

15 July 2010

United Nations Children's Fund

Executive Board

Revised country programme document

Cambodia (2011-2015)

Summary

The draft country programme document (CPD) for Cambodia (E/ICEF/2010/P/L.7) was presented to the Executive Board for discussion and comments at its annual session 2010 (1-4 June). The Executive Board approved the aggregate indicative budget of \$32,530,000 from regular resources, subject to the availability of funds, and \$75,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2011 to 2015.

In accordance with Executive Board decision 2006/19, the present document was revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the annual session. The revised CPD is presented to the Executive Board for approval at the second regular session 2010.

<i>Basic data</i> [†] (2008, unless otherwise stated)	
Child population (millions, under 18 years)	6.1
U5MR (per 1,000 live births)	90
Underweight (% , moderate and severe)	28
Maternal mortality ratio (per 100,000 live births)	470
Primary school enrolment (% net, male/female)	91/87
Survival rate to last primary grade (%)	55
Use of improved drinking water sources (%)	65
Use of improved sanitation facilities (%)	28
Adult HIV prevalence rate (%)	0.8
Child labour (% , children 5-14 years old)	45
GNI per capita (US\$)	600
One-year-olds immunized with DPT3 (%)	91
One-year-olds immunized against measles (%)	89

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

Summary of the situation of children and women

1. Cambodia has one of the youngest populations in Southeast Asia, with 41 per cent of its population of 13.4 million under the age of 18 and more than a third between the ages of 10 and 24 years (2008 census). The rate of birth registration (64.4 per cent) varies greatly according to wealth and geographic location.

2. From 1997 to 2008, Cambodia's economic growth rate was second in Asia only to that of China, but this period also saw growing income inequality. While latest poverty measurements show continued improvement, with rates dropping to 30 per cent in 2007, the World Bank estimates that poverty has risen by 1-4 per cent in 2008-2009, as a result of the impact of the global economic crisis.

3. The Government's decentralization and deconcentration reform is making steady progress, including institutionalization of women and children's consultative committees. Based on the Cambodia gender assessment done in 2008, the Government's five-year strategic plan for gender equality (*Neary Rattanak III*, 2009-2013) provides a framework to address prevailing gender disparities.

4. Cambodia's combined second and third periodic report to the Committee on the Rights of the Child was submitted in March 2009. Many of the concluding observations on the first report, considered in 2000, have been addressed. However, recommendations to allocate budgets for the social sectors to the maximum extent of available resources and to increase human and financial resources for the Cambodian National Council for Children remain valid.

5. A recent analysis of the Cambodia Millennium Development Goals (CMDGs) highlights good progress towards Goals 4, 6 and 9, while Goals 1 and 3 are realizable with additional effort. Goals 2, 5 and 7 were rated off track and

unachievable. While the exclusive breastfeeding rate (66 per cent) is one of the highest in Asia, and iodized salt usage is over 70 per cent, progress in other key nutrition indicators since 2005 has halted or advanced only little. A 2008 national anthropometric survey showed significant increases in the rate of acute malnutrition among poor urban children, from 9.6 per cent in 2005 to 15.9 per cent in 2008.

6. Recent census data (2008) show that the infant mortality rate dropped to 60 per 1,000 live births in 2008, down from 66 per 1,000 live births in 2005, indicating that Cambodia is on track to meet the target of 50 per 1,000 live births in 2015. Despite this progress, child mortality in Cambodia remains among the highest in Asia, and future progress depends on the country's ability to tackle neonatal mortality. The census indicated no change over the past decade in the maternal mortality ratio.

7. The National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases presently estimates adult HIV prevalence at 0.7 per cent, down from 3 per cent in 1997 and already surpassing the CMDG target of 1.8 per cent. The HIV epidemic is concentrated among higher-risk, largely young populations, and an increasing proportion of women are becoming infected as a result of spousal transmission.

8. The 2008 census showed the ratio of literate females to males in the 15-24 year age group at 95.7 per cent, indicating great progress. The education management information system (EMIS) in 2008 indicated that, despite progress, the ratio of girls to boys in both primary and secondary schools is still lagging, at between 72.9 per cent and 90.2 per cent, most acutely in remote areas with ethnic minorities. Goal 2 is off track mainly due to the ambitious target of achieving nine-year primary *and* lower secondary education. Though EMIS shows primary net enrolment for 2008 surpassing 94 per cent, high rates of over-age enrolment and repetition have led to a lower secondary net enrolment ratio of just 33.9 per cent.

9. The 2008 census showed rural access to an improved source of drinking water at 41 per cent and rural access to improved sanitation at 23 per cent. Goal 7 targets of 50 per cent and 30 per cent, respectively, are thus within reach.

10. The Cambodia mine victims information system shows mine casualties have dropped to 243 in 2009, from 1,691 in 1993, on track to meet the CMDG 9 target.

11. The 2008 census indicated 1.6 million children aged 5-17 years are working. Increased internal and external migration puts many children at risk. There is an increase in the number of children living in institutional care, while the majority of the 11,000 children living in some 220 institutions have at least one living parent or other close relatives. Social attitudes and cultural beliefs lead to children experiencing violence and abuse at home, school and in institutions. Gender-based violence remains a significant concern, and 65 per cent of offences reported to the specialized police department relate to sexual abuse. Currently, 700 children live in prisons or youth rehabilitation centres. Children in contact with the law as victims, witnesses and offenders have limited access to justice.

Key results and lessons learned from previous cooperation, 2006-2010

Key results achieved

12. **Child survival and development.** The programme made significant contributions to increasing immunization coverage, exclusive breastfeeding and antenatal care utilization. Between 2005 and 2008, the proportion of children receiving the third dose of diphtheria-pertussis-tetanus and measles vaccines increased from 82 per cent to 91 per cent and from 79 per cent to 89 per cent, respectively. The number of reported measles cases decreased considerably, and since 2000, the country has maintained its polio-free status. UNICEF support to tetanus supplemental immunization contributed to potential certification of maternal and neonatal tetanus elimination in 2011. Partnership in the Second Health Sector Support Programme, a sector-wide approach, has led to a 63 per cent increase in allocations to maternal, newborn and child health in 2009, as compared to 2008, with a further 10 per cent increase foreseen in 2010 annual operational plans. Contributing approximately \$550,000 to pooled funds, UNICEF leveraged more than \$3 million to sustain and expand critical child survival interventions.

13. A mix of sustained media, interpersonal communication and community mobilization contributed to increases in exclusive breastfeeding rates, from 11 per cent in 2005 to 66 per cent in 2008. Similarly, in 2009, nationwide coverage of antenatal care increased by 8 per cent, and by 19 per cent in six UNICEF-supported provinces. The programme was instrumental in expanding integrated management of childhood illness to all health centres in the six focus provinces and for introducing infant and young feeding and maternal and newborn care packages. These are being taken to scale through the Second Health Sector Support Programme. UNICEF technical leadership within this partnership for newborn and child health, nutrition, communication and community-level interventions has been crucial to achieving results at greater scale.

14. **Local governance for child rights.** Programme evaluations and studies show that commune councils and commune committees for women and children (CCWCs) supported by UNICEF have successfully modelled potential decentralized functions related to improving access, performance and oversight of primary health care, early childhood development, primary education, protection, and water and sanitation services. As a result, the Government rolled out CCWCs nationwide and established statutory women and children consultative committees at other levels of local government. UNICEF-supported communes have also demonstrated capacity in data use, planning and reporting, and leveraging resources for social provision through the decentralized planning and budgeting system. Documentation of this experience has influenced formulation of the National Programme for Sub-national Democratic Development, and, in recognition, the Government has asked UNICEF to co-facilitate the dialogue on devolution of functions to commune, district and provincial councils.

15. **Water, sanitation and hygiene (WASH).** UNICEF cooperation and advocacy contributed to positioning rural WASH as a specific sector for priority national attention, and in 2007 the Prime Minister approved the establishment of a dedicated technical working group tasked with defining the sector strategy. In the six UNICEF-supported provinces, the target for rural water supply of 55 per cent has been reached, and all primary schools have access to improved water sources and sanitation facilities, while approximately 20 per cent of 4,140 villages have implemented the community-led total sanitation approach; 50 per cent of these have declared open-defecation-free status. At least 10 non-governmental organizations (NGOs) have adopted the strategy in their programming. Recognizing Cambodia's

innovative experience, the Institute of Development Studies hosted its first Asia-Pacific workshop on rural sanitation in Cambodia in November 2009.

16. **Expanded basic education.** Through UNICEF support to the Planning Department of the Ministry of Education, Youth and Sports, working mechanisms were established to improve coordination and policy dialogue between the Ministry and development partners, which is bearing fruit in government-led formulation of the third education strategic plan. UNICEF-supported child-friendly schools (CFS) and community preschool initiatives were brought to scale through the CFS policy and master plan and national inter-ministerial early childhood care and development policy. Successful implementation of UNICEF-supported pilots on multi-grade teaching and school readiness programmes led to their inclusion into the CFS policy. Additionally, the national policy and master plan on education for children with disabilities and guidelines on implementation of education for indigenous children in highland provinces demonstrate the success of UNICEF-supported pilots focused on reaching most disadvantaged populations. A study showed that officials in supported provinces focused school visits on improving teaching practices rather than administrative procedures, demonstrating positive attitudinal and behavioural change. Achievements in implementing 936 community and home-based preschools, reaching 12 per cent of three- to five-year-olds in six focus provinces, include positive early developmental outcomes for participating children, increased right-age enrolment in primary schools, and enhanced community participation and ownership.

17. **HIV/AIDS prevention and care.** With 35 per cent of Cambodia's 251 prevention of mother-to-child transmission sites supported by UNICEF, the proportion of women receiving anti-retroviral therapy or prophylaxis increased from 4 per cent in 2005 to 31.2 per cent by June 2009. Meanwhile, with UNICEF supporting establishment of 62 per cent of the country's 29 paediatric treatment sites, the number of children aged 0-14 years living with HIV receiving treatment or care more than doubled, from 2,220 to 5,072. Resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria will sustain this progress from 2011 onwards. Supporting primary prevention, the life-skills programme was evaluated before being rolled out by the Government to selected primary schools in 14 of Cambodia's 24 provinces. Targeted prevention efforts with young people engaging in high-risk behaviours reached over 6,100 drug users, including 1,824 females, in the Phnom Penh area. In partnership with provincial Departments of Cult and Religion and NGOs, 13,886 adults and 2,209 children affected by AIDS were reached with spiritual and material support in half the provinces.

18. **Child protection.** The programme supported passage of core legislation on inter-country adoption, domestic violence, human trafficking and sexual exploitation, and a draft law on juvenile justice is under finalization. Policies, procedures and minimum standards were developed on alternative care, child justice and victim protection. In 2007, the Government adopted a national plan of action on orphans and vulnerable children (OVC) and established national and provincial multi-sectoral OVC task forces, strengthening child-sensitive impact mitigation efforts and its partnership with the United Nations and NGOs. A national committee to lead suppression of human trafficking, smuggling, labour and sexual exploitation of women and children and an inter-ministerial child justice working group were established in 2009. The capacities of over 6,100 government social workers, law enforcement and justice staff were enhanced on child protection, child-friendly and

gender-sensitive procedures. Improved protection and reintegration services were provided to approximately 7,100 child victims of abuse, violence and exploitation. A combined mine action strategy was developed and the mine action management information system was strengthened. Mine risk education reached over two million men, women and children.

Lessons learned

19. The midterm review, conducted in October 2008, concluded that the country programme was on track against most of the 49 expected outputs. However, the approach has overemphasized direct accountabilities for quantitative targets, leading to achievement of the CMDGs and other development goals, at the expense of qualitative results that facilitate national processes for the advancement of children's rights. To an extent, this imbalance has been implicitly addressed in implementation, with strong emphasis on facilitating national ownership and leadership in a number of sectors and working to facilitate important reforms, such as subnational democratic development. It is addressed more formally in this new country programme design.

20. A number of programmes have developed wider partnerships within sector-wide and other programme-based approaches. These have produced enhanced results through improved coherence, harmonization and alignment with government-led sector strategies. They have also provided opportunities to leverage much greater resource pools for the benefit of programmes for children. With strong government commitment to implement the Paris Declaration on Aid Effectiveness, UNICEF cooperation must continue to demonstrate more consistent, predictable and productive partnerships in sector policy dialogue and systems strengthening.

21. The focus-province approach adopted in the current country programme, covering six of Cambodia's 24 provinces, was successful in garnering field experience and conducting pilots that have positively impacted national policy. However, an internal analysis found that higher levels of vulnerability were mostly found in provinces other than those selected. Moreover, pockets of acute poverty, vulnerability and disparity occur throughout the country at levels below that of the province, and further analysis found many instances where the benefits of UNICEF support have been limited to these focus provinces. The historical presence of UNICEF programme staff in provincial government offices has also led to a degree of capacity substitution. It is thus time to move on from this approach to one of addressing the plight of vulnerable children on a nationwide basis, focusing on real geographic and other areas of disparity and leveraging productive partnerships to greater scale and effect.

The country programme, 2011-2015

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Maternal, newborn and child health and nutrition	5 500	19 000	24 500
Water, sanitation and hygiene	2 500	10 000	12 500
Basic education	5 000	15 000	20 000
Child protection	3 500	15 000	18 500
Local governance for child rights	5 000	10 000	15 000
Policy, advocacy and communication	5 500	5 000	10 500
Cross-sectoral costs	5 530	1 000	6 530
Total	32 530	75 000	107 530

Preparation process

22. Country programme preparation, led by the Ministry of Planning in coordination with the Council for the Development of Cambodia, built on recommendations from the midterm review, as well as issues identified by the situation analysis, and was guided by the simultaneous elaboration of the United Nations Development Assistance Framework (UNDAF) 2011-2015. This included analysis of the comparative advantage of United Nations agencies, a gender evaluation of the current UNDAF and the common country assessment. Consultations were held during the process with civil society, development partners and the United Nations youth advisory panel.

Programme components results and strategies

23. The overall purpose of this country programme is to advance the realization of children's rights by contributing to accelerated progress towards achievement of the CMDGs, with equity. Programme component results are presented below. Intermediate results will be further defined in workplans allowing for flexible focus and adaptation to emerging opportunities throughout the five-year cycle.

24. The country programme reflects UNICEF-specific contributions to sector strategies, strengthening subnational capacities, and individual, family and community practices. The programme will contribute to development of a child-focused social protection system and strengthening of policy and governance for children. Gender and other equity issues will be addressed on a nationwide basis across sectors and populations.

25. The programme seeks to strengthen service delivery primarily through leverage of policy and partnerships focused on achievement of agreed results, demonstrating how systems work for children, facilitating participation and empowerment, and nurturing national ownership and mutual accountability. Support to capacity development, based on analyses of capacity gaps, will be central to the programme: people's capacity to articulate and claim their rights; national and subnational government capacity to respect, protect and fulfil rights; and civil society's capacity to facilitate enhanced participation and accountability.

26. Reflecting the nationwide character of the country programme but maintaining a UNICEF presence on the ground, a feature much valued by both government and development partners, it is proposed to relocate staff positions presently assigned to six focus provinces to five zone offices in Battambang, Kampong Cham, Phnom Penh, Preah Sihanouk and Siem Reap.

27. Across the country programme, regular resources will be used for advocacy, core capacity development, assurance of critical UNICEF staff functions and for strengthening sector partnerships, including contributions to pooled funding mechanisms. Other resources will allow for expanded capacity development, operational research and extended staff deployment.

Relationship to national priorities and the UNDAF

28. The country programme is fully aligned with the CMDGs and the National Strategic Development Plan (NSDP), 2009-2013, as well as with relevant sector plans and major national reform programmes. The Government requested the United Nations system to prepare an UNDAF covering 2011-2015, so that its midterm review would coincide with formulation of the new NSDP, and signed the UNDAF on 26 January 2010. This programme reflects UNICEF contribution to four of the five UNDAF outcome areas: health and education, gender, governance, and social protection.

Relationship to international priorities

29. The country programme is guided by the Convention on the Rights of the Child, to which Cambodia acceded in 1992 and which is enshrined in the Constitution, the Convention on the Elimination of All Forms of Discrimination against Women, and other human rights treaties. Objectives and strategic approaches are consistent with the Millennium Declaration, the Millennium Development Goals and with the Government's commitment to the principles of the Paris Declaration on Aid Effectiveness.

30. Programme component results correspond to all five focus areas of the UNICEF medium-term strategic plan, 2006-2013.

Programme components

31. **Maternal, newborn and child health and nutrition.** This programme component will contribute to the Second Health Sector Support Programme, supporting national and subnational capacity to achieve Goals 1, 4, 5 and 6 through an enhanced policy environment, increased coverage of an integrated package of services, and improved practices by individuals, families and communities. Programme component results are the following:

(a) Improved national and subnational capacity to increase availability, accessibility and utilization of quality maternal, newborn and child health services. To address the high burden of maternal and newborn deaths, this component will support improvements in antenatal, delivery and postpartum care at facility level and roll out community care of mothers and newborns. Major child survival activities include support to new vaccines introduction, strengthening of pneumonia case management and expansion of diarrhoea treatment with zinc.

(b) Increased coverage of evidence-based nutrition interventions to prevent and treat malnutrition in women of reproductive age and children under five. This component will promote optimal infant and young child feeding practices, emphasizing adequate complementary feeding while continuing breastfeeding promotion. A national system for management of acute malnutrition will be established. Prevention of anaemia and other micronutrient deficiencies in children and women will be addressed through multiple micronutrient supplementation and fortification.

(c) Strengthened multidisciplinary health sector response in HIV prevention, treatment, care and support services to women and children. This component will support expansion of prevention of parent-to-child transmission in line with national targets and improved quality of care for children living with HIV. This will include expanded counselling of male partners of identified HIV-positive women.

32. Underpinning pursuit of these results, principally in partnership with the Second Health Sector Support Programme, UNICEF will support improved sector-strategic and operational planning, community participation, appropriate decentralization and deconcentration of functions, and emergency preparedness and response.

33. Programme coordination will be assured through existing technical working groups (TWGs) established by the Government: TWG Health, led by the Ministry of Health, co-facilitated by the World Health Organization; TWG Food Security and Nutrition, led by the Council for Agriculture and Rural Development, co-facilitated by the World Food Programme; and TWG HIV/AIDS, led by the National AIDS Authority, co-facilitated by the United Nations Educational, Scientific and Cultural Organization (UNESCO). In addition to UNICEF, partners in the Second Health Sector Support Programme include Agence Française de Développement, Australian Agency for International Development, Belgian Technical Cooperation, United Kingdom Department for International Development, the United Nations Population Fund and the World Bank.

34. **Water, sanitation and hygiene.** The component will support the national strategy for rural water supply, sanitation and hygiene (RWSSH), with emphasis on the unreached among rural communities. It will operate within government schemes and seek to leverage these and other resources to scale up decentralized WASH approaches. Programme component results are:

(a) Communities practise key hygiene behaviours. Building on experience and lessons learned from the community-led total sanitation and participatory hygiene approaches and advocacy with CCWCs, this component will promote hand washing with soap, using toilets and drinking safe water.

(b) Communities, schools and health centres have access to sustainable technologies for safe water, sanitation and hygiene. This component will promote water safety planning, community-based water quality monitoring and maintenance, and household water treatment. It will support improved access to water, sanitation and hygiene facilities for schools and health centres, particularly those utilized by vulnerable groups, as well as settlements in remote and disaster-prone areas.

(c) The Ministry of Rural Development and concerned subnational government agencies are able to lead, coordinate, facilitate, monitor and evaluate the national strategies on RWSSH and arsenic mitigation. Together with partners,

this component will support capacity development, including climate risk assessments, advocate an increase in resources for the WASH sector, and facilitate development of a sector programme-based approach.

35. Programme coordination will be assured through the TWG RWSSH, led by the Ministry of Rural Development and co-facilitated by the World Bank. Other major partners include the Ministry of Health, the Ministry of Education, Youth and Sports, the Asian Development Bank and local and international NGOs.

36. **Basic education.** The component will contribute to the education strategic plan (ESP), focusing on vulnerable groups to reduce disparities with regard to developmental readiness for right-age entry into school, survival through last primary grade and transition to lower secondary education. Programme component results are:

(a) Early childhood education (ECE) professionals at national and subnational levels are able to plan, coordinate and guide the provision of high-quality ECE programmes. Building on successful pilots, this component will scale up early learning for girls and boys aged below six years, including children with disabilities and ethnic minorities, and their transition to primary schooling.

(b) Strengthened capacities at national and subnational levels to deliver inclusive basic education services. This component addresses survival through primary school and transition into lower secondary school, increasing chances of all children to complete the full nine-year cycle of basic education. Further support to the CFS master plan will be provided to government training and monitoring teams at district level to create support networks and environments conducive to teacher development, with increased focus on community engagement.

(c) Strengthened capacities at national and subnational levels to plan and manage implementation of the ESP. This component will support institutional and individual capacity development for strategic and evidence-based planning at national and subnational levels, including local governance, with a view to long-term sustainability of the education system built on equity.

37. Programme coordination will be assured through the TWG Education, led by the Ministry of Education, Youth and Sports, co-facilitated by UNICEF. UNICEF support will be combined with that of the European Union and the Swedish International Development Agency through a programme-based approach, with strong collaboration of the World Bank and UNESCO.

38. **Child protection.** The component will focus on strengthening systems to protect vulnerable girls, boys, women and families, including children with disabilities and those affected by AIDS, and will address social norms to enhance the protective role of families and communities. Programme component results are:

(a) A child- and gender-sensitive social welfare system is well advanced towards delivery of increasingly accessible services for vulnerable children and families. This component will strengthen core functions of the Ministry of Social Affairs, Veterans and Youth Rehabilitation to regulate, oversee and monitor child welfare.

(b) A child and gender-sensitive justice system for children in contact with the law that complies with international standards is well advanced and increasingly accessed by children. This component will strengthen law enforcement, judicial and

social welfare institutions at national and provincial levels to effectively collaborate to deliver and monitor integrated services for children in contact with the law, including access to legal aid, social services, and expanded community-based and other diversion measures.

(c) Communities, families and at-risk children have protective knowledge and skills that reduce their vulnerability and stigmatization. This component will work to establish subnational structures and mechanisms of service coordination, delivery and referral for vulnerable children and families. Evidence from innovative models will inform strategic communication to counter violence, abuse and stigmatization.

39. Programme coordination will be assured through existing mechanisms established by the Ministry of Social Affairs, Veterans and Youth Rehabilitation, the Ministry of Justice and the Ministry of Interior, including the national OVC task force. Strong collaboration will be maintained with the Office of the United Nations High Commissioner for Human Rights and local and international NGOs.

40. **Local governance for child rights.** This component, known under the name *Seth Koma*, supports the ten-year National Programme for Sub-national Democratic Development, 2010-2019, which aims to provide more responsive and accountable services to the people through decentralized governance structures and deconcentrated functions of line ministries. Programme component results are:

(a) Women and child consultative committees (WCCCs) are able to influence development plans and budgets so that they are evidence-based, child- and gender-sensitive and linked to sector policies. This component will seek to expand successful capacity development of CCWCs both laterally in scaling up nationwide and vertically to the new WCCCs at district and province levels.

(b) Subnational government and communities have the means and capacity to monitor and partner with service providers to minimize risk, vulnerability and poverty. This component will seek to take to nationwide scale combined vulnerability mapping by local councils and service providers, such as health centres and schools, with a view to enhance social protection measures at the local level.

(c) The National Committee on Sub-national Democratic Development (NCDD) and line ministries utilize the experience and lessons learned from subnational governments on modelling functions to inform their decision-making on the assignment of functions. This component will facilitate dialogue and operational research among the NCDD secretariat and social sector ministries to help common planning of devolution of functions to lower levels of government.

41. Programme coordination will be assured through the NCDD and the TWG Decentralization and Deconcentration, led by the Ministry of Interior, co-facilitated by the World Bank and UNICEF (for the United Nations system).

42. **Policy, advocacy and communication.** The component will contribute to strengthened national systems of analysis and planning across sectors, leading notably to the creation of a comprehensive package of social protection measures for the poorest families and children. This will also be the locus for attention to significant cross-cutting issues, such as gender and adolescence. Programme component results are:

(a) National and subnational government and partners engage in quality research and analysis, together with rights-holders, leading to evidence-based policy making and reforms. This component will focus on capture of evidence from field

experience and its packaging, both to influence policy and planning and to promote appropriate knowledge, attitudes and behaviour.

(b) National policy dialogue and formulation in the areas relevant to children's rights are based on policy impact and budget analysis and backed by adequate resources. This component will support country-led monitoring, research and evaluation in the areas noted above, to inform strategic decision-making, and periodic analysis of the situation of children and women's rights.

43. Programme coordination will be assured through the TWG Planning and Poverty Reduction, led by the Ministry of Planning, co-facilitated by the United Nations Resident Coordinator's office and the World Bank, and the interim TWG on Safety Nets and Social Protection.

44. **Cross-sectoral costs** will provide operational support to overall coordination and management of the country programme in the country office and zone offices.

Major partnerships

45. Multi-stakeholder partnership arrangements will be utilized to the maximum extent. Partnership is one of the major strategic elements of this country programme, and partnerships within each of the programme components have been specified above, conducted to the maximum extent through government-led technical working groups.

46. In the current cycle, the country programme benefited from funding contributions of Governments and/or the UNICEF national committees of Australia, Canada, Finland, France, Germany, Hong Kong, Italy, Japan, Luxembourg, the Netherlands, Norway, the Republic of Korea, Spain, Sweden, Switzerland, the United Kingdom and the United States of America, as well as the European Union. UNICEF will seek to maintain and expand on these partnerships.

Monitoring, evaluation and programme management

47. The Ministry of Planning will assume overall coordination of the country programme, delegating to line ministries the coordination of programme components. Under leadership of the Council for the Development of Cambodia, joint UNDAF annual reviews will allow for adjustments, as needed, in particular to intermediate results that will be further agreed with partners. The National Institute of Statistics maintains the national socio-economic database (CamInfo), tracking progress towards targets of the NSDP, the CMDGs and the UNDAF. An UNDAF midpoint evaluation is planned for 2013, coinciding with formulation of the new NSDP.

48. To the extent possible, monitoring and review of the country programme will be conducted through UNDAF processes. Planned programme component or regional/thematic evaluations will be presented in the integrated monitoring and evaluation plan.