

UNFPA's Role in Population, Gender, and Reproductive Health
Country Case Study: Cambodia

Country case study prepared for the
***Center for Global Development Working Group on UNFPA's
Leadership Transition***

By

Jui A. Shah

*PATH, Cambodia Country Office
jshah@path.org*

November 2010

* The content of this paper is the responsibility of the author and may not represent the views of the Center for Global Development.

Foreword

In August 2010—three months before a new executive director of the United Nations Population Fund (UNFPA) was announced—CGD formed a Working Group to examine UNFPA’s evolving role in sexual and reproductive health, reproductive rights, and the integration of population dynamics into development. The recommendations from the Working Group on UNFPA’s Leadership Transition were based on consultative meetings, one-on-one interviews, expert-panel deliberation, and literature reviews. In addition, we commissioned four country case studies to represent the diversity of country conditions in two of UNFPA’s most important regions: Asia and Africa. With 76 percent of its staff based outside of headquarters, understanding UNFPA’s role and performance in the field is essential to understanding UNFPA.

In this paper, Jui A. Shah provides a view into UNFPA’s role in population, gender, and reproductive health in Cambodia. She offers a summary of UNFPA’s work in Cambodia for the past 17 years and a synthesis of views from NGOs, government, bilateral, and multilateral agencies on UNFPA’s work in Cambodia, including facilitators and barriers to UNFPA’s performance, key issues for the future, and its strategy going forward.

This paper is part of the larger Demographics and Development Initiative at CGD and a contribution to CGD’s Working Group Report on UNFPA’s Leadership Transition. The work is generously supported by a grant from the William and Flora Hewlett Foundation.

Rachel Nugent
Deputy Director, Global Health
Center for Global Development

Country context

Although the Royal Government of Cambodia (RGC) and development partners have been working to rebuild infrastructure and systems, Cambodia's development indicators in many sectors still lag behind those of neighboring countries. The country is still struggling to recover from the Khmer Rouge regime of the late 1970s and the years of strife that preceded and followed it. The existing health, education, and finance systems were largely destroyed, and many educated Cambodians were killed or fled the country.

Although Cambodia has transitioned through multiple phases of reconstruction and the economy continues to grow, numerous challenges remain. The number of people living in poverty, despite having significantly decreased over the past ten years, is still high with about 30 percent of Cambodians continuing to live below the poverty line.¹ Access to health services is limited, and the quality of care is hampered by under-qualified staff and unregistered drugs.

Social change, however, is occurring very quickly. About 75 percent of the adult population is literate, with youth literacy substantially higher.² The capital city, Phnom Penh, is rapidly developing and attracting foreign investment. More and more students are striving for higher education, multilingualism, and opportunities to improve their country.

Population

Cambodia is currently home to about 14 million people,³ 80 percent of whom live in rural areas. About a third of the population is under age 15, and each year, 250,000 of these youth enter the workforce but cannot find employment. Life expectancy, at 63.1 for males and 67.5 for females, has increased by nearly ten years since 1998, leading to a larger elder cohort.⁴ The total fertility rate has decreased from 5.3 in 1998, but remains high at 3.4,⁵ resulting in continued population growth, at an annual rate of 1.54 percent.⁶

The main actors in population work are government agencies, including the Ministry of Planning, the National Institute of Statistics, and the National Committee for Population and Development. Outside of these groups, all of whom are supported by the United Nations Population Fund (UNFPA), there are few resources and limited capacity to research, analyze, and address population issues in Cambodia. The Center for Population Studies at the Royal University of Phnom Penh was supported by UNFPA in the early 2000s, but the collaboration came to an end due to challenges recruiting students and retaining graduates in the country.

¹ National Strategic Development Plan 2006-2010 Mid-Term Review 2008, Royal Government of Cambodia

² Education for All, United Nations Educational, Scientific and Cultural Organization (UNESCO), 2000, available online at http://www.unicef.org/infobycountry/cambodia_statistics.html

³ "Cambodia," CIA World Factbook, available online at <https://www.cia.gov/library/publications/the-world-factbook/geos/cb.html>, updated July 2009; Cambodia General Population Census 2008, available online at <http://celade.cepal.org/khmnis/census/khm2008/>; National Health Statistics 2007, Ministry of Health

⁴ National Strategic Development Plan 2006-2010 Mid-Term Review 2008, Royal Government of Cambodia

⁵ Cambodia General Population Census 1998 and Cambodia Demographic and Health Survey 2008

⁶ Cambodia General Population Census 2008

Gender

With a sex ratio of 94.2,⁷ slightly over half of Cambodia's population is female. The country has some of the worst gender indicators in both region and world, which are often rooted in cultural norms and traditions. Specific issues requiring attention in Cambodia are the trafficking of girls and women for sexual slavery, intimate partner violence, inequalities in decision-making at the household and policy levels, and limited economic opportunity for women.

The Gender-related Development Index (GDI), created by the United Nations Development Programme (UNDP), compiles indicators to measure the difference between men and women in achieving critical human development goals such as adult literacy, education, and earned income. Countries are evaluated by the same set of indicators, which allows for cross-country comparison. In the most recent survey, conducted in 2005 and included in UNDP's 2007/2008 Human Development Report, Cambodia ranked 131 out of 157 countries worldwide.⁸ All of Cambodia's neighboring countries, with the exception of Myanmar, score higher on the GDI.

Fortunately, policymakers have recognized the critical role gender plays in development. The National Strategic Development Plan 2006-2010, the country's first such plan, outlined infrastructure for addressing gender in future national planning. Cambodia's first Strategic Plan on Women, the Girl Child, and HIV/AIDS was developed for 2008-2012 and a country-wide gender assessment, *A Fair Share for Women*, was produced in 2004. Most of the progress made thus far concerns the rights and situation of women in Cambodian society, with progressive policies already in place.

The small Ministry of Women's Affairs (MoWA) is using its limited budget to address a number of more concrete issues related to gender mainstreaming, organized around public administration, health, and law. It is supported by UNFPA, as are additional players at the forefront of gender issues such as local nongovernmental organizations (NGOs) like Women for Prosperity. Many international NGOs and bilateral agencies integrate gender strategies with their work in sectors spanning health, water and sanitation, good governance, and poverty reduction.

Reproductive Health

The RGC has prioritized maternal and child health in the Health Strategic Plan 2008-2015 and focused on sexual and reproductive health in the National Strategic Development Plan 2006-2010. Despite the passing of these policies and the implementation of aggressive interventions targeting reproductive health, however, visible improvements remain limited.

Many women have limited understanding of their bodies and reproductive health issues. The contraceptive prevalence rate was just 27 percent as of the last Demographic & Health Survey (DHS) in 2005.⁹ Unsafe abortion remains common, with an estimated 32,000 women treated at government facilities for abortion-related complications in 2005, according to a recent study.¹⁰ Forty-two percent of these cases were severe, which factors into the maternal mortality ratio, which has remained

⁷ Cambodia General Population Census 2008

⁸ Human Development Report 2007/2008, United Nations Development Programme (UNDP), available online at <http://hdr.undp.org/en/reports/global/hdr2007-2008/>

⁹ Results of the most recent DHS are scheduled to be available in early 2011. These figures will help re-assess the situation.

¹⁰ Fetters T, Vonthanak S, Picardo C, Rathavy T, Abortion-related complications in Cambodia, *International Journal of Obstetrics and Gynaecology* 2008, 115(8):957-68

persistently high at 472 deaths per 100,000 live births.¹¹ Anecdotal evidence suggests that since both births and abortions constitute a major part of their monthly income, health professionals are reluctant to promote family planning tools, especially long-term methods.

While overall utilization of health services is about equal for men and women in Cambodia, women make up the majority of clients utilizing public sector health services, representing 70 percent of health center clients and 58 percent of referral hospital clients.¹² This difference is more pronounced in urban areas than rural areas, and most of these clients are within reproductive age (15-45 years). Meanwhile, the private health care sector currently addresses nearly 70 percent of health needs in Cambodia and is growing, making it a critical component of reproductive health interventions as well.

As Cambodia develops and society is influenced by external factors, new issues are emerging for youth and adolescents. While many youth remain reluctant to discuss sexuality, reproductive health, and family planning, more are becoming exposed to such issues at an early age, creating a growing need for youth-friendly information and counseling related to sexual and reproductive health.

Many actors are working to improve reproductive health in Cambodia, including the National Reproductive Health Program (NRHP) of the Ministry of Health (MoH), bilateral agencies, and international and local NGOs. The largest and most visible local NGOs are the Reproductive and Child Health Alliance (RACHA) and the Reproductive Health Association of Cambodia (RHAC), both of whom are primarily funded by the United States Agency for International Development (USAID).

To provide efficient, sector-wide support to the MoH, the Health Sector Support Project (HSSP I) and, currently, the Health Sector Support Programme (HSSP II) were initiative. HSSP II is a joint management mechanism for pooled resources to build capacity of health professionals, including midwives, and strengthen service delivery in Cambodia. By coordinating a number of bilateral and multilateral development partners, HSSP II strives to maximize impact and efficient use of health resources. From 2008 to 2015, HSSP II will disburse \$120 million from six development partners, including UNFPA.¹³

Funding for reproductive health work in Cambodia has been a challenge and is growing more difficult as donors move on to other priority regions and issues. Noteworthy changes include the termination of support from the United Kingdom's Department for International Development (DfID), which currently funds comprehensive work to make abortion safer, and KfW Entwicklungsbank (KfW), which supports procurement of public-sector contraceptives. Many are concerned about the gap these departures will leave in funding and programming for reproductive health, as the RGC is not prepared to take over funding for these activities.

¹¹ Cambodia: Demographic and Health Survey, 2005, available online at http://www.measuredhs.com/pubs/pub_details.cfm?ID=624

¹² Cambodia: Demographic and Health Survey, 200 and 2005, via A Fair Share for Women: Cambodia Gender Assessment, April 2004

¹³ The other partners are the International Development Association (IDA) of the World Bank, the United Kingdom Department for International Development (DfID), the Australian Agency for International Development (AusAID), the United Nations Children's Fund (UNICEF), and the French Development Cooperation (AFD).

UNFPA in Cambodia

UNFPA has been active in Cambodia since 1994, supporting the government's efforts to address critical issues related to population, gender, and reproductive health. Early assistance to Cambodia focused on population and the nationwide introduction of birth spacing services.

The Second and Third Country Programmes addressed a broader range of issues in line with the International Conference on Population and Development's Programme of Action and the Millennium Declaration. This work has resulted in the recognition and prioritization of population, gender, youth, and reproductive health issues in new strategies, policies, and plans.

A new Country Programme has been drafted for 2010 to 2015 and is currently being finalized.

Population

Due to limited local capacity to identify population-related needs and address emerging issues, UNFPA leads nearly all population work in Cambodia. Achievements include the development of the first National Population Policy in 2004 and the integration of population issues in other national documents, including the National Strategic Development Plan 2006-2010. UNFPA also led census efforts in 1998, completing the first census undertaken in three decades, and again in 2008.

UNFPA is working closely with the Ministry of Planning, the Institute of Statistics, the National Committee for Population and Development, and the Ministry of Interior to build awareness of population issues and methods for addressing them.

Gender

UNFPA played a critical role in developing Cambodia's existing policies and strategies and highlighting gender on the development agenda. UNFPA has also supported the country's participation in international events, such as high-profile women's days and attendance at regional conferences.

UNFPA is currently supporting three departments of MoWA: Legal Protection, Health, and Gender Equality. Under the auspices of Legal Protection, UNFPA and MoWA are working with the Ministry of Justice and the Ministry of Interior to organize events to assist female victims of violence, rape, and trafficking. UNFPA is also working with the Ministry of Justice to update and amend laws and train local-level authorities on existing laws.

Under Health, UNFPA and MoWA are engaging with NGOs to disseminate information about gender and health in medical and roundtable events. Dissemination focuses on rural areas and includes messaging on reproductive health, HIV/AIDS prevention, and primary health care. UNFPA is also preparing MoWA to begin implementing the Strategic Plan on Women, the Girl Child, and HIV/AIDS in 2011.

Under Gender Equality, UNFPA is building in-country capacity on gender mainstreaming, including at MoWA. Trained staff at MoWA are now utilizing their new skills to help other ministries build their own capacity for addressing gender. Focal points placed in each government agency, known as gender mainstreaming action groups, are already in place. While the ultimate goal is for the action groups to provide support and technical guidance related to gender in each ministry's domain, MoWA and UNFPA are assisting these efforts for now and monitoring progress. In 2010, UNFPA also arranged for training central management in gender sensitivity.

Reproductive Health

UNFPA began its collaboration with the NRHP working on commodity supply, particularly for contraceptives. Since then, its scope of work has expanded to include birth spacing and safe motherhood while continuing to support the RGC in its role as the steward of the health system. UNFPA has trained NRHP staff and continues to support supplementary training as needed.

UNFPA has been particularly active in addressing two components of maternal mortality: availability of emergency obstetric care (EmOC) and supply of qualified midwives. Targeted work on EmOC began in 2008 and led to the development of an improvement plan for 2010 to 2015.

In 2010, UNFPA is finalizing a new, standardized midwifery curriculum to address the segmentation caused by use of three distinct national curricula. In order to encourage consistency, UNFPA has coordinated a committee of diverse stakeholders to discuss a standardized curriculum, address the development of the profession, and advocate for recognition of secondary midwives as skilled birth attendants. UNFPA also works closely to ensure pre-service and in-service trainings, managed by separate parts of the MoH, are complementary and include a practicum after classroom work to provide hands-on experience and bolster confidence.

To address youth health, UNFPA has supported life skills education, which encompasses reproductive health, HIV/AIDS, drug use, domestic violence, and discrimination. The Ministry of Education, Youth, and Sports (MoEYS) leads implementation on this, utilizing a UNFPA-developed curriculum translated into Khmer. Each level of school has a separate textbook supplement and communication materials, which have been integrated into the national curriculum since 1994. UNFPA supports the reproductive health- and gender-related elements of the training for youth aged 15 to 24 years, both in and out of school, while other organizations support other elements. UNFPA has also worked to increase availability and access to youth-friendly clinical and counseling services and overseen the finalization of key national strategies.

Stakeholder synthesis

Key stakeholders were identified based on a review of UNFPA documents, suggestions from UNFPA staff, and the author's understanding of population, gender, and reproductive health actors in Cambodia. Although representatives from over 20 entities were contacted to participate in the review, this report compiles comments from representatives from 18 entities, which are listed in Annex I. Most of these respondents are engaged in reproductive health, which is a much larger field than population or gender in Cambodia.

Stakeholders were asked to comment on UNFPA's role in Cambodia to date; facilitators and barriers to working in its three flagship areas; key emerging issues in Cambodia relevant to UNFPA's mandate; and strategic considerations for UNFPA moving forward.

UNFPA's work to date

Nearly all respondents recognized the **valuable contributions** UNFPA has made in highlighting population, gender, and reproductive health issues in Cambodia. These contributions are most visible at the policy level, as UNFPA's primary role is that of facilitator and coordinator, rather than implementer. UNFPA is credited for having comprehensive approaches to problems, highlighting larger contextual factors, and bridging divides among ministries and partners. UNFPA's success is attributed to a combination of trust, long-term credibility, and close government relationships.

While they admire this policy-level work, most NGO representatives interviewed would prefer to see UNFPA **more engaged at the field level** and in a **stronger advocacy role**. Advocacy within formal structures has been strong and has led to crucial gains in development; however, UNFPA is also well-positioned to carry civil society momentum to the RGC. As such, stakeholders are expecting more than just encouragement and verbal support from UNFPA. Rather, they are looking to the agency to be a stronger, more proactive leader that is driving policy change and spearheading efforts to facilitate the work of implementing partners.

Bilateral and multilateral agencies reported that they are regularly updated on UNFPA's work, including via receipt of targeted publications. On the other hand, several NGO representatives commented that UNFPA's work has **poor in-country visibility**, with most unaware that updated information regarding UNFPA events and activities is distributed. NGO representatives are very keen to learn more about reproductive health issues being discussed in HSSP II, and they urge UNFPA to disseminate information about their work and showcase its successes more widely. This would enable partners to both learn from and build on UNFPA's work.

Finally, several stakeholders **singled out UNFPA from other UN agencies** operating in Cambodia. UNFPA was praised for its management and systems, its support of RGC-prompted priority issues, and its promotion of cross-ministry collaboration. Government representatives are particularly enthusiastic about UNFPA's contributions, explaining that UNFPA's mandate supports national programs in a way that fosters their independence and development. Rather than pushing an agenda on ministries, UNFPA listens and responds, identifying feasible solutions and explaining what can and cannot be supported. For this role as advisor and collaborator, UNFPA is much appreciated.

Population

Although few actors are directly involved in population work, UNFPA's work in this arena is relevant to the work many are doing in other sectors, particularly reproductive health. However, as noted above, several NGOs expressed difficulty in learning about UNFPA's activities and would like to see **greater dissemination of population results** to incorporate this research into their own work.

UNFPA is universally praised for its work on the recent 2008 census, and stakeholders foresee minimal additional financial and technical support needs for population work in the next few years. There is some survey work on the horizon, but unlike the census effort, these surveys will require less engagement and financial resources. This should facilitate directing the majority of available resources to gender and reproductive health issues, as was suggested by nearly all stakeholders.

Gender

While few respondents were very familiar with UNFPA's gender work, the main gender projects have been **deemed successful** by the RGC and have provided several opportunities for cross-agency collaboration. MoWA is keen to scale up activities on legal protection, health, and gender equality into new provinces with continued UNFPA support. Within specific sectors, UNFPA is also working on practical applications of gender mainstreaming, an effort that was praised by stakeholders, who suggested that continuation of this work is crucial.

Stakeholders noted that while capacity as of now remains limited, UNFPA is making strides toward **building national capacity** to address gender issues. MoWA has greatly benefited from the advocacy and gender mainstreaming training conducted by UNFPA staff and international consultants and has transitioned into a trainer role, providing technical support to other agencies and no longer relying on external partners for routine work like surveys and basic gender analyses.

As a small ministry, however, MoWA has encountered **difficulties in executing work** supported by UNFPA. While UNFPA can provide equipment, meeting transportation needs has been difficult, particularly in remote areas where work is perhaps most critical. At the national level, policy work is easily completed according to UNFPA policies; however, local-level work requires supplementary funding to address these logistics issues. Human resources are also limited, and without financial means to retain the most qualified employees, there is fear that they will move to bigger ministries.

Reproductive Health

Stakeholders recognize UNFPA's role as an **advocate in high-profile health venues** for key reproductive health issues. Because of the agency's work, midwifery, family planning, and safe abortion are on the agenda in HSSP II as well as the Health Partners Group, which comprises 20 bilateral and multilateral organizations. In particular, UNFPA was noted for raising awareness on maternal mortality, including at launch events and joint presentations with UNICEF. In part due to the strength of this advocacy work, the RGC has taken up maternal mortality as an issue of national priority.

Despite recognizing the importance of these contributions, NGOs hope to bridge what they see as a **disconnect from implementing partners**. Bridging this gap could be facilitated with additional attendance at regular meetings, which would be welcomed by NGO participants. UNFPA's notable absence at stakeholder meetings was contrasted with the visibility of other UN agencies. Increased

engagement with implementing partners would improve UNFPA's awareness of work in Cambodia and strengthen the position of the reproductive health network. NGO representatives were quick to point out that they would be extremely supportive of additional interaction with UNFPA.

Reproductive health stakeholders would like to see UNFPA take on a **stronger advocacy role** specifically with the RGC on critical issues such as the limited available options for contraceptives and the lack of family planning services in hospitals. UNFPA's soft power with the RGC makes it well suited for this role although the suggestion goes against the status quo of interaction between the agency and NRHP. Some partners argue that without this sustained advocacy, the prominence of maternal mortality and other high-profile reproductive health issues may be lost, resulting in overrepresentation of less urgent issues due to the lobbying of other organizations. In particular, UNICEF's recently visible role in advocating for maternal and child health issues was noticed by several stakeholders, who would have expected this voice from UNFPA, as it has in the past, or WHO. This advocacy would also help ensure the RGC follows up on its commitments.

While policy-level engagement may be a sufficient role for UNFPA in some countries, many believe that Cambodia needs UNFPA in a more **concrete role** in reproductive health and family planning. One NGO representative claimed that UNFPA applies a generic approach to programming across countries, rather than recognizing the unique needs of Cambodia. The number of reproductive health issues requiring urgent attention and resources has resulted in an enormous cadre of implementing partners. With so many actors involved, a clear leader, such as UNFPA, is necessary to unite strategies, share lessons, foster effectiveness and efficiency, and yield better health outcomes. While in some countries, this coordinating role is taken on by the government, in Cambodia for the current time, a separate entity may be better suited for this role.

One NGO representative stressed the importance of continuing UNFPA's **work with youth**, an area where UNFPA is a bit more engaged at the implementation level. Prior funding for addressing issues of youth health has been intermittent, resulting in fragmented programming that has effected little sustained change. UNFPA has the capacity to contribute sustained resources over time and have an impact on Cambodia's youth, including those who have passed the 18-year age cap on UNICEF programming.

It was suggested that UNFPA continue to lead youth activities under the focus of access to family planning services, using reproductive health as an entry point to reach this population. This prevention work is a critical component of a comprehensive strategy to addressing Cambodia's most pressing reproductive health issues, but not all ministry officials are supportive of this strategy. In order to strengthen support for prevention programming, it may be worthwhile to seek clear evidence linking investment in youth with reduced needs for additional HIV/AIDS, drugs, and STI programming. One NGO representative cautioned that UNFPA must be strategic about its work with youth, suggesting that UNFPA develop its own strategy and agenda in order to resist pressure from the RGC to take up fragments left behind by former funders.

Facilitators and barriers to UNFPA performance

UNFPA is considered a cooperative and **crucial member of HSSP II** according to those involved in the mechanism, and ascended to the chair position on November 1, 2010. The sector-wide approach was described by HSSP II members as constructive, especially as a mechanism to align partners in a joint strategy and prevent the verticalization of health work. UNFPA's approach and participation in both HSSP I and HSSP II was instrumental in convincing the UN group in Cambodia, comprising 24 agencies,

that the sector-wide mechanism is an efficient means for integrated UN contributions to health and development. UNFPA was also credited for highlighting critically needed reproductive health services, such as abortion and long-term family planning tools, for incorporation into expanded health equity funds.

Most representatives from bilateral and multilateral agencies urged UNFPA to continue its work on reproductive health from within the HSSP II structure in order to maintain the strong ties and integration with other health partners. Working from within the mechanism, one stakeholder reminded, does not require a loss of voice in technical fora or within government ministries.

NGO representatives, also commenting on the HSSP II mechanism, noted that use of pooled funds is dependent on the approval and restrictions of the MoH and World Bank, which could compromise UNFPA's ability to advocate for a full spectrum of reproductive health tools. Since the HSSP II secretariat does not include broad representation of implementing organizations, NGOs also suggested that UNFPA develop stronger links with reproductive health partners on the ground, increasing communication and engagement so that UNFPA can represent pressing concerns and needs to the HSSP II group. Some NGOs are also concerned that the mechanism will reduce funds to civil society actors, but increased interaction with UNFPA may help quell this fear and offer a platform for NGO voices to be heard within HSSP II.

Some NGO representatives commented that while pooled funding is a good mechanism overall, HSSP II could be further strengthened by increased oversight and monitoring. Under the current system, NRHP monitors the impact of the funds (e.g. number of clients served or number of staff trained), but not use of funds. One respondent suggested that the mechanism creates an easy way for donors to disburse money without requiring accountability. Additional monitoring will maintain transparency and ensure efficient use of funds.

Decentralization is emerging in the health sector and elsewhere in Cambodia, as local commune councils and village health workers are empowered to organize dialogue around quality of services. UNFPA participates in a development partner group on decentralization. Its role in this group is particularly focused on the repercussions of moving funds away from MoH and into the hands of local authorities. A challenge for UNFPA will be to guide MoH to be a proactive and positive contributor to this work despite a loss of funding to the national level. This is critical to ensuring that as the funding landscape changes under decentralization, the attitude of national-level partners will not be a barrier to achieving health goals.

Antiquated protocols that lag behind WHO recommendations serve as a major barrier to reproductive health activities in Cambodia. One restrictive policy that was mentioned by several stakeholders is the lack of family planning services in hospitals. Under Cambodian law, family planning is the domain of health centers, while maternity is handled by hospitals. Cambodian women, like women in many parts of the world, tend to not be proactive about seeking health services, and new research suggests that women are more likely to assess and choose contraceptives at a service delivery point than at other times. The dichotomy of reproductive services, however, means that the rare opportunity to counsel women about contraception and start them on regimens while they are already in a hospital is lost. UNFPA is in an excellent position under the One UN system to work with WHO on addressing clinical and policy constraints in reproductive health in particular.

Socio-cultural barriers complement these antiquated protocols in curbing access to reproductive health services, particularly long-term and permanent family planning methods. Women cannot get an intrauterine device (IUD) inserted after delivery in Cambodia, due to the split scope of work for hospitals

and health centers mentioned earlier. Furthermore, anecdotal evidence suggests that some providers create artificial excuses for not providing long-term contraception, such as refusing to insert an IUD unless the patient is menstruating. This may be due to the fact that births and abortions are money-making procedures for most health care professionals, thereby deterring use of long-term and permanent methods. Permanent methods such as tubal ligation require permission of a woman's husband, further complicating the already difficult task of promoting long-term and permanent family planning methods as safe, effective, and inexpensive tools.

Some stakeholders suggested that the RGC takes a **pro-natalist stance**, equating a growing population with a developing economy and political security. An increasing contraceptive prevalence rate may seem like a threat to security needs to officials who are not accustomed to viewing family planning as a health issue. While this may not serve as an outright barrier to UNFPA's work, senior-level officials may impede or delay progress on population and reproductive health goals.

Human resources is another area affecting UNFPA's ability to achieve goals. UNFPA and its key partners NRHP and MoWA have small staffs, limiting their potential for impact and placing an undue burden on current employees. A major shift prompted by a new ban on performance-based pay and incentives may also hinder progress. Staff in the RGC have traditionally supplemented their low official wages with income from projects managed by development agencies. By providing incentives, development partners were able to strengthen the capacity of high-profile officials and effectively implement programs. This has continued for so long that organizations are unsure how to proceed under the terms of the ban. It remains to be seen how work will continue.

Key issues for the future

Maternal mortality and **uptake of family planning tools** are priority issues in Cambodia. Despite the implementation of numerous interventions targeting maternal health, there has been little change in the maternal mortality ratio in the last decade.¹⁴ As such, nearly all stakeholders agreed that UNFPA should lead with reproductive health as its main focus, and support this work with complementary activities in population and gender. While population and gender issues were acknowledged as being important and relevant for Cambodia's development, stakeholders would be disappointed to see UNFPA's attention and resources diverted from the most urgent issues in its mandate: those related to reproductive health.

One stakeholder requested that population remain a focal point of UNFPA's work. This respondent lacked confidence that this would happen, however, due to an impression that "population work is politically incorrect" and has fallen out of favor. In this case, population was meant in a broader sense than census work, allowing for exploration of emerging issues such as the effects of population growth on climate change. This representative explained that this would mostly entail policy and strategy work, which should not require a substantial financial commitment.

Abortion has been legal in Cambodia since 1997,¹⁵ but remains an often unsafe and inaccessible health service. Many women lack awareness about the law and safe abortion sites, relying on surgical procedures at unregulated clinics or pills from untrained providers. Access to safe services is further hampered by a dearth of trained staff and resources, existing stigma, and high cost of service. Although

¹⁴ Results of the most recent Cambodia: Demographic and Health Survey are scheduled to be available in early 2011. These figures will help reassess the situation.

¹⁵ Abortion is legal upon request up to 12 weeks when provided by a trained healthcare professional in a MoH-approved hospital, health center, or clinic.

there are progressive policies in place, the actual situation may be misrepresented as programs work to play “catch up.”

Unsafe abortion is a critical component of Cambodia’s persistently high maternal mortality ratio. WHO speculates that making a package of emergency obstetric care services readily available, well distributed, well utilized, and of adequate quality will reduce maternal mortality. While treatment of abortion complications is included in this package, other essential preventive means to reduce abortion-related mortality, such as provision of safe abortion services and post-abortion contraception, are not represented.

Several NGOs in Cambodia are working to make a broader range of reproductive health tools and services available, but funding for abortion-related work has been a challenge. Many stakeholders mentioned safe abortion as an urgent issue that is in need of a high-profile champion. According to NRHP, the barrier to increased work to make abortion safer in Cambodia lies with donors, not the government. One stakeholder specifically noted that “UNFPA has been a leader in maternal health issues, although not on abortion.”

While it is recognized that many bilateral agencies cannot or will not take an active approach to making abortion safer, UNFPA is able to address this issue directly and is well-positioned to effect change. Now is a critical time for this work, as the successful Reduction in Maternal Mortality Project (RMMP), funded by DfID, comes to a close without clear plans for completion of its goal to have trained comprehensive abortion care (CAC) providers in each province. This training must be completed before further work is done around awareness raising and demand creation so that the health system can be prepared to satisfy potential future demand for CAC services. Some stakeholders urged UNFPA to consider taking up this position, but several respondents made it clear that whoever succeeds DfID will need to address CAC without singling out post-abortion care.

Commodity security is another major issue in the pipeline. With long-time donors DfID and KfW reducing their presence in Cambodia, it remains to be seen how the public sector will continue to provide medical abortion and contraceptives. While some parties feel that funding and procurement for these supplies could fall under UNFPA’s mandate and hope to see UNFPA take on this issue, other recognize constraints and hope instead that UNFPA may be able to assist the RGC to identify new sources of funding and develop a plan for transitioning financial responsibility to the MoH over time. Several stakeholders mentioned that improving the method mix could be part of this work.

Engagement and regulation of the private sector is critically needed in Cambodia, and stakeholders advised UNFPA to consider a role in this work. Many public providers also invest heavily into their own private practices, which become their primary source of income and are not subject to the same laws of the public facilities they work for. The MoH has been reluctant to get involved with the private sector, leaving the issue in the hands of other partners. NGOs that run clinics, such as RHAC and Marie Stopes International, are playing a big role in affordable quality services, and stakeholders would like to see continued support for this work. Public-private partnership interventions were also suggested as a potential way to engage the private sector. A champion to take up the issue with additional resources and advocacy support, such as UNFPA, could increase impact and stabilize work on this issue.

Strengthening the supply and distribution of commodities was mentioned by both bilateral and NGO stakeholders. Currently, there are fluctuations between stock out and surplus for health commodities (for family planning and other needs), indicating poor procurement practices. Related areas where UNFPA could provide additional support are the development of a system for tracking commodities past

the provincial level, which is the stopping point for the current MoH-managed system, and in emergency procurement, since UNFPA has established channels for placing orders quickly.

Tracking projected needs, rather than relying on past performance, requires technical expertise and systems to assess demand creation activities and related programming. It was suggested that UNFPA should consider providing or supporting this endeavor, with a potential partner in the Japanese International Cooperation Agency (JICA).

Other issues that were mentioned for longer-term considering include: (1) integration of family planning with safe motherhood programming and health systems revisions, (2) acknowledgement and use of emerging research, (3) breast and cervical cancers, (4) aging and menopausal women, (5) gender-based violence, (6) infertility, and (7) integration of HIV/AIDS with reproductive health programming. The National Center for HIV/AIDS, Dermatology and STD (NCHADS) collaborates with NRHP only occasionally, and there is little comprehensive inclusion of HIV/AIDS into reproductive and maternal health. Additional expertise, perhaps from abroad, is needed to work on real integration of these issues.

Strategy considerations

UNFPA's primary role in Cambodia is that of facilitator and coordinator, rather than an implementing agency. As mentioned earlier, most NGOs interviewed would prefer to see UNFPA **more engaged at the field level** and in a **stronger leadership role**. The value of more interaction at the field level is in providing a platform for NGO involvement in decision making. Currently, the work of high-profile donors is removed from that of implementing partners, causing a gap between grounded knowledge and decision-making power. It was suggested that UNFPA could play a coordinating role to help NGOs access and align these processes.

Since the RGC often responds to donors instead of initiating strategic work, UNFPA's further engagement with implementing partners could also provide strategic leadership to NGOs. Civil society is looking for a leader to show them how to implement their work in a changing environment of increased decentralization, canceled incentives for government staff, and pooled resource mechanisms.

This is especially true in the specific area of family planning, which suffers from a lack of leadership. Efforts are fragmented, evidenced by the number of working groups touching on the subject, such as the Contraceptive Security Working Group and the Maternal and Child Health Task Force. Family planning was noted to be the traditional advocacy sphere for UNFPA, so stakeholders have been surprised by the absence of UNFPA in this work in Cambodia. Implementing partners see family planning as a foundation for Cambodia's most critical issues, however, and have continued to work on this despite lack of an overarching leader.

With the **pending launch of UN Women**, UNFPA's role in gender may shift. UNFPA has addressed a wide range of gender-related issues, perhaps due to the comparatively weaker position UNIFEM has held in Cambodia. Stakeholders suggested that, with a number of gender issues requiring attention in Cambodia, it would be useful to have a unifying agency to address gender issues in the future. This could mean moving gender-related programming away from UNFPA and to a potential future UN Women

office or to the office of the UN resident representative, who speaks for all agencies under the One UN System.¹⁶

Some stakeholders suggested that **campaigning for social and behavioral research** could be a continuing strategic area for UNFPA. Many current initiatives in Cambodia are based on best practices in population, gender, and reproductive health elsewhere in the world. These initiatives are often supplemented by anecdotal evidence in Cambodia, rather than rigorous social and behavioral research that would lend a deeper perspective to critical issues, particularly around sensitive topics in reproductive health. Putting resources into research on knowledge, attitudes, and practices could yield stronger, evidence-based programming designed specifically for Cambodia.

An international expert with hard data on, for example, why family planning initiatives are not working, will be able to advocate for change within the government's approach. The RGC has been criticized for accepting failed interventions, resigning to the fact that the target was not reached. Rather than allow this passivity, UNFPA could investigate the reasons for this failure through focused research to identify concrete barriers to success and solutions to addressing those barriers. Results of rigorous studies can serve as a launch pad for targeted action and impact.

UNFPA is already investigating gender dimensions in the health realm, highlighting connections and prompting the health sector to see beyond health service delivery and look at gender dynamics and relationships. Some of the HSSP II partners are calling for a larger gender component for the midterm review in 2011, so this anthropological work may continue. While it may not be the traditional role of UNFPA to conduct this research, stakeholders would like to see further investigation on population, gender, and reproductive health issues.

¹⁶ The One UN initiative aims at enhancing system-wide coherence at the country level and encompasses a number of dimensions - One Leader, One Programme, One Budget and, where appropriate, One Office. The objective is to ensure coordinated and more effective development operations and accelerate progress towards the achievement of the Millennium Development Goals (MDGs).

Conclusion

Given the lack of leadership in the arenas of population, gender, and reproductive health in Cambodia, UNFPA has critical decisions to make: whether to remain in its traditional role of facilitator and coordinator, take on a stronger leadership role to determine the agenda and advocate for key issues, or take on a more technical role with increased field and research engagement.

Additionally, UNFPA must clarify its mandate to stakeholders including government partners, multilateral and bilateral agencies, and NGOs in Cambodia. UNFPA should engage with all relevant stakeholders to explain its role and strategic direction in the fields of population, gender, and reproductive health. The development community is expectantly awaiting this outreach and is prepared to offer UNFPA its full support.

Annex 1: Organizations consulted

Government agencies

Ministry of Education, Youth & Sports

Ministry of Women's Affairs

National Institute of Statistics, Ministry of Planning

National Reproductive Health Program

Bilateral and multilateral agencies

Australian Agency for International Development (AusAid)

Belgian Technical Cooperation

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)

United Nations Children's Fund (UNICEF)

United Nations Population Fund (UNFPA)

United States Agency for International Development (USAID)

World Health Organization (WHO)

Non-governmental organizations

Khmer Youth Association

Marie Stopes International

PATH

Population Services International (PSI)

Reduction in Maternal Mortality Project

Reproductive and Child Health Alliance (RACHA)

Reproductive Health Association of Cambodia (RHAC)