationwide in some

sectors like education, health, and social protection) has reached and provided beneficial support to children. However, this outreach faced challenges in reaching the most vulnerable populations, notably children and their families facing multiple deprivations in some regions,<sup>129</sup> due to COVID-19 and limited national and UNICEF resources.

257. Results at the outcome level display a mixed performance, particularly in terms of scalability and sustainability. The modelling of WASH, child protection, social services was successful in targeted communities but their scale up potential was not fully explored. This limits the transformative potential of such models. Two exceptions were the modelling of conditional cash transfers, which resulted in an important national cash transfer programme and a model for other similar cash transfer cross-sectoral measures and the operationalization at the national level; and the strengthening of capacities of the Ministry of Rural Development (MRD) and its provincial departments in mainstreaming climate risk into the establishment of commune water safety plans (which bring local authorities into the water safety plan development process).
258. UNICEF's support contributed to institutional reforms, and capacity has improved though to varying degrees at different governance levels and across different institutions. The system level investment in social protection and public finance management has the potential to bring long term positive outcomes in ensuring safety nets for the most vulnerable groups. UNICEF's contributions to child protection services are progressively benefitting children.
259. Engagement in education, through support to teaching colleges, teaching and learning materials and online learning tools and methods, brought important advances in terms of the quality of teaching and learning, though these are still emerging and very incremental. Support to multilingual education and inclusive education, though variable, has had positive outcomes on livelihoods and empowerment, particularly of girls and boys from minority groups that participated in the programmes. However, learning loss and exclusion of the most deprived (notably, children with disabilities, working children and children at risk) is exacerbated by a worsening socio-economic situation, and warrants a stronger focus and consolidation.
260. In spite of important funding gaps over the implementation of the WASH component, the WASH section championed equity-based analysis and pro-poor programming at scale with a systematic integration of the human rights-based approach, through sanitation systems strengthening and institution building, directly contributing towards the SDG targets for rural sanitation.
261. In Health and Nutrition, UNICEF strengthened national and local capacities in key programme areas and positioned itself strongly through advocacy and technical support in the COVID-19 response. This provided an entry point to, mobilise substantial resources for the section and CO broadly, expanding key high impact basic health and nutrition services (such as routine immunization) and cross-sectoral approaches (e.g T4D, SBC) during the pandemic. Persistent bottlenecks in accessibility, utilization of basic health and nutrition services and institutional capacity limitations, compounded by the effects of the COVID-19 pandemic, still remain with slightly better indicators noted in some of the provinces prioritised by UNICEF. This points to an overall positive trend in areas where more focused support is provided and integrated.
262. Availability of data to inform targeting of the most vulnerable groups represents a challenge. While initial coverage of the CP was guided by SitAns and other related assessments available at the time of design, only limited comprehensive analysis to identify and reconfirm target groups has been conducted since. There is insufficient up-to-date timely and accurate

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<sup>129</sup> For example, children from the poorest households-lowest wealth index quintiles, working children, out-of-school children, children living in rural hard to reach areas, children with disability, children at risk of forced labor or forced marriages, returning or migrant workers' families, etc.

subnational data to make inequities in coverage more visible, which is key to identifying and reaching the most marginalized with an appropriate response. A major contribution from UNICEF was its support to MOSVY's national Disability Management Information System revealed real-time and disaggregated data on PwDs registered in the country have been fully vaccinated. This presents an opportunity for scale up and use in advocacy, sector coordination and local level planning to understand and address access barriers.

263. Gender issues received strong attention and were mainstreamed throughout implementation. A dedicated T4D team brought in by CO was a positive step to building inhouse capacity for addressing many of these issues. Consultation with, and accountability to, local communities and rights holders varied, with some good examples, such as post-distribution calls conducted together with the MoSVY to get feedback from cash transfer beneficiaries.
264. **UNICEF implemented several relevant and effective interventions in response to COVID-19 under SERF.** The utility of UNICEF's mandate and efficient resource mobilisation approaches in response to the pandemic led the immediate rapid and effective response, providing needed vaccination, child protection and social assistance (cash transfers, mental health, etc.), education and wash services education and WASH support services at scale to the Government and children. Such support to the most affected population has to some extent mitigated the negative learning loss and health impact of COVID-19 across Cambodia.
265. **Factors affecting sustainability of results.** The transformative potential and sustainability of UNICEF's results are muted to some extent by subnational government's absorption capacity limitations, UNICEF's fragmented approaches and recurring crises. By providing significant amounts of technical assistance to national institutions, UNICEF has delivered on its promises, though longer term sustainable transformative potential and impact of UNICEF contributions is muted because even as programme interventions deliver outputs, the benefits of the programme interventions often do not materialize with the affected populations. These suggest the need for more in-depth accompaniment regarding institutional bottlenecks and procedures to bridge the gap between policy guidance and policy implementation, identifying areas where UNICEF could add value through a systems strengthening approach across areas mentioned above. UNICEF is seen as having the potential leverage and reputation to focus more persistently on commonly identified bottlenecks, such as central and subnational level planning, budgeting, and monitoring processes and service functions. Focused attention on subnational level engagement, capacity strengthening and support to operationalisation of adopted policies and for the scale up of models was a declared commitment but could not always be fulfilled.

## Lessons Learned

266. **Lesson 1.** In countries where UNICEF's sector reform interventions (e.g., social protection, education, or others) include strong evidence generation and engagement in PFM, there is a greater transformational potential for improving accountability and transparency of targeting and coverage, and access to services for the most vulnerable. Experience from Cambodia shows that in countries where UNICEF invests efforts in understanding and promoting enabling fiscal space for children and social protection systems, resulting interventions are stronger, with more apt targeting and coverage mechanisms across sectors.
267. **Lesson 2.** Government sector institutions require long-term funding to support continuous and comprehensive technical and financial support over time, often over multiple programme cycles. Experience from Cambodia shows that achieving tangible and transformative results require support from development partners over a prolonged period, as exemplified by UNICEF's long support to the education, health and WASH. UNICEF has consistently worked with the Government over multiple CP cycles on identifying the needs and gaps, developing proposals and bringing diverse knowledge and know-how, shaping country-specific institutional

arrangements and legal frameworks and strengthening the capacities at national and local levels. This helped establish UNICEF as an immediate point of reference and source of expertise in given sectors, which can be helpful when governments plan adjustments and reforms.

268. **Lesson 3.** Given the critical importance of essential services for children, including primary health care and education, long term dedicated resources are needed to ensure a strong focus on quality, equity and inclusiveness. Even in more developed countries with well-established health systems, COVID-19 has exposed fragility and gaps of health institutions and budgets and has forced the governments to rethink health-sector mechanisms to address the emerging needs and pandemic response. Experience from Cambodia shows that UNICEF's direct support with community outreach services led to minimized disruption in the availability of health and nutrition services in targeted provinces, contributing to increasing coverage of essential services and reduction of vaccine drop-outs in targeted populations, despite movement restrictions. Ensuring strong engagement of community members and continuous support by UNICEF allows for early identification and timely actions.
269. **Lesson 4.** Convergence requires organisational dedication, time, resources, and clear and sound intervention logic. Experience from UNICEF's efforts in Cambodia to strengthen internal convergencies and coherence between programme components shows that besides declarative commitment, dedicated resources, time, and strong overarching programme intervention logic are needed to transform declarative commitments into working methods.
270. **Lesson 5.** The COVID-19 pandemic is a challenge but can also an opportunity. UNICEF's approach to leveraging COVID-19 pandemic and related funding shows how UNICEF COs can seize opportunity for accelerating and advancing the health system strengthening efforts, particularly in most vulnerable areas, and for the nutrition program. UNICEF's ability to leverage COVID-19 strategic partnerships and resources to strengthen the organisation's cross-sectoral capacities is a positive effort towards strengthening UNICEF's broader, routine programming for children across multiple sectors.

## RECOMMENDATIONS

271. A following set of recommendations are underpinned by the need to have reliable multi-year funding that enables a more solid focus on consolidated set of interventions with related indicators that help measure UNICEF's contributions, with clear intervention logic. Recommendations are directed mainly to the UNICEF CO, but with contributions by UNICEF EAPRO, and in consultation with the key national stakeholders and development partners.

	Recommendations	Responsibility	Other contributing entities	By when
1	<p><b>The next CP intervention logic should build on evidence of approaches that were proven to bring results in sharpening organization's focus on reaching the most marginalized. This can be done by addressing core bottlenecks and barriers, including emerging convergent approaches when relevant and building on lessons learned from implementation of this cycle of CP and outstanding gaps within UNICEF's thematic areas. The new CSP Intervention logic should consider what can realistically be achieved based on resource mobilization possibilities and definition of credible assumptions that may curtail too high ambitions.</b></p> <p>Operational steps are provided in sub-recommendations below:</p>		RO, key government institutions, development partners, CSOs	March 2023
	<p><b>1.1</b> Consult with government, civil society, communities and to the extent possible, right holders about both sector-specific and wider needs, gaps, multiple deprivation issues and ways to tackle them, to build-up a harmonized targeting approach for multisectoral actions, directing investments where it is more needed and build data improvement mechanisms into work plans and projects.</p>			
	<p><b>1.2</b> Use evidence generated on multiple deprivations and challenges, building on the zero dose children analysis, the overlay with education disparities and lessons learned from social policy interventions as basis for consolidating, with the government, a set of interventions which have the potential to achieve maximum results given resource availability, operational framework, and convergence (or mutual leverage) potential to reach maximum potential for the benefit of the most vulnerable populations</p>			
	<p><b>1.3</b> Devise the CP intervention logic as a multi-sectoral framework with clear overview of how inputs, outputs and intended programme outcomes lead to the CP goals (impacts)</p>			



	Recommendations	Responsibility	Other contributing entities	By when
	along with realistic indicators and target values aligned with international minimum standards.			
	<b>1.4</b> For the new CPD programme component, integrate GEWE and disability and other cross-cutting areas and strategies develop a model uptake strategy and action plan, with a focus on building strong accountability mechanisms and cross-sectoral approaches.			
<b>2</b>	<p><b>Develop and implement an institutional capacity strengthening strategy focusing areas where UNICEF can add value while considering the D&amp;D reform needs.</b></p> <p>A comprehensive capacity strengthening strategy with longer-term strategic visioning a direction for at least a 5-year horizon should be developed under the consolidated set areas of focus of UNICEF as defined in the CP. This will ensure that capacity strengthening efforts follow a clear intervention logic and are appropriately targeted to fulfil transformational potential.</p> <p>Operational steps include:</p>		RO, key government institutions, development partners	December 2023
	<b>2.1</b> Assess institutional capacity strengthening needs of government institutional partners at national and subnational levels to collect data on capacity gaps, needs and priorities, identifying in which governance level UNICEF can have more impact in bridging the gaps to maximise both: sectoral and area-wide approaches and its advocacy role. Functional and/or fiscal analyses could be considered as some useful tools for such assessment as exemplified by UNICEF's PFM work.			
	<b>2.2.</b> Improve cross-sectoral efforts to strengthen strategies for improving data quality and availability to make sub-national disparities and inequities in coverage more visible and to use available data effectively. With resources in mind, might consider a CO position to facilitate data feeding, monitoring and analysis (focusing on the sub-national level)			
	<b>2.3</b> Together with key government institutions (and potentially development partners) design the strategy to include a cascade approach to the sub-national level, ensuring bottom-up participation and improving UNICEF sector and/or area-wide local level convening role			

	Recommendations	Responsibility	Other contributing entities	By when
<b>3</b>	<p><b>Support government fiscal planning and optimization processes across all UNICEF's sectors of focus.</b></p> <p>Given that budget and fiscal planning issues are obstacles for implementation of adopted policies, and based on UNICEF's positive practices and models, UNICEF should consider expanding its interventions to support the government's fiscal planning in all targeted sectors, building upon the ongoing PF4C efforts, and developing a specific strategy for PF4C (adapting the systematic cross-sectoral integration of the CO SBCC strategy and model).</p> <p>Such support could be operationalised through provision of UNICEF's expertise and international best practices in optimisation of fiscal planning, organization and implementation of sector interventions.</p> <p>Operational steps include</p>		RO, key government institutions, development partners	New CP cycle
	3.1 Elaborate on holistic approach to strengthen capacity of social sector ministries in public financial management, particularly the programme-based and performance-informed budgeting to strengthen links between policies, programme delivery and budgets. This process should be implemented with focus on both central and sub-national level in developing capacity building approaches for improved PF4C (in interaction with recommendations 2.1 to 2.3).	CO	RO, key government institutions, development partners	New CP cycle
<b>4</b>	<p><b>Continue strengthening strategic and operational support to the education sector.</b></p>		RO, key government institutions, development partners, CSOs	
	<b>4.1</b> Together with key Government stakeholders (and potentially development partners) undertake joint assessments to identify needs and design joint and/or complementary inclusive education support interventions to promote inclusive and accessible school environments.			
	<b>4.2</b> Develop an explicit strategy and tactics specifically for disability focus outlining ways to address the complementary bottlenecks <i>around</i> intervention-level and policy activities that prevent successful policy and intervention products from reaching affected population.			
	<b>4.3</b> Together with key Government stakeholders (and potentially development partners) undertake joint assessments to identify needs and design joint and/or complementary			

	Recommendations	Responsibility	Other contributing entities	By when
	interventions to mitigate learning loss, fostering holistic child development including social emotional learning (also considering SP, CP and other relevant cross-sectoral support to address the identified barriers). These interventions should build upon and expand UNICEF's investments in teacher training and curriculum framework in conjunction with other development partners			
<b>5</b>	<b>Continue strengthening strategic and operational support to the health sector.</b>		RO, key government institutions, development partners	2023
	<b>5.1.</b> Continue cooperation with key Government stakeholders (and potentially development partners) for a joint review: I) of implementation of current immunization programmes to prioritize the "Zero-dose" agenda which includes immunisation integrated with other essential health and nutrition services II) to continue further research and analysis to better understand and overcome barriers to uptake in immunization and other core child outcomes, III) to strengthen efforts and strategies for improving national and sub-national data quality and timely availability to make inequities in coverage more visible for up-to-date analysis of zero dose children/communities		22.	
	<b>5.2.</b> Continue cooperation with key Government stakeholders (and potentially development partners) for a joint process of strengthening specific approaches to strengthen maternal, newborn and child health including immunization as part of Primary Health Care and Universal Health Care in a limited number of geographic areas, adopting a broader, multi-sectoral approach to (HSS <sup>130</sup> ) that tackles social determinants and associated bottlenecks for a scale-up model (fostering a holistic mindset that considers SP, CP and other relevant cross-sectoral support to address the identified barriers).			
	<b>5.3</b> Strengthen maternal and newborn health, including resource mobilisation, continuous capacity development, and demonstrating scale-able, impact and excellence models at facility and community levels and improve equitable access to affordable,			

<sup>130</sup> Health Systems Strengthening.

	Recommendations	Responsibility	Other contributing entities	By when
	high-quality maternal and newborn health care and services during pregnancy, delivery and perinatal period.			
<b>6</b>	<b>Continue strengthening strategic and operational support to the nutrition sector.</b>		RO, key government institutions, development partners	
	<b>6.1.</b> Strengthen evidence-based communication and advocacy to explicitly visualize the scope and consequences of the unaddressed management of SAM caseloads to support I) nutrition studies and analysis (e.g SMART surveys, micronutrient studies, qualitative/formative research) to address data and knowledge gaps and II) mobilize resources and increase national budgets and targets for SAM case management according to international minimum standards			
	<b>6.2.</b> Intensify life-saving nutrition response and coverage, including well-targeted social interventions (such as nutrition sensitive social protection, social behaviour change, multi-sector approaches) in the areas with critical SAM levels. Support Government to update national guidelines to manage acute malnutrition, including review of current standards (e.g cure rate threshold) to be in line with international standards (e.g., the SPHERE) <sup>131</sup>			
	<b>6.3</b> Nutrition partners to jointly develop a tool to identify critical areas to be prioritized for immediate rapid assessments and rapid emergency response in humanitarian situations, with the aim to strengthen HRF and sector coordination, improve and harmonize geographical targeting and identify capacity needs/gaps for implementing timely. adequate response.			
	<b>6.4</b> Strengthen multi-sector, multiple systems and cross-sectoral programming to prevent and address the underlying causes of all forms of malnutrition including persistent child wasting. This includes articulating and prioritising strategies that include a holistic mindset that considers SP, CP, WASH, Education, Food sectors and other relevant cross-sectoral support to address barriers (e.g gender, adolescents, social behaviour change)			
<b>7</b>	<b>Continue strengthening strategic and operational support to the WASH sector.</b>			

<sup>131</sup> <https://handbook.spherestandards.org/en/sphere/#ch001>

	Recommendations	Responsibility	Other contributing entities	By when
	<b>7.1.</b> Intensify efforts to move forward the Climate Resilient Water and Sanitation agenda with particular emphasis on safely managed service level to i) support and adhere to the C/SDG target, and ii) strengthening support to MRD, MISTI and local administrations on the implementation of climate resilient WASH training package and specific related guidelines, by advisory and supporting resource mobilization and planning, water supply infrastructure development and improvement, and strengthening regulatory framework.		RO, key government institutions, development partners	
	<b>7.2.</b> Advocate towards the SHD/MoEYS to continue reinforcing Climate Resilient WASH Minimum Requirement in Schools (WinS MR)- aiming at: i) revising and considering to align with WASH global standards (raising minimum standards); II) allocation of resources and a plan for Operations & Maintenance at school-unit level for the sustained use of WASH facilities; III) undertake with key Government stakeholders (and potentially development partners) a joint review to develop specific model standard designs for WASH in schools minimum standards uprise (MHM (Menstrual Health and Hygiene).) and to improve the monitoring system			
	<b>7.3.</b> Building on the WASH experience in implementing the poor HH subsidy water connection strategies, support smart subsidy strategies for accessing marked based sanitation services as well as undertake with key Government stakeholders, development partners and with the support of the PPF\$C section: i) the development of WASH financing strategy looking at supporting pro-poor investments ii) explore the possibility to combine this strategy with the development of the investment case, linked with the current UNICEF-UNDP Joint SDG Fund programme.			

## ANNEXES

### Annex 1 Evaluation Terms of Reference

UNICEF CAMBODIA COUNTRY OFFICE

Title of Consultancy/Works: UNICEF Cambodia Country Programme Evaluation

Requesting Section: Evaluation

LTA Reference ESAR Evaluation: Provision of consultancy services in conducting Country Programme Evaluations.

Specific LTA line item: Country Programme Evaluation

#### 1. Background

##### 1.1 Introduction

UNICEF Cambodia Country Office (CO) is commissioning the Country Programme Evaluation of the UNICEF Cambodia Country Programme 2019-2023 (referred to as CPE throughout the document). This CPE terms of reference (ToR) has been developed in line with the 2018 UNICEF [Evaluation Policy](#), which emphasizes the importance of CPE in guiding the development and implementation of UNICEF Country Programmes, as well as closely aligned with the newly developed guidance on CPEs.

The Cambodia Country Office is facing important contextual changes: The impact of the ongoing Covid-19 Pandemic on the GDP, national budgets and overall fiscal space, as well as major socio-economic impacts on Cambodian households in the short term as well as in the years to come. The projected impacts of climate change also present structural challenges that are likely to increase going forward. A utilization focused and strategic CPE can help the office better strategize and plan its future CPD.

The timing of the evaluation is aligned with the drafting of the CPD for the next Country Programme. The evaluation will be carried out between the start of Q1Y4 (namely 2022) and the end of Q2-Y4, while at the same time having three full years of implementation of the current country programme. The timing of the evaluation has also been adjusted to follow the common UN processes, including the UNDAF evaluation which is expected to take place in the second semester of 2022, and the development process of the UNSDCF expected to start in 2022. The CCA is expected to finalize in November 2022, while the UN Prioritization workshops are expected to take place in March 2023. This will allow UNICEF to use this evaluation for its prioritization work for the next country programme, expected to take place early 2023.

These Terms of Reference (ToR) set out the purpose, objectives, methodological options and operational modalities for an institutional contract to undertake this evaluation. **The evaluation is expected to start in January 2022 and to be completed by June 2022 for approximately 18 working weeks.** It will be supervised by an Evaluation Management Team led by the Regional Advisor, Evaluation (UNICEF EAPRO<sup>132</sup>) and the Evaluation Specialist (UNICEF Cambodia).

##### 1.2 Context

Cambodia has a population of around 15.55 million (7.57 million male and 7.98 million female), with a median age of 27.<sup>133</sup> Approximately 39.4 percent live in urban areas and 25 percent of Cambodia's 3.55 million households are female headed. Children under age 5 years amount to 9.3 percent of the total population (approximately 1.44 million), while 4.56 million (29.4 percent) are under age 15 years. Youth aged 15-24 account for 17.2 percent.<sup>134</sup> Ethnically, 98 percent of Cambodians are Khmer, though there are 8 officially acknowledged ethnic minorities and 17 recognized indigenous groups. The indigenous groups are generally located in Cambodia's North-eastern provinces where socio-economic disadvantage is concentrated.<sup>135</sup> Around 8.3 percent of the estimated 4.2 million (predominantly) internal migrants are children. Cambodia is in the midst of transitioning from a Least Developed Country to a lower-middle-income economy and society.

Cambodia is highly dependent on the natural environment and thus particularly vulnerable to the effects of climate change. The frequency and intensity of extreme weather events are increasing, including severe drought. In 2020, the country was particularly hard hit. Around 45,000 hectares of rice paddy were damaged and 16 of Cambodia's 25 provinces faced freshwater shortages. The country's worst flooding in a decade occurred just months later.

Since the time of preparation of the Country Programme there have been significant changes in the programming environment and the situation of children in Cambodia. These shifts have been largely brought about by the advent of the global COVID-19 pandemic, which altered the trajectory of Cambodia's development pathway. While in 2020, Cambodia confirmed community transmission and the total number of reported cases of Covid-19 was 381 with zero deaths, 2021 saw a huge surge in cases and deaths with 114,810 cases and 2,506 deaths by 11 October. The onset and ramifications of COVID-19 have led to a sharp slowdown in both domestic and international economic activity, increasing poverty and inequality. Prolonged schools closure affected 3.2 million students with negative repercussions including learning loss, increased school dropout, vulnerability to child labour and early marriage. Based on the UN simulation, human development index (HDI) in 2020 dropped by an estimated 3.93% or the equivalent of four years of progress, largely due to extended school closures.

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<sup>132</sup> EAP Refers to East Asia and Pacific – EAPRO refers to EAP Regional Office.

<sup>133</sup> Kingdom of Cambodia, National Institute of Statistics, Ministry of Planning: "National Report on Final Census Results," Phnom Penh, October 2020

<sup>134</sup> Ibid

<sup>135</sup> See for example, Minority Rights Group International, World Directory of Minorities and Indigenous Peoples - Cambodia: Indigenous peoples, November 2017, available at: <https://www.refworld.org/docid/5b9b75bf7.html> [accessed 18 June 2021].



During the first half of the programme, food insecurity and malnutrition remained an area of significant public health concern. Cambodia is off-track to achieve the nutrition SDG targets and a high proportion of children suffering from severe acute malnutrition (SAM) remains, with low coverage of treatment services. At the same time, based on historical data, there are high rates of underweight for girls aged 15-19 (estimated at 28 percent) and an increasing trend in adolescent pregnancy, making for a dangerous combination. There have been significant improvements in access to health and education underpinned by legislative and policy changes, yet Cambodia is 'off course' to meet every maternal, infant and young child nutrition SDG target. According to national data, although the maternal mortality ratio (MMR) is estimated to have declined by more than two thirds between 2008 and 2019 (from 461 to 141 per 100,000 live births,<sup>136</sup> respectively) it remains far from the SDG target of 70 per 100,000 live births. Income poverty and multidimensional poverty remain features of life for children in Cambodia. As of 2015, roughly 8 percent of children in the country lived below the nationally defined poverty line. At the same time, 48.7 percent of children experienced multidimensional poverty and were deprived in at least three dimensions of child wellbeing.

The extension of early childhood education (ECE) services to previously under-served rural and remote areas has resulted in increased enrolment.<sup>137</sup> Yet only 11 percent of preschools nationwide have access to basic sanitation services, around 58 percent to basic drinking water and 38 percent to hygiene services.<sup>138</sup> In 2019/2020, an estimated 79.7 percent of the population had access to an improved water source. In Cambodia, urban basic sanitation coverage increased from 46 percent to 96 percent between 2000 and 2017, and the gap between the richest and poorest was reduced by more than 60 percentage points over the same period.<sup>139</sup> However, 8 in 10 of the poorest rural Cambodians still practice open defecation. The number of children enrolled in primary education increased from 82 percent in 1997 to over 97 percent in school year 2017/18. Existing evidence indicates children in Cambodia are facing significant learning challenges with a great majority of them failing to reach learning standards appropriate for their age and grade. The Programme for International Student Assessment for Development (PISA-D) conducted in 2018 shows only 8% of 15-year-olds in Cambodia reach a minimum proficiency level in reading and 10% reach the minimum level in mathematics.

The Southeast Asia Primary Learning Metrics (SEA-PLM) in 2019 also indicates only 11% and 19% of grade 5 students attain minimum proficiency in reading and mathematics respectively. The prolonged school closure due to COVID-19 is likely to have made learners fall further behind, as captured in the COVID-19 socio economic impact study, where 45% of parents stated that children were learning less than usual. In addition, COVID-19 has also led to increased number of children starting to work, potentially increasing the changes of school drop-out. The prevalence of violence, particularly physical violence against children, remains high. Based on the 2013 survey on violence against children, one in two experienced at least one form of violence before the age of 18<sup>140</sup>. Many children are trafficked, forced to work, separated from their families, or unnecessarily placed in residential care institutions. The education needs assessment conducted in 2020 found that students were found to be experiencing increased mental health and psychosocial distress during COVID-19 with more than half reporting to have experienced at least one type of mental health psychosocial stressor during the pandemic period including sadness, loneliness and fear. In addition to increased mental health and psychosocial distress, a notable portion of students (17 percent girls and 23 percent boys) self-reported facing additional violence, abuse or exploitation.

Other assessments of the socio-economic impact of COVID-19 provide additional evidence of increased mental strain in the form of anxiety and depression. For example, in the UNICEF-led youth module of the Socio-Economic Assessment in Cambodia, 49 percent of respondents indicated that they experienced anxiety about what is going to happen and another 47 percent experienced anxiety about "things" in general. Regarding depression, participants responded often or always to statements such as "nothing is much fun anymore", "I am tired a lot" and "I have trouble speaking". Children and adolescents remain at high risk of dropping out of school, teenage pregnancy, child marriage and violence. In addition, COVID pandemic has further underscored the importance of WASH interventions in prevention and control of disease transmission. While there was a sharp decline in open defecation: a drop of 53 percent between 2000 and 2020. Cambodian children of today also have far greater access to internet and social media - although the digital divide means that only half of school children were able to benefit from remote learning during the pandemic-related school closures.

### 1.3 Object of the Evaluation: The UNICEF Cambodia 2019-2023 Country Programme

The RGC-UNICEF Country Programme (2019-2023) was designed to contribute to national efforts to enable "all girls and boys, especially those most disadvantaged, [to] progressively fulfil their basic rights to survival, care, protection and participation to reach their full potential." The programme is clearly aligned with the Government's draft Rectangular Strategy 4 and National Strategic Development Plan (2014-2018) midterm review priorities and other sector policies as well as with the UNICEF Strategic Plan, 2018-2021. The Country Programme is also aligned with the United Nations Development Assistance Framework (UNDAF) 2019-2023.

<sup>136</sup> Kingdom of Cambodia, National Institute of Statistics, Ministry of Planning: "National Report on Final Census Results," Phnom Penh, October 2020.

<sup>137</sup> MoEYS Congress Report, 2020, English version, p 37. The 38.4 percent excludes the home-based programme, so this increase would be higher if the 37 percent baseline also excluded home-based programme.

<sup>138</sup> UNICEF/WHO JMP 2020 WASH in Schools estimates [www.washdata.org](http://www.washdata.org)

<sup>139</sup> Royal Government of Cambodia, National Institute of Statistics, Ministry of Planning, Report of Cambodia Socio-economic Survey 2019-2020, Phnom Penh, December 2020.

<sup>140</sup> Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention. Findings from Cambodia's Violence Against Children Survey 2013. Cambodia: Ministry of Women's Affairs, 2014.

The country programme works on three levels: (a) upstream: national; (b) midstream: subnational (provincial and district); and (c) downstream: community (parents, caregivers, service providers, children and adolescents). The geographical focus is mainly on north-eastern Cambodia, where socioeconomic indicators are worse than national averages, particularly for ECD, and presence in north-western areas, particularly for child protection and education. However, depending on specific needs of the population and programme, other areas of the country are supported. The Country Programme also places importance on expanding its gender-responsive interventions, on in-depth knowledge and evidence generation, and enhancing work with adolescents.

The Country Programme Document (CPD) addresses critical overarching issues through prioritizing work in five interconnected outcome areas: health and nutrition; water, sanitation, and hygiene; education; child protection; and policy and public financing for children. There is a sixth programme area on programme effectiveness. The outcomes for each programme component are:

**Health & Nutrition:** By 2023 pregnant women, mothers, newborns and children under the age of 5 years have increased equitable access to and the use of quality health and nutrition services, especially in the north-eastern provinces and among marginalized groups, including during emergencies.

**Water, Sanitation & Hygiene (WASH):** By 2023, underserved children equitably use safe water and practise safe sanitation and hygiene, including during humanitarian situations.

**Education:** By 2023, girls and boys, particularly the rural and urban poor, have increased access to inclusive, equitable, relevant and quality early childhood and basic education that promotes lifelong learning, including in emergencies.

**Child Protection:** By 2023, girls and boys including adolescents, living with families and outside of family care are increasingly free from violence and exploitation and from the threat of violence and exploitation in their homes, schools and communities and in institutions, including during humanitarian situations.

**Social Policy and Public Finance for Children:** By 2023, children and adolescents, including the most disadvantaged, benefit from effective social services and a child-sensitive social protection system.

**Programme Effectiveness:** The country programme is efficiently designed, coordinated, managed and supported to meet quality results-based management standards and achieve results for children.

There are 3 outputs associated with each of the first outcome areas, and one output associated with programme effectiveness. A full description of the Country Programme, implementation strategies, sectoral approaches, results matrix and planned resources for each programme component can be found in the CPD accessible online here: [https://sites.unicef.org/about/execboard/files/2018-PL22-Rev1-Cambodia\\_CP-ODS-EN.pdf](https://sites.unicef.org/about/execboard/files/2018-PL22-Rev1-Cambodia_CP-ODS-EN.pdf). The theory of change of each programmatic area is included in Annex 1 of this ToR.

In addition to the CPD and Programme Strategy Notes, UNICEF Cambodia develops an Annual Management Plan (AMP), which highlights the areas of priority for each year and is based on changing context. These priorities are based on key programmatic and operational concerns that require a whole-office approach to achieve the desired result.

The UNICEF Cambodia Country Programme is jointly implemented by UNICEF and the Royal Government of Cambodia. The government, line ministries and implementing partners are the key duty bearers. As the Country Programme includes upstream and downstream work; rights holders include all children in Cambodia and their families as well as pregnant women. Taking stock of progress and learning are a natural part of the CP cycle. Country programme annual results are monitored through the Results Assessment Module (RAM) embedded in UNICEF's ERP<sup>141</sup> system. UNICEF Cambodia undertakes mid-year and end-year reviews with the government and partners, which allow for ongoing identification of challenges, bottlenecks, and progress towards results for children. Furthermore, UNICEF Cambodia undertakes a quarterly review of its AMP to assess progress towards the identified priorities, including any course correction needed at specified review points.

A light programmatic review took place from June to September 2021, which will further inform the CPE. The review undertook an assessment of progress and constraints in achieving results (including but not limited to the impact of COVID-19 on programmatic results), as well as an assessment of strategies, implementation modalities risks and assumptions. This programmatic review also included a zonal office review and a reflection on UNICEF's adolescent programming.

The Costed Evaluation Plan (CEP) identifies seven evaluations to be undertaken during the current programme cycle, and a further two (2) evaluations have been planned (in addition to those in the CEP) which are also feeding into the Cambodia CO's decision-making processes. To date following have been completed: an evaluation of the integrated early childhood development (IECD) approach implemented in the period 2016–2018, a review of the Mine Risk Education programme and a Country Led Evaluation of the Action Plan to Prevent and Respond to Violence Against Children. A country led process evaluation of the Cash Transfer Programme for Pregnant Women and Children Under Two (U-2) is close to completion (as of October 2021). Additional evaluations expected to finish by February 2022 are: an evaluation of mainstreaming of climate resilience in WASH programming, and a two pronged evaluation on the SIDA funded project on Strengthening Local Governance for Delivering Social Services and Social Protection for Vulnerable Children and Women in Cambodia (henceforth referred to as the Strengthening Local Governance Project) and the Joint SDG funded programme to Support the National Social Protection Policy Framework in Cambodia.. It is expected that these evaluations strongly inform this Country Programme Evaluation. In addition, during the remainder of this country programme, an Outcome Evaluation of the Child Protection Programme, and an Impact evaluation of the education capacity development partnership fund – Phase III are expected to take place in the second semester of 2022 and

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<sup>141</sup> UNICEF uses SAP software as its Enterprise Resource Planning (ERP) system.

first semester of 2023 respectively. These will not inform this CPE, however, will provide evidence to the Country Office and will feed into the new CPD planning.

## 2. Purpose and objectives of the consultancy/Contract

The main purpose of the evaluation is to inform the next Country Programme. It will be summative in its ability to assess past and ongoing programme implementation, with a formative focus to inform future programming and in particular, the design of the next CPD.

The main objectives of the CPE are to:

Assess the relevance, effectiveness, and sustainability of the Country Programme, with a strong cross-cutting focus on equity, human rights, disability and gender equality and with a focus on specific programme areas which have not been subject to evaluation

To identify key challenges that constrain or catalysts that accelerate and enhance the effectiveness and efficiency of CP implementation and performance

To assess the ability of the country programme to respond and adapt to changing contexts (including but not limited to COVID-19), new emerging issues, and national priorities

Support an accountability objective by providing an independent assessment of progress towards expected results of the country programme, and the programme's contribution to national development results and UNICEF's contribution to UNDAF results.

Identify key lessons from implementation of the ongoing country programme which can inform the design of the next country programme,

## 3. Work Assignments/TOR

### Evaluation Scope

#### Focus of the evaluation

The country programme evaluation will not look at the entirety of the country programme results framework and will not evaluate every sector independently. The evaluation will look at the country programme as a whole, assess higher level results and will have a special focus on a few areas that are relevant to all programme sections (presented below), and in particular aspects of the country programme that are assumed to be necessary to reach results in a sustainable, efficient and equitable manner. After three years of programme implementation, the CPE will not fully be able to capture final outcomes achieved, however, will be able to make a solid assessment on progress towards country programme outcomes.

Three programme areas will be prioritized for a deep-down and detailed evaluative assessment. These are: Health and Nutrition, Education and WASH. The WASH component should exclude what is covered under the ongoing Climate Resilient WASH evaluation. The final report of this evaluation is expected in January 2022, providing a chance to reflect on the scope of WASH components based on what was covered in the evaluation. These programme areas will be the object of analysis on key aspects of the evaluation:

- Assessment of relevance, effectiveness and sustainability with a focus on equity, gender equality and human rights;
- Identification of catalysts and barriers to effectiveness of implementation and performance;
- support to systems strengthening (e.g. support in development of costed action plans/strategic plans, evidence generation, development and use of MIS systems and data, etc.) and
- UNICEF contribution towards increasing fiscal space for child related priorities.

The CPE will look at the Country Programme in its entirety with respect to the following assessment areas:

- Use of the following strategies to achieve results: a) programming at scale, b) winning support for the cause of children from decision makers, c) developing and leveraging resources and partnerships for children and d) using the power of evidence to drive change
- Adequacy of the CO's capacity to deliver in a convergent approach, and in those areas where the work is more advanced, whether the convergence approach has led to acceleration in achievement of results
- Ability of the country programme to respond and adapt to changing contexts (including but not limited to COVID-19), new emerging issues, and national priorities. This further includes exploring the quality of the response and the use of new strategies (e.g. Private Sector Engagement and T4D)
- Contribution to national development results and UNDAF outcomes

It is expected that through these focus areas, the CPE will be able to provide a solid set of forward looking recommendations that will allow the Country Programme to capitalize on gains, further exploit its comparative advantages and align its programmatic strengths to the changing needs of children in Cambodia as well as to the UNICEF Strategic Plan 2021-2025.

*Geographic scope:* Nationwide for systems strengthening and advocacy, while for service delivery related focus areas the geographic scope would be:

Health & Nutrition: North East zone;

WASH: NE and provinces with high ODF potential and high levels of inequity in sanitation coverage, including Svay Rieng, Takeo, and Kampong Speu;

Education: North East, North West and others

*Timeframe:* Evaluation time scope to focus on current country programme only 2019-2023 (effectively, 2019-2021 in a summative way, 2022 onward in a formative manner).

## Key users and intended use

The primary users of the evaluation are UNICEF Cambodia, the Royal Government of Cambodia and in particular the Ministry of Planning and line ministries, UNICEF EAPRO, the Cambodia UN Country Team and development partners. The intended use by potential user is described in the below table.

Table 1: Intended users and intended evaluation use

User	Intended Use
<b>Primary users</b>	
UNICEF Cambodia Country Office	<ul style="list-style-type: none"> <li>• Provide accountability and learning from the UNICEF 2019-2023 Country Programme to inform the design, strategic approaches to implementation, programming and advocacy priorities for the new Country Programme considering the changing Cambodian context, the new UNICEF Strategic Plan and available resources;</li> <li>• Inform decision-making for the country office in terms of programmatic design and resource allocation based on assessment of progress on system strengthening, convergent programming, use of new strategies and capitalization of recent gains;</li> <li>• Inform UNICEF on how to most effectively support the government of Cambodia to improve the lives of children and women in the next Country Programme, with specific emphasis on inclusion of the traditionally excluded and marginalised</li> </ul>
Line Ministries	<ul style="list-style-type: none"> <li>• Provide learning on effectiveness, efficiency and sustainability of jointly developed and implemented programmes between the CO and line ministries</li> <li>• Reflect on evaluation findings in as much as they also relate to jointly implemented programmes, especially as related to systems strengthening,</li> <li>• Engage together with UNICEF in the response to the evaluation management response as necessary</li> </ul>
Ministry of Planning	<ul style="list-style-type: none"> <li>• Provide accountability on achievements of the jointly signed CPD</li> <li>• Inform on UNICEF's commitment to continue improving its programming in support of children in Cambodia</li> <li>• Inform on evidence to guide future UNICEF programming in Cambodia</li> </ul>
UNICEF EAP Regional Office (EAPRO)	<ul style="list-style-type: none"> <li>• Provide learning and insight on the effectiveness of UNICEF's strategy and approaches in a particularly challenging country context</li> <li>• Inform planning and resource allocation for EAP regional office support to Cambodia</li> </ul>
<b>Secondary users</b>	
UN Country Team	<ul style="list-style-type: none"> <li>• Provide learning on the appropriateness of approaches and interventions, and inform inter-sectoral programming, advocacy and resource allocation for future strategy development through the UNSCDF</li> <li>• Use findings and recommendations to feed into UNDAF evaluation</li> </ul>
Other implementing agencies and development partners	<ul style="list-style-type: none"> <li>• Provide learning on the appropriateness of approaches and interventions, and inform inter-sectoral programming, advocacy and resource allocation for future strategy development through the UNSCDF</li> </ul>
Donors	<ul style="list-style-type: none"> <li>• Provide accountability and learning from UNICEF 2019-2023 CP</li> <li>• Inform on areas that need support and improvements to better support results for children that can be used in funding decisions</li> <li>• Provide objective evidence on UNICEF's commitment to learning and improving</li> </ul>

## Evaluation questions and criteria

The CPE prioritises the OECD/DAC evaluation criteria of: relevance/appropriateness, effectiveness, and sustainability. In addition to OECD/DAC evaluation criteria, the evaluation will prioritize human rights, equity and gender equality as key criteria.

- Relevance: it is critically important for UNICEF to be able to assess the extent to which it's programme objectives, and design are appropriate to the Cambodian context and are able to respond and adapt to the needs of beneficiaries and other stakeholders in this changing context;

- Effectiveness: the extent to which the Country Programme achieved, or is expected to achieve, its objectives including support for / working with others including government;
- Sustainability: this reflects the importance of assessing the extent UNICEF's work has succeeded in creating potential adoption by the government and local institutions in future, and enhancing the likelihood that results will continue in future, and
- Analysis of the extent to which human rights, child rights, disability inclusion and gender equality and equity have been addressed within the programme will be mainstreamed within the criteria and within the evaluation questions.

The evaluation will not focus on impact, efficiency or coherence in an effort to prioritize the key questions that the office feels are most strategic for learning. Impact will be best assessed once CDHS data becomes available in the second half of 2022. Coherence is touched upon when exploring convergence, which has been included as an aspect under effectiveness. Impact, coherence and efficiency have been included in most of the other evaluations undertaken by the country office in this country programme cycle, allowing for lessons learned that can also inform the programme as a whole.

The following table provides an overview of the evaluation objectives, the questions that will guide the evaluation and the criteria covered under each.

Table 2: Evaluation objectives and questions

Evaluation Objective	Evaluation Question/sub-question	Criteria covered
Assess the relevance, effectiveness, and sustainability of the Country Programme, with a strong cross-cutting focus on equity, human rights, disability and gender equality and with a focus on specific programme areas which have not been subject to evaluation	When focusing on Country Programme areas of Health and Nutrition, Education and WASH, to what extent: Have these programme areas achieved their expected results according to the CPD results framework and theory of change? Have these programmes been able to a) support systems strengthening, b) contribute towards increasing fiscal space? Have these programme areas been successful in involving women, men, children, adolescents and other rights-holders, especially the most marginalized (and in particular marginalized ethnic minorities, children with disabilities, poor households and women)? To what extent are duty-bearers actively involved?	Effectiveness
	When looking at the Country Programme as a whole, to what extent has the programme used the following strategies to achieve results: a) programming at scale, b) winning support for the cause of children from decision makers, c) developing and leveraging resources and partnerships for children and d) using the power of evidence to drive change?	Effectiveness
To identify key catalysts that accelerate and enhance or challenges that constrain the effectiveness and efficiency of CP implementation and performance	What are the major external and internal factors influencing the achievement (or not) of Country Programme results, with a special focus on Health and Nutrition, Education and WASH? What influence are these factors having on achievement (or not) of Country Programme outcomes?	Effectiveness
	What has been the adequacy of the steps taken and steps planned to enhance the office capacity to deliver in a convergent approach? (e.g. some areas to explore could be ECD and ADAP, though considering the varying levels of maturity of each of these areas of work). For those areas that are more advanced (e.g. ECD), has this led to acceleration of results and increased effectiveness in achieving expected outcomes?	Relevance
To assess the ability of the country programme to respond and adapt to changing contexts (including but not limited to COVID-19), new emerging issues, and national priorities	To what extent has the Country Office been able to respond and adapt to changes in national needs, and priorities or to shifts caused by COVID-19 and other major socio-economic and political changes?	Relevance
	What was the quality of the response (eg timeliness, appropriateness, ability to meet needs of the <u>most</u> vulnerable and marginalised)? Is UNICEF strategically positioned to respond to the changing needs and context of Cambodia?	Effectiveness
	To what extent has the office identified emerging needs and adopted relevant strategies to respond to these, including the development and use of the Private Sector Engagement and Technology for Development?	Relevance

Evaluation Objective	Evaluation Question/sub-question	Criteria covered
	Looking forward, what would be key recommendations to enhance the office capacity to capitalize on investments and gains from the COVID-19 response and	Effectiveness
	Looking forward, what would be key considerations to ensure these gains are sustained over time? (some gains and investments to be looked at could include: programming at scale in vaccination and social protection, other gains in the field of social protection related to cash transfers, acceleration of the strengthening of the social workforce and increased investments in areas such as GVB, MHPSS)	Sustainability
Support an accountability objective by providing an independent assessment of progress towards expected results of the country programme, and the programme's contribution to national development results and UNICEF's contribution to UNDAF results.	To what extent have selected programmatic areas contributed to intended national results, including SDG focused results, as well as whole of UN outcomes specified in the UNDAF and more recently in the context of COVID-19 in the SERP?	Effectiveness
Identify key lessons from implementation of the ongoing country programme which can inform the design of the next country programme	Looking forward, how can the Country Office best capitalize on its strengths and comparative advantages in the design of the next country programme?	Relevance
	Looking ahead and with the background of a new UNICEF Strategic Plan, what would be the most important changes that UNICEF Cambodia needs to make to align with the 2021-2025 Strategic Plan? What are the key working modalities/ strategies/ programmatic foci that the office should retain while keeping their alignment with the 2021-2025 Strategic Plan?	Relevance

Agencies are encouraged to propose changes to the questions and sub-questions and even to add sub-questions in their proposals. The proposal should also include a preliminary evaluation matrix linking evaluation criteria and questions with appropriate indicators, the proposed methods of data collection and analysis as well as data sources for answering each evaluation question (and exploring the sub-questions). The proposal should also hint at what will be used as rating metrics for each question. These evaluation metrics will be further elaborated during the inception phase, but the proposal should show the firm's ability to develop appropriate metrics for assessing each question objectively.

#### Evaluation methodology and approach

Based on the objectives of the evaluation, this section indicates a possible approach, methods, and processes for the evaluation.<sup>142</sup> **Methodological rigor will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology proffered in the ToR and improve on it or propose an approach they deem more appropriate.** In their proposal, bidder should clearly refer to triangulation, sampling plan, ethical consideration and methodological limitations and mitigation measures. Bidders are encouraged to also demonstrate methodological expertise in evaluating initiatives related to the focus areas (i.e. system strengthening, convergent service delivery, demand creation and social norms and humanitarian and development nexus) as well as evaluating Country Programmes or assessment of development assistance agencies.

The design of the evaluation is expected to be non-experimental, and theory based in assessing the relevance, effectiveness and sustainability of the UNICEF strategy, and approaches adopted in the current programme cycle against their intended aims. During the process the evaluation team would assess Theories of Change within the Programme Strategy Notes for the programme components and assess and validate these in the evaluation and help stimulate reflection and inform thinking for the next Country Programme. The evaluation is expected to be utilization focused and has ensured participation of key users from its onset. As the focus areas refer to implementing strategies, the theory-based approach would set out a strong focus on pathways of change and whether focus areas are enabling and accelerating the achievement of results as set out by the Theories of Change. The Evaluation Team could consider a Process Tracing approach for the focus areas and in particular for effectiveness

<sup>142</sup> The proposed methodology is just indicative and based on internal experience in conducting similar evaluations. There will be a need to develop a detailed design, analytical methods and tools during the inception phase based on additional literature review and in consultation with UNICEF Cambodia.



questions. The evaluation team is free to propose the most suitable methodologies to address the remaining evaluation questions that are not related directly to the theories of change of the focus programme areas.

With a strong focus on utilisation, the approach of the evaluation will concentrate on engaging with the principal users of the evaluation process and report – UNICEF country and regional offices, key stakeholders in national government ministries and departments, representatives at national and sub-national level, and other UN organisations working in Cambodia throughout the process. This includes involvement of the stakeholders in the evaluation design (inception phase), in the validation of data collected and emerging results as well in the formulation and validation of recommendations. This will increase the relevance of the questions asked, the appropriateness of the data collected as well as the level of actionability and usefulness of the recommendations. Where feasible and relevant, the evaluators are encouraged to include adolescents and youth in the validation of evaluation findings and recommendations, including but not limited to the Adolescent and Youth Reference Group (AYRG).

Mixed methods will be incorporated as far as possible. Discussions within Phnom Penh and field consultations will be largely qualitative and might need to take place remotely. Quantitative data will be largely drawn from existing data sources, and to a lesser extent, from primary data collection. The evaluation team will need to draw on available quantitative data from recent evaluations, reviews, research studies, progress reports, situation reports, national datasets and surveys and other sources. All data collected will need to undergo rigorous triangulation during data analysis and reporting, and it must be ensured that key findings that lead to conclusions come from triangulated data. Bidders will be encouraged to propose any feasible stakeholder consultation approaches that could generate useful quantitative data on key issues and help form qualitative areas of enquiry.

The methodology will be further refined in the inception phase.

Participatory approaches will be adopted within the evaluation process, with engagement and consultation of key stakeholders in government (national and local levels) and partner agencies throughout the process.

In the proposal, the Evaluation Team will assess options and set out detailed methods suited to meeting the requirements of the purpose, scope and objectives of this evaluation.

The Evaluation Team will be expected to conform to guidance and standards set by UN and UNICEF. The team will be guided by [UNICEF's revised Evaluation Policy](#) (2018), the [United Nations Evaluation Group \(UNEG\) Norms and Standards for Evaluation](#) (2016), [UNEG Ethical Guidelines for Evaluation](#) (2020), [UN SWAP Evaluation Performance Indicator](#) (2018), [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014), and [UNICEF-Adapted UNEG Evaluation Report Standards](#) (2017).

Likewise, conventional ethical guidelines are to be followed during the evaluation. Specific reference is made to the **UNEG Norms and Standards and Ethical Guidelines, as well as the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis and UNICEF's Evaluation Reporting Standards**.<sup>143</sup> Note that the standards cover the possibility of needing an ethical review of the inception report and evaluation tools, especially when vulnerable populations are included into the data collection. **Ethical review from an IRB should be considered in the technical and financial proposal and in the timeline and are the responsibility of the consultant.** Good practices not covered therein are also to be followed. Any sensitive issues or concerns should be raised with the Evaluation Manager as soon as they are identified.

Data collection methods

At minimum, the evaluation will draw on the following methods:

- **Comprehensive desk review** of available documentation – country strategy and associated reports (e.g. Situation Analysis Report, Gender Programmatic Review, Country Programme Document, Programme Strategy Notes, Annual Management Plan), progress reports, UNICEF's Enterprise Resource Planning system<sup>144</sup> reports, mid-year, end-year reviews and annual reports, evaluations, third party monitoring, research and studies reports and the Programmatic Review report. Key government documents also need to be reviewed, such as the Cambodia National Strategic Development Plan (NSDP) 2019-2023, and key sectoral and thematic action plans. Midterm review of the NSDP is underway, and based on government timelines, it will be finalized by early 2022. Given the Covid-19 context, it is expected that the inception phase might take place without field visits from the evaluation team. However, as the country and region open up, it is strongly advised to favour an on-site visit if possible. It is strongly encouraged to have strong national evaluation staff in Cambodia who can be ready to support consultation processes or support to the inception phase on the ground.
- Initial consultation through Key Informant Interviews (KIIs) at the inception phase to shape the inception process mostly with UNICEF Cambodia Country Office (current and former staff) and Regional office.
- **Country visit during data collection stage.** The emphasis for **in-country data collection** will be on key stakeholder consultations using:
  - Individual key informant interviews with staff representatives of UNICEF, government officials and other implementing partners, UN agencies and other humanitarian partners, including:
    - Government officials from key ministries and departments (see Annex 2 for line ministries with whom programme sections have signed workplans);
    - UNICEF Cambodia senior staff and programme leads
    - Other UN agencies with whom UNICEF Cambodia has joint programmes and the RC's office
    - Donor representatives and as appropriate, other organisations operating in Cambodia

<sup>143</sup> See: <https://www.unicef.org/media/54796/file>

<sup>144</sup> UNICEF's ERP backbone and major software is SAP.

- Key UNICEF EAP regional staff in Bangkok
- Focus group discussions at national level and with representatives of line Ministries
- Field visits to a selection of field sites for observation and consultation at the sub-national level. This will depend on the Covid-19 situation at the time of data collection, expected to take place around February/March 2022. Existing data coming from studies, surveys and third-party monitoring should be used as much as possible to draw information from rights holders. Rights holders and beneficiaries would be included in data collection as seen fit to answer their key evaluation questions.
- It is important to note that data collection might need to be done remotely in case of travel/ movement restrictions due to COVID-19. Innovative and appropriate remote data collection methods need to be proposed and considered from the onset.
- A survey could also be considered to complement the evidence collected through the above-mentioned data collection tools, and access stakeholders such as former staff.

Data collection and analysis should be human rights based and gender sensitive. Any data collected should be disaggregated by age, gender, state/region, disability, etc., where possible. Data triangulation will be of crucial importance. Data analysis should also include aspects of gender, equity and human rights into consideration.

A sampling strategy should be included in the Technical Proposal, setting out how geographic areas and populations, and different stakeholder groups will be sampled. This applies to both quantitative and qualitative data collection.

#### Assessing and validating findings

- **Initial findings validation workshop:** Initial findings will be presented to stakeholders in a workshop to assess the validity/ accuracy of the findings and their relevance to the country context and UNICEF programming and strategy **at the end of the in-country visit/ data collection phase**, with feedback documented including where any divergent views, sensitivities, or lack of consensus on these findings arise. These will be based as far as possible on triangulation of evidence collected.
- **Recommendations workshop:** Once data analysis is finalized, a final workshop with the reference group and management team will be conducted. Findings and conclusions will be presented. Conclusions should present reasonable judgements based on findings and substantiated by evidence and provide insights pertinent to the object and purpose of the evaluation and will be presented in the workshop. Stakeholders will then be asked at the workshop to help the evaluation team formulate and prioritise recommendations so that relevance, usefulness and actionability of these can be maximised. It is suggested that preliminary and well-thought recommendations are brought as inputs, although enough space should be given for co-creation of the recommendations in the workshop.

#### Limitations

Some limitations can already be foreseen and should be taken into consideration in the proposal and in the design of the methodology and approach to be followed. The main limitation is related to Covid-19. Even though data collection is not expected to take place until Q1 2022, it is unknown what the level of restrictions or mobility might look like at that point. Alternative remote evaluative methods, scenarios and possibilities to ensure that the evaluation retains its high quality in the face of continued restrictions, as well as its participatory approach need to be considered and included in the proposal.

Tied to this are budget considerations as resources are being prioritized for the covid-19 response. Bidders are expected to offer the best possible services while being cost-conscious and looking for alternatives and innovations that can keep costs down while meeting the evaluation objectives.

Bidders are encouraged to identify the limitations of the proposed methods and any risks related to evaluation conduct as well as mitigating measures for these limitations and risks in the proposal.

#### 4. Deliverables

Deliverable	What is included	Due on
Deliverable 1: Inception	Inception report (English) and inception report PPT (English and Khmer)	Week 10
Deliverable 2: Preliminary findings	Preliminary findings report (English) and PPT (English and Khmer)	Week 15
Deliverable 3: Final report	Final report (English)	Week 24
Deliverable 4: Final dissemination products	Final presentation and infographic summary (both in English and Khmer)	Week 24

#### 5. Reporting Requirements

Evaluation products expected for this exercise are:

- 1) **An Inception Report** (in English) of approximately 30 pages (no more than 40) excluding annexes, including a summary note in preparation for data collection (summary note in both English and Khmer). The IR will be initially shared with the management team and after revision, will be shared with the reference group for clearance.

The Inception Report will be key in confirming a mutual understanding of what is to be evaluated, including additional insights into executing the evaluation. At this stage, evaluators will refine and confirm evaluation questions, confirm the scope of the evaluation, further improve on the methodology proposed in the ToR and their own evaluation proposal to improve its rigor, as well as develop and validate evaluation instruments. The report will include, among other elements: i) evaluation purpose and scope, confirmation of objectives of the evaluation; ii) evaluation criteria and questions; iii) evaluation methodology (i.e., sampling criteria), along with a description of data collection methods and data sources (incl. a rationale for their selection), advanced draft data collection instruments, for example questionnaires, with a data collection toolkit as an annex, an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, data analysis methods and a data analysis plan, a discussion on how to enhance the reliability and validity of evaluation conclusions, the field visit approach, a description of the quality review process, a discussion on the limitations of the methodology and ethical considerations; iv) proposed structure of the final report; v) evaluation work plan and timeline, including a revised work and travel plan and deliverables timeline; vi) detailed evaluation budget; vii) annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework); and vi) a summary of the evaluation process (evaluation briefing note) for external communication purposes;

- 2) **A summary of initial evaluation findings from primary data collection of maximum 20 pages** excluding annexes (in English), and a PowerPoint presentation to facilitate the initial findings consultation workshop (in English and Khmer). The report should include findings from the desk review and data collection (primary and secondary), with an initial attempt to triangulation of findings. The report should also present a matrix of quality of data collected for responding to each evaluation question and point to gaps that challenged the data collection phase. The report should include as annexes the notes and summaries made during the desk review, transcripts of qualitative data (KIs and FGDs) as well as the anonymised datasets obtained from the online survey;
- 3) **A draft and final report** that fully conforms to the Global Evaluation Report Oversight System<sup>145</sup> of not more than 50 plus executive summary and annexes (in English and Khmer) that will be revised until approved (incl. a complete first draft to be reviewed by the Evaluation Management Team and UNICEF; a second draft to be reviewed by the Reference Group, and a penultimate draft to be cleared by the Evaluation Management Team).
- 4) **A Power Point presentation of the final report** (in both English and Khmer) to be used to share final evaluation findings and conclusions with the Reference Group in a validation workshop and updated to include final recommendations for use in subsequent dissemination events; and
- 5) **A four-page Evaluation Brief** (in both English and Khmer) that is distinct from the executive summary in the evaluation report and it is intended for a broader, non-technical and non-UNICEF audience, and should resemble an e-book or infographic as much as possible. The summary of findings and recommendations will also be shared with national and sub national level officials and will need to be produced using disability accessible and inclusive formats.

Reports will be prepared according to the UNICEF Style Guide, UNICEF Brand Toolkit and UNICEF Publication Toolkit (to be shared with the winning bidder) and UNICEF-Adapted UNEG Evaluation Reports Standards as per Geros guidelines (referenced before). All deliverables must be in professional level standard English and they must be language-edited/proof-read by a native speaker.

The final report as well as the four-page Evaluation Brief need to be accessible and inclusive of people with disabilities. This means specifically that:

- All images such as quotation boxes, tables and infographics in the design must be accompanied by [Alt Text](#) to enable a screen reader to detect and provide an audio description;
- Final publication must be delivered as an [accessible PDF](#). The designer is expected to check the levels (adjust accordingly) of accessibility in the document. They can do this using the “accessibility checker” in their design software and via the “Read Aloud” function on Adobe Acrobat Reader.

Other interim products are:

- Minutes of key meetings with the Evaluation Management Team and the Reference Group;
- Presentation materials for the meetings with the Evaluation Management Team and the Reference Group (if needed, in addition to the ones mentioned above). These may include PowerPoint summaries of work progress and conclusions to that point.

Bidders are invited to reflect on each outline and effect the necessary modification to enhance their coverage and clarity. Having said so, products are expected to conform to the stipulated number of pages where that applies.

## 6. Location and Duration

Location: Home based with field missions to Cambodia: Phnom Penh and areas selected for data collection

Duration: January-June 2022

An estimated budget has been allocated for this evaluation. As reflected in Table three, the evaluation has a timeline of six months from January 2022 to June 2022. Adequate effort should be allocated to the evaluation to ensure timely submission of all deliverables, approximately 18 weeks on the part of the Evaluation Team (6 additional weeks for quality assurance have been noted below but may not require working full time from the evaluation team). The proposal should consider alternatives for meeting the deadlines in the current Covid-19 scenario, including alternative ways of data collection and participatory validation.

<sup>145</sup> UNICEF has instituted the Global Evaluation Report Oversight System (Geros), a system where final evaluation reports are quality assessed by an external company against UNICEF/UNEG Norms and Standards for evaluation reports. The Evaluation Team is expected to reflect on and conform to these standards as they write their report. The team may choose to share a self-assessment based on the Geros with the Evaluation Manager.

Table 3: Proposed evaluation timeline<sup>146</sup>

ACTIVITY	DELIVERABLE	TIME ESTIMATE	RESPONSIBLE PARTY
<b>1. INCEPTION, DOCUMENT REVIEW AND ANALYSIS</b>		<b>10 weeks</b>	
1. Inception phase (desk review; development of evaluation matrix, methodology and work plan, data collection material, drafting of the Inception Report)		Weeks 1-3	Evaluation Team
2. Draft inception report and present to evaluation manager	Draft Inception Report	Week 4	Evaluation Team, Evaluation Management Team
3. Evaluation management team provide feedback on the IR	IR commenting matrix	Week 5	Evaluation Management Team
4. Send revised inception report to reference group for their feedback and present IR to ERG	Revised IR and response to IR commenting matrix IR PPT	Week 6	Evaluation Manager, Reference Group Evaluation team
5. ERG to provide feedback on IR	IR commenting matrix	Week 7-8	
6. Send revised inception report integrating feedback from the reference group to MG	Final Inception Report	Weeks 9	Evaluation Team, Evaluation Management Team, Reference Group
7. Review and approve final IR	Final Inception Report	Week 10	Evaluation manager
<b>2. DATA COLLECTION AND INITIAL ANALYSIS</b>		<b>5 weeks</b>	
1. Pilot data collection tools and conduct field-based data collection	-	Weeks 11-13	Evaluation Team
2. Prepare initial evaluation findings report and accompanying PPT presentation	Initial evaluation findings report PowerPoint presentation,	Week 14	Evaluation Team, Evaluation Manager
3. Present preliminary findings PPT to ERG	PowerPoint presentation	Week 15	Evaluation Team, Evaluation Manager, Reference Group
<b>3. ANALYSIS, REPORTING AND COMMUNICATION OF RESULTS</b>		<b>9 weeks</b>	
1. Prepare and submit first draft of evaluation report (ER) to evaluation manager	Draft ER	Weeks 16-17	Evaluation Team
2. Feedback to Evaluation Team	ER commenting matrix	Week 18	Evaluation Manager
3. Prepare and submit second draft of evaluation report	Draft report Response to ER commenting matrix	Week 19	Evaluation Team
4. ERG to provide feedback to Evaluation Team	ER commenting matrix	Weeks 20-21	Evaluation Manager, Reference Group
5. Prepare and submit penultimate draft of evaluation report with accompanying PPT	Draft report	Weeks 22	Evaluation Team

<sup>146</sup> Please note that the timing of the data collection may change depending on the possibility of carrying out KIIs and FGDs and other contextual factors.

	Response to ER commenting matrix		
6. Validation workshop to prioritize and validate recommendations with the Reference Group and Key stakeholders	PPT	Week 23	Evaluation team, Evaluation manager and Reference Group
7. Submit and present final report to Reference Group, evaluation briefing note and final power point presentation that can be used for dissemination purposes and other materials	Final report, executive summary, PowerPoint presentation, meeting minutes	Week 24	Evaluation Team, Evaluation Manager, Reference Group

#### 7. Qualifications or Specialized Knowledge/Experience Required

The evaluation team should comprise of at least 2 members with one senior-level evaluation expert as Team Leader to lead the evaluation that will be supported by at least one team member with complementary (culturally diverse) backgrounds, skills and experience in the following. It is expected that the team is comprised by at least one Cambodian national to ensure presence in country even in case of Covid-19 related travel restrictions.

##### Team Leader

- A minimum of 10 years of evaluation experience in developing countries with excellent understanding of evaluation principles and methodologies, including capacity in an array of qualitative and quantitative evaluation methods, including previous experience supporting evaluations involving national government partners
- Experience in conducting evaluations for UN agencies preferably including UNICEF or major bilateral donor Country Programmes, and familiarity with UNEG Norms and Standards and Ethical Guidelines
- Previous experience of working in Cambodia is strongly preferred
- Experience in leading and managing CPEs of UNICEF or other UN organizations.
- Diplomacy and tact in carrying out and presenting findings of evaluation processes in sensitive contexts
- Strong English report writing skills and a track record of producing high quality reports

##### Team member International

- Having a multidisciplinary background, and understanding of key UNICEF technical areas – including health, nutrition / food security, WASH, child protection, humanitarian response, as well as expertise in areas such as systems strengthening and public finance.
- At least 7 years of experience in programming, planning, designing and/or implementing programmes related to UNICEF technical areas;
- Experience of, and ability to design and factor in, essential cross cutting areas such as gender, human rights and child rights effectively into the evaluation process

##### Team member National

- At least 7 years experience in collecting data, undertaking research or evaluations in development related topics in Cambodia;
- Strong inter-personal skills and ability to engage effectively with senior stakeholders
- Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations that are used for improving strategic decisions
- Commitment and willingness to work independently, with limited regular supervision; s/he must demonstrate adaptability and flexibility, client orientation, proven ethical practice, initiative, concern for accuracy and quality
- The ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.
- Ability to write and communicate in Khmer with professional standard is an asset

The Team Members will play a key role in data collection, analysis and presentation, and preparation of the debriefings and will make significant contributions to the writing of the main evaluation report.

The Evaluation Team is expected to be gender and geographically balanced. Back-office support assisting the team with logistics and other administrative matters is also expected to be provided by the evaluation firm. **It is vital that the same individuals that develop the methodology for the proposal will be involved in conducting the evaluation. In the review of the proposal, while adequate consideration will be given to the technical methodology, significant weighting will be given to the quality, experience (CV's and written samples of previous evaluations) and relevance of individuals who will be involved in the evaluation.**

#### 8. Administrative Issues

The consultant is expected to submit their financial proposals inclusive of cross country and in-country travel and DSA cost. Consultant will be responsible for travel arrangements cross-country and in country (if required). No additional cost outside of the scope of this TOR will be covered by UNICEF.

Travel cost shall be calculated based on economy class travel, regardless of the length of travel and costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC).

The consultants will have to possess own laptop and other technical equipment to complete the assignment. No office space at UNICEF Cambodia will be provided.

The documents produced during the period of this consultancy will be treated strictly confidential and the rights of distribution and/or publication shall solely reside with UNICEF.

Some of the documents (see where indicated in the deliverables above) should be developed in both English and Khmer. The translation costs are to be covered by the consultants and clearly budgeted in the financial proposal as well. Translation services for the two validation workshops need to be organized and covered by the evaluation team.

#### 9. Project Management/Contract Supervisor and other stakeholders

##### Evaluation management

The evaluation will be conducted by an external Evaluation Team (ET) hired by a consultancy firm to be recruited by UNICEF Cambodia. The Evaluation Team will operate under the supervision of an Evaluation Specialist at UNICEF Cambodia, together with the EAPRO Regional Advisor. Together they will act as Evaluation Managers and therefore be responsible for the day-to-day oversight and management of the evaluation and for the management of the evaluation budget. The Evaluation supervisors will assure the quality and independence of the evaluation and together with the ET guarantee its alignment with UNEG Norms and Standards and Ethical Guidelines and other relevant procedures, provide quality assurance checking that the evaluation findings and conclusions are relevant; and recommendations are implementable, and contribute to the dissemination of the evaluation findings and follow-up on the management response. The supervisory team will work in collaboration with a management team consisting of the Representative, Deputy Representative and selected members of the PME team. The role of the evaluation management team is to provide feedback and oversight to every deliverable, including to its first draft version.

A Reference Group will be established, including UNICEF staff from different sections of the Country Office, government officials from the Ministry of Planning. The Reference Group will have an advisory role with a focus on the the following tasks: contribute to the preparation and design of the evaluation, including providing feedback and comments on the Inception Report and on the technical quality of the work of the consultants; provide comments and substantive feedback to ensure the quality – from a technical point of view – of the draft and final evaluation reports; assist in identifying internal and external stakeholders to be consulted during the evaluation process; participate in review meetings organized by the Evaluation Management Team and with the Evaluation Team as required; play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and participate in the drafting and validation of recommendations.

##### Quality assurance

Quality assurance plays a vital role in the evaluation and involves a wide range of people. Quality assurance must start from the evaluation firm bidding for this work, and evaluation team itself, and clear quality assurance considerations and system must be presented in the proposal and ensured throughout the evaluation. As a minimum, the UNICEF evaluation manager, together with the evaluation management team will be the second layer of quality assurance. The reference group together with the Regional Office will add a third layer of technical and strategic feedback. Each deliverable will undergo a thorough process of quality assurance. Quality assurance will focus on the technical soundness of the deliverables, as well as on ensuring the deliverables meet the reporting standards set out by GEROs and other UNICEF and UNEG guidelines as mentioned above. The evaluation manager will make such guidelines available, as well as examples of highly satisfactory evaluation reports to guide the evaluation team.

Quality assurance turnaround times: The inception report and final report will go through various rounds of quality assurance, starting with a first review by the evaluation management team (1 week). After this review the evaluation firm will have one week turnaround time after which the report must be returned together with the comments matrix. This will then be shared with the reference group, who have two weeks to review the report and revert with comments. Power point presentations to the management team and reference group (in English and Khmer) will also be given to provide interactive ways to get feedback.

#### 10. Payment Schedule (Please link to deliverables to the extent possible):

Payments are tied to key deliverables and will be as follows:

- Deliverable 1: Approved Inception Report. 30% of the contractual amount;
- Deliverable 2: Approved initial evaluation findings report. 20% of the contractual amount;
- Deliverable 3: Approved final report. 30% of the contractual amount;
- Deliverable 4: Approved final report, final presentation, validation workshop and other materials: 20% of the contractual amount.

The days indicated above are indicative only and are used for estimation purposes. Fees shall be calculated based on the days offered to complete the assignment and shall be considered the maximum compensation as part of a lump sum contract. No additional fees shall be paid to complete the assignment. Payment will be made upon submission and approval of deliverables and full and satisfactory completion of the assignment. Payments will be made based on delivery of high quality and acceptable reports as per UNICEF standards and products mentioned above.

#### 11. Content of proposer's technical proposal

- a) Narrative description of the bidding institution's experience and capacity in the following areas:
  - Country Programme evaluations;
  - Previous assignments in developing countries in general, and related to undertaking large programme and strategic evaluations, preferably in East Asia; and
  - Previous and current assignments using UNEG Norms and Standards for evaluation.
- b) Samples or links to samples of previous relevant work listed as reference of the proposer (at least three), on which the proposed key personnel directly and actively contributed or authored.

- c) Methodology. It should minimize repeating what is stated in the ToR. There is no minimum or maximum length. If in doubt, ensure sufficient detail. It should as a minimum contain: Description of the proposed process for conducting the quantitative and qualitative data collection and analysis including the tools that will be used and an initial proposed sample size; Match between the proposed approach and requested scope of the evaluation; References to relevant data and information sources; Description of data analysis; Other creative, innovative referenced ideas for methodology/tools and presentation of findings. The proposal should also mention potential constraints to the evaluation with a description of the process and procedures to deal/mitigate these constraints.
- d) Work plan, which will include as a minimum requirement the following:
  - General work plan based on the one proposed in the ToR, with comments and proposed adjustments, if any; and
  - Detailed timetable by activity (it must be consistent with the general work plan and the financial proposal).
- e) Evaluation team:
  - Summary presentation of proposed experts;
  - Description of support staff (number and profile of research and administrative assistants etc.);
  - Level of effort of proposed experts by activity (it must be consistent with the financial proposal); and
  - CV of each expert proposed to carry out the evaluation.

#### Scoring of proposals

The evaluation criteria for selecting the institution will be:

70 marks: Relevance, quality and allocation of proposed team members, and proposed methodology to address the assignment

30 marks: Price proposal - The maximum score assigned to the price proposal will be allocated to the lowest priced proposal. All other price proposals receive scores in inverse order.

A minimum score of 55 points must be achieved in order for the proposal to be considered technically competent. Proposals failing below 55 points are deemed non-compliant and will not be considered further.

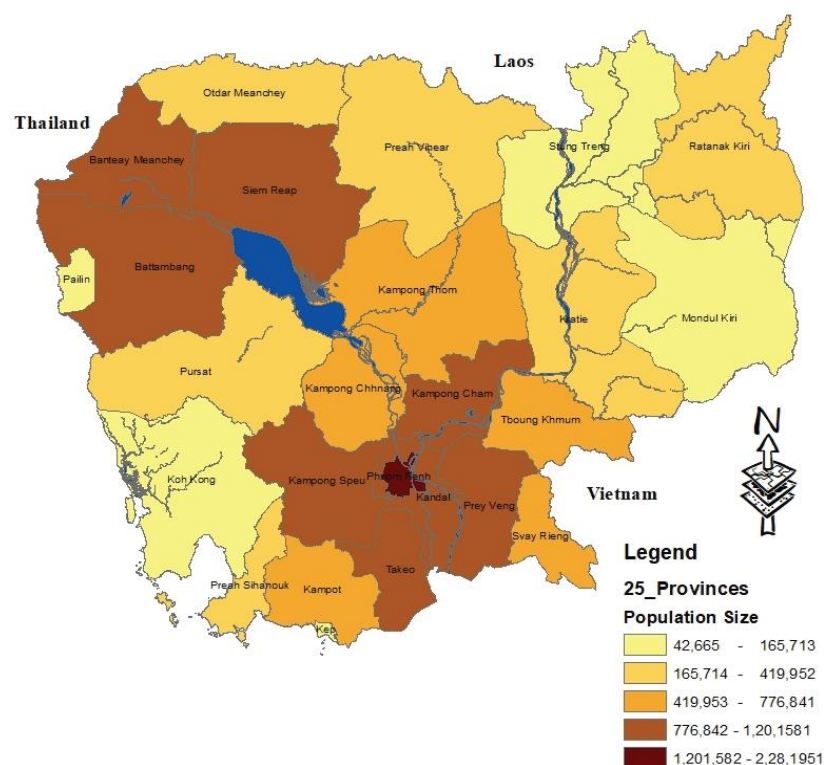


## Annex 2. Extended Context Analysis

Cambodia is a constitutional monarchy with an elected parliamentary government located on the Indochinese mainland of Southeast Asia. The dissolution of the opposition Cambodia National Rescue Party (CNRP) in 2017 effectively transformed the country into a one-party system with diminishing civic and democratic space over the past decade.<sup>147</sup> Cambodia has a population of 15.5 million people, 51.3 percent of which are female.<sup>148</sup> This represents a 16.1 percent increase since the last census in 2008. Cambodia has a young population with the median age being 27 years and over half of the population being under 35 years of age. As stated in the UN Common Country Analysis (CCA), the youthful population (over 38% below 19 years old) represents both a catalyst for driving economic activity and innovation as well as added pressure for education, skills development, health care and social services.<sup>149</sup>

The urban population represents 39.4 percent of the overall population. Rising wages in the light manufacturing and other service sectors has led to rapid urbanization and internal migration.<sup>150</sup> The country is divided into four regions (Central Plain region, Tonle Sap region, Plateau and Mountains region and Coastal and Sea region) and 25 provinces, which are the country's first-level administrative divisions.<sup>151</sup> Figure 1 shows the distribution of the population by provinces as per the 2019 Census.

**FIGURE 7 DISTRIBUTION OF POPULATION BY PROVINCE**



Source: NIS, Cambodia 2019

<sup>147</sup> United Nations Cambodia, 'Cambodia Common Country Analysis: Towards and Inclusive, Equitable and Sustainable Recovery', UN Cambodia, May 2021.

<sup>148</sup> National Institute of Statistics (NIS): Ministry of Planning, 'General Population Census of the Kingdom of Cambodia 2019: National Report on Final Census Results', NIS, October 2020.

<sup>149</sup> United Nations Country Team, 'Cambodia Common Country Analysis', May 2021.

<sup>150</sup> Ibid.

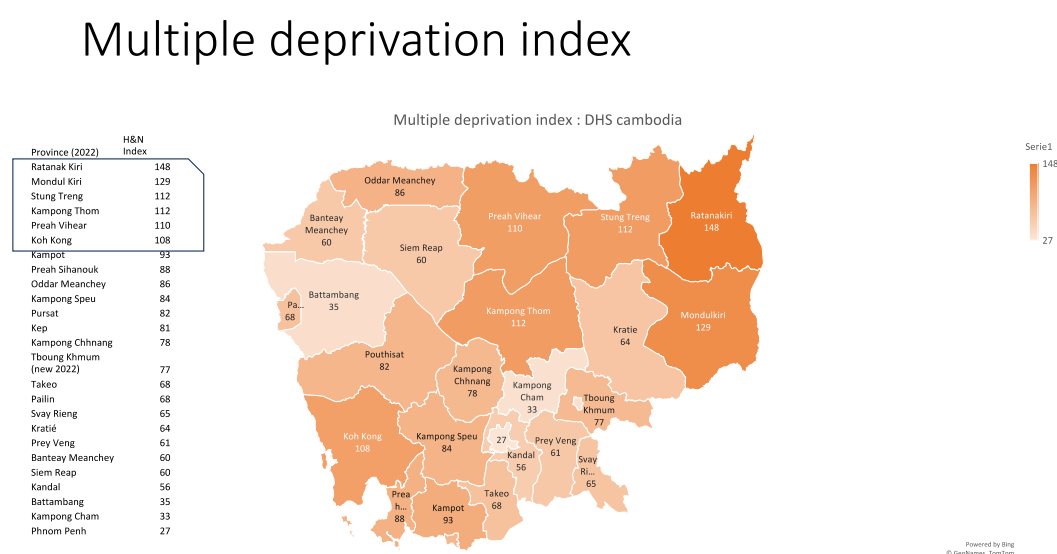
<sup>151</sup> 'General Population Census of the Kingdom of Cambodia 2019'

### 1.1.1.1.1 Socio-Economic Context

Cambodia has made significant strides in its economy reaching lower middle- income country (LMIC) status in 2015 and aspiring to transition to an upper middle-income country by 2030. The current approach to economic development in Cambodia is organized under the *National Strategic Development Plan (NSDP) 2019-2023*, designed to operationalize Phase Four of *Cambodia's Rectangular Strategy for Growth, Employment, Equity and Efficiency*. The NSDP prioritizes, above all, human resource development through improving the quality of education and healthcare, provision of vocational training to increase human capital and strengthening gender equality and social protections.

Cambodia sustained a steady annual growth of 7.7 percent from 1998 to 2019. However, the COVID-19 pandemic significantly slowed the economy with growth falling by an estimated 10.1 percentage points compared to the pre-pandemic coverage growth rate.<sup>152</sup> The dramatic decline highlights high dependence on a limited range of products, markets and factor inputs especially in the service, construction and real estate sectors.<sup>153</sup> The employment rate has also been negatively affected by the COVID-19 pandemic and the resulting stringent measures to stop the spread of the pandemic. According to World Bank, about 45 percent of households continue to experience income losses.<sup>154</sup> The Figure below provides an overview of multiple deprivations in Cambodia.

**FIGURE 8. MULTIPLE DEPRIVATIONS INDEX**



Cambodia's progress towards achievement of the Sustainable Development Goals (SDG), endorsed in 2015 and localized to the Cambodian SDGs (CSDG), is mixed.<sup>155</sup> While there has been substantial progress in SDG 1, 6, 12 and 13, performance on SDGs related to education (SDG4), gender equality (SDG5), life below water (SDG14) and partnerships (SDG17) have stagnated. Progress, previously supported by consistent economic growth, has been threatened by the devastating impacts of the COVID-19 pandemic.<sup>156</sup> Other challenges are the countries high exposure to the impacts of climate change<sup>157</sup> with Cambodia in the top third of countries in the world where children are most vulnerable to climate change,<sup>158</sup> and continuing gaps in public management reform and systems strengthening.<sup>159</sup>

**Education:** The Ministry of Education, Youth and Sport's (MoEYS) developed and adopted the *National Education 2030 Roadmap* for SDG4 which provides the overarching strategy and priorities for achieving long-term education targets under SDG4. The adoption of the Roadmap is, in part, the result of findings from a midterm review (MTR) of the 2014-2018 Education Strategic

<sup>152</sup> The World Bank, 'Main Findings of the Cambodia Country Economic Memorandum (CEM)', The World Bank, 31 January 2022, <[www.worldbank.org/en/country/cambodia/publication/main-findings-of-the-cambodia-country-economic-memorandum-cekem](http://www.worldbank.org/en/country/cambodia/publication/main-findings-of-the-cambodia-country-economic-memorandum-cekem)>, accessed 20 April 2022.

<sup>153</sup> The World Bank, 'The World Bank in Cambodia', The World Bank, <[www.worldbank.org/en/country/cambodia/overview#1](http://www.worldbank.org/en/country/cambodia/overview#1)>, accessed 19 April 2022.

<sup>154</sup> Ibid.

<sup>155</sup> 'Sustainable Development Report: Cambodia', Sustainable Development Report, <<https://dashboards.sdindex.org/profiles/cambodia>>, accessed 22 April 2022.

<sup>156</sup> The World Bank, 'Main Findings of the Cambodia Country Economic Memorandum (CEM)'

<sup>157</sup> The country ranks 84<sup>th</sup> in the 2019 Climate Risk Index.

<sup>158</sup> UNICEF, 'Children's Climate Risk Index (CCRI)', 2021, <<https://unicef.org/reports/climate-crisis-child-rights-crisis>>, accessed 29 April 2022.

<sup>159</sup> Kingdom of Cambodia, 'Cambodia's Voluntary National Review 2019 on the Implementation of the 2030 Agenda for Sustainable Development', 17 May 2019.

Plan (ESP) conducted in 2016 whereby the MoEYS revised its education policies to be consistent with SDG4.<sup>160</sup> Primary enrolment is nearly universal with 91.9 percent net enrolment rates for 2021 dropping to 32.2 percent for upper secondary net enrolment.<sup>161</sup> The gender gap in education remains in primary and secondary education where completion rates are much lower for boys compared to girls, though there is almost no gap in early childhood education.<sup>162</sup> Despite high enrolment, the quality of education is poor with nearly a quarter of students in Grade 3 unable to write a single word in a dictation test.<sup>163</sup> Furthermore, considerable disparities exist in terms of access to quality education. Children with disabilities, indigenous children, those living in rural areas, those from poorer areas and those from poorer families face additional barriers to accessing quality education. The average student-teacher ratio is 47:1 but this reaches closer to 100:1 in the poorest areas.<sup>164</sup>

**Water, sanitation, and hygiene (WASH):** Cambodia has made considerable progress in reaching national WASH targets. However, progress has been insufficient to reach the CSDG 6 goals. Between 2015 and 2020, Cambodia achieved the second largest increase in the world in access to at least basic sanitation at the household level and largest decrease in rates of open defecation (16 percentage points for both indicators).<sup>165</sup> However, despite these improvements, Cambodia is not on track to meet national and global targets with a continuation of the annual rate of increase in basic sanitation in rural areas at 3%, and in the reduction in rural open defecation at 3.6% (since 2000).<sup>166</sup> Continuing obstacles to reaching sanitation targets include gaps in public financing for rural sanitation, centralized open defecation verification processes and relatively weak sanitation markets in underserved areas.<sup>167</sup>

Cambodia achieved the ninth largest increase in basic hygiene in the world between 2015 and 2020, with an increase of 7% points.<sup>168</sup> However, with a 2020 baseline of 70.85%, and continuation of the annual increase of 1.5% (recorded since 2010), the country is not on track to reach the national target of universal basic hygiene in rural areas by 2025, nor the global SDG target date of 2030.<sup>169</sup> Absence of soap amongst 14% of rural households, and handwashing facilities amongst 15% of rural households, particularly among the poor, remain major bottlenecks.<sup>170</sup> Updated data from the 2021 JMP indicates that of the three elements of WASH, access to drinking water in rural areas posed the largest challenge, with an average annual rate of change of 0.9% since 2000 – slower than that of rural sanitation and hygiene (discussed above).<sup>171</sup> At this rate, the national and global targets will not be met until after mid-century.<sup>172</sup>

The underperformance of rural water compared to rural sanitation in Cambodia remains a major challenge, with the top-down, centralized funding and service delivery model of rural water supply making it more subject to investment and implementation bottlenecks than the more bottom-up model of rural sanitation, where households largely finance their own needs, and small entrepreneurs deliver service improvements.

WASH services in Cambodia are vulnerable to seasonal variations which are amplified by changes in climate. Rural populations experience a 22 percentage point wet to dry season decrease in those using improved water sources, and the poorest rural households experience a 20 percentage point drop in those using improved water sources, compared to a 11 percentage point drop amongst the richest rural households.<sup>173</sup> In sanitation, it is estimated that over 25% of the population is affected by challenging environments, living in areas affected by floods, high ground water, and other barriers to effective sanitation and fecal sludge management. Of that population, the majority (62.5%) live in seasonally affected flood prone areas.<sup>174</sup>

WASH services in school have been interrupted by the impact of climate change,<sup>175</sup> affecting children's school attendance and possibly academic performance through the damages of the physical infrastructures and the contamination of water sources during floods, and the reduced quantity of safe drinking water and water for flushing and cleaning purposes during droughts<sup>176</sup>.

**Health and Nutrition:** Health in Cambodia has shown significant improvement in the quality, availability, and utilization of health services. The RGC has invested substantial resources in increasing equitable access to healthcare through pro-poor demand side financing initiatives. Under the current draft *Health Strategic Plan 4 2022-2030*, Cambodia maintains a commitment to SDG3 to ensure healthy lives and promote well-being for all at all ages. In March 2016, the government committed to achieving

<sup>160</sup> Ministry of Education, Youth and Sport, 'Cambodia's Education 2030 Roadmap', RGC, February 2019.

<sup>161</sup> 'The World Bank in Cambodia: Overview'

<sup>162</sup> United Nations Children's Fund Cambodia, 'Country Office Annual Report 2020: Cambodia', UNICEF.

<sup>163</sup> United Nations Children's Fund Cambodia, 'UNICEF in Cambodia Country Programme 2019-2023', UNICEF.

<sup>164</sup> Henny, Anderson, 'Multidimensional Poverty Analysis-Cambodia', Henny, Andersen, SIDA, December 2019.

<sup>165</sup> WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 'Progress on household drinking water, sanitation and hygiene: 2000-2020', WHO, JMP, UNICEF, 2021.

<sup>166</sup> JMP. 'Progress on household drinking water, sanitation and hygiene'.

<sup>167</sup> Ministry of Rural Development, 'National Action Plan: Rural water supply, sanitation and hygiene 2019-2023 (Draft)', RGC, January 2019.; The World Bank, 'Household pit emptying and reuse practices in rural Cambodia', The World Bank, 2019.

<sup>168</sup> JMP. 'Progress on household drinking water, sanitation and hygiene'.

<sup>169</sup> JMP. 'Progress on household drinking water, sanitation and hygiene'.

<sup>170</sup> Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. 'Estimates on the use of water, sanitation and hygiene in Cambodia. Updated July 2021', JMP, July 2021.

<sup>171</sup> JMP. 'Estimates on the use of water, sanitation and hygiene in Cambodia. Updated July 2021',

<sup>172</sup> Sustainable Development Report. 'Cambodia: East and South Asia', Sachs et. al. 2022, <<https://dashboards.sdindex.org/profiles/cambodia/indicators>>, accessed 9 June 2022.

<sup>173</sup> Cambodia Demographic and Health Survey 2014 & UNICEF/WHO Joint Monitoring Programme 2017; Cambodia Country File 2017.

<sup>174</sup> Small-Scale Wastewater Treatment Technologies for Challenging Environments. Bukauskas et. al., 2017.

<sup>175</sup> UNICEF, 'Country Office Annual Report 2021: Cambodia', UNICEF, 2021.

<sup>176</sup> UNICEF, "Cambodia: Risk Analysis"

Universal Health Coverage (UHC)<sup>177</sup> through the Social Health Protection Framework.<sup>178</sup> As of 2021, total effective social health protection coverage equates to about one-third of the total population. Cambodia's largest social health protection scheme, the Health Equity Fund (HEF), was established to provide free access to health care for the poorest. Free benefits under the HEF have been extended to some informal workers and selected populations (about 93,500 enrollees).<sup>179</sup> In addition, according to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY), the roll-out of the on-demand ID Poor system in 2020, has increased eligibility by approximately 195,321 new beneficiaries (poor households) from May 2020 to March 2021.<sup>180,181</sup> Although the HEF allows poor households with Equity or IDPoor cards to access healthcare services free of charge, about 40 percent of the total population (especially people clustering around the poverty line) – are not covered.<sup>182</sup>

Cambodia achieved the Millennium Development Goals (MDGs) for both maternal and child mortality<sup>183</sup>. The maternal mortality rate has halved in the last decade, from 303 to decreased to 160 per 100,000 between 2007 and 2017, the last year of measurement.<sup>184</sup> Over the same period, infant and under-five mortality rates both decreased by over 70 percent.<sup>185</sup> These improvements are driven largely by increased antenatal and postnatal care, increased immunization coverage and skilled birth attendance.<sup>186</sup> However, the agenda of access to basic reproductive, maternal and under-five health services has not been met for all in the country.<sup>187</sup> Remaining challenges include high neonatal mortality, a double disease burden of communicable and non-communicable diseases (NCDs)<sup>188</sup>, and high rates of adolescent pregnancy.

Inadequate and inappropriate Infant and Young Children Feeding (IYCF) practices leave many Cambodian children at high risk of malnutrition during the early stages of life with Cambodia falling behind in achieving exclusive breastfeeding targets (with 65.2 percent of infants aged 0 to 5 months exclusively breastfed) and the target of reducing anemia among women of reproductive age (with 47.1 percent of women aged 15 to 49 years now affected).<sup>189</sup>

Data on the nutritional status of children in Cambodia is out of date (2014) but the recently completed Demographic and Health Survey (2021-22) will provide updated figures for the prevalence of stunting, wasting and micronutrient deficiencies. Previous data indicated high levels of stunting, medium levels of wasting, and high rates of several micronutrient deficiencies including anaemia, and iodine deficiency disorder (IDD)<sup>190</sup>.

Some of the key factors associated with these poor outcomes in Cambodia are: a poor diet quality, and insufficient access to improved sanitation and water sources,<sup>191</sup> which in the rural areas and for the poor and near-poor are very much related to the dependence on agriculture for their livelihoods (for nearly 70 percent of the population living in rural areas), limited educational

<sup>177</sup> The vision of universal health coverage (UHC) is for all people to have access to quality health services, when and where they need them, without suffering financial hardship

<sup>178</sup> Cambodia's high-level strategy and policy documents include the National Strategic Development Plan 2019–2023 call to advance UHC by increasing population coverage of social health protection to 65% by 2023. Health Economics Review research article, "Advancing universal health coverage in the COVID-19 era: an assessment of public health services technical efficiency and applied cost allocation in Cambodia", January 2022, <<https://healtheconomicreview.biomedcentral.com/articles/10.1186/s13561-021-00354-8>>, accessed 30 April 2022.

<sup>179</sup> The scheme reimburses public health facilities user-fees normally paid by the patient. Since 2017, approximately 2.6 million household members have been covered under the HEF, representing about 16.1% of the total population. Kolesar, Robert John, et al., 'Advancing universal health coverage in the COVID-19 era: an assessment of public health services technical efficiency and applied cost allocation in Cambodia', *Health Economics Review*, vol. 12, art. 10, 29 January 2022, <<https://doi.org/10.1186/s13561-021-00354-8>>, accessed 30<sup>th</sup> April 2022).

<sup>180</sup> There were 496,551 households registered before the COVID-19 pandemic.

<sup>181</sup> United Nations Cambodia, "Cambodia Common Country Analysis", May 2021.

<sup>182</sup> United Nations Cambodia, "Cambodia Common Country Analysis", May 2021.

<sup>183</sup> Global Nutrition Report, 'Country Nutrition Profile: Cambodia', Global Nutrition Report, <<https://globalnutritionreport.org/resources/nutrition-profiles/asia/south-eastern-asia/cambodia/>>, accessed 20 April 2022.

<sup>184</sup> Asian Development Bank, 'Cambodia and ADB', Asian Development Bank, <[www.adb.org/countries/cambodia/poverty](http://www.adb.org/countries/cambodia/poverty)>, accessed 19 April 2022.

<sup>185</sup> United Nations Children's Fund, 'Cambodia: Key demographic indicators', UNICEF Cambodia, <<https://data.unicef.org/country/khm/>>, accessed 22 April 2022.

<sup>186</sup> United Nations Children's Fund Cambodia, 'Health and nutrition: UNICEF Country Programme 2019-2023', UNICEF.

<sup>187</sup> The World Bank, 'Health Equity and Quality Improvement Project – Phase 2 (P173368)', December 2020, <<https://projects.worldbank.org/en/projects-operations/project-detail/P173368>>, accessed 28 April 2022.

<sup>188</sup> NCDs account for a large and increasing share of the burden of disease in Cambodia – the share of deaths attributed to NCDs increased from 33% in 2000 to 64% in 2018. The World Bank, 'Health Equity and Quality Improvement Project – Phase 2 (P173368)', December 2020.

<sup>189</sup> Global Nutrition Report, 'Country Nutrition Profile: Cambodia', Global Nutrition Report, <<https://globalnutritionreport.org/resources/nutrition-profiles/asia/south-eastern-asia/cambodia/>>, accessed 29th April 2022 and World Food Programme, 'From the canteen to the corner shop: How WFP is using schools as a platform to enable healthy diets in Cambodia - A case study on nutrition-sensitive school-based programmes', October 2021, WFP and Hellen Keller Intl, "Nutrition composition and labelling practices of commercially produced complementary foods sold in the Khsach Kandal District, Cambodia", October 2021, Hellen Keller Intl.

<sup>190</sup> National Health Survey, 'Nutrition Indicator Data', DHS Program, 2014, <<https://dhsprogram.com/Topics/Nutrition/index.cfm>>, accessed 20 April 2022.

<sup>191</sup> The Association of Southeast Asian Nations, 'Regional Report on Nutrition Security in ASEAN—Volume 1', ASEAN, Jakarta, March 2016, pp. 7-12.

completion beyond primary school and limited access to health services, poor hygiene and sanitation and sub-optimal feeding and childcare practices.<sup>192</sup> At the same time, Cambodia is going through a nutrition transition, with an increased trend of overweight and obesity and diet-related diseases.<sup>193</sup> The second multisectoral National Strategy for Food Security and Nutrition (NSFSN 2019 - 2023) makes explicit the focus on addressing child malnutrition in all its forms from multisectoral dimensions.

According to the Ministry of Health, funding and delivery capacity for nutrition programmes, especially to manage acute malnutrition (wasting), is limited, reaching only 10 percent of children with total severe acute malnutrition in the country.<sup>194</sup> This adds to the burden of morbidity and mortality in the under-five population and the failure to achieve the SDG target for wasting.<sup>195</sup> In March 2020, five UN agencies (FAO, UNHCR, UNICEF, WFP and WHO) released the Framework for Action for the UN Global Action Plan (GAP) on Child Wasting to accelerate progress in preventing and managing child wasting. The GAP Framework aims to support countries in prioritizing and coordinating the delivery of preventive and treatment actions across four key systems: food, health, social protection, and WASH. Cambodia is identified as one of the 23 frontrunner countries globally and one of the five in the region to implement the GAP.<sup>196</sup>

Health service utilization rates in Cambodia are considered low compared with other Asian countries.<sup>197</sup> Cambodian households bear approximately 60 percent of health care costs out of pocket, posing a substantial barrier to poorer households.<sup>198</sup> There is still a long way to go to achieve universal access to essential health services in the country: between 2015 and 2019, the Cambodian UHC only increased from 57.7 to 61.2.<sup>199</sup> Equitable and access to quality health and education services remains a challenge with specific vulnerable groups facing health care access challenges: elderly people, people living with a disability, households living in poverty, single female-headed households and indigenous groups.<sup>200</sup> There are also persisting inequalities in health outcomes by socioeconomic status, geographic regions and between urban and rural populations.<sup>201</sup>

**Children, and Youth Protection:** There is an increasingly robust legal framework and expanded child protection services available in Cambodia.<sup>202</sup> Major legal achievements include approval of Law on Suppression of Human Trafficking and Sexual Exploitation and its Explanatory Note, the Law on the Protection and Promotion of the Rights of Persons with Disabilities, the Law on Domestic Violence, the In-Country Adoption Law, the Juvenile Justice Law, and the Action Plan for the Implementation of the National Policy on Child Protection System 2019-2029.<sup>203</sup>

The government has made significant strides in alternative care system also adopting for instance the Sub-Decree on the Management of Residential care Centers in 2015 to regulate the residential care sector. In 2015, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) together with UNICEF and USAID supports conducted a national mapping of all residential care facilities across the country. The mapping identified that there were many residential care institutions (RCIs) outside of the ministry's regulatory framework (inspection reports) which raised serious concerns.<sup>204</sup> Several successful steps were taken, including the Action Plan for Improving Child Care and a reintegration programme for children in Residential care which led to a decrease in the number of children living in RCIs.<sup>205</sup>

The government has also publicly committed to ending all forms of violence against children, becoming the 26<sup>th</sup> Pathfinder Country in 2019.<sup>206</sup> With the support of UNICEF, the government developed the 'Action Plan to Respond to Violence against Children 2017-2021', a holistic plan to be implemented at national and sub-national levels which includes specific operational

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<sup>192</sup> United Nations Cambodia, "Cambodia Common Country Analysis", May 2021.

<sup>193</sup> World Food Programme, 'From the canteen to the corner shop: How WFP is using schools as a platform to enable healthy diets in Cambodia - A case study on nutrition-sensitive school-based programmes', October 2021, WFP and Helen Keller International, 'Nutrition composition and labelling practices of commercially produced complementary foods sold in the Khsach Kandal District, Cambodia', October 2021, Helen Keller International.

<sup>194</sup> Ibid

<sup>195</sup> UNICEF, "ToR Assignment UNICEF Cambodia Nutrition" for March-July 2022.

<sup>196</sup> Since November 2020, the four UN agencies in Cambodia (UNICEF, FAO, WFP and WHO) have worked together to produce an operational roadmap which has range of potential, evidence-based actions that governments and their partners can explore to improve the prevention, early detection and treatment of child wasting. Dialogue event for a Global Action Plan for the Prevention of Child Wasting Cambodia's National Roadmap, April 2021, <<https://summitdialogues.org/wp-content/uploads/2021/03/Final-talking-points-for-the-UNICEF-Dep.-Rep-March-31-002.pdf>>, accessed 29 April 2022.

<sup>197</sup> OECD/WHO, 'Health at a glance: Asia/Pacific 2018: measuring Progress towards universal health coverage', Retrieved from Paris. 2018. <[https://doi.org/10.1787/health\\_glance\\_ap-2018-en](https://doi.org/10.1787/health_glance_ap-2018-en)>, accessed 28 April 2022.

<sup>198</sup> United Nations Children's Fund Cambodia, 'Health and nutrition: UNICEF Country Programme 2019-2023', UNICEF.

<sup>199</sup> World Health Organization, 'Sustainable Development Goals and Universal Health Coverage Progress in the Western Pacific Region, Country profiles', <[www.worldhealthorg.shinyapps.io/Country\\_profile/](http://www.worldhealthorg.shinyapps.io/Country_profile/)>, accessed 28 April 2022.

<sup>200</sup> Hyder, Ziauddin and Nareth Ly, 'Cambodia: Progressing Toward Universal Health Coverage', World Bank Blogs, 6 May 2021, <<https://blogs.worldbank.org/health/cambodia-progressing-toward-universal-health-coverage>>, accessed 20 April 2022.

<sup>201</sup> The World Bank, 'Health Equity and Quality Improvement Project - Phase 2 (P173368)', December 2020, <[www.projects.worldbank.org/en/projects-operations/project-detail/P173368](http://www.projects.worldbank.org/en/projects-operations/project-detail/P173368)>, accessed 28 April 2022.

<sup>202</sup> UNICEF Cambodia and Division of Data, Research and Policy, UNICEF New York, 'A Statistical Profile of Child Protection in Cambodia', UNICEF, New York, March 2018.

<sup>203</sup> UNICEF Cambodia and Division of Data, Research and Policy, UNICEF New York, 'A Statistical Profile of Child Protection in Cambodia', UNICEF, New York, March 2018.

<sup>204</sup> UNICEF, A statistical Profile of Child Protection in Cambodia

<sup>205</sup> UNICEF, Child Protection, UNICEF Country Programme 2019-2023

<sup>206</sup> 'Cambodia Becomes the World's 26<sup>th</sup> Pathfinder Country', End Violence Against Children, 19 September 2019. <[www.end-violence.org/articles/cambodia-becomes-worlds-26th-pathfinder-country](http://www.end-violence.org/articles/cambodia-becomes-worlds-26th-pathfinder-country)>, accessed 19 April 2022.



plans and budgets dedicated to activities addressing violence against children.<sup>207</sup> Positively, the 2017 Violence Against Children Survey (VACS) shows a decrease in exposure to physical violence compared to 2013 data.<sup>208</sup> However, violence against children remains a substantial problem with over half of respondents in 2013 (approximately 60 percent) reporting experiencing emotional, physical or sexual violence during childhood.<sup>209</sup>

In 2016, Cambodia passed the Juvenile Justice Law which was followed by the Juvenile Justice Law Strategic and Operation Plan (JJLSOP) 2018-2020, to provide adequate and holistic support to children in conflict with the law. The new law presents a positive shift in the approach requiring that the child protection and judicial systems focus on diversion, rehabilitation, and reintegration rather than punishment of children in conflict with the law. This is a new approach and concept for the law in Cambodia that requires acceptance and high-level support.<sup>210</sup>

#### 1.1.1.1.2 Poverty

A significant proportion of Cambodians live on the verge of poverty, reducing their resilience to socio-economic and natural shocks. The government has advanced substantial pro-poor legislation under its 'Rectangular Strategy for Growth' most notably the implementation of the 'Social Protection Policy Framework 2016-2025' and mitigated rising poverty levels through scale up of assistance to poor and vulnerable households in June 2020.<sup>211</sup> The Government also introduced a child grant through Sub-Decree 245, providing US\$190 benefit to poor households identified through the IDPoor scheme.<sup>212</sup>

The Cambodian poverty line was redefined using the most recent Cambodia Socio-Economic Survey for 2019/20, based on cost-of-basic need, and a common basket approach.<sup>213</sup> Under the new poverty line, approximately 18 percent of the population is identified as poor with poverty concentrated in rural areas (22.8 percent).<sup>214</sup> Multidimensional poverty has also declined, though less rapidly, driven largely by poor quality public service provision.<sup>215</sup> Poverty rates have a marked gender inequality and tend to be higher in rural areas as well as for those with other intersecting vulnerabilities such as indigenous and ethnic minority women.<sup>216</sup> There are also important geographical variations in poverty prevalence, with more people living in poverty and multidimensional poverty in rural areas in north-eastern provinces.<sup>217</sup>

#### 1.1.1.1.3 Disaster Risk

Cambodia is one of the more disaster-prone countries in Southeast Asia, affected by floods and droughts on a seasonal basis. A succession of droughts and floods resulted in significant loss of life and considerable economic loss (only in 2020, "more than 2 million people were exposed to flooding and some 800,000 people had been directly affected. Of these, an estimated 388,000 people with pre-existing vulnerabilities (households classified as Poor) prior to the disaster needed humanitarian assistance"<sup>218</sup>).

Mean annual temperature has increased by 0.8°C since 1960 with a rate of around 0.18°C per decade. In almost every season, the frequency of hot days and hot nights has also increased significantly over the same period. Cambodia experiences almost all types of hydrometeorological hazards, including floods, drought, heavy storms / typhoons, and most geographical regions of the country are exposed to one or more of these hazards. Increases in mean annual temperature in Cambodia are predicted to be between 1.4 and 4.3°C by 2100, with mean annual rainfall also predicted to increase, most significantly, during the wet season. As with the other countries in the Greater Mekong Subregion, flooding and droughts are also expected to increase in terms of frequency, severity, and duration.<sup>219</sup>

#### 1.1.1.1.4 Gender and Disability

Cambodia is a party to all core international human rights treaties including the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and in 2019<sup>220</sup> has committed to achieve the three transformative results: Zero unmet

<sup>207</sup> Kingdom of Cambodia, 'Action Plan to Prevent and Respond to Violence Against Children (2017-2021)', The Steering Committee on Violence Against Women and Violence Against Children, 11 December 2017.

<sup>208</sup> End Violence Against Children, 'Cambodia Pathfinder Country Profile', End Violence Against Children, April 2019.

<sup>209</sup> UNICEF East Asia and the Pacific Regional Office, UNFPA Asia and Pacific Regional Office and UN Women Asia and Pacific Regional Office, *Ending Violence against Women and Children in Cambodia: Opportunities and Challenges for Collaborative and Integrative Approaches*, Bangkok: UNICEF, 2020.

<sup>210</sup> MoSVY, Juvenile Justice Law Strategic and Operational Plan

<sup>211</sup> The World Bank, 'The World Bank in Cambodia', The World Bank, <[www.worldbank.org/en/country/cambodia/overview#1](http://www.worldbank.org/en/country/cambodia/overview#1)>, accessed 19 April 2022

<sup>212</sup> ILO, Social Protection

<[https://www.social-protection.org/gimi/gess/ResultAchieved.action?jsessionid=AcVUcowVT8-XxoTCF0yu7edRxUZqjDO6\\_zaKRK\\_a4xOw5I95ImLQ!-1692580434?id=945](https://www.social-protection.org/gimi/gess/ResultAchieved.action?jsessionid=AcVUcowVT8-XxoTCF0yu7edRxUZqjDO6_zaKRK_a4xOw5I95ImLQ!-1692580434?id=945).

<sup>213</sup> The World Bank in Cambodia, Overview March 2022. <https://www.worldbank.org/en/country/cambodia/overview#1>

<sup>214</sup> The World Bank, 'The World Bank in Cambodia', The World Bank, <[www.worldbank.org/en/country/cambodia/overview#1](http://www.worldbank.org/en/country/cambodia/overview#1)>, accessed 19 April 2022.

<sup>215</sup> 'Multidimensional Poverty Analysis-Cambodia'

<sup>216</sup> 'Gender Equality Deep-Dive for Cambodia'

<sup>217</sup> 'Multidimensional Poverty Analysis-Cambodia'

<sup>218</sup> "Floods Response Plan Cambodia", Humanitarian Response Forum, 4 November 2020, <https://www.humanitarianresponse.info/en/operations/cambodia>, accessed 8<sup>th</sup> May 2022.

<sup>219</sup> Strengthening Resilience to Climate Change in the Health Sector in the Greater Mekong Subregion: National & Provincial Vulnerability and Adaptation Assessments in Cambodia, Conseil Santé, 2019.

<sup>220</sup> At the International Conference on Population and Development + 25 (ICPD25).

need for family planning, Zero preventable maternal deaths, and Zero Gender-Based Violence (GBV).<sup>221</sup> While there is substantial gender equity legislation in place to protect against domestic violence and sexual harassment, implementation is hampered by inconsistent enforcement and cultural norms that continue to deny women's rights.<sup>222</sup> Harmful gender norms, such as that men are entitled to sex regardless of consent, directly contribute to GBV, a substantial problem in Cambodia where 20 percent of women have experienced physical or sexual violence from an intimate partner.<sup>223</sup> The true burden of GBV may be even higher given limited reporting. A recent Association of Southeast Asian Nations (ASEAN) Gender Outlook report highlighted that only 43 percent of Cambodian victims of intimate partner violence sought help to stop the abuse.<sup>224</sup>

In the 2021 Gender Gap report, Cambodia ranked 103 out of 156 countries and 12<sup>th</sup> in the region out of 20 countries, dropping 14 places since its 2020 ranking.<sup>225</sup> While the country ranks relatively well in terms of economic participation (48<sup>th</sup>) and health and survival (45<sup>th</sup>), inequalities in secondary and tertiary education lower gender parity in educational attainment (128<sup>th</sup>) while a lack of female political representation brings the country down in terms of political empowerment (126<sup>th</sup>) as only twenty percent of seats in parliament are held by women.<sup>226</sup> Gender inequalities tend to be higher in rural areas as well as for those with other intersecting vulnerabilities such as indigenous and ethnic minority women.<sup>227</sup>

In 2012, Cambodia ratified the International Convention on the Rights of Persons with Disabilities (CRPD), but the national disability rights law is still in a draft version and, according to Human Rights Watch, it fails to adopt a human rights-based approach. The CCA estimates people with disabilities numbering around 310,000. There is no quality data about children with disabilities, what makes them 'invisible' in mainstream development programming.<sup>228</sup>

#### 1.1.1.1.5 COVID-19

COVID-19 was first reported in Cambodia on January 27, 2020. Cambodia avoided the COVID-19 community spread throughout most of 2020, which helped the country and UNICEF to prepare for the virus' inevitable arrival. By August 4, 2020, the Ministry of Health (MoH) had confirmed 241 cases, (the majority from foreign arrivals), and zero deaths. The first case of community transmission was reported only in late November 2020, and it was very localized. A total of 135,085 confirmed cases of COVID-19 and 3,052 deaths have been reported from Cambodia since 27 January 2020 till 20 March 2022, of which 131,038 have recovered.<sup>229</sup>

<sup>221</sup> United Nations Cambodia, 'Gender Equality Deep-Dive for Cambodia'.

<sup>222</sup> Relevant gender equity legislation includes the reformed Criminal Code; the 2005 Law on the Prevention of Domestic Violence and Protection of Victims, the National Action Plan to Combat Violence Against Women, the 2008 Law on the Suppression of Human Trafficking and Sexual Exploitation, the amended Marriage and Family Law, the reformed Criminal Code; the 2005 Law on the Prevention of Domestic Violence and Protection of Victims, the Village Commune (Sangkat) Safety Policy (2010), the first National Action Plan to Combat Violence Against Women and the second National Action Plan to Prevent Violence Against Women 2019-2023 (approved in October 2020), the Neary Rattanak V (2019-2023) (that focuses on promoting gender mainstreaming in policies across all sector and at levels, especially in key strategic areas related to the economy, education, health, legal protection, governance and climate change) and the Five Year Strategic Plan for strengthening Gender Mainstreaming and Women's Empowerment 2019-2023. UNESCO, 'Cambodia—Gender Indicator—Gender equality objective outputs', UNESCO, <<https://en.unesco.org/creativity/cambodia-gender-indicator-gender-equality-objective-outputs>>, accessed 20 April 2022; the World Health Organization (WHO), 'Addressing violence against women in Cambodia: The health system response'; the Neary Rattanak V from the RGC Ministry of Women's Affairs, <[www.mowa.gov.kh/wp-content/uploads/2021/02/Neary-Rattanak-V-final-Eng.pdf](http://www.mowa.gov.kh/wp-content/uploads/2021/02/Neary-Rattanak-V-final-Eng.pdf)>, accessed 20 April 2022.

<sup>223</sup> United Nations Cambodia, 'Gender Equality Deep-Dive for Cambodia', UN Cambodia, March 2022.

<sup>224</sup> Duerto-Valero, Sara, et. al, 'ASEAN Gender Outlook', Association of South West Asian Nations, 2021.

<sup>225</sup> World Economic Forum, 'Global Gender Gap Report 2021', WEF, Geneva, March 2021.

<sup>226</sup> 'Cambodia and ADB', ADB.

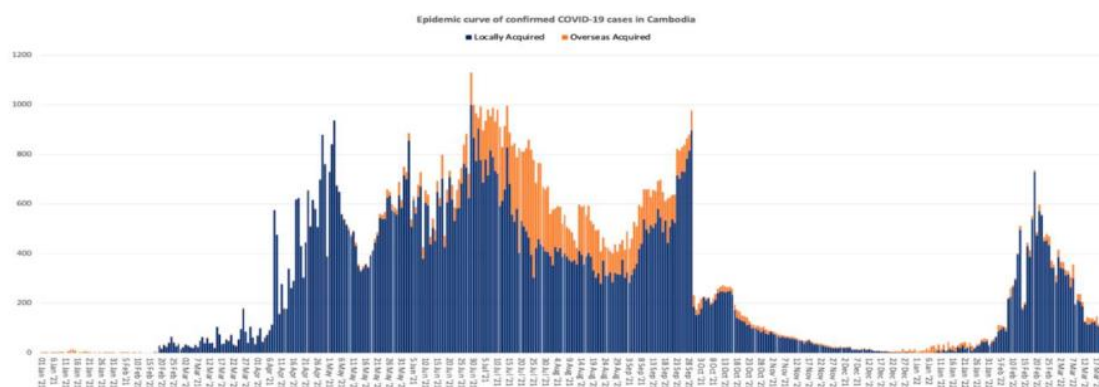
<sup>227</sup> 'Gender Equality Deep-Dive for Cambodia'

<sup>228</sup> UNICEF, 'UNICEF in Cambodia Country Programme 2019-2023'.

<sup>229</sup> World Health Organization Western Pacific Region (WHO), Cambodia Coronavirus Disease 2019 Situation reports.



**FIGURE 9 EPIDEMIC CURVE OF CONFIRMED COVID-19 CASES BY DATE OF REPORT (JANUARY 2020 – MARCH 2022)<sup>230</sup>**



The COVID-19 pandemic and resulting measures to curb transmission including lockdowns and school and business closures has had a devastating impact on Cambodia's economic and social development. In 2020, economic growth contracted for the first time in nearly a decade, with real gross domestic product (GDP) estimated to have contracted by 3.1 percent in 2020.<sup>231</sup> The country's gain in poverty reduction was also reversed in 2020 due to COVID-19<sup>232</sup>. The pandemic also impacted the near-term potential for new government investment as tax revenues fell.<sup>233</sup> Public health expenditure dropped from 6.43 percent of the total national budget in 2020 to an estimated 4.8 percent in 2021 (excluding COVID-19 extraordinary allocations), as the total 2021 national budget was scaled down due to concerns over the expanding fiscal deficit. The loss of income and livelihoods due to COVID-19 has also amplified the risk and vulnerability of the current healthcare system.<sup>234</sup>

**National Master Plan for COVID-19:** In March 2020, the RCG launched their March 2020-February 2021 plan for responding to the COVID-19 pandemic. The Plan had four strategic objectives: to reduce and delay transmission, to minimize serious disease and reduce associated deaths, to ensure ongoing essential health services particularly during epidemic peak periods; and to minimize social and economic impact through multisectoral partnerships. The plan included strengthening the health system, providing support for workers and enterprises, and allocating cash transfers to poor and vulnerable households. Under that framework, the government introduced several fiscal and social protection measures to mitigate the impacts of the pandemic including cash transfers to 700,000 families registered in the national IDPoor database in 2020 with payments set to continue in 2022.<sup>235</sup> Despite these measures, households were hit hard by the pandemic. A survey program carried out by UNICEF and the World Food Programme (WFP)<sup>236</sup> highlights the pandemic's negative impact on income, food security, and multidimensional impacts on children<sup>237</sup>

School closures in Cambodia were longer<sup>238</sup> than most countries in Asia and the Pacific. Schools in Cambodia were closed for 250 days during 2020 and 2021, the equivalent of almost two-thirds of the two school years<sup>239</sup>, with expected lasting impacts on human capital formation.<sup>240</sup> The pandemic also exacerbated existing disparities in access to education, with students from poorer households and households in rural areas facing much higher barriers to digital distance learning.<sup>241</sup> A recent assessment done by MoEYS on the impact of COVID-19<sup>242</sup> confirms the growing body of global evidence that school closures put children at increased risk of violence. The study also corroborates the strong body of evidence that children with disabilities are at higher

<sup>230</sup> WHO, COVID-19 Joint WHO-MOH Situation Report 83, 21 March 2022 (<https://www.who.int/cambodia/emergencies/covid-19-response-in-cambodia/situation-reports>, accessed on 29 April 2022)

<sup>231</sup> Asian Development Bank, 'Southeast Asia Rising from the Pandemic', ADB, March 2022, pp. 39-51.

<sup>232</sup> United Nations Cambodia, 'Cambodia Common Country Analysis', May 2021.

<sup>233</sup> Most government ministries and institutions, exempting the Ministry of Health, were required (in 2021), to reduce their expenditures by at least 50% of the approved national budget figures for the current year. Kimmarita, Long, 'Budget cuts for most of the government coming due to Covid', *The Phnom Penh Post*, 6 May 2021, <<https://www.phnompenhpost.com/national/budget-cuts-most-government-coming-due-covid>>, accessed 29 April 2022.

<sup>234</sup> United Nations Cambodia, 'Cambodia Common Country Analysis', May 2021.

<sup>235</sup> Asian Development Bank, 'Southeast Asia Rising from the Pandemic', ADB, March 2022, pp. 39-51.

<sup>236</sup> The COVID-19 Socio Economic Impact Assessment was conducted in two phases: Phase I was led by UNICEF and WFP with the involvement of UN Women, UNFPA and UNAIDS. Phase II was led by UNICEF, WFP, and ADB.

<sup>237</sup> UNICEF and WFP COVID-19 Socio-economic Impact Assessment', UNICEF, July 2021.

<sup>238</sup> UNICEF and WFP 'COVID-19 Socio-economic Impact Assessment', UNICEF, July 2021.

<sup>239</sup> "Learning Loss in the Covid-19 Pandemic Era: Evidence from the 2016-2021 Grade Six National Learning Assessment in Cambodia", The Ministry of Education, Youth and Sport and UNICEF, April 2022, [https://www.unicef.org/cambodia/sites/unicef.org.cambodia/files/2022-04/Grade%206%20NLA%20Report%20Final%20April%205\\_clean\\_Final.pdf](https://www.unicef.org/cambodia/sites/unicef.org.cambodia/files/2022-04/Grade%206%20NLA%20Report%20Final%20April%205_clean_Final.pdf), accessed on 8 May 2022.

<sup>240</sup> 'Southeast Asia Rising from the Pandemic'

<sup>241</sup> Ministry of Education, Youth and Sport, 'Cambodia COVID-19 Joint Education Needs Assessment', Ministry of Education, Youth and Sport and Education Sector Working Group, March 2021.

<sup>242</sup> Ministry of Education, Youth and Sport, 'Cambodia COVID-19 Joint Education Needs Assessment', Ministry of Education, Youth and Sport and Education Sector Working Group, March 2021.

risk of experiencing violence and abuse compared to those without disabilities,<sup>243</sup> with children self-identifying as having a disability more likely to report being at increased risk of experiencing additional violence, abuse, or exploitation (23 percent) than those who did not self-identify as having a disability (15 percent).<sup>244</sup>

In April 2022, the MoEYS revealed alarming new findings about learning loss experienced by Cambodian students during the pandemic. Many children have fallen behind in their learning, in both mathematics and Khmer. While learning loss has occurred across the board, children in rural areas, those in public schools and those from poorer households continue to show significantly lower learning achievements compared to their urban, private, and wealthier counterparts. The combination of lost school days with insufficient engagement in learning during an extended period of remote teaching and learning leaves little question that the education system — and students — were subjected to a tremendous pandemic-related shock, with potentially far-reaching implications for outcomes like student achievement that were already quite low at the onset of the pandemic period.<sup>245</sup>

The successful rollout of the COVID-19 vaccination campaign has led to a staggered reopening of the government in quarter four of 2021 with projected real GDP growth of 1.9 percent.<sup>246</sup> However, vaccine mandates raised rights concerns<sup>247</sup> that added to the March 2021 COVID-19 Law<sup>248</sup>, whose punishment provisions are described in the CCA as ‘excessive and disproportionate, including imprisonment of between six months and 20 years, with fines of up to US\$2,500’. The CCA also expresses concern that individual freedoms will continue to be eroded, and that the recent years’ measures against those expressing dissenting views will gain momentum as authorities seek to suppress the sharing of information on violations arising in the context of COVID-19.

While there are substantial opportunities for economic growth in Cambodia in the coming years, notably through new free trade agreements with the People’s Republic of China and the Republic of Korea, economic growth remains vulnerable to reductions in access to the EU and US markets.<sup>249</sup> Households currently supported under unconditional cash transfer programs will continue needing support through longer-term programs as the emergency program ends.

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<sup>243</sup> Jones L., et al., ‘Prevalence and Risk of Violence against Children with Disabilities: A systematic review and meta-analysis of observational studies’, *The Lancet*, vol. 380, no. 9845, 2012, pp. 899-907.

<sup>244</sup> ‘Cambodia COVID-19 Joint Education Needs Assessment’

<sup>245</sup> The results emerged from MoEYS’ latest National Grade 6 Learning Assessment, which was conducted in November 2021 and was supported by UNICEF “Learning Loss in the Covid-19 Pandemic Era: Evidence from the 2016-2021 Grade Six National Learning Assessment in Cambodia”, The Ministry of Education, Youth and Sport and UNICEF, April 2022, [https://www.unicef.org/cambodia/sites/unicef.org/cambodia/files/2022-04/Grade%206%20NLA%20Report%20Final%20April%205\\_clean\\_Final.pdf](https://www.unicef.org/cambodia/sites/unicef.org/cambodia/files/2022-04/Grade%206%20NLA%20Report%20Final%20April%205_clean_Final.pdf), accessed on 8 May 2022. A nationally representative sample of more than 6,000 grade 6 students in 230 schools across Cambodia participated in the assessment. Schools in Cambodia were closed for 250 days during 2020 and 2021, the equivalent of almost two-thirds of the two school years. Compared to the last equivalent Learning Assessment in 2016, the percentage of students who failed to demonstrate basic proficiency increased from 34% to 45% in the Khmer language and from 49% to 74% in Mathematics.

<sup>246</sup> Asian Development Bank, ‘Southeast Asia Rising from the Pandemic’, ADB, March 2022, pp. 39-51.

<sup>247</sup> Human Rights Watch, ‘Cambodia: Vaccine mandates raise Rights concerns’, August 2021, <[www.hrw.org/news/2021/10/26/cambodia-vaccine-mandates-raise-rights-concerns](https://www.hrw.org/news/2021/10/26/cambodia-vaccine-mandates-raise-rights-concerns)>, accessed on 29 April 2022).

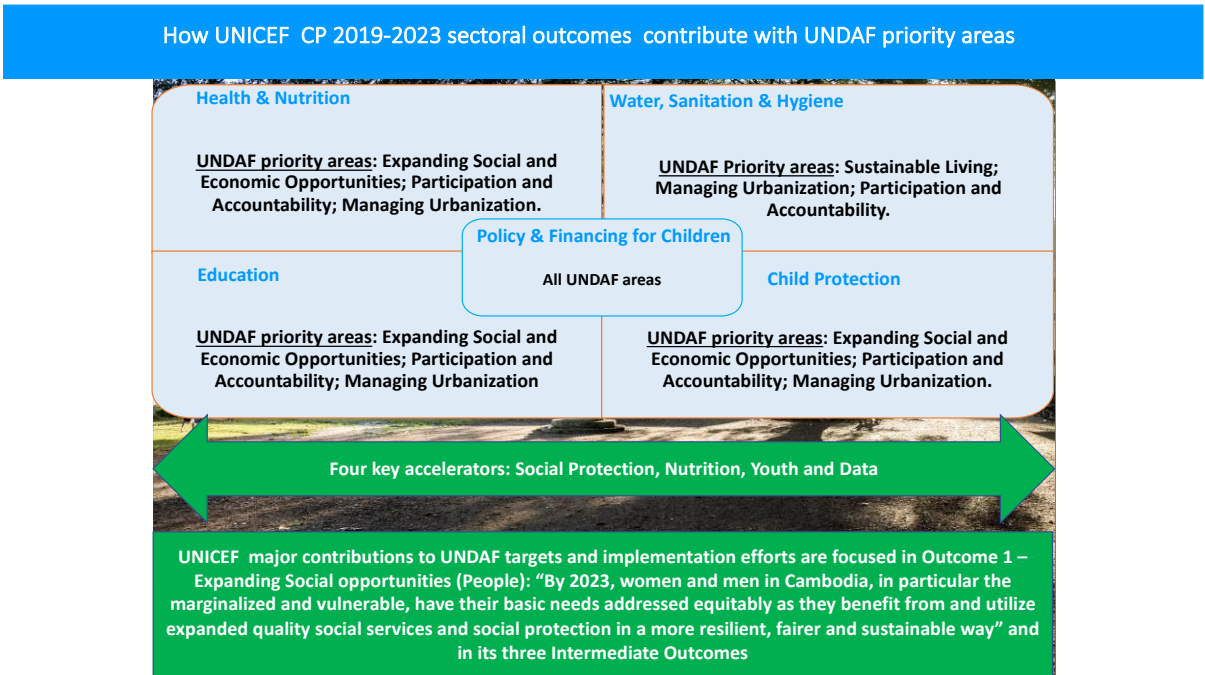
<sup>248</sup> The Law on Preventive Measures Against the Spread of COVID-19 and Other Severe, Dangerous, Contagious Diseases.

<sup>249</sup> Asian Development Bank, ‘Southeast Asia Rising from the Pandemic’, ADB, March 2022, pp. 39-51.

### Annex 3 Full Country Programme Overview

UNICEF's cooperation with the government is articulated in the RGC–UNICEF **Country Programme (CP) 2019–2023**. The CP is designed to align with the government's Rectangular Strategy Phase IV (RS-IV), the National Strategic Development Plan 2019–2023 the United Nations Development Assistance Framework (UNDAF) 2019-2023, other sector policies and the UNICEF Strategic Plan 2018-2021. The overview of linkages between UNICEF CP and UNDAF are presented in Figure 6 below.

**FIGURE 10. HOW UNICEF CP 2019-2023 SECTORAL OUTCOMES CONTRIBUTE WITH UNDAF PRIORITY AREAS**



Source: Adaptation from UNICEF Cambodia CPD 2019-23 programme presentation

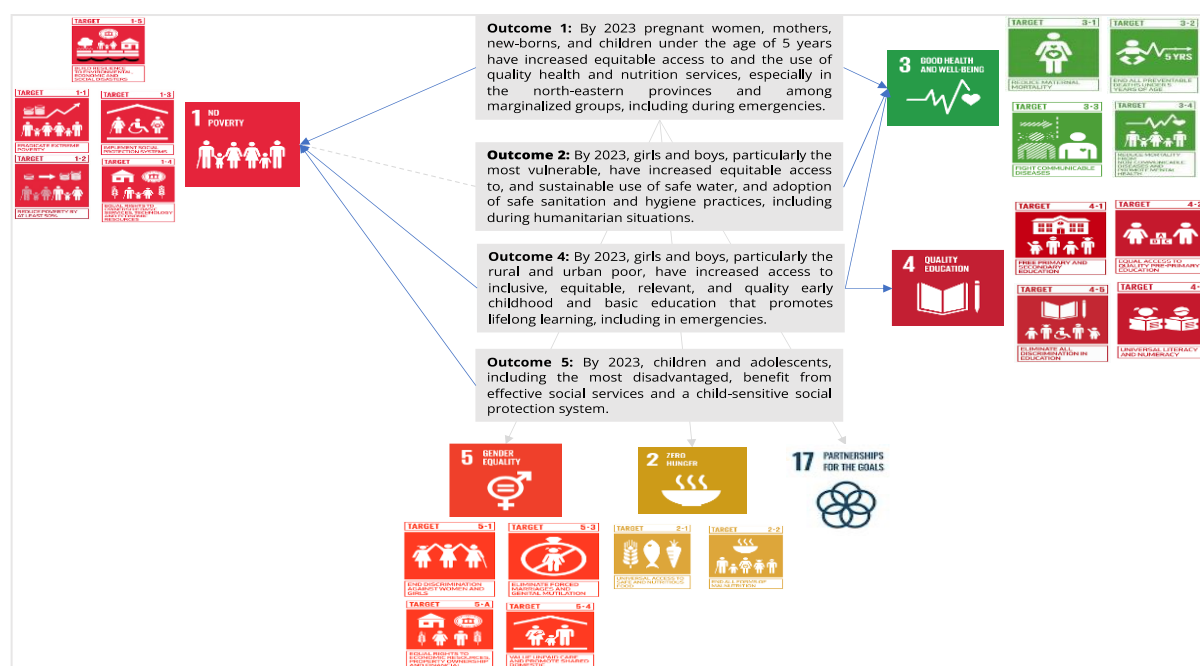
The UNICEF CP was designed to contribute to Cambodia's national efforts to enable “all girls and boys, especially those most vulnerable and marginalized, progressively enjoy their rights to survival, care, protection and participation, and develop to reach their full potential”. The CP focuses on five key programmatic areas/pillars: 1) Health and Nutrition, 2) WASH, 3) Education, 4) Child Protection, and 5) Policy and Public Financing for Children, with a sixth programme area focusing on programme effectiveness.

Several cross-cutting issues are stated in the CP document, intended to help connect the programme components together: early childhood development (ECD), adolescents, gender equality, humanitarian action, climate change, disability, communication for development, urban poverty, and migration.

The CP is adopting a holistic approach that considers education, child protection, social protection, WASH health, hygiene and nutrition and their interaction with ECD, and incorporates cross-sectoral support for communication for development (C4D), Technology for Development (T4D), emergency preparedness and response, disaster risk reduction and climate change adaptation, public advocacy, external communication, and partnerships, monitoring and evaluation, supply, and logistics.

UNICEF contributes to a number of SDGs as presented in Figure 7 below.

**FIGURE 11. UNICEF CONTRIBUTIONS TO SDGs AND SDG TARGETS**



Source: ET

#### 1.1.1.1.6 Programme outcomes and outputs

The CP document (CPD)<sup>250</sup> does not present an overarching intervention logic for the Country Programme. Instead, the UNICEF team developed intervention logics for individual programme areas (see Annex 2). The CPD presents the results and resources framework which shows the structure for implementation of UNICEF's mandate in Cambodia within the given period (See Annex 2).

UNICEF planning documents show an evolution of the CP outputs and Indicators over time.

- Some of the output statements were improved in 2021 (more detailed formulation).
- The Health and Nutrition component merged Output 3 with Outputs 1 and 2
- Five new outputs were created under Programme Effectiveness.
- Additionally, several COVID-19 related indicators were included alongside the following sectors: Health and Nutrition, WASH, Education, Child Protection and Programme Effectiveness

#### 1.1.1.1.7 Health and Nutrition component

**Outcome:** By 2023 pregnant women, mothers, new-borns, and children under the age of 5 years have increased equitable access to and the use of quality health and nutrition services, especially in the north-eastern provinces and among marginalized groups, including during emergencies.

**Target groups:** Pregnant women, mothers, new-borns, children under 5 years and adolescents, especially in the more marginalized north-eastern provinces of Cambodia.

**Budget:** USD 16,001,000

**Key donors:** US Agency for International Development (USAID), EU, SDG Fund, Canadian, German, Australian, Danish and Hong Kong National UNICEF Committees.

The health and nutrition component of the CP aims to increase equitable access to quality health and nutrition services in particularly in North-eastern provinces among marginalized groups. The Health and Nutrition component focuses on equitable access to sustainable, inclusive, adequate, and affordable health and nutrition services from birth to adolescence. The work under this component includes three main outputs:

- Accountability systems and frameworks to support the implementation of high-impact maternal, new-born and child health (MNCH) and nutrition interventions,
- Capacity to deliver equitable gender-responsive quality and accessible essential MNCH and nutrition services, and
- Capacity to promote safe health and nutrition behaviours and practices.

<sup>250</sup> Document E/ICEF/2017/P/L.22/Rev.1, UNICEF Executive Board, 12-14 September 2018, <https://digitallibrary.un.org/record/1638976#record-files-collapse-header> accessed 10<sup>th</sup> May 2022.

For high-impact interventions, UNICEF implements a comprehensive approach, combining health and nutrition interventions with C4D and T4D activities including:

- For individual and community buy-in and demand for MNCH and nutrition services such as: immunization (campaigns and routine); maternal and neonatal health services; treatment for pneumonia and diarrhoea; counselling on IYCF and care; stimulation; timely and correct health care seeking behaviours; hygiene and sanitation; healthy maternal diets and to key service delivery), with Water, Sanitation and Hygiene (WASH) programming in certain provinces/districts address the root causes of malnutrition in Cambodia.
- Other UNICEF nutrition related activities include promoting locally sourced nutrition products, setting up systems to track consumption of iodized salt, collecting age and sex-disaggregated data on acute malnutrition, developing e-mapping tools to monitor and improve performance in health centres, and training health staff to offer nutrition counselling and complementary feeding.

The Nutrition component supports nutrition interventions prioritized in the MoH-UNICEF rolling work plans, aligning, after the 2021 review its activities with the new global UNICEF Nutrition Strategy 2020-2030 as well as the National Strategy for Food Security and Nutrition (NSFSN 2019-2023). Both strategies make explicit focus on addressing the triple burden of child malnutrition in all its forms from multisectoral dimensions and through comprehensive nutrition program implementation at scale: undernutrition (both stunting and wasting); deficiencies in vitamins and other micronutrients; and overweight, obesity and diet-related noncommunicable diseases. The strategies use a comprehensive life cycle approach to nutrition programming to protect and promote diets, services and practices that support optimal nutrition for all children, adolescents, and women.

Key Partners	Locations
<b>Ministry of Health (MoH) at national and sub-national levels; Council for Agricultural and Rural Development (CARD); Ministry of Planning; and Ministry of Industry and Handicraft; the Ministry of Commerce; WB, WHO, WFP, FAO, UNAIDS, PIN, WVI, Plan International, private sector and academia.</b>	Health activities are implemented at the national level and in eleven provinces: Kampong Cham, Kampong Thom, Siemreap, Takeo, Otdar Meanchey, Kratie, Mondul Kiri, Phnom Penh, Preah Vihear, Ratanak Kiri, Stung Treng with all 94 districts covered.

#### 1.1.1.1.8 WASH component

**Outcome:** By 2023, girls and boys, particularly the most vulnerable, have increased equitable access to, and sustainable use of safe water, and adoption of safe sanitation and hygiene practices, including during humanitarian situations.

**Target groups:** Underserved children in remote north-eastern provinces and those in areas of high risk for arsenic in drinking water equitably user saver water and practice safer sanitation and hygiene, including during humanitarian situations, allowing children to live in a safer and cleaner environment and benefit from WASH-related health, nutrition, and socioeconomic outcomes.

**Budget:** USD 13,018,000.

**Key donors:** USAID, Ministry of Commerce of the People's Republic of China (PRC MOFCOM), Irish Aid, United Kingdom Foreign, Commonwealth & Development Office (FCDO), Australian Department of Foreign Affairs and Trade (DFAT), UNICEF national committees (Japan and Ireland), Joint SDG Fund, Czech Republic and WASH Thematic.

The CP **WASH component** focuses on improving WASH financing and coordination to achieve compelling results in children's survival, health, and education. Due to increasing climate change pressures, Cambodia faces the prospects of deteriorating agriculture, food security, ecosystems, water resources and water quality, with Cambodian children highly exposed to water scarcity, riverine flooding, and vector-borne disease to ensure that WASH systems are adapted to support increased climate resilience becomes a priority for the country.

The WASH component vision of universal access by 2025 and the barriers to WASH progress will be addressed by strengthening national budgeting, regulatory, data and coordination systems; providing catalytic support for continued efforts to reach an open-defecation free Cambodia by 2025; and modelling data-led, context-based, climate-resilient, pro-poor, accessible, child-sensitive and gender inclusive WASH.

WASH includes three outputs related to strengthening capacity to:

- Plan, coordinate and monitor inclusive, quality, child-focused water, sanitation, and hygiene services,
- Implement programmes to increase equitable access to basic sanitation and hygiene and
- implement programmes to increase equitable access to safe and climate-resilient water supply. <sup>251</sup>

Key Partners	Locations
<b>Ministries of Rural Development, Industry and Handicrafts, Education, Health, Economy and Finance, Planning; and Public Works and Transport, United Nations organizations</b>	WASH activities are implemented at national level and in 26 districts (not all full coverage) of 7 provinces: Kampong Speu, Preah Vihear, Takeo,

<sup>251</sup> UNICEF Cambodia's WASH programme has incorporated aspects of climate resilient WASH since 2018 (although the programme is relatively small in scale).

(particularly UNDP and WHO), the Asian Development Bank, and World Bank Group, partnerships such as the Global Sanitation Fund, the Accelerated Water and Sanitation for All grant; WHO/UNICEF Joint Monitoring Programme and bilateral donors and partners: Civil Society Organizations (CSOs), private sector water, sanitation and hygiene businesses and academia.

Kratie, Svay Rieng, Ratanakiri and Mondul Kiri. Typically, this work is focused on the household setting and at community level but also covers WASH in institutions (schools and health centres)

#### 1.1.1.1.9 Education component

**Outcome:** By 2023, girls and boys, particularly the rural and urban poor, have increased access to inclusive, equitable, relevant, and quality early childhood and basic education that promotes lifelong learning, including in emergencies.

**Target groups:** Children with disabilities, children from ethnic minorities, and children living in rural and urban poor areas.

**Budget:** USD 55,532,000.

**Key donors:** EU, SIDA, Education Thematic and Private (Primark)

The Education component focuses on strong leadership at government and school level, quality teaching, and a healthy school environment to ensure equitable and inclusive access to education. Education includes three outputs related to enhance/increase capacity to:

- Plan and monitor results-based plans and budgets,
- Deliver gender-responsive equitable, inclusive, relevant, and quality education and
- Demand accountability and relevant quality education services.

Key Partners	Locations
<b>MoEYS, Ministry of Economy and Finance, Ministry of Cults and Religion, Ministry of Women's Affairs and Ministry of Interior (Mol). UNICEF partners with civil society organizations such as PED, TTD, GSED, CARE, VSO</b>	Convergence activities with Child Protection were planned in three provinces (Prey Veng, Kampot and Battambang), whilst Education with WASH in Kratie, Kampong Thom, Kampong Chhnang, Phnom Penh and Takeo, and Education with Child Survival and Development (Integrated ECD) in Ratanak Kiri, Kratie and Phnom Penh

#### 1.1.1.1.10 Child protection component

**Outcome:** By 2023, girls and boys, particularly the rural and urban poor, have increased access to inclusive, equitable, relevant, and quality early childhood and basic education that promotes lifelong learning, including in emergencies.

**Target groups:** Children and adolescents.

**Budget:** USD 22,800,000.

**Key donors:** USAID, Japan, and Child Protection thematic

The Child Protection component focuses on building a child friendly institutional and legal framework to protect children in Cambodia, strengthening child protection services in the health, education, justice, and early childhood sectors, and fostering a culture of non-violence by transforming the social attitudes and beliefs that perpetuate violence itself.

Efforts in this regard are focused on the establishment of the child protection system as such by working with governments and other partners to strengthen child protection systems to respond to child protection violations with quality and to scale up evidence-based prevention interventions. Within these efforts, UNICEF works to establish intersectoral collaboration and child protection as a basic service on a par with other basic services such as health, education, water and sanitation, and with corresponding laws, policies, budgets, institutions, workforce capability and accountability for outcomes for children.

CP includes three outputs related to enhance/increase capacity to: strengthen capacity to:

- Formulate and implement child protection institutional and legal frameworks,
- Provide prevention and response child protection services,
- Implement at scale Positive Discipline, Positive Parenting and Protect child protection programmes.

Key Partners	Locations
<b>MoSVY, Ministry of Justice, Cambodian National Police, Mol, Ministry of Women's Affairs (MoWA), Ministry of Cults and Religion, Cambodian national Council for Children, Friends International, NGO Coalition on the Rights of the Child, the NGO Network for Child Protection, Plan International, World Vision, Save the Children, etc</b>	Child Protection development and systems strengthening have national coverage, whilst Child Protection activities are developed in different provinces, with convergence with Health in three NE provinces (Ratanak Kiri, Mondul Kiri and Kratie), with Health in three NW provinces (Otdar Meanchey, Banteay Meanchey and Pailin) and in Siemp Reap, Kampot and Battambang with education.



#### 1.1.1.1.11 Policy and public financing for children component

**Outcome:** By 2023, children and adolescents, including the most disadvantaged, benefit from effective social services and a child-sensitive social protection system.

**Focus:** reducing multi-dimensional child poverty in Cambodia.

**Target groups:** Particularly children living in urban and rural poor areas, children from ethnic minorities, and children with disabilities.

**Budget:** USD 7,418,000.

**Key donors:** Social Policy Thematic

The Policy and Public Financing for Children component uses a multi-sectoral approach, where social protection activities focus on building the delivery systems and programme design to reduce child poverty and vulnerability while establishing strong linkages with other programmes, such as health and nutrition, WASH, education, and child protection. UNICEF continues to support the government with the implementation of the National Social Protection Policy Framework 2016–2025 to ensure that children and women in Cambodia receive the social protection they need.

The Policy and public financing for children component of the CP includes three outputs related to strengthen capacity to:

- Design gender-sensitive and equity-focused social protection programmes,
- Programme-based budget formulation, execution, monitoring, and reporting and
- Formulate policies and plans to address multidimensional child poverty, with sound monitoring and evaluation systems.

Key Partners	Locations
Mol, MEF MoP, MoSVY, GS-NSPC, MoH, MoEYS, MoWA, UN Agencies, Provincial planning and social welfare departments, API, Star Kampuchia, Oxfam, Save the Children, GIZ, EUD. Save the children, Plan International, Samaritan Purse, Child Fund, World Vision, and CDC	National coverage (across all UNICEF target provinces).

#### 1.1.1.1.12 UNICEF's participation in UNCT

UNICEF is actively participating in UNCT and UNDAF related Working and Results groups. UNICEF's Chair and Co-chair role in UNCT bodies includes:

- UNICEF is co-chair of RG1
  - UNICEF is the chair of PSEA task team
  - UNICEF is the education and protection lead of HRF
  - UNICEF is the chair of UNCG
  - UNICEF is the chair of Social Protection accelerator
  - Govt-UN JWG: Education and rural water supply
- Member of:
- RG 3, 4 and 5
  - Member of Gender theme group, HR theme group, etc.
  - CCA task team

**Besides, UNICEF** participates in the following government-led WGs and TF

WASH - Rural WASH TWG

Education- UNICEF co-chairs with the Minister of Education the Joint Technical Working Group (JTWG) in Education composed of key MoEYS departments and development partners (UN, multi-/bilateral organizations and CSOs)

COVID-19 response

In 2020, with the emergence of the COVID-19 pandemic, UNICEF refocused the CP towards pandemic response and recovery, aligning with the UN Cambodia Framework for Socio-Economic Response to COVID-19 (SERF). The UN framework for recovery has five pillars, starting with health as a foremost top priority (Protecting Health Services and Systems During the Crisis), and complementing the National COVID-19 Health Master Plan<sup>252</sup>. The other four pillars reflect essential social and economic dimensions, and the priorities of Cambodia's Economic Recovery Strategy (Figure 9).

<sup>252</sup> Master Plan for COVID-19 Response (March 2020 to February 2021)



**FIGURE 12. UN CAMBODIA FRAMEWORK FOR THE IMMEDIATE SOCIO-ECONOMIC RESPONSE TO COVID (SERF) PILLARS**



Source: UN Cambodia, “UN Cambodia framework for the immediate socio-economic response to COVID”, August 2020<sup>253</sup>

The UNICEF CO contributed to the UN Country Team (UNCT) response and continued leading the Education, Protection, and WASH sectors of the Humanitarian Response Forum (HRF) on emergencies, regularly monitoring the emergency situation’s effects on children through the Humanitarian Performance Monitoring, and quarterly sitreps.

UNICEF did not develop a specific UNICEF CO COVID-19 plan, instead reporting activities through each of the existing programmatic areas. UNICEF data show that a total of approximately US\$3.8 million (54 percent of the total COVID-19 appeal) was received and roughly US\$3.7 million was re-programmed from existing resources.<sup>254</sup> In light of restrictions, UNICEF shifted the way they supported national partners and changed how national partners delivered services – from in-person support to distance and remote delivery. This made digital development integral to how UNICEF works in the field, accelerating its transformation into a digital organization. The following is an overview of programmatic measures undertaken by the office.

When it comes to social protection, UNICEF provided technical support to the government in system building for COVID-19 cash transfer programme – a national programme that has supported 2.8 million poor and vulnerable Cambodians and additional 108,000 households during lockdown in urban areas. This measure was an investment in system building for the delivery of routine social assistance programme, including through policy design, digital system tools building, capacity development and communication.

UNICEF continued and expanded partnership with RGC (and with WHO) to help strengthen the Government’s health system and cold chain capacities, including supporting preparedness, training, and the procurement of equipment for the adequate handling of COVID-19 vaccination (inc. the mRNA vaccines) through the COVAX Facility.<sup>255</sup> UNICEF immunization efforts (COVID-19 and EPI) notably expanded during 2021. Given global supply constraints, the RGC pursued diverse procurement channels (not only relying on COVAX), but also securing bilateral donations and procurement of vaccines. The CO supported the entire country’s vaccine management and cold chain systems.

UNICEF Cambodia also Communication for Development (C4D) worked on a nation-wide COVID-19 Risk Communication and Community Engagement (RCCE) response and the co-creation of the evidence-based Advocacy Communication and Social Mobilization (ACSM)/C4D planning to support seamless coordination of COVID-19 prevention and vaccination roll out into the country, whilst Technology for Development (T4D) has had, as first priority, to support digital approaches to strengthen Government health systems and capacities for the roll-out and monitoring of COVID-19 vaccination, including related to monitoring and data analysis of community feedback, social listening, also providing technical support to digital health interventions that will also strengthen routine immunization, reaching the most disadvantage groups (including the first disability breakdown data collection that will be key for equity targeting and coverage).

1. <sup>253</sup> [https://cambodia.un.org/sites/default/files/2021-02/UN%20Socio-economic%20Response%20to%20COVID19%20Framework\\_Aug2020.pdf](https://cambodia.un.org/sites/default/files/2021-02/UN%20Socio-economic%20Response%20to%20COVID19%20Framework_Aug2020.pdf), accessed 8 October 2022.

<sup>254</sup> <https://www.unicef.org/media/100546/file/Cambodia-2020-COAR.pdf>

<sup>255</sup> The COVAX Facility is a partnership, co-led by Coalition for Epidemic Preparedness Innovations (CEPI), Gavi-The Vaccine Alliance and the World Health Organization (WHO) and United Nations Children’s Fund (UNICEF). As the largest single vaccine buyer in the world, UNICEF is the leading procurement and supply agency for COVAX.

UNICEF also responded to arising socioeconomic and child malnutrition challenges in Northeastern provinces by prioritizing implementation of a comprehensive Nutrition program<sup>256</sup>, support capacity building and use of Health Management Information Systems (HMIS) data tools for the new nutrition indicators related to severe acute malnutrition (SAM) and the implementation and use of Interpersonal Communication (IPC) and counselling tools.

The UNICEF Cambodia WASH programme focused its COVID-19 response on reducing the transmission of the virus, providing critical hygiene and prevention supplies alongside risk communications, infection prevention and control (IPC) efforts, guidance, advocacy, and remote technical support.

UNICEF, as co-chair of the Education Working Group, facilitated development partner support for COVID-19 response, including creating safe and protective learning environments, “Back-to-school” campaigns, distance education, and technical support for safe school re-opening.

#### 1.1.1.1.13 Programme effectiveness

**Outcome:** The country programme is efficiently designed, coordinated, managed, and supported to meet quality results-based management standards and achieve results for children.

**Target groups:** This component facilitates the UNICEF country presence, enhancing the effectiveness of programmes at the subnational and national levels and promoting engagement with local government and non-State actors.

**Budget:** 6,887,000 USD

The Programme Effectiveness component of the CP focuses on whether the CP is efficiently designed, coordinated, managed, and supported. Originally, this component included three inter-related outputs to provide UNICEF staff and partners the guidance, tools, and resources to:

- Effectively plan, monitor, and evaluate programmes.
- Effectively communicate, advocate, and develop partnerships regarding child rights issues with stakeholders.
- Apply strategies to address cross-cutting issues related to child rights.

In 2021, five more outputs were added to this component, giving special relevance to Emergency Preparedness and Response. UNICEF co-led the national WASH, Education and Child Protection working groups. The CO developed in 2021 an emergency preparedness plan to respond to floods, drought, storms, and COVID-19. The newly added outputs are:

- Emergency Preparedness and Response,
- Effective Results based Reporting,
- Quality evaluations are conducted and utilized to inform programmes
- Evidence generation and knowledge management is strengthened
- Cross-sectoral inter-linkage in programmes is strengthened

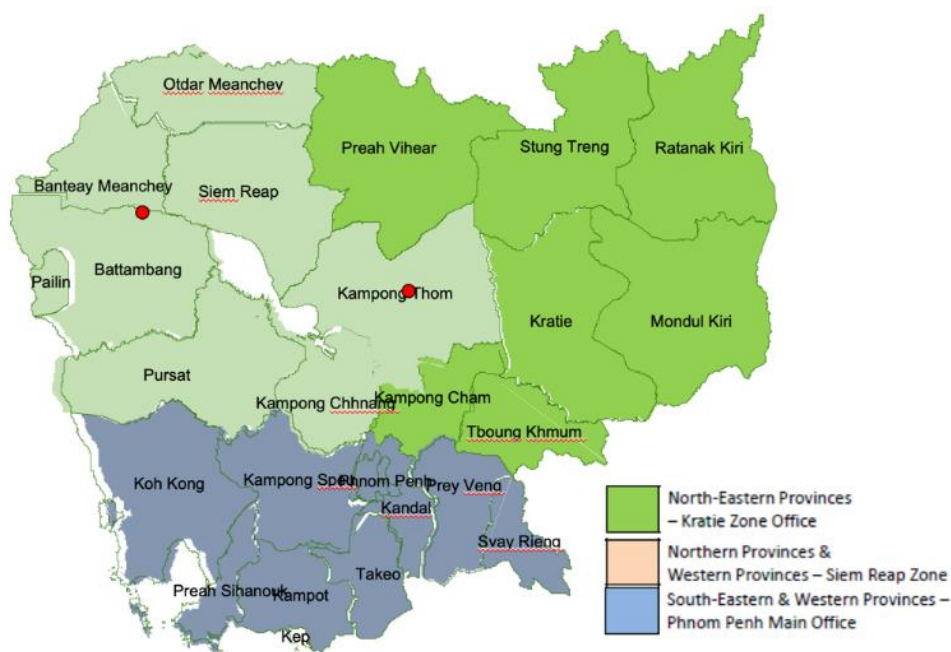
#### 1.1.1.1.14 Programme delivery

The CP works on three levels: (a) upstream: national; (b) midstream: subnational (provincial and district); and (c) downstream: community (parents, caregivers, service providers, children, and adolescents). The UNICEF Cambodia’s main office is based in the city of Phnom Penh. This is backed by two zone offices in Kratie and Siem Reap provinces, with the main office covering South-Eastern & Western provinces (see Figure 4 below).

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<sup>256</sup> Maternal, Infant and Young Child Nutrition, Severe Acute Malnutrition (SAM) and Micronutrients strategic actions

**FIGURE 13: UNICEF IN CAMBODIA – ZONAL OPERATIONAL AREAS**



Source: UNICEF Cambodia CPD 2019-23 internal presentation

In December 2019, the Cambodian **decentralization and deconcentration (D&D) reform process** that started in 2001 was accelerated by the launch of Sub-decree 193 on “Decentralization of Health Management Functions and Service Delivery to the Capital and Province Administration”. This had a profound impact on the way in which health and other public services are financed, managed, and delivered, involving a shift in responsibility for implementation and management of service delivery to 25 provincial and district-level authorities and municipal administration.<sup>257</sup>

While many structures and systems for implementation have been established, many have yet to be fully or successfully implemented.<sup>258</sup> For governmental partnerships, a Rolling Work Plan (RWP) is usually signed between UNICEF and the respective Ministry, with a Results and Resources Framework rolling work plan (RWP). For service delivery with NGO partners, UNICEF usually entered into Programme Cooperation Agreement (PCAs), which fully scope the work, and are usually developed in consultation with the different Ministries leading to the RGC sectoral responses. Small-Scale Funding Agreements (SSFA) are also used to provide cash transfers to a Civil Society Organization (CSO) for activities within the CP (regular and humanitarian response). In the COVID-19 response, other complementary and (in some cases) less-formal partnerships were developed with different networks-local solution providers, innovators, cultural and religious organizations, the private sector, local media, and academia to provide a space to nurture and test new and innovative technologies and build local capacities.

#### 1.1.1.1.15 Budget and overview of expenditure

A total of 121 million USD has been planned for implementation of the CP within the reference period.<sup>259</sup> Most funding (55 million USD) was planned to be allocated to education (45.6 percent) followed by child protection (18.7 percent), health and nutrition (13.2 percent) and WASH (10.7 percent). Significantly less funding was planned to be available for policy and public finance for children (6 percent) and programme effectiveness (5.7 percent) (Table 1).

<sup>257</sup> The World Bank, “Project Information Document (PID) - Health Equity and Quality Improvement Project – Phase 2 (P173368), December 2020 (<https://documents1.worldbank.org/curated/en/396661607474415065/pdf/Concept-Project-Information-Document-PID-Health-Equity-and-Quality-Improvement-Project-Phase-2-P173368.pdf> accessed at 29<sup>th</sup> April 2022).

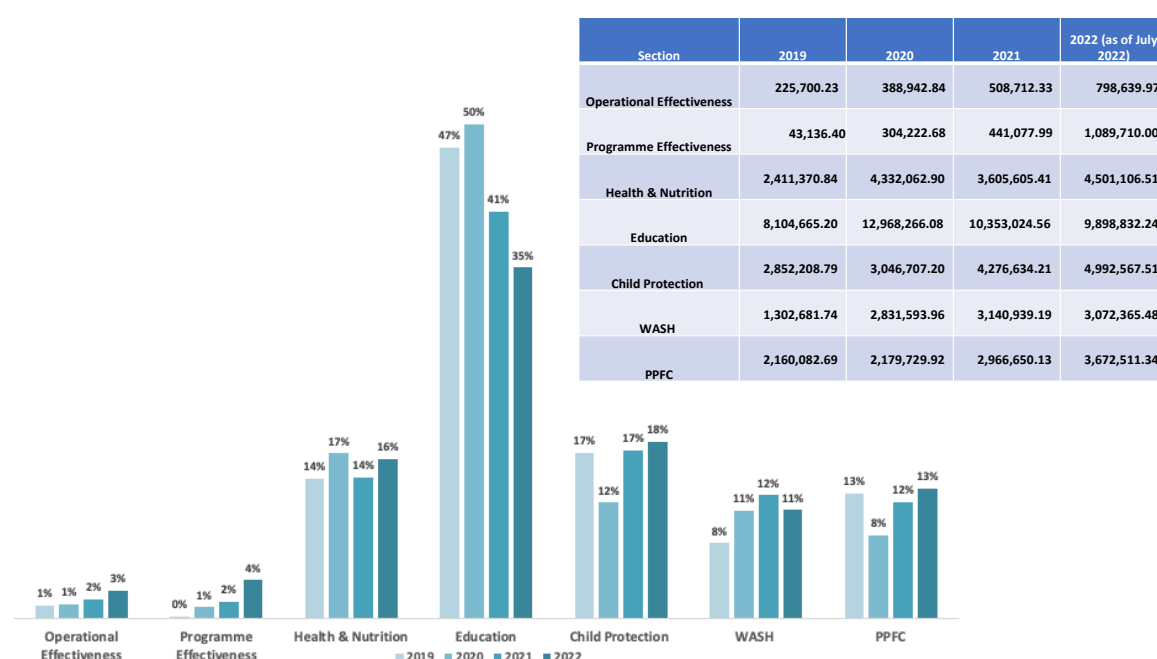
<sup>258</sup> Cambodia’s public health system consists of a network of national and provincial-municipal level hospitals, Operational District (OD) referral hospitals, health centers, and health posts. Hospitals are sub-categorized into four levels: national hospitals and complimentary package of activities (CPA) hospitals levels 1–3. Health centers provide a minimum package of activities (MPA) and operate health posts which extend services to hard-to-reach areas. The MPA focuses on preventative and basic curative services; each health center serves approximately 10,000–20,000 people. Health Operational Districts (ODs), responsible for health center oversight, are typically comprised of 10–15 health centers covering about 100,000–200,000 people and a district referral hospital. Advancing universal health coverage in the COVID-19 era: an assessment of public health services technical efficiency and applied cost allocation in Cambodia”, January 2022 (<https://healtheconomicsreview.biomedcentral.com/articles/10.1186/s13561-021-00354-8>, accessed 30th April 2022).

<sup>259</sup> [https://sites.unicef.org/about/execboard/files/2018-PL22-Rev1-Cambodia\\_CPD-ODS-EN.pdf](https://sites.unicef.org/about/execboard/files/2018-PL22-Rev1-Cambodia_CPD-ODS-EN.pdf)

**TABLE 15 SUMMARY BUDGET OF THE COUNTRY PROGRAMME PLANNED ALLOCATION**

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	4 524	11 477	16 001
WASH	2 307	10 711	13 018
Education	2 389	53 143	55 532
Child protection	3 600	19 200	22 800
Policy and public finance for children	6 136	1 282	7 418
Programme effectiveness	6 249	638	6 887
<b>Total</b>	<b>25 205</b>	<b>96 451</b>	<b>121 656</b>

Annual financial figures from January 2019 to December 2021 show the differences between Planned and Allocated Budgets (See Table 2 below). Comparison across the internal CP 2021 budget closure information shows that (as per the updated cumulative figure of funds received vs requirements) five programmatic areas were underfunded: Education, Health and Nutrition, WASH, Policy and Public Finance for Children. The ORR ceiling was lifted, and total increased to 120 million USD, so that the total CPD Budget increased by USD 23.7 million. The most updated figures (July 2022) on Percentage and Amount of UNICEF Section Funding show that in 2019 and 2020, half of the funds supported the Education component, while in 2021 and 2022 budgets show a different trend in allocations, which is very much related to COVID-19 related funds. The distribution and prioritization across the different programmatic areas are reflected in Figure 5:

**FIGURE 14: UNICEF IN CAMBODIA – PERCENTAGE AND AMOUNT OF UNICEF SECTION FUNDING**

The table below (Table 2) compiled by the UNICEF Cambodia CO illustrates the top Donors to the current Country Programme for the period (2019 – July 2022).

**TABLE 16. DONORS OF THE CURRENT UNICEF COUNTRY PROGRAMME****Top 20 donors: 2019 – July 2022**

GLOBAL PARTNERSHIP FOR EDUCATION	13,270,000	GERMAN COMMITTEE FOR UNICEF	907,765
EUROPEAN COMMISSION	11,106,254	CHINA - CIDCA	850,599
USA - USAID	10,140,097	CZECH REPUBLIC - MOFA	701,219
SWEDEN - SIDA	9,907,818	THEMATIC HUMANITARIAN ACTION	570,000
JAPAN - JICA	6,723,290	PSFR - CONSOLIDATED POOL FUNDING	513,533
AUSTRALIA - DFAT	4,176,827	CANADIAN COMMITTEE FOR UNICEF	481,563
CAMBODIA (pass through fund)	3,267,189	END VIOLENCE AGAINST CHILDREN FUND	471,026
THE UNITED KINGDOM - FCDO	3,063,964	THEMATIC HEALTH	435,005
THEMATIC SOCIAL POLICY	3,026,289	IRELAND COMMITTEE FOR UNICEF	410,515
CONSOLIDATED FUNDS FROM NATCOMS	2,882,684	HONG KONG COMMITTEE FOR UNICEF	363,385
AUSTRALIAN COMMITTEE FOR UNICEF	2,793,364	US COMMITTEE FOR UNICEF	288,541
THEMATIC EDUCATION	2,408,047	SWEDEN - JPO	222,019
ILO GENEVA (pass through fund)	2,138,036	UNICEF-SINGAPORE	200,000
THEMATIC CHILD PROTECTION	2,049,843	FINLAND - JPO	165,193
THEMATIC WASH	1,892,537	GERMANY - JPO	123,544
GAVI THE VACCINE ALLIANCE	1,693,489	ASIAN DEVELOPMENT BANK	114,286
JAPAN COMMITTEE FOR UNICEF	1,579,055	IOM (pass through fund)	96,421
JOINT SDG FUND	1,021,424	UK COMMITTEE FOR UNICEF	43,978
IRELAND - IRISH AID	999,258		
THEMATIC NUTRITION	928,398		

**1.1.1.1.16 CP review 2021**

Halfway through the CP, from June to September 2021, UNICEF Cambodia undertook a programme review. The review aimed to: a) better align the CP with the new UNICEF Strategic Plan (2022-2025), the Gender Action Plan (2022-2025) and other new global strategies, providing a clear vision and strategic framework for the decade to 2030 to meet a different set of global priorities (like the UNICEF: Education Strategy 2019-2030; the Nutrition Strategy 2020-2030 and the Child Protection Strategy 2021-2030), b) help to rethink about the integration on lessons learned from the COVID-19 pandemic and the way of work at UNICEF to better adapt to deliver more effectively and efficiently to populations in need in the RGC for the remaining period (2022-2023), c) assess strategies, implementation modalities, risks and assumptions, d) carry out a reflection on UNICEF's adolescent programming and a zonal office review. **Emerging sectoral priorities-recommendations**<sup>260</sup> as reflected in the "Report of the Programme Review of the Royal Government of Cambodia – UNICEF Country Programme of Cooperation" (2019-2023), September 2021) are included in Annex 3. The ET will use these recommendations to help evaluate whether the CP is aligned with national priorities (coherence).

**1.1.1.1.17 Emerging Sectoral Priorities**

**Emerging sectoral priorities-recommendations**<sup>261</sup> (as reflected in the "Report of the Programme Review of the Royal Government of Cambodia – UNICEF Country Programme of Cooperation" (2019-2023), September 2021) were:

**1.1.1.1.18 Health and Nutrition**

- **Key priorities:** i) improving the equitable coverage and quality of essential health services through stronger community engagement; ii) increasing domestic resources to scale-up the management of SAM; iii) scaling-up prevention and multi-sectoral approaches to improve nutrition through integrated early childhood development (IECD); and iv) the accelerated implementation of the 2<sup>nd</sup> National Strategy for Food Security and Nutrition (NSFSN) and Cambodia Nutrition Project (CNP).
- Continued support of routine immunization and COVID-19 vaccination roll out
- **Increase demand/Social and Behavioural Change Communications (SBCC)** to local administrative and commune actors for better community mobilization and outreach.
- **Increasing domestic resources:** Support Ministry of Health (MOH)-Ministry of Economy and Finance (MEF) collaboration to discuss increasing and sustaining national budget allocation for MNCH, including routine immunization/vaccines and SAM treatment commodities.
- Scaling up Maternal Infant and Young Child Nutrition (MIYCN) programmes and nutrition support to adolescents, including the management of wasting.

<sup>260</sup> The summarized narrative of Recommendations stated in the Report, also include Cross-sectoral Approaches and Cross-cutting Issues Arising, that can be consulted in Annex 3 Recommendations stated in the "Report of the Programme Review of the Royal Government of Cambodia – UNICEF Country Programme of Cooperation" (2019-2023), September 2021.

<sup>261</sup> The summarized narrative of Recommendations stated in the Report, also include Cross-sectoral Approaches and Cross-cutting Issues Arising, that can be consulted in Annex x "Recommendations stated in the "Report of the Programme Review of the Royal Government of Cambodia – UNICEF Country Programme of Cooperation" (2019-2023), September 2021

- **Strengthen joint UN collaboration** on national school nutrition policy and programs.

## WASH

- Continue to strengthen work with all stakeholders to support sustained **hand hygiene for all**, in homes, schools, and health care facilities
- **Elimination of open defecation**, by supporting systems that target the last mile, targeting those at risk of being left behind, and enabling larger area and at scale open defecation free achievement.
- **Climate resilient WASH**: continue and strengthen strategic focus on RGC systems and capacity strengthening at national and subnational levels on WASH climate risk-informed programming and service delivery.
- Increase focus on **strengthening WASH systems**, through coordination, information management, and resource and finance mobilization functions.
- Strengthen WASH contribution to **early childhood development**, including through support to sector ministries to develop strategic action plan for bottled drinking water and regulation of non-licensed vendors all the way to community level.
- Continue to support national **WASH data systems**, aligned with SDG monitoring, and the regular analysis and use of data for planning and budgeting.

## EDUCATION

- **Continue to support and coordinate education response to COVID-19**, particularly on safe and equitable school reopening, student dropout prevention and response and systematic and effective remedial learning support.
- Support development of a comprehensive national digital education strategy.
- **Support MoEYS strategic planning and capacity building** to improve resilience, increase awareness and preparedness for climate change effects and natural disasters embedded into online school development plan.
- **Strengthen and expand strategic and technical support** for 21st century skill development among adolescents.

## CHILD PROTECTION

- Continue to focus on child protection system strengthening and sustainability,
- Increase investment to protect children online.
- Bring together Child Protection, Gender Based Violence and Mental Health and Psychosocial Support and **link with health actors to leverage one another's resources**, information and networks and ensure that children, adolescents, parents and caregivers receive support.
- Promote a more **integrated and collaborative approach** to address violence against children/adolescents (VAC) and violence against women (VAW).
- Given the COVID-19 context, provide more investment to Mental Health and Psychosocial Support Services, safety of children online and prevention of gender-based violence.

## POLICY AND PUBLIC FINANCE FOR CHILDREN

- Establish strong focus on **supporting the national COVID-19 socio-economic recovery plan** and continued COVID-19 responses, including in social protection, planning and public finance for children, particularly through synergetic action at sub-national level.
- **Roll-out Family Package** of integrated social assistance.
- Expand development of the **tools and capacity building for planning and budgeting for social services, programme, and performance-informed budgeting** at central and decentralized levels in support of decentralization, deconcentration and public financial management reforms, as well as national strategic plans.
- Build synergies among 3 pillars of the programme to maximize impact and inter-sectoral results.

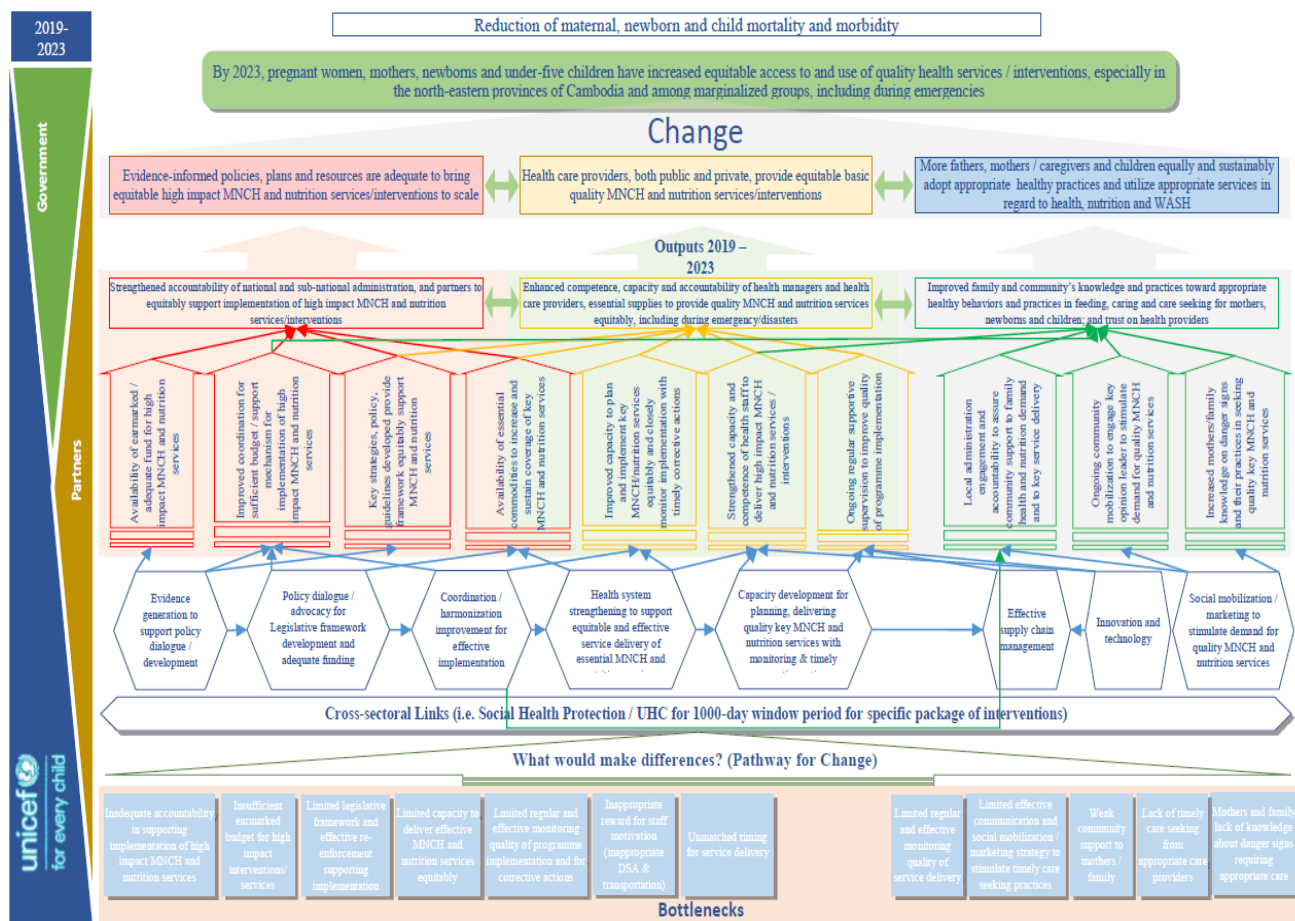
## PROGRAMME EFFECTIVENESS

- Further investments are required to improve work planning, ensure stronger integration, and strengthen emergency preparedness and response planning, coordination and capacity.



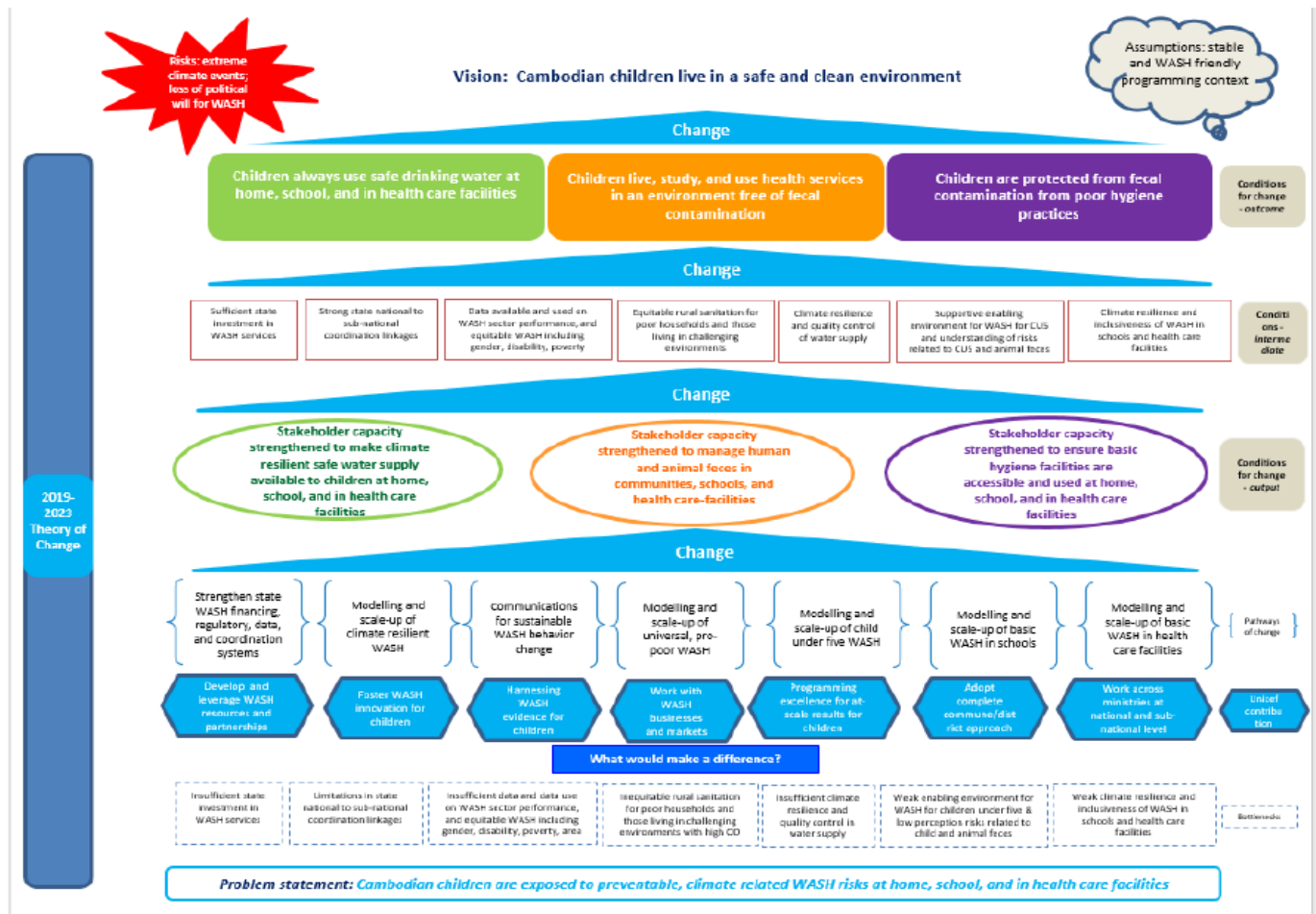
## SECTORAL INTERVENTION LOGICS

### HEALTH AND NUTRITION

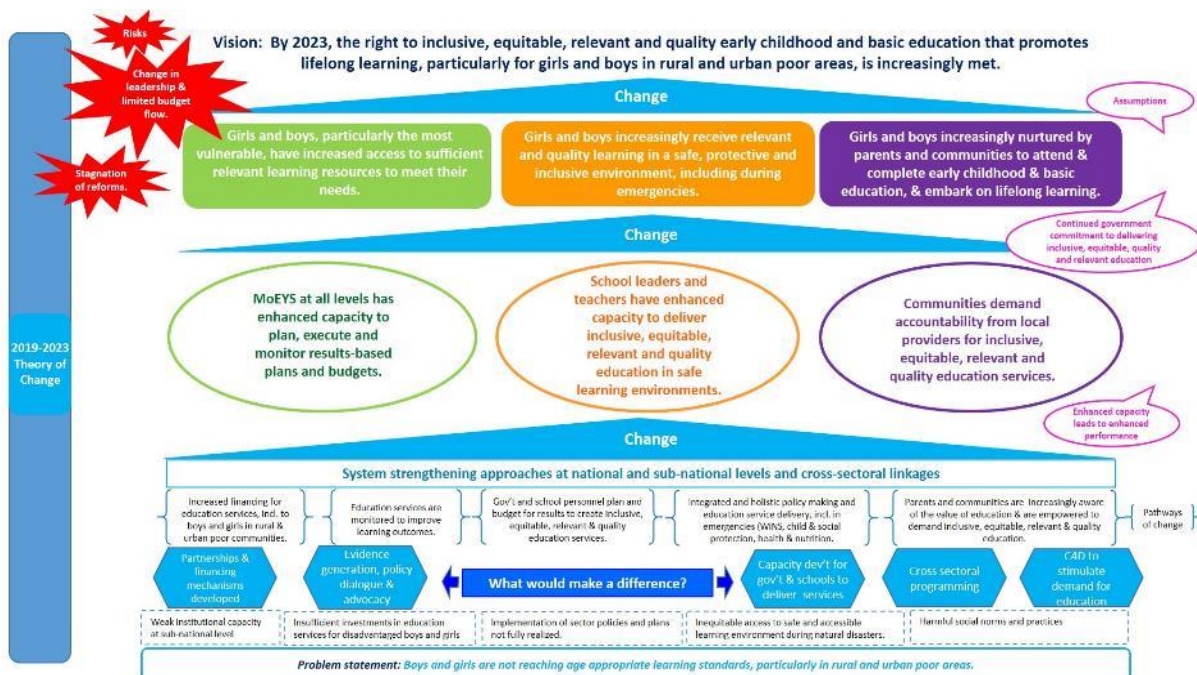




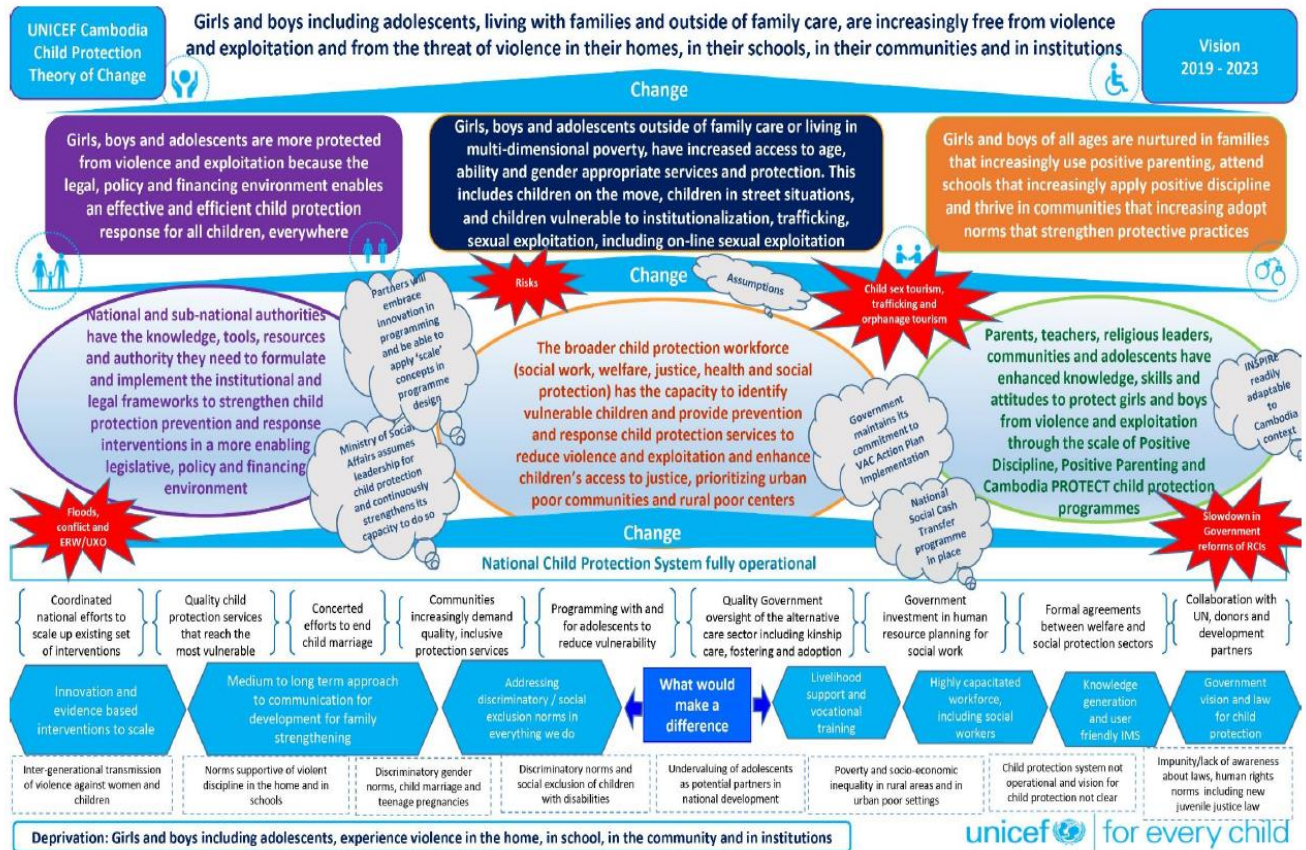
## WATER, SANITATION AND HYGIENE



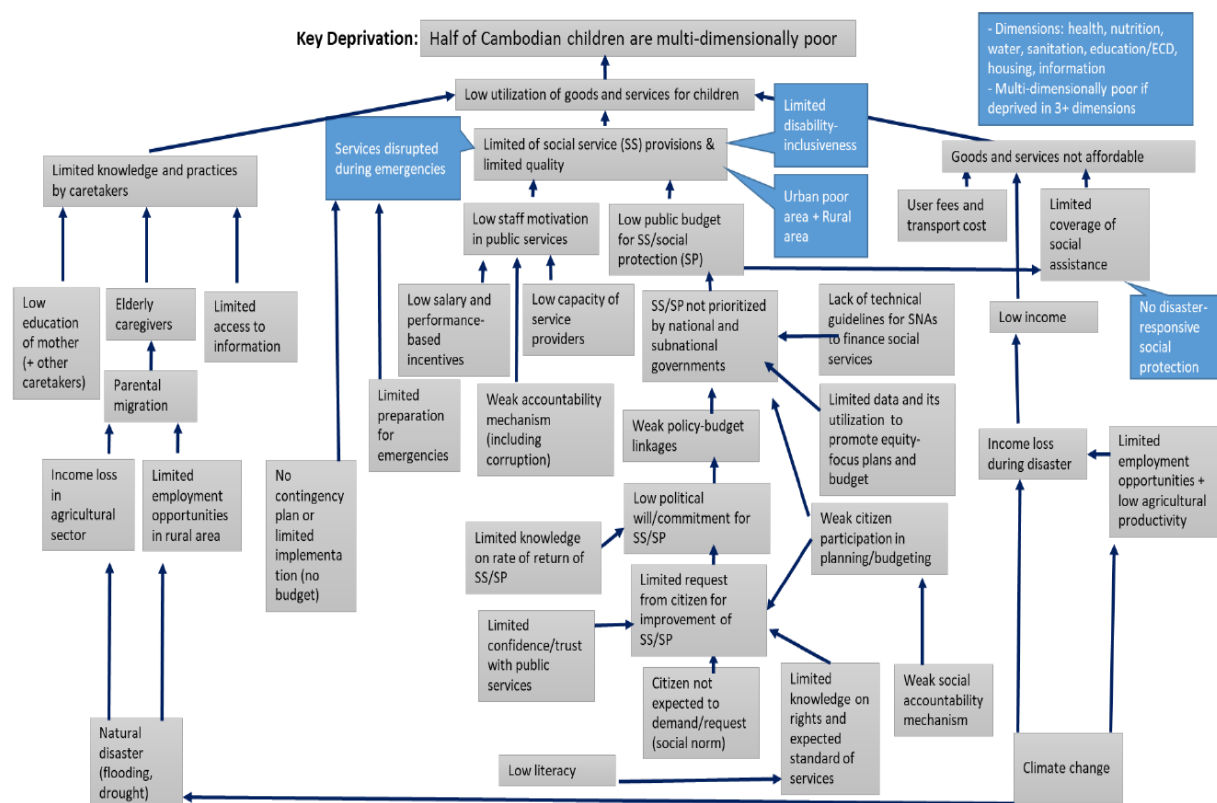
## EDUCATION



## CHILD PROTECTION



## SOCIAL POLICY AND PUBLIC FINANCE FOR CHILDREN



## Annex 4 Evaluation Matrix

#	Evaluation Question	Judgement Indicators	Sources of Information	Data collection and analysis methods
<b>Relevance – linked to Evaluation objectives:</b> <b>To assess the ability of the country programme to respond and adapt to changing contexts (including but not limited to COVID-19), new emerging issues, and national priorities</b> <b>Identify key lessons from implementation of the ongoing country programme which can inform the design of the next country programme</b>				
EQ 1.	To what extent has the office identified emerging needs and adopted relevant strategies to respond to these, including the development and use of the Private Sector Engagement and Technology for Development?	<p>Evidence and examples of conducted needs assessments and situational analyses and their use in informing the design of the CPD and in particular the interventions within the three programme areas in focus of the evaluation</p> <p>Outputs and outcomes of the interventions within the three programme areas in focus of the evaluation are responsive to</p> <p>observed critical bottlenecks within each sector and also overall CPD intervention areas (social policies and child protection),</p> <p>the realization of rights and meeting the needs of the main vulnerable groups– in terms of the enabling environment, supply and quality of services and demand factors</p> <p>practical and strategic gender needs and the creation of favourable conditions for gender equality and women's rights</p> <p>The degree to which the needs that have been emerging during the implementation of the CPD were analysed and informed the adoption of relevant adjustments and/or strategies in response to the needs within 1) education; 2) health and nutrition, 3) WASH, 4) Private Sector Engagement, 5) Communication for Development and 6) Technology for Development and 7) gender-specific, identified at national and sub-national levels</p> <p>Evidence of additionality and contribution resulting from programmatic integration and private sector engagement at national and sub-national levels</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant thematic areas.</p> <p>Studies and analytical reports produced by UNICEF or other development partners, government or think tanks</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>• Self-assessment questionnaire</li> <li>• KIIs and FGDs with stakeholders as follows:</li> <li>• National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>• Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>

		Perceptions of stakeholders on the relevance of measures included within the Joint Programme with the needs of vulnerable and marginalised groups and its evolution over time		
<b>EQ 2.</b>	To what extent has the Country Office been able to respond and adapt to changes in national needs, and priorities or to shifts caused by COVID-19 and other major socio-economic and political changes? Is UNICEF strategically positioned to respond to the changing needs and context of Cambodia?	<p>2.1 The degree to which UNICEF is strategically positioned to respond to the changing needs and context of Cambodia</p> <p>2.2 Evidence of continued relevance given changes in programming context and evolving socio-economic and institutional situation in the country (e.g. challenges arising from COVID-19, issues arising from child rights monitoring data, or socio-economic situation, etc.) in, particularly from perspective of unmet needs of children</p> <p>2.3 The degree to which UNICEF adapted its approaches and implementing strategies based on contextual issues in Cambodia and in particular:</p> <p>a) the D&amp;D reform process and interlinked shift in responsibility for implementation and management of service delivery to provincial and district-level authorities</p> <p>b) specific communication actions related to targeting/inclusion (to support further the inclusion of the most marginalized groups)</p> <p>2.4 The degree to which UNICEF adapted its CPD interventions to the arising needs under COVID-19 (e.g. in terms of adaptation of support intervention in response to arising needs and restrictions relating to COVID-19) based on comprehensive analysis of context and needs in specific areas of interest of the three programme areas under CPD (Education, Nutrition and Health and WASH)</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant thematic areas.</p> <p>Studies and analytical reports produced by UNICEF or other development partners, government or think tanks</p> <p>UN Agencies' and other national or international studies and reports on impact of COVID-19 in Cambodia</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>



		<p>2.5 Degree to which the emergency preparedness and response design and interventions were based with the needs identified in: a) the assessments b) in line with national governmental priorities</p> <p>2.7 Degree to which there was continued alignment of strategy or adaptation to emergencies and disasters (including to COVID-19)</p>		
<b>EQ 3.</b>	Looking forward, how can the Country Office best capitalize on its strengths and comparative advantages in the design of the next country programme?	<p>Evidence and examples of UNICEF CO comparative advantages and ways in which CO capitalises on them in delivery of results</p> <p>Evidence and examples of strategic positioning of UNICEF CO within thematic components</p> <p>Examples of drivers and hindering factors influencing strategic positioning and utilisation of UNICEF's comparative advantages</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant thematic areas.</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>
<b>EQ 4</b>	Looking ahead and with the background of a new UNICEF Strategic Plan, what would be the most important changes	Evidence and examples of key working modalities/ strategies/ programmatic focus areas that helped maximise delivery of results	UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and	Systematic documentary/data review and analysis of management and results data

	that UNICEF Cambodia needs to make to align with the 2021-2025 Strategic Plan? What are the key working modalities/ strategies/ programmatic foci that the office should retain while keeping their alignment with the 2021-2025 Strategic Plan?	Evidence and examples of working modalities/ strategies/ programmatic foci that have proven not to be relevant/applicable in Cambodian context	<p>Performance reports and external documents about the contextual changes and priorities over time</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant thematic areas.</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>• Self-assessment questionnaire</li> <li>• KIIs and FGDs with stakeholders as follows:</li> <li>• National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>• Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>
<b>Coherence – linked to Evaluation objective:</b> <b>To identify key catalysts that accelerate and enhance or challenges that constrain the effectiveness and efficiency of CP implementation and performance</b>				
<b>EQ 5.</b>	What has been the adequacy of the steps taken and steps planned to enhance the office capacity to deliver in a convergent approach? (e.g. ECD and ADAP, through considering the varying levels of maturity of each of these areas of work).	<p>5.1 Internal coherence between sector programme design (logic chains between the TOC of individual supported sectors and their expected outcomes and overarching CPD outcomes)</p> <p>5.2 Degrees of interactions/synergies and mutual leverage between the three programme areas in scope of this evaluation;</p> <p>5.3 Existence of operational linkages among projects / programmes implemented within three programme areas and other programme areas included under CPD (ECD, Social policies, child protection,</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>Evaluations</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>• Self-assessment questionnaire</li> <li>• KIIs and FGDs with stakeholders as follows:</li> </ul>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p>



		<p>Programme Effectiveness, Emergency Preparedness and Response, C4D and T4D)</p> <p>5.4 Evidence of sector needs assessments and capacity assessments that link different programme areas</p> <p>5.5 Evidence and examples of adequacy of steps taken to enhance the office capacity to deliver in a convergent approach</p> <p>5.6 Evidence and examples of acceleration of results and increased effectiveness in achieving expected outcomes under ECD and ADAP</p>	<ul style="list-style-type: none"> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>
<b>EQ 6.</b>	<p>For those areas that are more advanced in terms of convergence (e.g. ECD), has this led to acceleration of results and increased effectiveness in achieving expected outcomes?</p>	<p>6.1 (internal convergence) The degree to which the office capacity to deliver ECD in a convergent and coherent manner led to acceleration of results and increased effectiveness in achieving expected outcomes</p> <p>6.2. (external convergence) Examples of convergence and synergies between UNICEF Health-Nutrition, WASH and Education strategies and the support provided by other organizations/development partners</p>	<p>Annual management plans, Workplans, Progress and Performance reports</p> <p>Evaluation reports</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant to ECD thematic areas</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the pre-mission questionnaire, KIIs and FGD with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>
<b>Effectiveness - - linked to Evaluation objectives:</b>				

<p><b>Assess the relevance, effectiveness, and sustainability of the Country Programme, with a strong cross-cutting focus on equity, human rights, disability and gender equality and with a focus on specific programme areas which have not been subject to evaluation</b></p> <p><b>To assess the ability of the country programme to respond and adapt to changing contexts (including but not limited to COVID-19), new emerging issues, and national priorities</b></p> <p><b>To identify key catalysts that accelerate and enhance or challenges that constrain the effectiveness and efficiency of CP implementation and performance</b></p> <p><b>Support an accountability objective by providing an independent assessment of progress towards expected results of the country programme, and the programme's contribution to national development results and UNICEF's contribution to UNDAF results.</b></p> <p><b>Identify key lessons from implementation of the ongoing country programme which can inform the design of the next country programme</b></p>				
<b>EQ 7.</b>	<p>When focusing on Country Programme areas of Health and Nutrition, Education and WASH, to what extent:</p> <p>Have these programme areas achieved their expected results according to the CPD results framework and theory of change?</p>	<p>7.1 Evidence of delivery of the expected outputs as defined in the reconstructed TOCs for Programme areas of Health and Nutrition, Education and WASH,</p> <p>7.2 Evidence of the expected UNICEF contributions to outcomes as defined in the reconstructed TOC for Programme areas of Health and Nutrition, Education and WASH</p> <p>7.3 Evidence and examples of ability of Programmes implemented under Health and Nutrition, Education and WASH to 1) support systems strengthening (national and sub-national levels), and 2) contribute towards increasing fiscal space (e.g. when it comes to child-responsive budgeting and commitment of resources)</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant thematic areas such as Health and Nutrition, Education and WASH, etc.</p> <p>Studies and analytical reports produced by UNICEF or other development partners, government or think tanks</p> <p>UN Agencies' and other national or international studies and reports on impact of COVID-19 in Cambodia</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>• Self-assessment questionnaire</li> <li>• Document review of available sources</li> </ul>	<p>Document Review to identify themes among documentation sources for comparison</p> <p>Semi-Structured Interviews and group discussions</p> <p>ToC analysis and contribution analysis tracing activities to results.</p> <p>Qualitative Iterative Data Analysis</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>

			<ul style="list-style-type: none"> <li>● KIs and FGDs with Health&amp;Nutrition, Education and WASH stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	
<b>EQ 8.</b>	<p>When focusing on Country Programme areas of Health and Nutrition, Education and WASH, to what extent:</p> <p>Have these programmes been able to a) support systems strengthening, b) contribute towards increasing fiscal space?</p>	<p>8.1 Evidence of delivery of the expected outputs as defined in the reconstructed TOCs for Programme areas of Health and Nutrition, Education and WASH,</p> <p>8.2 Evidence of the expected UNICEF contributions to outcomes as defined in the existing TOCs for Programme areas of Health and Nutrition, Education and WASH</p> <p>8.3 Evidence and examples of ability of Programmes implemented under Health and Nutrition, Education and WASH to 1) support systems strengthening (national and sub-national levels), and 2) contribute towards increasing fiscal space (e.g. when it comes to child-responsive budgeting and commitment of resources)</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant thematic areas such as Health and Nutrition, Education and WASH, etc.</p> <p>Studies and analytical reports produced by UNICEF or other development partners, government or think tanks</p> <p>UN Agencies' and other national or international studies and reports on impact of COVID-19 in Cambodia</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● Document review of available sources</li> </ul>	<p>Document Review to identify themes among documentation sources for comparison</p> <p>Semi-Structured Interviews and group discussions</p> <p>ToC analysis and contribution analysis tracing activities to results.</p> <p>Qualitative Iterative Data Analysis</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>

			<ul style="list-style-type: none"> <li>● KIIs and FGDs with Health&amp;Nutrition, Education and WASH stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	
<b>EQ 9.</b>	<p>When focusing on Country Programme areas of Health and Nutrition, Education and WASH, to what extent:</p> <p>Have these programme areas been successful in involving women, men, children, adolescents and other rights-holders, especially the most marginalized (and in particular marginalized ethnic minorities, children with disabilities, poor households and women)?</p>	<p>9.1 Evidence of UNICEF's equity, HRBA, gender equality and disability integration as cross-cutting issues within the Programme document, implementation strategies, accountability (results) frameworks (including indicators) and reporting:</p> <p>9.2 Evidence of integration of cross cutting issues of: cross-sectoral programmatic areas (ECD) and cross cutting strategies (C4D, T4D) and climate/environmental issues in the Country programme as a whole</p> <p>9.3. Activities-strategies that contribute to the inclusion of climate-environmental issues</p> <p>9.4 The participants (target population) in the evaluation consider that the actions carried out under the CPD addressed their needs, being adequately resourced</p> <p>9.5 Communities participating in the evaluation have increased capacity to implement relevant sectoral plans</p>	<p>UNICEF's CPD, Programme documentation,</p> <p>Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>Strategic Monitoring Questions (SMQs)</p> <p>Results Assessment Module (RAM) rating reports</p> <p>Research, studies and publications produced by UNICEF and other organisations</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● Document review of available sources</li> <li>● KIIs and FGDs with Health&amp;Nutrition, Education and WASH stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Systematic documentary review applying structured tool</p> <p>Technical analysis of UNICEF strategies; and application of equity, HRBA and gender equality as cross-cutting issues</p> <p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>

<b>EQ 10.</b>	To what extent are duty-bearers actively involved?	<p>10.1 The degree of engagement of and consultation with duty bearers in the design, implementation and monitoring of the Country programme as a whole</p> <p>10.2 The degree of engagement of and consultation with duty bearers in the design, implementation and monitoring of the WASH, education, Health and Nutrition</p> <p>10.3 Extent to which UNICEF interventions considered accountability to affected population (through participation, beneficiary feedback mechanism, etc.)</p>	<p>UNICEF's CPD, Programme documentation,</p> <p>Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>Strategic Monitoring Questions (SMQs)</p> <p>Results Assessment Module (RAM) rating reports</p> <p>Research, studies and publications produced by UNICEF and other organisations</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>• Self-assessment questionnaire</li> <li>• KIIs and FGDs with stakeholders as follows:</li> <li>• National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>• Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Systematic documentary review applying structured tool</p> <p>Technical analysis of UNICEF strategies; and application of equity, HRBA and gender equality as cross-cutting issues</p> <p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>
<b>EQ 11.</b>	When looking at the Country Programme as a whole, to what extent has the programme used the following strategies to achieve results: a) programming at scale, b) winning support for the cause of children from decision makers, c) developing and leveraging resources and	<p>11.1 Evidence of application of appropriate strategies and roles by UNICEF:</p> <p>programming at scale, winning support for the cause of children from decision makers,</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports</p> <p>Evaluation reports</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>• Self-assessment questionnaire</li> </ul>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports</p> <p>Mapping of risk analysis/mitigation measures implemented</p>

	partnerships for children and d) using the power of evidence to drive change?	developing and leveraging resources and partnerships for children and using the power of evidence to drive change	<ul style="list-style-type: none"> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	KII interviews, group discussions
<b>EQ 12.</b>	What was the quality of the response of the Country programme (e.g. timeliness, appropriateness, ability to meet needs of the most vulnerable and marginalised)?	<p>12.1 Evidence of appropriate geographic and individual targeting which assists in reaching the most vulnerable persons in terms of outreach, coverage and fulfilment of results of the CP interventions as a whole:</p> <p>a) Geographic targeting criteria and mechanisms</p> <p>b) Gender - equity - disability sensitive sub-groups and/or individual targeting criteria and mechanisms</p> <p>12.2 Degree of appropriateness of UNICEF Cambodia office setup to optimally and timely contribute to the achievement of Country Programme Results considering: Response to Humanitarian crisis, Access to vulnerable and difficult to reach populations, Representation, and policy advocacy, the D&amp;D reform process and Tailored programme delivery and capacity building</p> <p>12.3 The degree to which UNICEF office structure is appropriately equipped to work with a variety of vulnerable/marginalized groups in the various regions of the country:</p> <p>Staff distribution over the sub-offices in Cambodia</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant thematic areas such as Health and Nutrition, Education and WASH, etc.</p> <p>Studies and analytical reports produced by UNICEF or other development partners, government or think tanks</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners)</li> </ul>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p>

		Staff capacity and relation building across UNICEF sub-offices to reach to communities and authorities, partners, and other relevant stakeholders in remote areas	(all CP components) ● Subnational level (Health&Nutrition, Education and WASH)	
<b>EQ 13.</b>	To what extent have selected programmatic areas contributed to intended national results, including SDG focused results, as well as whole of UN outcomes specified in the UNDAF and more recently in the context of COVID-19 in the SERP?	<p>13.1 Evidence and examples where UNICEF's results contributed to the achievement of national development priorities and intended national results</p> <p>13.2 Evidence of UNICEF's contribution towards acceleration of the SDGs at the national level</p> <p>13.3 Evidence of UNICEF's contribution towards whole of UN outcomes specified in the UNDAF and more recently in the context of COVID-19 in the SERP, by looking at:</p> <p>UNICEF's linkages and engagement with the key actors in SERP Pillars (1: Health First, 2: Protecting People, 3: Economic Response and Recovery, 4: Macroeconomic Response and Multilateral Collaboration and 5: Social Cohesion and Community Resilience)</p> <p>Relation between UNICEF support and the inputs from other UN agencies</p> <p>The linkages between UNICEF capacity strengthening support with capacity strengthening support of other UN agencies in the context of Cambodia CPD at: a) national level and b) sub-national level</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports and external documents about the contextual changes and priorities over time</p> <p>National development policy and strategy documents</p> <p>National policy and strategy documents in relevant thematic areas such as Health and Nutrition, Education and WASH, etc.</p> <p>Studies and analytical reports produced by UNICEF or other development partners, government or think tanks</p> <p>UN Agencies' and other national or international studies and reports on impact of COVID-19 in Cambodia</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners)</li> </ul> <p>(all CP components)</p>	<p>Document Review to identify themes among documentation sources for comparison</p> <p>Semi-Structured Interviews and group discussions</p> <p>ToC analysis and contribution analysis tracing activities to results.</p> <p>Qualitative Iterative Data Analysis</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>



			<ul style="list-style-type: none"> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	
<b>EQ 14.</b>	What are the major external and internal factors influencing the achievement (or not) of Country Programme results, with a special focus on Health and Nutrition, Education and WASH? What influence are these factors having on achievement (or not) of Country Programme outcomes?	<p>14.1 Degree and type of internal and external drivers that promoted programme implementation and enable reaching results</p> <p>14.2 Degree and type of internal and external hindering factors affecting programme implementation (including limitations related to COVID-19 lock down and its consequences)</p> <p>14.1 Degree and type of internal and external drivers that promoted implementation of the Health and Nutrition, Education and WASH interventions</p> <p>14.2 Degree and type of internal and external hindering factors affecting implementation of the Health and Nutrition, Education and WASH interventions</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports</p> <p>Evaluation reports</p> <p>Research, studies and publications produced by UNICEF and other organisations</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports</p> <p>Mapping of risk analysis/mitigation measures implemented</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>
<b>EQ 15.</b>	Looking forward, what would be key recommendations to enhance the office capacity to capitalize on investments and gains from the COVID-19 response	15.1 Evidence and examples of innovative working modalities/ strategies/ programmatic foci that the office applied in its COVID-19 response	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports</p> <p>Evaluation reports</p> <p>Research, studies and publications produced by UNICEF and other organisations</p> <p>Data collected through</p>	<p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports</p> <p>Mapping of risk analysis/mitigation measures implemented</p> <p>KII interviews, group discussions</p>

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<p><b>Sustainability – linked to the evaluation objectives:</b></p> <p><b>To assess the ability of the country programme to respond and adapt to changing contexts (including but not limited to COVID-19), new emerging issues, and national priorities</b></p> <p><b>Identify key lessons from implementation of the ongoing country programme which can inform the design of the next country programme</b></p> <p><b>Identify key lessons from implementation of the ongoing country programme which can inform the design of the next country programme</b></p>				
<b>EQ 16.</b>	To what extent has UNICEF succeeded to ensure gains achieved in the COVID-19 response, including: a) programming at scale in vaccination; 2) social protection, including cash transfers, acceleration of the strengthening of the social workforce and increased investments in areas such as GVB, MHPSS	<p>16.1 Key gains achieved through the COVID-19 response under the different programme areas</p> <p>16.2. Evidence of:</p> <p>Adoption of major lessons and good practices that lead to changes in the strategic and organisational direction of the Government when it comes to strategic areas under CP</p> <p>Institutional capacity in place to sustain levels of achievement or a strategy/plan exists and funded</p> <p>Evidence of elaborated analysis of opportunities and risks to the sustainability of the Country Programme interventions in the short and long term</p> <p>Concrete changes in national laws, policies, regulations, and plans that can sustain results and strategies achieved under programme areas of Health and Nutrition, Education and WASH</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports</p> <p>Strategic Monitoring Questions (SMQs)</p> <p>Results Assessment Module (RAM) rating reports</p> <p>Other relevant independent studies, reports and/or evaluations</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> </ul>	<p>Systematic documentary/data review and analysis of national data and statistics</p> <p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types</p>

		<p>scaled pilot interventions and models within Health and Nutrition, Education and WASH</p> <p>scaled up vaccination programmes</p> <p>concrete changes in national policies and practices when it comes to social cash transfers</p> <p>strengthened capacity of social workforce to design and implement social services and cash transfers</p> <p>Additional or increased investments in areas such as GVB, MHPSS)</p> <p>16.2 Elaborated exit strategies in place within thematic areas of UNICEF's work</p>	<ul style="list-style-type: none"> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>according to principles of iterative analysis</p>
<b>EQ 17.</b>	<p>Looking forward, what would be key considerations to ensure these gains are sustained over time? (some gains and investments to be looked at could include: programming at scale in vaccination and social protection, other gains in the field of social protection related to cash transfers, acceleration of the strengthening of the social workforce and increased investments in areas such as GVB, MHPSS)</p>	<p>17.1 Evidence and examples of sustainability measures that were applied to sustain gains in terms of:</p> <p>programming at scale in vaccination and social protection,</p> <p>social protection cash transfers,</p> <p>acceleration of the strengthening of the social workforce</p> <p>increased investments in GVB</p> <p>increased investments in MHPSS</p>	<p>UNICEF's CPD, Programme documentation, Annual management plans, Workplans, Progress and Performance reports</p> <p>Strategic Monitoring Questions (SMQs)</p> <p>Results Assessment Module (RAM) rating reports</p> <p>Other relevant independent studies, reports and/or evaluations</p> <p>Data collected through</p> <ul style="list-style-type: none"> <li>● Self-assessment questionnaire</li> <li>● KIIs and FGDs with stakeholders as follows:</li> <li>● National level (central government, UNICEF CO+RO, donors/dev. Partners) (all CP components)</li> <li>● Subnational level (Health&amp;Nutrition, Education and WASH)</li> </ul>	<p>Systematic documentary/data review and analysis of national data and statistics</p> <p>Systematic documentary/data review and analysis of management and results data from UNICEF M&amp;E systems at country programme level as well as available evaluation reports identifying iterative themes</p> <p>KII interviews, group discussions</p> <p>Qualitative iterative data analysis of the KIIs with key stakeholders</p> <p>Triangulation between data sources, data collection techniques, and data types according to principles of iterative analysis</p>

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UNICEF (2021): Human Interest Story, SC200075

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 UNICEF (2021): WASH Thematic Report, SC189906  
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 UNICEF (2022): Annex 1: List of selected communes for conducting water safety plan intervention  
 UNICEF (2022): Annex 2: Borehole detail drawing  
 UNICEF (2022): Annex 3: Irish Aid Climate Grant SC210374 – Cambodia Implementation Plan and Budget Update  
 UNICEF (2022): Annex: UNICEF Cambodia and Primark Partnership through UNICEF Ireland 2018-2021  
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UNICEF (2022): DFAMDash Donor Statement by Nature of Expense – DFAT, SC210093

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Water AID (2019): WaterAID ASWA Budget – Workplan & budget breakdown by quarterly

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## Annex 6. Overview of Field Data Collection

**TABLE 17. OVERVIEW OF FIELD DATA COLLECTION**

Province	District	Total stakeholder interviewed	Government	Community Council	Final beneficiaries	School	Health Center	Program Components
Kratie	Krong Kratie	6 (3 M, 3 F)	6 (3 M, 3 F)	0	0	0	0	Education, Health, WASH
	Snuol	10 (3 M, 7 F)	1 (1 M, 0 F)	0	8 (1 M, 7 F)	1 (1 M, 0 F)	0	Education, Health
	Chet Borey	11 (2 M, 9 F)	1 (1 M, 0 F)	2 (1 M, 1 F)	6 (0 M, 6 F)	1 (0 M, 1 F)	1 (0 M, 1 F)	Education, WASH, Health, Child Protection
Ratanak Kiri	Banlung	13 (10 M, 3 F)	13 (10 M, 3 F)	0	0	0	0	Education, WASH, Health, Child Protection
	Ou Chum	17 (10 M, 7 F)	1 (0 M, 1 F)	5 (4 M, 1 F)	8 (4 M, 4 F)	1 (0 M, 1 F)	2 (2 M, 0 F)	Education, WASH, Health, Child Protection
Takeo	Takeo	5 (4 M, 1 F)	0	0	0	0	0	Education
	Borei Cholsar	10 (9 M, 1 F)	1 (1 M, 0 F)	0	8 (7 M, 1 F)	1 (1 M, 0 F)	0	Education, WASH
	Samroang	5 (5 M, 0 F)	3 (3 M, 0 F)	0	0	2 (2 M, 0 F)	0	Education, WASH
Battambang	Battambang	0	5 (3 M, 2 F)	0	0	0	0	Education
	Thmar Kaul	14 (4 M, 10 F)	4 (1 M, 3 F)	0	9 (2 M, 7 F)	1 (1 M, 0 F)	0	Education, Child Protection, Social Policy
Phnom Penh	Phnom Penh	1 (1 M, 0 F)	1 (1 M, 0 F)	0	0	0	0	Education
	Por Senchey	12 (4 M, 8 F)	0	0	10 (3 M, 7 F)	2 (1 M, 1 F)	0	Education
Siemreap	Siemreap	23	14	0	8	1	0	Education, Child

		(13 M, 10 F)	(9 M, 5 F)		(4 M, 4 F)	(0 M, 1 F)		Protection, Social Policy

## Annex 7 Interview Guides

UNICEF Cambodia Country Programme Evaluation (2019-2023)

### SELF-ASSESSMENT QUESTIONNAIRE

The purpose of this questionnaire produced by the Evaluation team is to:

- Obtain evidence from the self-assessment of the Country Office (CO) team as input for analysis of evidence collected during the desk and the field phase;
- help identify areas where additional evidence is needed, or validation/triangulation is necessary, thereby contributing to a better planned/structured mission planning; and
- help identify key issues and factors affecting performance, thereby contributing to better defined and targeted questions for interviews in the country.

It is important that you provide in your response as much depth and information (**including quantitative data**) as you can, including practical examples and best practices. Upon reviewing your response, the Evaluation team will get back to you with clarificatory questions or requests any further information, as needed.

We thank you in advance and look forward to receiving the completed questionnaire by **COB on 13<sup>h</sup> July 2022**.

Section 1: CO Programme Profile and Positioning	Responses
<ul style="list-style-type: none"> <li>• To what extent does the <i>Country Programme</i> structure allows/enables UNICEF to address national development needs and the CPD outcomes?</li> </ul>	
<ul style="list-style-type: none"> <li>• To what extent does the Country programme and the UNICEF CO succeeds to position itself as government partner to address national priorities (within your theme and wider)? Please, provide examples and evidence of UNICEF's strategic positioning</li> </ul>	
<ul style="list-style-type: none"> <li>• To what extent has the Country Office been able to respond and adapt to changes in national needs, and priorities or to shifts caused by COVID-19 and other major socio-economic and political changes? What worked well? What could have been done better?</li> <li>• Any critical gap (excluded geographic areas and/or groups (if any)) you are aware of?</li> </ul>	
<ul style="list-style-type: none"> <li>• How does UNICEF's expertise and support benefit the country? What is the valued added role played by UNICEF? What are UNICEF's comparative advantages in your thematic area?</li> </ul>	
<ul style="list-style-type: none"> <li>• What, in your view, is the main driver of the CO programme's positioning? Please explain.               <ul style="list-style-type: none"> <li>○ Availability of funding?</li> <li>○ Opportunities offered by specific government/non-government partners to assist them in a particular area?</li> <li>○ Principled decision of the management to allocate resources where the real needs are? If so, how are the "real" needs decided?</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• What are the main points of convergence between your and other thematic components? How effective are they? Please, provide examples</li> </ul>	
<ul style="list-style-type: none"> <li>• What has been the adequacy of the steps taken and steps planned to enhance the office capacity to deliver in a convergent approach?</li> <li>• How about ECD?</li> <li>• How about ADAP?</li> </ul>	
<ul style="list-style-type: none"> <li>• What are the main sources of funding of your programme (for each outcome area or cluster)? (Core, Non-Core (Thematic, Vertical, Highly Earmarked), others)? How does your funding situation compare to the last CPD cycle? Do you notice a particular trend, and if so what are its implications for your country programme?</li> <li>• What are the key elements of your funding strategy (if you have one)?</li> </ul>	
<ul style="list-style-type: none"> <li>• What distinguishes UNICEF's expertise, role and contribution to the country from the other agencies engaged in similar or related areas?</li> </ul>	
<ul style="list-style-type: none"> <li>• Are there areas where you think UNICEF could play a larger role within your thematic component, which it is currently not playing? If that is the case, what is the reason that UNICEF has not been able to play that role?</li> </ul>	
<ul style="list-style-type: none"> <li>• What are the new and emerging needs/assistance areas for UNICEF to address to serve these new objectives/priorities?</li> </ul>	

Section 2: Gender and Other Normative Questions	Responses
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<ul style="list-style-type: none"> <li>To what extent has UNICEF taken into account UN normative values and principles such as Equity, Gender and Human rights in the design of its program and during the implementation? Please explain and give examples.</li> </ul>	
<ul style="list-style-type: none"> <li>Has the CO conducted gender analysis across CPD thematic areas, as well as undertaken a targeted gender analysis of those furthest behind, during the CPD design phase? If so, please elaborate and attach the analysis report</li> </ul>	
<ul style="list-style-type: none"> <li>Has the CO faced challenges in determining CPD indicators that measure changes in gender equality and women's empowerment? How about equity (e.g. when it comes to Children with disability, etc.)? What were the specific challenges and what was the solution?</li> </ul>	
<ul style="list-style-type: none"> <li>Has the CO's communication plan included gender-and - equity -related activities, campaigns and advocacy events, including in some "non-traditionally gender-equity-related" areas (e.g. disaster-risk reduction, environment protection)?</li> </ul>	
<ul style="list-style-type: none"> <li>Has the CO mainstream human rights, disability and climate resilience and how?</li> </ul>	

Section 3: Programme Results and Challenges	Responses
<ul style="list-style-type: none"> <li>What is your overall sense of the results of your programme for the CPD period in question? What are some of the significant results? Please, elaborate on achievements (note: pls provide qualitative and quantitative data to support).</li> </ul>	
<ul style="list-style-type: none"> <li>To what extent do your achieved results ensure transformative potential for women, men, children, adolescents and other rights-holders, especially the most marginalized (and in particular marginalized ethnic minorities, children with disabilities, poor households)? Please elaborate</li> </ul>	
<ul style="list-style-type: none"> <li>How has UNICEF (within your component and also cumulatively) been able to:               <ol style="list-style-type: none"> <li>support systems strengthening at national level,</li> <li>support systems strengthening at sub-national level,</li> <li>contribute towards increasing fiscal space at national and/or sub-national level?</li> </ol>               Please, elaborate and provide examples for both: national and sub-national levels             </li> </ul>	
<ul style="list-style-type: none"> <li>When looking at the Country Programme as a whole, to what extent has the programme used the following strategies to achieve results: a) programming at scale, b) winning support for the cause of children from decision makers, c) developing and leveraging resources and partnerships for children and d) using the power of evidence to drive change?</li> </ul>	
<ul style="list-style-type: none"> <li>To what extent has UNICEF succeeded to ensure gains achieved in the COVID-19 response, including: a) programming at scale in vaccination; 2) social protection, including cash transfers, acceleration of the strengthening of the social workforce and increased investments in areas such as GVB, MHPSS (pls, also add any other areas)?</li> <li>How can these gains be sustained?</li> </ul>	
<ul style="list-style-type: none"> <li>Have there been any missed opportunities? If yes, what were these? Please, elaborate and provide reasons for such situation</li> </ul>	
<ul style="list-style-type: none"> <li>How has your work contributed to achievement of the planned CP outcomes? Please, provide detailed information (and numbers) with regards to this question.</li> </ul>	
<ul style="list-style-type: none"> <li>How appropriate have UNICEF's activities been to achieve the planned CP outcomes? What is missing?</li> </ul> <p>Please, elaborate on each outcome separately.</p>	
<ul style="list-style-type: none"> <li>How appropriate have UNICEF's activities been to contribute to emergency preparedness and humanitarian response?</li> </ul>	
<ul style="list-style-type: none"> <li>What changes can be observed that are attributable to UNICEF's interventions in your sector area (e.g. behavioral changes; institutional changes; policy changes; technical adaptations; tangible socio-economic benefits...)? Please, elaborate</li> </ul>	
<ul style="list-style-type: none"> <li>To what extent have the changes that were generated been sustainable? Have there been any challenges with ensuring the sustainability of the programmes? To what</li> </ul>	

extent are the results owned by beneficiaries? Please, elaborate and provide examples	
<ul style="list-style-type: none"> <li>What are the key enabling and limiting factors (e.g. COVID) that have contributed to the achievement of results and what actions need to be taken to overcome any barriers that limit the progress? Please, elaborate.</li> </ul>	
<ul style="list-style-type: none"> <li>Would the results that you have mentioned above have been impossible for the country without the UNICEF assistance? If so, why? Please, elaborate.</li> </ul>	
<ul style="list-style-type: none"> <li>Are there any gaps or missed opportunities in terms of areas where UNICEF could have contributed more? Please, elaborate.</li> </ul>	
<ul style="list-style-type: none"> <li>What have been unexpected positive/negative results? Why did they happen? Please, elaborate</li> </ul>	
<ul style="list-style-type: none"> <li>How does your Monitoring and Evaluation system look like and how does it help you adjust your activities?</li> </ul>	
<ul style="list-style-type: none"> <li>What specific changes were made by the CO Programmes as a result of the different evaluation recommendations over the 2019-2021 period? Please give concrete examples.</li> </ul>	

Section 4: Programme Organization and Operation	Responses
<ul style="list-style-type: none"> <li>Has there been a restructuring or major change in the organizational set up of your thematic component, in particular during the current CPD cycle? If so, what were its main features?</li> </ul>	
<ul style="list-style-type: none"> <li>Has the current Country Office set-up been the most appropriate to reach the main vulnerable and/or marginalized groups? (pls elaborate your response)?</li> </ul>	
<ul style="list-style-type: none"> <li>What changes in CO's strategy, resources and organization are required?</li> </ul>	
<ul style="list-style-type: none"> <li>Do you think your current organizational structure is effective and responds well to the needs and workload within your thematic component? In what way? Please, elaborate</li> </ul>	
<ul style="list-style-type: none"> <li>What changes in CO's strategy, resources and organization are required towards greater effectiveness of its contributions to the country?</li> </ul>	
<ul style="list-style-type: none"> <li>How would you assess your resource mobilisation strategy? Please, elaborate on your main donors</li> </ul>	
<ul style="list-style-type: none"> <li>Is the Country Programme perceived and managed by the CO as an integrated package of interventions, thrusting in the same direction? Is it designed and does it function as such? Or is it more a collection of disparate/independent interventions, driven by the availability of funding and openness of certain government institutions to cooperation?</li> </ul>	
<ul style="list-style-type: none"> <li>If integration is important, and considered to be the case, how does it work? What are the aspects of the programme that are integrated? What tools/instruments are used to achieve this integration? Please, provide concrete examples using the clusters and projects that make up the programme.</li> </ul>	
<ul style="list-style-type: none"> <li>What is the role of Zonal offices? How are they structured and what are their reporting and coordination lines (vertically – across UNICEF structures; and horizontally)?</li> </ul>	
<ul style="list-style-type: none"> <li>To what extent has UNICEF HQ, or regional office added value, particularly in terms of technical and advisory support towards the achievement of CPD outcomes?</li> </ul>	

Section 5: Coordination/Cooperation with Government Partners, UN Agencies and other development partners	Responses
<ul style="list-style-type: none"> <li>How do you engage with government at national and sub-national level? What is going well? What the bottlenecks?</li> </ul>	

<ul style="list-style-type: none"> <li>• How the UNICEF support in the UNDAF and SERP link with capacity strengthening support to other UN agencies at national and sub-national level?, how this is put in place?</li> </ul>	
<ul style="list-style-type: none"> <li>• Please, provide specific examples of inter-agency coordination or cooperation with other UN Agencies (and Joint projects) that help reduce duplication, generated economies of scale or resulted in development synergies and effective delivery of UNICEF programme?</li> <li>• Any particular difference between the national and sub-national level?</li> </ul>	
<ul style="list-style-type: none"> <li>• To what extent has UNICEF supported the coordination of actors working in development sectors in the country?</li> <li>• To what extent has UNICEF supported the coordination of actors working in emergency preparedness and an appropriate and timely humanitarian response?</li> </ul>	

Section 6: Recommendations	Responses
<ul style="list-style-type: none"> <li>• What are the key working modalities/ strategies/ programmatic foci that the office should retain while keeping their alignment with the 2021-2025 Strategic Plan? Why?</li> </ul>	
<ul style="list-style-type: none"> <li>• What would be the most important changes that UNICEF Cambodia needs to make to align with the 2021-2025 Strategic Plan? Why?</li> </ul>	
<ul style="list-style-type: none"> <li>• Have can UNICEF enhance the office capacity to capitalize on investments and gains from the COVID-19 response?</li> </ul>	

## COMMON INTRODUCTION FOR ALL INTERVIEWS

(This guide shall serve as basis for interviews and discussions with Key informants)

We are an evaluation team commissioned to carry out an evaluation of the UNICEF Cambodia Country Programme 2019-2023, assessing UNICEF's performance in Cambodia across the period between 2019-mid 2022 (CP Evaluation implementation), with the summative perspective of CP Evaluation implementation in the period between 2019-2021, and formative perspective for the period of 2022-onward. The evaluation offers the opportunity to critically assess UNICEF contribution to Cambodia's national efforts to enable all girls and boys, especially those most vulnerable and marginalized, progressively enjoy their rights to survival, care, protection, and participation, and develop to reach their full potential. The evaluation will look at the whole Country Programme and will focus on assessing UNICEF specific contributions, with deeper focus on three key programmatic areas/pillars: 1) Health and Nutrition, 2) Water, Sanitation and Hygiene (WASH), excluding Climate Resilient WASH, and 3) Education. The findings of the evaluation will inform the next Country Programme, by assessing past and ongoing programme implementation, with a formative focus to inform programming of a remainder of CP implementation and the design of the next Country Programme.

We are asking you to participate in the evaluation because you can contribute a relevant and valuable perspective on the functioning of this programme. If you decide to participate, you will be interviewed by members of the evaluation team for a duration of approximately 1 hour.

**Participation is voluntary:** Your participation in the interview is voluntary. You can withdraw from the interview after it has begun, for any reason, with no penalty. Participating or not in the interview will not affect the benefits to the organizations or communities from the UNICEF CP Evaluation.

**Risks and benefits:** This review is designed to help improve the programme by learning from the perspectives of everyone involved. You may not benefit personally from being in this research review. There may be uncommon or previously unknown risks. You should report any problems to [\_\_\_\_\_].

**Confidentiality:** The reports from this and the other meetings will collect and summarize the views and opinions of participants without connecting them to specific individuals and without using names at any time. The ET will retain the names of the interviewees in the event we will need to reach out to you for further questions. However, any report of this research will be presented in a way that makes it as difficult as possible for anyone to determine the identity of individuals participating in the evaluation. Your responses will be kept anonymous in the final results.

If you have any questions, now or at any time in the future, you may call \_\_\_\_\_

Are you willing to be part of this discussion? (verbal response only requested)

Respondent (M/F): \_\_\_\_\_

Respondent Name: \_\_\_\_\_

Title and Function: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Note to evaluation team members ONLY:

The following interview guides are semi-structured, meaning you are not obliged to ask ALL the questions from ALL interviewees. The high level of detail simply enables all team members to be aware of what information the ET is looking for.

Questions should be selected by each interviewer depending on the background and experience of the programme of the person they're speaking with, the answers they provide, and whether they are specific evaluation knowledge gaps that remain to be filled.

Each interview is expected to take approximately 1 hour.



## 1 Semi-structured interview guide: UNICEF CO

[note to interviewer: Please, review the responses to the self-assessment questionnaire ahead of the interview]

### Design/Relevance of the CP

[Note: the purpose of these questions is to build on what is provided at thematic area level to assess the overall CP design and relevance]

- To what extent is the overall CP design in line with relevant national policies, strategies, normative guidance? In your opinion, are there divergences between UNICEF's choices and relevant ministries' priorities and normative guidance? If so, how might this be addressed?
- From your perspective, was UNICEF investing its resources in the right places during this contribution?, to what extent is UNICEF CP strategic positioning in line with the needs and the realization of rights of the main vulnerable and/or marginalized groups?, any difference between the national and sub-national level?
- In your opinion, do the CPD objectives, activities, targeting, and coverage continue to correspond to the context, the priorities of the government, the unmet needs of UNICEF's target groups? How flexible has UNICEF CO been to respond to evolving contexts? Please, provide examples
- To what extent has CPD design (and implementation) ensure consistency of planned actions across thematic areas with the objectives and conditions of achievement / assumptions? What are the measures to ensure consistency and synergies within and across thematic areas/units? Please, provide examples
- Can you explain which were/are the steps taken to enhance the CO capacity to deliver in a convergent approach?, any difference worth mentioning between the capital and sub-zonal offices?
- Are you aware of how UNICEF adapted its approaches and implementing strategies at national and subnational level to the Decentralization and De-concentration (D&D) reform process and interlinked shift in responsibility for implementation and management of service delivery to provincial and district-level authorities?
- Are the emergency preparedness and humanitarian response activities (either the design and interventions (COVID-19 and Floods)) based on an impartial assessment of needs and risk and an understanding of the vulnerabilities and local capacities of different groups affected by crisis?
- How would you assess UNICEF's efforts to establish and nurture complementarities with UN agencies and other development partners? Were these efforts successful? Were partnerships created at national and/or subnational level? If yes, please provide examples. If not, what were the main constraints?

### Results and internal & external factors

[Note: the purpose of these questions is to build on what is provided at thematic area level to assess the overall CP results]

- How useful were the strategies of: a) programming at scale, b) winning support for the cause of children from decision makers, c) developing and leveraging resources and partnerships for children and d) using the power of evidence to drive change? [note to interviewer: skip this question if it was responded extensively in the self-assessment]
- To What extent has UNICEF been able to cumulatively contribute to: a) **systems strengthening at national level**; b) at **sub-national level**; and c) towards the **increase of fiscal space**?; Can you provide examples that illustrates that? What is missing?
- To what extent has UNICEF succeeded to ensure gains achieved in the COVID-19 response, including: a) programming at scale in vaccination; 2) social protection, including cash transfers, acceleration of the strengthening of the social workforce and increased investments in areas such as GVB, MHPSS (pls, also add any other areas)? How can these gains be sustained? [note to interviewer: skip this question if it was responded extensively in the self-assessment]
- What have been the main enabling factors and challenges that UNICEF CO (cumulatively) have faced in making progress? What actions were taken/should be taken to address these? What kind of support have you receive support from RO in handling those challenges?
- What are the main changes in terms of a) government capacity; b) legislative/policy frameworks; c) services and approaches over the CPD period? To what extent has UNICEF contributed to these changes? Any negative developments? Please elaborate.
- What activities did the CO undertake to promote/implement GEWE, equity and protection of beneficiaries? Any innovation?
- Could you indicate the extent to which have programmatic areas of focus in the evaluation (Nutrition, Education and WASH) involved the most marginalized groups (ethnic minorities, children with disabilities, poor households and women)?, how could they be more involved?
- To what extent are the achieved results implemented sustainable? Have you seen concrete changes at policy and institutional levels? Please, provide examples
- In your opinion, what improvements/changes are needed, if any, to improve effectiveness of UNICEF's support systems and mechanisms to best position UNICEF teams for achievement of results?

#### Concluding remarks

- Overall, what in your view have been the strong points/comparative advantage of UNICEF in the Cambodia context (in comparison to other development partners-agencies)?
  - In your opinion, what are the priorities that should be addressed in the future CPD?
  - Any other comments and remarks you would like to make? Any documents you can share?
- Thank you for your time and valuable inputs.

## 2 Semi-structured interview guide: Government institutions (national, provincial, district level)

#### Relevance/design

1. What is your current position and in what ways have you interacted with the UNICEF, back to 2019, when the CP started?
- How long have you been connected to the UNICEF CP that started in 2019?
- Were you or other members of your Ministry/institution and other relevant ministries and institutions (national/regional/district/local level) involved in the design and implementation of UNICEF's CP **[Note to interviewer: prompt programme component that is relevant to the KI]**? If so through which mechanisms? Any suggestions for more/better consultations modalities that UNICEF could undertake for the design and implementation of the next CPD?
- Was the relevant UNICEF's programme component **[Note to interviewer: prompt programme component that is relevant to the KI]** aligned with national policies and national/subnational strategies at the time of its design? What is missing?
- Was the relevant UNICEF's programme component **[Note to interviewer: prompt programme component that is relevant to the KI]** aligned with *UNICEF principles on cross-cutting issues-priorities (such as: equity, human rights, disability, gender equality, climate resilience)*?
- What have been the main changes in the context **[Note to interviewer: prompt COVID, natural disasters, other challenges]** and how has UNICEF responded to them? Is their support still coherent with/supportive to current national policies, strategies and priority interventions and for the Decentralization and De-concentration reform process. If so which?
- Was the choice of regions and districts allowed reaching the most vulnerable groups? Any suggestion for the period ahead?
- What are your main gaps and challenges for which you require advice, tools or training? How do you communicate these needs to UNICEF? Was and in what ways was the choice of modalities of UNICEF assistance been helpful to respond to your capacity strengthening needs? Please provide examples. Is it still relevant? Any suggestions for changes?
- **For sub-national government levels:** Do you observe any overlaps between UNICEF work across different thematic areas in your province/district/community? How does that affect achievement of results? What could be done better?
- How is UNICEF partnering with other UN agencies when designing the programme and/or in the course of implementation? Are these partnerships contributing to achieving results and if so how? Any suggestions for other or different partnerships?
- How is UNICEF's selection of Implementing partners helping provide timely and effective assistance **[Note to interviewer: prompt programme component that is relevant to the KI]**? What are the strengths? Weaknesses?
- To what extent has UNICEF succeeded to provide adequate COVID-19 response, in terms of: a) supporting vaccination; b) social protection, including cash transfers, acceleration of the strengthening of the social workforce; c) increased investments in areas such as GVB, MHPSS (pls, also add any other areas)? Was UNICEF sufficiently flexible in providing support to new/Emerging needs? What was missing? **[note to interviewer: skip this question if interlocutor was not involved in such efforts]**.
- Do you think that UNICEF minimized gaps and overlaps identified in the different areas of the COVID-19 response through coordinated action with you (your departments) and other relevant partners?
- Do you think that UNICEF minimized gaps and overlaps identified in the different areas of the COVID-19 response through coordinated action with you (your departments) and other relevant partners?

#### Implementation/results and factors affecting results

- How is UNICEF faring in terms of timely delivery of relevant interventions and support **[Note to interviewer: prompt programme component that is relevant to the KI]**? What have been main delays and their causes? What could be improved?
- What have been the main achievements of **[Note to interviewer: prompt programme component that is relevant to the KI]** under the current CPD since 2019? and
  - What are the main enabling factors?
  - What are the main constraints and challenges?

**[Note to interviewer: prompt (likely) contribution in 4 areas: About your Department programmatic area, which is?:**

The extent to which UNICEF has contributed to direct delivery of your programmatic area related issues

The extent to which UNICEF has contributed to capacity development at the level of support to institutional level capacities (please compare situation before and after UNICEF support)

The extent to which UNICEF has contributed to capacity development at the level of individuals (please compare situation before and after support)

The extent to which UNICEF has contributed to policy related changes, including provision of data/evidence through studies and pilot initiatives (please compare situation before and after support)]

- What have been the concrete changes at policy and institutional levels that materialized thanks to UNICEF support? Please, provide examples.
- What changes can be observed that are attributable to UNICEF's interventions in your sector area [Note to interviewer: behavioural changes; institutional changes; policy changes; technical adaptations; tangible socio-economic benefits...]? Please, elaborate
- What have been unexpected positive/negative results? If there have been some negative results, what could UNICEF do better to prevent such issues to arise in the future?
- How does UNICEF CO communicate with your institution? How might communication with various stakeholders be improved?

Concluding remarks

- Overall, what in your view have been the strong points/comparative advantage of UNICEF in comparison to other development partners-agencies?
- In your opinion, what are the priorities that should be addressed in the future CPD?
- Any other comments and remarks you would like to make? Any documents you can share?

Thank you for your time and valuable inputs

### 3 Semi-structured interview guide: Implementing partners

1. Thinking back to 2019 when the Country Programme started (or when you first became involved): what are main complementarities between the CP activities and your organisation's/agency's programme (at design stage or later)? How do you ensure that the activities are aligned with UNICEF's vision and approaches?
  - From the perspective of your j project with UNICEF– to what extent is this activity responding to the priorities identified in the relevant national policies and strategies (and if applicable, on those of sub-national development plans)?
  - To what extent does it respond to unmet needs of the most marginalized and vulnerable groups? What activities did the CO undertake to promote/implement GEWE, equity and protection of beneficiaries? Any innovation?
  - How do you and UNICEF ensure that targeting/geographic coverage is appropriate? What is missing? What opportunities exist that have not been explored within UNICEF thematic areas?
  - Was the choice of modalities of UNICEF assistance relevant to needs? Is it still relevant? And any suggestions for changes? [Note to interviewer: prompt modalities that are usually applied within thematic area that is relevant to the KI]
  - In your opinion, how is UNICEF strategically positioned to provide support to the government [Note to interviewer: prompt thematic area that is relevant to the KI]? What is missing?
  - What, in your opinion, is UNICEF's role and comparative advantage in the various activities of the CP? What have been the strengths and weaknesses?
  - How would you assess UNICEF's efforts to establish and nurture complementarities with government, UN agencies and other development partners? Were these efforts successful? Were partnerships created? If yes, please provide examples. If not, what were the main constraints?

Implementation/results and factors affecting results

- What have been the main results that you have achieved together with UNICEF? What factors have influenced positively or negatively the performance of the collaboration?
- What is your assessment about the overall UNICEF's success in meeting its targets set forth in the CPD [Note to interviewer: prompt thematic area that is relevant to the KI]? What were most enabling factors and constraints?
- To what extent are the activities implemented sustainable? Have you seen concrete changes at policy and institutional levels? Please, provide examples.
- How did your organisation and UNICEF address arising needs resulting from the COVID-19 pandemic (e.g., in terms of selection and outreach to beneficiaries, geographical location and support modality, etc.)?
- How do you and UNICEF mainstream gender and equity issues? What are the challenges?
- How does UNICEF CO communicate with its stakeholders? How might communication with various stakeholders be improved?

Concluding remarks

- Overall, what in your view have been the strong points/comparative advantage of UNICEF?
- In your opinion, what are the priorities that should be addressed in the future CPD?
- Any other comments and remarks you would like to make? Any documents you can share?

Thank you for your time and valuable input

## 4 Semi-structured interview guide: UN Agencies and development partners

### Design/Relevance

1. To what extent is the CPD design in line with relevant national policies, strategies, normative guidance? In your opinion, are there divergences between UNICEF's choices and relevant ministries' priorities and normative guidance? If so, how might this be addressed?
- In your opinion, how is UNICEF strategically positioned to provide support to the government [Note to interviewer: prompt thematic area that is relevant to the KI]? What is missing?
- In your opinion, do the objectives, activities, targeting, coverage and support modalities continue to correspond to the context, the priorities of the government, issues and concerns? How flexible has UNICEF been to respond to evolving contexts? Please, provide examples.
- To what extent does UNICEF address unmet needs of the most marginalized and vulnerable affected populations? How does UNICEF integrate equity/equality/vulnerability/disability issues and concerns? What is missing?
- How is the CPD aligned with wider UN [UNDAF] agenda? What is missing
- How would you assess UNICEF's efforts to establish and nurture complementarities with UN agencies and other development partners? Were these efforts successful? Were partnership created? If yes, please provide examples. If not, what were the main constraints?

to each UN Agency: In those areas where both you and UNICEF implemented support - has there been consultation with UNICEF for possible synergies? Are there overlaps? Have there been some missed partnership opportunities?

### Results and internal & external factors

- What in your view have been the results achieved [Note to interviewer: prompt thematic area where KI is engaged; also prompt UNDAF, SDGs/Agenda 2030]? What have been the main enabling factors and challenges that you have faced in making progress?
- To what extent has UNICEF contributed to development of government counterparts' capacity, policies, institutional mechanisms, services [Note to interviewer: prompt thematic area where KI is engaged]? Please provide examples. Is UNICEF strategically positioned to provide such support?
- What has been the level of collaboration with the other UN agencies and relevant humanitarian & development actors [Note to interviewer: prompt thematic area where KI is engaged]? Please give examples of areas of work and type of complementary inputs provided [or not provided] to enhance the CSP implementation and progress towards its objectives/sustainability (as relevant)?
- What have been the main external factors that have had an influence on the CP implementation over the period?
- How does UNICEF CO communicate with its stakeholders? How might communication with various stakeholders be improved?

### Concluding remarks

- Overall, what in your view have been the strong points/comparative advantage of UNICEF?
- In your opinion, what are the priorities that should be addressed in the future CPD?
- Any other comments and remarks you would like to make? Any documents you can share?

Thank you for your time and valuable inputs

## 5 Semi-structured interview guide: Donors

### Relevance/design

1. Thinking back to 2018 (or when you first became involved): are you satisfied with the consultation process in terms of design and implementation of CPD?
- Is UNICEF focusing on the priorities identified in the relevant national policies and strategies (and if applicable, on those of sub-national development plans)?
- Do you think that the UNICEF's targeting/geographic coverage has focused on the most vulnerable groups? Any vulnerable groups being missed/neglected?
- Was the choice of UNICEF implementation strategies relevant to needs? Is it still relevant? and any suggestions for changes?
- Has UNICEF adequately addressed gender empowerment and equality of women and protection of beneficiaries? Any other priority areas and crosscutting issues it should have addressed?
- Has UNICEF sought the right partnerships?
- What opportunities exist that have not been explored? [note to interviewer: in particular in areas such as health and nutrition, WASH, education]

- What, in your opinion, is UNICEF's role and comparative advantage in the various activities of the CPD? What have been the strengths and weaknesses?

Implementation/results and factors affecting results

- Do you have information on the CP implementation? If so, through which mechanism (working group meetings, UNICEF reports, etc.)? Are you satisfied with the information sharing process and with the quality of information received?
- What in your view have been the main output level results achieved *[Note to interviewer: prompt thematic area where KI is engaged]*? What have been the main enabling factors and challenges that UNICEF have faced in making progress? What actions were taken/should be taken to address these?
- To what extent are the achieved results sustainable? Have you seen concrete changes at policy and institutional levels? *[note to interviewer: If donor providing funding only for one activity, target questions to this area]*
- Was UNICEF flexible in responding to arising needs such as those resulting from the COVID-19 pandemic? What have been the main observed results?
- What do you observe as most important a) drivers and b) hindering factors that affected sound programme management?
- In your opinion, what improvements/changes are needed, if any, to improve efficiency of these support systems and mechanisms to best position UNICEF teams for achievement of results?

Concluding remarks

- Going forward, are you considering any future partnerships with UNICEF?
- Overall, what in your view have been the strong points/comparative advantage of UNICEF?
- In your opinion, what are the priorities that should be addressed in the future CPD?
- Any other comments and remarks you would like to make? Any documents you can share?

Thank you for your time and valuable inputs

## 6 Focus Group Guides - CIVIL SOCIETY ORGANISATIONS (CSOs), PARENTS (Schools) and SERVICE PROVIDERS

### 7 (This guide shall serve as basis for all FGDs)

The FGD guide is designed with intention to provide a general framework for discussion and certain level of guidance, but allowing for more open discussion on main issues pertaining specific UNICEF activity the group members are acquainted with. The FGD will have a focus on achievements, challenges, and aspirations, so most discussion will focus around those elements. A single discussion guide has been developed which is to be tailored to each stakeholder group. All notes will be recorded by a note taker and will be analysed in combination at the end of the field phase to determine emergent themes and patterns across the responses.

The facilitator is instructed to phrase/re-phrase the questions as they see fit to make them appropriate for their audiences. Questions can also be omitted if they are not relevant to the group or if they do not seem to be generating good data and insights. The facilitator should only cover a segment if the respondent has sufficient experience or insights to address the segment. Depending on the stakeholder and its knowledge/degree of engagement with the UNICEF interventions, the facilitator should foresee about 1.5 hours on average for each FGD. In light of the need to ensure adequate protection from COVID-19, FGDs should have between 5-7 persons maximum in the group.

At the onset of each FGD, the facilitator will introduce themselves and clarify the purpose of the evaluation, as well as the confidentiality of the group discussion (i.e. when quoting statements, attribution will be made to categories of stakeholders, not individuals or organizations, etc.)

A private place should be provided for the discussion and no officials (UNICEF/partner staff and participants acting in capacity of local leaders) should be in attendance or proximity during the discussions.

#### Introduction to the FGD

We are an evaluation team commissioned to carry out an evaluation of the UNICEF Cambodia Country Programme 2019-2023, assessing UNICEF's performance in Cambodia across the period between 2019-mid 2022 (CP Evaluation implementation), with the summative perspective of CP Evaluation implementation in the period between 2019-2021, and formative perspective for the period of 2022-onward. The evaluation offers the opportunity to critically assess UNICEF contribution to Cambodia's national efforts to enable all girls and boys, especially those most vulnerable and marginalized, progressively enjoy their rights to survival, care, protection, and participation, and develop to reach their full potential. The evaluation will look at the whole Country Programme and will focus on assessing UNICEF specific contributions, with deeper focus on three key programmatic areas/pillars: 1) Health and Nutrition, 2) Water, Sanitation and Hygiene (WASH), excluding Climate Resilient WASH, and 3) Education. The findings of the evaluation will inform the next Country Programme, by assessing past and ongoing programme implementation, with a formative focus to inform programming of a remainder of CP implementation and the design of the next Country Programme.

We are asking you to participate in the evaluation because you can contribute a relevant and valuable perspective on the functioning of this programme. If you decide to participate, you will participate in the FGD for a duration of approximately 1.5 hours.

**Participation is voluntary:** Your participation in the FGD is voluntary. You can withdraw from the FGD after it has begun, for any reason, with no penalty. Participating or not in the FGD will not affect the benefits to the organizations or communities from the UNICEF CP Evaluation.

**Risks and benefits:** This review is designed to help improve the programme by learning from the perspectives of everyone involved. You may not benefit personally from being in this research review. There may be uncommon or previously unknown risks. You should report any problems to [\_\_\_\_\_].

**Confidentiality:** The reports from this and the other meetings will collect and summarize the views and opinions of participants without connecting them to specific individuals and without using names at any time. Any report of this research will be presented in a way that makes it as difficult as possible for anyone to determine the identity of individuals participating in the evaluation. Your responses will be kept anonymous in the final results.

If you have any questions, now or at any time in the future, you may call \_\_\_\_\_

Are you willing to be part of this discussion? (verbal response only requested)

## FGD Guide

Focus Group / Group Discussion with:

Regional Office:

Province:

District:

Site/Commune Name:

Profile ( CSO / Parents-schools / Service Providers)

Number of participants (M/F):.....

Participants Profile	Notes from Facilitator about: the environment, interactions, limitations, etc.

1. Can you explain briefly the contents of the UNICEF support to the (School/Service/Organization) and the roles and responsibilities of (school management and teachers, local officials, and local population) concerned including community contributions (the discussion below will be tailored based on support provided)
2. Can you describe the current relation of UNICEF/Partner with you, and if any thing has changed (either in a positive and/or negative way) since 2019? (*Give example of how it was before and how it changed*).
3. Were the UNICEF/Partner interventions in line with the needs of the (school/Service/Organization) and local community and how were these needs assessed, was the local and/or school authority or the Service, Organization and population consulted in terms of their needs and requirements?
4. Were the interventions in line with other Government of Cambodia-authorities support and / or the support of other development partners to the community and the school ( Service/Organization)?
5. Do you feel that the time, effort and resources invested in your community / school / service / organisation by UNICEF and/or partner makes a meaningful contribution to the residents of the your community? Can you explain why your opinion is either positive or negative?
6. How prepared and flexible was UNICEF/Partner in responding to the COVID-19 challenges and provide support to the most vulnerable without delays?, how do you perceive that support (or lack of) to your (School/Service/Organization)
7. What have been the results of the intervention
  - a) Extent to which UNICEF has contributed to direct delivery of programmatic/area related issues
  - b) Extent to which UNICEF has contributed to capacity development at the level of individuals through training (compare situation before and after support)
  - c) Extent to which UNICEF has contributed to capacity development at the level of support to institutional level capacities (compare situation before and after support)
8. What results have been achieved in terms of equity, gender equality and women's
9. What constraining factors for reaching results can you identify?
10. How could the intervention have been more successful in reaching results?
11. What measures have been put in place to enable accountability to you (Parents, CSO members, Service Providers)?
12. To what extent did partnerships of UNICEF at the local level positively influence the achievement of results? , what could have been done differently?
13. What Do you see as the main lessons learned from UNICEF/Partner support/intervention so far?, what good practices can you identify?
14. What would you wish to be different in the future of a potential UNICEF/Partner support?
15. Any other comment, suggestion, recommendation that you wish to make?

## 8 Site observations

As feasible, a visit of the sites will be organised prior or subsequent to the FGD allowing the evaluation team to visit such site/asset/activity/other. Evaluators will complete the observation checklist (see below) during such visits. The checklist does not contain questions to ask, but only a structure to guide the minimum notes to be archived and later triangulated based on each visit.

Checklist		
1.	Precisely what was shown to you related to this activity?	Process(es): describe Equipment/infrastructure(s): describe
2.	Dynamics: did you see beneficiaries receiving UNICEF services?	Circle: NO   YES à provide details below:
2a	How many beneficiaries?	
2b	Note visible their <u>diversity</u>	Age: Gender: Disability: Ethnicity: Other:
2c	Describe the <u>general atmosphere</u> during the actions: (positive   neutral   negative, but also 'energetic, interested, bored, anxious', etc.)	
3.	Visible "hardware": comment on appropriateness of... (use: adequate, inadequate and explain)	Locale/spacing: Exposure to environment/weather: Equipment/infrastructure/materials: Sustainability measures
4.	Positives: what are the main <i>positive</i> take-aways from the visit?	
5.	Concerns: what are the main <i>challenges</i> you take-away from the visit?	
6.	Other comments/observations	



## Annex 8. UNICEF's Convergence

UNICEF's Cambodia country assistance components outlined in the CP were designed to have stand-alone results, though the review of some interventions shows cross-sector contribution in the achievement of certain key child indicators. The lack of a common theory of change presents an obstacle to integration or system thinking and convergent approaches. UNICEF's sectoral interventions are very wide and include a range of activities and interactions at central level and in certain targeted regions (provinces, districts and communities). Even in cases where different UNICEF's sector interventions are implemented in the same district or area, they do not necessarily converge and as per evaluation findings the happen in silos. Analysis of available data also shows that the majority of sector interventions are only implemented in a reduced number of provinces and districts. Analysis shows that, in localities where more than one sectoral activity does happen, this is more due to geographical "coincidence", and not a result of efforts to converge. However, there are also purposeful convergence designs, like expanded multi-sectoral collaboration for nutrition, routine programming for IECD, school nutrition, adolescents, and nutrition-sensitive social protection. In 2021, Integrated Early Childhood Development (IECD) was a key area for programme convergence. The IECD task force made progress in promoting a nurturing, caring and efficient delivery of IECD services to the most vulnerable children, with a special focus on the Northeast Provinces.

The evaluation has evidenced cross-sector synergies or interactions, as exemplified in paragraphs below. One of the successes has been UNICEF's ability to leverage COVID-19 strategic partnerships and resources (such as from DFAT), to strengthen the organisation's cross-sectoral capacities and role in the areas of T4D and C4D, which go beyond benefiting only the COVID-19 health response, but are used to strengthen UNICEF's broader, routine programming for children across multiple sectors. However, and with the exception of C4D-SBCC and the new emerging Climate Programming (under the WASH lead), cross-component interactions happened rather as bilateral (section to section) activity or as interventions to seize openings in terms of government priorities, needs or interests rather than as a result of systematic higher level planning.

Document review and stakeholder interviews showed that COVID-19 provided an opportunity for increased convergence, through strong UNICEF-led COVID-19 risk communication and community engagement efforts. The social listening and monitoring platforms that were developed within these efforts presented an opportunity to promote wider issues affecting children, as strongly corroborated by external stakeholders (government at national and subnational level, development partners, CSOs and communities). Besides, T4D-Health interaction relating to digital health/immunisation, training of health workers and SBCC, as well as SBCC-Health and Nutrition (in support to demand generation for health services as well as nurturing care, including key MIYCN practices) were found to be promising convergence points. T4D and C4D-SBCC (both very much funded with Health COVID-19 related additional funds) are considered by UNICEF stakeholders as innovative multi-sectoral approaches, which have the potential to boost convergences further in the upcoming period.

There is evidence of UNICEF's efforts to establish a convergence framework through integrating policy and financing for children programme components, which aimed at contributing to the reduction in multidimensional poverty through advocacy for results-based financing for children across sectors. Document review and stakeholder feedback confirmed that UNICEF's engagement on issues of financing for children has promoted convergence and presented an integrated theme spanning social, child protection, and education. Evaluation also found examples of synergies between Education and Child protection; and Education and WASH. For instance, promotion of safe and protective learning environments from pre-schools to junior secondary schools as well as teacher training in CP and positive discipline (including adopting classroom and school management practices tied to positive forms of discipline to help protect children and help them to learn), as well as working at school level and with the life skills curriculum targeting younger adolescents (10-14 years of age). Interaction

between education and WASH helped upgrade physical school environments through the provision of clean water<sup>262</sup> and latrines, as well as support to MHM in schools.

Synergies between Child Protection, Social Inclusion and Governance interventions were evidenced at national and provincial level. The focus of such efforts was on advocating for adequate budgetary allocations to the Child Protection sector and advocacy to bring violence against children and unnecessary family separation on the public agenda. Such efforts helped generate dialogue and making the issue increasingly visible and politically important, as also confirmed by interviewed stakeholders.

Intersections between the Child protection and Health were noted when it comes to rollout the Clinical Handbook for Health Practitioners on the Identification and Treatment of Children Subjected to Violence. Besides, efforts were invested to collect routine data on the health system response to violence against children; and Education programme to scale-up the Positive Discipline programme and to rollout the Child Protection policy in schools.

In the area of Social Policy, the joint efforts were invested in support to the development of the national conditional cash transfer (CCT) programme for low-income families (pregnant women and young children 0-2,<sup>263</sup> known as “first 1,000 days”). It consists of three stages, entailing the possibility that eligible women can receive payments over the first 1,000 days after certain conditions are met (upon completion of each of the 15 maternal and child health (MCH) and wellness visits (at least four prenatal check-ups; childbirth at a health care facility, two post-natal care visits, monthly growth monitoring and promotion for children under two years, etc.). This CCT has contributed to a striking increased visits to health facilities for these key MCH programmes (more detailed under section 5.4 of this report), opening up the potential for further expansion to other interventions that need a more integrated and comprehensive approach to programming.

Some stakeholders noted that more investment in cash transfer modalities and social protection schemes could have also complemented SBCC and WASH and Nutrition sensitive joint programming to better address the immediate underlying causes of under nutrition and the extremely weak SAM indicators (also very much linked to barriers for health seeking care and access to services). Such efforts rolled out in 2022 under the Framework for Action for the UN Global Action Plan on Child Wasting (GAP), more developed under External Convergence). Cash transfers also increased access to child protection and other social services.

Furthermore, technical partnerships were deepened on WASH, health and nutrition in the framework of the joint actions in Health and WASH in health facilities, and Nutrition and WASH-sensitive activities, as schools were increasingly mapping and improving their WASH facilities. As mentioned by UNICEF team, the existence of a national led coordination sub-working group on WASH and Nutrition facilitates the convergence and integration of activities as part of the country nutrition-sensitive WASH services planning. WASH contributed to the joint IECD workplan with focus on supporting modelling and scaling up of WASH improvements package in preschools and supporting modelling and scaling up of WASH improvements in health centres. In IECD, good progress was made in the nurturing care parenting, provincial ECCD plan.

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<sup>262</sup> Note: children are usually requested to bring their own 0,5 l. of safe water per day (provided at home). At schools, the current approach is the provision of clean water, not of safe drinking water.

<sup>263</sup> National Conditional Cash Transfer Program for Pregnant Women and Young Children.

The CP review conducted in 2021 was used as an opportunity to reemphasise UNICEF's convergence ambition. In particular, the need for convergence of efforts through a life cycle approach was emphasised in UNICEF's realigned approaches as an avenue to maximize impact, i.e., through focus on Integrated Early Childhood Development for the first decade of life and ADAP for the second decade. To operationalise this strategic direction, UNICEF empowered the Kratie zonal office to drive and coordinate IECD programs in the North East, in close liaison with all sections. Within this framework, a joint workplan/framework for IECD was designed to steer joint planning, implementation, monitoring, and resource mobilization for IECD. At the same time, the leadership over the ADAP programme implementation was committed to the Siem Reap Zonal office, with similar operational linkages with the CO in Phnom Penh. IECD and ADAP interventions were also discussed and steered through IECD and ADAP Task Forces (with TORs and M&E frameworks). UNICEF interlocutors noted that these efforts have helped to coordinate joint efforts, though they are not sufficient to substantially boost convergence, at least in short to medium term. The most recent Generation Future pilot implemented by the Communications department was considered by some UNICEF stakeholders as a new opening for cross-cutting collaboration. However, this is just one of UNICEF's multiple youth related initiatives, including the Generation Future, ADAP, life skills programme, youth engagement on climate, child protection and environment issues, youth employability, etc. Document review findings, corroborated by stakeholder interviews, show that each of these gather and support diverse youth groups, but without genuine interaction between them. This leads to multiplication of efforts and resources, and general fragmentation of offers, diminishing transformational potential.

Evaluation mapped a number of challenges hinder convergence, notably:

- Lack of UNICEF's definition or joint CO understanding and agreement of what convergence means in UNICEF. Stakeholder interviews with UNICEF teams reveal that unclear understanding or definition of what convergence means in terms of UNICEF's work, which leaves it open to interpretation. Some UNICEF stakeholders considered it as an artificial construction and not sufficiently thought through in terms of specific common goals towards a given population.
- Convergence is considered not to be a response for everything by UNICEF interlocutors. Interviewed UNICEF CO and RO stakeholders noted that some areas (from a technical perspective) do not necessarily need to converge, which presents an important entry for a debate on what areas present convergence potential to help prioritise which ones should be/not be invested in. Such debate still has not been initiated.
- Both IECD or ADAP are vertically set. Document review and as corroborated by stakeholder interviews reveals that Zonal offices implement their respective programmes in isolation from each other and with limited human resources, with interventions focused almost entirely on their respective region. This hinders the outreach, efficiency and potential for substantial convergence. Besides, evaluation found that Zonal Offices are still not fully empowered and capacitated to lead and implement ADAP and IECD respectively, as tasks added to already huge portfolios of persons who are assigned to follow these portfolios (since before 2021 review). The lack of exclusively dedicated staff at CO and suboptimal level of empowerment of Zonal office leads present a challenge going ahead.

## Annex 9. UNICEF's Chair and Co-Chair Role in UNCT Bodies

Box 1: UNICEF's Chair and Co-Chair Role in UNCT Bodies:

UNICEF is co-chair of RG1

UNICEF is the chair of PSEA task team

UNICEF is the chair of UNCG

UNICEF is the co-lead of the Education, WASH and Protection (three sectors) of HRF

UNICEF is the chair of Social Protection accelerator

Govt-UN JWG: Education and rural water supply

Member of:

RG 3, 4, and 5

Member of Gender Theme group, HR theme group, etc

CCA task team

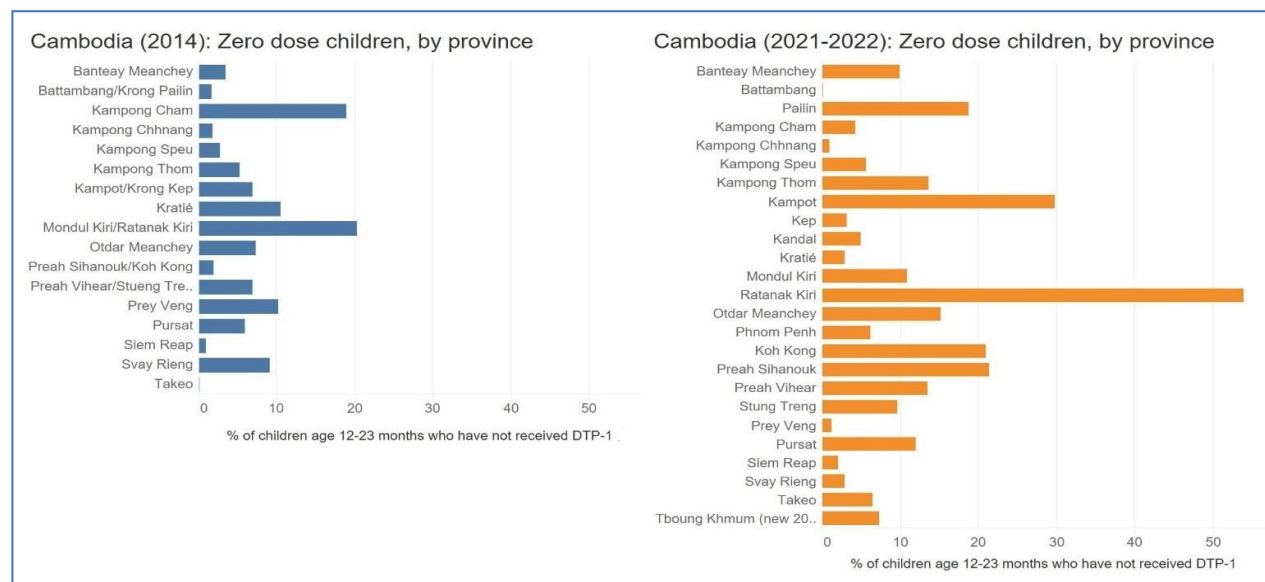
UNICEF Participates in the following government led WGs and TF

WASH-Rural WASH TWG

Education- UNICEF co-chairs with the minister of Education the Joint Technical Working Group (JTWG) in Education composed of key MoEYS departments and development partners, UN, multi-bilateral organizations and CSOs

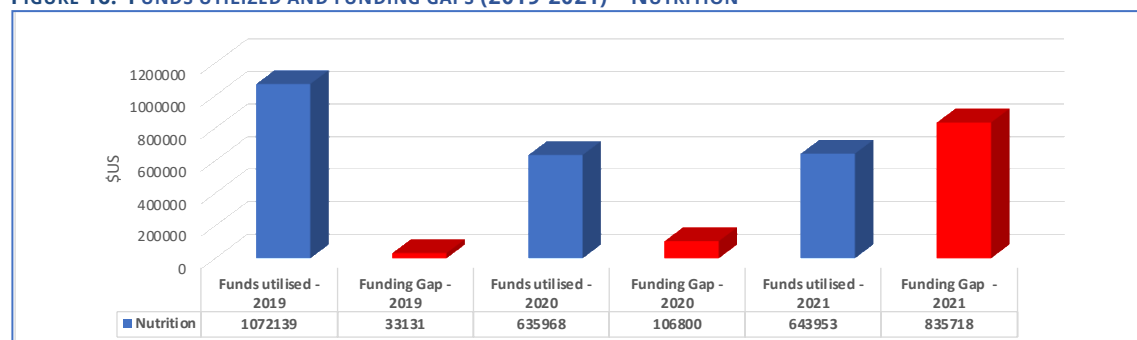
## Annex 10. Health and Nutrition Tables / Charts

**FIGURE 15: COMPARISON OF 'ZERO-DOSE' DTP CHILDREN IN CAMBODIA BY PROVINCE (2014–21)**



Source: UNICEF Health Section, based on CDHS 2021-2022 data

**FIGURE 16: FUNDS UTILIZED AND FUNDING GAPS (2019-2021) – NUTRITION**



Source: xxxxxxxx

272.

273. Wasting in Cambodia

274. Wasting in children is the life-threatening result of poor nutrient intake and/or disease. As per global evidence,<sup>264</sup> children suffering from wasting have weakened immunity, are susceptible to long-term developmental delays and face an increased risk of death, particularly when wasting is severe. These children require urgent treatment and care to survive. The prevalence of wasting nationally

<sup>264</sup> Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates, Key findings of the 2021 edition, May 2021, <https://www.who.int/publications/i/item/9789240025257>, accessed 6 October 2022.

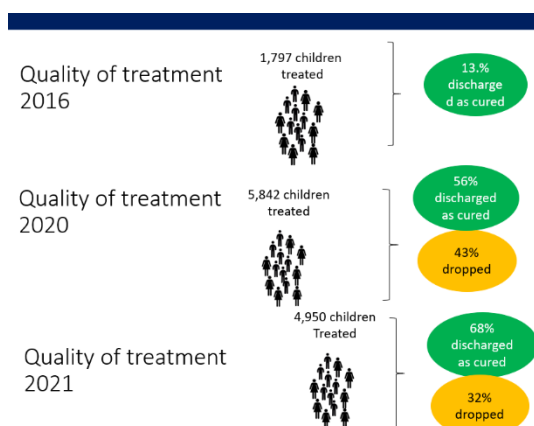
was 10 percent in 2014 (according to the DHS survey); the 2021-22 survey indicates that wasting rates have remained at 10 percent nationally, although with striking increases in prevalence in Kampong Chhnang (from 11 percent in 2014 to 30 percent in 2021-22), Mondul Kiri and Ratanakiri (from eight percent to 14 percent and 15 percent respectively) and Siem Reap (from 10 percent to 13 percent). Table 4 presents this provincial breakdown.

**TABLE 1: DISTRIBUTION OF WASTING BY PROVINCE AND PREVALENCE THRESHOLD, CAMBODIA 2021-22**

Wasting (weight-for-height <-2 Standard Deviations)				
Very low <2.5%	Low 2.5 to <5%	Medium 5 to <10%		High 10 to <15%
(none)	Kratie (3%)	Banteay Meanchey (9%) Battambang (9%) Kampong Cham (7%) Kampong Thom (9%) Kampot (9.6%) Oddar Meanchey (7%) Pailin (7%)	Phnom Penh (6%) Preah Sihanouk (6%) Preah Vihear (7%) Prey Veng (7%) Pursat (9%) Stung Treng (8%) Takeo (6%)	Kampong Speu (11%) Kandal (10%) Koh Kong (10%) Mondul Kiri (14%) Ratanak Kiri (14.9%) Siem Reap (13%) Svay Rieng (10%) Tboung Khmum (13%)
				Kampong Chhnang (30%) Kep (22%)

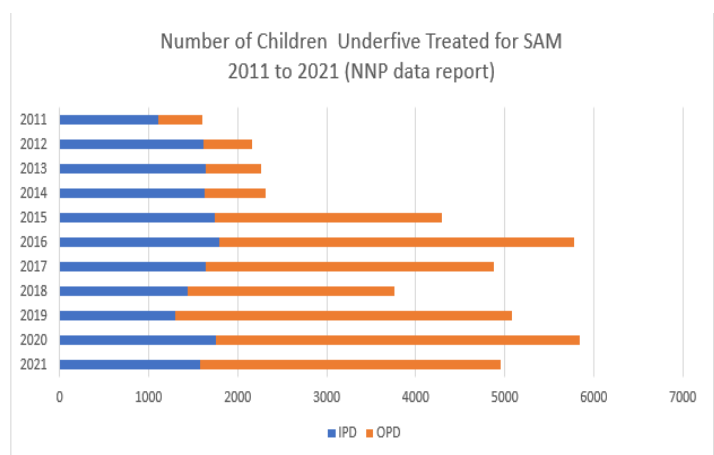
Source: xxxxxxxxxx (using WHO cut-off values)

Figure 3: Quality of treatment 2016-2021



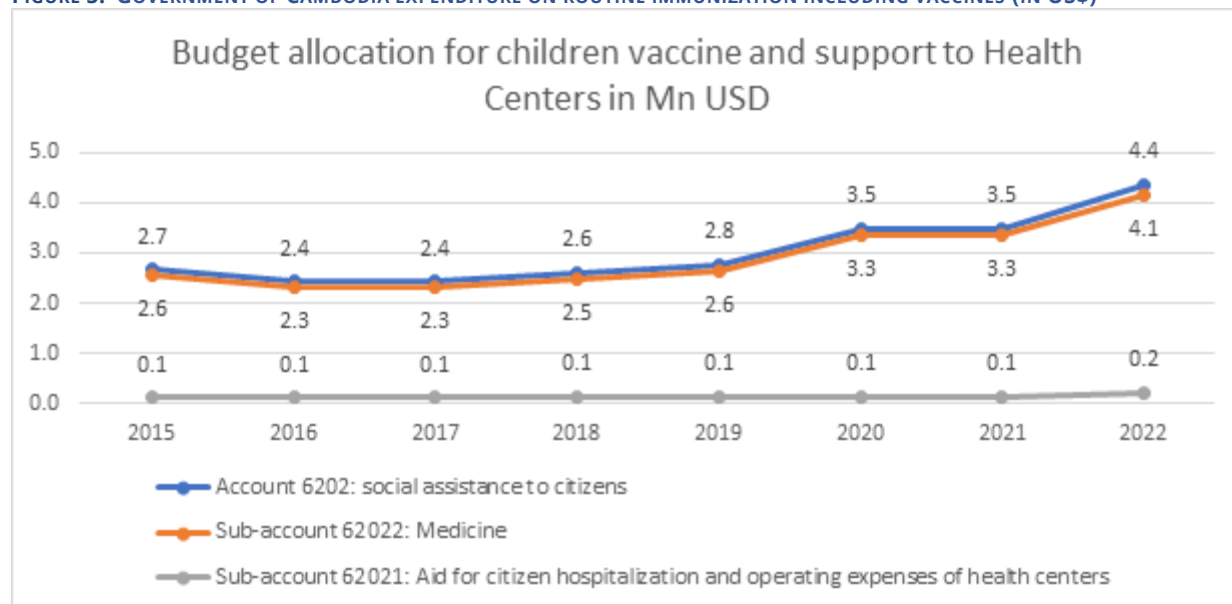
Source: UNDAF 2021

Figure 4: Children under five treated for SAM



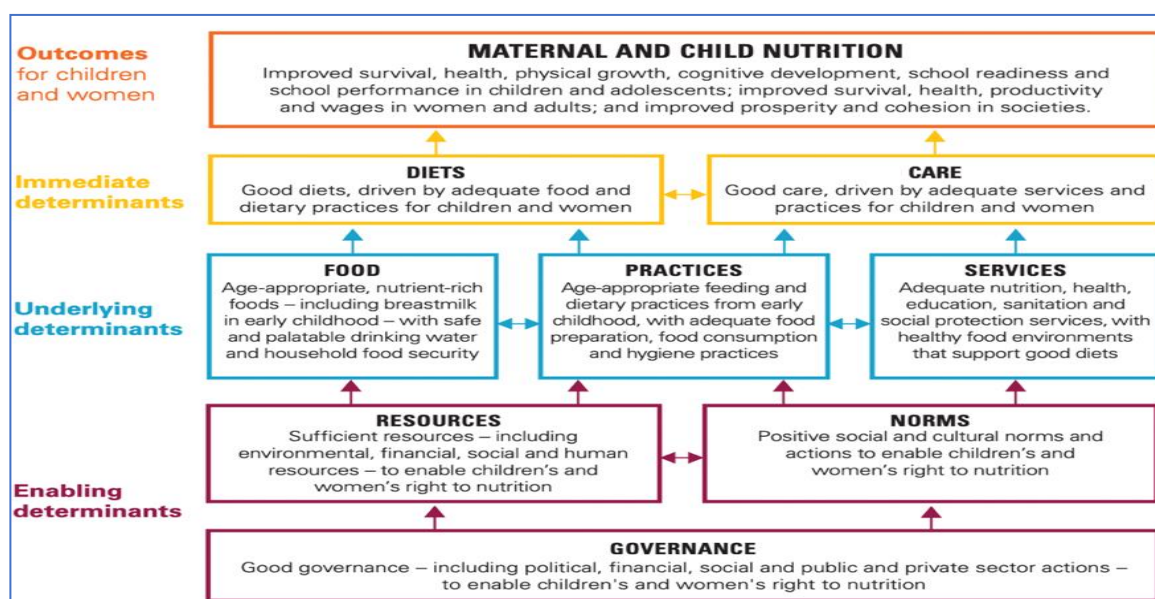
Source: UNDAF 2021

**FIGURE 5: GOVERNMENT OF CAMBODIA EXPENDITURE ON ROUTINE IMMUNIZATION INCLUDING VACCINES (IN US\$)**



Source: Gavi 2020 multi-stakeholder dialogue: Immunization planning in the context of COVID-19, February 2020

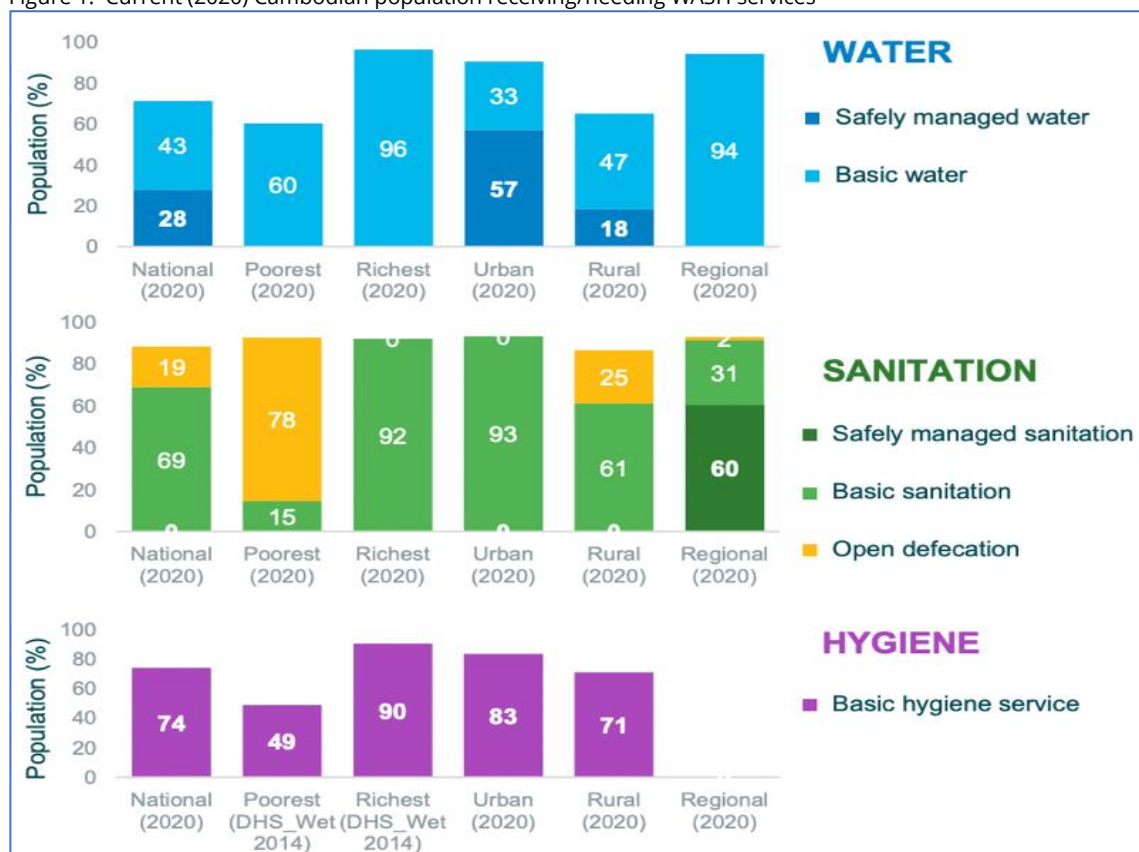
**FIGURE 6: CONCEPTUAL FRAMEWORK ON THE DETERMINANTS OF MATERNAL AND CHILD NUTRITION, 2020**



Source: UNICEF

## Annex 11: Population Receiving WASH Services

Figure 1: Current (2020) Cambodian population receiving/needing WASH services

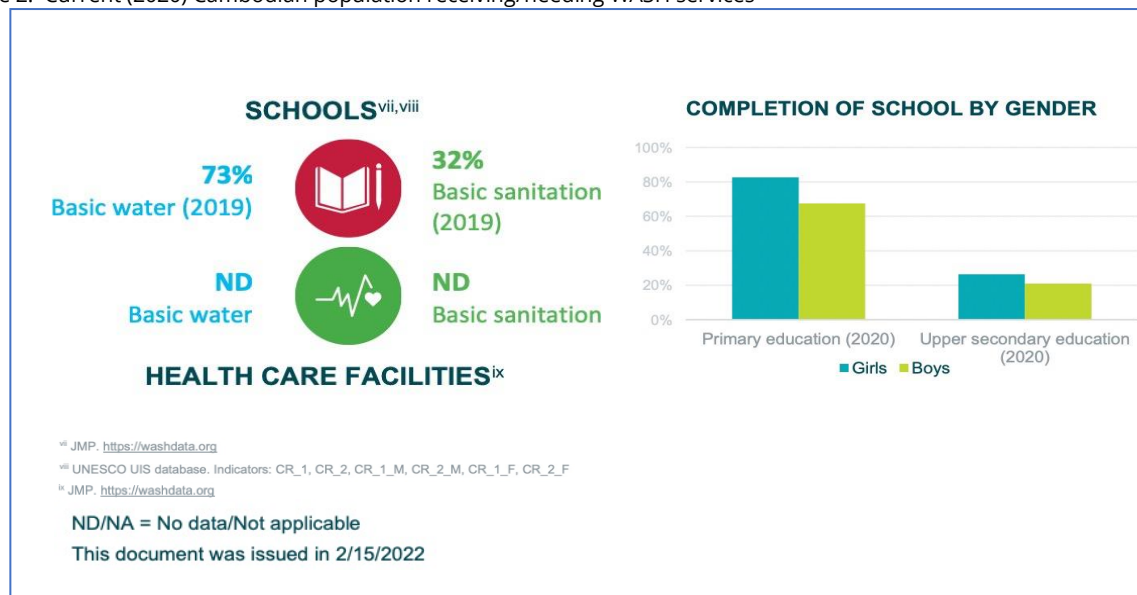


Source: Sanitation and Water for All, Cambodia Country Overview 2020<sup>265</sup>

<sup>265</sup> [https://www.sanitationandwaterforall.org/sites/default/files/2022-04/SWA\\_Profile\\_Cambodia\\_en.pdf](https://www.sanitationandwaterforall.org/sites/default/files/2022-04/SWA_Profile_Cambodia_en.pdf), accessed 12.10.22



Figure 2: Current (2020) Cambodian population receiving/needing WASH services



Source: Sanitation and Water for All, Cambodia Country Overview 2020<sup>266</sup>

<sup>266</sup> [https://www.sanitationandwaterforall.org/sites/default/files/2022-04/SWA\\_Profile\\_Cambodia\\_en.pdf](https://www.sanitationandwaterforall.org/sites/default/files/2022-04/SWA_Profile_Cambodia_en.pdf)

## Annex 12: Summary of Education Results Delivered Under Output 1 and Output 2

TABLE 1. DELIVERED RESULTS UNDER OUTPUT 1

Intervention area	Governance	Enhanced Competences	Programmes, manuals	Services
<b>Sectoral planning</b>	Education Strategic Plan (and ESP MTR),  ESP Multi-year implementation plan.	Sub-national education officials' capacity around results-based planning and budgeting increased  Sub-national planning and budgeting (AOPs)		
<b>Scholarships</b>	Scholarship transition strategy <sup>267</sup>  Legislative documents to governance the scholarship program: <ul style="list-style-type: none"><li>• Equity Focus Scholarship Framework</li><li>• Scholarship Transition Strategy</li><li>• Scholarship Operational Manual for PED and GSED</li></ul>	Building the capacity of scholarship Management Committees at all levels (national, provincial, district and school level)	Revised secondary education scholarship manual  Revised primary scholarship manual  Linkages between scholarships and wider social protection programmes	National scholarships programme
<b>Teacher development</b>	Continuous Professional Development  The Teacher Career Pathway	Preschool and regional teacher training centers (TTCs) capacities	A pre-service teacher training curriculum on intellectual disabilities and autism developed in order to expand specializations at NISE.  Revised teacher education curricula at pre-primary, primary and lower secondary education	
<b>Teacher educator development</b>	Formulation of teacher educator professional standards for pre, primary and lower secondary teacher	20 teacher educators enrolled in a Master of Education Programme at Royal University of Phnom Penh and 5 teacher educators at Queensland University	Out of the 11 in-service professional development courses for teacher educators, 7 courses have been completed and 4 courses are being developed	4 regional teacher training centres and 1 preschool teacher training centre equipped with ICT equipment

<sup>267</sup> The strategy helps ensure a smoother transition of scholarship students from primary to secondary and increasing the number of scholarship recipients.

Intervention area	Governance	Enhanced Competences	Programmes, manuals	Services
	training institutes underway	of Technology, Australia		
	Revised preservice teacher training curriculum framework for pre, primary and lower secondary teacher training underway			
<b>Capacity Development</b>	Capacity Development Master Plan 2020-2024  MoEYS' functional review	MoEYS capacity around personnel management and development	Teacher capacity development handbooks  Revised job descriptions, job specifications, and departmental summaries  MoEYS Leadership course	
<b>Exams / assessments (some activities also under Output 2)</b>	Support to the MoEYS to develop student proficiency standards for grade 9	District monitoring teams capacity  EQAD capacity	SEA-PLM results and dissemination  G6 NLA learning loss report	
<b>ECCD</b>	Costing of the National Action Plan for ECCD 2019-2023			
<b>MLE</b>	Operational guideline for the establishment of a MLE pre-service teacher training course at Regional Teacher Training Center in Stung Treng Province			
<b>Inclusive education</b>	Classroom-based assessment guideline for the SEA-PLM			
<b>COVID19</b>	COVID19 National Education Response Plan	Utilization of alternative working modalities; promotion of safe practices	Study on education sector resilience  Study on school block grant  Home Learning Package (HLP) provided to all G1 and G2 students and teachers across the country (c 760,000 packages)	UNICEF's grants to schools (safe reopening of schools)  Remedial learning package  Over 1,000 videos and worksheets uploaded on MoEYS's e-learning portal (available in minority languages; Cambodian Sign Language).

Intervention area	Governance	Enhanced Competences	Programmes, manuals	Services
<b>Gender</b>	MoEYS gender audit  Gender Mainstreaming Action Plan (2020-2024)  Revision of gender-specific policies and guidelines	Training for Gender focal points and leads in MoEYS (Gender Working Group) – with ILO-ITC	MoEYS leadership course (focus on sub-national female leadership)	
<b>Data</b>	Trends analysis (to guide ESP MTR)  EMIS Master Plan 2019-2023	Capacity to upgrade/utilize data	Inclusion of climate change indicators  Improved data in EMIS	
<b>HRMIS</b>	Produce high-quality data and use it for personnel management purposes	Capacity building to all teacher training centers (NIE, TECs, PPTC and RTTC) and provincial and district office of educations on the HRMIS data management system.	HRMIS Strategic Plan 2020-2023	

**TABLE 2. DELIVERED RESULTS UNDER OUTPUT 2**

Areas	AREA OF INTERVENTION	OUTPUT LEVEL RESULTS		
<i>ECE</i>	Quality early childhood education (ECE) services in rural communities	Enhanced community preschool infrastructure	Basic learning materials were provided to 400 CPS in north-eastern provinces	As of 2021, 1250 CPS have fulfilled MoEYS minimum quality standards
<i>ECD</i>	ECCD national action plan endorsed by June 2022			
<i>MLE</i>	Multilingual education expansion to improve learning outcomes among ethnic minority children Campaigns	354 primary and preschool teachers, across the north-eastern provinces were trained as MLE teachers Story books including hygiene messages to prevent the spread of COVID19 were distributed to all 3,064 CPS nationwide.	7,094 ethnic minority boys and girls are enrolled in MLE classes.  distribution of 1,640 radios to ethnic minority households which helped children continue learning at home during school closure through radio education programmes broadcast in minority languages	

<i>IE FOR cwd</i>	Quality learning for children with disabilities	UNICEF and MoEYS adopted a blended learning approach to deliver inclusive education training for teachers	749 (310 girls and 439 boys) children were enrolled in six special education schools in 2021.	Since 2019, 60 teachers have graduated from the special diploma course on teaching for students with visual and hearing difficulties offered by the National Institute for Special Education (NISE). and been deployed to schools
<i>Scholarship for indigenous children</i>	The scholarship programme for indigenous ethnic minority students (supporting students with financial challenges to complete upper secondary education)	In 2021, UNICEF supported 240 vulnerable indigenous students (127 girls) from 23 upper secondary schools	Four teacher training centres were supported	Within the period 2018-2021, support was provided to 1,708 students (878 girls)
<i>positive discipline</i>	School-based positive discipline programme aimed at eliminating gender-based violence in schools	429,300 boys and girls benefitting from support	12,043 teachers and school directors in 1,431 schools trained	
<i>life skills</i>	Life skills education	In-service teacher training on social emotional learning (SEL)	Integration of the local life skills education into the national curriculum framework resulting in 15% of schools in Cambodia implement life skills education promoting the development of 21st century skills including self-directed learning (i.e. in five provinces and 150 schools)	
<i>accelerated learning</i>	MoEYS' accelerated learning programme	Enrolment of primary schools in seven remote provinces into the accelerated learning programme to help children to overcome learning loss		

## Annex 13: Lists of Persons Interviewed

### UNICEF INTERVIEWS

Stakeholders	Role
Foroogh Foyouzat	UNICEF Representative
Anirban Chatterjee	UNICEF Deputy Rep Programme Effectiveness (M&E, Cross Cutting Child Rights)
Samuel Treglown Santepheap Heng Sopharo Oum Soriya Thun Sokcheng Un	WASH Manager WASH Specialist, Output 1 manager WASH Specialist, Output 2 manager WASH Specialist, Output 3 manager WASH Officer
Hiroyouki Hattori Sopheha Nhonh Channra Chum Kezang Deki  Linda Jonsson	Chief of Education National Focal Point ECD Education Specialist, Output 2 manager Education Specialist, Teacher Development Team lead, Office disability focal point Education Specialist, Output 1 manager, Office gender focal point
Rudina Vojvoda Savy Bou	Chief of Communications C4D Specialist
Vibol Chea	Social Policy
Hedy Ip	Health and Nutrition Specialist
Erna Ribar	Chief Social Policy and Public Finance for Children
Benjamin Wildfire Kanha Chen, Saky Lim	Child Protection Specialist Child Protection Officer PME Officer
Annie Nut Sophorn Som	UNICEF Zonal Office Staff
Ponlok Leng Navie Kieng	Two Health-Nut Zonal Office staff (North East)
Asoka Saegusa	Regional Chief of Planning, Monitoring and Evaluation
Roland Kupka	Regional Office WASH, Health and Nutrition Advisers

### NATIONAL GOVERNMENT

H.E. Nath Bunroeun H.E. Lim Sothea	<i>Ministry of Education, Youth and Sport (MoEYS)</i>
Dr Yung Kunthearith	<i>Ministry of Education, Youth, and Sports (MoEYS)</i> The School Health Department (SHD)
Mr. Ngor Penglong	<i>Ministry of Education, Youth and Sport</i> Director, Teacher Training Department
Dr. Seng Set	Director, Phnom Penh Teacher Education College, MoEYS
H.E. Khiev Bory H.E. Sam Heng Boros H.E. Yeap Malyno	<i>Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY)</i> Secretary of State Director of Dept of Welfare Persons with Disability, Dir of Dept of Youth Rehabilitation, Dept of Anti Human Trafficking
Mr. Men Sitha	<i>Ministry of Interior (MoI)</i> Deputy General Dept. of Admin

Dr. Koy Virya Dr. Kim Rattana Dr Chea Mary	<i>Ministry of Health (MoH)</i> Directorate General for health National Maternal and Child Health Center Programme Manager
H.E. Tan Sokchea H.E. Hort Peng	<i>MIST</i> Director General, General Department of Potable Water Director General, General Directorial of Small, Medium Enterprises and Handicraft
H.E. Chreay Pom Dr. Lon Sayteng Mr. Srin Poutthy Mr. Khonn Lido	Director General of Technical Affairs Director of Department of Rural Health Care Director of Department of Rural Water Supply Deputy Director of Rural Health
H.E. Dr. Chan Narith Mr. Lay Sokkheang H.E. Hav Ratanak Dr. Dy Sovann	Secretary General of National Social Protection Council Director of Budget Formulation RGC Delegate in Charge of Director General of General Department of Budget Deputy Director General of Sub-national Administration Finance
H.E. Prak Samoeun	<i>Ministry of Interior</i> Director General, General Department of Administration,
H.E. Ung Luyna	<i>Supreme National Economic Council</i> Member
H.E. Hou Samith H.E. Nhean Sohetra	<i>Ministry of Women's Affairs</i> Deputy General Director Director Dept of Women and Education
H.E. Sok Silo Excellency Dr. Say Ung,	<i>Council of Agriculture and Rural Development (CARD)</i> Secretary General Director of FSN and Health, CARD
Ms. Tan Sodany	<i>Ministry of Post and Telecommunication</i> Director of ICT policy Department
Sreng Sophorn	Department of Social Assistance
Mr. Men Sithy	Department of Education and Youths.
Bo Sophorn	<i>Cambodian National Council for Children</i> General Secretariat

#### UN AGENCIES

Pauline Tamesis	Resident Coordinator
Dr. Ailan Li	WHO
Sonali Dayaratne	UNDP
Claire Anne Conan Camilla PEDERSEN	WFP <i>UN Nutrition Network Technical lead</i>
Golden Mulilo	UNFPA
Sardar Umar Alam Danilo Padilla (Education Specialist)	UNESCO
Tun Sophorn	ILO
Rebekah Bell Russell Lean	FAO

<b>DONORS</b>	
Phyrum Kov Mr. Chan Virak Anne Marie Provo	The World Bank Water and Sanitation specialist Water Resource Specialist Nutrition Specialist CNP focal
Ms. Jyotsana Varma Anthony Robert Gill	Asian Development Bank (ADB) Country Director
Bryan Fornary Ms Flora Bertizzolo	EU Head of Cooperation of the EU Delegation Education attaché
Dr Guenter Rithmacher Sanne Sigh	GIZ Advisor for the Multisectorial Food and Nutrition Security (MUSEFO)
Camilla Ottoson	Swedish Embassy First Secretary and Education Specialist/ SIDA
Caitlyn McElroy Marc Bonnenfant	USAID
Ms. Tokugawa Shiori	JICA (focal point persons for CP and health) Education Program lead
<b>CSO</b>	
Mar Sophal	NGO Forum
Jan Noorlander	Care International in Cambodia
Mr Rada Chor	Humanity and Inclusion Disability inclusion and accessibility Specialist
Tucknott Bryn, Mr. Sean Kosal	RTI: Inclusive Education, Early grade learning Prog Director Program director for Inclusive Education
Mr. Leng Vireak	World Vision International Operations Director & Chief of Party Senior WASH Specialist
Hang Hybunna	Plan International Head of Program, Partnership and Impact
Mr. Chat Sophiep	Water Aid Country Director
Dr. Sok Pun	Catholic Relief Services (CRS) Head of Programme
NOP Polin	DanChurchAid (DCA) Programme Coordinator
Sopheng	Cambodia Youth Association (KYA) Program manager
Lim Minh	Cambodian Water Supply Association Executive Director
Chan Theary	Reproductive and Child Health Allia RACHA Executive Director
Yan Lay	Child rights Coalition Cambodia Executive Director



**COMMUNITY LEVEL INTERVIEWS**

	Position	Sector	Location
Mr. Koam Vuthy	Chief of Primary Education Department	Education	Ratanak Kiri
Ms. Un Sam Oeun	Vice-Chief of Early Childhood Education	Education	Ratanak Kiri
Sem Chamreoun	Director	Education	Banlung
Dr. Nhem Sophy	Director	Health & Nutrition	Banlung
Ms. Ket Kolyong	Chief of MCH	Health & Nutrition	Banlung
Mr. Eam Oeun	Director	WASH	Ratanak Kiri
Mr. Sim Sidean	Deputy Director	WASH	Ratanak Kiri
	Deputy Director	WASH	Ratanak Kiri
	Chief of Community Development Department	WASH	Ratanak Kiri
	Chief of Water Supply Department	WASH	Ratanak Kiri
	Officer	WASH	Ratanak Kiri
Dr. Kong Veng	Deputy Director	Health & Nutrition	Ratanak Kiri
Ms. Keo Sunty	Chief of MCH	Health & Nutrition	Ratanak Kiri
Mr. Sorn Borin	Deputy Director of Poy Health Center	Health & Nutrition	Ou Chum
	Administrator	Health & Nutrition	Ou Chum
Mr. Khoeum Makara	School Director	Education	Ou Chum
	DWCC Member	Child Protection	Ou Chum
	Commune Chief	WASH & Child Protection	Ou Chum
Mr. Samtang Moeun	Commune Council	WASH & Child Protection	Ou Chum
	Commune Council	WASH & Child Protection	Ou Chum
	Commune Council	WASH & Child Protection	Ou Chum
	Commune Council	WASH & Child Protection	Ou Chum
Mr. Lay Bora	Director	Education	Kratie
Ms. Pin Phal	Chief of Early Childhood Education	Education	Kratie
Dr. Ngy Bunlen	Director	Health & Nutrition	Kratie
Ms. Pech Seima	Chief of MCH	Health & Nutrition	Kratie
	Officer	Health & Nutrition	Kratie
Mr. Im Phearith	Director	Health & Nutrition	Kratie
Mr. Tuon Nget	Director	Education	Snuol
	Director	Education	Snuol
Mr. Ouch Sophan	Parent/Guardian	Education	Snuol
Ms. Sreang Kumpheak	Teacher	Education	Chetr Borei
Mr. Chhom Chhoy	Commune Chief	Education	Chetr Borei
Ms. Phun Mom	Commune Women and Children Committee	Education	Chetr Borei
Mr. Iv Narong	Deputy District Governor (WASH Focal Point)	WASH	Chetr Borei
Ms. Sem Chanthou	Director of Dar Health Center	Health & Nutrition	Chetr Borei
	Parent/Guardian	Health & Nutrition	Chetr Borei
Ms. Em Phallamony	Deputy Provincial Governor (Provincial Women and Children Committee)	Child Protection	Siemreap
Mr. Ly Bunna	Director	Education	Siemreap
	Deputy Director	Education	Siemreap
	Chief of Secondary Education	Education	Siemreap
	Vice-Chief of Youth Education	Education	Siemreap
	Chief of Primary Education	Education	Siemreap
	Chief of Early Childhood Education	Education	Siemreap
Sour Vanncy	Director	Education	Siemreap
	Deputy Director	Education	Siemreap

	Officer	Education	Siemreap
	Officer	Education	Siemreap
	Deputy Director	Education	Siemreap
	Officer	Education	Siemreap
	Officer	Education	Siemreap
Ms. Pav Sinan	Director	Education	Siemreap
	Parent/Guardian	Education	Siemreap
	DWCC Director	Social Protection	Thma Kaul
	Head of Social Affair Office	Social Protection	Thma Kaul
	Parent/Guardian	Education	Thma Kaul
	Director	Education	Thma Kaul
	Deputy Director	Education	Thma Kaul
	Officer	Education	Thma Kaul
Ms. Meas Phearun	Deputy Director	Education	Battambang
	Head of Secondary School Office	Education	Battambang
Mr. Kim Sea	Officer of Primary School Office	Education	Battambang
	Officer of Planning Office	Education	Battambang
	Officer of Kindergarten Office	Education	Battambang
Mr. Men Sothy	Head of Primary Education Office	Education	Phnom Penh
Ms. Hok Sath	Director	Education	Phnom Penh
Mr. Kong Sokoma	Deputy Director	Education	Phnom Penh
	Parent/Guardian	Education	Phnom Penh
Lor Virith	Director	Education	Takeo
Chhil Sithan	Chief of Primary Education	Education	Takeo
	Vice-Chief of Secondary Education	Education	Takeo
	Chief of School Health	Education	Takeo
	Chief of Planning	Education	Takeo
	Chief of Early Childhood Education	Education	Takeo
	Deputy Director	Education	Samrourng
	Officer	Education	Samrourng
Mr. Chum Sarin	Officer	Education	Samrourng
Mr. In Sovann	Director	Education	Samrourng
Mr. Van Vin	Life Skill Teacher	Education	Samrourng
Mr. Long Heng	Director	Education	Borey Cholsar
	Director	Education	Borey Cholsar
	Parent/Guardian	Education	Borey Cholsar

## Annex 14. Ethical Clearance



### Research Ethics Approval

7 July 2022

Zehra Kacapor-Dzihic, Team Leader  
Konterra Group  
700 12th St NW Ste 700  
Washington, DC 20005

RE: Ethics Review Board findings for: *Evaluation of the UNICEF Cambodia Country Programme 2019-2023* (HML IRB Review #579CAMB22)

Dear Zehra Kacapor-Dzihic,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 24 June – 07 July 2022. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ☐ ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- ☐ conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- ☐ promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- ☐ notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH  
Chair & Human Subjects Protections Director, HML IRB

cc: Erisa Pereira, Koorosh Raffii, Juanita Vasquez Escallon, Catalina Salazar Silva, Zehra Kacapor-Dzihic, Penelope Lantz

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