

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR CAMBODIA

First regular session 2024

Comments by Germany	UNFPA country/regional office response to comments
Germany congratulates UNFPA Cambodia on a very strong draft CPD, that is responsive to both global megatrends and developments as well as the national context.	UNFPA thanks Germany for the kind comments.
Persistent high maternal mortality (MMR) is recognized as a main challenge to realizing SRHR in the country (p.2). With a high institutional delivery rate, “quality of care and the three delays ¹ ” are identified as drivers of the high MMR. This analysis could be further elaborated – especially since two of the “three delays” take place before the pregnant women reaches the health facility. This would allow for more targeted interventions to improve maternal health.	<p>UNFPA agrees. Two of the three delays are related to the following factors: harmful gender and social norms, remoteness and lack of referral means – particularly in the remote Northeast region.</p> <p>The CPD has been revised to reflect this on page 2, paragraph 5:</p> <p>“Cambodia has one of the highest maternal mortality ratios (MMR) in South-East Asia, at 154 per 100,000 live births in 2021. The rate of delivery by trained health personnel is 99 per cent (2021); however, limited quality of care and life-saving skills and “the three delays” result in the current high MMR. The first delay often happens due to harmful and negative social norms, and the second delay is due to remoteness and lack of referral means, particularly in Northeast region.”</p>
The assumed low quality of care and its impact on newborn deaths and stillbirths is absent from this analysis – in line with the <i>Ending Preventable Maternal Mortality</i> and <i>Every Newborn Action Plan</i> frameworks and targets it would be valuable to highlight the importance of integrated MNH services.	Targeted interventions in the Country Programme Implementation Plan are planned to expand coverage of basic emergency obstetric and newborn care (BEmONC). Currently, BEmONC coverage is only half of what is required to meet the UN standard of availability, as not enough facilities provide all the lifesaving signal functions. UNFPA will work to support the government and partners to map the networks of EmONC, travel times for populations and ensure a prioritised network of emergency obstetric care –particularly in target provinces. This will include the need to mobilize drugs, supplies, strengthen human resource capacity and improve referral mechanisms and management. The referral system has improved, primarily

¹“The three delays model“: Delay in decision to seek care, delay in reaching care, delay in receiving appropriate care at service delivery point”

	<p>due to improved infrastructure, but many patients in need still suffer delays in referral and treatment. This will be an area of focus.</p> <p>UNFPA agrees that the programme will primarily focus on strengthening the quality of care to address newborn mortality and stillbirths through improved midwifery, maternal and perinatal death surveillance and response (MPDSR) and EmONC, antenatal care coverage and quality of care during delivery and post-natal care.</p> <p>UNFPA, in partnership with UNICEF and WHO, will continue to work towards strengthening MPDSR to tackle the maternal conditions impacting the mortality of newborns and stillbirths.</p>
<p>Output 1: Germany welcomes the emphasis on strengthening midwifery as a key strategy to improve the quality of SRH and family planning services.</p> <p>Output 1: Apart from midwifery, what will be the strategies to scale up and improve emergency obstetric and newborn care?</p>	<p>The details for scaling up and improving EmONC are elaborated in the Country Programme Implementation Plan 2024-2028, which is being developed.</p> <p>Below are some of the key strategies/interventions:</p> <p>In line with the global recommended health interventions to address preventable maternal death, UNFPA will focus on these three interventions – (1) EmONC; (2) skilled birth attendance/midwifery programme; and (3) family planning – to bring quality sexual, reproductive and maternal health (SRMH) services to those left furthest behind, coupled with interpersonal and behaviour change communication interventions, social protection, universal health coverage and primary health care.</p> <p>The progress in EmONC is significant and key to the reduction of preventable maternal death. To date, the system and structures are in place and all ground functions have been established.</p> <p>Remaining gaps are:</p> <ul style="list-style-type: none"> - New staff members recruited into the health system in addition to retirement or changes of trained staff members. Thus, some capacity building to fill such gaps at the designated EmONC facilities is still needed. - Addressing the two main leading causes of preventable maternal deaths – post-partum haemorrhage and eclampsia. There is a need to roll-out the training of these life-saving skills to the lower and non-designated EmONC facilities. - Additional life-saving commodities – such as non-pneumatic anti shock garments; manual vacuum extraction, delivery kits, C-section kits, auto clave – for health centres and hospitals are required.

<p>Output 1: Given the conducive legal environment, and in the context of high MMR and teenage pregnancy rates, expanding access to safe abortion services could be included as a target, to contribute to the reduction of preventable maternal mortality and the realization of reproductive rights.</p>	<p>With regard to access to safe abortion, the programme will support the third-party procurement of medical supplies and equipment through the UNFPA Procurement Office based in Copenhagen, Denmark.</p> <p>The programme will also work to establish that safe-abortion is part of the midwifery curriculum and the subsequent roll-out training in midwifery schools. In addition, for the in-service training, other partners and CSOs have been rolling out across the country.</p> <p>UNFPA will ensure its work is in line with the existing laws and regulations.</p>
<p>Output 3: The document identifies key factors hindering progress, such as a lack of access to SRH information and services, gender-discriminatory social norms, sexual violence, early/child marriage, a high adolescent fertility rate, and unmet family planning needs among adolescents and youth (p.5). Although adolescent girls are disproportionately affected, they are not explicitly mentioned as the target group. The suggested actions lack specifics on how interventions will cater to the needs of adolescent girls and ensure that they will benefit. This lack of specificity is also seen in the non-gender disaggregated indicators on pages 9-10. To address the gender-specific challenges faced by girls and young women, interventions should focus on being gender-responsive or transformative.</p>	<p>We appreciate Germany’s insightful feedback on Output 3 of our document.</p> <p>Recognizing the unique challenges faced by adolescent girls in accessing sexual and reproductive health (SRH) services, we agree that a more targeted and gender-responsive approach is crucial. This output intersects with actions on addressing harmful social and gender norms in Output 2.</p> <p>We acknowledge the need to specifically target adolescent girls and boys. Actions under Output 3 include targeted social and behaviour change to address gender inequality. Special interventions for boys are also required, given the rise in STIs and HIV for adolescent boys.</p> <p>Comprehensive sexuality education (CSE) specifically focuses on gender equality among young people and is a key action to addressing gender discriminatory social norms. CSE is considered both a gender-transformative and gender-responsive intervention.</p> <p>Related interventions include:</p> <ul style="list-style-type: none"> (a) Strengthening community engagement by addressing gender-discriminatory norms and practices through community-based programmes that educate and engage families, community leaders, and boys and men. (b) Strengthening mechanisms to prevent and respond to sexual violence and early/child marriage, ensuring safe environments for adolescent girls. <p>These interventions are detailed in the Country Programme Implementation Plan.</p>

Comments by United States of America	UNFPA country/regional office response to comments
<p>Congratulate UNFPA for always consulting with stakeholders, including the United States, in the process of consultation and inputs to country program documents, particularly given the close collaboration on various areas including maternal and child health and family planning programs.</p>	<p>UNFPA thanks the United States for its kind comments.</p>
<p>It is good that the document incorporates a thorough analyses about maternal and child health and family planning and sets out the priority activities to tackle the gap through high impact interventions. As young people share one fourth of the total population in Cambodia, it is clear that more interventions are needed to equip those youth with health information, particularly sexual and reproductive health and rights, through digital platforms - especially considering recent declines in sexual and reproductive health knowledge among youth shown in the 2021 Cambodia DHS, which if not addressed could threaten the country's dramatic progress against HIV/AIDS and STIs.</p>	<p>The UNFPA agrees. We would like to point to the cross-cutting actions for outputs 1 and 3, as well as addressing harmful social norms under output 2.</p>
<p>The focus on maternal and child life-saving interventions has not been clearly articulated in the CPD and could be better incorporated, as appropriate.</p>	<p>UNFPA agrees that the programme will primarily focus on strengthening the quality of care to address newborn mortality and stillbirths through improved midwifery, maternal and perinatal death surveillance and response (MPDSR) and EmONC, antenatal care coverage and quality of care during delivery and post-natal care.</p> <p>Targeted interventions in the Country Programme Implementation Plan are planned to expand coverage of basic emergency obstetric and newborn care (BEmONC).</p> <p>UNFPA, in partnership with UNICEF and WHO, will continue to work towards strengthening MPDSR to tackle the maternal conditions impacting the mortality of newborns and stillbirths.</p>