

DOAG Annex 1: Health

Amplified Description

I. Introduction

This annex describes the health activities to be undertaken and the results to be achieved with the funds obligated under this Agreement.

USAID/Cambodia has developed a Country Development Cooperation Strategy (CDCS) 2014-2018.¹ USAID Programs in “Improved Health and Education of Vulnerable Populations” aim to improve the health of Cambodians by strengthening the quality of health care in Cambodia and increasing access to this care. Specifically, programs aim to decrease maternal, infant, and under-five mortality, bring down the rates of stunting and anemia in children and women and reduce the prevalence of HIV/AIDS, tuberculosis (TB) and malaria in Cambodia. Through work identified in this Agreement, USAID expects to advance the Cambodian Ministry of Health’s strategic plans as well as Cambodia’s National Strategic Development Plan (NSDP) and Cambodia’s Development Cooperation and Partnership Strategy.

II. Background

While Cambodia has made substantial progress to improve health outcomes in recent years, it still has among the highest maternal and child mortality rates in the region. Many Cambodian women and children die each year from preventable and treatable causes, including pneumonia, diarrhea and complications in labor. Recent survey results show that approximately one-third of children are stunted from poor nutrition and suffer from high rates of anemia. The Royal Government of Cambodia (RGC) recently launched a Food Security and Nutrition Strategy and has a dedicated coordinating body for nutrition with the role to interface cross-sectorally and across ministries to address the complex causes of malnutrition. Many households, particularly in rural areas, lack adequate access to clean drinking water and sanitation facilities.

Despite tremendous improvements in infectious disease control in recent years, Cambodia ranks among the world’s 22² high-burden countries for tuberculosis, and HIV prevalence remains high among marginalized populations that face challenges in accessing prevention programs, testing, and treatment. Cambodia is a critical country in the region for diseases that are global threats, such as avian influenza and drug-resistant malaria, and a key country in stopping the potential for future pandemic disease outbreaks.

While the public health system has expanded rapidly in recent years, limited skills of health providers and limited institutional capacity contribute to fragmented and poor service delivery in some areas. Most Cambodians prefer to seek care in the private sector although quality is questionable and private practices are not routinely regulated. Health financing remains problematic as approximately two-thirds of health expenditures are made out-of-pocket by the consumer. Public health funding flows are uneven and difficult to track, resulting in significant geographic variations in the accessibility and quality of services and,

¹ [https://www.usaid.gov/sites/default/files/documents/1861/CDCS%20Cambodia%20Public%20Version%20\(approved\).pdf](https://www.usaid.gov/sites/default/files/documents/1861/CDCS%20Cambodia%20Public%20Version%20(approved).pdf)

² 2014 WHO Global TB Report

consequently, of health indicators. Despite the many challenges ahead, the RGC has made notable progress in the past decade and demonstrated significant commitment toward reaching higher goals.

A. Strategic Alignment with Government Strategies

USAID works closely with the RGC and development partners to optimize aid effectiveness. The Royal Government of Cambodia is developing key vision and planning documents in its quest to achieve higher middle-income status by 2030. The United States supports this goal and expects to achieve measureable improvements in health throughout the life of this Agreement. The RGC commits to ensuring a better quality of life for its people, and in building a democratic, rule-based society, with equitable rights and opportunities for the population in economic, political, cultural, and other spheres. The RGC produced a Development Cooperation and Partnerships Strategy (DCPS) to support implementation of the 2014-2018 NSDP, with the objective of strengthening Government ownership and promoting development effectiveness in Cambodia through a wide range of partnerships.

The Ministry of Health's (MOH) Second Health Strategic Plan 2008-2015 (HSP2) aims to enhance sustainable development of the health sector for better health and well-being of all Cambodians, especially the poor, women, and children, thereby contributing to poverty alleviation and socio-economic development. The three main health program building blocks of HSP2 are reducing maternal, newborn and child morbidity and mortality with improved reproductive health; reduce morbidity and mortality of HIV/AIDS, Malaria, TB and other communicable diseases; and reduce the burden of non-communicable diseases and other health problems. The HSP2 seeks to make affordable and quality health care services available to all Cambodians. USAID's programs in health will advance the goals of HSP2.

B. Support of Technical Working Groups

To better align with RGC priorities and improve donor coordination, USAID/Cambodia participates in the following Technical Working Groups (TWGs) related to health:

- Food Security and Nutrition
- Gender
- Health
- HIV/AIDS

As appropriate, USAID will participate in additional TWGs and other aid coordination architecture throughout the life of this Agreement.

III. Funding

USAID investments of approximately \$80,830,113 in health programs are planned for the FY 2015-2017 timeframe to achieve the Development Objective. If additional health funds become available, USAID Cambodia will consider expanding program activities. Currently USAID/Cambodia has limited flexibility on the type of health funds received and thus on the type of programming USAID supports in the health sector.

The RGC contribution reflects the Ministry of Health’s in-kind contributions to the shared objectives of the program. The contribution will equal up to twenty-five percent of the total program costs used to support activities that substantially benefit the Grantee or entail direct and substantial involvement of the Royal Government of Cambodia in the administration, management, or control of the activities hereunder. The dollar equivalent amount of this contribution shall be U.S. \$6,104,455 for FY 2015.

Changes may be made to the financial plan by representatives of the Parties without formal amendment of the Agreement, if such changes do not cause USAID’s contribution to exceed the amount specified in Section 3.1 of the Agreement.

The financial plan for this program is set forth in the below table.

Description	Year (FY 2015)	Year (FY 2016)	Year (FY 2017)	Total
Increase Utilization of Quality Maternal and Child and Reproductive Health Services	10,198,941	9,498,965	9,498,965	29,196,871
Strengthen Health Systems and Governance	4,277,723	6,833,382	6,833,382	17,944,487
Improve Infectious Disease Control Programs	3,836,703	11,470,465	11,470,465	26,777,633
Sub-total:	18,313,367	27,802,812	27,802,812	73,918,991
Administration Cost:	2,725,754	2,092,684	2,092,684	6,911,122
Total Estimated USG Contribution	21,039,121	29,895,496	29,895,496	80,830,113
Total Estimated RGC Contribution	6,104,455	9,267,604	9,267,604	24,639,663

IV. Results to be Achieved

In order to support the RGC’s goal to strive for “a functional and sustainable national health system, producing improved results in sanitation, health, nutrition and well-being of all Cambodian people, particularly the poor and vulnerable, including women and children,” USAID activities will contribute to Joint Monitoring Indicators (JMI) such as:

- Proportion of deliveries at health facilities
- Contraceptive Prevalence Rate
- Percent of exclusively breastfeeding until 6 months

Anticipated results under this Development Objective are:

1. Increased utilization of quality maternal and child and reproductive health services;
2. Strengthened health systems and governance; and
3. Improved infectious disease control programs.

Relevant *illustrative* indicators include:

- Maternal mortality ratio; neonatal, infant mortality rates;
- Malaria Annual Parasite Incident Rate per 1,000 population;
- Prevalence rate of TB;
- Prevalence rates of HIV among most-at-risk populations;
- The Contraceptive Prevalence Rate;
- Out-of-pocket expenditures on healthcare, including the incidence of catastrophic healthcare expenditures; and
- Percent of children under 5 years of age with moderate/severe stunting in target provinces.

V. Activities

All activities will align with the technical areas detailed below.

A. Increased utilization of quality maternal and child and reproductive health services

Cambodia's focused commitment to reduce maternal deaths has resulted in remarkable progress in recent years as basic, cost-effective interventions, such as AMTSL and Magnesium Sulfate, have successfully reduced maternal mortality. Nonetheless, Cambodia's national maternal mortality rate remains among the highest in the region, requiring sustained focus to close the gap with neighboring countries. Continued promotion of evidence-driven, sustainable interventions drive USAID's strategic approach to improving maternal health in Cambodia.

Infections, pre-term delivery, and asphyxia remain the leading causes of newborn deaths even though many of these causes are readily preventable and treatable with basic measures such as hygienic cord care, thermal control, and early detection of danger signs. While the child mortality rate has improved significantly in Cambodia in recent years, pneumonia and diarrhea remain the top causes of death for children under the age of five, despite the availability of antibiotics and oral rehydration salts/zinc.

Further progress towards addressing the major causes of maternal and child mortality in Cambodia requires additional effort to upgrade health provider capacity and improve access to health commodities, equipment and infrastructure. In health facilities, healthcare providers and outreach workers must be equipped to deliver life-saving interventions at the appropriate time. In the surrounding communities, village-based community health workers must be prepared to increase demand for health services, fostering healthcare-seeking behavior that leads to earlier treatment and improved health outcomes. In addition, improved quality of nutrition counseling and screening provided by volunteer workers and healthcare providers will complement community outreach through the food security sector.

Increased access to health products, including contraceptives and diarrhea treatment commodities, accompanied with improved counseling by pharmacists and other healthcare providers will further improve maternal and child health. USAID will seek to facilitate contributions from the private sector, both commercial and not-for-profit, as well as strengthen the capacity of local non-governmental organization to ensure long-term sustainability remains a cornerstone of the maternal and child health program strategy.

Increased community participation, coordination and leadership in the health sector will support elected officials, health care providers, community leaders, patients, and volunteer health workers to work together to ensure the health sector is accountable to local needs. Specific efforts will identify opportunities to advance women's leadership among the various community officials. Specific gender-equity issues within the healthcare system will be highlighted for policy and program action, such as prevention and response to gender-based violence (particularly violence against women). Objective tools, such as client satisfaction surveys and community health scorecards, will be utilized to incorporate community feedback and be used to advocate for, and measure, improvement in the quality of services. The application of these tools in the agreed targeted areas should be jointly undertaken with the relevant commune council and local service delivery counterparts. Community monitoring of maternal and child health services will also be explored, including prevention of and response to, gender-based violence. This will improve citizen education on client and provider rights and strengthen policies to increase accountability among health centers, providers, communities, and elected leaders.

Maternal, child and reproductive health activities to receive FY 2015 USAID funds under the Agreement include:

<u>Activity Name</u>	<u>Description</u>	<u>Implementing Partner</u>
Empowering Communities for Health (ECH) Project - <i>Estimated FY2015 funding \$1,998,941</i>	Will assist communities to strengthen coordination and improve linkages between communities, health-care providers, and local governments. ECH will develop tools and approaches to strengthen communities' engagement and participation in community health programs; assist local governments to be more responsive and accountable in addressing community health needs, including using commune funds to improve health services; and assist health facilities with their planning and management capabilities.	Reproductive and Child Health Alliance
Quality Health Services (QHS) Project - <i>Estimated FY2015 funding \$3,650,000</i>	Will improve the services in public-sector clinics and hospitals to improve maternal, neonatal and child healthcare in nine focus provinces. The QHS project will provide on-site coaching to health providers on newborn care and emergency obstetric care (including prevention and treatment of post-partum hemorrhage, pre-eclampsia and eclampsia). QHS will improve skills of health providers to screen and treat severe acute malnutrition according to national standards. QHS will also train health-care providers to identify and treat nutrition-related issues, pediatric TB and improve infection control in public-sector facilities.	University Research Co., LLC (URC)
NOURISH - <i>Estimated FY2015 funding</i>	Will address key causal factors of chronic malnutrition in Cambodia including poverty, lack of access to quality nutrition services, poor	Save the Children



<p><u>\$2,750,000</u></p>	<p>sanitation, and behaviors that work against optimal growth and development. NOURISH will promote access to products and services that improve nutrition. Interventions include behavioral change communications in health; food demonstrations; nutrition-sensitive agriculture activities; community-led vouchers for the purchase of water, sanitation and hygiene related hardware; and private sector engagement to advance the supply of sanitation and nutrient rich products. NOURISH will also provide conditional cash transfers and vouchers to marginalized, especially female-headed households, to ensure that they have access to these services and products. This activity is also reflected in our food security and environment agreement as it will be jointly funded from both sectors. The activity will be coordinated with the MOH and the Council for Agriculture and Rural Development.</p>	
<p>Worker Health Coalition <u>Estimated FY2015</u> <u>funding \$1,800,000</u></p>	<p>Will improve the health outcomes of garment factory workers in Cambodia by focusing on four main components: 1) improving demand and supply of quality-assured health services for garment factory workers; 2) assisting to establish a supportive policy framework to promote better health among factory workers; 3) improve worker-management relations in factories to ensure provision of health services; and 4) apply an “implementation science” approach to ensure a strong research agenda underpinning all aspects of the project. This activity will be coordinated with both the MOH and the Ministry of Labor as well as the International Labor Organization.</p>	<p>Marie Stopes International, Meridian Group Population Council</p>

B. Strengthen health systems and governance

A strong healthcare delivery system is both competent in delivering services and accountable for delivering the kind that people need and want. Cambodia’s health sector is challenged by a lack of provider skills, a mismatch in distribution of staff relative to population needs, low salaries, limited governance and management systems, very limited public financial resources, and high patient out-of-pocket spending on health services.³ These factors result in Cambodia’s current quality and accessibility of public health services. USAID will provide technical assistance to identify, prioritize and address these key healthcare delivery challenges.

Health equity funds play an instrumental role in supporting access to healthcare for the poor, and are scheduled for scale up by the Royal Government of Cambodia and its

³ Health, Nutrition, and Population in Cambodia: Country Overview. World Bank.



development partners. Given USAID's past role in the design and launch of health equity funds, USAID will continue to shape the implementation of a comprehensive and sustainable system for social health protection that ensures coverage for the poor and vulnerable. USAID support is informed by recent assessments recommending that resolving human resource gaps should be the cornerstone of our health system improvement efforts.⁴ USAID support will ensure that health providers, such as midwives, attain life-saving skills and practices through a continuum of training, coaching, and mentoring activities. Strengthening the legal framework and capacity of Cambodia's professional councils will establish a sustainable system in country with the ability to regulate, improve, and ensure quality healthcare in the public and private sectors. USAID will support targeted technical assistance through NGOs to public and private healthcare providers.

In addition to building human resource capacity, USAID will support other emerging priorities in the health sector, such as the increased role of community-level and private sector service provision and a comprehensive health sector approach to the prevention and response of gender-based violence. An improved health management information system that incorporates both public and private sector service delivery will provide data to be used by health managers, policy makers, and elected officials to make informed policy and resource allocation decisions based on evidence. To increase accountability for delivery of quality health services, local leaders will use data to understand their constituents' health needs, advocate for greater resources, and hold healthcare providers accountable for the delivery of responsive, quality services. USAID technical assistance will complement resources provided by the Global Fund, the Royal Government of Cambodia, and other donors working in the health sector.

Health System Strengthening activities to receive FY 2015 USAID funds under the Agreement include:

<u>Activity Name</u>	<u>Description</u>	<u>Implementing Partner</u>
Social Health Protection (SHP) Project - <i>Estimated FY2015 funding \$2,000,000</i>	Will provide technical assistance to the Ministry of Health to increase nationwide coverage of the Health Equity Fund. Activities will support efforts to monitor the implementation of the HEF, link reimbursements to improved quality of health services, include civil society and communities in oversight of the enrollment process to ensure transparency, and revise the package of health services provided to the poor to include priority services.	University Research Co., LLC (URC)
Health Information, Policy & Advocacy (HIPA) Project - <i>Estimated FY2015 funding \$457,723</i>	Will provide technical assistance to improve the quality and use of population and health data reported in the Royal Government of Cambodia's health information system and vital statistics registration database.	Palladium
Health Financing (various) - <i>Estimated FY2015 funding</i>	A variety of technical assistance activities will support the following: Ministry of Health and Provincial Health Departments to develop more	To be determined (TBD)

⁴ Mid-Term Review of the Government of Cambodia's Health Strategic Plan 2, 2008-2015.



<u>\$1,000,000</u>	accurate program budgets and generate greater efficiencies; MOH and relevant partner ministries to develop a social services scheme including health insurance; The body of knowledge on options to increase domestic resources and improve efficiencies of domestic resource allocation and utilization.	
Supply Chain Technical Assistance – <u>Estimated FY2015 funding \$620,000</u>	This project will strengthen the Royal Government of Cambodia’s capacity to forecast and quantify demand for medical goods. This project will also provide technical assistance to improve the MOH’s logistics information system.	TBD
Capacity Building of Cambodia’s Local Organizations Program <u>Estimated FY2015 funding \$200,000</u>	The Capacity Building of Cambodia’s Local Organizations program will directly support local Cambodian organizations. The program will support the development of new partnerships with local organizations and strengthen the skills of existing partners across all technical sectors. The program will help local organizations improve their financial management and human resource systems, develop strategic and operational plans, and strengthen their monitoring and evaluation systems. This program will also support USAID in implementing risk-mitigation procedures through pre-award assessments of potential local organizations and financial reviews of current partners.	IESC

C. Improve infectious disease control programs

USAID support will strengthen the capacity of infectious disease control programs to reach vulnerable groups by improving their efficiency and quality while expanding targeted prevention activities; improving detection and diagnostic capacity; strengthening care and treatment services; and, improving surveillance and response capacity for infectious diseases and pandemic threats. Though HIV/AIDS prevalence within Cambodia’s general population has declined in recent years, high-risk behaviors threaten this progress. Cambodia’s HIV/AIDS epidemic is currently concentrated among high-risk groups, including commercial sex workers, injecting drug users, and men who have sex with men.⁵ USAID programs will strengthen the ability of the Royal Government of Cambodia to take on the full responsibility for the provision of HIV services. Support will develop and advocate for more cost-effective approaches that the Royal Government of Cambodia is able to sustain in the long term, at the same time, strengthening the broader health system, particularly in quality service delivery, health information, and financing. Civil society, who are better able to reach highly stigmatized, high risk groups, together with the RGC will prevent new infections and protect those living with HIV/AIDS by ensuring they receive comprehensive care and treatment.

⁵ HIV/AIDS Country Profile, USAID. December, 2010.

Morbidity and illness as a result of Cambodia's high TB prevalence negatively affects the nation's productivity and overall health status. Interventions will focus on populations more susceptible to TB (e.g., the elderly, prisoners, children, and the poor), to improve early detection of TB and ensure patients complete the full course of treatment through public and private providers.⁶

USAID support will control malaria in areas of emerging anti-malaria drug resistance and reduce malaria transmission especially among high risk populations such as mobile or migrant workers. USAID will provide technical assistance to the MOH's National Malaria Control Program (CNM) to ensure proper treatment and effective drug efficacy for malaria treatment. Since malaria elimination demands multinational partners, engagement of all malaria stakeholders in the country is very important, especially the national government – The RGC will take the lead and ownership of its efforts to control and completely eliminate malaria nationwide by 2025.

USAID Cambodia will also support key technical organizations to predict, prevent, identify, and respond to avian influenza and pandemic threats of infectious disease.

Infectious Disease activities to receive FY 2015 USAID funds under the Agreement include:

<u>Activity Name</u>	<u>Description</u>	<u>Implementing Partner</u>
Challenge TB Project – <i><u>Estimated FY2015 funding \$300,000</u></i>	Will work with Cambodia's National TB Program (NTP) to increase TB case detection and improve the quality of TB treatment. Will develop and demonstrate integrated approaches for TB control, including community-directly observed therapy (C-DOTS) targeting specific high-risk populations such as children and the elderly. Challenge TB will also improve multiple-symptom TB screening in large hospitals; standardize screening, diagnosis, and treatment of TB, TB/HIV, and multi-drug resistant (MDR)-TB; and develop an urban DOTS model to improve case detection in urban areas. Challenge TB will also provide technical assistance to improve TB laboratory services needed to ensure timely TB and MDR-TB diagnosis. Challenge TB will work with C-DOTS volunteers, healthcare workers and NTP managers to improve diagnosis of MDR-TB and ensure close follow-up of drug-resistant patients.	Koninklijke Nederlandse Chemische Vereniging (KNCV)/FHI360
Cambodia Malaria Elimination Project – <i><u>Estimated FY2015 funding \$1,374,334</u></i>	Will advance the efforts of CNM to develop a package of interventions for elimination malaria while strengthening malaria prevention and control in other drug resistant areas of Cambodia. This project will conduct behavior-change communication campaigns to increase awareness about malaria prevention and will distribute approximately insecticide-treated bed nets, particularly among mobile and migrant workers and other vulnerable populations. The project will also	TBD

⁶ Joint Review of the National TB Program, August 2012.

	improve management of drug resistant malaria cases to improve treatment outcomes and reduce malaria transmission. The project will also strengthen CNM's malaria surveillance system and build their capacity to manage the national malaria elimination strategy. These combined efforts will reduce Cambodia's malaria burden, including malaria-related deaths, as well as move Cambodia towards elimination of malaria.	
World Health Organization Consolidated Grant (WHO) – <u>Estimated FY2015 funding \$270,000</u>	Will support CNM to monitor the emergence of drug resistant malaria in Cambodia. Will provide technical assistance in the implementation of therapeutic efficacy studies of anti-malarial medicines in five sentinel sites in Cambodia; revise and update national malaria treatment guidelines; support CNM in analyzing malaria data and success rates; and advocate for policy development and change in response to real-time drug-resistance data. The project will also generate the data and critical strategic information required by the Royal Government of Cambodia for its malaria treatment efforts and strategy.	World Health Organization
HIV Flagship Project - <u>Estimated FY2015 funding \$1,629,747</u>	Will develop technical innovations to enhance impacts and reduce costs of quality targeted HIV prevention for Most-At-Risk-Populations. Will improve the quality and integration of HIV care and treatment services and increase the use of strategic information including surveillance, monitoring, evaluation and data utilization. The project will also promote local technical leadership and capacity building to strengthen the quality and impact of prevention, care and treatment services.	Khmer HIV/AIDS NGO Alliance (KHANA)
HIV Innovate and Evaluate <u>Estimated FY2015 funding \$262,622</u>	Will build local, individual, organizational and systems capacity to use data to properly identify people to receive targeted interventions, ascertain the right package of services to address their needs, and utilize cost efficient methods to deliver services in the context of declining resources. Will identify critical knowledge gaps in HIV and conduct formative research, operations research, and evaluations specifically linked to and based on activities conducted by USAID/Cambodia's HIV/AIDS Flagship Project and other HIV implementers. The project will evaluate the impact, including the cost-effectiveness, of innovative approaches to HIV prevention, treatment and care and support. The project will also promote the use of data for decision making to direct policy development, and make resource allocation decisions as well as to measure the performance of the national HIV program. Will carry out evaluations and studies to improve the effectiveness of HIV interventions for	University Research Co., LLC (URC)

	the most-at-risk populations.	
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D. Additional Support

This Amplified Description may be changed upon written consent between MOH and USAID to, among other things, add additional activities without formal amendment of this Agreement, provided that such changes are within the limits of the definition of the Objective in Section 2.1.

Additional activities may include small, short-term activities such as epidemic control or disease response.

VI. Program management

All activities will be designed in coordination with the relevant RGC counterparts and with appropriate consultations with stakeholders. Program design will include a provision for a management structure, chaired by MOH or co-chaired by MOH and USAID that will, inter alia, endorse an annual work plan and budget and monitoring of the program activities.

VII. Roles and Responsibilities of the Parties

A. Ministry of Health

MOH will serve as the RGC lead partner for USAID in the implementation of this Agreement, including, but not limited to the inter-ministerial and inter-departmental coordination, provision of competent technical staff and provision of workplace for the staff. Consistent with the Laws of the Kingdom of Cambodia and the policies and procedures of the Royal Government of Cambodia, MOH will:

1. Facilitate the official approval at all levels necessary within the RGC for implementing program activities.
2. Facilitate the necessary documentation, if required, for USAID implementing partners to carry out the work described herein.
3. Coordinate communications with the appropriate RGC authorities that the activities of USAID implementing organizations should receive support to carry out the work described herein.
4. Oversee program activities and participate in the site visits from time to time.
5. Participate in the monitoring and evaluation of the projects.
6. Facilitate the official permits, visas, and any other permissions described in Article 6 of the Agreement.
7. Facilitate the exemptions described in Section B.4 of Annex 3.
8. Undertake other activities as required by the program.

B. United States Agency for International Development (USAID)

In achieving results of this Agreement, USAID will:

1. Provide, through USAID implementing organizations, appropriate technical assistance to implement the program.

2. Contribute towards the achievement of the HSP2.
3. Share consolidated reports on program activities to the MOH as appropriate 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 and other relevant RGC entities at regular, mutually agreed upon intervals, or at the request of the RGC, on progress towards the achievement of the: a) program's objective; b) performance of obligations under this Agreement; and c) performance of USAID implementing organizations, and other matters related to this Agreement.
5. Participate and contribute to the health related TWGs and their sub-TWGs and all other TWGs as appropriate.

VII. Monitoring and Evaluation

Routine monitoring will focus largely at the implementing mechanism level and track required indicators. USAID's implementing partners will use their own monitoring and evaluation systems to regularly collect data against these indicators. Given that there are multiple implementing mechanisms under this Agreement, USAID will ensure that all are working to achieve the complementary objectives and contribute to both technical areas and the RGC's Joint Monitoring Indicators. Indicators, baselines and targets should, as far as possible, be drawn directly from RGC's own results frameworks and policy objectives.

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.

