

A.I.D. Project No. 4420009.01

AMENDMENT NUMBER ELEVEN

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**

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AMENDMENT NUMBER ELEVEN dated September 21, 2012 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 (the "Grant Agreement") for the Strategic Objective of Improved Health Services in HIV/AIDS and Infectious Diseases as well as in Maternal, Child and Reproductive Health;

WHEREAS, the Parties amended the Grant Agreement on August 3, 2004; June 30, 2005; September 27, 2005; September 18, 2006; September 12, 2007; September 27, 2007; August 25, 2008; September 8, 2009; September 28, 2010; and October 25, 2011 (as amended, the "Agreement");

WHEREAS, the Parties desire to (a) obligate an additional Twenty Eight Million Eight Hundred Seven Thousand One Hundred Thirty Four United States Dollars (\$28,807,134) for the USAID grant under the Agreement, and (b) revise the total estimated USAID contribution under the Agreement; and

WHEREAS, the Parties desire to clarify the amount of USAID funding which has been provided for the Strategic Objective through obligation to the Agreement and the amount of USAID funding which has been provided for the Strategic Objective outside the Agreement ("Field Support");

NOW, THEREFORE, the Parties hereby agree as follows:

1. Section 3.2 (USAID Contribution) is deleted and restated as follows:

"Section 3.2 USAID Contribution

(a) The Grant. To help achieve the Objective set forth in this Agreement, USAID, pursuant to the Foreign Assistance Act of 1961, as amended, hereby obligates to the Grantee under the terms of the Agreement not to exceed Two Hundred Seventy One Million Four Hundred Twenty Six Thousand One Hundred Ninety Four United States Dollars (\$271,426,194) (the "Grant") for the purpose of direct funding by USAID of non-governmental organizations as described in Article 6 hereof.

(b) Field Support Mechanisms. To help achieve the Objective set forth in this Agreement, in addition to the amount of the Grant contained in Section 3.2(a) above, USAID (a) has obligated the amount of Thirty Seven Million Six Hundred Eight Thousand Three Hundred Eleven United States Dollars (\$37,608,311) directly to non-governmental organizations; and (b) anticipates obligating a further Four Million Two Hundred Eighty Nine Thousand Eight Hundred Sixty Six United States Dollars (\$4,289,866) through field support and other program support

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mechanisms, subject to the availability of funds and agreement of those parties to proceed, in fiscal year 2012.

(c) Total Estimated USAID Contribution under the Agreement. USAID's total estimated contribution under the Agreement to achievement of the Objective will be Two Hundred Seventy One Million Four Hundred Twenty Six Thousand One Hundred Ninety Four United States Dollars (\$271,426,194), which will be provided in increments. Subsequent increments will be subject to the availability of funds to USAID for this purpose and the mutual agreement of the Parties, at the time of each subsequent increment, to proceed.

(d) If at any time USAID determines that its contribution under Section 3.2(a) exceeds the amount which reasonably can be committed for achieving the Strategic Objective or intermediate results during the current or next U.S. fiscal year, USAID may, upon written notice to the Grantee, withdraw the excess amount, thereby reducing the amount of the Grant as set forth in Section 3.2(a). Actions taken pursuant to this subsection will not revise USAID's total estimated contribution set forth in Section 3.2(c)."

2. Section 3.3 (Grantee Contribution) is deleted and restated as follows:

"Section 3.3 Grantee Contribution

(a) The Grantee agrees to provide or cause to be provided all funds, in addition to those provided by USAID and any other donor identified in Annex 1, and all other resources required to complete, on or before the Completion Date, all activities necessary to achieve the Results.

(b) The Grantee's contribution will not be less than the equivalent of Twenty Nine Million Five Hundred Ninety Eight Thousand Five Hundred United States Dollars (\$29,598,500) or 118,394,000,000 Riel of local currency, including in-kind contributions. The dollar equivalent was calculated at the exchange rate of \$1 = 4,000 Riel. The Grantee will report at least annually in a format to be agreed upon with USAID on its cash and 'in-kind' contributions."

3. To extend the Completion Date of the Strategic Objective, Subsection (a) of Section 4.1 (The Completion Date) is amended by deleting "September 30, 2012 and substituting therefor "September 30, 2016."
4. Annex 1, Amplified Description, of the Agreement is deleted in its entirety and the attached Annex 1 is substituted in lieu thereof.
5. Except as amended herein, the terms and conditions of the Agreement remain in full force and effect.

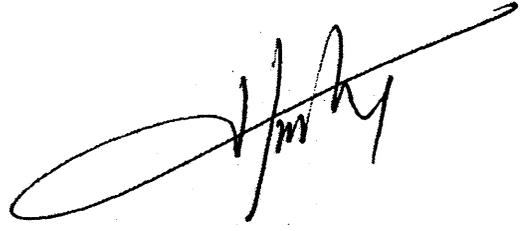
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IN WITNESS WHEREOF, the Kingdom of Cambodia and the United States of America, each, acting through its duly authorized representative, have caused this Amendment Number Eleven to the Agreement to be signed in their names and delivered as of the day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

For the Government of the
United States of America

For the Royal Government
of Cambodia



Flynn FULLER
Mission Director
USAID Cambodia

HOR Namhong
Deputy Prime Minister,
Minister of Foreign Affairs and
International Cooperation

Witnessed on behalf of
the U.S. Government:



Jeff DAIGLE
Chargé d' Affaires a.i.



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

Prog. Area	Program Element No.	Prog. Elem. Name	Appropriation	Fund Code	DOCNO	SOC	Amount
A11	A047	3.1.1 HIV/AIDS	72-1912/131031	2012/2013 GH-C-AIDS	SOAG-442009-AM#11	4100100	\$7,650,000.00
A11	A047	3.1.1 HIV/AIDS	72-19X1031	2012-GH-H-X	SOAG-442009-AM#11	4100100	\$525,000.00
A11	A048	3.1.2 TB	72-1912/131031	2012/2013 GH-C	SOAG-442009-AM#11	4100100	\$3,450,000.00
A11	A052	3.1.6 MCH	72-1912/131031	2012/2013 GH-C	SOAG-442009-AM#11	4100100	\$8,440,949.00
A11	A053	3.1.7 Population	72-1912/131031	2012/2013 GH-C-POP	SOAG-442009-AM#11	4100100	\$5,322,075.00
A11	A142	3.1.9 Nutrition	72-1912/131031	2012/2013 GH-C-GFSI	SOAG-442009-AM#11	4100100	\$976,618.00
A26	A140	6.1.1 PD&L TB 3.1.2	72-1912/131031	2012/2013 GH-C	SOAG-442009-AM#11	4100100	\$69,514.00
A26	A140	6.1.1 PD&L MCH 3.1.6	72-1912/131031	2012/2013 GH-C	SOAG-442009-AM#11	4100100	\$132,853.00
A26	A140	6.1.1 PD&L POP 3.1.7	72-1912/131031	2012/2013 GH-POP	SOAG-442009-AM#11	4100100	\$21,902.00
A27	A141	6.2.1 A&O AIDS 3.1.1	72-1912/131031	2012/2013 GH-C-AIDS	SOAG-442009-AM#11	4100100	\$1,150,000.00
A27	A141	6.2.1 A&O TB 3.1.2	72-1912/131031	2012/2013 GH-C	SOAG-442009-AM#11	4100100	\$390,620.00
A27	A141	6.2.1 A&O MCH 3.1.6	72-1912/131031	2012/2013 GH-C	SOAG-442009-AM#11	4100100	\$326,198.00
A27	A141	6.2.1 A&O POP 3.1.7	72-1912/131031	2012/2013 GH-C-POP	SOAG-442009-AM#11	4100100	\$256,023.00
A27	A141	6.2.1 A&O Nut 3.1.9	72-1912/131031	2012/2013 GH-C-GFSI	SOAG-442009-AM#11	4100100	\$23,382.00
A11	A050	3.1.4 A&O AI	72-1912/131031	2012/2013 GH-C-AI	SOAG-442009-AM#11	4100100	\$72,000.00
A11	A052	3.1.6 MCH	72-1910/111031	2010/2011 GH-C	SOAG-442009-AM#09	4100100	\$10,000.00
A27	A141	6.2.1 A&O MCH 3.1.6	72-1910/111031	2010/2011 GH-C	SOAG-442009-AM#09	4100100	(\$10,000.00)
SOAG Obligation Total							\$28,807,134.00

Budget Summary
From SOAG Inception through Amendment No. 11

Project Element No. / Name	Prior Cumulative Obligations	Increase (Decrease) This Amendment	Cumulative Obligations to date
Funds Allowed to the Mission:			
1 – HIV/AIDS	116,232,390	9,325,000	125,557,390
2 – TB	25,163,250	3,910,134	29,073,384
3 – Malaria	2,852,079		2,852,079
4 – Avian Influenza	6,875,000	72,000	6,947,000
5 – Other Public Health Threats	5,193,153		5,193,153
6a – MCH	51,857,132	8,900,000	60,757,132
6b – MCH (Field Support Sub-ob)	10,000		10,000
7 – Family Planning & Reproductive Health	32,438,056	5,600,000	38,038,056
8 – Nutrition	1,998,000	1,000,000	2,998,000
Total Funds Allowed to the Mission	242,619,060	28,807,134	271,426,194
Field Support Funds	37,335,486	4,289,866	41,625,352
IT Cost Recovery	272,825		272,825
Tax Withholding	141,348		141,348
CDC	4,825,000		4,825,000
Total Funding	285,193,719	33,097,000	318,290,719

PHOENIX FUNDS AND LABELS
 (Commitment)
 Amount: \$28,807,134
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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

AIDS	Acquired Immune- Deficiency Syndrome
ARI	Acute Respiratory Infection
ART	Antiretroviral therapy
BSS	(Sexual) Behavioral Sentinel Survey
CDC	Centers for Disease Control
CD4	Cluster Difference 4
CPA	Complementary Package of Activities
DFID	Department For International Development
DOTS	Directly Observed Treatment Short-Course
EmOC	Emergency Obstetric Care
HC	Health center
HIV/AIDS	Human Immuno-deficiency Virus/ Acquired Immunodeficiency Syndrome
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

Cambodia has made significant progress in improving its socio-economic status during the past ten years. The results of the Cambodia Socio-Economic Survey conducted in 2007, showed a major decline in the country's poverty headcount index. The index declined from 39 percent in 1993/94 to 28.0 percent in 2004 and to 24.7 percent in 2007. Likewise, the results of the Cambodia Demographic and Health Survey (CDHS) 2010 showed significant improvement in maternal and child health, indicating Cambodia's achievement of its 2015 Millennium Development Goal (MDG) targets for maternal, infant, and under-five mortality rates. Despite tremendous progress, Cambodia remains among the poorest countries in the region as it slowly builds a market-based economy and moves towards more open governance. Neonatal mortality and nutrition indicators among women and children have made very little improvement in the last ten years, if at all. The literacy rate among adults age 15 and older is only 78 percent, with males having a considerably higher rate (85 percent) than females (71 percent). The average household monthly expenditure is only US\$104. Social and public administrative structures in Cambodia still largely reflect fragmented, post-conflict arrangements and remain heavily dependent on international donors for financing and for technical and managerial innovations. The U.S. government is one of the largest bilateral contributors and its role is especially pronounced in the health sector (particularly HIV/AIDS, TB, and maternal child health) where efforts support civil society/Non-Governmental Organization (NGO) service delivery and address public sector capacity and institutional strengthening through a holistic sector-wide approach.

Health Sector: The Challenge

The CDHS 2010 data indicates both remarkable progress and a compelling need to remain engaged in the health sector. Despite a 34.9 percent decrease in under-five mortality and a 56.4 percent decrease in maternal mortality since 2005, these rates still remain among the highest in South East Asia. Diarrhea and acute respiratory infection remain the major killers among children, and postpartum hemorrhage, eclampsia, unsafe abortion, and obstructed delivery remain major killers among women. The nutritional status of the mothers, infants and children is an alarming public health problem, with 40 percent of the under-five stunted and 19 percent of child-bearing age women carrying a body mass index of below 18.5 (very thin). Current indicators show high levels of anemia among both women (44 percent) and children under-five years old (55 percent.) The success of HIV/AIDS interventions is evident through surveillance data indicating that prevalence in the general population has declined from a high of 3.0 percent in 1998 to less than 0.7 percent by 2011. While the new prevalence rate among the general population is encouraging, HIV transmission and high prevalence continues to be a major public health problem among

high-risk groups. The population remains vulnerable to endemic infectious diseases such as tuberculosis, malaria, and dengue while facing emerging threats such as Highly Pathogenic Avian Influenza (H5N1). Chronic diseases such as diabetes and hypertension are on the rise.

The Ministry of Health's (MOH) Health Sector Strategic Plan aims to make affordable and quality health care services available to all Cambodians. But limited public sector capacity and institutional weaknesses contribute to fragmented and poor service delivery in some areas. Non-governmental organizations (NGOs) and other donors are working with the MOH to strengthen health systems but these efforts do not address issues on a national scale. Most Cambodians seek care in the private sector where quality is questionable and practices are largely unregulated. Health financing remains problematic as data indicates approximately two thirds of health expenditures are made by the consumer out-of-pocket. Public health funding flows are uneven and hard to track resulting in significant geographical variations in the accessibility and quality of services (and consequently of health indicators). Despite the many challenges ahead, the Royal Government of Cambodia (RGC) has made notable progress in the past decade and demonstrated significant commitment toward reaching higher goals.

III. Foreign Assistance Framework

USAID programs in "Investing in People" support the Royal Government of Cambodia to achieve sustainable impacts on the well-being and productivity of its people, reduce poverty, and strengthen civil society through calculated investments in key health program sub-element areas: HIV/AIDS, tuberculosis, health system strengthening, maternal child health, and family planning and reproductive health. This amended annex describes activities in the terms set forth in the United States Foreign Assistance Framework.

USAID Health Sector Support

Reduce Transmission and Impact of HIV/AIDS. A focus on HIV/AIDS lies at the core of the USAID/Cambodia health strategy and USAID will continue to play a leadership role in reducing transmission and caring for those infected and affected by HIV and AIDS. Despite a significant decline in HIV prevalence from 3.0 percent in 1998 to 0.7 percent in 2011, Cambodia continues to face challenges in preventing HIV transmission among high risk populations and providing care and treatment for those suffering from AIDS. The number of people living with HIV in 2010 was estimated to be 75,900. The change in Cluster Difference (CD4) level from 250 to 350 as an eligibility indicator for providing Antiretroviral Therapy (ART) in 2010 resulted in a significant increase of the projected number of people in need of ART treatment. The number of eligible HIV infected persons has now increased to 51,255 and is expected to rise to approximately 57,410 in 2015. USAID will continue working closely with the RGC and other partners, to combat HIV and to more directly, efficiently, and sustainably address persistent challenges. USAID/Cambodia investments in HIV/AIDS will place a greater emphasis on technical assistance and focus less on service delivery over time.

Prevent and Control Infectious Diseases-Tuberculosis. Approximately two-thirds of all Cambodians carry the tuberculosis bacterium - one of the highest rates in the world - and close to 10,000 Cambodians die annually from tuberculosis. USAID will continue to strengthen the technical leadership and diagnostic capacity of the National Tuberculosis Program (NTP), and will support the implementation of the MOH's

strategy for TB control, expanding services to vulnerable populations with a special focus on children, through the public health system, the private sector, and the **community-DOTS network**.

Strengthen Health Systems. A more effective national health care delivery system is crucial to the well-being of Cambodians and critical for public sector service sustainability. USAID will work in partnership with the MOH and other donors to support scaling up the successful and innovative **health governance and finance** interventions including the improvement of the Health Equity Fund (HEF) management system, quality assurance, and health budget allocation for primary health service delivery. In addition USAID is committed to strengthening health systems that support improving continuing medical education, health service licensing, and accreditation. USAID will provide technical assistance to improve national drug management systems with a focus on drug logistic management, procurement and quality control, and improved prescribing practices. USAID will also work in partnership with the private sector (non-profit and commercial) to strengthen community outreach, ensure quality cost-effective services, promote best practices, create choice and a "voice" for the consumer through increased knowledge and information. USAID will improve the quality of public and private health services.

Improve Maternal and Child Health. The infant mortality rate is approximately 45 per 1,000 live births, and the maternal mortality ratio, at 206 per 100,000 live births, is amongst one of the highest in South East Asia. Many of these deaths are preventable, and reducing mortality through good prevention, early disease detection, and management of major complications is relatively low-cost and technologically simple, but will demand systems strengthening, improved access to care, and better human resource deployment. USAID will explicitly focus expertise and technical resources to improve maternal and child health by simultaneously strengthening public sector health systems (**newborn care, birth preparedness and maternity services, nutrition, treatment of child illness and public health finance and governance**) while integrating NGO-supported education, counseling, community outreach and technical expertise on essential interventions (**skilled birth attendants, management of obstetric complications, ante and postpartum care, exclusive breastfeeding, micronutrients, complementary feeding, growth monitoring, and nutrition during pregnancy**) that will improve health worker performance and improve family and community practices to save the lives of women and children.

Family Planning and Reproductive health. Similar to other Program Elements, USAID will closely coordinate its resources with other donors and will directly contribute to supporting the implementation of the National Reproductive Health Program (NRHP). Strategic technical assistance will strengthen RGC's **policy analysis and systems strengthening** capacity as well as improve the availability and quality of reproductive health **service delivery**. USG assistance through non-governmental organizations will strengthen the NRHP by collaboratively expanding an essential package of reproductive **health services delivery** provided by health personnel at public health centers and hospitals and through established private care networks. The assistance also reinforces good **education and communications** on family planning and reproductive health. The essential package of services is an integrated package of maternal, newborn and child health, family planning and other reproductive health services aimed at reducing mortality and morbidity and increase cost-effectiveness and sustainability.

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. Results

HIV/AIDS:

- USAID will support a comprehensive and innovative HIV/AIDS program that will focus on: 1) Technical innovation and capacity building; 2) Evaluation and Policy reform; 3) Social marketing and commodities security; 4) Health systems strengthening; and 5) HIV and family planning integration. The technical areas will be complementary and synergistic with a focus on reducing costs and maximizing impact. The program will focus on four technical areas that include: 1) developing technical innovations to enhance impacts and reduce costs of quality targeted HIV prevention for Most at Risk Populations; 2) improving the quality and integration of HIV care and treatment services; 3) increasing the use of strategic information including surveillance, monitoring, evaluation, and data utilization; and 4) promoting local technical leadership and capacity building to strengthen the quality and impact of prevention, care and treatment services.

The program will aim to achieve the following results: Increased access and improved quality of targeted prevention activities; improved detection and diagnostic capacity; strengthened care and successful treatment of affected individuals and families; and strengthened surveillance, monitoring and, response capacity for HIV. Results will be measured by indicators such as:

- Number of Most at Risk Populations reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards
- Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings
- Number of individuals who received Testing and Counseling services for HIV and received their test results
- Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy
- Number of adults and children with advanced HIV infection newly enrolled on ART

TUBERCULOSIS:

- USAID supports the NTP to cost-effectively implement key elements of the national strategic plan including Community-DOTs, Public-Private Mix (PPM), childhood TB, laboratory capacity improvement, integrated TB/HIV services, and improvement of multi-drug resistant (MDR) TB management. The overall goals of the program will increase detection of new TB cases, improve treatment outcomes and prevent the spread of MDR TB. USAID support will also build public sector capacity in surveillance, strategic information, and management through NTP.
 - Number of new TB cases detected among vulnerable population including children
 - Treatment success rate among newly detected TB patients

- Percentage of TB patients receiving HIV counseling and testing
- Number of new MDR cases detected, enrolled in treatment and successfully treated

HEALTH SYSTEM STRENGTHENING:

- USAID will build the capacity of the MOH in scaling up health care financing for the poor through nationwide implementation of the Health Equity Funds. In addition, USAID will help strengthen the quality improvement, continuing medical education, medical service licensing, accreditation and regulation, health information systems, and drug management.
 - Number of people supported by USAID health financing arrangements
 - Number of medical and paramedical practitioners trained in evidence-based clinical guidelines
 - Number of public health facilities receiving USAID support for quality improvement programs

MATERNAL CHILD HEALTH SERVICES:

- USAID will strengthen maternal child health service delivery at the facility and community levels to improve maternal and child health practices, community interventions, and facility services. Efforts will focus on improving pre- and in-service training for service providers, treatment of obstetric complications, newborn care and treatment, immunization, maternal and young child nutrition, treatment of child illness, and strengthening the MOH National Maternal and Child Health Center. USAID support will result in increased availability and use of life-saving interventions that address major killers of mothers, newborns, and children in Cambodia.
 - Percent of births attended by a skilled birth attendant
 - Number of Antenatal Care Visits with Skilled Providers from USG-assisted facilities
 - Number of women receiving Active Management of Third Stage of Labor

FAMILY PLANNING/REPRODUCTIVE HEALTH:

- USAID will expand access to and increase utilization of high quality voluntary family planning services and reproductive health care, including long-term and permanent family planning methods, by strengthening FP/RH service delivery, health communications, policy and systems.
 - Couple years of protection in USG-supported programs
 - Number of people that have seen or heard a specific USG-supported FP/RH message
 - Number of people trained in FP/RH with USG funds
 - Contraceptive prevalence rate
- USAID will support the National Laboratory for Drug Quality Control to improve post-marketing surveillance and provide mini-labs and technical assistance to detect substandard and fake medicines.
 - Number of samples of medicines tested and results shared among policy makers.
 - Number of people made aware of counterfeit and substandard medicines.

V. Roles and Responsibilities of the Parties

A. Ministry of Health

In achieving the strategic objective and results of this SOAG, the MOH will:

- 1) be the implementing RGC partner for the SOAG;
- 2) assist USAID in obtaining official approval at all levels necessary within the RGC for implementing program activities and assign appropriate RGC counterparts to USAID implementing organizations;
- 3) collaborate with USAID in setting up the program and monitoring and evaluating the program's activities;
- 4) provide assistance to USAID implementing organizations in conducting their specific projects at national, provincial, and district levels, including communication to appropriate authorities at those levels that the activities of USAID implementing organizations should receive support;
- 5) provide assistance to USAID implementing organizations (those who are counterparts with MOH institutions/units) in getting visas for their international employees (and family members, as needed), and when requested, for expert consultants and visitors who are needed for the successful execution of the program;
- 6) arrange, or assign a relevant import tax exemption and VAT tax exemption to the program; and
- 7) carry out its other obligations as stipulated in this SOAG.

B. USAID

In achieving the strategic objective and results of this SOAG, the USAID will:

- 1) provide, through USAID implementing organizations, appropriate technical assistance to implement the program;
- 2) contribute towards the achievement of the national health strategic plan;
- 3) ensure that USAID 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 implementing organizations, and other matters related to this SOAG; and
- 5) carry out its other obligations as stipulated in this SOAG.

VI. 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 and its partners will periodically carry out various health surveys at the program and technical level in the targeted operational districts. These will be designed to complement the national level data already collected through the 2000, 2005, and 2010 Demographic and Health Surveys, and the 1998 National Health Survey. 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.

VII. 1994 Framework Bilateral

All assistance provided under this Agreement by USAID and its implementing organizations shall be entitled to all diplomatic, tax and other privileges and benefits set forth in the Economic, Technical and Related Assistance Agreement between the Government of the Kingdom of Cambodia and the Government of the United States of America dated October 25, 1994.

VIII. Financial Plan

The financial plan for the Program is set forth in Table 1 below. Changes may be made to the financial plan by the authorized representatives, or additional authorized representatives, of both Parties without formal amendment to the Agreement, if such changes do not cause USAID's contribution to exceed the amount specified in Section 3.2 of the Agreement.

USAID-funded Partners:

- 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)
- Marie Stopes International Cambodia (MSI)
- US Pharmacopeia-Promoting Quality Medicines (USP-PQM)

- Tuberculosis CARE (TB CARE)
- UNICEF
- Centers for Disease Control and Prevention (US-CDC)
- TBD (New partners to be engaged in late 2012 to implement programs supporting objectives in HIV/AIDS and social marketing)

USAID Donor and Development Partners:

- World Health Organization (WHO) - infectious diseases, i.e. malaria, TB,
- UNICEF – Nutrition, Infant and Child Health
- UNAIDS - HIV/AIDS
- DFID - HIV/AIDS social marketing, BCC
- Centers for Disease Control and Prevention (US-CDC) -TB, HIV, and other infectious diseases
- UNFPA – family planning and reproductive health
- AusAID – community health activities, and reproductive health
- World Bank – Health Financing
- KFW – family planning

IX. **Financial Plan.** The financial plan for the program is set forth in the attached table below.

Table 1: Financial Plan
(in U.S. \$)

Budget Item	Year 1-9 (FY03-11)	Year 10 (FY12)	Total
USAID:			
Program Element 3.1.1: HIV/AIDS	116,232,390	9,325,000	125,557,390
Program Element 3.1.2: Tuberculosis	25,163,250	3,910,134	29,073,384
Program Element 3.1.3: Malaria	2,852,079		2,852,079
Program Element 3.1.4: Avian Influenza	6,875,000	72,000	6,947,000
Program Element 3.1.5: Other Public Health Threats	5,193,153		5,193,153
Program Element 3.1.6: Maternal and Child Health	51,867,132	8,900,000	60,767,132
Program Element 3.1.7: Family Planning and Reproductive Health	32,438,056	5,600,000	38,038,056
Program Element 3.1.9: Nutrition	1,998,000	1,000,000	2,998,000
Total USAID Contribution	242,619,060	28,807,134	271,426,194
RGC:			
In-kind Contributions (staff, offices, equipment, and utilities).	24,457,500	3,491,000	27,948,500
Tax and Customs Duty on vehicles and equipment*	1,600,000	50,000	1,700,000
Total RGC Contribution **	26,057,500	3,541,000	29,598,500
Total Program	268,676,560	32,348,134	301,024,694

*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 Agreement, Section 7.1 (g)).

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