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Annual Report Part III: FY 2001 Performance Narrative

442-001 Strengthened Democratic Processes and Respect for Human Rights

Key Achievements

Cambodian non-governmental organizations have proved to be some of the most courageous and professional groups in the country. This year USAID-funded partners investigated approximately 600 alleged human rights cases. The Cambodian League for the Promotion and Defense of Human Rights (LICADHO), which is one of the largest and most effective human rights NGOs in Cambodia, uncovered an alleged baby trafficking scheme. Human rights monitoring and investigation support by USAID-funded NGOs now reaches 73 percent of Cambodia's 184 districts, representing 84 percent of the population. More than 100,000 people received direct assistance from human rights NGOs supported by USAID through The Asia Foundation (TAF). These human rights organizations provide direct intervention, legal services, and other needed assistance to victims of human rights violations and prisoners. In addition, legal aid providers represented more than 60,000 disadvantaged families in disputes over land and fishing rights, often pitted against powerful figures.

The first-ever multiparty commune council elections were held on February 3, 2002. These elections represented another important step forward in Cambodia's attempts to democratize and decentralize. They also had the beneficial impact of involving 75,000 candidates in local politics, to elect 11,261 members, most for the first time, including a surprising number of women. As a result of the elections, more than 900 women were elected as representatives to the commune councils, an unprecedented event for Cambodia. Prior to elections, there were ten women involved in commune government. In preparing women to become more involved in politics, a USAID-funded local partner, Women for Prosperity (WFP), trained 5,527 women from five political parties. USAID-supported US and local NGOs effectively advocated the removal of regulations that would have resulted in censorship of voter education materials. In the run-up to election day, NGOs conducted thousands of village-level voter education meetings and drama performances, distributed 700,000 copies of a non-partisan voter's guide, and broadcast a series of voter education public service announcements on radio and television. USAID, with the National Democratic Institute (NDI) and the Khmer Institute for Democracy (KID), staged Cambodia's first-ever political debates. On election day, with USAID support, election monitoring organizations (EMOs) deployed more than 33,000 domestic observers to cover 12,400 polling stations. With USAID support, these EMOs have coalesced into credible election monitoring organizations and now have a legitimate seat at the table when it comes to domestic and international election discussions.

Performance

This SO met expectations in strengthening civil society as a prerequisite for the country's transition to a sustainable and economically viable democratic society. Civil society groups, which continue to monitor human rights, advocate for reforms and expose corruption, have grown in numbers and maturity. They know the limits within which they can safely act and continue to challenge those limits. Thanks to the outreach of NGOs throughout the country, Cambodians are more aware that their constitution guarantees them certain internationally accepted human rights. In FY 2001, 95% of courts throughout Cambodia used public defender services financed by USAID.

During FY 2001, LICADHO provided critical human rights investigation and monitoring services in 64% of the districts in Cambodia and reached more than 57% of the districts with human rights education and training programs. From October 2000 to March 2001 alone, LICADHO investigated 277 cases of human rights violations. More than 12,000 citizens were reached during this period through LICADHO's human rights training and information dissemination sessions. In a six-month period, more than 62,000 people received direct assistance from human rights NGOs supported by TAF and USAID. These human rights organizations provide direct intervention, legal services, and other needed assistance to victims of human rights violations and prisoners. During the same period, Legal Aid of Cambodia represented 51,000 clients in 228 land disputes, both large-scale and on behalf of individual families.

Cambodian NGOs advocated for a Criminal Code and Code of Criminal Procedure, as well as a Civil Code and Code of Civil Procedure that would meet international standards. Four local NGOs pushed for

revisions on the draft law on domestic violence, while the Cambodian Center for Social Development (CSD) continued to provide more input into the draft law on anti-corruption. An umbrella group of 16 human rights organizations, known as the Cambodian Human Rights Action Committee (CHRA), provided more than 40 contributions to draft legislation and government policies, including laws on the press, forestry, labor, media and elections, the law on arms, explosives and munitions, and on the Khmer Rouge trial. The Solidarity Center, with assistance from USAID and the State Department, worked with labor union leaders to press for far-reaching labor regulations protecting the rights of unions and workers.

KID and CSD are two excellent examples of NGOs that serve the nation through a check-and-balance function. KID runs courses on "Rule of Law and Due Process," covering issues on human rights, democracy, commune council election law, the constitution, judicial system, and administrative structures for local officials. These courses take place in different parts of the country and reach people and officials at different levels of society. KID remains extremely vocal on important public policy issues, and aims to hold the government accountable. CSD plays a prominent role in promoting transparency, accountability, and integrity in Cambodia. CSD is the leading organization working with reform-minded government officials and colleague NGOs on anti-corruption legislation and other measures to end corruption. CSD does this through what it calls Parliamentary Watch, which monitors and assesses activities within the National Assembly and Senate. It also informs the general public through public fora across the country, through a popular monthly bulletin that includes cartoons on serious issues by a well-known and respected cartoonist in Cambodia, and through a program in the formal school system. The Cambodian Institute for Cooperation and Peace (CICP) has also made a significant impact on combating corruption as well. CICP co-hosted with NDI, the first-ever Civil-Military Relations Conference, during which the usefulness and need of bringing civil society participation into the planning, evaluation and implementation of military reforms was discussed.

As a result of the 2002 commune elections, the CPP will share power with elected officials from its coalition partner FUNCINPEC and the opposition Sam Rainsy Party for the first time at the grassroots level. While the final results are not yet in, it appears that more than 900 women will be on these commune councils, and that is unprecedented in Cambodia. The Women's Media Center (WMC) has contributed significantly to women's involvement in politics. The purchase with USAID support of a new radio transmitter has given the WMC, as the only independent radio station in the entire country, the ability to reach more than 60% of the Cambodian population. WMC has been and remains the only source for Cambodians seeking access to information about the social, cultural, economic, and political challenges facing Cambodia, particularly Cambodian women.

Challenges

The lack of independent and impartial electoral authorities continues to represent a challenge for free and fair elections in Cambodia. The National Election Committee (NEC) essentially retained the same major-party-dominated membership it had during the 1998 national elections. The only changes were the replacement of a questionable coalition-partner-party representative with a genuine party representative, and the addition of a representative from the opposition Sam Rainsy Party. Echoing the private views of some donors regarding the election process, the Prime Minister has implicitly acknowledged the NEC's lack of credibility. He has publicly and privately called for a reform of the National Election Commission before the 2003 elections, after its current mandate expires in 2002.

The NEC's bureaucratic and sometimes biased handling of issues resulted in serious roadblocks to the formation and conduct of a credible election. One example is unfair and unequal media access. After promising to air a series of 15 voter education roundtables sponsored by NGOs, in which each political party would have equal time to answer questions about agreed-upon issues, the NEC reversed itself and decided not to allow the state-run (i.e., dominant-party controlled) television stations to air the programs. A similar problem occurred with regard to the airing of the commune candidate debates. Although the first-ever multiparty debates were definitely a success, they were not televised due to the NEC's arbitrary decision. In another example, the NEC decided to interpret an election law in a manner that would have resulted in the censorship of election education materials. Fortunately, USAID-supported NDI was able to mediate the situation by convening a roundtable meeting in which it and other USAID-supported NGOs successfully reasoned with the NEC to change its ruling and avoid charges of censorship.

While unions have been in existence in Cambodia since 1997, union members still do not enjoy all of the benefits that union membership would normally provide. The Solidarity Center, with assistance from USAID and the State Department, worked with labor union leaders to press for far-reaching labor regulations protecting the rights of unions and workers. Unions have also successfully fought, for the first time, to be included in this and other policy-making processes. The Solidarity Center has provided intensive training to teach union leaders building skills that not only create unions of workers but also create unions that effectively work to protect their members. This year more than 60 new garment factory unions were organized, bringing the total to 200. Workers in other sectors--teachers, restoration and construction, hotel and restaurant workers--are now following the example of garment workers in organizing and building new unions.

Human trafficking continues to be a major problem in Cambodia, one which USAID will increasingly seek to address. One of the most impressive Cambodian organizations dealing with this issue to date is the Cambodian Women's Crisis Center (CWCC). With support from USAID through TAF, CWCC produces materials to bring attention to human trafficking, conducts training programs and workshops to combat trafficking, provides confidential shelters for victims of trafficking and domestic abuse, and offers professional counseling and vocational training to trafficking victims. With USAID support, the Cambodian Defenders Project (CDP) recently established a Center Against Trafficking. CDP is one of the few Cambodian organizations that have the ability to address the issue of human trafficking from a legal perspective. CDP has worked diligently for improved legislation, advocated for implementation of existing laws, trained individuals responsible for implementing existing laws, and provided pro bono legal assistance for victims of trafficking.

Given the rent-seeking opportunities available in government positions, incumbents have strong financial and personal interests in maintaining power. Corruption remains a systemic problem running throughout the three branches of government. Politically, it undermines the credibility and authority of government and impedes the growth of democracy. Economically, it distorts the allocation of public resources and discourages private sector investment. The social costs of corruption are evident in the high correlation rates between corruption and poverty. In addition to the aforementioned corruption-fighting activities, the Cambodia Institute for Human Rights (CIHR) has specifically begun addressing this problem with the launching of its nationally recognized Good Governance training program. During the period from October 2000 to March 2001, this program reached more than 1,200 public officials delivering critical messages and information concerning transparency, accountability, responsibility, and the ethics of public service.

442-002: Improved Reproductive and Child Health

Key Achievements

On-going training in management and quality improvement skills for frontline health center workers have resulted in expanded supply, increased access and strengthened demand for RCH services in the partners' targeted geographic areas. Approximately 300 new Village Development Committees (VDCs) were created through support from USAID in 2001, committees which enabled Cambodians themselves to assess the needs of their communities and to make local decisions to meet their needs in the most appropriate manner. USAID technical assistance provided for the training of more than 8,000 health center and outreach staff throughout the country in 2001. The estimated number of beneficiaries for maternal and child health services from USAID partners was more than 4,800,000 in 2001. The Reproductive Health Association of Cambodia (RHAC) caseload alone grew by 67 percent from 215,000 clients in FY 2000 to 360,000 in FY 2001. According to the results of an internal assessment conducted by RHAC in early 2001, the contraceptive prevalence rate (CPR) in RHAC coverage areas was found to be an average of at least 30 percent. This contrasts with the national CPR average of just under 19 percent for modern methods reported in the 2000 DHS.

The Reproductive and Child Health Alliance (RACHA) has contributed substantially to capacity building efforts within communities. The number of community workers who received training in 2001 was almost twice the cumulative total for the three preceding years. In addition, more than 1,200 health center staff

and more than 900 traditional birth attendants (TBAs) were trained. Equally impressive is the report that trained midwives in RACHA's target areas attended more than 30 percent of the deliveries. This represents a significant accomplishment when as recently as 1998 almost all deliveries occurred in the home with untrained TBAs.

The total CYP target for the year 2001 was 203,000. The actual level achieved by 2001 was 327,380. This represents a 75 percent increase over the previous year. While the total 2001 sales of *Number One* condoms reached 16,304,900, an increase of about 1.3 percent, this achievement fell slightly short of the expected target of 16.5 million condoms. *Number One* continues to be the country's most-recognized brand of condom, indicating the success of USAID-funded efforts to slow HIV transmission rates and deter unintended pregnancies.

In 2001, sales of the oral contraceptive brand 'OK' pill, socially marketed by PSI, reached 717,432 cycles, an increase of nearly 70 percent from the level recorded in 2000. The total volume of services provided and the increase in the demand for services in all the RHAC clinics provide an indication of the high demand for quality services and the high burden of disease in the country. This level of demand also reflects tremendous unmet need for family planning. For example, the number of clients seen at RHAC clinics for family planning services increased from 230,199 in 2000 to 306,134 in 2001, a 33 percent increase.

Performance

This SO met expectations to reduce child mortality, unintended pregnancies, and maternal mortality, as well as to improve infant and child health/nutrition. The primary activities for achieving this SO are: (1) expanded supply of reproductive and child health services (RCH); (2) increased access to reproductive and child health services; and (3) strengthened demand for reproductive and child health services. Children under five years of age and mothers are the key beneficiaries.

The official reporting source for the status of child survival activities is the 2000 Cambodia Demographic and Health Survey (CDHS), released in October 2001. The three main indicators used to illustrate progress towards meeting this SO are: the infant mortality rate, couple-years of protection (CYP), and the number of *Number One* brand condoms sold. Immunization rates are equally important. According to the 2000 CDHS, the infant mortality rate of 95 deaths per 1000 births is lower than the target set in 1996 of 100 deaths per thousand. Child mortality was expected to decrease from 181 deaths per thousand to 155 deaths per thousand by the year 2000, according to targets set in 1996. The 2000 CDHS shows that child mortality has been further reduced to 124.5 deaths per thousand. Modern contraceptive prevalence (CPR) has risen from 16 percent in 1998 to 19 percent in 2000. According to the CDHS, nearly half (42 percent) of currently married women who were not using any contraception at the time of the survey said that they intend to use family planning methods at some time in the future.

The USAID-sponsored immunization program run by CARE International has achieved remarkable increases in the percent of children fully immunized – from 18 percent in 1995 to 72 percent in 2001. As elsewhere in the world, the 2000 CDHS showed that children of mothers with secondary or higher education are twice as likely to be fully immunized (59 percent) as children whose mothers have no education (29 percent). While the steady increase in immunization coverage is encouraging, it is important to note the substantial differences in coverage between regions documented in the CDHS, ranging from as low as 12 percent in the remote coastal town Koh Kong to 63 percent in urban centers Battambang and Pailin.

The Ministry of Health has adopted a number of important tools and protocols developed by USAID-sponsored NGOs. In addition to their instrumental role in developing the current Ministry Child Health Card, Helen Keller International, in partnership with the National Prevention of Blindness office of the MOH, conducted an assessment of the pilot Primary Eye Care (PEC) program. The main purpose of the assessment was to determine the effectiveness of the PEC pilot program and to determine successes and constraints to program implementation in order that lessons may be applied prior to expansion. Finally, USAID was instrumental in the finalization of the Cambodia Demographic and Health Survey

(CDHS), the first of its kind. Future endeavors will include the further dissemination of the information published in the CDHS and possibly a series of 'mini' surveys. All USAID Cambodia partners play a key role in each of the relevant technical committees at both the national and provincial levels, contributing to improvements in specific program areas as well as in policy dialogue.

Local and international NGOs carry out USAID interventions for reproductive and child health. Legislative restrictions on working with the Royal Government of Cambodia have limited the ability to influence improvements in national policy and expand access to quality RCH services nationwide. The lack of skilled providers and trained and experienced staff at all levels are additional major constraints. In spite of these overwhelming challenges, the overall results achieved under the SO in a relatively brief period of time are encouraging. Significant progress towards achieving access to quality essential health services will take some years to achieve, given the social and political context in Cambodia.

442-005-01: Reduced Transmission of Sexually Transmitted Infections/HIV Among High-Risk Populations

Key Achievements

USAID programs focused strongly on targeted behavior change interventions in 2001 in order to motivate/enable population sub-groups currently at high risk to increase condom use, reduce commercial sex use and to seek treatment for sexually-transmitted diseases. During the year 2001, socially marketed PSI condoms reached record sales of over 16.3 million. Owing to USAID assistance, Cambodia has one of the most advanced HIV surveillance systems in Asia. The National HIV Sentinel Surveillance (since 1999) and Behavioral Surveillance Survey (since 1997) have shown declining trends in HIV prevalence and increased condom use among all sub-groups known to be engaging in high-risk behaviors. During 1997-2000, HIV seroprevalence decreased from 39 percent to 31 percent among direct sex workers, from six percent to 3.1 percent among the police, and from 3.2 percent to 2.3 percent among women attending antenatal clinics (it is still too early to report on 2001) (HSS, 1999).

Performance

This SO met expectations in 2001. As one of the poorest nations in the region, Cambodia is currently facing the most serious HIV/AIDS epidemic in Southeast Asia. Current estimates place the overall adult population HIV prevalence at 2.8 percent (HIV Sentinel Surveillance 2000), with more than 169,000 people with HIV/AIDS. UNAIDS estimates the total number of HIV/AIDS infected persons to have reached 220,000 in the year 2000. New estimates suggest that as many as 40,000 children have been orphaned as a result of HIV/AIDS. In late CY 2000, under a new Agency-wide expanded response to the global HIV pandemic, Cambodia was identified as one of four Rapid Scale-Up countries worldwide (and the only Rapid Scale-Up country outside of Africa). Cambodia's funding for HIV/AIDS activities increased significantly, from approximately \$2.5 million in FY '00 to approximately \$10 million in FY '01.

The HIV epidemic in Cambodia now affects men, women and children in all of the country's 24 provinces and municipalities. Dynamic population flow has been a major driving force behind the epidemic spread of HIV in Cambodia, which is spread almost entirely by sexual transmission (Injection drug use is in its early stages in Cambodia, with very little available data.). USAID-funded interventions focus on behavior change among population subgroups currently at high risk for HIV infection coupled with improved quality of and access to STD care for subgroups currently at low and high risk. Specifically, the programs' aim through 2001 was to inform policy makers about the HIV/AIDS epidemic in Cambodia; to reduce high-risk behaviors in target areas; and to pilot and replicate model sexually transmitted disease (STD) and reproductive health service delivery programs for population subgroups that engage in high-risk behaviors. The beneficiaries of USAID-funded HIV/AIDS programs are all Cambodians exposed to national social marketing campaigns promoting condom use for the prevention of HIV transmission; and specifically, people living with HIV/AIDS, as well as both infected and non-infected commercial sex workers and military personnel and police.

HIV/AIDS Education/Prevention: USAID supports a number of successful outreach interventions that target a variety of sub-groups currently at high risk for HIV. Outreach programs for female commercial sex workers (FCSW) are concentrated in urban areas where the majority of sex establishments are located.

Other prevention programs target men engaging in high-risk behaviors, such as those in military and police forces, through peer education. Training takes place in the base camps where the majority of these men work and reside. During 2001, FHI-trained peer educators trained 28,044 military staff members and 9,026 policemen on safe-sex practices, modes of transmission and methods of prevention of HIV/STDs, and HIV/AIDS stigma-reduction. By the end of FY 01, USAID programs conducted HIV outreach education for 4,187 sex workers.

HIV/AIDS Policy: In response to the recent approval from the U.S. Congress to work in closer coordination with the Royal Government of Cambodia on HIV/AIDS, USAID partners have been more active in supporting the improvement of national capacity in the multisectoral response to HIV/AIDS. FHI/Impact worked closely with the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) to expand implementation of the RGC's "100 percent Condom Use Policy" to six provinces. With FHI/IMPACT support, the Cambodian Ministry of National Defense has completed its first 5-year strategic plan to respond to HIV/AIDS among the military.

USAID's POLICY Project provided technical support to the National AIDS Authority (NAA) to assist with a costing exercise for the development of the National HIV/AIDS Response Plan. The POLICY Project also provides support to the Ministry of Women's and Veteran's Affairs (MoWVA) to establish a Gender and HIV/AIDS Working Group which will build strategic networks with key partners and enable the MoWVA to provide leadership to other Ministries and civil society organizations. This will assist those agencies to include gender in their HIV/AIDS-related policies and programs. The POLICY project has also provided support to build up the capacity of CPN+ (the newly formed national network, Cambodia People Living with AIDS network) to increase the advocacy role of groups of People Living With AIDS in prevention, care and support. POLICY provides technical assistance to build the capacity of leaders among Buddhist Monks to expand the role of faith-based organizations in HIV/AIDS prevention and care.

STI Services: Through FHI/Impact, USAID support has focused on building the capacity of health care providers from government and non-government organizations, specifically on STI case management and the provision of quality 'sex worker-friendly' services. In an effort to support the expansion of the Ministry of Health's 100 percent Condom Use Policy, FHI/Impact staff have worked collaboratively with the National center of HIV/AIDS, Dermatology and STDs to finalize training guidelines, STI treatment manuals for sex workers, and STI in-service training and clinic management. The program has provided in-service training to ten health facilities and supported an NGO mobile clinic for sex workers. The achievements of this program, in terms of the number of patients assessed and treated appropriately, are presented in Table 2.

Table 1: Annual Report Selected Performance Measures

December 3, 2001

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
Pillar I: Global Development Alliance: GDA serves as a catalyst to mobilize the ideas, efforts, and resources of the public sector, corporate America and non-governmental organizations in support of shared objectives					
1 Did your operating unit achieve a significant result working in alliance with the private sector or NGOs?	Yes	No	N/A X		
2 a. How many alliances did you implement in 2001? (list partners) b. How many alliances do you plan to implement in FY 2002?					
3 What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?					
Pillar II: Economic Growth, Agriculture and Trade: USAID works to improve country economic performance using five approaches: (1) liberalizing markets, (2) improving agriculture, (3) supporting microenterprise, (4) ensuring primary education, and (5) protecting the environment and improving energy efficiency.					
4 If you have a Strategic Objective or Objectives linked to the EGAT pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met	Not Met		
USAID Objective 1: Critical, private markets expanded and strengthened					
5 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged					
6 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable					
7 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded					
8 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
9 a. Number of children enrolled in primary schools affected by USAID basic education programs (2001 actual) b. Number of children enrolled in primary schools affected by USAID basic education programs (2002 target)	Male	Female	Total		
USAID Objective 5: World's environment protected					
10 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
11 a. Hectares under Approved Management Plans (2001 actual) b. Hectares under Approved Management Plans (2002 target)					
Pillar III: Global Health: USAID works to: (1) stabilize population, (2) improve child health, (3) improve maternal health, (4) address the HIV/AIDS epidemic, and (5) reduce the threat of other infectious diseases.					
12 If you have a Strategic Objective or Objectives linked to the Global Health pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met X	Not Met		
USAID Objective 1: Reducing the number of unintended pregnancies					
13 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		
USAID Objective 2: Reducing infant and child mortality					
14 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth					
15 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		
USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries					
16 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	X	No	N/A		NCHADS
USAID Objective 5: Reducing the threat of infectious diseases of major public health importance					
17 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		
Pillar IV: Democracy, Conflict and Humanitarian Assistance					
18 If you have a Strategic Objective or Objectives linked to the Democracy, Conflict and Humanitarian Assistance Pillar, did it/they exceed, meet, or not meet its/their targets?	Exceed	Met X	Not Met		
USAID Objective 1: Rule of law and respect for human rights of women as well as men strengthened					
19 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		
USAID Objective 2: Credible and competitive political processes encouraged					
20 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		
USAID Objective 3: The development of politically active civil society promoted					
21 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		
USAID Objective 4: More transparent and accountable government institutions encouraged					
22 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No X	N/A		

Indicator (all data should pertain to FY or CY 01)	OU Response			Fund Account	Data Quality Factors
USAID Objective 5: Conflict					
23 Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
24 Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
25 Number of refugees and internally displaced persons assisted by USAID	Male	Female	Total		
USAID Objective 6: Humanitarian assistance following natural or other disasters					
26 Did your program achieve a significant result in the past year that is likely to contribute to this objective?	Yes	No	N/A X		
27 Number of beneficiaries					

Table 2: Selected Performance Measures for Other Reporting Purposes

The information in this table will be used to provide data for standard USAID reporting requirements

Indicator (all data should pertain to FY or CY 01)	OU Response	Fund Account	Data Quality Factors
Child Survival Report			
Global Health Objective 1: Reducing the number of unintended pregnancies			
1 Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey. (DHS/RHS)	18.5		DHS 2000, page 80 (CMW only, current use)
Global Health Objective 2: Reducing infant and child mortality			
2 Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)	Male 50 Female 47 Total 42.7		DHS 2000, page 151 (vaccinated by 12 mos of age)
3 Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS)	Male 20.2 Female 17.6 Total 18.9		DHS 2000, page 159 and 161
4 Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)	Male 28 Female 29.1 Total 28.5		DHS 2000, page 183
5 Were there any confirmed cases of wild-strain polio transmission in your country?	NO		WHO, Western Pacific Region (polio eradicated in region)
Global Health Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth			
6 Percentage of births attended by medically-trained personnel (DHS/RHS)	31.8		DHS 2000, page 141
Global Health Objective 5: Reducing the threat of infectious diseases of major public health importance			
7 a. Number of insecticide impregnated bed-nets sold (Malaria) (2001 actual) b. Number of insecticide impregnated bed-nets sold (Malaria) (2002 target)	10,666 (distributed), 14,291 (re-impregnated), 66,873 (beneficiaries) 2001 2002 projection not available		Partners for Development (PFD)
8 a. Proportion of districts implementing the DOTS Tuberculosis strategy (2001 actual)	NA for 2001		
b. Proportion of districts implementing the DOTS Tuberculosis strategy (2002 target)	2002 projection not available		Current case detection rate is 40%. MoH, with support from WHO is committed to nation-wide implementation of health center DOTS, based on the successful pilot. CARE will assist with training, supervision, transportation, drug security and community awareness.
HIV/AIDS Report			

Global Health Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries					
9	a. Total condom sales (2001 actual)	16,394,900			Data are from PSI
	b. Total condom sales (2002 target)	16,800,000			
10	a. Number of individuals treated in STI programs (2001 actual)	Male 7,614	Female 55,693	Total 63,317	These figures include individuals appropriately treated. This includes all patients tested, whether the appropriate treatment was to send them home with or without medicines. Data are from RACHA, RHAC, and FHI
	b. Number of individuals treated in STI programs (2002 target)	9,632	59,800	69,432	
11	a. Is your operating unit supporting an MTCT program?	No			
	b. Will your operating unit start an MTCT program in 2002?	No			
12	a. Number of individuals reached by community and home based care programs (2001 actual)	Male 175,130	Female 165,685	Total 340,815	Data are from KHANA and FHI
	b. Number of individuals reached by community and home based care programs (2002 target)	231,151	169,600	400,751	
13	a. Number of orphans and vulnerable children reached (2001 actual)	Male 127*	Female 98*	Total 78,525	Data are from KHANA and FHI. *Male/Female breakout was only available from CARE for 2001 data, and CARE's and FHI's projected data for 2002. Therefore, the totals for 2001 and 2002 target are greater than the sum of male and female for 2001 and 2002 targets.
	b. Number of orphans and vulnerable children reached (2002 target)	48,050*	47,950*	97,981	
14	a. Number of individuals reached by antiretroviral (ARV) treatment programs (2001 actual)	Male N/A	Female N/A	Total N/A	
	b. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 target)	N/A	N/A	N/A	

Victims of Torture Report					
Democracy, Conflict, and Humanitarian Assistance Objective 7: Providing support to victims of torture					
15	Did you provide support to torture survivors this year, even as part of a larger effort?				
16	Number of beneficiaries (adults age 15 and over)	Male	Female	Total	
17	Number of beneficiaries (children under age 15)	Male	Female	Total	

Global Climate Change					
USAID Objective 5: World's environment protected					
18	Global Climate Change: See GCC Appendix				

Annual Report Part VII: Environmental Compliance

The mission does not anticipate any new or amended environmental examinations (IEEs) in the coming year. In 2001 the Mission completed an Environmental Analysis, including Bio-diversity and Tropical Forestry Assessments, as part of its Interim Country Strategic Plan, 2002-2005. This satisfied the requirements for compliance under Sections 118(e) and 119(d) of the Foreign Assistance Act. Activities planned under the Interim Country Strategic Plan are expected to continue to fall under the following classes of categorical exclusions: 1) programs involving education, technical assistance or training; 2) programs involving nutrition, health care or population and family planning services; and programs of maternal and child health.

Ongoing Strategic and Special Objectives and related activities are in compliance with their approved Categorical Exclusions.