

A.I.D. Project No. 4420009.01

AMENDMENT NUMBER FOUR

to the

STRATEGIC OBJECTIVE

GRANT AGREEMENT

between the

KINGDOM OF CAMBODIA

and the

UNITED STATES OF AMERICA

for

**IMPROVED HEALTH SERVICES IN HIV/AIDS AND INFECTIOUS
DISEASES AS WELL AS IN MATERNAL, CHILD AND REPRODUCTIVE
HEALTH**

AMENDMENT NUMBER FOUR dated September 18, 2006 between The Kingdom of Cambodia ("Grantee"), represented by the Ministry of Foreign Affairs and International Cooperation of the Royal Government of Cambodia ("RGC"), and The United States of America, acting through the United States Agency for International Development ("USAID")

WHEREAS, the Grantee and USAID ("Parties") entered into a Grant Agreement on September 11, 2003 for Twenty Two Million Six Hundred Four Thousand Five Hundred Thirty-Two U.S. Dollars (\$22,604,532) for the Strategic Objective of Improved Health Services in HIV/AIDS and Infectious Diseases as well as in Maternal, Child and Reproductive Health, and

WHEREAS, the Parties amended the Agreement on August 03, 2004 to obligate an additional Twenty-Nine Million Five Hundred Sixty Thousand U.S. Dollars (\$29,560,000), on June 30, 2005 to obligate an additional Twenty-Eight Million Seven Hundred Thousand U.S. Dollars (\$28,700,000), and on September 27, 2005 to obligate an additional One Million and Two Hundred Thousand U.S. Dollars (\$1,200,000), and

WHEREAS, the Parties now wish to amend the Agreement to increase the amount of the USAID Grant by \$30,509,000, to increase the amount of the total estimated USAID contribution, and to make corresponding changes in the Financial Plan.

NOW, THEREFORE, the Parties hereby agree as follows:

1. To reflect the additional Thirty Million Five Hundred and Nine Thousand United States Dollars (\$30,509,000) obligated by this Amendment, Subsection (a) (The Grant) of Section 3.2 is hereby deleted in its entirety and replaced with, "To help achieve the objective set forth in this agreement, USAID, pursuant to the Foreign Assistance Act of 1961, as amended, hereby obligates to the Grantee under the terms of the Agreement not to exceed One Hundred Twelve Million Five Hundred Seventy Three Thousand Five Hundred Thirty-Two "U.S." Dollars (\$112,573,532) (the "Grant") for the purpose of direct funding by USAID of non-governmental organizations as described in Article 6 hereof
2. To increase the total estimated USAID contribution for the Strategic Objective, Subsection (b) (Total Estimated USAID Contribution) of Section 3.2 of the Agreement (USAID Contribution) is hereby amended by deleting "\$82,064,532 million" and substituting therefore "One Hundred Fifty Nine Million Six Hundred Eighty One Thousand Five Hundred Thirty-Two "U.S." Dollars (\$159,681,532)"
3. To amend and restate the Financial Plan set forth in Attachment 1 to Annex 1 of the Agreement in its entirety in the form of attachment A to this Amendment Number Four
4. To increase the amount of the total estimated grantee contribution, Section 3.3

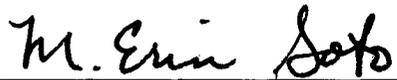
of the Agreement (Grantee Contribution) is hereby amended by deleting "Four Million and Four Hundred Thousand U.S. Dollars" (\$4,400,000) and substituting therefore "Fifteen Million Eighty Four Thousand and Five Hundred U.S. Dollars (\$15,084,500)."

5. To change the SO title, Section 2.1 of the Agreement is amended by deleting "Increased Use of High Impact HIV/AIDS and Family Health Services and Appropriate Health Seeking Behaviors" and substituting therefore "*Improved Health Services in HIV/AIDS and Infectious Diseases as well as in Maternal, Child and Reproductive Health*"
6. To extend the Completion Date of the Strategic Objective, Subsection (a) of Section 4.1 (The Completion Date) is amended by deleting "September 30, 2006" and substituting therefore "September 30, 2011"
7. Except as amended herein, the terms and conditions of the Agreement remain in full force and effect.

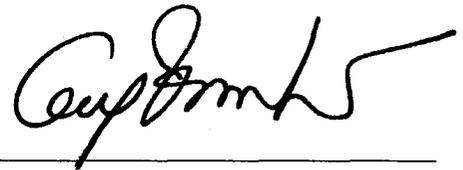
IN WITNESS WHEREOF, the Kingdom of Cambodia and the United States of America, each, acting through its duly authorized representative, have caused this Amendment Number Four to the Agreement to be signed in their names and delivered as of the day and year first above written.

For the Government of the
United States of America

For the Royal Government
of Cambodia



M. Erin Soto
Mission Director
USAID Cambodia



LONG Visalo
Acting Minister
Secretary of State
Ministry of Foreign Affairs and
International Cooperation

STRATEGIC OBJECTIVE GRANT AGREEMENT
Improved Health Services in HIV/AIDS and Infectious Diseases
as well as in Maternal, Child and Reproductive Health
(SO 442-009)

Accounting Classification & Appropriation Data

Project No.	Project Element No.	Proj. Element Name	Appropriation	Fund Code	DOCNO	Amount
4420009.01	1	Child Survival, Maternal Health, TB & Malaria	726/71095	06/07-CD	SOAG 442009 AM#04	\$9,175,353.00
4420009.01	2	Population	726/71095	06/07-CD-POP	SOAG 442009 AM#04	\$2,970,000.00
4420009.01	3	HIV/AIDS	726/71095	06/07-CD-AIDS	SOAG 442009 AM#04	\$14,313,353.00
		HIV/AIDS (GHA)	7219X1030	06-GAI-X6	SOAG 442009 AM#04	\$1,953,000.00
				Sub-total		\$28,411,706.00
				Field Support		\$2,058,647.00
				IT Cost Recovery		\$38,647.00
				SOAG Obligation total		<u>\$30,509,000.00</u>

Obligation Summary
From SOAG Inception through Amendment No. 04

Project Element No. / Name	Prior Cumulative Obligations	Increase (Decrease) This Amendment	Cumulative Obligations to date
Funds Allowed to the Mission:			
1 – Child Survival, Maternal Health, TB, Malaria	\$24,930,225	\$9,175,353	\$34,105,578
2 – Population	8,282,612	2,970,000	11,252,612
3 – HIV/AIDS	26,895,225	16,266,353	43,161,578
4 – FY 02 Carryover Funds	504,532	0	504,532
Total Funds Allowed to the Mission	\$60,612,594	\$28,411,706	\$89,024,300
Field Support Funds	21,415,000	\$2,058,647	23,473,647
IT Cost Recovery	36,938	38,647	75,585
SOAG Total	\$82,064,532	\$30,509,000	\$112,573,532

PHOENIX FUNDS AVAILABLE
(Commitment)
Amount: \$28,411,706

19 SEP 2006

Requested By: stan On 9/19
Reviewed By: _____ On _____
Submitted By: kk On 9/19
Document Type: CO

ATTACHMENT A TO AMENDMENT NUMBER FOUR TO THE GRANT AGREEMENT
 FOR Strategic Objective Grant Agreement "Improved Health Services in HIV/AIDS and
 Infectious Diseases as well as in Maternal, Child and Reproductive Health."
 (in US\$)

Table 1: Financial Plan

Budget Item	Year 1-3 (FY03-05)	Year 4 (FY06)	Year 5 (FY07)	Year 6 (FY08)	Total
USAID:					
PC10: Improve Child Survival, Health and Nutrition	7,663,000	3,215,000	3,132,000	3,593,000	17,603,000
PC17: Improve Maternal Health and Nutrition	4,697,000	1,933,000	2,022,000	2,297,000	10,949,000
PC21: Prevent and Control Infectious Diseases of Major Importance	17,127,258	5,786,000	4,837,000	3,840,000	31,590,258
PC32: Reduce Transmission and Impact of HIV/AIDS	43,877,273	16,605,000	14,652,000	7,000,000	82,134,273
PC33: Support Family Planning	8,700,001	2,970,000	2,735,000	3,000,000	17,405,001
Total USAID Contribution	82,064,532	30,509,000	27,378,000	19,730,000	159,681,532
RGC:					
In-kind Contributions (staff, offices, equipment, and utilities).	3,900,000	3,157,500	3,436,000	3,491,000	13,984,500
Tax and Customs Duty on vehicles and equipment*	500,000	200,000	200,000	200,000	1,100,000
Total RGC Contribution **	4,400,000	3,357,500	3,636,000	3,691,000	15,084,500
Total Program	86,464,532	33,866,500	31,014,000	23,421,000	174,766,032

*As necessary, the RGC will provide funds out of the RGC's own budget resources for direct payment to RGC tax authorities in the amount of the taxes being exempted for commodities, supplies, materials, equipment, vehicles and other goods financed by USAID and imported into Cambodia. (See SOAG, Section 7.1 (g)).

** Total and details subject to negotiations with RGC/MoH.

STRATEGIC OBJECTIVE GRANT AGREEMENT

BETWEEN THE

UNITED STATES OF AMERICA

AND

ROYAL GOVERNMENT OF CAMBODIA

FOR THE

STRATEGIC OBJECTIVE

OF

**IMPROVED HEALTH SERVICES IN HIV/AIDS AND INFECTIOUS DISEASES AS WELL AS
IN MATERNAL, CHILD AND REPRODUCTIVE HEALTH**

Annex 1

Amplified Description

List of Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune- Deficiency Syndrome
ARI	Acute Respiratory Infection
BSS	(Sexual) Behavioral Sentinel Survey
CARE	CARE International
CDC	Centers for Disease Control
CPA	Complementary Package of Activities
DFID	Department For International Development
DHF	Dengue Hemorrhagic Fever
DOTS	Directly Observed Treatment Short-Course
EmOC	Emergency Obstetric Care
EPI	Expanded Program of Immunization
EU	European Union
FHI/ IMPACT	Family Health International/Implementing AIDS Prevention and Care Project
HC	Health center
HIV/AIDS	Human Immuno-deficiency Virus/ Acquired Immunodeficiency Syndrome
HKI	Helen Keller International
HSS	HIV/AIDS Sentinel Surveillance
IEC	Information, Education, Communication
I/NGOs	International Non-Governmental Organizations
IMCI	Integrated Management of Childhood Illnesses
IRs	Intermediate Results
KHANA	Khmer HIV/AIDS National Alliance
MCH	Maternal and Child Health
MOH	Ministry Of Health
MPA+	Minimum Package of Activities plus
NTP	National Tuberculosis Plan
OD	Operational District
ORS	Oral Rehydration Salts
PFD	Partners for Development
PLWHA	Persons Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
RACHA	Reproductive and Child Health Alliance
RCH	Reproductive and Child Health
RGC	Royal Government of Cambodia
RHAC	Reproductive Health Association of Cambodia
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
URC	University Research Corporation
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VCCT	Voluntary Confidential Counseling and Testing
VDC	Village Development Committee
VHSG	Village Health Support Group
WHO	World Health Organization

Annex 1 Amplified Description

I. Introduction

This annex describes the activities to be undertaken and the results to be achieved with the funds obligated under this agreement. Nothing in Annex 1 shall be construed as amending any of the definitions or terms of the Agreement.

II. Background

After the end of civil war in October 1991, the United States is one among the principal donors to help reconstruct Cambodia. The USG national interest lies in assuring that its investment in that process is not lost. The United States' main foreign policy objectives in Cambodia are promotion of democracy, good governance, economic growth, protection of the environment and natural resources, and continued improvement of human rights. Addressing global problems of infectious diseases, especially HIV/AIDS and tuberculosis (TB), and serious concerns related to maternal and child health are also high priorities.

The programs of the USAID Office of Public Health are specifically directed at mitigating the devastating affects of HIV/AIDS and other infectious diseases such as TB, as well as reducing morbidity and mortality related to maternal and child health (MCH) and Reproductive Health (RH) in geographically-focused areas in Cambodia.

a) Health Sector in Cambodia

The Problem

The need for reproductive and child health (RCH), HIV/AIDS and infectious disease (ID) interventions is compelling. Cambodia's maternal, infant and child morbidity and mortality rates are the highest in the South-East Asia region as is Cambodia's HIV/AIDS prevalence rate. The burden of tuberculosis is amongst the top 22 countries in the world. Malaria is a leading cause of morbidity and mortality. Dengue hemorrhagic fever is a significant cause of death among children aged 1-5 years. And, poor health conditions are more than just a health sector problem: mounting evidence suggests that household expenditures for health care are a leading cause of landlessness and indebtedness.

The problems are formidable. The capacity of the health system to address these problems is, however, extremely limited. Numerous non-governmental organizations (NGOs) and other donors have been contributing to the strengthening of the health system and delivery of health information and services. These efforts are often quite limited in scope and scale, however. Most Cambodians rely on private service providers who have little or no medical knowledge.

Although progress is being made by the Ministry of Health in implementing a national health coverage plan, it will take time to achieve the goal of full access and availability of health services nation-wide. The need to deliver RCH, HIV/AIDS and ID interventions is urgent and cannot wait for the full development of the health care system. At the same time, interventions cannot be delivered without such a system and will always be constrained by the level and pace of health systems development.

USAID/Cambodia will therefore proceed on two tracks simultaneously: strengthening the nascent service delivery system, and promoting the delivery of specific, well-targeted interventions addressing the HIV/AIDS, maternal and child health, and infectious disease challenges in Cambodia.

The health sector in Cambodia faces enormous and persistent challenges.

HIV/AIDS: The HIV/AIDS prevalence rate in Cambodia remains the highest in Southeast Asia. Prevention is hampered by low use of condoms with intimate partners, a lack of quality counseling and testing services, and a paucity of information and services geared to the needs of especially vulnerable groups such as youth and mobile populations. The need to provide care and support to people affected by HIV/AIDS is mounting. And the number of orphans and vulnerable children are increasing.

Safe Motherhood: Cambodia's maternal mortality rate is the highest in the region. This is directly associated with low antenatal attendance at health centers, low level of deliveries assisted by trained health providers, and harmful traditional practices during pregnancy, childbirth, and postpartum. Most maternal deaths are due to complications related to unsafe induced abortion or direct obstetric causes.

Family Planning/Birth Spacing: The problems that need to be addressed are low contraceptive prevalence, large unmet need and demand for family planning services, and a high prevalence of unsafe abortions.

Child Health: The problems of greatest concern are high infant, child and neonatal mortality rates, low use of oral rehydration salts, low Expanded Program of Immunization (EPI) coverage, poor nutrition, and indiscriminate use of antibiotics for childhood infections.

Infectious Diseases: Tuberculosis, malaria, and dengue hemorrhagic fever continue to be leading causes of morbidity and mortality. HIV/AIDS-TB co-infection is increasing rapidly. And Avian Influenza is a growing threat throughout the region.

Service Delivery: The still nascent public health system is not yet playing a major role in responding to these public health challenges. The system's existing workforce, is grossly inadequate in skills. Salaries are so low as to create little or no incentive to work. Supplies and equipment at health centers are not adequate or appropriate for many health care situations. The general population relies heavily on private service providers who most often have little or no medical knowledge.

Existing health services

The RGC launched its ongoing health sector reform program in 1995 with the presentation of the National Health Coverage Plan for 1996-2000. Key features of the plan included the creation of the Operational District (OD) (a population-based unit comprising anywhere from 100,000 to 300,000 people) as the functional focus of health reform efforts, designation of health centers (HC) as the first level of health care, and a stated intention to provide a Minimum Package of Activities (MPA) and Complementary Package of Activities (CPA) at the health centers and referral hospitals respectively. The plan called for the establishment of 940 health centers. As of 2006, over 900 of these health centers have been built throughout the country.

Priority has been given to establishing the physical infrastructure and strengthening clinical services; outreach has not been a high priority. The range and quality of services offered at these public health facilities varies widely.

The bulk of Cambodia's public health staff were recruited and trained quickly during the Vietnamese occupation from 1979-89. Many of the skills learned by these individuals are not adequate to respond to the country's burden of disease. Moreover, the planning, management and supervisory systems and skills needed to support the health care delivery system are similarly weak. Local and international NGOs are helping to fill this gap in many important ways but such heavy reliance on external assistance should not delay the strengthening of the public health system's own capacity to meet basic health care needs.

Most Cambodians look to non-government outlets (pharmacies, traditional healers, drug sellers) as their preferred sources of services for most health problems including delivery assistance, birth spacing methods, sexually transmitted disease (STD) drugs and abortion. An uncontrolled drug industry and widespread self-treatment have serious implications for the quality and appropriateness of treatment. A number of studies have suggested that very few of the personnel at unregulated private sector outlets are familiar with common symptoms of reproductive health problems, correct drug dosage or potential side effects, or correct management procedures for many of the health problems they treat. In consequence, most Cambodians are receiving very poor quality of care, and little value for their money, at either public or private sources of health services. Nevertheless, high household expenditures for health care are an enormous financial burden for many families, particularly in rural areas.

Opportunities for high-impact interventions

HIV/AIDS. While awareness of HIV/AIDS is high and concern is increasing, the social environment is still highly permissive with a very active sex trade and many people engaged in high-risk behavior. Behavior change has occurred in some target groups, but in general, high-risk sexual behavior remains unacceptably high.

The past three years' successes in reaching high-risk populations and changing behaviors demonstrate that Cambodians will act when provided with adequate information and services. Most Cambodians, however, lack access to appropriate health education, voluntary counseling and testing, condoms, and sexually transmitted infection (STI) diagnosis and treatment – resulting in considerable unmet demand for these critical services, especially among high-risk and mobile populations.

Good models of successful interventions with high-risk populations have been developed, although these are mostly limited in scope and coverage. These models need to be scaled up significantly and rapidly to reach a broader segment of high-risk populations, including police and military personnel, factory workers and commercial sex workers. Successful approaches need to be expanded to other high-risk populations such as indirect sex workers, injecting drug users/drug users, migrant workers, truck drivers and other mobile populations.

Major opportunities to improve the technical quality of services, availing full advantage of all available channels for HIV/AIDS prevention, and improving cost-effectiveness have been missed by channeling health services through various vertical structures. Service delivery needs to be integrated at the OD-level in order to ensure that links are made between HIV/AIDS and all other health interventions. This would entail defining and implementing the package of

essential health services¹. HIV/AIDS-related services that need to be strengthened at the OD-level include voluntary counseling and testing, STD diagnosis and treatment, and dissemination of more appropriate and effective information about HIV/AIDS prevention. Integrated programming should result in a higher impact and would contribute to the identification of more effective approaches that could be replicated in other geographic areas by the RGC and other donors. Advocacy and policy development and support are paramount to successful interventions.

As the epidemic evolves, issues related to pediatric AIDS, and care and support for those infected with and affected by HIV/AIDS have become more pronounced in recent times. OD-level interventions could contribute to the prevention of mother-to-child transmission of HIV through expansion of voluntary counseling and testing services and significant improvements in the provision of antenatal and other key reproductive health services. OD-level interventions would also foster synergies between HIV/AIDS and other core program approaches such as Reproductive Health and Family Planning, contributing to reducing overall maternal and child morbidity and mortality, consistent with USAID's global priorities and strategies in the health sector.

Given the extremely limited capacity of the public health system, continued emphasis needs to be placed on developing and expanding effective community-based approaches to care and support of those infected and affected by HIV/AIDS.

Cambodia's HIV sentinel surveillance and behavioral surveillance systems, developed largely with USAID funding, have contributed significantly to effective program planning and creating a policy environment conducive to AIDS prevention. These systems need to be refined and expanded to include new high-risk populations.

Maternal health. Cambodia's very high levels of maternal, infant and child mortality are clear indicators of the weaknesses in existing health service delivery systems. The vast majority of Cambodian women deliver at home assisted by untrained birth attendants, receive no antenatal care prior to delivery, and no tetanus toxoid immunization. A large proportion of pregnant women are anemic and suffer from Vitamin A and iodine deficiencies. Access to emergency obstetric care is extremely limited. Postpartum services are virtually non-existent, despite the fact that postpartum hemorrhage is a common killer. Delivery practices of traditional birth attendants are known to include harmful practices.

Within the context of an integrated health service delivery strategy at the provincial and OD-levels, there is clear need and opportunity to continue to upgrade the skills of midwives and foster linkages between nurses, midwives and Traditional Birth Attendants in order to ensure access to necessary and appropriate antenatal and postpartum services, and reduce harmful delivery practices. NGOs and the private sector have an important role to play in outreach activities.

Family planning/birth spacing. Despite a rapid increase in contraceptive knowledge and use over the last five years, the unmet need for family planning services is considerable – due mainly to the absence of extensive service delivery systems. Although the government policy environment toward birth spacing is favorable and permits distribution of a complete range of contraceptive methods, the only methods currently available to any significant extent are pills,

¹ The MoH-sanctioned "Minimum Package of Activities-Plus" or MPA+, whereby the "plus" refers to HIV/AIDS and STD prevention activities.

injectables and condoms – and even these are not always available in rural areas. Anecdotal evidence suggests that this limited availability of birth spacing services is at least partially responsible for Cambodia's high incidence of unsafe abortions. Notably lacking is emergency contraception for which the need may be great given the reportedly high incidence of rape, which bears especially heavily on the adolescent population.

Contraceptive products need to be made routinely available at the community level by strengthening and expanding information and services through community-based approaches, thus moving beyond the current health center medical model. These approaches would extend and complement the outreach activities of the health center staff without undermining or competing with them. Increased availability could also be achieved through expanding partnerships with private providers of reproductive health services, expanding social marketing in rural areas, and improving the health system's capacity to provide post-abortion care.

Expanded voluntary family planning services at the OD-level would address the needs of married couples not yet using a contraceptive method, and who have said they want to limit or prevent future pregnancies. Information, Education and Communication (IEC) efforts are needed to promote the practice of three-year birth intervals. Expanded OD-level services would also respond to the needs of a large group of women who resort to abortion as a means of achieving their fertility preferences and provide post-abortion care. Adolescents at risk of unwanted pregnancies, especially in the burgeoning garment industry and the growing urban middle class, need specially designed youth-friendly information and services, including emergency contraception.

Child health. The chief causes of infant and child mortality are neonatal tetanus, acute respiratory infection, diarrhea, meningitis, septicemia, typhoid, malaria, and dengue. Child health service coverage is extremely low: the majority of children are not fully immunized, do not receive Vitamin A prophylaxis, oral rehydration therapy, or treatment for acute respiratory infections (ARI) by a trained provider. Half the children are malnourished. Child health interventions need to be strengthened within the context of the MPA+ package, with special emphasis on ARI, diarrhea and malnutrition (particularly optimal breastfeeding and infant feeding practices and use of micronutrients, especially Vitamin A). There are also opportunities to work with UNICEF and WHO to support the Royal Government of Cambodia (RGC) pilot testing of Integrated Management of Childhood Illness (IMCI), and to scale up that activity in selected ODs.

Infectious diseases. TB, malaria and dengue hemorrhagic fever (DHF) continue to be leading causes of morbidity and mortality. The emergence of drug-resistant malaria strains has been confounded by extensive national and cross-border mobility. There have been increasingly large DHF epidemics every two to three years. In recent years, transmission has spread from the urban centers of Phnom Penh and Battambang to smaller towns and villages.

There is a clear need for continued surveillance and increased capacity to deliver effective and appropriate clinic services, health education and control activities in high risk areas. Related to malaria, there is a continuing need for monitoring of drug-resistant malaria, drug-use practices and drug quality, and the development and implementation of interventions to improve the rational use of anti-malarial drugs. Efforts to control and manage DHF should be focused on geographic areas of highest risk, including Phnom Penh and Battambang.

A strategy for addressing tuberculosis, including HIV/AIDS-TB co-infection, was finalized in September 2003. This strategy calls for strengthening of planning and management skills at

the national and provincial levels in communicable disease control; operational research on diagnostic issues and alternative service delivery mechanisms; expansion of the directly observed treatment short-course (DOTS) to the health center level and into communities; and, continued support for IEC and advocacy on TB.

Demand for quality health care. Individuals, families and communities need to be empowered to demand high quality care, change their health seeking behavior, and actively participate in and influence the systems responsible for delivery of health care services.

III. Funding

Financial Plan. The financial plan for the program is set forth in the attached tables below.

Strategic Objective Grant Agreement for "Improved Health Services in HIV/AIDS and Infectious Diseases as well as in Maternal, Child and Reproductive Health."
(in US\$)

Table 1: Financial Plan

Budget Item	Year 1-3 (FY03-05)	Year 4 (FY06)	Year 5 (FY07)	Year 6 (FY08)	Total
USAID:					
<u>PC10</u> : Improve Child Survival, Health and Nutrition	7,663,000	3,215,000	3,132,000	3,593,000	17,603,000
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Total USAID Contribution	82,064,532	30,509,000	27,378,000	19,730,000	159,681,532
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Total Program	86,464,532	33,866,500	31,014,000	23,421,000	174,766,032

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** Total and details subject to negotiations with RGC/MoH.

IV. Results To Be Achieved/Results Framework

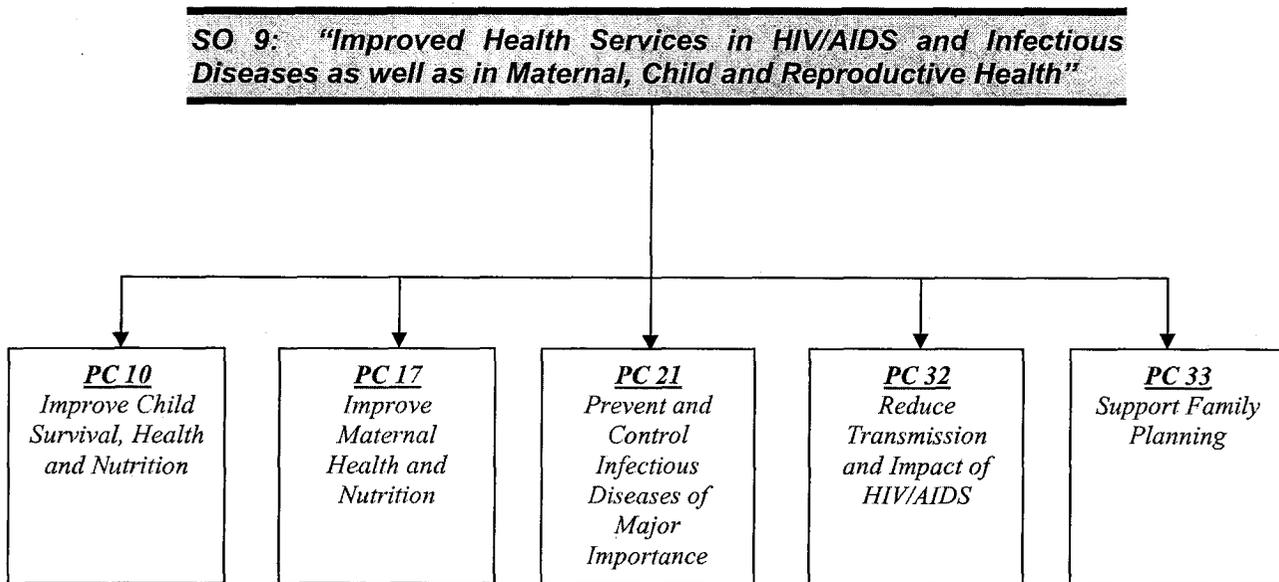
A. Strategic Objective

USAID/Cambodia and the Ministry of Health together will collaborate with their implementing organizations to achieve the Strategic Objective of *“Improved Health Services in HIV/AIDS and Infectious Diseases as well as in Maternal, Child and Reproductive Health.”*

B. Program Components:

USAID/Cambodia activities have focused on five Program Components (PCs) to assist in achieving the overall Strategic Objectives. These are:

- child survival, health and nutrition is improved;
- maternal health and nutrition is improved;
- infectious diseases of major importance is prevented and controlled;
- transmission and impact of HIV/AIDS is reduced;
- knowledge of family planning is improved



Working in collaboration with government (RGC), principally the Ministry of Health, international and local non-governmental organizations (I/NGOs), private commercial sector partners and other donors, USAID assistance will support critical elements of the primary health care information and service delivery system, community outreach and help strengthen the performance of the overall health system. USAID assistance will ensure that access to information and the utilization of essential services (including a comprehensive package of HIV/AIDS prevention and care, reproductive health, maternal and child health, prevention and treatment of sexually-transmitted infections) and the control of selected infectious diseases (i.e., TB, malaria, and dengue), including emerging infectious diseases, particularly avian influenza, will continue.

USAID assistance will also improve and strengthen the existing health system and its requisite systems (administrative, management, health information, quality assurance, supervision and monitoring, logistics/reporting, and service delivery systems). It will support the Government's decentralization efforts by strengthening the institutional, management, and technical capabilities of provincial and operational district health offices and facilities. Finally, USAID assistance will strengthen the management and technical capabilities of local non-governmental and community organizations in order to improve and expand NGO and community-based organizations involvement in the delivery of health information and services at the community level and in concert with the government's priorities.

Currently, USAID is supporting the provision of health care information and services and selected aspects of the health care delivery system through activities that are implemented by PVO/NGOs, indigenous NGOs, and community/international organizations. USAID is working to preserve, strengthen and appropriately expand the following health care services and information: a comprehensive package of HIV/AIDS prevention and care; reproductive health; maternal and child health; prevention and treatment of sexually-transmitted infections; and, the control of selected infectious diseases (TB, malaria, AI, and dengue), including appropriate monitoring and disease surveillance systems.

V. Activities/Activity Selection

PCI0:
*Improve Child
Survival, Health and
Nutrition*

As with maternal mortality, Cambodia's under-five mortality rate is the highest in Southeast Asia. Neonatal death accounts for one third of infant mortality. Aside from the epidemiological component of the RGC National Child Survival Program, the other National Child Survival Program components are not well organized and urgent action is needed to increase service utilization and quality of care. In particular, there has been little attention to newborn health, aside from breastfeeding, and newborn care needs particular attention as a major contributor to under-five mortality.

- Improved infant and young child feeding practices
 - Number of infants with breastfeeding initiated within one hour of birth
 - Number of infants under 6 months exclusively breastfed
 - Number of breastfed infants 6-9 months receiving semi-solid food
- Increased micronutrient supplementation
 - Coverage of population aged 6-59 months receiving vitamin A
- Expanded provision of immunizations to children
 - Coverage of infants receiving dose of measles vaccine
- Improved diagnosis and treatment of common childhood illnesses

- Number of children with fast and difficult breathing in the last 2 weeks who received medical care
- Number of children with diarrhea in the last 2 weeks who received ORT
- Improved motivation and capacity of health care providers, managers, volunteers and government workers
 - Number of people trained in child health, by category, by sex
 - Number of health providers trained in child health according to national curriculum, by sex
- Expanded linkages with referral level
 - Number of completed referrals (child illness)
- Demonstrated linkages with malaria
 - Number of children who slept under ITN previous night
 - Number of children living in malarious area with fever in the last 2 weeks who received anti-malarial prophylaxis

Illustrative Activities and Approaches

- Behavior change approaches including mass media and interpersonal counseling
- Partnerships between public and private sector for distribution/sale of commodities through public sector and private/NGO sector outlets
- School and public education programs
- Community-based savings and equity programs for fees and transport for emergencies
- Outreach programs for health education and service delivery
- Quality improvement approaches
- Formal and on-the-job training of service providers, volunteers, managers, educators
- Coordination with NGO, donor, UN, and government partners
- Information dissemination on results, successful innovations, and lessons learned

PC 17: Improve Maternal Health and Nutrition

The maternal mortality ratio is the highest in Southeast Asia. Ninety percent of births occur at home and less than a third of all births are attended by skilled birth attendants. The priorities are to prevent unwanted pregnancy that can end up in abortion, increase use and provision of proven preventive behaviors and care for reducing maternal deaths and obstetric complications, and improve referrals for emergency obstetric care

- Provision of services to the community expanded
 - Postpartum vitamin A coverage
 - Antepartum and postpartum iron folate coverage
 - Anemia prevalence among women of reproductive age
- Increased use of key maternal health services and interventions in the antenatal, delivery and postpartum periods
 - ANC + 4 coverage
 - Skilled birth attendant coverage (home and facility)
 - Number of health centers (HCs) implementing active management of the third stage of labor as maternal intervention
 - Number of post abortion complication cases receiving appropriate treatment and care
 - Coverage of pregnant women receiving tetanus toxoid 2 (TT2)

- Improved motivation and capacity of health care providers, managers, volunteers and government workers
 - Number of people trained in maternal health by category, by sex
 - Number of health providers trained in maternal health according to national curriculum, disaggregated by sex
- Improved and expanded quality of newborn care services provision
 - Number of HCs implementing comprehensive package of newborn care
 - Number of HCs implementing basic newborn care package (without antibiotics)
 - Number of villages implementing community newborn care
- Demonstrated linkages with malaria and HIV/AIDS programs
 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results
 - Number of ANC clients provided with insecticide-treated nets (ITN)

Illustrative Activities and Approaches

- Behavior change approaches including mass media and interpersonal counseling
- Partnerships between public and private sector for distribution/sale of commodities through public sector and private/NGO sector outlets
- School and public education programs
- Community-based savings and equity programs for fees and transport for emergencies
- Outreach programs for health education and service delivery
- Quality improvement approaches
- Formal and on-the-job training of service providers, volunteers, managers, educators
- Coordination with NGO, donor, UN, and government partners
- Information dissemination on results, successful innovations, and lessons learned

PC 21:

Prevent and control infectious diseases of major importance

Cambodia is one of the worlds' 22 **tuberculosis** (TB) high-burden countries. Despite good progress in expanding Directly-Observed Treatment Short Course (DOTS) to health center and community levels, TB remains a major killer and public health challenge in Cambodia – especially given the high HIV/AIDS prevalence rate. **Malaria** continues to be a major public health and economic burden in Cambodia. It is currently the second most common cause of hospital mortality. Although during the past few years there has been a steady reduction in the severe case fatality rate, as well as in the total number of clinically

diagnosed and treated malaria cases in the country, morbidity and mortality in Cambodia remain unacceptably high. Malaria treatment and control have been hampered by the spread of resistance to common antimalarial drugs. Access to preventive educational messages and commodities remains a challenge for disease control efforts given the remoteness and mobility of target populations. Cambodia is a **dengue-endemic** country with increasingly large scale epidemics every two to three years. Epidemiological evidence suggests that dengue is spreading from urban to rural areas. Effective prevention and management of dengue and dengue hemorrhagic fever is key to reducing the case fatality rate among children. Quality and appropriateness of services in public and private facilities is still a challenge for public health efforts.

Program interventions focus on improvement of access to prevention and treatment services/commodities related to three key infectious diseases: Tuberculosis (TB), Malaria, and Dengue among vulnerable populations in one or more of the 11 priority provinces.

Anticipated Results and Proposed Indicators:

- Improved knowledge and practices for disease prevention and health seeking behaviors for appropriate care.
 - Number of community volunteers, care providers, target population trained on disease prevention, danger signs and appropriate care seeking, by sex
 - Number of simple cases referred by volunteers and self-referred cases to health facilities according to health education guidance, disaggregated by disease and by sex
 - Number of severe cases referred to appropriate facilities for care, disaggregated by disease and by sex
- Increased Community DOTS (C-DOTS) coverage to health centers and community levels
 - Number of TB new cases detected
 - Number of registered TB patients receiving complete treatment course
 - Number of registered TB patients cured
 - Number of HCs in each OD implementing C-DOTS
 - Number of villages in each OD implementing C-DOTS
- Increased referral links between TB and HIV/AIDS services in coverage areas.
 - Number of ODs implementing TB/HIV program
 - Number of TB patients accessing HIV/AIDS VCCT services
 - Number of TB/HIV co-infected patients receiving AIDS treatment and care services according to national guidelines
- Increase coverage of impregnated bed-net distribution, re-treatment of bed-nets and increased access to long lasting nets.
 - Number of population living in endemic areas having sufficient insecticide-treated nets (ITN) as defined by National Program
 - Number of population at risk sleeping under ITN in the previous night
- Increased referral links to quality care and treatment services for severe cases of malaria, malaria in pregnancy, and dengue during outbreak.
 - Number of severe malaria cases, under-five children, and pregnant women with confirmed malaria referred to appropriate health care facilities
 - Number of children with dengue receiving care and treatment at health facilities according to national guidelines
- Increased access to other commodities for disease prevention, diagnosis and treatment such as malaria rapid diagnosis test kits and drugs through both public and private sector.
 - Availability (coverage) of socially marketed products for malaria prevention and treatment
- Increased capacity of health care providers (where there is a gap) and communities for appropriate management of diseases.
 - Case fatality rate in the supported health facilities

- Number of health center staff and private providers trained according to national guidelines, by sex
- Number of community volunteers, leaders and caregivers trained in danger signs appropriate community based care, and referral guidelines, by sex

Illustrative Activities and approaches:

Activities should include health education on disease prevention, improving health seeking behaviors for early diagnosis and treatment, improving linkages/referrals from communities to appropriate public and private health services, improving treatment compliance by involvement of communities, and strengthening capacity of providers, community volunteers and care-takers. Applicants are welcome to suggest different activities to meet the results listed below.

- Effective behavior change approaches using mass media, interpersonal communication and other community initiatives consistent with national programs' strategies and guidelines
- Expand C-DOTS services to all health centers and scale up coverage at community level and promote active case finding in communities.
- Partnership among public health system, NGOs and national level partners to ensure support for quality TB diagnosis and treatment.
- Support the expansion of linkages between TB and HIV/AIDS services
- Expand coverage of preventative, diagnostic and treatment commodities to communities in partnership with public health system, social marketing and other private partners (such as insecticide treated nets, long lasting insecticide treated nets, pre-packaged combination malaria drugs etc.)
- Community mobilization to promote and sustain community based environmental hygiene and vector control measures.
- Strengthen the capacity of public and private health care providers, volunteers, managers, and communities
- Advocate for community saving system and/or equity funds or other "insurance" schemes to support referral for early diagnosis and treatment and emergency referral of severe cases.

PC32:
Reduce transmission and impact of HIV/AIDS

Prevalence in Cambodia is among the highest of all countries in Asia, despite the successful reduction in prevalence levels in the general population, from 3% in 1997, to 1.9% in 2003. The challenge is to intensify prevention efforts and behavior change interventions for high risk groups, while addressing male behaviors in the general population that are contributing to increases in new infections among monogamous Cambodian women, and the associated threat of HIV transmission from mother-to-child. Maintenance and expansion of prevention activities with high risk groups and their sexual partners must be balanced with expansion of quality care, support, mitigation, and treatment services to children affected and persons living with AIDS throughout priority USG provinces.

Anticipated Results and Proposed Indicators:

- Increased numbers of pregnant HIV+ women receive counseling and prophylaxis to prevent mother to child transmission

- Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results
- Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT
- Reduced risk of HIV/AIDS infection and transmission contains and slows the epidemic
 - Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful
 - Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful
 - Number of high risk persons adopting consistent and correct condom use
 - Number of HIV+ individuals and sero-discordant couples reached with condom and other prevention and family planning services

Illustrative Activities and Approaches:

- Develop and promote community-based strategies to increase pregnant women's ANC attendance and demand for PMTCT services, including voluntary HIV counseling and testing
- Increase access of PLHA, sero-discordant couples, and persons engaged in high risk behaviors to HIV prevention approaches such as behavior change interventions and prevention commodities such as condoms and syndromic treatment for STIs
- Increase coverage of community-based prevention programs for the general population, with a special emphasis on risky male behaviors and addressing harmful community norms
- Link HIV prevention interventions to reproductive health activities and strengthen referral systems between prevention activities and HIV/AIDS/STI/TB diagnostic, treatment, and care and support services

Counseling and Testing

Expansion of Voluntary Confidential Counseling and Testing (VCCT) services, especially into rural and remote communities serves not only as a prevention activity but also as the entry point into care and treatment and support services for persons infected with HIV/AIDS and their partners and families.

Anticipated Results and Proposed Indicators:

- Increased numbers of persons know their sero-status and are able to protect themselves and their partners from HIV infection and transmission
 - Number of individuals who received counseling and testing for HIV and received their test results
 - Number of VCCT outlets providing counseling and testing according to national and international standards
- Increased proportion of PLHA screened for TB
 - Number of HIV+ persons tested for TB disease
- Increased referrals of TB patients to quality VCCT services
 - Number of TB patients receiving counseling and testing for HIV

Illustrative Activities and Approaches:

- Support quality improvement and expansion of VCCT services to ensure broader availability of counseling and testing services and ensure links to care and treatment
- Increase referrals of PLHA for TB screening and referrals of TB patients to quality VCCT services

Care, Support and Mitigation

Care activities will include home-based care and strengthened referrals for PLHA to clinical care and other services provided through the Continuum of Care (CoC) network. Support and mitigation activities for PLHA and orphans and vulnerable children will address psycho-social, economic and spiritual problems associated with life-threatening illness.

Anticipated Results and Proposed Indicators:

- Increased numbers of HIV + individuals receive clinical, community based, and/or home-based HIV-related palliative care
 - Number of individuals provided with facility-based, community based, and/or home-based HIV-related palliative care (including those HIV-infected individuals receiving clinical prophylaxis and/or treatment for TB)
- Lay health workers and community members are trained to provide community and Home-based HIV palliative care
 - Number of individuals trained to provide community and home-based HIV palliative care (including HIV/TB)
- Strong referral procedures link co-infected TB patients to HIV/AIDS testing, care and treatment services
 - Number of HIV-TB co-infected clients attending HIV care/treatment services that are receiving treatment for TB disease
- Strong referral procedures link HIV+ patients to TB preventative therapy
 - Number of HIV-infected clients given TB preventive therapy
- AIDS orphans and other vulnerable children receive quality comprehensive care and services supporting their needs for health, education and social well-being
 - Number of OVC served by an OVC program
 - Number of providers/caretakers trained in caring for OVC
- Quality of life of HIV infected and affected individuals improved through receipt of psycho-social, income-generation, and spiritual support services
 - Number of individuals infected or affected by HIV receiving support and mitigation services offered by the program

Illustrative Activities and Approaches:

- Strengthen skills of home based care teams to increase proficiency in care provision, in monitoring side effects, and promotion of treatment adherence
- Improve referrals and follow up between community-based HIV/AIDS care and clinical care and treatment services

- Respond to health, nutritional, psychosocial, economic, and educational needs of PLHA and OVC
- Link community-based HIV prevention activities to the protection of older OVCs, especially young girls who are at risk for infection from exposure to forced or unwanted sex

Treatment

Treatment activities at the non-clinical, community level could include improving linkages to PMTCT programs to ensure that treatment is available to HIV-positive mothers and effective follow-up is available for their children and partners. Similarly, barriers to access to ART by treatment-eligible PLHAs can be reduced by improving referral systems and by building lay health worker capacity to support success of ART, for example through adherence support, community outreach, and improved links between TB programs and ARV services.

Anticipated Results and Proposed Indicators:

- Increased numbers of medically-eligible HIV/AIDS clients receive quality ARV services according to Cambodian national and/or international treatment standards
 - Number of individuals receiving ARV therapy at the end of reporting period
 - Number of individuals who ever received ARV therapy by the end of reporting period
 - Number of HIV-infected clients attending HIV care /treatment services that are receiving treatment for TB disease
- Access to quality ART services for medically-eligible HIV/AIDS clients is improved in the intervention province(s)
 - Number of service outlets providing antiretroviral therapy (includes PMTCT sites)
- Increased numbers of health workers are providing quality ART services according to Cambodian national and/or international treatment standards
 - Number of health workers trained to deliver ART services according to national and/or international standards (includes PMTCT)

Illustrative Activities and Approaches:

- Increase access to treatment for children and integration of non-clinical support for pediatric AIDS patients into community based health services
- Support training of lay health workers and home based care teams to promote treatment readiness and counseling for adherence, management of side effects and provision of non-clinical drugs (in accordance with national and/or international guidelines for non-clinical ART care and support)
- Provide support for transport and improved access by ART patients of laboratory services, related clinical monitoring services, and commodities for pain management and dual protection from HIV/STI and pregnancy, such as condoms

PC33:
*Support Family
Planning*

Contraceptive prevalence has at least doubled since the 1990s, but remains low overall with the expected below-average results for less-educated and rural women, who are also less likely to receive needed care in pregnancy. Knowledge and receptivity to family planning are improving, although knowledge is constrained by low literacy and

intention to use family planning is constrained by fears around side effects and cultural beliefs. Birth intervals need to be widened for their benefits to maternal and child health, and services and referrals for modern, long term and permanent contraceptive methods for both men and women need to be improved and expanded.

Reproductive health and family planning (RH/FP) activities should respond to:

- High unmet need for family planning services
- Quality RH/FP service provision through community-based approaches, especially in rural areas and for the urban poor
- Broad-based, innovative, state-of-the-art behavior change communication to increase knowledge, strengthen the enabling environment for informed RH/FP decision-making, and change behavior.

Anticipated Results and Proposed Indicators:

- Increased use of family planning (birth spacing and birth limiting services).
 - Contraceptive Prevalence Rate (CPR)
 - Total Fertility Rate (TFR)
- Increased use of family planning methods by: postpartum women; young low parity women; zero parity women; and engaged couples
 - Coverage of current family planning users by target group (postpartum women, young low parity women, zero parity women; and engaged couples)
 - Couple Years of Protection (CYP) by target group and method
- Increased knowledge by women, men, and health providers of importance of family planning and appropriate birth spacing in improving nutrition and health status of mother and newborn
 - Numbers of men/women/providers who know about health and nutrition benefits for mother, child and newborn associated with waiting 24 months after the last birth before attempting a pregnancy
 - Numbers of women/men/providers who can correctly identify the recommended number of months women should wait after a birth or an induced or spontaneous abortion before attempting a pregnancy
 - Numbers of women in the 15-19 age group delaying first birth until age 20
- Increased quality of contraceptive counseling—emphasis on side effects, and ensuring that clients receive the method they prefer
 - Increased numbers of clients reporting quality side effects counseling
 - Dropout rate among family planning users
- Increased referrals from community agents to health facility for birth spacing or limiting services
 - Numbers of referees receiving needed FP/RH services
- Increased access of RH/FP services
 - Number public/private providers trained in RH/FP, by sex
 - Number Health Centers having sufficient RH/FP commodities
 - Number of villages with at least one shop that sells oral contraceptives and condoms
- Increased coverage of reproductive health education
 - Numbers of women/men/adolescents who trained in RH/FP/STI
 - Numbers of women/men/adolescents who understand the meaning of “dual protection”

- Numbers of married women who participate in training on negotiating condom use
- Numbers of men/women/providers who participate in gender-based violence education
- Number of schools implementing adolescent sexual and reproductive health (ASRH) programs
- Number of Village and private sectors (such as garment factories) implemented ASRH program

Illustrative Activities and Approaches

- Behavior change approaches including mass media, interpersonal counseling, and group education on FP/RH
- Partnerships between public and private sector for distribution/sale of commodities through public and private outlets
- Increased linkages between RH/FP, school and public education programs
- Community-based savings programs for fees and transport for family planning and reproductive services
- Outreach programs for health education and service delivery
- Quality improvement approaches
- Coordination and improved information sharing among NGO, donor, UN and government partners
- Promote use of state-of-the-art, evidence-based tools, best practices and training materials
- Social mobilization to educate women, men and adolescents about birth spacing and birth limiting services as a maternal and child health intervention
- Life skills/RH/gender-based violence education workshops for male and female adolescents
- Workshops/training for women, men, and couples on communication skills and condom use negotiation
- Training to strengthen midwives' technical and business skills
- Identifying and addressing fears about side effects, myths, and traditional beliefs that inhibit care seeking behavior and use of reproductive health and family planning services
- Community postpartum care to include FP and exclusive breastfeeding counseling

VI. Roles and Responsibilities of the Parties

A. Ministry of Health

To achieve the strategic objective and intermediate results of this SOAG, the MOH will:

- 1) Serve as the implementing RGC partner for the SOAG;
- 2) Participate with USAID in determining program direction, including review of project proposal and work-plans, in providing input to project implementation plans in support of Cambodian national goals, and in monitoring and evaluating the program's activities;
- 3) Work with USAID and other donors to ensure RGC and donor support from all sources is mutually supportive and utilized to achieve the RGC's health sector objectives;

- 4) Facilitate official approval at all necessary levels within the RGC for implementing program activities, and assign appropriate RGC counterparts to the implementing organizations conducting activities under the program;
- 5) Collaborate and support the implementing organizations in carrying out the specific projects for which they are responsible at the national, provincial, and district levels, including communication to appropriate authorities at those levels that the activities of those implementing organizations should receive support;
- 6) Assist those implementing organizations that are counterparts with the MOH's institutions/units in getting entry visas for their approved international employees, and their family members, and when requested, for expert consultants and visitors who are needed for successful execution of the program
- 7) Arrange, or assign, relevant import tax exemption and VAT tax exemption for all goods, supplies, equipment, vehicles and services provided for the implementation of the program and,
- 8) Carry out its other obligations under the SOAG.

B. USAID

To achieve the strategic objective and intermediate results of this SOAG, the USAID will:

- 1) Provide, through implementing organizations, appropriate technical assistance for implementing the program;
- 2) Contribute to the achievement of the national health strategic plan and the Cambodian Millennium Development Goals (MDGs);
- 3) Ensure that USAID supported implementing organizations provide reports on program activities to the MOH on a semi-annual basis and that other relevant documents and information produced by the program be provided to the MOH on a timely basis;
- 4) Consult with the MOH on regular, mutually agreed upon intervals, or at the request of the MOH, on progress towards the achievement of the: a) program's objective; b) performance of obligations under the SOAG; and c) performance of USAID supported implementing organizations, and other matters related to this SOAG; and
- 5) Carry out its other obligations as stipulated in this SOAG.

VII. Performance Monitoring

The health environment in Cambodia is a dynamic one where diffusion of innovations is rapid and where strategic planning expertise and a commitment to collaborative alliances among public and private partners have the potential to contribute significantly to improvements in the health infrastructure and health outcomes. Given the epidemiological, demographic, behavioral, geographic, organizational, and institutional profile of Cambodia, the developmental nature of the interventions currently being implemented, and the changing political and policy environment, the ability to efficiently modify and redirect programs based on quality program evaluation, surveillance, and research data will be a decided advantage.

In close consultation with the Ministry of Health, USAID will continue support for epidemiological, demographic and behavior research. USAID's support for the HSS and BSS and other applied field research has provided essential information on the HIV/AIDS epidemic, related behaviors and on effective interventions.

In order to manage its assistance and track progress in meeting the objective and the supporting intermediate results, USAID will carry out population-based health surveys in each of

the targeted operational districts periodically. These will be designed to complement the national level data already collected through the 2000 and 2005 Demographic and Health Surveys and the 1998 National Health Survey. USAID with other donors will also consider supporting a national level demographic and health survey (including HIV/AIDS and infectious diseases modules) in line with the Ministry's five year Strategic Plan. Periodic facility-based health assessments of health centers in each of the target operational districts may be used to measure progress in improving health information, quality of care and management. These will be carefully coordinated with RGC and other donor-financed data collection and use efforts. Annual sales data will track progress in expanding access to social marketing products.

In consultation with the MOH and other development partners, USAID will continue support to strengthen and expand as necessary the HSS and BSS surveys to provide more complete, national-level information on HIV/AIDS. USAID will also work to improve provincial and OD-level capacities to use these data in the development and evaluation of province and district-specific strategies. USAID will help managers at all levels to use health service statistics, survey data and other information to better manage and monitor their programs.

USAID-funded Partners:

- CARE
- Family Health International (FHI)
- Population Services International (PSI)
- Reproductive Health Association of Cambodia (RHAC)
- Khmer HIV/AIDS NGO Alliance (KHANA)
- Reproductive and Child Health Alliance (RACHA)
- University Research Corp. (URC)
- Helen Keller International (HKI)
- Catholic Relief Service (CRS)
- BASICS
- ACCESS
- A2Z
- Academy for Educational Development (AED)
- US Pharmacopeia-Drug Quality and Information (USP-DQI)
- Management Sciences for Health (MSH)
- Tuberculosis Coalition for Technical Assistance (TBCTA)
- World Health Organization (WHO)
- UNICEF
- Food and Agricultural Organization (FAO)

USAID Donor and Development Partners:

- World Health Organization (WHO) - infectious diseases and child survival
- Japan Embassy/JICA - USAID Partnership for Global Health, TB
- UNICEF – child survival including immunization and micronutrients
- UNAIDS - HIV/AIDS
- DFID - social marketing, BCC
- United States Centers for Disease Control and Prevention (US-CDC)