



Family Planning and Safe Motherhood: Saving Lives and Meeting Development Goals in Cambodia

Kingdom of Cambodia

Nation - Religion - King

Family Planning and Safe Motherhood: Saving Lives and Meeting Development Goals in Cambodia

Ministry of Health

FOREWORD

Cambodia is currently faced with a remarkable opportunity to further develop its family planning and reproductive health programs. Progress has been made in improving the contraceptive pre- valence rate (CPR) among married couples and decreasing the fertility rate. The positive effects of Cambodia's family planning programs have been seen in the period from 1995 to 2000. However, Cambodia still faces challenges in ensuring access to high-quality reproductive health and family planning services.

This booklet provides an overview of the accomplishments of the existing family planning and safe motherhood services. It also outlines the health impacts and benefits of family planning on the Cambodian population, including how family planning impacts maternal and infant morbidity and mortality. The booklet explains the challenges that Cambodia will face in securing access to high-quality family planning services and makes recommendations for future action. The Cambodian Ministry of Health hopes that this booklet will encourage key stakeholders to become involved in promoting and ensuring access to family planning and reproductive health services.

His Excellency, Professor Eng Huot
Secretary of State, Ministry of Health
Phnom Penh
September 2004

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INTRODUCTION

Over the past decade, Cambodia has made good progress in re-establishing a nationwide health system that had been devastated by decades of civil conflict. The efforts of the Ministry of Health and nongovernmental organizations (NGOs) to expand family planning services have had an impact on individual lives and most health indicators. Between 1995 and 2000, the contraceptive prevalence rate (CPR) for married couples practicing modern family planning methods increased from 7 to 18.5 percent. Few countries have been able to achieve such a rapid increase in contraceptive prevalence. The risk that a woman will die due to pregnancy-related causes-while still quite high-has also been greatly reduced due to lower fertility and improved access to service provision.

Despite these achievements, Cambodia faces great challenges. The share of the national budget devoted to the health sector is low, and the proportion of healthcare paid by households, out-of-pocket, is high. Donor funds for family planning/reproductive health (FP/RH) have markedly decreased. Systems to ensure adequate services for rural and poor populations are still insufficient. The population continues to grow rapidly, and the population of reproductive age is growing especially quickly due to the "baby boom" experienced during the 1980s. A large number of women and couples have an unmet need for family planning. Perhaps the greatest challenge is the development of programs to ensure that all pregnant women have access to adequate family planning, antenatal care and safe delivery services.

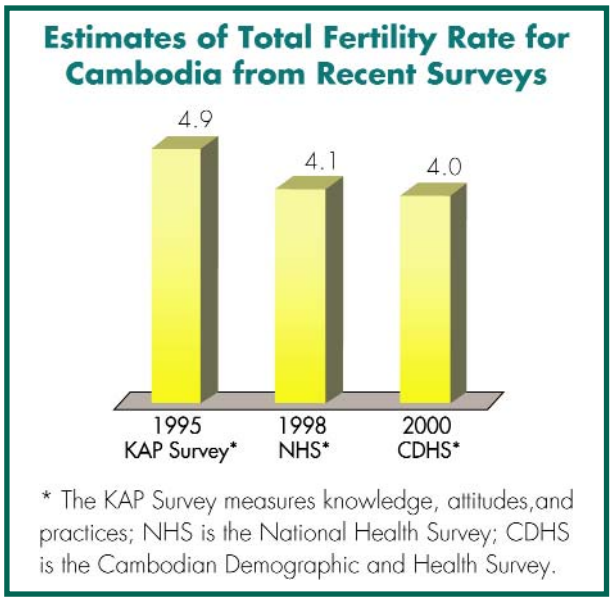
Family planning is a critical intervention that helps countries meet their health and development goals. Family planning saves women's and infants' lives and is a key component of preventing mother-to-child transmission of HIV/AIDS. By helping women and men to achieve their desired number of children and to space their births, family planning contributes to the overall health of families.

This booklet reviews Cambodia's current reproductive health situation and focuses on the challenges ahead for family planning (FP) and safe motherhood programs.

CURRENT STATUS OF REPRODUCTIVE HEALTH IN CAMBODIA

Cambodia has a high fertility rate of 4. Moreover, Cambodian women would prefer to have fewer children, indicating a need for FP services. Maternal mortality and morbidity rates are also high. Providing family planning and reproductive health services to those women who need and want these services would help to reduce the number of pregnancies, especially high-risk pregnancies, and, therefore, contribute to lowering maternal mortality.

Total Fertility Rate Is Declining but Still High



Decrease in Total Fertility Rate

The **total fertility rate (TFR)** is defined as the number of children a woman would have by the end of her reproductive period if she followed the current childbearing rate at each age, provided she survived to the end of her child-bearing years.

Based on surveys done in 1995, 1998, and 2000, it is apparent that Cambodia's TFR is on the decline. However, a rate of 4.0 is still significantly above the replacement level of 2.1, indicating that the population is still growing. Such population growth can strain the country's economy, resources, and health infrastructure. Additionally, it has been demonstrated that having four or more children puts the health of the woman and her children in danger.

High-risk Fertility Behavior in Cambodia

Over half of the births in Cambodia are to women who fall into single or multiple avoidable high-risk categories. Sixteen percent of births in Cambodia are to women in the unavoidable risk category, which includes first birth, coexisting diseases that could negatively affect the pregnancy, and pregnancy resulting from coerced sex.

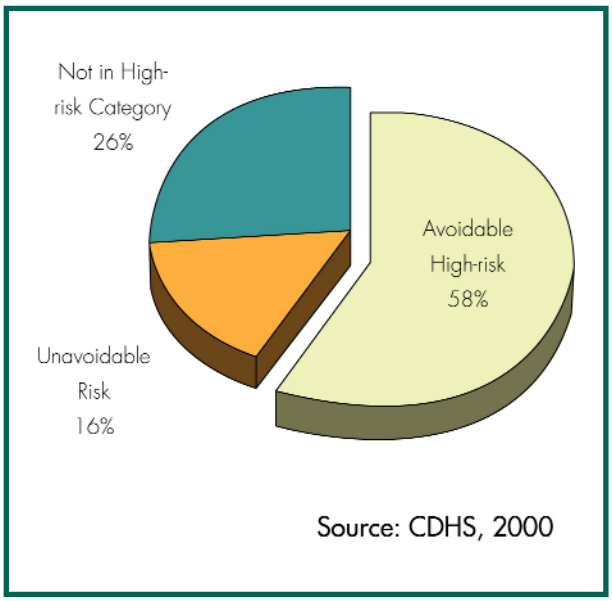
Pregnancy can be particularly risky to certain groups of women-women with four or more children, women who have had children less than 24 months ago, and women who give birth at ages younger than 18 or older than 35. In addition, infants born to women in these high-risk groups are at increased risk of death and illness.

Most Common Avoidable High-risk Categories

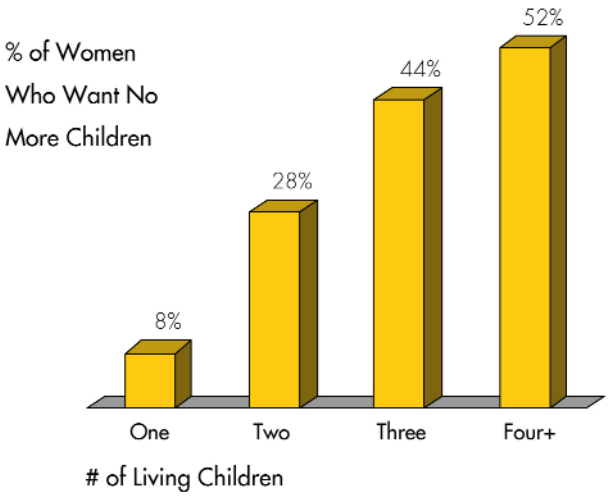
Too many - 21%
4 or more children

Too short - 8%
less than 24 months between births

Too late and too many - 15%
women older than age 35 and with 4 or more children



Women Are Having More Children than They Want



Of women who have four or more children, 52% want no more.

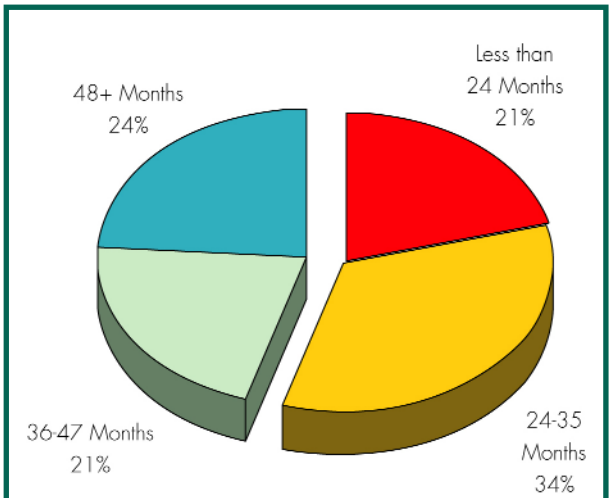
Source: CDHS, 2000

The total fertility rate for Cambodia is 4.0; however, the total wanted fertility rate is 3.1. Thus, women and men are having more children than they want. Having too many children places mothers' and their children's health at risk. Using contraception to end childbearing after four births can help reduce maternal and infant morbidity and mortality rates.

Short Birth Intervals

Longer birth intervals contribute to improved health status of both mother and child. Infants born within two years of the birth of a previous child experience a higher risk of health problems. Short birth intervals also decrease the survival chances of the preceding child. The above graph shows the distribution of second and higher order births that occurred in the period from 1995-2000 by the number of months since the previous birth.

In Cambodia, 21 percent of non-first births occur less than 24 months after the preceding birth, with 8 percent occurring less than 18 months after the preceding birth. Fifty-five percent of women give birth within 36 months of the previous birth.



Source: CDHS, 2000

Births to Young Women and Older Women in Cambodia

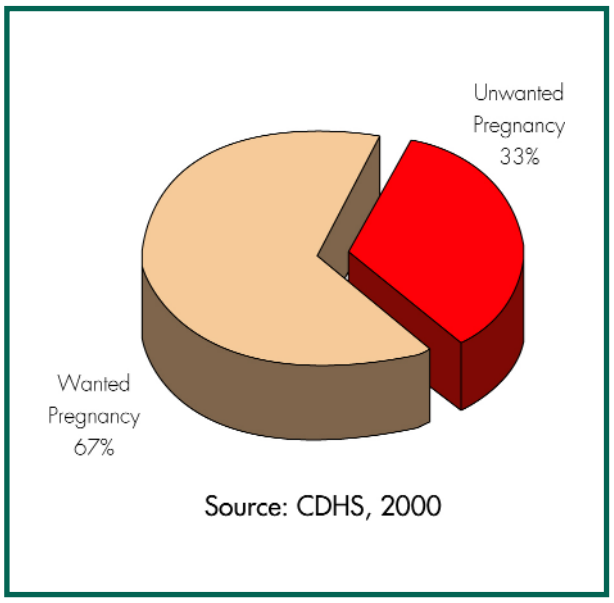
6% of births are to women under 20

Postponing first births until the mother is at least 18 years of age is another important factor in reducing child death. An infant born to a teenage mother is more likely to be born prematurely and weigh too little at birth and is 24 percent more likely to die in the first month of life than an infant born to a mother aged 25-34 years.

24% of births are to women 35 and over

Although older age is not by itself a factor associated with high-risk births, some risks associated with pregnancy, such as ectopic pregnancy, spontaneous abortion, and low birth weight, are associated with increases in maternal age. In addition, infants born to older women are at increased risk of death and illness.

Women's Fertility Preferences for Last Pregnancy

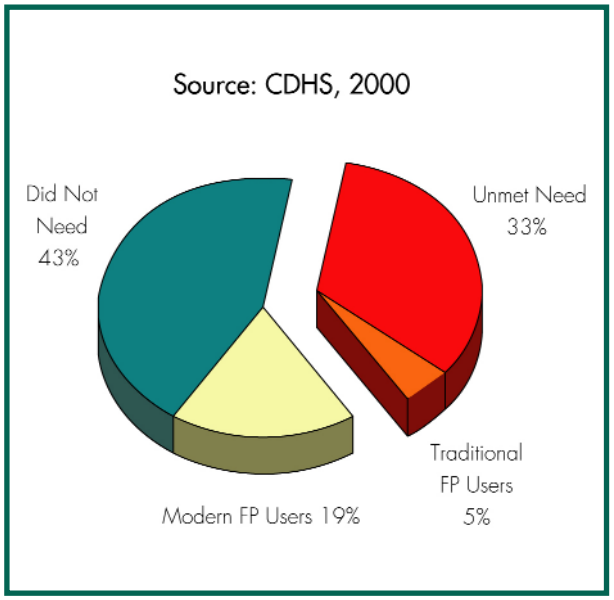


The overall wanted fertility rate is 3.1, while the actual total fertility rate is 4.0.

All pregnant women are at risk of developing complications, whether their pregnancy is wanted or unwanted. Family planning services can reduce the number of unwanted pregnancies, therefore reducing the number of women unnecessarily exposed to risk.

Note: Pregnancies in the period from 1995-2000.

Unmet Need for Family Planning Is High



Women who are married and say that either they want no more children or want to wait at least two years before having another child but are not using contraception have an **unmet need for family planning**. Findings from the 2000 CDHS show that 57 percent of currently married women had a last pregnancy that was mistimed or wanted to delay their next pregnancy for at least two years. About two-fifths of these women (24% of the total) were using some type of contraceptive method, either traditional (5%) or modern (19%). The remaining three-fifths (33% of the total) were using no contraceptive method. Given their desire not to have more children or to delay the next pregnancy at least two years, these women had an unmet need for family planning to achieve their reproductive goals.

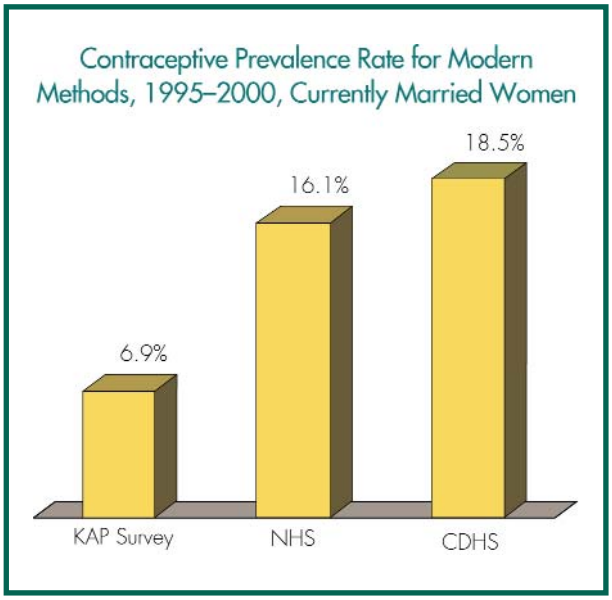
Satisfying this unmet need will help to reduce maternal and infant deaths by decreasing the number of pregnancies, and, in particular, decreasing the number of unwanted, mistimed and high-risk pregnancies.

Rapid Increase in Contraceptive Prevalence

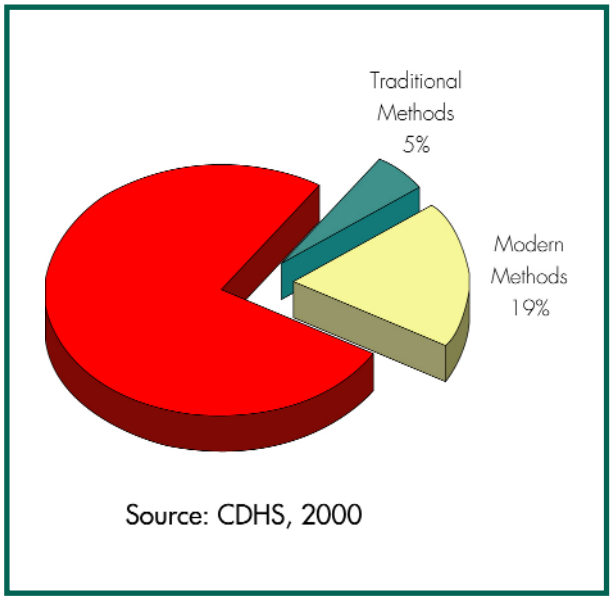
The **contraceptive prevalence rate (CPR)** is defined as the percentage of women either married or in union between the ages of 15-49 who are using, or whose partners are using, any method of contraception, either modern or traditional.

Unlike other countries that had years of experience in establishing FP programs, the current Cambodian health system was only recently established in 1991.

Considering this context, a rapid increase in contraceptive prevalence-from 6.9 percent in 1995 to 18.5 percent in 2000-is a significant achievement. In 2000, an additional 5.3 percent of women were using a traditional method of family planning, giving a total CPR for all methods of 23.8 percent. Service statistics from the Ministry of Health show a contraceptive prevalence rate of 20 percent in 2003 for clients using the public health system.



Cambodia Contraceptive Prevalence and Method Mix



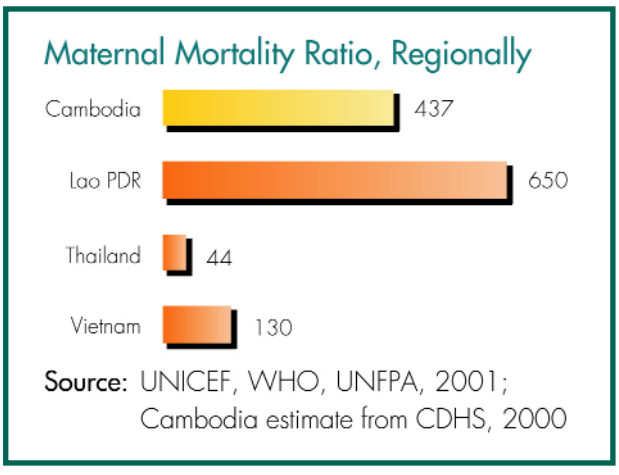
Modern Methods	
Injectables	7.4%
Daily Pills	4.5%
Monthly Pills*	2.7%
IUD	1.3%
Sterilization	1.5%
Condoms	0.9%
Other	0.2%

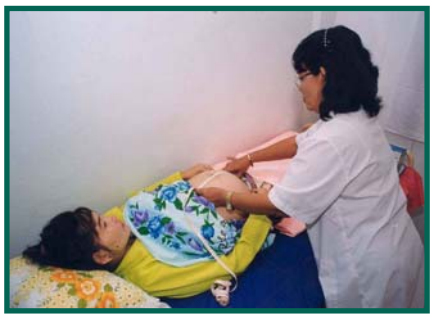
* Not an approved method

Data from the 2000 CDHS showed that 76 percent of currently married women were not using any form of contraception. Five percent of currently married women were using a traditional method of contraception, and 19 percent were using a modern form of contraception. The method mix is predominantly made up of female methods, including injectables and oral contraceptives.

Maternal Mortality

A maternal death is the death of a woman due to complications during pregnancy, delivery, or the six weeks following the birth of her baby. The maternal mortality ratio (MMR) is the number of deaths due to pregnancy and related causes per 100,000 live births. Cambodia's maternal mortality ratio is 437 maternal deaths per 100,000 live births. This is relatively high compared with Vietnam and Thailand. However, Lao PDR surpasses Cambodia, with a maternal mortality ratio of 650 maternal deaths per 100,000 live births.



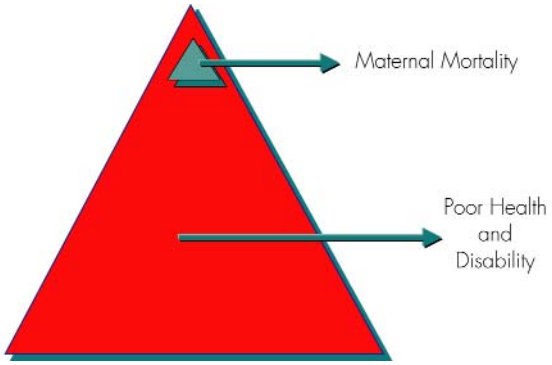


The estimated lifetime risk of dying from maternal causes can be taken from the maternal mortality ratio. For Cambodia, one in 50 women have a risk of dying from pregnancy-related complications. Comparatively, Thailand has a one in 900 risk and Vietnam has a one in 270 risk (UNICEF, WHO, and UNFPA, 2000). The risk for these two countries is lower than that of Cambodia in part because their fertility rates are much lower.

Maternal Mortality Is One Part of the Problem - Many More Women Suffer from Complications

"For every woman or girl who dies as a result of pregnancy-related causes, between 20 and 30 more will develop short- and long-term disabilities..."

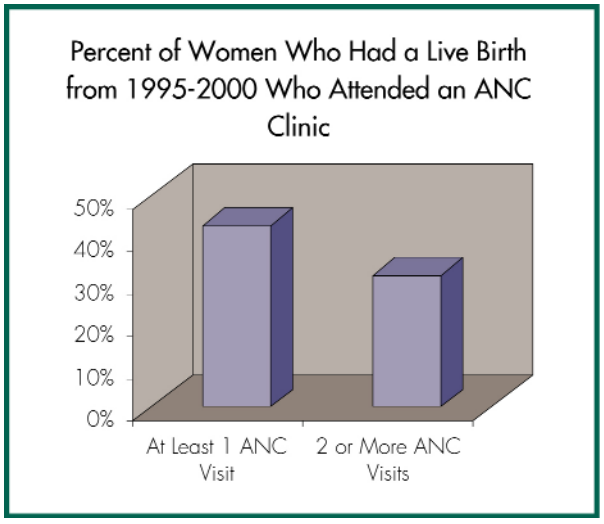
Maternal and Neonatal Program Effort Index, POLICY Project, 2000

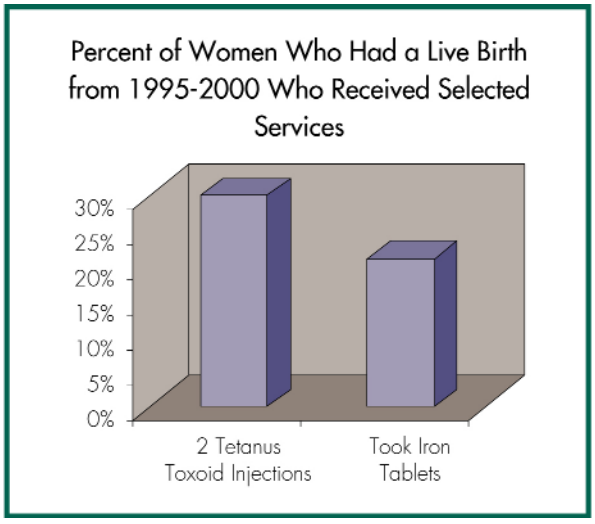


While maternal mortality is high in Cambodia, many more women suffer from pregnancy-related complications, such as chronic anemia, infertility, stress incontinence, fistulae, chronic pelvic pain, emotional depression, and maternal exhaustion.

These disabilities may be life-long, and they affect women's physical, economic, social, and psychological health. Women suffering from these conditions often live their lives in pain, fear, and shame. Most of these disabilities are preventable, primarily by providing women with information and methods for family planning and birth spacing, birth preparedness, complication awareness and readiness, and emergency obstetric care when necessary.

Proportion of Women Receiving Antenatal Care from a Trained Provider and Content of Visit

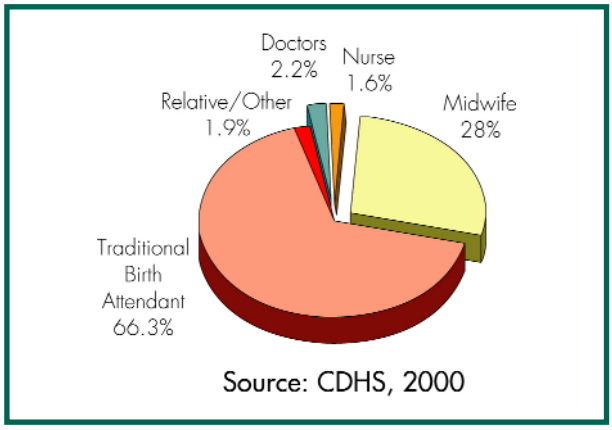




Source: CDHS, 2000

The 2000 DHS showed that 38 percent of women attended at least one antenatal care (ANC) visit from a trained provider, 31 percent had two or more visits; only 9 percent attended four or more visits. Of the women who did attend ANC, the content of the visit shows there is a need to increase the number of women receiving vital services, such as tetanus toxoid immunization and iron supplements.

Two-Thirds of Births Are Attended by Untrained Provider



Part of the reason why maternal mortality and morbidity remain high is the low percentage of women who deliver with a skilled birth attendant.

In Cambodia, two-thirds of births are attended by untrained providers. Even if the provider detects a complication, transport to health centers offering emergency obstetric care remains a serious problem.

It is important to note that only 32 percent of women receive ANC from a trained provider and only 10 percent of births take place at a health facility.

Family Planning, Safe Motherhood, and the HIV/AIDS Epidemic

In 2002, HIV prevalence at ANC clinics was 2.7 percent, the highest in the region. Additionally, an estimated two-fifths of new infections are due to husband-to-wife transmission while another one-third of new infections are due to mother-to-child transmission (Ek, 2004). Based on these data, it is apparent that the HIV/AIDS epidemic is becoming more generalized. These facts demonstrate that family planning counseling and services and safe motherhood services are more important than ever and play an essential role in a comprehensive response to the HIV/AIDS epidemic.

Prevention of Mother-to-Child Transmission

Women of childbearing age who are HIV positive often face a "triple tragedy." One, they may experience discrimination and violence from their male partners. Two, they may experience illness and early death, resulting in their children becoming orphans. Three, they can transmit HIV to their children. All are serious problems that must be addressed.

Prevention of mother-to-child transmission, or PMTCT, is complicated, but achievable, and family planning and birth spacing play important roles in this effort. Cambodia's PMTCT program currently works through nine centers, with 25 planned by 2005, and 36 by 2007. The most effective way to prevent MTCT is to prevent infection in the woman. Programs that distribute barrier methods of family planning, such as condoms, and encourage men to play supportive roles can prevent HIV transmission.

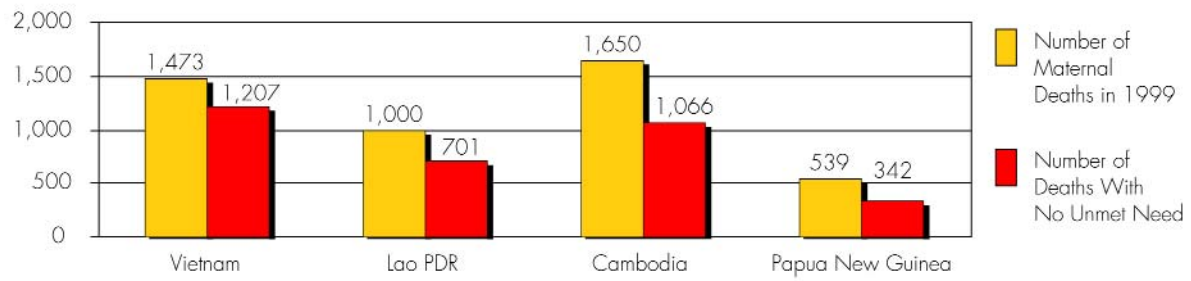
Providing HIV-positive women with a reliable FP method is also a major component in PMTCT. Family planning and birth spacing can reduce unwanted pregnancy among HIV-positive women, thus reducing the number of infants born with HIV. Research has shown that lowering the pregnancy rate among HIV-positive women by as little as 6-7 percent is as effective in reducing HIV transmission to infants as the limited PMTCT nevirapine programs in countries such as Kenya and Zambia, for example (Gillespie, 2004).

HIV-positive women receiving other PMTCT services would benefit from FP services. These women are sexually active and fertile, and they may have a special need for family planning. In addition, family planning promotes partner involvement, which in turn promotes partner HIV testing.

HEALTH IMPACTS AND BENEFITS OF FAMILY PLANNING

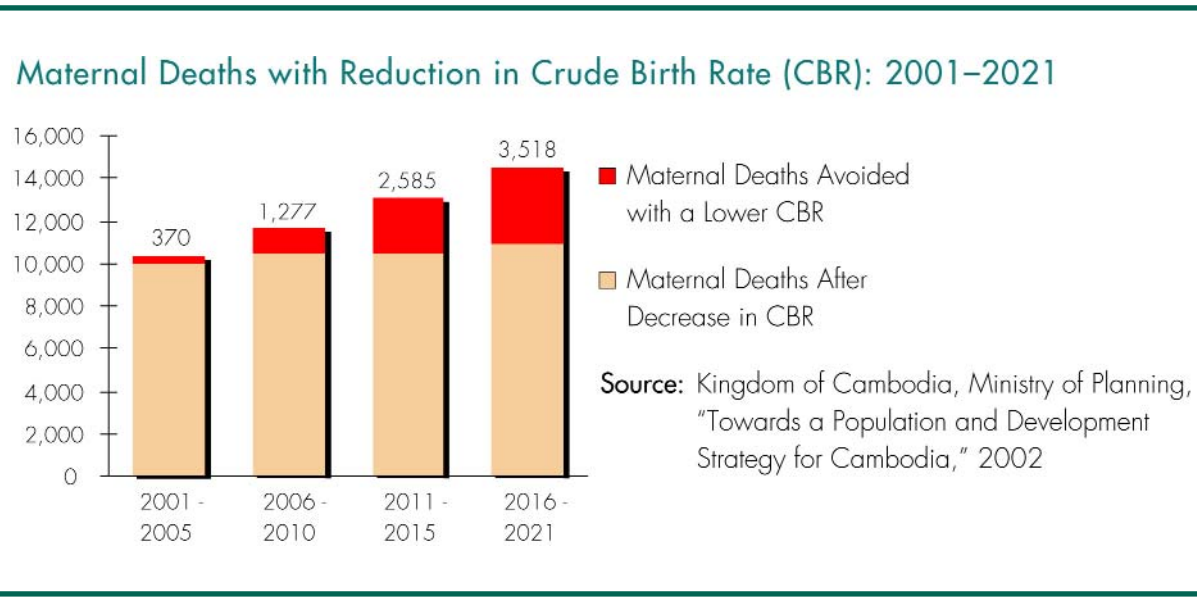
By ensuring access to quality family planning and safe motherhood services, maternal and infant mortality and morbidity can be reduced and the negative impact of these deaths and illnesses on society can be minimized. The unmet need for family planning prevents men and women from achieving their desired family size and spacing their children. Investing in family planning and safe motherhood programs also reduces the amount of future government expenditures needed for health, education, and social services.

Benefits of Eliminating Unmet Need



Currently, the unmet need for family planning is 33 percent. By eliminating this unmet need, the number of maternal deaths can be reduced by 35 percent, from 1,650 deaths to 1,066. Ensuring access to family planning services can help reduce unmet need.

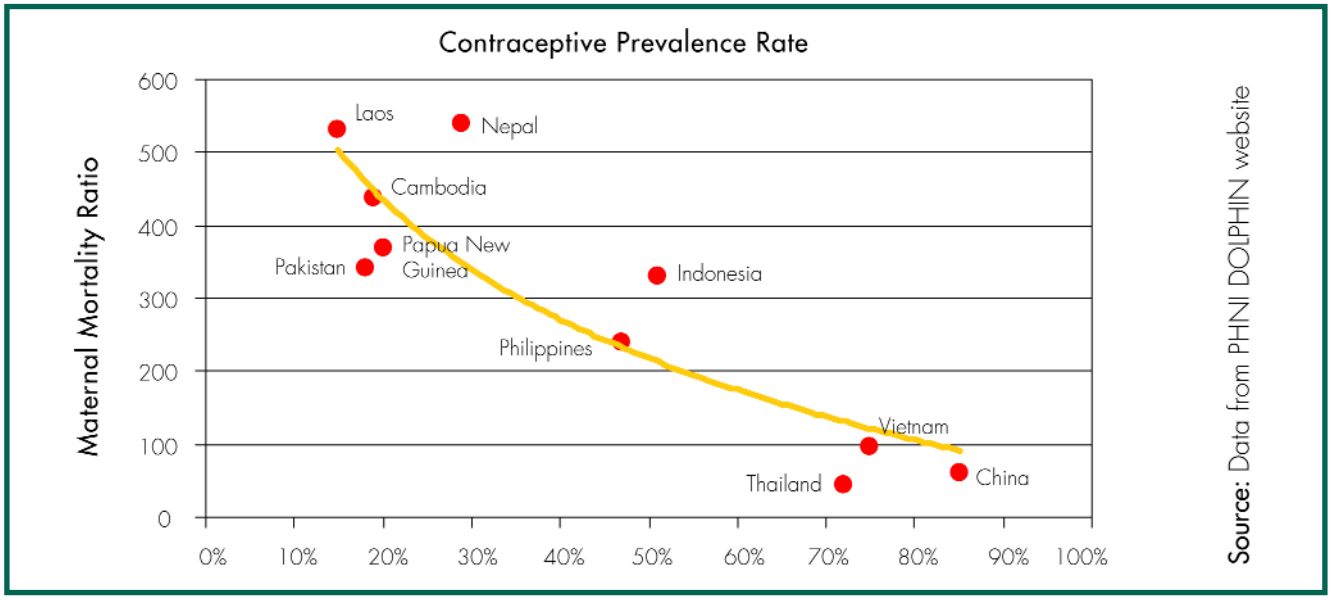
Reducing Maternal Deaths by Reducing the Crude Birth Rate



If the current levels of maternal mortality and the CBR[1] remain the same, nearly 50,000 women would die during pregnancy or childbirth between 2001 and 2021. This graph demonstrates that, by reducing the crude birth rate from 34 to 26 during this time period, nearly 8,000 maternal lives would be saved from 2001 to 2021, even if the maternal mortality ratio were to remain unchanged.

1 The crude birth rate is measured as the number of births per 1,000 population.

Maternal Mortality Declines as the Contraceptive Prevalence Rate Increases



Countries with higher contraceptive prevalence rates have lower maternal mortality ratios. Cambodia has a low CPR and a high MMR when compared with some countries in the region. Improving Cambodia's family planning services and increasing the CPR would contribute to reducing the number of pregnancies overall, which can have a positive effect on reducing maternal mortality.

Impact of Maternal Death on Families and Society

The death of a mother significantly increases her child's risk of death and illness and reduces her child's access to education and proper nutrition. Orphans and children without mothers are more vulnerable to rights violations, such as inadequate access to healthcare and education. Studies in Bangladesh show that when a mother dies after giving birth, her newborn baby has only a small chance of surviving until its first birthday. Her other young children under age 10, especially girls, are also more likely to die. Children who survive a mother's death are less likely to receive adequate nourishment and healthcare. Often older girls drop out of school to care for younger siblings and do household chores.

A woman's death has negative economic consequences for her family and household. Maternal deaths and disabilities dramatically reduce the capacity of Cambodian families to emerge out of poverty. Cambodia's 2003 Poverty Reduction Strategy reports that 36 percent of the Cambodian population was living with an income of less than US$0.50 per day. By 2004, increasing oil prices and a weaker U.S. dollar were further eroding the purchasing power of Cambodian families.

Reducing High-risk Fertility Saves Infant Lives

High-risk fertility includes births to women under the age of 18, births to women over the age of 34, birth intervals of less than 24 months, having four or more births, or any combination of these risks. Reducing these risks can save infant lives.

Each year in Cambodia ——

♦ 5,500 infant lives would be saved by eliminating ALL avoidable high-risk fertility [2]

♦ 3,600 infant lives would be saved by eliminating the birth interval risk factor alone

Costs and Benefits of Family Planning Programs

The Cost/Benefit Ratio answers the question: For each dollar spent on family planning services, how many dollars are saved on future government expenditures for health, education, and social services?

Family planning programs contribute to the prevention of maternal mortality and are, therefore, a good investment for countries. In fact, family planning programs have a favorable cost/benefit ratio, meaning with these programs more money is saved on future government expenditures for health, education, and social services than is spent on family planning services. For example, for every US$1 the Tunisian government invests in family planning, they save US$8.60 in future expenditures. Egypt saves US$30 in future expenditures for every US$1 the government invests in family planning.[3] Cambodia does not have similar cost/benefit information available.

2 Reducing High Risk Fertility Behavior Saves Infant Lives: These figures are determined using a model developed under the POLICY Project. The data for the model come from the DHS.

3 The POLICY Project has produced the BenCost Model as part of its SPECTRUM package.

ACHIEVEMENTS AND CHALLENGES AHEAD

Cambodia has made great strides in increasing the contraceptive prevalence rate and developing policies that support family planning and safe motherhood. However, Cambodia still faces many challenges in ensuring access to quality services for women, men, and young people.

" At the center of the policy is the right for all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children."

Prime Minister Hun Sen
Source: On The National Population Policy 2003

Impact of Maternal Death on Families and Society

Reproductive health initiatives are supported by a broad cross-section of Cambodian politicians, religious leaders, and the general public with support from the NGO community and international organizations.

Year	Policy or Survey
1991	• Policy on Vitamin A and Breastfeeding
1995	• Birth Spacing Policy • Establishment of Health Services Based on "Operational Districts" • Survey on KAP of Fertility and Contraception • Construction of Health Centers and Referral Hospitals • Restatement of Policy on Traditional Birth Attendants
1996	• Management of Pharmaceuticals • Management of Private Medical Practices
1997	• Safe Motherhood Policy and Strategies • Abortion Law
1998	• National Health Survey • National Census • A Situation Analysis on Women and HIV/AIDS
2000	• National Policy on Water Supply and Sanitation • Demographic and Health Survey • Management Protocols for Health Centers • Safe Motherhood Protocol for Health Centers • Safe Motherhood Protocol for Referral Hospitals
2001	• Guidelines for Outreach Services • National Safe Motherhood Five-Year Action Plan 2001–2005 • National Policy for the Prevention of Mother-to-Child Transmission of HIV • Guidelines on Continuum of Care
2002	• National Policy on Primary Health Care • Health Sector Strategic Plan • A Framework to Identify Gender Indicators for RH and Nutrition Programming • Declaration on the Guidelines on the Abortion Law • Implementation of the Child and Baby Nutrition Plan
2003	• Policy on Women, the Girl Child & STIs, HIV/AIDS
2004	• Guide for Implementation of Voluntary Testing & Counseling Services for HIV

Supporting Statements

" Satisfying the unmet demand for family planning services will strike a strong blow at one of the most powerful correlates of poverty, as well as weakening a strongly negative influence on economic growth."

—— *Second Five-Year Socioeconomic Development Plan 2001-2005*

" Households need enough resources to feed, clothe, educate, and take care of large numbers of children ..."

" Similarly, at a macro level, the country cannot afford to invest in education, health, and labor infrastructure quickly enough to provide full opportunities to its rapidly growing population."

—— *National Poverty Reduction Strategy 2003-2005*

Achieve the Millennium Development Goals on Improving Maternal Health

Cambodia's Millennium Development Goals have been finalized and include explicit targets for improving maternal health. These targets will only be achieved with significant increases in investment in family planning and safe motherhood programs. The challenge is to ensure that these goals are met by investing in and implementing quality FP/RH services and ensuring that they are accessible to the population.

Target: Reduce the MMR by Three-Quarters Between 1990 and 2015				
Indicators	**Baseline**	**Targets**		
		2005	**2010**	**2015**
Maternal mortality ratio (per 100,000 live births)	473 (1995) 437 (2000)	343	243	140
Total fertility rate	4.0 (2000)	3.8	3.4	3.0
Proportion of births attended by skilled health personnel	32% (2000)	60%	70%	80%
Proportion of married women using modernv birth spacing methods	19% (2000)	30%	44%	60%
Proportion of pregnant women with 2 or more ANC consultations from skilled health personnel	30.5% (2000)	60%	75%	90%

Source: Cambodian Millennium Development Goals Report, 2003, Goal No. 5, Table 2:5:2, page 46

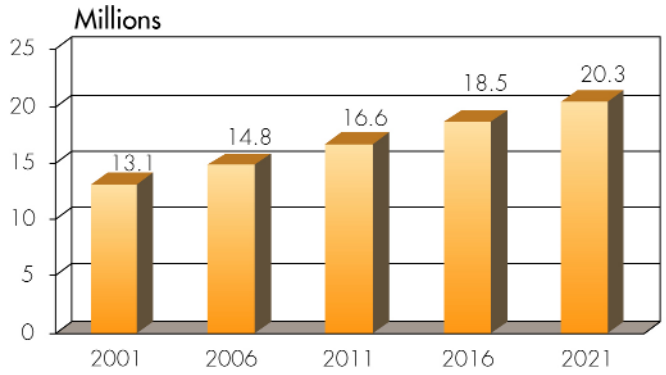
Promote Future Use of Family Planning

Of the 76 percent of currently married women who are not using family planning, 45 percent do not intend to use family planning. The most common reason for not using family planning is concern about health.

The challenge is to increase contraceptive use among women and couples, and especially underserved groups. Information, education, and communication (IEC) efforts can ensure that people receive accurate information about aspects of family planning, including any possible side effects. Efforts are also needed to ensure that a wide range of family planning methods is available and properly understood. Male and female sterilization, for example, are not commonly used, and enhanced IEC efforts could increase use of these methods.

Respond to Continued High Population Growth Rate

Because Cambodia still has a relatively "young" population due to high fertility in the recent past and because fertility is still above replacement level, the total population is projected to grow rapidly, from 13.1 million in 2001 to 20.3 million in 2021. This would represent a 55 percent increase in the population in this 20-year period. This population projection is based on the assumption that the crude birth rate (the number of births per 1,000 population) will decline from 34.1 in 2001 to 25.8 by 2021, a decline of one-third during the same 20-year period. Thus, the challenge is to slow Cambodia's population growth by reducing the crude birth rate. This will only happen if access to high-quality FP services continues to improve.



Projected Population Growth, 2001–2021

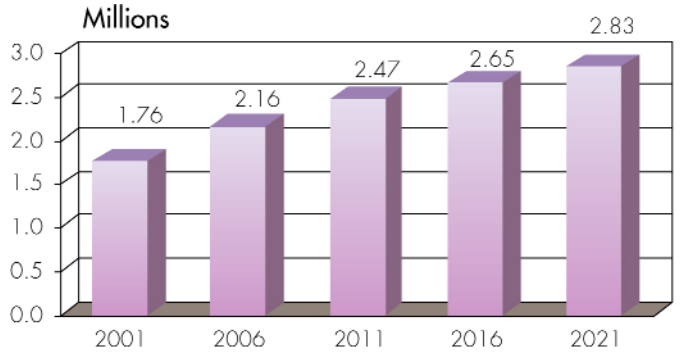
Source: National Institute of Statistics, 2000

Increase Access to Family Planning and Safe Motherhood Services

There are many barriers to access of family planning and safe motherhood services, such as lack of knowledge about the services; opposing cultural practices and beliefs; lack of male involvement in family planning and safe motherhood; distance to services and difficulties with transportation; shortage of comprehensive essential obstetric care services; time and opportunity costs, especially during farming seasons; cost; and behavior.

The challenge is to increase access to family planning and safe motherhood services by implementing interventions that will overcome these barriers. Such interventions include providing outreach services, expanding essential obstetric care and referral services, working with men and communities for birth preparedness and to support women's use of services, increasing the efficiency of service delivery, and implementing waiver and exemption systems.

Meet the Needs of Adolescent Girls and Young Women



Projections of Females, Ages 15–29, 2001–2021

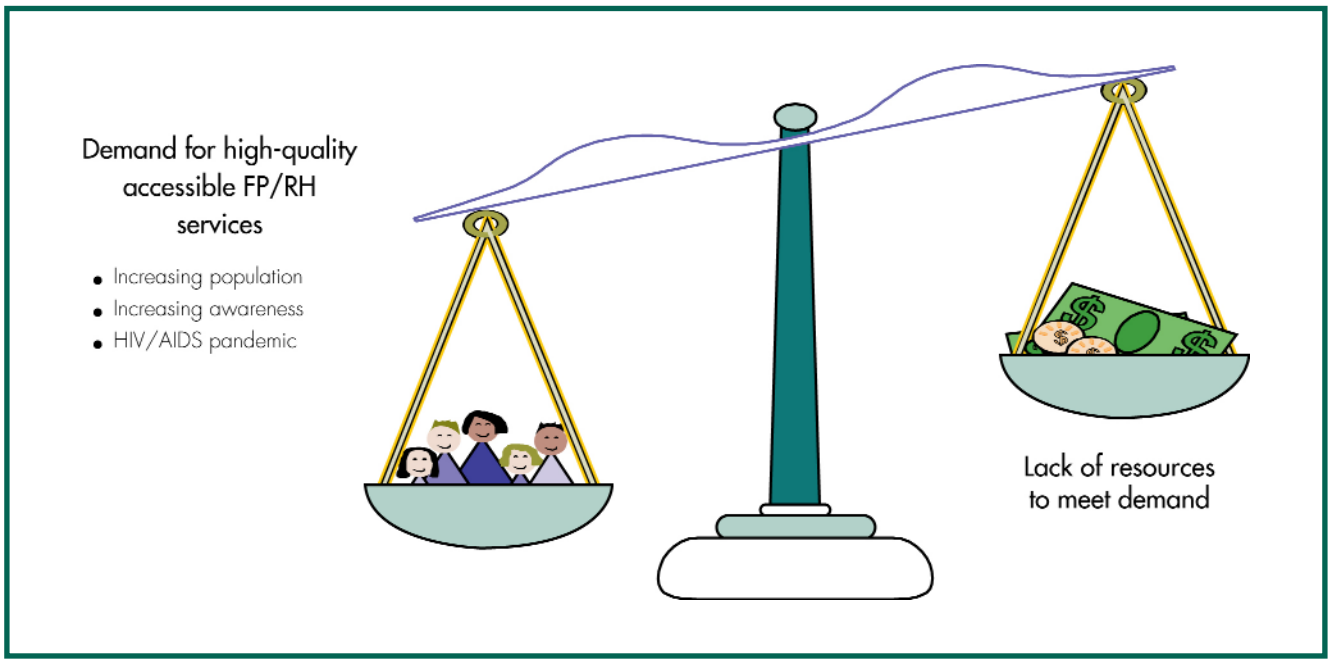
Source: National Institute of Statistics, 2000

Adolescent girls and young women ages 15-29 are among those most in need of family planning and other reproductive health information and services so they can prevent unwanted pregnancies and sexually transmitted infections, including HIV. About 6 percent of all births in Cambodia are to women under age 20, while 30 percent of all births are to women under age 25, and almost 56 percent of all births are to women under age 30 (CDHS, 2000). The highest rates of HIV prevalence are among young women ages 20-29.

The number of young women ages 15-29 is projected to increase by more than one million during 2001-2021, from 1.76 million in 2001 to 2.83 million in 2021. The young adults of the "baby boom" generation born in the 1980s will be coming to maturity and setting up households of their own. Particularly for the rural population, where access to services is most difficult, projections predict an increase of 40 percent in the size of the 20-24 age group and an increase of 30 percent for the 25-29 age group between 2001 and 2006.

Young people will need appropriate family planning and other reproductive health information and services. Comprehensive RH education that includes communication skills and conveys the need to respect sexual partners is essential. The challenge is to meet the FP and other RH needs of the rapidly growing numbers of young women and their male partners in the years ahead.

Respond to Declining International Donor Funding for Family Planning



Based on estimates made by the UNFPA, the amount of funds needed for population programs is steadily increasing. Unfortunately, available data indicate that international donor funding for family planning has declined over the past 5-10 years.

Estimated Annual Resource Requirements for Population Programs in Cambodia (UNFPA)			
Date	**2005**	**2005**	**2015**
Resource Requirements (in millions US$)	28.96	32.74	36.27

Source: UNFPA Country Profiles – Cambodia (www.unfpa.org/profile/cambodia.cfm)

Therefore, one of the great challenges facing Cambodia is how to meet the growing financial needs for FP services if donor funding continues to decline—or at least fails to keep pace with the increasing number of women and couples who need FP services. A related challenge is to make more efficient use of available funding. One option is to integrate FP/RH programs within the wider health service base, including HIV/AIDS programs.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In little more than a decade, considerable progress has been made in establishing basic health services in Cambodia. As noted earlier, contraceptive prevalence has increased rapidly, but unmet need remains high. Considering the low levels of skilled attendance at birth, antenatal care visits, and deliveries at a health facility, reducing maternal mortality remains a major challenge.

Family planning is a key intervention that helps:

- Meet the reproductive health needs of families
- Save maternal and infant lives
- Alleviate poverty
- Meet development goals

Additionally, family planning provides a good return on investment and reduces future expenditure.

There is an urgent need to re-energize FP/RH. In recent years, family planning has been increasingly neglected as other pressing issues-especially HIV/AIDS have displaced FP on the nation's health and development agendas. Leaders and stakeholders at all levels, including the Parliament and government, need to be made aware of the importance and urgency of the task, and they need to give their strong and vocal support.

All sectors need to be mobilized the government of Cambodia, NGOs, mission/faith-based agencies, and the private sector, including hospitals, pharmacies, and other service providers in order to improve access to FP/RH services and reduce maternal and infant mortality and morbidity.

Recommendations

- Continue conducting a family planning awareness campaign to build popular awareness and for reducing barriers and improving resource allocation
- Reduce maternal mortality by increasing access to family planning and safe motherhood services
- Improve the health infrastructure, including providing
  - comprehensive antenatal and postpartum care
  - skilled attendance at birth
  - improved treatment of pregnancy-related complications
- Mobilize financial and human resources for improving family planning and safe motherhood programs
- Make FP/RH and HIV/AIDS services complementary to each other and as far as practicable should be integrated into all service provision to maximize accessibility to both services.
- Scale up prevention of mother-to-child transmission (PMTCT) programs, to provide a holistic approach to service provision
- Provide services for adolescent men and women that are accessible, affordable, and nonjudgmental
- Encourage male involvement in and responsibility for FP/RH by encouraging them to care for their health and the health of their sexual partners
- Engage donors, partners, the private sector, and civil society to support and implement these recommendations

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