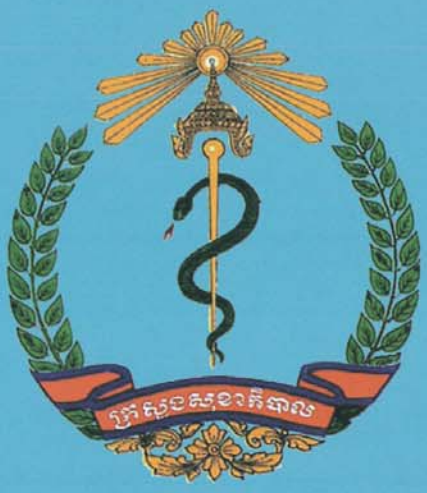
KINGDOM OF CAMBODIA

NATION - RELIGION - KING



MINISTRY OF HEALTH

National Material and Child Health Centre

National Reproductive Health Programme

Update and Extension to the National Strategy for Sexual and Reproductive Health and Rights in Cambodia 2017-2023

Phnom Penh

April 2022

Forward

Sexual Reproductive Maternal and Newborn Health (SRMNH) and Reproductive Rights is a top priority of the Cambodian Government. Cambodia developed the National Strategy for Reproductive and Sexual Health 2017 - 2020 at a time when Cambodia is benefiting from the peace dividends and making strides in the implementation of the Programme of Action reducing poverty and improving sexual reproductive maternal health and gender equality. Cambodia had attained most of its MDG targets and made very good progress improving the reproductive health, reproductive rights to access and choices of women, men and young people, achieving four out of five of its goal-level targets and nearly half of its outcome and objective-level targets for 2013 to 2016. And while good progress has been made, more work remains to be done if we are to achieve the Sustainable Development Goals by 2030.

The Strategy must also contribute to the International Conference on Population and Development (ICPD) Nairobi Commitments to the three Transformative Results of zero preventable maternal deaths, zero unmet needs for family planning and zero gender-based violence or harmful practices by 2030. To do this the NRHP/NMCHC will build on what has worked, address outstanding issues and equity gaps, and improve the quality and accessibility of reproductive and sexual health services in both the public and the private sector, and ensure reproductive rights for all, particularly for the unseens, to ensure no one is left behind.

The extension to the third National Strategy for Sexual and Reproductive Health and Rights (NSSRHR) will guide this work up to 2023 and is focused on ensuring that people in Cambodia benefit from improved access to sexual and reproductive health and rights (SRHR), while recognizing global and internal shifts in the sexual and reproductive health and rights space and that the current and future impacts of the COVID-19 pandemic on access may take some time to be known.

In 2020, when Cambodia would have been preparing to develop the next strategy, the landscape shifted with the advent of the COVID-19 pandemic. In the meantime, Cambodia sought to extend the current strategy 2017-2020 to 2023 to ensure continued direction for the National Reproductive Health Programme (NRHP) of the National Maternal and Child Health Centre (NMCHC) in sustaining the impressive gains in expanding the reach of reproductive, maternal and newborn services and improving sexual and reproductive health and rights.

The intention of this extension was not to develop new strategy, but to capture progress against the original strategy, reflect new or amended activities that are underway, incorporate agreed upon new activities outlined in related strategic plans, as well as presenting emerging priorities for the NRHP and the SRMNH sector in the lead up to the development of a new strategy.

Phnom Penh, 07/April/2022

Professor Eng Huot
Secretary of State,
Ministry of Health

Acknowledgements

The NRHP and the NMCHC would like to thank stakeholders for their valuable contributions to the development of the third National Strategy for Reproductive and Sexual Health in Cambodia 2017-2020. We appreciate the strong commitment and involvement of government staff and development partners in this process, and we would like to thank everyone for sharing their insights and recommendations.

We would like to thank the Sub-Technical Working Group for Maternal and Child Health (Sub- TWG for MCH) for their key inputs to this work, and we would like to extend our thanks to the following relevant national programmes: National Reproductive Health Program (NRHP), National Nutrition Program (NNP), National Immunization Program (NIP), National Program on Acute Respiratory Infection/ Control Diarrheal Disease, and National Program on Prevention Mother to Child Transmission (PMTCT), as well as development partners and NGOs such as UNFPA, WHO, UNICEF, The World Bank, Global Financing Facility, USAID, JICA, HACC, RACHA, RHAC, CARE, Hellen Keller International, MSI Cambodia, Population Council, PSI Cambodia, World Vision, Save the Children, KOFIH, PATH, FHI360, Clinton Health Access Initiative, Handicap International, KOICA and Alive and Thrive. Your inputs and suggestions are appreciated, and we look forward to working closely with you in making the implementation of the NSSRSH 2017 - 2023 a reality.

We would like to express our sincere appreciation to the Clinton Health Access Initiative (CHAI), Reproductive Health Association of Cambodia (RHAC), UNFPA, USAID Enhancing Quality of Healthcare Activity (EQHA) managed by FHI360 and HACC for providing technical and financial contributions to the development of the NSSRHR extension to 2023, and to thank UNFPA and WHO for providing technical guidance throughout the process.

Ms. Alice Levisay for her support in developing the 2017 - 2020 strategy document and to Ms Amy Williamson for her support in developing this 2023 extension to the strategy, and to Ms Chloe Denavit of Clinton Health Access Initiative for her assistance on the updated monitoring and evaluation indicators.

Nairobi National Commitment on ICPD25

ROYAL GOVERNMENT OF Cambodia

12 - 14 November 2019

Twenty-five years ago, in 1994, Cambodia was one of 179 countries to adopt the landmark Programme of Action of the International Conference on Population and Development (ICPD), held in Cairo, Egypt. The ICPD-PoA transformed our understanding of population dynamics and sustainable development centred around rights and choices.

Today, 25 years later, Cambodia is benefiting from the peace dividends and making strides in the implementation of the Programme of Action reducing poverty and improving maternal health and gender equality. Cambodia takes pride in having attained most of its MDG targets though recognizing the unfinished business of the ICPD. With our renewed resolve, the Royal Government and people of Cambodia pledge a set of broad national commitments to Accelerate the Promise of the ICPD and realize the unfinished work of the ICPD-PoA to make the rights and choices for all a reality for all Cambodians to help fulfill our national development goals and the Cambodia Sustainable Development Goals, and therefore make the following commitments:

1. Accelerate the Implementation of the ICPD-Programme of Action

- Ensure more effective national coordination mechanisms are placed within the Ministry of Planning to effectively coordinate the full implementation of the unfinished ICPD agenda within the country.

2. To achieve Zero Unmet Need for Family Planning, we will take the following actions by no later than 2030 to:

- Ensure at least **1,200 public health facilities** are client-friendly and providing at **least three methods** of modern contraceptives across the country and in full compliance of rights-based quality family planning information and services,
- Ensure continued contraceptive commodity security supply across the country and at all levels: national, sub-national and facility levels, including during humanitarian settings with the national budget of **around $2M per year**.

3. To achieve Zero Preventable Maternal Death, we will take the following actions by no later than 2030 to:

- Develop and retain the human resources for health in Cambodia with focus on midwives to ensure recruitment, training, and deployment of at least 300 new midwives per year.
- Expand Emergency Obstetric and Newborn Care (EmONC) services **to reach 160 EmONC facilities to meet the internationally recommended standards of five EmONC facilities** (at least one Comprehensive EmONC facility) per 500,000 population by 2030.

4. To target Zero sexual and gender-based violence and all forms of discrimination against women and girls, by committing to:

- Ensure that ALL women and girls in Cambodia have equal access to **quality and comprehensive GBV prevention, information and services by no later than 2030.**
- Develop the first National Gender Policy to address gender issues related to women, men, LGBTQI & children and young people to ensure commitment for both financial and human resource support and a more conducive environment for all vulnerable populations by no later than 2030.

5. Mobilize the required financing to fully achieve ICPD Programme of Action and sustain the gains already made, by

- Annually increasing the national budget allocation approximately **10%** to social sectors including health; education, including Comprehensive Sexuality Education; youth; gender and gender-based violence; and data production and utilization in line with the growth of the national economy.

6. Draw on demographic diversity to drive economic growth and achieve sustainable development, to:

- Ensure that more than 3.5 million young people including vulnerable youth have access to age-appropriate information on sexual & reproductive health and rights through the national curriculum and capacitating more than 80,000 teachers both in and pre-service on Health and Sexuality Education towards that aim by no later than 2030.
- Ensure strengthening capacity development of national statistical system in line with the Cambodia Sustainable Development Goals Framework **by increasing the national budget incrementally by 0.5% every year by no later than 2030** as part of implementation of the National Strategy for the Development of Statistics.

These commitments are a strong signal that the Royal Government of Cambodia will not falter in its commitment and support to the most vulnerable, especially girls and women. We will ensure that all efforts and resources are mobilized to achieve the above commitments by 2030 counting on all your support and partnership.

The Royal Government of Cambodia strongly supports the Nairobi statement on ICPD25: Accelerating the promise.

On 3rd Nov 2021, the Sub-Decree for the organization and functioning of the special committee for accelerating the ICPD PoA Implementation[1] was approved. This special committee further assists the Royal Government of Cambodia in monitoring and accelerating the effective and efficient implementation of the ICPD PoA in the context of National Development Frameworks and Sustainable Development Goal.

[1] Sub-Decree for the organization and functioning of the special committee for accelerating the ICPD PoA Implementation, Royal Government of Cambodia, November 3rd, 2021

Acronyms and Abbreviations

AFSRH	Adolescent Friendly Sexual and Reproductive Health
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
BEmONC	Basic Emergency Obstetric and Newborn Care
CAC	Comprehensive Abortion Care
CBD	Community Based Distributor
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CPA	Comprehensive Package of Activities
CPR	Contraceptive Prevalence Rate
CDHS	Cambodian Demographic and Health Survey
EmONC	Emergency Obstetric and Newborn Care
FP	Family Planning
FTIRMN	Fast Track Initiative Roadmap for Maternal & Neonatal Health
GBV	Gender Based Violence
GMAG	Gender Mainstreaming Action Group (of MOH)
HC	Health Centre
HCMC	Health Centre Management Committee
HEF	Health Equity Fund
H-EQIP	Health Equity and Quality Improvement Project
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPV	Human Papilloma Virus
HRD	Human Resources Department
ICPD	International Conference on Population Development
LAPM	Long Acting or Permanent Method
LARC	Long Acting Reversible Contraceptives
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
LMIS	Logistics Management Information System
MCAT	Midwifery Coordination and Alliance Team
MCH	Maternal and Child Health
MDSR	Maternal Death Surveillance and Response
MgSO4	Magnesium Sulphate
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MPA	Minimum Package of Activities
MSIC	MSI Cambodia
NE	Northeast
NGO	Non-governmental organization
NIP	National Immunization Programme
NRHP	National Reproductive Health Programme
NMCHC	National Maternal and Child Health Centre
NSSRHR	National Strategy for Sexual and Reproductive Health and Rights
NSDP	National Socio-Economic Development Plan
NSSF	National Social Security Fund
NQEM	National Quality Enhancement Mechanism
OD	Operational District
PMTCT	Prevention of Mother to Child Transmission
RoGC	Royal Government of Cambodia
RHAC	Reproductive Health Association of Cambodia
RMNCH	Reproductive Maternal Newborn and Child Health
PNC	Postnatal Care
PPH	Post-Partum Haemorrhage
PSIC	Population Services International Cambodia
SBA	Skilled Birth Attendant
SBCC	Social and Behaviour Change communication
SMP	Safe Motherhood Protocols
SRHR	Sexual and Reproductive Health and Rights
TWG	Technical Working Group
UHS	University of Health Sciences
UN	United Nations
UNFPA	United Nation Population Fund
USAID	United States Agency for International Development
VAC	Violence Against Children
VAW	Violence Against Women
VHSG	Village Health Support Group
VIA	Visual Inspection by Acid Acetic
WHO	World Health Organization

Contents

1. Context

The NSSRHR outlines Cambodia's reproductive and sexual health and rights priorities. It defines key intervention areas and lays out relevant indicators and targets for monitoring progress over time and is used to inform annual planning and budget allocations. This version of the NSSRHR is an extension of the 2017 - 2020 strategy to 2023 to accommodate release of the next Cambodian Demographic Health Survey (CDHS).

Through the 2023 strategy extension process, efforts have been made to recognize global and internal shifts influencing the sexual and reproductive health and rights space and, where relevant, aligning the NSSRHR, especially with emphasis on reaching the unreached and ensuring Cambodian people can exercise their Community Health Strategy 2021-2025, under National Centre for Health Promotion

1.1 Related National Policy

The NSSRHR is a sub-sectoral strategy specifically focusing on reproductive and sexual health. It intersects with and/or contributes to several other key policies, guidelines, and strategic plans. The list below highlights key documents but is not exhaustive.

- National Strategic Development Plan 2019 - 2023, Royal Government of Cambodia (RGoC)
- Health Sector Strategic Plan [2]2016 - 2020, Ministry of Health (MoH)
- Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2016-2020, MoH
- National Strategic Plan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B 2021 – 2025, MoH
- Birth Spacing Policy for Cambodia, MoH (2016)[3]
- Antenatal, Delivery and Postpartum Care package Guidelines 2019, MoH
- Emergency Obstetric and Newborn Care (EmONC) Improvement Plan 2021-2025, MoH
- National Plan to Scale-Up Comprehensive Abortion Care Service Availability in Cambodia 2020-2025, MoH
- National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases 2018-2027, RGoC
- National Action Plan for Cervical Cancer Prevention and Control 2019 – 2023, MoH
- National Guidelines for Adolescent and Youth Friendly Services in 2008 and the Training Manual in 2007, MoH
- National Action Plan to Prevent Violence Against Women 2019 - 2023, Ministry of Women's Affairs (MoWA)
- Policy and Strategic Plan on Gender Mainstreaming in Health 2020 – 2024, MoH, MoWA
- Referral Guidelines for Women and Girl Survivors of Gender Based Violence, MoH
- Minimum Standards of Basic Counselling for Women and Girl Survivors of Gender Based Violence, MoH
- National Guidelines for Managing Violence Against Women and Girls in the Health System and a Clinical Handbook for Responding to Intimate Partner and Sexual Violence, MoH
- Manual for Health Care Managers: Guideline on Health Care to Women subjected to Violence, MoH
- National Social Protection Framework, RGoC

[2] The next Health Sector Strategic Plan 2022 - 2030 is in finalizing stages.

[3] A list of documents that outline Family Planning policy in Cambodia can be found in the WHO 2017 document *Identifying Actions for Scaling up Long Acting Reversible Contraceptives*. MoH also has several clinical protocols for various contraceptive methods.

- Community Health Strategy 2021-2025, under National Centre for Health Promotion
- Operational Guideline for Clients' Rights and Providers' Rights and Duties, MoH, Feb 2007
- National Strategy for Disaster Management in Health 2020 – 2024

1-2 Overarching global standards

In developing the NSSRHR Cambodia acknowledges the comprehensive definition of reproductive health as defined at the 1994 International Conference on Population Development, and later by the World Health Organisation (WHO) as *'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters related to the reproductive system and to its functions and processes*'. In extending the NSSRHR to 2023, the following policy and guidance intersecting with SRHR has been considered.

- **Sustainable Development Goals (SDGs) -** Cambodia's commitment to the SDGs are integrated with the National Strategic Plan and cascade through ministerial and departmental strategies. The NSSRHR contributes towards achievement of *Goal 3: Ensure healthy lives and promote well-being for all at all ages* and *Goal 5: Achieve gender equality and empower all women and girls*.

- **International Conference on Population Development Programme of Action -** Overarching global direction for Cambodia's response to improving SRHR is the International Conference on Population Development Programme of Action (ICPD-PoA). At its core, the IPCD PoA emphasize that reproductive rights recognize the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, to have the information and means to do so, and to attain the highest standard of sexual and reproductive health. It includes the right for people to make decisions concerning reproduction free from discrimination, coercion, and violence. In November 2019, the RGoC pledged a set of broad national commitments to realize the unfinished work of IPCD-PoA and make SRH rights and choices for all a reality via working towards three transformative results by 2030: zero preventable maternal death, zero unmet needs for family planning and zero gender based violence or harmful practices.

- **For the Future - Towards the Healthiest and Safest Region, WHO, January 2020 -** outlines strategic health priorities for the Western Pacific Region including health security, climate change, the environment and health, NCDs and ageing and *reaching the unreached* – people and communities still afflicted by infectious disease, and high rates of maternal and infant mortality. Innovation and universal health care are some of the underpinning themes.

- **The Global Strategy for Women's, Children's and Adolescent's Health 2016 - 2030) -** This strategy outlines a vision for health through a woman's life course and identifies strategies and actions need for women, adolescents and children survive, thrive and transform. Access to reproductive and sexual health services are integrated within the strategy, as is the recognition that access to health is a basic right, including during humanitarian situations.

- **Primary Health Care (PHC) and Universal Health Coverage (UHC):** Many developing countries are only able to offer a core package of basic SRH services, usually focused around maternal, newborn and child health, including family planning. Cambodia expands its vision of addressing peoples' rights to a full and comprehensive range of SRH services, while streamlining the management of SRH services. Thus,SRH services are fully integrated within the primary health care system, with referrals for more specialized needs, and these services are at the cornerstone of the Universal Health Coverage and social protection in Cambodia.

2. Methodology

The NSSRHR 2017-2020 was developed through a consultative process and was informed by a thorough review of the previous NSSRHR 2013-2016. A consultative workshop was held on 17 and 18 November 2016 in Phnom Penh, Cambodia, and during this workshop participants reviewed progress to date, and provided inputs on key intervention areas, indicators, and targets. Workshop participants included government health staff from provincial and national level, and development partner staff working in SRH.

The 2023 extension to the NSSRHR was informed by the results of a review workshop conducted in December 2019 (with the participation of NMCHC staff provincial health staff and representatives from partner organisations), a desk review of relevant documents including new releases of national plans and strategies, strategy review reports, relevant studies conducted since 2017 and consultation with NRHP and members of the NMCHC Maternal and Child Health Sub-Technical Working Group (MCH Sub-TWG).

The intention of this extension was not to develop new strategy, but to capture progress against the original strategy interventions, reflect new or amended activities that are underway, incorporate agreed upon new activities outlined in related strategic plans, as well as presenting emerging priorities for the NRHP and the SRMNH sector in the lead up to the development of a new strategy. While some emerging issues raised through consultation have been integrated with this strategy update, others may require a more thorough process of development and will need to be addressed as part of the next strategy development process and once more data is available.

An extended list of indicators as art of the monitoring and evaluation framework was compiled in consultation with CHAI, NRHP representatives and recommendations from partners. This list can be found in Section 7 Monitoring and Evaluation Framework.

A costing for the strategy extension was not undertaken.

3. Progress against 2017 - 2020 NSSRHR

A full progress review against the monitoring and evaluation framework was not possible given the newest CDHS results are not yet released. However, where data was available, performance has been updated in the Indicators Table (see section 7) and some brief analysis of some indicators has been incorporated into the progress update of each strategy intervention area.

4. National Strategy for Sexual and Reproductive Health and Rights

The third National Strategy for Sexual and Reproductive Health and Rights guides work in SRH between 2017 and 2023 to ensure that all people in Cambodia benefit from improved sexual and reproductive health (SRH) status and rights. The extended strategy will contribute to achievement of the Nairobi 2019 ICPD commitments, the Health Strategic Plan, and the Cambodian SDGs.

This extension to the NSRSHR developed in 2017 brings to the forefront improved access to services and information for marginalized and hard to reach communities if universal health coverage is to be achieved. The key strategy areas in summary are as follows:

Strategy Area 1: Increase availability and quality of SRH services across public and private sectors through strengthened governance, service delivery and information provision

To be achieved through improving coverage and quality of the following:

1. Family planning information and services
2. Antenatal care
3. Identification and treatment of HIV/Syphilis during pregnancy
4. Intrapartum/delivery care information and services
5. Emergency obstetric and neonatal care (EmONC)
6. Postnatal care
7. Safe Abortion information and services
8. Adolescent Friendly Sexual and Reproductive Health information and services
9. Gynaecological information and services
10. Gender-based violence/violence against women/violence against children health services

Strategy Area 2: Increased equitable access and quality of SRH services through increased financial and human resources and private health sector strengthening

To be achieved by:

1. Scaling up social health protection systems, including health equity funds, that cover the full SRH service package
2. Increasing government financing for SRH services
3. Improving the competence, availability, scope of responsibility and working environment of midwives
4. Contribute to private sector health system strengthening

Strategy Area 3: Increase equitable access and quality of SRH services through strengthened SRH information systems

To be achieved through strengthening:

1. Strengthening quality and completeness of public and private sector SRH data in the Health Management Information System
2. Strengthening the evidence base through high quality reporting, conducting operational research, monitoring and evaluation.

Goal

The goal of theNational Strategy for Sexual and Reproductive Health and Rights in Cambodia is to contribute to the better health and well-being of all people in Cambodia by improving the SRH status and rights of women, men, and young people.

Reaching the unreached

This extension to the NSRSHR developed in 2017 brings to the forefront improved access to services and information for marginalized and hard to reach communities if universal health coverage is to be achieved. The below section outlines emerging areas of focus for reaching underserved groups such as humanitarian settings, service disruptions in the wake of the Covid-19 pandemic and emerging focus on the psycho-social aspects of health care. It also outlines who are the vulnerable groups in Cambodia and approaches to be taken to better reach these groups with quality SRH information and services.

Vulnerable Groups in Cambodia

For the NSSRHR, groups vulnerable to being left behind are those experiencing barriers to accessing quality health services and are therefore unable to exercise their rights to access reproductive and sexual health. These barriers may derive from stigma towards ethnicity, age, marital status, experience of violence, disability, socio-economic status, sexual orientation, or from distance to health care, type of work or migration status. In Cambodia these groups include:

- Women living in locations with poor performance against reproductive, maternal, neonatal and child health (RMNCH) indicators, such as the north and north-east of the country[4][5]
- Adolescents and young unmarried people[6]
- Ethnic minorities[7]
- Women and young people experiencing gender-based violence[8]
- Women whose access to services is decided by others in the household[9][10]
- Migrant workers including those working in garment factories, on construction sites, and in the entertainment sector, and those returning from overseas or from cities because of the Covid-19 pandemic[11][12]
- People who identify as lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ)[13][14]
- People living with disabilities[15][16]

[4] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014
[5] Partnering to Save Lives, Learning Package: *Adolescent pregnancy in Cambodia's northeast*.
[6] Assaf, Shireen, and Rathavuth Hong. 2016. Current Issues in Reproductive Health in Cambodia: Teenage Fertility and Abortion. Further Analysis of the 2010 and 2014 Cambodia Demographic and Health Surveys. DHS Further Analysis Reports No. 104. Rockville, Maryland, USA: ICF.
[7] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014
[8] Ministry of Women's Affairs 3rd*National Action Plan to Prevent Violence Against Women (NAPVAW) 2019 - 2023*
[9] Rizvi F, Williams J, Bowe S, Hoban E. 2020. Factors influencing unmet need for contraception amongst adolescent girls and women in Cambodia. PeerJ 8:e10065 http://doi.org/10.7717/peerj.10065
[10] Partnering to Save Lives Policy Paper, Out of Reach: The critical barrier of transportation access to reproductive, maternal and newborn health services for vulnerable women in northeast Cambodia, 2017
[11] UNFPA-lead Rapid Assessment on Social and Health Impact Of COVID-19 Among Returning Migrant Workers In Cambodia, November 2020
[12] UNFPA, Literature review on Sexual and Reproductive Health and Rights of Migrant Garment Factory Workers in Cambodia, June 2014
[13] Joint statement by civil society organizations: Step up efforts to protect the rights of lesbian, gay, bisexual, transgender, intersex, queer (LGBTIQ) people in Cambodia, in line with the universal periodic review recommendations accepted by Cambodia, Sep2021
[14] UNDP, USAID (2014). Being LGBT in Asia: Cambodia Country Report. Bangkok

- Sex workers and female entertainment sector workers who engage in direct or indirect sex work[17]
- Near poor who are not included in current social protection frameworks[18]

COVID-19 Pandemic and SRH in Humanitarian Settings

Building health system resilience is vital to ensure the SRH needs of women are met during times of crisis, including humanitarian settings brought about by natural disasters, conflict, large migration situations or during infectious disease outbreaks such the COVID-19 pandemic.

Women and girls are disproportionately affected during disasters in terms of their safety, security, protection needs and access to quality SRH services. Women and girls are also at a greater risk of violence, including sexual violence during crises or emergencies. Cambodia's *National Strategy for Disaster Management in Health 2020 – 2024*, fully incorporates the Minimum Initial Service Package (MISP) for SRH services during emergencies. Roll out of this strategy has included training for national and sub-national disaster risk focal points on the MISP.

The Covid-19 pandemic has brought with it new challenges across the health care sector including disruptions to essential services, changes in health seeking behaviour, reduced household income with reductions in health-care spending and demographic changes as rural to urban migrant workers return to their home villages as employment opportunities decrease. Concerns over Covid-19 transmission through client-provider interaction mean people are less willing to seek non-essential services and are choosing pharmacies as a first stop for health care. Facilities are limiting the number and type of patients they will see. Reductions in provision of ante and post-natal care services have been observed in Cambodia.[19]

In May 2020 WHO, UNFPA and UNICEF released guidance for continuing essential sexual, reproductive, maternal, neonatal, child and adolescent health services during COVID-19 pandemic[20] including recommendations to provide services, training, and communication through digital health platforms. Stemming from this, NMCHC, with technical support from partners has developed an e-learning training platform for health-care workers including on essential SRH services and a Khmer version of the Safe Delivery App aligned with MoH protocols. A process for initiating government provided telemedicine SRH services is underway and will be operational in 2022.

Mental health and wellbeing

Mental health and wellbeing of both clients and providers intersects with the focal service areas outlined in the NSSRHR under Strategy Area 1, especially (but not limited to) adolescent health, comprehensive abortion care, during the peri-natal and post-natal periods of a pregnancy[21] and for certain vulnerable groups. Cambodia's Health Strategic Plan 2022 - 2030 is reported to include strategy around mental health

[15] Partnering to Save Lives, Learning Package: Enabling inclusive health education and care for women with disabilities, 2018
[16] Gartrell A, Baesel K, Becker C. "We do not dare to love": women with disabilities' sexual and reproductive health and rights in rural Cambodia. Reprod Health Matters. 2017 May;25(50):31-42. doi: 10.1080/09688080.2017.1332447. PMID: 28784072.
[17] Yi S, Tuot S, Chhoun P*, et al* Factors associated with induced abortion among female entertainment workers: a cross-sectional study in Cambodia *BMJ Open* 2015;**5:**e007947. doi: 10.1136/bmjopen-2015-007947
[18] Ministry of Health and Japan international cooperation agency (JICA), The project for development of social health insurance for the informal sector In the Kingdom of Cambodia: Final report. October 2018, Global Link Management, inc.
[19] Presentation on the NMCHC-WHO Analysis of the impact of COVID-19 and develop policy options for maintaining reproductive, maternal, newborn, child and adolescent health services in Cambodia, Dec 2021
[20] WHO, UNICEF and UNFPA, Continuing Essential Sexual Reproductive, Maternal, Neonatal, Child and Adolescent Health Services During COVID-19 pandemic Operational guidance for South and South-East Asia and Pacific Regions; 4 May 2020.
[21] Momentum Landscape Analysis Brief 2 - The Silent Burden: a Landscape Analysis of Common Perinatal Mental Disorders in Low- and Middle-Income Countries

for the first time[22] and subsequent integration of mental health considerations in relation to SRH should be considered in the development of the next NSSRHR. However, those working in this sector can already be mindful of the need to consider the psycho-social well-being aspects of SRH care and service provision more deeply.

Approaches to reaching the unreached with SRH information and services

The December 2019 NSSRHR review workshop highlighted reaching vulnerable groups as a high priority area. This 2023 extension to the NSSRHR does not seek to address all these groups individually* but does seek to emphasise approaches to leaving no one behind that should be considered for all service areas. These are:

- **Designing and implementing innovative strategies around service provision and referral to services**, for examplemobile services, telemedicine, outreach, and extended hours, and are delivered through a variety of service providers including private health sector, NGO, pharmacies, and community groups who can tailor their engagement to unreached groups. These must be designed in consultation with target groups.
- **Implementing effective SBCC strategies based on proven theory and evidence**. These programs should be designed with formative research to establish specific audience segments to ensure the behaviours and beliefs of hard-to-reach and vulnerable groups are understood and their needs are appropriately met.
- **Advocating for changes to social protection/health financing schemes to best reach the unreached** such as including full RMNCH package under Health Equity Fund (HEF) and the National Social Security Fund Health Insurance Scheme (NSSF HIS) (see Section 2.1 for more information), addressing transport barriers and extending HEF and non-formal sector mechanisms to private sector and facilities, ensuring choice for people in where they take services.
- **Ensuring services are accommodating, stigma free and acceptable to target groups** by including them in the design and implementation of initiatives, and by sensitizing health providers to the needs of vulnerable groups.
- **Strengthening counselling and psycho-social aspects of SRH care**, especially for vulnerable groups, as well as improving client-centred counselling and care across the continuum of SRH services. And supporting the mental health and wellbeing needs of the providers delivering them, especially considering the impact of COVID-19 on the health system.
- **Using dataat national, provincial and facility level** to understand who is being left out of service provision, and to tailor their local strategies to reach those groups. Health sector staff should be able to draw on lessons learned and shared from colleagues across the country.
- **Strengthen humanitarian programming** by building the capacity of health service providers, programme managers and other national partners on integrated sexual and reproductive health and gender-based violence in humanitarian programming

*The 2017 - 2020 NSSRHR outlined specific interventions to improve the SRH of **garment factory workers**. These included finalising and supporting the implementation of workplace infirmary guidelines in collaboration with Ministry of Labour and Vocational Training (MoLVT), strengthening the capacity of staff at infirmaries, especially in FP counselling skills and referral to facilities for services, including those contracted under the NSSF. Garment Factory Infirmary Guidelines capturing the need for SRH information and service provision via infirmaries or referral facilities were finalized and disseminated and the MoLVT oversees their implementation.

[22] Input from members of the Maternal and Child Health sub-technical working group of the MoH.

Strategy Area 1: Increase availability and quality of SRH services across public and private sectors through strengthened service delivery and information provision

1.1 Strengthen Rights- Based Family Planning Information and Services

Rationale

Contraception is critical for improving SRH and rights. It provides individuals and couples with the means to decide when they want to have children and increasing the modern contraceptive prevalence rate and reducing the unmet need for family planning reduces maternal and newborn mortality, morbidity, and malnutrition. Fewer unwanted pregnancies also lead to higher educational attainment and improved opportunities for women, economic gains for households and communities, and reduced pollution and use of natural resources.[23]

Between 2010 and 2014 Cambodia increased its contraceptive prevalence rate (CPR) and use of long acting and permanent contraceptive methods but fell short of reaching 2016 SRH targets for these indicators. Surprisingly, use of modern contraceptives was highest in rural, poor and least educated groups, and the proportion of wealthy, urban women using traditional family planning methods, particularly withdrawal, increased between 2010 and 2014.[24,25] This likely reflects fears of using hormone-based contraceptives and undesirable side effects alongside limited quality of services, weak counselling skills amongst some providers, and limited availability of family planning services at hospital level. New analysis of the CDHS 2014 identifies girls aged 15 to 19 and young women aged 20 to 24 experienced increased likelihood of unmet need for FP, as did those women whose decision to access to health care was made by someone else in the household.[26] Immediate post-partum and post-abortion FP are not reimbursable as separate services under the Health Equity Fund (HEF) or the National Social Security Fund (NSSF) Health Insurance Scheme.

Progress against 2017-2020 Plan

Cambodia has continued training and quality assurance (QA) of health providers on IUD and implants, guided by inclusion in 2018 of a Family Planning Indicator under the National Quality Enhancement Mechanism (NQEM). Development of national private sector FP QA and Quality Improvement (QI) tools is underway, as well as training of private sector FP QA coaches at national and subnational levels.[27] Less progress has been made mobilizing Community Based Distributors (CBDs) to improve access to FP, and ongoing work is needed to address social and gender norms and beliefs leading to reliance on traditional methods of FP. Proof of concept social behaviour change communication (SBCC) strategies to improve FP uptake by combating myths and misconceptions related to modern contraception, promoting couples communication regarding family planning and reproductive health, and involving males as FP supporters have been implemented in some provinces.[28] A digital platform designed to address underlying attitudes and beliefs around modern

[23] WHO, Identifying Actions for Scaling-Up Long-Acting Reversible Contraception in Cambodia, 2016.
[24] MoP, MoH, ORC Macro, Cambodia Demographic and Health Survey – 2000, 2001.
[25] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015.
[26] Rizvi F, Williams J, Bowe S, Hoban E. 2020. Factors influencing unmet need for contraception amongst adolescent girls and women in Cambodia. Peer J 8:e10065 http://doi.org/10.7717/peerj.10065
[27] In 6 provinces under the Enhancing Quality of Health Care Activity (EQHA)
[28] Partnering to Save Lives (finished in 2018) and the Promoting Healthy Behaviours project (until 2025)

contraception for urban young people will be available in the coming year.[29] A web-based client record system for FP data in the private sector is being implemented in select provinces. Significant progress was made on commodity security with the MoH fully financing the procurement of contraceptives since 2016. Social marketing and commercial sectors are also fully participating in private sector commodity supply across the country with no reports of stock out of key FP commodities at a national level. Little or no progress was made rationalising FP user fees across public health facilities and in comparison, to fees in private facilities. No changes were made to the reimbursement status of immediate post-abortion and post-partum FP under HEF (or NSSF).[30]

Strategies

Leading up to 2023 Cambodia needs to maintain focus on training and quality assurance in FP counselling and service provision with a focus on people-centred care and improving access for vulnerable groups[31] through non-judgmental service provision and improving access to FP through expansion of health financing mechanisms to ensure that no one is left behind. Innovative interventions such as telemedicine or self-administration of FP can help to bridge gaps in service availability. Complementing this should be effective SBCC strategies that reach vulnerable communities and use innovative digital and social media to reach young urban populations, as well as addressing provider behaviour and attitudes that create barriers to FP service use, particularly among youth. Cambodia must ensure continued contraceptive commodity security supply across the country and at all levels (national, sub-national and facility) and in humanitarian settings. Intervention areas to achieve this are:

- **1.1.1 Increase quality and availability of FP services** through training on FP counselling and service provision, onsite coaching, and supportive supervision, using CBD/mobile services for hard-to-reach populations and developing innovative strategies to improve uptake of FP Services.
- **1.1.2 Increase availability of long-acting reversible contraceptive (LARCs)/permanent FP methods** by ensuring availability at referral hospitals, maternity wards and health centres, comparative pricing of methods in public sector facilities, providing job aids and other IEC, including that which includes males in FP decision making
- **1.1.3 Increase availability and use of post-partum and post-abortion FP services** by ensuring availability of full range of contraceptive methods and trained providers at maternity wards and other points of contact, reinforcing implementation of updated birth-spacing guidelines via Midwifery Coordination Alliance Team (MCAT) meetings, advocating for the next HEF review to investigate impacts of reimbursement amounts of post-partum and post-abortion FP uptake, and to advocate for NSSF Health Insurance Scheme reimbursement of immediate post-partum and post abortion family planning services.
- **1.1.4 Ensure FP commodity security** by securing financial commitments for contraceptive supply to the public sector, strengthening the Commodity Security Working Group and the RMNCH components of the Logistics Management Information System (LMIS).
- **1.1.5 Strengthen private sector provision of FP services** through strengthened public-private partnerships to provide training and supportive supervision opportunities, implementing systems for routine reporting and quality assurance, and timely and accurate reporting from the private sector into the HMIS to gain a better understanding of the role private sector plays in FP service provision.

[29] Promoting Healthy Behaviours project

[30] Input from an MCH Sub-TWG member explained that this is unlikely to change as the reimbursement amount for the initial service (delivery or abortion) is deemed sufficient to cover the FP service in an already subsidized public sector facility.

[31] 15–24-year-olds, 40–49-year-olds, rural, poor, least educated groups

- **1.1.6 Implement effective SBCC** to reduce the use of traditional FP methods and improve modern contraceptive method use by addressing myths, misconceptions around modern methods, engaging men as supporters of women's choice in FP decision making, reaching vulnerable groups, and removing barriers stemming from service provider behaviours and attitudes.

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

1.2 Strengthen Antenatal Care Services

Rationale

Antenatal Care (ANC) is an essential intervention for improving maternal and newborn health and for reducing maternal and newborn mortality. Between 2010 and 2014, good progress was made in increasing antenatal care (ANC) attendance and, as of 2014, 75.6% of pregnant women had received at least 4 ANC checks. This exceeded the 2016 SRH strategy target of 65%. However, the quality of ANC care continued to be a concern, and the 2014 Cambodian Demographic and Health Survey (CDHS) found that only 49% of pregnant women had a urine sample taken during ANC, and only 77% had a blood sample taken.[32]

While the CDHS 2014 found that 96% of women received iron supplementation during pregnancy, Cambodia continues to struggle with high levels of anaemia amongst pregnant women (and amongst children under five and women of reproductive age.) Additional research was recently undertaken by the Royal Government of Cambodia, the Institute of Research for Development, UNICEF, ICF International and Copenhagen University to better understand this issue, and these research findings suggest that anaemia in Cambodia is not due to iron deficiency. While the underlying causes of anaemia in Cambodia are not yet entirely clear, this research suggests that Cambodia's high levels of anaemia are due to hemoglobinopathies, hookworm infections, folic acid, and zinc deficiencies.

Progress against 2017-2020 Plan

Good progress has been made increasing the coverage of ANC[33] and lifting the quality of ANC services. In 2020 74.14% of women in public sector facilities received at least 4 ANC checks[34] (against a target of 90%). Continued focus is needed on implementing the full package and improving the quality of ANC services.[35] In June 2019 Cambodia launched the *Antenatal, Delivery and Postpartum Care package Guidelines* ('1,000 days package') providing clear guidance on all services provided during this package and accessible through the Health Equity Fund (HEF). Cambodia has also updated the Safe Motherhood Protocol (SMP) for Referral Hospitals in 2020 and is now revising the SMP for Health Centres. While WHO guidance recommends a minimum of 8 ANC visits,[36] Cambodia's most recently updated protocols are designed around ANC 4. In the coming years Cambodia should consider how ANC 8 will be integrated.

[32] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015.

[33] 2019 December workshop results

[34] MoH, 2020-21 Health Congress Report

[35] Strengthening ANC marked as a priority area during December 2019 Review workshop

[36] World Health Organization, WHO recommendations on antenatal care for a positive pregnancy experience (2016)

Strategies

Between 2017 and 2023, it will be important that the quality of ANC is improved; that all women receive at least 4 ANC checks starting as soon as possible after their menstrual period has stopped and preferably within the first 12 weeks of pregnancy; that anaemia and hookworm are effectively addressed, and that accessibility and utilization of services is increased in locations with poor performance against RMNCH indicators such as Kratie, Mondulkiri/Ratanakiri and Preah Vihear/Stung Treng, and amongst vulnerable groups.[37]Cambodia must also focus on familiarising providers with revised SMPs and on the full 1,000 days package, ensuring health care staff are aware of and understand the complete package, especially to ensure full services are provided under HEF. To address the above, the following interventions have been prioritized for 2017-2023.

- **1.2.1 Increase coverage and quality of ANC** by reinforcing the full ANC service package (as outlined in the Safe Motherhood protocol for Health Centres) and developing alternative approaches to service provision including outreach and telemedicine to improve use of ANC services, especially in poor performing locations and amongst high-risk, hard-to-reach and vulnerable populations
- **1.2.2 Increase knowledge and demand for ANC4+** through Village Health Support Group (VHSG), Community Based Distributors (CBDs) and new social health protection promoters (former Health Equity Fund Promoters) to promote and support access to ANC services and improve male involvement in SRH through SBCC interventions
- **1.2.3 Align Cambodia ANC policy with WHO recommendations** by developing strategy to integrate ANC 8 recommendations across relevant protocols and guidelines

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

1.3 Increase identification and treatment of HIV and Syphilis during pregnancy

Rationale

Identification and treatment of HIV and Syphilis during pregnancy are essential interventions for Preventing Mother to Child Transmission (PMTCT) of HIV and Syphilis. Between 2010 and 2014, good progress was made in increasing the proportion of HIV positive pregnant women receiving Antiretroviral Therapy (ART) for PMTCT. As of 2014, 76% of HIV positive pregnant women received ART for PMTCT and this exceeded the 2016 SRH strategy target of 75%.

Progress against 2017-2020 Plan

In March 2021 the *National Strategic Plan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B 2021 – 2025* was finalized. Good progress has been made against the NSSRHR intervention areas and therefore in identifying HIV and syphilis status during ANC[38]. In 2020 91% of pregnant women had a blood sample taken during ANC (target 90%), and 98% of ANC clients were tested for HIV and received their results (target >95%). Some ODs continue to experience stock outs of dual test kits.[39] Integration of syphilis testing into pre-service education is underway with a first draft of the first-year nursing curriculum to be

[37] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015.

[38]National Strategic Plan forPrevention of Mother-to-ChildTransmission ofHIV, Syphilis and Hepatitis B2021 – 2025

[39]National Strategic Plan forPrevention of Mother-to-ChildTransmission ofHIV, Syphilis and Hepatitis B2021 – 2025

finalized in December 2021 and the second-year curriculum in progress. Focus areas identified in the PMCTC 2021-25 strategy include continued efforts to ensure private maternity facilities check HIV and syphilis status of clients, ensuring supply of emergency ART and dual testing kits among many other intervention areas. The strategy also emphasizes the need to provide inclusive and non-stigmatized care.

Strategies

These interventions are described in further detail in the new National Strategic Plan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B 2021-25 jointly implemented by NCHADS and NMCHC.

- **1.3.1 Increase identification of HIV/syphilis during** pregnancy by ensuring adequate supply of dual test kits at every public sector ANC service delivery point and integrating HIV/syphilis counselling and testing with pre-service curricula.
- **1.3.2 Increasing treatment of HIV/syphilis during pregnancy** through improved integrated active case management, implementation of new guidelines for rapid testing during labour, ensuring emergency supply of ART and availability and accessibility to syphilis treatment for pregnant women and newborns.
- **1.3.3 Improve private sector screening** of ANC clients for HIV and syphilis by developing a mechanism to improve screening and reporting from private maternity facilities to the MOH and ensuring private sector providers are familiar with PMTCT Clinical Management Guidelines
- **1.3.4 Improve acceptability of services** by ensuring they are inclusive and stigma free consulting PLHIV in development of strategies and ensuring services are free of coercion, confidential and delivered in a respectful manner.

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

1.4 Strengthen intrapartum and delivery care

Rationale

Quality care during delivery is essential for improving maternal and newborn health and reducing maternal and newborn deaths. Between 2010 and 2014, very good progress was made in increasing the proportion of deliveries by trained health personnel and the proportion of deliveries in health facilities. By 2014, 89% of pregnant women were delivering with a trained health professional, and 83% were delivering in a health facility, and Cambodia exceeded its 2016 targets for both indicators.[40]

During this time, Cambodia also managed to decrease disparities between geographic, income and educational groups, and between 2010 and 2014 the largest increases were seen in the rural, low income, and low education groups. This is likely to be due to a range of supply and demand side interventions that were implemented during this period including increasing availability and competency of midwives, particularly at health centre (HC) level, providing incentives for midwives to perform deliveries in health facilities, increasing coverage of health financing schemes that increased access for the poor, and implementing behaviour change interventions that increased awareness and demand at community level.

[40] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015.

However, despite these advances, there continue to be concerns about the quality of intrapartum care and shortages of secondary midwives at the health centre level.

Progress against 2017-2020 Plan

Good progress has been made against most intervention areas and in 2020 91.81% of deliveries were by trained health personnel (against a target of 90%) and 89.16% of deliveries were in a health facility (2020 target: 90%).[41]Cambodia is in the progress of updating pre-service midwifery education to align with International Confederation of Midwives standards to ensure competency-based midwifery education. Other health professional curricula are also being updated. Improved pre-service training curricula will ease the burden on in-service training, however TWG coordination is needed to align in-service and pre-service curricula ensuring the pre-service is kept up to date. As many women also use private sector maternity facilities,[42] it remains important to establish improved quality oversight of delivery care provided through these clinics.[43]

Strategies

Cambodia's strategy is focused on improving and better regulating the quality of intrapartum and delivery care in both the public and private sectors, getting two secondary midwives in all HCs, and increasing service use in locations with poor performance against RMNCH indicators such as Kratie, Preah Vihear/Stung Treng and Mondulkiri/Ratanakiri, and amongst the poorest, least educated, and vulnerable groups.[44]

- **1.4.1 Reinforce implementation of safe motherhood protocol** through MCAT meetings, strengthening coaching capacity of Provincial and OD MCH staff and updating pre-service training curriculum, implementing the Safe Motherhood Protocols, and access to e-learning platform.
- **1.4.2 Develop/implement innovative strategies to improve awareness** and use of intrapartum/delivery care particularly among vulnerable groups by strengthening links between community and health facilities, outreach activities, social media, and SBCC.
- **1.4.3 Strengthen maternal and foetal monitoring during labour** and recognition of danger signs and risk factors through use of the partograph
- **1.4.4 Strengthen prevention, immediate treatment, stabilization, and referral for post-partum haemorrhage** through hands on training, onsite coaching, and support
- **1.4.5 Strengthen diagnosis, immediate treatment and referral for pre-eclampsia/eclampsia** including introducing the use of injectable MgSO4, improving confidence of midwifes to use MgSO4, ensuring availability of mgSO4 and providing onsite coaching and supervision
- **1.4.6 Improve infection prevention and control** through onsite coaching and ensuring all equipment is in place
- **1.4.7 Reinforce early initiation of exclusive breastfeeding** and reduce prelacteal feeding through improved counselling and community awareness campaigns.
- **1.4.8 Increase regulation/oversight of private maternity clinics** by improving quality assurance and service reporting systems.

[41] MoH, 2020-21 Health Congress Report
[42] Both the 2020 EmONC Review Report and the 2021- 25 Strategy for PMTCT of HIV, Syphilis and HepB suggest that more women than known are delivering in private facilities and/or the trend to deliver is private facilities is increasing especially in Phnom Penh.
[43] A pathway to improved private sector quality is outlined in the Quality Assurance Office's *Master Plan for Quality Improvement in Health 2017 – 2022* – p9 'Enhance Client Focused, System-wide QI'
[44] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015.

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

1.5 Increase Coverage and improve quality of EmONC

Rationale

Good quality Emergency Obstetric and Newborn Care (EmONC) is essential for reducing maternal and newborn morbidity and mortality. Cambodia's approaches to improve EmONC have been outlined in 3 successive EmONC Improvement Plans (2010 - 2015; 2016 - 2020 and 2021 - 2025[45]). Progress in EmONC to date has been strongest in terms of expanding coverage of Comprehensive EmONC care (CEmONC). By early 2020, Cambodia had exceeded international standards for CEmONC coverage. Improvements were also made by early 2020 in expanding the number of functional Basic EmONC (BEmONC) facilities, but progress has been gradually increased in this area.[46] However the recent review found that Cambodia still has fewer than half of the recommended number of EmONC facilities for the country (5/500,000 population), and EmONC facilities are still largely concentrated at the hospital level and in urban areas, with one province still lacking any EmONC facilities. Additionally, the needs of newborns with complications are also being insufficiently met and deserve additional attention in the future.[47]

Progress Update

An extensive review of progress against the EmONC Improvement Plan 2016-2020 was released in August 2020, noting significant improvements in the availability and use of EmONC across Cambodia. However not all targets were met, and challenges remain. As of April 2020, there were 3.63 EmONC facilities per 500,000[48] (target is at least 5) and there are gaps in coverage as EmONC remains clustered in and around urban areas. Caesarean section as a % of all births has improved and remains just below the minimum UN standard. In all surveyed facilities, 4.9% of all births were by Caesarean section however Caesarean section in Phnom Penh remained 15.9% (should not exceed 17%). One potential issue leading to this is community demand for c-section though it is not medically indicated.[49]Work on pre-service training has progressed and the curriculum for anaesthesia is in the final stages of sign off and the review notes that the processes of the maternal death audit system still need strengthening and may not yet be formalised at provincial level. Similarly, an audit system of neonatal deaths is now in place but requires strengthening. The review found EmONC services, where in place, were underutilised for a range of reasons.

Strategies

At the time of writing, the draft of the EmONC Improvement Plan 2021 - 2025 [50] outlines key intervention areas focused on upgrading facilities, ensuring geographic coverage, reducing gaps in basic medicine and equipment, increasing staff competencies through EmONC training, skill coaching, and on-site coaching, enabling availability of 24/7 EmONC services, cases stabilizes and referral systems, improving management coordination, monitoring and evaluation by the National Programme and Provincial Health Departments,

[45] A zero-draft version of the EmONC Improvement Plan 2021 - 2025 was consulted for this NSSRHR 2023 extension
[46] Ministry of Health, EmONC Improvement Plan 2021 - 2025, zero-draft version.
[47] Ministry of Health, EmONC Improvement Plan 2021 - 2025, zero-draft version.
[48] Ministry of Health, Royal Government of Cambodia, UNFPA, Review of the Cambodian Emergency Obstetric and Newborn Care Improvement Plan 2016-2020, August 2020
[49] Raised in MCH sub-TWG consultations for NSSRHR 20203 Extension
[50] MoH, EmONC Improvement Plan 2021 - 2025, Zero Draft, December 2021

and improving the recording and reporting of obstetric and newborn complications and deaths at health facilities. Leading up to 2023 the NRHP strategy remains centred on implementation of the EmONC Improvement Plan and particular support will need to be given to building the capacity of provinces/districts to develop, implement and monitor realistic, local EmONC action plans. Summary focus areas include:

- **1.5.1 Increase geographic coverage of EmONC** and r**educe gaps in basic infrastructure, drugs, and equipment in EmONC facilities** through implementation of EmONC improvement plan and procurement of required medical supplies, ensuring supply of emergency drugs and strengthening blood banks and blood type networks
- **1.5.2 Improve quality EmONC** through strengthened implementation of maternal and neonatal death surveillance and response, improvements in staff competency through in-service training MCAT meeting, quality improvement assessment, and supportive supervision.
- **1.5.3 Increased use of EmONC services by strengthening community participation** through encouraging local entities such as Health Centre Management Committees and Women and ChildrenConsultative Committee to participate in EmONC improvement activities, addressing community demand for non-medically indicated C-Section, and reducing financial barriers to access full RMNCH services

  1.5.4 Improve data quality and use for learning and program improvements by improvement in recording maternal and newborn deaths and obstetric complication, HMIS straining and mentoring and using case learning for the development of coaching scenarios

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

1.6 Strengthen Postnatal Care services

Rationale

Postnatal Care (PNC) is an essential intervention for improving maternal and newborn health, and for reducing maternal and newborn morbidity and mortality. However, like newborn care, it did not receive adequate global (or local) attention in the past. Coverage of early PNC (within 24 hours of delivery) increased between 2010 and 2014, and the proportion of women receiving early PNC exceeded the SRH strategy target for 2016. However, more women received early PNC visits than newborns, early initiation of breastfeeding decreased from 65.8% in 2010 to 62.6% in 2014, and the proportion of women receiving at least 2 PNC visits decreased from 70% in 2010 to 52% in 2014.[51,52] This situation is likely due to the limited availability and support for midwives to do outreach for PNC, lack of community awareness of the importance of multiple PNC checks, issues with HEF reimbursement for pre-discharge PNC, and increases in prelacteal feeding particularly amongst urban and wealthy women.

Progress against 2017-2020 Plan

The 2017 to 2020 PNC strategies were developed to address the above issues and some progress has been made against the interventions.[53] However improvement against indicators is needed: 50% of women in

[51] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2010, 2011.

[52] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015.

[53] Results from 2019 December NSSRHR Strategy Review workshop

2020 received at least 2 PNC checks (against a 2020 target of 60%). 67.83% of women had post-partum contact witha health provider within 2 days of delivery against a target of 90%. 71.14% of infants were breastfed within the first hour of birth,[54] against a 2020 target of 75%.[55]

The Antenatal, Delivery and Postpartum Care package was released in 2109 (referred to as the '1,000 days package') and outlines all PNC services reimbursable under the HEF scheme. Knowledge and understanding of the 1,000 days package among health care workers is still limited and mothers themselves often believe PNC is just for the baby and not the mother herself and mothers often return to work immediately and miss their PNC checks.[56]A study into migrant workers returning to their provinces because of Covid-19 impacts, mainly from Thailand and Vietnam, showed access to PNC was limited[57] and reduction in PNC2 and PNC4 have been observed in Cambodia during the pandemic.[58] Mechanisms will be needed to maintain quality of essential services to pregnant women while also ensuring providers are protected. A focus on psycho-social well-being of parents during and after pregnancy should be considered in the lead up to 2023 and the development of the next NSSRHR.

Strategies

Cambodia will need to remain focused on increasing community awareness of the importance of early and exclusive breastfeeding and of 4 PNC checks for both mothers and newborns. Priority still needs to be given to increasing availability, quality, and use of PNC throughout the country, as well as in poor performing locations such as Mondulkiri/Ratanakiri,[59] and amongst already vulnerable and emerging vulnerable groups and ensuring HF staff are aware of the full PNC and 1,000 days packages.

- **1.6.1 Increase coverage and quality of PNC** through implementation of the full PNC package and implementing innovative strategies to increase availability of and access to PNC services, including ensuring health facilities staff fully understand the '1,000 days package'.
- **1.6.2 Increase knowledge and demand for PNC** by providing pre-discharge counselling that includes women, men, and families, and implementing SBCC activities to increase awareness of the importance of postnatal care

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

1.7 Strengthen Safe Abortion Services

Rationale

Unsafe abortion is a significant cause of maternal morbidity and mortality and increasing modern contraceptive prevalence and access to safe abortion services are key interventions for reducing unsafe abortion. Between 2010 and 2016 Cambodia made good progress in strengthening safe abortion services

[54] MoH, 2020-21 Health Congress Report
[55] PNC definitions have changed since the development of the 2017 – 2020 NSSRHR (with the launch of the 1,000 days package) and measures and indicators will need to be updated in the next strategy to align with current PNC measures.
[56] Input from MCH Sub-TWG consultation - JICA conducted a pilot and study focused on this
[57] UNFPA-lead Rapid Assessment on Social and Health Impact Of COVID-19 Among Returning Migrant Workers in Cambodia, November 2020
[58] Presentation on the NMCHC-WHO Analysis of the impact of COVID-19 and develop policy options for maintaining reproductive, maternal, newborn, child and adolescent health services in Cambodia, Dec 2021.
[59] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015.

and,as of 2016, 58% of health centres were able to provide safe abortion.[60] This exceeded the NSSRHR target of 30% by the end of 2016. As can be expected, differences in use of abortion services were seen between geographic and educational groups, and, as of 2014, slightly more urban and poorly educated women reported having abortions than their rural and educated counterparts.[61]

Expanding medical abortion services at health centre level is important to improve choice for women in the type of abortion service. Addressing stigma around provision of abortion services, not only for clients but for service providers, is important step in reducing socio-cultural barriers to the service, especially for young and unmarried women. Post-abortion FP services are not routinely and adequately discussed with clients and are not currently reimbursable as a separate service under HEF - though it is felt that the reimbursement under HEF should be adequate to cover a contraceptive method in public sector facilities.[62] There continues to be confusion regarding reimbursement of safe abortion services by HEF (see below). The National Protocol for Comprehensive Abortion Care (CAC), developed in 2010, covers abortion up to 12 weeks however WHO guidelines recommend that manual vacuum aspiration can be provided up to 14 weeks[63] meaning there is an unnecessary barrier to abortion access for women who are 12 to 14 weeks gestation.

Progress against 2017-2020 Plan

Cambodia has shown good progress against the 2017 to 2020 NSSRHR interventions, however despite efforts at training and quality assurance the number of public facilities offering CAC has decreased from 762 in 2017 to 720 in 2020.[64] NMCHC has developed a *National Plan to Scale-Up Comprehensive Abortion Care Service Availability in Cambodia 2020-2025* ('CAC scale up plan') outlining necessary improvements in healthcare worker capacity, service delivery, supply chain and data use in the public sector. This plan includes a review and update of the National CAC Protocol.

Good progress has been made addressing barriers to midwives providing MA in HCs, as MA demonstration projects in several provinces were completed, demonstrating acceptability and safety of MA provision by midwives in HCs. Nationwide MA refresher training is underway as per the CAC scale up plan and a submission to the Essential Medicines List (EML) Review Committee requesting categorization of MA combi-packs as 'vital' medication at CPA and MPA level has been made. Approval of this should ensure availability of MA for HCs via Central Stores. In 2020 the National Protocol for Second Trimester Abortion was finalised, and a ToT conducted.

CAC was included as a reimbursable service under the NSSF Health Insurance Scheme, including in private health facilities, however understanding of the status of CAC reimbursement under HEF remains unclear. There is inconsistency between the MoH 2018 HEF Benefits Package Guidelines[65] which refers to post-abortion care (PAC) only, and a May 2018 Inter-ministerial Prakas on the HEF Benefit Package[66] that includes comprehensive abortion care under HEF. It is essential that through the upcoming review of HEF andsubsequent updating of the HEF Package it is made clear in the Guidelines that CAC (MA, MVA and PAC) is allowable under HEF. Efforts should be made to communicate and clarify this at a sub-national level.

[60] NRHP and NGO reports

[61] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015.

[62] Input from MCH Sub-TWG partners who work on HEF benefit package development

[63] WHO Safe abortion: technical and policy guidance for health systems – 2nd ed.

[64] 762 is from baseline in 2017-2020 Strategy; 720 is from 2020-21 Health Congress Report. All other indicators are from the CDHS.

[65] MoH Guidelines for the Benefit Package and Provider Payment of the Health Equity Fund for the Poor, June 2018

[66] MoEF and MoLVT, Inter-ministerial Prakas May 2018 *Health Equity Fund Benefit Package - Provision of Additional Allowance for Female Workers When Delivery - Expenditure implementation procedures (no 495)* - an unofficial English translation was cited.

NRHP conducted a Training of Trainers (ToT) for values clarification and attitude transformation (VCAT) and an assessment by RHAC of the impact of VCAT on improving service access in Kampot is underway.[67] The results of this assessment should be considered leading into the next strategy development.

Strategies

Between 2017 and 2023, the roll-out of safe abortion services via training, facility upgrade and quality assurance must continue, but additional attention will need to be given to reducing stigma, expanding medical abortion services, and to ensuring the most vulnerable can access services via social protection schemes, i.e., that HEF and NSSF cover both abortion and immediate post-abortion FP services.

- **1.7.1 Increase coverage and quality of safe abortion services** through facility upgrades, provider training in first and second trimester abortion, quality assurance and coaching, improved use of data for decision making and fully aligning the National Protocol for CAC with WHO abortion guidance.
- **1.7.2 Increase availability, quality and monitoring of post abortion FP** (linked to FP section above) by improving counselling and commodity availability, clear inclusion of post abortion FP in HEF and NSSF Health Insurance Scheme, and inclusion of post abortion FP as an indicator in HMIS and the CDHS.
- **1.7.3 Increase availability of medical abortion at the HC level** via phased MA refresher training and securing MA as a 'vital' medicine on the EML.
- **1.7.4 Strengthen private sector provision of medical and surgical abortion** through engagement on MoH initiatives to improve services in the private health sector and create training opportunities for private providers through public-private partnerships.
- **1.7.5 Reduce unsafe abortions** by ensuring community and providers understand the abortion law, know where to access safe abortions and understand the benefits of post abortion FP.
- **1.7.6 Ensure services accommodate vulnerable groups through expanded health financing and are non-judgmental and stigma free** and that midwives are working in a supportive environment, clarification of CAC under HEF, advocating for HEF availability in the private sector, and delivering values clarification exercises with not just midwives but other health centre staff and local authorities.

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

1.8 Strengthen Adolescent Friendly Reproductive and Sexual Health (AFRSH) information and services

Rationale

Cambodia is home to the largest youth population in Southeast Asia and increasing availability and access to adolescent friendly reproductive and sexual health service (AFSRH) information and services will be essential for addressing the growing incidence of teenage pregnancy. Between 2010 and 2016, Cambodia made good progress in increasing the coverage of Comprehensive Sexuality Education and the number of health centrestrained to provide AFRSH services. However unmet need for family planning amongst 15–19-year-olds is high, and teenage pregnancy is a growing concern, particularly in the northeast of the country and

[67] Reproductive health Association of Cambodia study in progress.

amongst the rural, poor, and least educated groups[68] and declining rates of modern method use among urban, educated youth have also been observed, fuelled by high rates of misconception around hormonal methods. Two recent surveys found young people's knowledge of SRH is still low[69] and there is a lack of data on the real SRH needs of adolescents.[70] Furthermore social media perpetuates misinformation around sexual health, contraception and fertility, and school closures because of COVID-19 prevention efforts will mean many adolescents have missed out on CSE during schooling, with the impact of this yet to be seen. Cambodia has committed that by 2030 more than 3.5 million young people including vulnerable youth have access to age-appropriate information on SRHR through the national curriculum and capacitating more than 80,000 teachers both in and pre-service on Health and Sexuality Education.[71]

Innovative service design and SBCC approaches are needed to reach young people with accurate SRH information and appropriate services, as well as shift social norms and beliefs related to youth contraceptive use. Enrolment of public and private facilities offering AFSRH service in social protection programs will be essential to help adolescents and young people from vulnerable groups realize their rights to access SRH information and services. Accommodating and non-judgmental services will be essential for ensuring use by adolescents. Furthermore, clinical centres are not always the first SRH touch point for adolescents, who often seek products and information through pharmacies. Cambodia lacks a single strategy on adolescent health[72], and there is a significant gap in funding to implement activities on the scale needed.[73]

Progress against 2017-2020 Plan

Strengthening (and restoring) AFSRH should be a core focus of the NSSRHR in the lead up to 2023. There has been slower than expected roll out of the 2016 AFSRH service guidelines in the public sector with challenges including facility requirements and staff time to dedicate to AFSRH. NGO/Private sector clinics with AFSRH including RHAC, MSIC and former Sun Quality Clinics are permitted to enter contracts with the NSSF, however given this is a program accessible to those in formal employment, it will have limited benefit for adolescents. Extending HEF to private health sector facilities may help reach more vulnerable young people with AFSRH services. HPV vaccination pilots have concluded, and HPV vaccination will be rolled out from late 2023, following development of a roll out plan by NMCHC and National Immunisation Program (NIP).

The Comprehensive Sexuality Education (CSE) core curriculum is in development under the Ministry of Education, Youth and Sport (MoEYS) and will be ready for roll out by 2023. AFSRH is also being integrated with the midwifery and nursing pre-service training curriculum. Innovative social media and SBCC campaigns to reach both rural and urban young people via different mechanisms have been implemented by various agencies[74] however these interventions are only partially implemented at a national level. It is critical thatSBCC reaches boys and young men as well as girls and young women. Studies to better understand drivers of teenage pregnancy and other youth SRHR experiences accessing services have been conducted.[75]

[68] MoP, MoH, ICF Macro, Cambodia Demographic and Health Survey – 2014, 2015, pg. 71.
[69] UNFPA Youth Situation Analysis, 2020 and RHAC study
[70] UNFPA Youth Situation Analysis, 2020
[71] RGoC IPCD Nairobi Commitment
[72] UNFPA Youth Situation Analysis, 2020
[73] Global Financing Facility, Annual Report 2019
[74] Such as *Just the Two of Us*, a digital and social media campaign conducted by Promoting Healthy Behaviours project in collaboration with the NMCHC and Dosslarb targeting urban youth and young adults.
[75] Care Int, Adolescent Fertility & Early Marriage Among Indigenous Communities in Northeastern Cambodia; RHAC, Assessment Report on Adolescent Sexual and Reproductive Health (ASRH) Services Delivered by Health Centres in Cambodia, March 2021. Further comprehensive research into adolescent SRH will be conducted after the next CDHS results are available.

A recent study recommends establishment of an alliance of agencies working in AFSRH to share best practice and generate support for scale up of interventions.[76] Adolescents also need mental health services and nutritional advice; facilities should consider integration of these services (or referral for them) for more holistic adolescent health service provision.[77]

Strategies

Strategies to improve adolescents' rights and ability to access SRH information and services leading up to 2023 should be focused on increasing coverage of AFSRH services in health facilities nation-wide, including access through private sector and other service modalities, implementing effective SBCC campaigns to increase correct knowledge of SRHR among adolescents and counter widespread misinformation on SRHR, and improve norms and supportive environments for youth contraceptive use. Coordination and sharing best practice from agencies working in AFSRHR and other service providers (such as pharmacies) should support scale up of effective strategies. Given the multi-faceted approach needed to improve adolescent health, of which SRH is a part, consideration should be given to development of a national youth strategy.

- **1.8.1 Increase coverage and quality of AFSRH services (public sector)** through roll out of AFSRH guidelines via ToTs, training, and ongoing coaching, including improved provider communication skills.
- **1.8.2 Expand public private-partnerships and improve linkages and coordination** with other sectors and local authorities by establishing links between AFSRH facilities and the community, working with pharmacies to link adolescents with SRH services, and enabling private facilities with AFSRH services to be contracted under social protection schemes, including HEF.
- **1.8.3 Reach adolescents with evidence based SRH education and SBCC** to improve sexual and reproductive health seeking behaviour through support to CSE expansion, investment in digital/mobile communication campaigns linking to information and services, conducting research to better understand adolescent health seeking behaviours and ensuring inclusion of young people in the design of appropriate interventions.
- **1.8.4 Improve access to inclusive SRH services and information** for adolescents living with disabilities and underserved groups including LTBGQI via inclusive AFSRH services, improving links between disabled people's organizations and AFSRH providers and improving community understanding and acceptance of the SRH needs of all young people.
- **1.8.5 Improve coordination, information sharingand monitoring** of AFSRH activities by creating an alliance or coordination group at national and sub-national levels, developing a national youth SRH strategy and increasing engagement of youth at decision making for a and coordination groups related to adolescent SRH.

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

[76] RHAC, Assessment Report March 2021

[77] RHAC, Assessment Report March 2021

1.9 Strengthen gynaecological services

Rationale

Quality gynaecological services are essential for improving the reproductive and sexual health of women, men and young people, and cervical cancer is an emerging concern in the country – it is the leading cause of cancer amongst women in Cambodia, and the crude incidence rate is estimated to be higher than the average crude incidence rate for South-East Asia.[78] Between 2010 and 2016, Cambodia made good progress in strengthening gynaecological services and increased the proportion of health facilities (health centres, hospitals, and NGO clinics) providing screening for cervical cancer from 0% to 13%. In 2013, URC, Marie Stopes, EPOS, and the Ministry of Health's (MoH) Preventive Medicine Department, introduced a cervical cancer screening programme with HSSP II support. This project phased out in 2017 and the MoH subsequently adopted protocols following the latest WHO guidelines.

Cambodia's current NSSRHR does not cover menopause as a reproductive health issue for women in Cambodia[79] and there is little data on women's experience of menopause in Cambodia. However, In the coming decade more and more women will be transitioning through this stage of their reproductive life and Cambodia will need to consider this for future strategy development.

Progress against 2017-2020 Plan

WHO and UNFPA supported the MoH to develop a *National Action Plan for Cervical Cancer Prevention and Control 2019-2023* completed in 2019, and *Cervical Cancer Standard Operating Procedures* were released in 2018. A cervical cancer capacity building Disbursement Linked Indicator was included under the NQEM, and to date more than 40 Operational Districts have been enabled to provide cervical cancer screening and treatment. The HPV vaccine demonstration project in 2 provinces was completed and a scale up/roll out plan will be developed by NIP & NMCHC planned to start in September 2023 with Cervarix. HPV vaccine should be included in the national budget by 2023. Once roll out progresses, ensuring vulnerable women have access to these services will be important. While cervical cancer screening and cryotherapy treatment are now available under HEF (the HEF package will be updated to reflect this under the second phase of the Cambodia Health Equity and Quality Improvement Project (H-EQIP)), advocating for inclusion of cervical cancer screening and cryotherapy treatment under NSSF HIS is needed.

Strategies

In the lead up to 2023 Cambodia's NSSRHR focus remains on implementing the *National Action Plan,* includingcommencing HPV vaccine roll-out and increasing coverage of cervical cancer screening and treatment services particularly at lower-level health facilities, complemented by community awareness campaigns. Looking ahead to improved access for vulnerable populations, ensuring all services are reimbursable under HEF and the NSSF HIS is important.

- **1.9.1 Increase coverage and quality of cervical cancer prevention, screening, and treatment services** through roll out of HPV vaccination program and implementation of the *National Action Plan for the Prevention and Treatment of Cervical Cancer.*
- **1.9.2 Increasing community awareness of the importance of cervical cancer screening** through CBDs, VHSGs and social health protection promoters

[78] HPV Information Centre, Human Papillomavirus and Related Diseases Report,2016.

[79] Neither does the RGoC National Ageing Policy 2017 to 2020, nor the MoH, Department of Preventative Medicine 2016 National Health Care Policy and Strategy for Older People

- **1.9.3 Support access to services by vulnerable populations** by advocating for full cervical cancer prevention, screening, and treatment services to be included under HEF & NSSF HIS

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

1.10 Strengthen health sector response to Gender Based Violence, Violence Against Women and Violence Against Children

Rationale

Gender Based Violence (GBV) continues to be a serious issue in Cambodia. The 2015 National Survey on Women's Health and Life Experiences in Cambodia found that 21% of ever partnered women aged 15-64 reported physical and/or sexual abuse and 32% reported emotional violence by an intimate partner. Two thirds of these women reported adverse physical or mental health consequences because of this violence, but only half of them ever reported seeking health care for their injuries.[80]

Several resources were developed under the Ministry of Women's Affairs 2nd *National Action Plan to Prevent Violence Against Women (NAPVAW) 2014-2018* including national guidelines for the management of violence against women (VAW) and violence against children (VAC) and a clinical handbook, training plan and curriculum. As of 2016, 6% of health facilities (referral hospitals, health centres and NGO clinics) were providing a package of GBV related medical services and referral, but this fell short of the target of 10% by the end of 2016. However, this number is expected to increase rapidly as the new clinical handbook and training curriculum are rolled out. MOWA's 3rd NAPVAW (2019 - 2023) reiterates the need to strengthen systematic responses to violence against women in the health system.

Progress against 2017-2020 Plan

In 2020 169 public health facilities were providing GBV/VAW/VAC related medical services and referral (11.5% against a target of 13%). Medium progress has been made against NSSRSHR intervention areas, with training in the GBV clinical guidelines through master trainers who cascade training to provincial teams. A quality assessment tool (vignette) is in development for future integration with NQEM2. New (disaggregated) GBV/VAW indicators have been requested and should be available in the HMIS in 2022. The process of integrating gender with the midwifery and nursing pre-service training curricula is underway and the NMCHC partnered with MoWA and other government departments to develop a *Policy and Strategic Plan on Gender Mainstreaming in Health 2020 – 2024* to promote gender responsiveness in health programming including SRHR.

Future focus may be needed on finding innovative ways to scale up training, such as online platforms, and on making GBV response health services more inclusive through quality of counselling and implementing the psycho-social aspect of services to support non-judgmental and stigma free service provision.

[80] Ministry of Women's Affairs, National Survey on Women's Health and Life Experiences in Cambodia, 2015.

Strategies

For the lead up to 2023 the NSSRHR strategy remains directed at scaling up GBV related health services, strengthening to multi-sector GBV response and better understanding use of GBV health service through improved record keeping, as well as supporting, where relevant for NMCHC, the broader NAPVAW:

- **1.10.1 Increase availability of GBV related health services** through roll-out of new guidelines, clinical handbook, training package and post training follow-up, ensuring minimum standards of counselling and privacy and confidentiality for VAW victims in health facilities.
- **1.10.2 Strengthen multi-sectoral collaboration for addressing VAW/VAC** through national, provincial, district, and commune committees through inclusion of GBV services in committee meeting discussions (see interventions table), budget for GBV service delivery in CIP and strengthening of multisectoral networks
- **1.10.3 Improve record keeping for GBV/VAW/VACrelated services** by requesting disaggregation of data for improved monitoring and analysis

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

Strategy Area 2 - Increase equitable access and quality of SRH services through increased financial and human resources and private health sector strengthening

2.1 Scale up social health protection systems, including health equity funds, that cover the full SRH service package

Rationale

Reduced financial barriers are widely recognized as one of the key drivers behind the impressive increases in the proportion of deliveries by skilled birth attendants and deliveries in health facilities in recent years. Social Health Protection systems expanded between 2010 and 2016 including increased geographic coverage and increased coverage of RMNCH services at both the health centre and referral hospital level. A Reproductive Health (RH) voucher scheme for vulnerable groups covering six provinces and providing coverage for abortion, immediate post-abortion and post-partum family planning, cervical cancer, and long acting and permanent contraceptive methods in both the public and private sectors was phased out in 2017. After integration with HEF in mid-2017 coverage for some services and related costs were not carried over. These included cervical cancer prevention cryotherapy treatment, immediate post-partum and post-abortion family planning and abortion services were not explicitly included or excluded in the HEF benefit package. HEF is only available at public sector health facilities.

The Health Insurance Scheme of the National Social Security Fund (NSSF) established in January 2016 initially targeted garment factory workers, then expanded to the broader formal work force and public sectoremployees. The NSSF package includes comprehensive RMNCH services, including CAC, however, it excludes cervical cancer screening and treatment and immediate post-abortion and post-partum family

planning.[81] NSSF Health Insurance Scheme is available through the public sector and select contracted private facilities.

Large segments of the Cambodian population are left out of social protection frameworks and if full UHC is to be attained, extending these schemes to the 'informal' sector is essential.

Situation update and progress against 2017-2020 plan (includes information from sections 1.1, 1.7 and 1.9)

As at 2020 100% of Operational Districts were covered by HEF. It is unknown what proportion of facilities have the full RMNCH package available at their respective facility levels (MPA, CPA etc).[82] Some SRH gaps in the HEF's Benefits Package have closed. The matter of pre-discharge PNC under HEF has been resolved with release of the Antenatal, Delivery and Postpartum Care package Guidelines (1,000-day package) in 2019.

Cervical cancer screening and cryotherapy treatment are now available under HEF (the HEF package will be updated to reflect this under the second phase of the Cambodia Health Equity and Quality Improvement Project (H-EQIP), however advocating cervical cancer screening and cryotherapy treatment under NSSF Health Insurance Scheme is needed.

Understanding of the status of CAC reimbursement under HEF remains unclear and may be affecting service provision at health facility level. There is inconsistency between the MoH 2018 HEF Benefits Package Guidelines[83] which refers to post-abortion care (PAC) only, and a May 2018 Inter-ministerial Prakas on the HEF Benefit Package[84] that includes comprehensive abortion care under HEF. It is essential that through the upcoming review of HEF under H-EQIP2 and subsequent updating of the HEF Package it is made clear in the Guidelines that CAC (MA, MVA and PAC) is allowable under HEF. Efforts should be made to communicate and clarify this at a sub-national level.

Immediate post-partum and post-abortion FP are not reimbursable as a separate service under both HEF and NSSF. It is thought that the reimbursement amount for the initial service (delivery or abortion) is deemed sufficient to cover the FP service in an already subsidized public sector facility,[85] however this is a possible deterrent for private sector providers to deliver these services under social protection schemes.

Continued advocacy is needed to include these services in the benefits packages, especially given their importance to goals and to reaching vulnerable groups.A joint WHO-ILO-NSSF evaluation of the NSSF Health Insurance Scheme that is currently underway may reveal some recommendations for consideration in the next NSSRHR.

Strategies

Continued coordinated advocacy efforts are needed to ensure HEF and NSSF Health Insurance Scheme cover the full RMNCH package, especially given their importance to Cambodia's national SRH goals and to reaching vulnerable groups with information and services. Advocating for extension of HEF to private sector facilitieswill create choice and flexibility for those seeking SRH services. Expanding HEF to cover private sector facilities can improve access to services for vulnerable groups. Continued promotion of the packages

[81] Included services outlined in *Inter-Ministerial Prakas on Agreement on Health Service Consumption and Provision for Health Care Between The National Social Security Fund And Health Facility*. A February 2017 Prakas clarified the prevention services included in NSSF but it did not list CCS&T

[82] Input from MCH Sub-TWG members during consultation for this extension suggested the full MPA is not available at all HCs.

[83] MoH Guidelines for the Benefit Package and Provider Payment of the Health Equity Fund for the Poor, June 2018

[84] MoEF and MoLVT, Inter-ministerial Prakas May 2018 *Health Equity Fund Benefit Package - Provision of Additional Allowance for Female Workers When Delivery - Expenditure implementation procedures (no 495)* - an unofficial English translation was cited.

[85] Input provided by MCH Sub-TWG members

among vulnerable groups is needed and should be reinforced as a role of social health protection promoters - the inclusion of a new 'community health' Service Delivery Grant component in NQEM2/H-EQIP2 may provide an opportunity to improve SRH information and referral to services if FP is included as an indicator.

- **2.1.1 Include the full RMNCH package in HEF and NSSF Health Insurance Scheme** including correcting discrepancies between HEF Benefit Package and the above mentioned Interministerial Prakas on the abortion coverage, clarifying HEF service inclusions at a subnational level, reviewing the impact of HEF on SRH service provision including comprehensive abortion care, post-partum and post-abortion family planning, advocating for inclusion of these service and cervical cancer prevention, screening and treatment under NSSF Health Insurance Scheme.
- **2.1.2 Advocate for broader access to health financing for SRH services for hard-to-reach groups** by addressing barriers to service inclusion, advocating for expansion of HEF to private sector/NGO facilities to provide choice and flexibility for service users.

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

2.2 Increase government financing for SRH services

Rationale

Government expenditure on health and contraceptive commodities increased in recent years and this is essential for long-term sustainability of service delivery and demand side financing initiatives. Between 2010 and 2014, the overall value of the health budget increased from 160 million US Dollars (USD) to 241 million USD, and from 6.5% to 7.6% of the overall government budget.[86] Government financing of contraceptive commodities also increased during this period and went from USD $100,000 in 2014 to USD around $2 million a year since 2016. The increase in the government's financing of contraceptive commodities is a very positive step forward. It is essential for long-term commodity security, and it also has the double benefit of reducing health service costs associated with unwanted pregnancies, deliveries, and abortions.

Progress against 2017-2020 Plan

It has not been possible to calculate the proportion of the health budget (overall and government) spent on RMNCH for this update. However, during the strategy period, resource mapping to build Cambodia's investment case under the Global Financial Facility (GFF) found funding gaps for adolescent health, pre-service and in-service training, EmONC, and other health areas. While further investments have covered some of these gaps, AFSRH provision remains a significantly unfunded area.[87] In going forward, it will be important to advocate for increased government expenditure on SRSH, and to reinforce the importance of improving reproductive and sexual health as a means of achieving the goals set out in the new Health Strategic Plan, the National Strategic Development Plan, and the Sustainable Development Goals.

Strategies

In the lead up to 2023 the remain unchanged however efforts should be made to produce reports demonstrating RMNCH budgets so that assessments on improvement in this area can be made:

[86] MoH, Bureau of Health Economics and Financing, Department of Planning and Health Information, Annual Health Financing Report 2015, 2015.
[87] Global Financing Facility, 2018-2019 Annual Report - Cambodia snapshot.

- **2.2.1 Advocate for increased government health expenditure on SRH** including commodity procurement, routine govt. budget and service delivery grants, AFSRH services, GBV health related services, BCC activities and incentive systems for midwives.
- **2.2.2 Build capacity of health facility staff** in financial management

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

2.3 Improve the competence, availability, scope of work of and working environment of midwives

Rationale

In addition to reducing financial barriers to care, increasing the competence and availability of midwives, particularly at health centre level, is seen as a key driver behind the impressive increases in the proportion of deliveries by skilled birth attendants and deliveries in health facilities in recent years. Between 2010 and 2016, Cambodia increased the number of public health centres with 2 midwives from 77% to 81%, but the country fell short of reaching its target of 85% by the end of 2016. Cambodia's 2030 Nairobi IPCD commitments include deployment of at least 300 new midwives each year.

In going forward, it will be important to address outstanding coverage gaps, and to update and rationalize midwifery pre-service training. It will also be important to strengthen the technical and socio-cultural skills of existing midwives through competency-based training, supportive supervision and expanding opportunities for practice and on-site coaching.

Progress against 2017-2020 Plan

During this NSSRHR extension process it was not possible to retrieve the number of public health centres with at least 2 secondary midwives. Good progress has been made updating pre- and in-service training for nurses and midwives and transferring these to a competency-based curriculum will remain a focus up to 2023. As raised in previous sections, work is needed to align pre- and in-service training, especially to ensure pre-service training is updated on a regular basis. In response to Covid-19 prevention measures rapid shifts to e-learning have taken place over the country, with digital hubs established in many PHDs and development of virtual learning tools including a Khmer version of the Safe Delivery App and an e-learning portal for NMCHC. Work is underway to ensure these courses are eligible for Continuous Professional Development credits.

Strategies

Leading up to 2023, the strategy remains focused on implementing competency-based training for midwives and nurses

- **2.3.1 Strengthen pre-service training** through comprehensive updates to the midwifery curriculum in line with ICM standards, alignment of in-service and pre-service training and prioritizing student enrolment in areas that lack enough midwifes
- **2.3.2 Ensure adequate in-service training** through transfer to competency-based training, professional development opportunities and use of MCATs to update on new protocols, guidelines etc.

- **2.3.3 Strengthen registration, licensing, and relicensing systems** by engaging on MoH and Cambodia Midwives council initiatives in this area.
- **2.3.4 Create an enabling environment for SRH service provision** by increasing the number of secondary midwives at HC level and by supporting the mental health and wellbeing needs of providers, especially considering the impact of COVID-19 on the health system.

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

2.4 Contribute to private sector health system strengthening

Introduction

Many Cambodians choose to use SRH services through the private health sector. This can be especially true for services such as family planning and comprehensive abortion care.[88] Section 2.4 is new to the 2023 update and extension to the NSSRHR, aiming to collate private health sector strengtheningactivities underway that NMCHC and the NRHP have the opportunity to contribute to. It is not, however, development of a new strategy around strengthening private sector SRH service provision as that will require a more involved process with a range of stakeholders. This should be conducted before, or as part of, the next full NSSRHR development process.

The NSSRHR 2017 - 2020 identified specific service areas where private sector strengthening of SRH services is needed, especially compliance with MoH policy and protocols and ensuring systems for routine reporting and quality assurance of private health facilities to be in place. Newer versions of national plans such as the draft EmONC Improvement Plan and the PMTCT Strategy also highlight the need to address service quality in the private sector and references to these are included throughout Strategy Area 1.

Data from the private sector is not routinely included in the HMIS, and without understanding of the contribution of the private sector or the services provided by them, attaching a reasonable Universal Health Care depth and breadth will be challenging. If/when it is mandated that private health facilities will be required to report into the HMIS[89] facilities will need additional support to provide accurate RMNCH service data.

The 2016 Law on the Regulation of Health Providers stipulates that health professional councils are responsible for regulation of private sector providers. The Minimum Licensing Standards - a key tool in maintaining quality in the private sector through a process of licensing, interim inspection, and re-licensing - is being updated, as is the Midwifery Scope of Practice. The Department of Health Services (DHS) Quality Improvement Master Plan (QIMP) includes as part of its framework quality improvement across the private sector, and a digital Private Health Facility Registration Management System has been developed.

While these initiatives are health system-wide, engagement is needed to ensure MoH policy developed to improve services in the private sector reflect priority areas of NMCHC/RMNCH services wherever relevant. Especially important is the establishment of routine reporting from the private sector (see Strategy Area 3).

[88] Partnering to Save Lives, Angkor Research and Consulting Ltd. End line Survey of Reproductive, Maternal and Neonatal Health Knowledge, Attitudes and Practices among Garment Factory Workers. 2018. Phnom Penh, Cambodia. 2018. [NOTE OTHER REFS]
[89] As stated in the draft National Digital Health Strategy 2021-2030

Strategy

The activities below are those already identified in the 2017 - 2020 NSSRHR, already underway as part of larger health systems strengthening projects, identified through other planning processes (e.g., PMTCT or EmONC) or suggested through MCH sub-TWG consultations. A thorough process for strengthening access to private sector strategy development could be undertaken before, or as part of, the next NSSRHR.

- **2.4.1 Strengthen reporting of SRH services in the private sector** by engaging with private sector reporting system improvement initiatives
- **2.4.2 Engage with MoH private sector strengthening initiatives** such as Minimum Licencing Standards, Private Health Sector Association activities to ensure RMNCH service needs are reflected
- See Strategy Area 1 for specific SRH service interventions

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

Strategy Area3: Increase equitable access and quality of SRH services through strengthened SRH information systems

3.1 Strengthening quality and completeness of SRH data in the Health Management Information System and strengthen the evidence base through operational research, data use, reporting, monitoring and evaluation

Rationale

Improvements in data quality and use through routine monitoring processes are important for evaluating health service delivery, identifying quality improvement areas and identifying who is missing from service provision so that district level programming can be improved to reach unreached populations. Several HMIS related interventions were identified at the time of NSSRHR 2017 - 2020 development.[90] Through consultation as part of the strategy extension to 2023, further interventions have been recommended to strengthen data use across the health system.

While sound monitoring and evaluation rests upon having good quality data at hand, data quality is unlikely to improve further unless it is being used at facility, provincial and national levels so that quality gaps can be identified. Client/patient feedback is also an integral part of quality improvement and part of client's rights to express opinion about and evaluate health services. The absence of data from the private health sector means large gaps in understanding the true progress towards national health goals and understanding of Cambodia'sprogress to achieving universal health coverage. Segmented data is also useful for audience segmentation and geographical focus when developing SBCC, alongside service program planning.

Operational Research is a tool for improving programming. Between 2010 and 2016, Cambodia undertook in-depth research on the causes of maternal anaemia and on reproductive preferences in Cambodia, and several priority research areas were identified for 2017-2020, based on the issues and priorities noted in the

[90] Improvements in Maternal and neonatal death audit systems previously included under Strategy Area 3 have been moved to section 1.5 on EmONC

above sections. Topics include teenage pregnancy, non-iron deficiency anaemia and traditional family planning usage. Consultations for the 2023 NSSRHR 2023 extension raised other research topics of interest - such as gaining a better understanding of adolescent experience of abortion, and understanding unsafe abortion in Cambodia, given the increasing use of MA - these should be thoroughly explored once the next CDHS results are available, and a strategy development process takes place.

Progress from 2017-2020

Several new indicators, such as for GBV and PAFP, were developed and requested for inclusion in the HMIS and should be available from 2022.[91] A National Digital Health Strategy 2021-25 has been developed and includes a national Electronic Medical Record. It's unclear if the private sector will initially be included under this initiative.

The need for continued improvements in data quality, analysis and use has been highlighted through recent reports and plans[92] and consultation for this strategy extension. Partners are supporting skill building in data use for quality improvements. EQHA has supported the DHS to provide training for hospital administrators in 6 provinces in understanding methods for recording, extracting, analysing, presenting, interpreting, and using data to improve the quality of health services. Work is needed to support health sector staff nationwide to do the same. Some work is being undertaken to use digital systems to contribute private sector FP reporting into the HMIS (see section 1.1 and section 2.4). Some private sector health data will be included in the NSSF databases from those facilities contracted under the Health Insurance Scheme.

Various studies have taken place since 2017 including into drivers of adolescent teen pregnancy in the NE, a thorough *Youth Situation Analysis*, In-depth analysis of RMNCH services from CDHS 2014, In-depth analysis of adolescent youth friendly services from CDHS 2014, RHAC study among others (see section 1.8 for references).

Strategies

In extending the NSSRHR to 2023 much feedback and update was received on the improvements needed to ensure that data is used to drive quality improvement. Given the importance of an evidence base for developing the next NSSRHR this section was revised significantly for the 2023 NSSRHR extension. The resulting recommended interventions are:

3.1a Strengthening quality and completeness of SRH data in the Health Management Information System (HMIS)

- **3.1.1 Improve completeness of SRH data in the HMIS** by adding relevant SRH indicators to enable tracking of disaggregation of youth data by age, separate tracking of PAFP, GBV cases and breakdown of CAC services
- **3.1.2 Strengthen facility based HIMS systems** by rolling out new indicators and providing coaching support at facility level to improve data recording
- **3.1.3 Use the HMIS to help identify future health intervention needs** by working with the DPHI to identify indicators to track emerging health service and SBCC needs

[91] Beginning in 2019, the Department of Planning and Health Information (DPHI) launched a process to revise and update the HMIS indicators and invited all national programs to submit new versions of the facility-level forms that are filled out monthly. In 2021, DPHI is updating the indicators and will roll out the new forms subsequently (taken from NRHP CAC Expansion Plan).

[92] PMTCT Plan, EmONC Review and Improvement plan

- **3.1.4 Integrate private sector service data with the HMIS** by piloting and scaling up digital record systems in the private sector and linking them with the HMIS.

3.1b Strengthening the evidence base through high quality reporting, conducting operational research, monitoring, and evaluation

- **3.1.5 Strengthen national level SRH reporting and data use** through development and use of an NMCHC dashboard
- **3.1.6 Strengthen provincial and facility level reporting and data use** through use of NMCHC dashboard and coaching in data use
- **3.1.7 Conduct research** examining health seeking behaviours and barriers to SRH service use
- **3.1.8 Use client/patient feedback to improve the quality of SRH services** by using data from NMCHC Patient Satisfaction Feedback system to inform quality improvements

Detailed Interventions and Indicators

Please see Section 5 - Interventions Framework and Section 7 - Monitoring and Evaluation for more information.

5. Interventions Framework

GOAL: To contribute to the better health and well-being of all people in Cambodia by improving the SRH status and rights of women, men and young people.		
GOAL INDICATORS	• Maternal Mortality Ratio • Neonatal Mortality Rate • Teenage Pregnancy Rate (15-19 yrs.)	• Unmet need for Family Planning • % of women of reproductive age (15-49) whose need for family planning is satisfied (with a modern contraceptive method)

Key approaches to reaching the unreached

- **Designing and implementinginnovative strategies around service provision and referral to services**, for examplemobile services, telemedicine, outreach, and extended hours, and are delivered through a variety of service providers including private health sector, NGO, pharmacies, and community groups who can tailor their engagement to unreached groups. These must be designed in consultation with target groups.
- **Implementing effective SBCC strategies based on proven theory and evidence**. These programs should be designed with formative research to establish specific audience segments to ensure the behaviours and beliefs of hard-to-reach and vulnerable groups are understood and their needs are appropriately met.
- **Advocating for changes to social protection/health financing schemes to best reach the unreached** such asincluding full RMNCH package under Health Equity Fund (HEF) and the National Social Security Fund Health Insurance Scheme (NSSF), addressing transport barriers and extending HEF and non-formal sector mechanisms to private sector and facilities, ensuring choice for people in where they take services.
- **Ensuring services are accommodating, stigma free and acceptable to target groups** by including them in the design and implementation of initiatives, and by sensitizing health providers to the needs of vulnerable groups.
- **Strengthening counselling and psycho-social aspects of SRH care**, especially for vulnerable groups, as well as improving client-centred counselling and care across the continuum of SRH services. And supporting the mental health and wellbeing needs of the providers delivering them, especially considering the impact of COVID-19 on the health system.
- **Using dataat national, provincial and facility level** to understand who is being left out of service provision, and to tailor their local strategies to reach those groups. Health sector staff should be able to draw on lessons learned and shared from colleagues across the country.
- **Strengthen humanitarian programming** by building the capacity of health service providers, programme managers and other national partners on integrated sexual and reproductive health and gender-based violence in humanitarian programming.

Key Intervention Areas and Activities	PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
Strategy Area 1: Increased equitable access and quality of SRH services across public and private sectors through strengthened governance and service delivery and				

[93] Based on results of December 2019 review workshop and desk review of relevant documents

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
information provision					
1.1. Strengthen Family Planning (FP) information and services					
1.1.1. Increase quality and availability of FP services	• Increase capacity of service providers for FP counselling and service provision through training, quality assessment and on-site coaching.	GOOD PROGRESS	X		Institutions - NRHP - Supporting Development partners TWGs - MCH TWG - Contraceptive Commodity Security Working group Guiding Policy - FTIRMN - Reproductive Health Commodity Projection and Costing 2017 – 2020 - Community Health Strategy 2021-2025 (National Center for Health Promotion) - National Guideline for SRMH during pandemic 2021 - National Birth Spacing Protocol 2016
	• Develop and implement innovative strategies to improve access to FP Services such as offering weekend services, using CBDs, mobile or telemedicine services for hard-to-reach populations.	GOOD PROGRESS	X		
	• Rationalize existing CBD coverage, and increase coverage in remote and hard to reach locations	MEDIUM PROGRESS	X		
	• Integrating CBD and VSHG in the Community Health Strategy 2021-2025, under National Centre for Health Promotion	NEW		X	
	• Strengthen FP counselling skills by addressing provider behaviours and attitudes that may present barriers to FP use.	GOOD PROGRESS - HIGH PRIORITY	X		
	• Implement recommendations to restore essential SRH services outlined in *NMCHC/WHO December 2021Analysis of the impact of COVID-19*	NEW		X	
1.1.2. Increase availability and utilization of long-term/permanent FP methods (for post-abortion FP interventions seeSection *1.7Strengthening Safe Abortion Services*	• Create a separate section for FP at RHs and ensure they can provide at least 3 long-term/permanent FP methods	GOOD PROGRESS	X		
	• Increase capacity of RH and HC staff to provide counselling and service provision for long-term methods through training, coaching and supportive supervision	GOOD PROGRESS	X		
	• Ensure all HCs should be able to provide at least 1 long-term FP method (IUD and/or implants)	GOOD PROGRESS	X		
	• Review comparative pricing of contraceptives in public and private sector health facilities and advise Health Centre Management Committees to revise if necessary	MEDIUM PROGRESS	X		
	• Produce and disseminate effective FP job aids/IEC materials for provider use	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Expand CBD activities to include promotion of LARC and referral to appropriate health facilities.	MEDIUM PROGRESS	X		
1.1.3 Increase availability	• Use Midwifery Coordination Alliance Team (MCAT) meetings to present/discuss	MEDIUM PROGRESS	X		

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
and utilization of postpartum FP services[94]	National Birth Spacing Protocol 2016 including immediate postpartum family planning				
	• Ensure FP commodities available in maternity wards	GOOD PROGRESS	X		
	• Request that HEF and NSSF allow payment for immediate post-partum and post-abortion FP as a separate service (see also Section 2.1)	MEDIUMPROGRESS HIGH PRIORITY		X	
	• Expand PP-IUD availability in public Provincial Hospitals and Referral Hospitals	NEW		X	
1.1.4 Ensure FP commodity security	• Create and Disseminate 2022 RH commodity forecasting and costing report and ensure contraceptive supply to the public sector.	AMENDED	X		
	• Use 2016 RH commodity forecasting and costing report to advocate for govt. financial commitments for RH commodities to 2023 and onward.	GOOD PROGRESS	X		
	• Strengthen function of commodity security working group	MEDIUM PROGRESS	X		
	• Support the Department of Drug and Food to strengthen the RMNCH components of the Logistics Management Information System (LMIS)	NO DATA		X	
1.1.5 Strengthen public-private partnership to ensure quality of FP service provision and timely and accurate reporting from the private sector (links to Section 2.4)	• Pilot and scale up systems for routine reporting of FP in private health facilities into the HMIS	AMENDED MEDIUM PROGRESS		X	
	• Pilot and scale up systems for FP service quality improvement in the private sector	AMENDED MEDIUM PROGRESS	X		
	• Sue public-private partnerships to provide FP training and coaching opportunities for private sector providers	NEW		X	
	• Engage on broader MoH activities to strengthen FP in the private sector (see section 2.4)	NEW		X	
1.1.6 Implement awareness raising and SBC campaigns to improve modern contraceptive method use[95]	• Implement targeted effective SBCC activities to address myths and misconceptions around modern methods, engage men as supporters in women's FP decision making, and reach vulnerable groups with accurate information.	GOOD PROGRESS	X		
	• Improve male engagement in SBCC and other communication activities as a critical factor in supporting women's decision making and health seeking around modern	GOOD PROGRESS	X		

[94] Interventions related to post abortion FP can be found in the safe abortion services section below

[95] See section 1.8 Adolescent Friendly SRH Services and Guiding Principles: Reaching the Unreached] for information and interventions specific to these groups.

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
	FP, addressing social norms and perceptions of FP and re-framing FP as 'everybody's business' not just for women.[96]				
	• Implement larger awareness raising campaigns including via social media and mobile phone messaging to improve knowledge around modern FP	GOOD PROGRESS	X		
1.2 Strengthen Antenatal Care services					
1.2.1 Increase coverage and quality of ANC	• Reinforce FULL ANC service package (as outlined in the Safe Motherhood protocol for Health Centres) through training, on-site coaching, and supportive supervision and MCATs. • Refresh providers in the '1,000 Days Package'[97] through MCATs	GOOD PROGRESS	X		Institutions - NRHP - Supporting Development partners TWGs - MCH Sub-TWG - PMTCT Working Group - Nutrition Working Group - National Immunization Program Working Group Guiding Policy - FTIRMN - Antenatal, Delivery and Postpartum Care package Guidelines 2019 - Safe Motherhood Protocols
	• Strengthen outreach activities and develop innovative strategies to increase use of ANC services especially in poor performing locations and amongst high-risk, hard-to-reach and vulnerable populations.	GOOD PROGRESS	X		
	• Integrate ANC service to hospital service package (CPA) and setting up ANC services in all provincial and district hospitals	GOOD PROGRESS	X		
	• Implement recommendations to restore essential SRH services outlined in *NMCHC/WHO December 2021Analysis of the impact of COVID-19 UNFPA Rapid Assessment of essential SRMH services during Covid-19 pandemic 2021*	NEW		X	
	• Engage on broader MoH activities to strengthen ANC in the private sector (see section 2.4)	NEW		X	
1.2.2 Increase knowledge and demand for ANC4+	• Implement awareness raising activities to increase knowledge and practice of FULL ANC service package, including increased male involvement	GOOD PROGRESS	X		
	• Train or equip Village Health Support Group (VHSG), Community Based Distributors (CBDs) and other health promoters to support access to ANC services	GOOD PROGRESS	X		
	• Increase male involvement as supporters of ANC in SBCC interventions	MEDIUM PROGRESS HIGH PRIORITY	X		

[96] Partnering to Save Lives, learning package: Community strengthening and engagement, Not only women's business: engaging men in reproductive, maternal and newborn health.

[97] Antenatal, Delivery and Postpartum Care package Guidelines 2019

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
1.2.3 Align Cambodia ANC policy with WHO recommendations	• Strategize around how to integrate ANC 8 across relevant protocols and guidelines	NEW		X	
1.3Increase identification and treatment of HIV/Syphilis during pregnancy					
1.3.1 Increase identification of HIV/syphilis during pregnancy (PMTCT Strategy Section 5.6.1)	• Ensure consistent availability of dual test kits at every public sector ANC service delivery point through adequate procurement forecasting, regular tracking and monitoring of stock availability at OD pharmacies and HC/RHs; and close liaison with Central Medical Stores to avert/correct stock outs.	GOOD PROGRESS	X		Institutions - NMCHC - NCHADS TWGs - PMTCT TWG - co-chaired NMCHC and NCHADS Guiding Policy - National Strategy for the PMTCT of HIV, Syphilis and HepB - National Road Map for the elimination of MTCT of HIV and Congenital Syphilis in Cambodia - July 2018
	• Revise the rules/procedures governing HC refrigerators to allow storage of heat-sensitive reagents/test kits as well as vaccines.	COMPLETE	X		
	• Periodic refresher training for HC and RH midwives on PMTCT guidelines and Integrated ANC Services.	NEW		X	
	• Coordinate with midwifery pre-service programs to integrate HIV/syphilis testing and counselling into pre-service curricula	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Implement recommendations to restore essential SRH services outlined in *NMCHC/WHO December 2021Analysis of the impact of COVID-19 and UNFPA Rapid Assessment of essential SRMH services during Covid-19 pandemic 2021*	NEW		X	
1.3.2 Increase treatment of HIV/syphilis during pregnancy (PMTCT Strategy Section 5.6.2)[98]	• Scale up boosted integrated active case management (B-IACM) through training of providers and OD/PHD managers, and supportive supervision; ensure tracking and follow-up of seropositive women and their infants. (same)	GOOD PROGRESS	X		
	• Train/monitor HC midwives in implementation of new guidelines for rapid test during labour and delivery if the mother's HIV status is unknown and initiation of ART pending confirmatory test.	GOOD PROGRESS	X		
	• Ensure emergency supply of ART at RH maternity wards through collaboration with ART sites and monitoring of stock levels by OD/PHD managers.	GOOD PROGRESS	X		
	• Ensure availability and accessibility of syphilis treatment for pregnant women and newborns.	GOOD PROGRESS	X		
1.3.3 Improve private sector screening of ANC	• Develop regulation to ensure private maternity clinics check ANC and syphilis status at the time of delivery.	NEW		X	

[98] In PMTCT Strategy 2021-25 it is titled '*Improved Care for HIV+ Pregnant Women'*

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
clients for HIV and syphilis (5.6.1 of PMTCT strategy)	• Support private maternity care providers to screen ANC clients for HIV and syphilis and submit reports to MOH on numbers tested and results (from section 5.6.1 of PMTCT strategy).	NEW		X	
	• Work with MoH units involved in private sector regulation to ensure that private ANC providers screen for syphilis and either refer reactive cases or treat them in accordance with the PMTCT Clinical Guidelines.	NEW		X	
	• Ensure that private providers are familiar with the PMTCT Clinical Management Guidelines, including counselling on infant feeding for HIV-positive mothers.	NEW		X	
	• Engage on broader MoH activities to strengthen health services in the private sector (see also section 2.4)	NEW		X	
1.3.4 Improve acceptability of services by ensuring they are inclusive and stigma free (PMTCT Strategy Section 5.6.8)	• Ensure services are inclusive and reduce stigma: o testing is voluntary and accompanied by appropriate pre- and post- test counselling as outlined in the PMTCT Clinical Guidelines. o All PMTCT services are provided in a confidential, respectful manner. o Syphilis treatment is available in maternity services.	NEW		X	
1.4 Strengthen intrapartum/delivery care					
1.4.1 Reinforce implementation of safe motherhood protocol	• Scale-up Midwifery Coordination Alliance Teams (MCATs) to cover all ODs, and use MCAT meetings to: - present/discuss safe motherhood protocol - Refresh providers in the '1,000 Days Package'[99]	GOOD PROGRESS	X		Institutions - NRHP of NMCHC - MoH Human Resource Department (HRD) - Department of Hospital Services (for private sector) TWGs - MCH Sub-TWG Guiding Policy - Safe Motherhood
	• Promote use of the newly developed e-learning tools including Safe Delivery App and NMCHC online resources	NEW		X	
	• Update pre-service training curriculum to be consistent with updated safe motherhood protocol and ICM standards (see section 2.3)	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Strengthening capacity of Provincial and OD MCH staff to provide coaching to HCs and RHs	GOOD PROGRESS	X		
	• Use maternal death/near-miss cases to develop coaching scenarios	MEDIUM PROGRESS HIGH PRIORITY	X		

[99] Antenatal, Delivery and Postpartum Care package Guidelines 2019

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
	● Implement recommendations to restore essential SRH services outlined in *NMCHC/WHO December 2021Analysis of the impact of COVID-19*	NEW		X	Protocols - FTIRMN - Antenatal, Delivery and Postpartum Care package Guidelines 2019
1.4.2 Improve awareness and use of intrapartum/ delivery	● Strengthen links between health centres (HCs), commune councils, VHSGs, and TBAs to promote deliveries in health facilities, and to support referrals when necessary	GOOD PROGRESS	X		
	● Develop interventions to reach people in poor performing locations and amongst hard to reach and vulnerable groups including SBCC interventions, outreach activities and social media campaigns	GOOD PROGRESS	X		
1.4.3 Strengthen maternal and foetal monitoring through use of the partograph	● Strengthen capacity of hospital preceptors for coaching	GOOD PROGRESS	X		
	● Improve quality and consistency of partograph use through on-site coaching and supportive supervision	GOOD PROGRESS	X		
1.4.4 Strengthen management of post-partum haemorrhage	● Improve the quality ofprevention, immediate treatment, stabilization and referral for post-partum haemorrhage through on-site coaching and supportive supervision	GOOD PROGRESS	X		
	● Use maternal death/near-miss cases to develop coaching scenarios	GOOD PROGRESS	X		
1.4.5 Strengthen diagnosis, immediate treatment and referral for pre-eclampsia/ eclampsia including use of injectable MgSO4 prior to referral	● Increase confidence/willingness of EmONC trained midwives to use MgSO4	GOOD PROGRESS	X		
	● Ensure consistent availability of MgSO4 in all EmONC facilities	GOOD PROGRESS	X		
	● Improve the quality of implementation through on-site coaching and supportive supervision	GOOD PROGRESS	X		
	● Use maternal death/near-miss cases to develop coaching scenarios	GOOD PROGRESS	X		
1.4.6 Improve infection prevention and control	● Improve the quality of implementation through on-site coaching and supportive supervision	GOOD PROGRESS	X		
	● Ensure required water, sanitation, and waste facilities and disinfection equipment are in place and functional	GOOD PROGRESS	X		
1.4.7 Reinforce early initiation of exclusive breastfeeding and reduce prelacteal feeding	● Strengthen support for early and exclusively breastfeeding, and counsel parents/families risks of breast-milk substitutes and appropriate options for working women including breast-milk expression	GOOD PROGRESS	X		
	● Improve/strengthen implementation of Baby Friendly Hospital Initiative (BFHI)	GOOD PROGRESS	X		

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
	including enforcement of Sub-Decree 133				
	● Increase community awareness of the importance of exclusive breastfeeding through commune committees for women and children (CCWC)	GOOD PROGRESS	X		
1.4.8 Strengthen private sector maternity service provision	● Engage on MoH initiatives to improve quality in the private sector (see section 2.4)	MEDIUM PROGRESS	X		
1.5 Increase Coverage and Improve Quality of EmONC					
1.5.1 Implement Provincial EmONC plans and increase geographic coverage of EmONC and reduce gaps in basic infrastructure, drugs, and equipment in EmONC facilities (EmONC Improvement Plan (EIP) Outputs 1 and 6)	● Ensure Provincial EmONC plans developed, operational and monitored and adjusted annually	GOOD PROGRESS - HIGH PRIORITY	X		Institutions - NRHP of NMCHC - Human Resources Department (HRD) University of Health Sciences (UHS) TWGs - EmONC Steering Committee comprised of members of the MCH Sub-Technical Working Group - National Maternal Death Audit Committee Guiding Policy - Emergency Obstetric and Newborn Care Improvement Plan 2021 - 2025
	● Support PHDs in implementation of EmONC Action Plans, including a review of PHD EmONC management capacity to inform support needs	GOOD PROGRESS - HIGH PRIORITY	X		
	● Procure required medical supplies, ensuring supply of emergency drugs	GOOD PROGRESS	X		
	● Strengthen blood banks in provincial hospitals and blood depots in provincial CEmONC facilities. Strengthen blood-type networks.	GOOD PROGRESS - HIGH PRIORITY	X		
	● Increase # of designated CEmONC facilities with adequate surgeon (MD capable of C-section) and anaesthetist/nurse anaesthetist to provide 24/7 service, and the ability to perform blood transfusion (signal functions 8 and 9)	GOOD PROGRESS - HIGH PRIORITY	X		
1.5.2 Improve quality of EmONC through strengthened maternal and neonatal death surveillance and response, improvements in staff competency. (EIP Output 3)	● Consider undertaking a baseline training needs assessment of all EmONC training and put in place a regular reporting system which is overseen by the MoH.	NEW		X	
	● Continue supporting in-service training and on-site coaching to increase competencies of staff in EmONC facilities to perform the core signal functions and improve quality of care provided at EmONC facilities: - Use MCAT's to deliver in-service training in EmONC - For BEmONC staff, organize hands-on practical training with patients at CEmONC facilities on shortfall signal functions - cross-provincial learning visits	GOOD PROGRESS	X		
	● Strengthen capacity of the National Maternal Death Audit Committee to support Maternal Death Audits (MDA) and audits of neonatal deaths in national hospitals and provinces.	GOOD PROGRESS	X		
	● Organize quarterly national maternal and neonatal audit committee meetings to	GOOD PROGRESS	X		

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
	review maternal and neonatal death and near-miss reports from provincial committees and national hospitals and to provide feedback				
	• Increase capacity and financing for MDSR, particularly at provincial and district levels	GOOD PROGRESS	X		
	• Formalise a process for ensuring the participation of all concerned staff at EmONC facilities in maternal and neonatal death audits and near-miss audits, using experience for feedback and evidence to improve quality of care and practices based on National Guideline and Protocol	NEW		X	
	• Finalise the anaesthesia pre-service training curriculum in collaboration with Human Resources Department (HRD) and the University of Health Sciences (UHS)	MEDIUM PROGRESS HIGH PRIORITY	X		
1.5.3 Increased use of EmONC services by strengthening community participation (EIP Output 7)	• Encourage local entities (such as Health Centre Management Committees and Woman and Child Commune Committees) to participate in meetings for planning, construction, rehabilitation, identifying equipment needs and discussion of referral needs at EmONC facilities.	NEW		X	
	• Address community demand for non-medically required c-section through ANC counselling an integration with community education/awareness campaigns.[100]	NEW		X	
	• Reduce remaining financial barriers to accessing EmONC services. Ensure that all women in reproductive age have access to a full package of essential reproductive maternal and newborn health services without financial hardship, when needed (see Strategy Area 2)	MEDIUM PROGRESS	X		
1.5.4 Improve data quality and use for learning and program improvements (EIP Output 3) See also Strategy Area 3 of this NSSRHR	• Improve recording of maternal and newborn deaths (including stillbirths) and obstetric and newborn complications and their outcomes	AMENDED	X	X	
	• Improve HMIS training, supervision and mentoring especially regarding the classification of stillbirths, newborn, and maternal deaths.	NEW		X	
	• Use maternal and neonatal death/near-miss and obstetric complication cases for developing coaching scenarios to improve recording and reporting practices at health facilities	MEDIUM PROGRESS	X		
1.6Strengthen Post Natal Care (PNC) services					
1.6.1 Increase coverage	• Strengthen implementation of FULL PNC package	GOOD PROGRESS	X		Institutions

[100]Not in EmONC Improvement Plan but arising from MCH Sub-TEG consultations

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
and quality of PNC	• USE MCATs to: - Refresh providers in the '1,000 Days Package'[101] - Reinforce importance of 4 PNC checks for BOTH mothers and newborns - Improve identification and referral for danger signs of neonatal complications, and for birth defects.	GOOD PROGRESS	X		- NRHP of NMCHC TWGs - MCH Sub-TWG Guiding Policy - Safe Motherhood Protocols - FTIRMN - Antenatal, Delivery and Postpartum Care package Guidelines 2019
	• Implement innovative strategies to increase availability of and access to PNC services (such as mobile services, outreach, work-based services etc.) especially for identified vulnerable groups, working mothers etc.	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Implement recommendations to restore essential SRH services outlined in *NMCHC/WHO December 2021Analysis of the impact of COVID-19*	NEW		X	
1.6.2 Increase knowledge and demand for PNC	• Midwives (or other health care providers) to provide pre-discharge counselling for women, men and families on the importance and appropriate timing of 4 PNC visits for both mothers and newborns	GOOD PROGRESS - HIGH PRIORITY	X		
	• VHSG/CBD and other health promoters to increase awareness of the importance and appropriate timing of 4 PNC visits for both mothers and newborns, and support women/newborns to access PNC care	GOOD PROGRESS - HIGH PRIORITY	X		
1.7 Strengthen Safe Abortion Services					
1.7.1 Increase coverage and quality of safe abortion services	• Assess and upgrade eligible facilities (including adequate materials and equipment) and train additional staff on comprehensive abortion care (CAC)	GOOD PROGRESS	X		Institutions - NRHP TWGs - MCH Sub-TWG Guiding Policy - FTIRMN - National CAC Protocol 2010 - National Plan Scale-Up Comprehensive
	• Undertake on-going quality assurance and coaching for all facilities performing CAC	GOOD PROGRESS	X		
	• Expand and strengthen subnational and national CAC quality assurance and coaching teams	GOOD PROGRESS	X		
	• Integrate CAC data collection tools into routine recording and reporting systems in both public and private sectors, and use data for decision making[102] (links to Strategy Area 3)	MEDIUM PROGRESS	X		
	• Create an enabling and supportive environment for CAC service provision by	AMENDED/NEW		X	

[101] Antenatal, Delivery and Postpartum Care package Guidelines 2019
[102] See Strategy Area 3 to suggested changes to HMIS for CAC data collection, reporting etc.

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
	conducting values exercises with health centre staff and local health authorities				Abortion Care Service Availability in Cambodia 2020-2025
	• Align National CAC Protocol with WHO abortion protocols to reduce unnecessary barriers to safe abortion	NEW		X	
1.7.2 Increase availability, quality and monitoring of post abortion family planning (linked to FP section 1.1 above)	• Increase counselling skills and capacity of CAC providers to provide post abortion FP	GOOD PROGRESS	X		
	• Ensure FP commodities are available in HC pharmacy/stock rooms and CAC rooms	GOOD PROGRESS	X		
	• Request that post-abortion FP is included in HMIS and CDHS[103]	COMPLETE	X		
	• Ruse the HEF review under H-EQIP2 to explore the impact of reimbursement rates on the uptake of post-abortion (and post-partum) FP under HEF, and if negative impact is demonstrated, advocate that HEF and NSSF allow separate payment for *immediate* post abortion FP as a separate service from abortion or post abortion care (see also section 2.1)	MEDIUM PROGRESS HIGH PRIORITY	X		
1.7.3 Increase availability of medical abortion at the HC level in a phased-in approach	• Implement MA in HC introduction projects (pilots), share results and decide next steps	COMPLETE	X		
	• Advocate for MA inclusion as 'vital' on the EML	AMENDED/NEW		X	
	• Support CMS/DDF and other stakeholders to improve supply chain/management through the central stores to ensure MA availability in HCs	AMENDED/NEW		X	
	• Support MA stock management at HC level alongside other essential medicines / FP products	AMENDED/NEW		X	
	• Extend medical abortion service at HCs providing surgical abortion by providing refresher training/coaching to midwives to allow them to provide MA without presence of a doctor on site	GOOD PROGRESS	X		
1.7.4 Strengthen private sector provision of medical and surgical abortion	• Develop public-private partnerships to provide training and coaching opportunities private sector providers	NEW		X	
	• Engage on broader MoH activities to strengthen health services in the private sector (see also section 2.4)	AMENDED SEE SECTION 2.4	X		
1.7.5 Reduce unsafe abortions	• Increase knowledge that abortion is legal and ensure women know where to access safe abortion e.g., by working with CCWCs and VHSGs	MEDIUM PROGRESS	X		

[103] Also included in health financing interventions under Strategy Area 2

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
	• Increase knowledge and awareness of the dangers of unsafe and multiple abortions	MEDIUM PROGRESS	X		
	• Actively promote post abortion FP	MEDIUM PROGRESS	X		
1.7.6 Ensure services accommodate vulnerable groups through expanded health financing and are non-judgmental and stigma free	• Implement values clarification/exploration exercises with service providers to support the provision of stigma-free CAC services by integrating VCAT into CAC Training guideline.	AMENDED/NEW		X	
	• Ensure HEF Benefit Package is updated to clearly stipulate that CAC (medical abortion, surgical abortion, postabortion care) are all provided under HEF. • Make sure this is understood at health facility level	AMENDED/ MEDIUM PROGRESS	X		
	• Advocate for expansion of HEF to private sector, providing flexibility and choice for vulnerable people in service provision (see also section 2.1)	AMENDED/NEW		X	
1.8Strengthen Adolescent Friendly Reproductive and Sexual Health information and services					
1.8.1 Increase coverage and quality of AFSRH services (public sector)	• Disseminate new 2016 AFSRH service guidelines	MEDIUM PROGRESS HIGH PRIORITY	X		<u>Institutions</u> - NRHP - MoEYS Social Health Dept. - NIP <u>TWGs</u> - MCH Sub-TWG <u>Guiding Policy</u> - National Guidelines for Adolescent Youth Friendly Services, 2016 - National Guideline
	• Continue ToTs for national, provincial and OD trainers on new AFSRH service guidelines	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Provinces and ODs to roll-out training to facility level	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Ensure on-going coaching and supportive supervision to ensure AFSRH services are provided in line with the national guidelines	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Develop HPV Vaccination roll out plan and commence roll out	NEW		X	
	• Ensure adolescent friendly service include mental health and counselling support, which can be provided face to face or virtually	NEW		X	
	• Increase youth acceptance of services by training staff on to communicate effectively to gain the trust and confidence of young people	NEW		X	
1.8.2 Expand public private-partnerships and	• Establish links between health facilities, schools, and communities, pharmacies, and private providers with AFSRH services	GOOD PROGRESS	X		

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
improve linkages and coordination with other sectors and local authorities	• Advocate that public and private health facilities with capacity to provide quality AFSRH information and services are included as contracted facilities under the NSSF and HEF[104]	MEDIUM PROGRESS HIGH PRIORITY	X		for SRMH during pandemic
	• Explore and invest a range of mechanisms to reach young people (including out of school youth) with comprehensive AFSRH information and life-skills sessions, including working with pharmacies to link adolescents to services	NEW		X	
	• Where applicable, consider engaging private schools in ASRH awareness raising activity amongst their students. Allow opportunity for private schools' teachers to join any relevant trainings (organized by NMCHC and or PHD/OD) so that they can help to train their students.	NEW		X	
1.8.3 Reach adolescents with evidence based SRH education and social behaviour change communication to improve sexual and reproductive health seeking behaviour	• Support continued expansion of Comprehensive Sexuality Education (through MoEYS) including roll out of core curriculum from 2023.	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Implement effective SBCC activities to improve adolescent knowledge on SRH, encourage better SRH seeking behaviours and, where needed, promote delay and spacing of childbearing - particularly where the prevalence of unplanned teenage pregnancy is highest	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Undertake additional research to better understand drivers behind teenage pregnancy and bottlenecks for adolescents to access SRH information and services and use results to inform BCC interventions.	GOOD PROGRESS	X		
	• Explore and invest in the use of social media and communication technologies to provide information and education on ASRH to youth.	NEW		X	
	• Facilitate inclusion of youth in relevant discussion at policy level or programmatic level (e.g. Health Centre Management Committee meeting, etc.).	NEW		X	
1.8.4 Improve access to inclusive SRH services and information for adolescents living with disability and underserved groups including young LGBTQI people	• Provide AFSRH information and services in settings accessible to persons with disabilities	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Develop linkages and communication between disabled people's organizations and AFSRH providers	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Strengthen community understanding of rights for potentially vulnerable adolescents to access AFSRH	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Integrate sexual orientation and gender identity (SOGI) into counselling, information and service provisions.	NEW		X	

[104] Also included in section 2.4 for reaching hard to reach groups and under Strategy Area 2

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
1.8.5 Improve coordination and information sharing	● Consider Establish an alliance of agencies working in adolescent health to improve information sharing and coordination at sub-national and national levels	NEW		X	
	● Develop a national strategy for adolescent health including SRH, identifying funding and service gaps	NEW		X	
	● Increase engagement of young people at decision making including representation in coordination bodies/meetings and strategy development	NEW		X	
1.9 Strengthen gynaecological services					
1.9.1 Increase coverage and quality of cervical cancer prevention, screening, and treatment services	● Introduce and roll-out HPV vaccination programme with support from GAVI.	MEDIUM PROGRESS HIGH PRIORITY	X		Institutions - NMCHC - NIPH - DPM TWGs - N/A Guiding Policy - National Action Plan for the Prevention and Treatment of Cervical Cancer 2019 – 2023 - Cervical Cancer SOPs - Non-Communicable Disease Strategy (DPM)
	● Implementation the national action plan for the prevention and treatment of cervical cancer	MEDIUM PROGRESS HIGH PRIORITY			
	● Based on results of existing screening and treatment pilots, expand screening services at health centres and referral/provincial hospitals, and cryotherapy at referral/provincial hospitals	MEDIUM PROGRESS HIGH PRIORITY	X		
	● Improve infrastructure for cryotherapy	MEDIUM PROGRESS HIGH PRIORITY	X		
	● Include cervical cancer screening as part of gynaecological exams and IUD insertion.	MEDIUM PROGRESS HIGH PRIORITY	X		
	● Advocate for inclusion of HPV vaccine in the national budget by 2023	NEW		X	
	● Implement recommendations to restore essential SRH services outlined in *NMCHC/WHO December 2021Analysis of the impact of COVID-19*	NEW		X	
1.9.2 Increase community awareness of the importance of cervical cancer screening	● Raise community awareness of need for CCPS&T through CBDs, VHSGs and social health protection promoters	AMENDED MEDIUM PROGRESS HIGH PRIORITY	X		
1.9.3 Support access to services by vulnerable populations	● Advocate for all CCPS&T services to be included under HEF & NSSF HIS	AMENDED/NEW	X	X	
1.10 Strengthen health sector response to gender-based violence/violence against women and children[105]					
1.10.1 Increase availability of GBV related health services	● Expand service for GBV at HC level by rolling-out new guidelines, clinical handbook, training package and post training follow-up, ensuring privacy and confidentiality for VAW victims in health facilities.	MEDIUM PROGRESS HIGH PRIORITY	X		Institutions ● NRHP of NMCHC ● MoWA

[105] Broader strategy and action plan is outlined in NAPVAW 2019 - 2023. The intervention areas here are those NRHP/NMCHC intersect with

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
	• Include midwives in trainings on GBV response	NEW		X	TWGs • TWGG – GBV • Subnational GBV WGs • GMAG of MoH Guiding Policy • MOWA's 3rd NAPVAW 2019 2023 • National Guidelines for Managing VAW and Girls in the Health System
	• Ensure key community networks and stakeholders are updated with any local changes in GBV referral pathways and care facilities - and all service providers are also informed	NEW		X	
	• Investigate and employ the use of mHealth and telemedicine in health services for women and children experiencing violence, especially for follow up visits and psychosocial support	NEW		X	
	• Ensure all HFs have at hand information about support services available locally(e.g. hotlines, shelters, rape crisis centers, counselling) for survivors, including opening hours, contact details, and whether services can be offered remotely, and establish referral linkages.	NEW		X	
1.10.2 Strengthen multi-sectoral collaboration for addressing VAW/VAC through national, provincial, district, and commune committees	• Include GBV/VAW/VAC in Health Center Management Committee, referral hospital and OD meeting discussions	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Put budget in Commune Investment Plan for GBV/VAW/VAC service delivery and referral	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Ensure rapid/timely diagnosis of cases of GBV/VAW/VAC	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Strengthen multi-sectoral referral network/system at all levels	MEDIUM PROGRESS HIGH PRIORITY	X		
	• Implement recommendations to restore essential SRH services outlined in *NMCHC/WHO December 2021Analysis of the impact of COVID-19*	NEW		X	
1.10.3 Improve record keeping for GBV/VAW/ VAC related services	• Request that cases of GBV/VAW/VAC are disaggregated from the overall injury category in the HIS, and disaggregated by age, sex and disability, if possible (also included in other section under Strategy Area 3)	TBC PROGRESS[106]	X		
Strategy Area 2: Increased equitable access and quality of SRH services through increased financial and human resources and private health sector strengthening					
2.1 Scale up social health protection systems, including health equity funds, that cover the full SRH service package					
2.1.1 Include the full RMNCH package[107] under HEF and NSSF Health Insurance Scheme	• Ensure upcoming impact review of HEF explores impact of current benefits package on post-abortion and post-partum FP uptake • Advocate that HEF includes reimbursement of immediate postpartum family planning and post abortion family planning as separate services (reimbursement	AMENDED	X	X	Institutions • NRHP of NMCHC • MoEF - CHECK • DPHI of the MoH

[106] New indicators have been requested but HMSI is not yet updated.
[107] See Annex 1

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
benefits packages (see also relevant service delivery areas under Strategy Area 1)	for delivery or abortion + reimbursement for immediate FP provision); transport costs for poor patients (with ID Poor) seeking SRH services at the HC (as well as at the referral hospital) for high-risk and hard to reach areas				● WB/GIZ/H-EQIP <u>TWGs</u> - TWG of the Dept of Planning and Health Information - National Social Protection Council (MoEF) <u>Guiding Policy</u> - Social Protection Framework - HEF Benefit Package 2018 - HEF Operation Manual 2016
	● Correct misunderstanding about CAC inclusion under HEF by: - dissemination of instruction at subnational level that clarifies that CAC (MA and MVA and postabortion care) and cervical cancer-related cryotherapy are allowed to be claimed and reimbursed under the HEF scheme - Ensure next HEF Benefit Guidelines clearly state that CAC services are allowed to be claimed and reimbursed under the HEF scheme	AMENDED	X	X	
	● Advocate for NSSF Health Insurance Scheme to clearly includes reimbursement of: - immediate postpartum family planning and immediate post abortion family planning as separate services (reimbursement for delivery or abortion + reimbursement for immediate FP provision in one visit) - cervical cancer screening and cryotherapy services	HIGH PRIORITY	X		
2.1.2 Advocate for broader access to HEF and NSSF for hard-to-reach groups	● Engage on HEF impact analysis and review (to be conducted under H-EQIP 2) to ensure key NRHP/NMCHC/SRH interests are included	NEW		X	
	● Advocate that private health facilities with capacity to provide quality information and services and services to vulnerable groups are included as contracted facilities under NSSF Health Insurance Scheme	GOOD PROGRESS	X		
	● Advocate that private health facilities with capacity to provide quality information and services to vulnerable groups are included as contracted facilities under Health Equity Fund	AMENDED/NEW		X	
	● Support increased utilization of HEF by its beneficiaries through addressing barriers to social inclusion and gender equity ion service and information provision	NEW		X	
	● Ensure role of social health protection promoters (former HEF promoters) include promoting awareness of social protection scheme benefits and access to quality SRH services in both public and private sector facilities with particular attention being given to promoting awareness of benefits and access amongst vulnerable groups.	GOOD PROGRESS	X		
	● Continue to work with MoH representative to the National Social Protection Council to support the case to bring informal sector workers under social protection schemes to improve their access to SRH services and information.	AMENDED/NEW		X	
2.2 Increase government financing for SRH services					
2.2.1 Advocate for	● Track RMNCH expenditure as part of overall health budget and government	NEW		X	<u>Institutions</u>

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
increased government health expenditure on SRH	budget annually.				- National Center Decentralization and Deconcentration (NCDD) - National Center for Health Promotion TWGs - X Guiding Policy - N/A
	● Advocate for including the following in the Commune Investment Plan: - HCMC and VHSG activities (including outreach related to SRH, GBV/VAW, AFRSH, etc.) - AFSRH activities - GBV/VAW service delivery and referral	GOOD PROGRESS	X		
	● Maintain support for the Midwifery Incentive (incentive for midwives performing deliveries at health facilities)	GOOD PROGRESS	X		
	● Advocate for increased government budget for SBCC activities for SRH, FP, GBV/VAW, AFRSH, nutrition, etc.	GOOD PROGRESS	X		
2.2.2 Build capacity of health facility staff in financial management	● Train health staff in financial management	GOOD PROGRESS	X		
2.3 Improve the competence, availability, and scope of services of midwives					
2.3.1 Strengthen the quality of pre-service midwifery education programmes in line with ICM standards, including adapted core competency framework for midwives	● Update the pre-service midwifery curriculum, strengthen practical training for midwifery students and expand the preceptor program ● Ensure that all SRH services and SRH rights-to-access and socio-cultural awareness are included in the pre-service curriculum ● Rationalize existing midwifery pre-service training courses ● Undertake review of Associate and Bachelor Degrees ● Undertake Midwifery review ● Undertake review of bridge course from nursing to midwifery ● Develop Midwifery Education Pathways and Education Regulatory Framework	MEDIUM PROGRESS	X		Institutions - NMCHC - HRD of the MoH TWGs - Midwifery TWG; Nursing TWG Guiding Policy - N/A
	● Prioritize enrolment of local students in pre-service training from locations where HCs don't yet have enough midwives	MEDIUM PROGRESS	X		
	● Ensure pre & in-service training are aligned & pre-service is updated regularly	AMENDED/NEW		X	
2.3.2 Ensure adequate in-service training	● Strengthen midwifery technical skills and socio-cultural awareness through competency-based training, supportive supervision and through expanding opportunities for practice and on-site coaching ● Establish skill labs at CPA3 RHs ● Rotate care providers from low case facilities to high case facilities ● Increase capacity and professional development (CPD) opportunities for provincial trainers/supervisors and coaches	MEDIUM PROGRESS HIGH PRIORITY	X		
	● Reinforce quarterly MCAT meetings, using them to update midwives on new	GOOD PROGRESS	X		

Key Intervention Areas and Activities		PROGRESS to 2021/PRIORITY to 2023[93]	2017-2023	New in 2021	Implementing Institutions/ Related Policy
	protocols, guidelines, Prakas, socio-cultural awareness, etc. and involve MDs and midwives from RHs to clarify issues regarding complicated deliveries, provide feedback on referral cases etc.				
2.3.3 Strengthen registration, licensing and relicensing systems	● See Section 1.11 for private sector strengthening activities that include engagement on updating to Minimum Licensing Standards and improved registration systems for private sector facilities.	GOOD PROGRESS	X		
2.3.4 Create an enabling environment for SRH service provision	● Develop ways to recruit new midwives including civil service recruitment of secondary midwives for HCs	MEDIUM PROGRESS	X		
	● Explore options of contracting secondary midwives at HC level and/or upgrading primary midwives to secondary midwives	MEDIUM PROGRESS	X		
	● Advocate for appropriate incentive for secondary midwives who work in remote areas	COMPLETE	X		
	● Provide access to psycho-social resources in HFs to support the mental health and wellbeing needs of providers, especially considering the impact of COVID-19 on the health system.	NEW	X		
2.4 Strengthen Private Sector SRH Service Provision (see also separate service delivery areas under Strategy Area 1)					
2.4.1 Strengthen reporting of SRH services in the private sector	● Support implementation of the National Digital Health Strategy 2021-2030 as it relates to private sector providers and RMNCH services.	NEW		X	Institutions ● NMCHC ● DHS ● Health Professional Councils ● Private Health Providers Association TWGs ● MLS - overseen by TWG for Private Sector (est. July 2019, chair Dr. Ngov Kang) Guiding Policy ● Master Plan for Quality Improvement in Health 2017 - 2022 (QAO of the DHS)
	● Coordinate to ensure SRH services are considered under private sector strengthening initiatives e.g., development and Implementation of systems for routine reporting from private health facilities	MEDIUM PROGRESS	X		
2.4.2 Engage with MoH private sector strengthening initiatives to ensure RMNCH service needs are reflected	● Engage on Minimum Licensing Standards to ensure RMNCH interests are integrated	NEW		X	
	● Engage with provincial level private sector focal points to support RMNCH quality improvement initiatives at provincial level	NEW			
	● Engage with Private Health Providers Association to ensure quality improvement in RMNCH is a focus	NEW		X	
	● Coordinate and engage to ensure SRH services are considered under private sector strengthening initiatives e.g., development and Implementation of quality assurance systems for private health facilities	NEW		X	
	● Consider developing overarching strategy for private sector improvement of RMNCH services (including a roadmap to establishment of a mechanism or body with this responsibility)	NEW		X	

Strategy Area 3: Increase equitable access and quality of SRH services through strengthened SRH information systems.					
3.1a Strengthen quality and use of SRH data in the Health Management Information System (HMIS)					
3.1.1 Improve completeness of SRH data in the HMIS	● Request that the following changes are made to the HMIS:[108] - cases of GBV/VAW are disaggregated from the overall injury category in the HIS, and also disaggregated by age, sex and disability, if possible - post-abortion FP is included in HMIS and CDHS - data on married and unmarried within 15-19 and 19-24 yr. age groups is disaggregated - CAC data is disaggregated by MA, surgical, postabortion care for complications, <>20 years old, etc (per NRHP's submission to DPHI)	AMENDED MEDIUM PROGRESS	X		Institutions - NMCHC - Department of planning and health information (DPHI) / MOH - MCH Sub-TWG Partners TWGs - N/A Guiding Policy - National Digital Health Strategy 2021-2030
3.1.2 Strengthen facility based HMIS systems	● Roll out new indicators in HC, ODs, provinces	NEW		X	
	● Provide training and coaching at facility level to improve recording and use of SRH data.[109]	NEW		X	
3.1.3 Use the HMIS to help identify future health intervention needs	● Work with DPHI to identify indicators across the life course of SRH to add to the HMIS so that over time trends and emerging needs can be identified and programming adjusted	NEW		X	
3.1.4 Integrate private sector service data with the HMIS	● Pilot and scale up digital record systems in the private sector, linking them with the HMIS	NEW		X	
3.1b Strengthen the evidence base through high quality reporting, research, monitoring and evaluation					
3.1.4 Strengthen national level SRH reporting and data use	● Create and NMCHC dashboard for monitoring key indicators -	NEW		X	As above
	● Use NMCHC dashboard to review HMIS data on SRH quarterly or bi-annually	NEW		X	
	● Prepare annual NSSRHR Report against indicators in 2022 (review and improve indicators and data quality at this stage) and in 2023	NEW		X	
3.1.5 Strengthen provincial and facility level reporting and data use	● Use NMCHC dashboard to review HMIS data on SRH with provincial and district MCH managers quarterly or bi-annually	NEW		X	
	● Training and provide coaching to facility and other health sector staff on data use and analysis	NEW		X	
	● Encourage health facilities to regularly check data (quarterly, mid-year, annually)	NEW		X	

[108] Some of these are also included in the relevant thematic section above.

[109] Some specific service area improvements can be found throughout Strategy Area 1 where they have been identified. For example, recording of maternal and newborn deaths (including stillbirths) and recording of obstetric and newborn complications.

	to: - inform service quality improvements - identify segments of the population missing from service provision missing - develop local level strategy to reach those groups				
3.1.6 Conduct research examining health seeking behaviours and barriers to SRH service use	● Undertake pilot studies and/or commission research. Priority research topics include: - Teenage pregnancy – drivers of teenage pregnancy and bottlenecks to adolescents accessing SRH information and services - Traditional family planning methods to understand drivers and how to improve use of modern contraceptive methods	GOOD PROGRESS	X		
3.1.7 Use client/patient feedback to improve the quality of SRH services	● Use data from NMCHC's Patient Satisfaction Feedback system incorporate patient feedback in service quality improvements	NEW		X	

6. Note on Costing

Given the short timeframe of the 2023 extension to the 2017-2020 NSSRHR, a costing of the extended strategy has not been undertaken. The full costing of the 2017 – 2020 NSSRHR can be found at Annex 4 of that document

7. Monitoring and Evaluation

The National Strategy for Reproductive and Sexual Health in Cambodia 2017-2023 will be monitored on an annual basis using the monitoring and evaluation framework included below. A more thorough review will be undertaken in 2023 when new CDHS data is available.

The original monitoring and evaluation framework was developed through a participatory process and indicators and targets are aligned with the new Health Strategic Plan, the Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality, and the new National Strategic Plan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B. Where relevant indicators and targets were not already available, global indicators or CDHS indicators were used to ensure ease and consistency of reporting.

A new set of indicators has also been suggested to help track progress against the intervention areas. These indicators are a work in progress. An effort to complete a full report against indicators should be made in 2022 to identify gaps in data, ensuring the information for a thorough progress review will be available in 2023/2024 as progress review is conducted in preparation for the next strategy development process.

1. 2017 -2020 Indicators Progress
2. Monitoring Framework to 2023

ESTIMATED COSTING FOR NSRSHR 2017 - 2023

NOTES:
Following the extension of the National Strategy for Reproductive and Sexual Health 2017 – 2020 to become the National Strategy for Reproductive and Sexual Health and Rights 2017 – 2023, while pending the results of CDHS 2021. Thus, this costing exercise is performed based on the costing made for the previous strategy, with an estimate of 1.5% increase on the existing programme activities planned in the previous strategy. New interventions and activities are yet to be costed, and will be costed comprehensively with the new strategy development, which is planned after the release of the CDHS 2021 report, which is expected to be in Q4, 2022.

Objective	Components	Interventions	2017	2018	2019	2020	2021	2022	2023	TOTAL
1. Increased equitable access and quality of RSH services through strengthened governance and service delivery	**1.1. Strengthen FP information and services**	1.1.1. Increase quality and availability of FP services	$347,300	$347,300	$347,300	$347,300	$352,510	$357,797	$363,164	**$2,462,671**
		1.1.2. Increase availability and utilization of long-term/permanent FP methods	$347,300	$347,300	$347,300	$347,300	$352,510	$357,797	$363,164	**$2,462,671**
		1.1.3. Increase availability and utilization of post-partum FP services	$347,300	$347,300	$347,300	$347,300	$352,510	$357,797	$363,164	**$2,462,671**
		1.1.4. Ensure FP commodity security	$7,456,626	$8,026,794	$8,612,278	$9,213,767	$9,351,974	$9,492,253	$9,634,637	**$61,788,329**
		1.1.5. Strengthen public-private partnership to ensure quality FP service provision and timely and accurate reporting from the private sector	$165,000	$181,500	$199,650	$219,615	$222,909	$226,253	$229,647	**$1,444,574**
		1.1.6 Implement awareness raising and SBC campaigns to (Reduce Traditional Family Planning Usage)	$500,000	$500,000	$500,000	$500,000	$507,500	$515,113	$522,839	**$3,545,452**
	1.2. Strengthen ANC services	1.2.1. Increase coverage and quality of ANC	$1,619,197	$1,685,552	$1,750,994	$1,833,203	$1,860,701	$1,888,612	$1,916,941	**$12,555,199**
		1.2.2. Increase knowledge and demand for ANC4+	$250,000	$250,000	$250,000	$250,000	$253,750	$257,556	$261,420	**$1,772,726**
		1.2.3 Align Cambodia ANC policy with WHO recommendations						$15,000	$25,000	**$40,000**
	1.3. Increase identification and treatment of HIV/Syphilis during pregnancy	1.3.1. Increase identification of HIV/syphilis during pregnancy	$129,907	$133,001	$136,155	$139,380	$141,471	$143,593	$145,747	**$969,253**
		1.3.2. Increase treatment of HIV/syphilis during pregnancy	$129,907	$133,001	$136,155	$139,380	$141,471	$143,593	$145,747	**$969,253**

		1.3.3 Improve private sector screening of ANC clients for HIV and syphilis						$143,593	$145,747	**$289,339**
		1.3.4 Improve acceptability of services by ensuring they are inclusive and stigma free						$143,593	$145,747	**$289,339**
	1.4. Strengthen intrapartum/delivery care	1.4.1. Reinforce implementation of new safe motherhood protocol	$7,984,402	$8,325,590	$8,660,743	$9,010,437	$9,145,594	$9,282,777	$9,422,019	**$61,831,562**
		1.4.2. Develop/implement innovative strategies to improve awareness and utilization of intrapartum/delivery care particularly in poor performing locations and amongst hard to reach and vulnerable groups (including entertainment workers (EWs), garment factory workers, construction workers, farm workers, minorities and persons with disabilities)	$1,510,448	$1,510,448	$1,170,336	$1,170,336	$1,187,891	$1,205,709	$1,223,795	**$8,978,963**
		1.4.3. Strengthen maternal and fetal monitoring during labor and recognition of danger signs and risk factors through use of the partograph	$60,000	$60,000	$60,000	$60,000	$60,900	$61,814	$62,741	**$425,454**
		1.4.4. Strengthen prevention, immediate treatment, stabilization and referral for post-partum hemorrhage	$752,517	$803,307	$857,365	$914,951	$928,675	$942,605	$956,744	**$6,156,165**
		1.4.5. Strengthen diagnosis, immediate treatment and referral for pre-eclampsia/eclampsia including introducing the use of injectable MgSO4 as a loading dose prior to referral	$160,044	$171,750	$180,092	$186,771	$189,573	$192,416	$195,302	**$1,275,948**
		1.4.6. Improve infection prevention and control	$225,000	$180,000	$180,000	$180,000	$182,700	$185,441	$188,222	**$1,321,363**
		1.4.7. Reinforce early initiation of exclusive breastfeeding and reduce prelacteal feeding	$654,000	$654,000	$650,000	$650,000	$659,750	$669,646	$679,691	**$4,617,087**
		1.4.8. Increase regulation/oversight of private maternity clinics	$110,000	$110,000	$110,000	$110,000	$111,650	$113,325	$115,025	**$779,999**

	1.5. Increase Coverage and Improve Quality of EmONC	1.5.1 Implement Provincial EmONC plans and increase geographic coverage of EmONC and reduce gaps in basic infrastructure, drugs, and equipment in EmONC facilities						$2,000,000	$2,500,000	**$4,500,000**
		1.5.2. Improve the quality and geographic coverage of EmONC	$897,666	$897,666	$897,666	$897,666	$911,131	$924,798	$938,670	**$6,365,263**
		1.5.3 Increased use of EmONC services by strengthening community participation						$100,000	$100,000	**$200,000**
		1.5.4 Improve data quality and use for learning and program improvements						$50,000	$50,000	**$100,000**
		1.5.2. Reduce gaps in basic infrastructure, drugs and equipment in EmONC facilities	$97,500	$62,500	$62,500	$97,500	$98,963	$100,447	$101,954	**$621,363**
		1.5.3. Reduce non-medically indicated C-section	$1,253,122	$1,305,850	$1,360,542	$1,417,355	$1,438,615	$1,460,195	$1,482,097	**$9,717,776**
		1.5.4. Develop anesthesia pre-service training curriculum	$80,000	$80,000	$80,000	$80,000	$81,200	$82,418	$83,654	**$567,272**
		1.5.5. Increase # of MDs trained as surgeons (capable of doing C-section)	$157,046	$157,046	$157,046	$157,046	$159,402	$161,793	$164,220	**$1,113,598**
		1.5.6. Improve recording and reporting of obstetric complications and newborn cases in all health facilities	0	0	0	0	$0	$0	$0	**$0**
	1.6. Strengthen PNC services	1.6.1. Increase coverage and quality of PNC	$317,929	$347,266	$379,353	$414,755	$420,976	$427,291	$433,700	**$2,741,271**
		1.6.2. Increase knowledge and demand for PNC	$250,000	$250,000	$250,000	$250,000	$253,750	$257,556	$261,420	**$1,772,726**
	1.7. Strengthen Safe Abortion Services	1.7.1. Increase coverage and quality of safe abortion services	$497,120	$323,920	$150,720	$150,720	$152,981	$155,276	$157,605	**$1,588,341**
		1.7.2. Increase availability, quality and monitoring of post abortion FP (linked to FP section above)	$200,000	$200,000	$200,000	$200,000	$203,000	$206,045	$209,136	**$1,418,181**
		1.7.3. Increase availability of medical abortion at the HC level in a phased-in approach	$40,000	$10,000	$10,000	$10,000	$10,150	$10,302	$10,457	**$100,909**
		1.7.4 Strengthen private sector provision of medical and surgical abortion						$25,000	$30,000	**$55,000**

		1.7.5. Reduce unsafe and repeat abortions	$450,000	$450,000	$450,000	$450,000	$456,750	$463,601	$470,555	**$3,190,907**
		1.7.6 Ensure services accommodate vulnerable groups through expanded health financing and are non-judgmental and stigma free						$250,000	$262,500	**$512,500**
		1.7.4. Increase regulation/oversight of private provision of medical and surgical abortion	$320,000	$320,000	$320,000	$320,000	$324,800	$329,672	$334,617	**$2,269,089**
		1.7.5. Reduce unsafe and repeat abortions	$450,000	$450,000	$450,000	$450,000	$456,750	$463,601	$470,555	**$3,190,907**
	1.8. Strengthen AFRSH information and services	1.8.1. Increase coverage and quality of AFRSH services (public sector)	$206,250	$206,250	$206,250	$206,250	$209,344	$212,484	$215,671	**$1,462,499**
		1.8.2. Expand public private-partnerships and improve linkages and coordination with other sectors and local authorities	$200,000	$200,000	$200,000	$200,000	$203,000	$206,045	$209,136	**$1,418,181**
		1.8.3 Reach adolescents with evidence based SRH education and social behaviour change communication to improve sexual and reproductive health seeking behaviour						$100,000	$105,000	**$205,000**
		1.8.4 Improve access to inclusive SRH services and information for adolescents living with disability and underserved groups including young LGBTQI people						$100,000	$105,000	**$205,000**
		1.8.5 Improve coordination and information sharing						$25,000	$26,250	**$51,250**
		1.8.3. Design innovative approaches and leverage public private partnerships to address AFRSH particularly in poor performing locations and to reach specific target groups (including entertainment workers (EWs), garment factory workers, construction workers, farm workers, minorities and persons with disabilities)	$1,097,500	$1,097,500	$1,097,500	$1,097,500	$1,113,963	$1,130,672	$1,147,632	**$7,782,266**
		1.8.4. Reduce Teenage Pregnancy	$500,000	$500,000	$500,000	$500,000	$507,500	$515,113	$522,839	**$3,545,452**

	1.9. Strengthen gynecological services	1.9.1. Increase coverage and quality of cervical cancer prevention, screening and treatment services	$1,222,462	$1,611,694	$1,905,487	$2,333,840	$2,368,848	$2,404,380	$2,440,446	**$14,287,157**
		1.9.2 Increase community awareness of the importance of cervical cancer screening						$150,000	$157,500	**$307,500**
		1.9.3 Support access to services by vulnerable populations						$25,000	$26,250	**$51,250**
		1.9.2. Disseminate new law on organ donation and transplantation and MoH prakas on surrogacy	0	0	0	0	$0	$0	$0	**$0**
	1.10. Strengthen GBV/VAW related health services	1.10.1. Roll-out new guidelines, clinical handbook, training package and post training follow-up	$500,000	$500,000	$500,000	$500,000	$507,500	$515,113	$522,839	**$3,545,452**
		1.10.2. Ensure privacy and confidentiality for VAW victims in health facilities	0	0	0	0	$0	$0	$0	**$0**
		1.10.3. Strengthen multi-sectoral collaboration for VAW through national, provincial, district, and commune committees	$125,000	$125,000	$125,000	$125,000	$126,875	$128,778	$130,710	**$886,363**
		1.10.4. Improve record keeping for GBV/VAW	0	0	0	0	$0	$0	$0	**$0**
		Sub-Total	$31,610,543	$32,861,535	$33,797,732	$35,477,372	$36,009,533	$39,676,861	$40,776,914	$250,210,490
2. Increase equitable access and quality of RSH services through increased financial and human resources	2.1. Scale up social health protection systems, including health equity funds, that cover the full RSH service package	2.1.1. Advocate for 100% coverage of the poor with HEFs, and 100% coverage of formal sector workers/civil servants with the NSSF Health Insurance Scheme which have benefit packages/payment systems that cover the full RSH service package at all levels of care where services are provided (including pre-discharge PNC, immediate post-partum and post-abortion FP, comprehensive abortion care and cervical cancer.)	$50,000	$50,000	$50,000	$50,000	$50,750	$51,511	$52,284	**$354,545**

		2.1.2. Advocate that public and private health facilities with capacity to provide quality AFRSH information and services (e.g. Government health facilities trained in AFRSH, RHAC, MSIC, Sun Quality Clinics) are included as contracted facilities under the new Health Insurance Scheme that is part of the National Social Security Fund (NSSF).	$50,000	$50,000	$50,000	$50,000	$50,750	$51,511	$52,284	**$354,545**
		2.1.3 Advocate for role of new social health protection promoters (former health equity fund promoters) to include promoting awareness of social protection scheme benefits and access to quality RSH services in both public and private sector facilities	$450,000	$450,000	$450,000	$450,000	$456,750	$463,601	$470,555	**$3,190,907**
		2.1.4. Request that HEF reimbursement system allow the following:	0	0	0	0	$0	$0	$0	**$0**
		2.1.5. Request development and dissemination of prakas or instruction that clarifies that safe abortion services (CAC) (and cervical cancer screening and cryotherapy) are allowed to be claimed and reimbursed under the HEF scheme	0	0	0	0	$0	$0	$0	**$0**
	2.2. Increase government financing for SRH services	2.2.1. Advocate for increased government health expenditure on RSH (including commodity procurement, routine govt. budget and service delivery grants)	0	0	0	0	$0	$0	$0	**$0**
		2.2.2 Build capacity of health facility staff in financial management						$200,000	$210,000	**$410,000**
	2.3 Improve the competence, availability, and scope of services of midwives	2.3.1 Strengthen the quality of pre-service midwifery education programmes in line with ICM standards, including adapted core competency framework for midwives						$200,000	$210,000	**$410,000**
		2.3.2 Ensure adequate in-service training						$50,000	$52,500	**$102,500**

		2.3.1. Pre-Service:	$200,000	$200,000	$200,000	$200,000	$203,000	$206,045	$209,136	**$1,418,181**
		2.3.2. In-Service:	$1,252,000	$1,252,000	$1,252,000	$1,252,000	$1,270,780	$1,289,842	$1,309,189	**$8,877,811**
		2.3.3. Regulation and Licensing: Strengthen registration, licensing and relicensing systems	$30,000	$30,000	$30,000	$30,000	$30,450	$30,907	$31,370	**$212,727**
		2.3.4 Create an enabling environment for SRH service provision						$30,907	$31,370	**$62,277**
		2.3.4. Availability: Increase the number of secondary midwives at HC level	$600,000	$600,000	$600,000	$600,000	$609,000	$618,135	$627,407	**$4,254,542**
	2.4 Strengthen Private Sector SRH Service Provision	2.4.1 Strengthen reporting of SRH services in the private sector						$20,000	$21,000	**$41,000**
		2.4.1 Engage with MoH private sector strengthening initiatives to ensure RMNCH service needs are reflected						$20,000	$21,000	**$41,000**
		Sub-Total	$2,632,000	$2,632,000	$2,632,000	$2,632,000	$2,671,480	$3,232,459	$3,298,096	$19,648,035
3. Increase equitable access and quality of RSH services through strengthened RSH information systems	**3.1a Strengthen quality and use of SRH data in the Health Management Information System (HMIS)**	3.1.1 Improve completeness of SRH data in the HMIS						$30,000	$31,500	**$61,500**
		3.1.2 Strengthen facility based HMIS systems						$100,000	$105,000	**$205,000**
		3.1.3 Use the HMIS to help identify future health intervention needs						$30,000	$31,500	**$61,500**
		3.1.4 Integrate private sector service data with the HMIS						$30,000	$31,500	**$61,500**
	3.1b Strengthen the evidence base through high quality reporting, research, monitoring and evaluation	3.1.5 Strengthen national level SRH reporting and data use						$30,000	$31,500	**$61,500**
		3.1.6 Strengthen provincial and facility level reporting and data use						$100,000	$105,000	**$205,000**
		3.1.7 Conduct research examining health seeking behaviours and barriers to SRH service use						$50,000	$0	**$50,000**

		3.1.8 Use client/patient feedback to improve the quality of SRH services						$30,000	$31,500	**$61,500**
	3.1. Strengthen Maternal Death Surveillance and Response (MDSR) system	3.1.1. Strengthen capacity of the National Maternal Death Audit Committee to support Maternal Death Audits (MDA) in national hospitals and provinces	$75,000	$75,000	$75,000	$75,000	$76,125.0	$77,266.88	$78,425.88	**$531,818**
		3.1.2. Increase capacity and financing for MDSR, particularly at the provincial and district level	$75,000	$75,000	$75,000	$75,000	$76,125.0	$77,266.88	$78,425.88	**$531,818**
		3.1.3. Improve linkages to vital registration system	$-	$-	$-	$ -	$0.0	$0.00	$0.00	**$0**
		3.1.4. Consider introducing investigation of near misses	$-	$-	$-	$ -	$0.0	$0.00	$0.00	**$0**
	3.2. Introduce Neonatal Death Review/Audit system	3.2.1. Develop Cambodian Neonatal Death Review/Audit system through adapting and contextualizing new WHO guidelines	$50,000	$-	$-	$ -	$0.0	$0.00	$0.00	**$50,000**
		3.2.2. Integrate/link perinatal death audit system with MDSR system	$25,000	$25,000	$25,000	$25,000	$25,375.0	$25,755.63	$26,141.96	**$177,273**
	3.3. Conduct Operational Research	3.3.1. Undertake pilot studies and/or commission research. Priority research topics include:	$100,000	$50,000	$50,000	$ -	$0.0	$0.00	$0.00	**$200,000**
	3.4: Others	3.4.1. Request that cases of GBV/VAW are disaggregated from the overall injury category in the HIS, and also disaggregated by age, sex and disability, if possible (also included in GBV/VAW section under objective one	$ -	$ -	$ -	$ -	$0	$0	$0	**$0**
		3.4.2. Request that post-abortion FP is included in HIS and CDHS (also included in post abortion FP section under objective one)	$ -	$ -	$ -	$ -	$0.0	$0.00	$0.00	**$0**
		3.4.3. Request disaggregation of married and unmarried within 15-19 and 19-24 yr. age groups	$ -	$ -	$ -	$ -	$0.0	$0.00	$0.00	**$0**
		Sub-Total	$325,000	$225,000	$225,000	$175,000	$177,625	$580,289	$550,494	$1,490,908
4. Monitoring & evaluation,	**4.1. Monitoring & evaluation, integrated**	4.1.1. Integrated supervision for reproductive and sexual health	$775,920	$775,920	$775,920	$775,920	$787,559	$799,372	$811,363	**$5,501,974**

integrated supervision and cross-cutting activities	supervision and cross-cutting activities	4.1.2. Medical equipment and materials	$2,331,550	$300,000	$2,331,550	$300,000	$304,500	$309,068	$313,704	**$6,190,371**
		4.1.3. Meetings and workshops	$1,812,000	$1,812,000	$1,812,000	$1,812,000	$1,839,180	$1,866,768	$1,894,769	**$12,848,717**
		4.1.4. Printing RMNCH record	$2,500,000	$2,500,000	$2,500,000	$2,500,000	$2,537,500	$2,575,563	$2,614,196	**$17,727,258**
		Sub-Total	$7,419,470	$5,387,920	$7,419,470	$5,387,920	$5,468,739	$5,550,770	$5,634,031	$42,268,320

		TOTAL	**$41,987,013**	**$41,106,455**	**$44,074,202**	**$43,672,292**	**$44,327,376**	**$49,040,379**	**$50,259,535**	**$313,617,753**

2017 – 2020 Progress

This table has been updated where data is available. This is included to keep a record of indicators from the original 2017 – 2020 NSSRHR. Please see next section for a list of suggested indicators to monitor to better understand progress against interventions alongside impact indicators.

	INDICATOR	BASELINE	TARGET 2020	SOURCE	Performance 2019/2020	Source	Notes
GOAL: To contribute to the better health and well-being of all people in Cambodia by improving the SRH status and rights of women, men and young people.							
G1	Maternal Mortality Ratio	170 [2014]	130	CDHS	Unavailable		
G2	Neonatal Mortality Rate	18 [2014]	14	CDHS	Unavailable		
G3	Total Fertility Rate	2.7 [2014]	2.5	CDHS	Unavailable		
G4	Adolescent Birth rate (15-19)	57 [2014]	51	CDHS	Unavailable		
G5	Teenage Pregnancy Rate (15-19 yrs.)	12% [2014]	8%	CDHS	Unavailable		
G6	Unmet need for Family Planning	11.90% [2014]	8%	CDHS	Unavailable		
G7	Unmet need for birth spacing	5% [2014]	4%	CDHS	Unavailable		
G8	Unmet need for birth limiting	6.90% [2014]	4%	CDHS	Unavailable		

INDICATOR		BASELINE	TARGET 2020	SOURCE	Performance 2019/2020	Source	Notes
G9	% of women of reproductive age (15-49) whose need for family planning is satisfied (with a modern contraceptive method)	56.3% (married women) [2014]	62%	CDHS	Unavailable		
Strategy Area 1: Increase equitable access and quality of SRH services through strengthened governance, service delivery and information provision							
1.1. Strengthen FP information and services							
1.1a	Modern Contraceptive Prevalence Rate (married women)	39% [2014]	48%	CDHS HMIS	20.12%	2020-21 HCR	Public facilities only.
1.1b	% of currently married women using traditional FP methods	17.50% [2014]	15%	CDHS	Unavailable		
1.1c	% of currently married women using LAPM (sterilization, implants, IUDs)	9.60% [2014]	14%	CDHS	Unavailable		
1.2. Strengthen ANC services							
1.2a	% of pregnant women receiving at least 4 ANC checks	75.60% [2014]	90%	CDHS HMIS	74.14%	2020-21 HCR	
1.3. Increase identification and treatment of HIV and Syphilis during pregnancy							
1.3a	% of pregnant women who had a blood sample taken during ANC	77.1% [2014]	90%	CDHS	91%	HMIS	
1.3b	% ANC clients tested for HIV and received their results	82.5% (2015 PMTCT DB) 70.3% (CDHS 2014)	> 95%	PMTCT DB or CDHS	98.2% (2019)	This is the baseline from PMTCT Strategy 2021-25	
1.3c	% HIV+ pregnant women who receive ART during pregnancy	75.50% [2014]	90%	PMTCT DB or Cambodia Country Report NAA	89.5% (2019)	This is the baseline from PMTCT Strategy 2021-25	
1.4. Strengthen intrapartum/delivery care							

INDICATOR		BASELINE	TARGET 2020	SOURCE	Performance 2019/2020	Source	Notes
1.4a	% of deliveries by trained health personnel (overall and disaggregated by income quintile and educational group)	89% [2014] 72% (no education) 75% (lowest income)	90% 80% (no education) 80% (lowest income)	CDHS HMIS	91.81%	2020-21 HCR	87.65% were delivered by public health workers. Disaggregation unavailable in HCR
1.4b	% of deliveries in a health facility (overall and disaggregated by income quintile and educational group)	83% (overall) 68% (no education) 68% (lowest income quintile) [2014]	90% (overall) 80% (no education) 80% (lowest income quintile)	CDHS HMIS	89.16%	2020-21 HCR	85.0% gave birth at public health centers and 4.16% gave birth at reported private services. Disaggregation unavailable in HCR
1.5. Increase Coverage and Improve Quality of EmONC							
1.5a	% of deliveries by caesarean section (overall and subnational)[110]	Overall: 6.3% Kampong Speu: 2.2%; Pursat:2.2% ; Preah Vihear/ Stung Treng: 2.3%; Phnom Penh: 14.4%	Overall: 10% Subnational: No province below 3.5% and Phnom Penh not above 17%	CDHS HMIS	7.67%	2020-21 HCR[111]	Public Sector Only
1.5b	# EmONC facilities per 500,000 population	4.84 [2015]	≥5.0 (≥160 EmONC facilities)	EmONC Assessment or NMCHC Delivery Report	3.63 EmONC facilities per 500,000 population [April 2020]	Review of EmONC 2016 - 2020 Plan Report [April 2020]	From EmONC Review Report: using the calculation **12-month prior to the assessment**
1.6. Strengthen PNC services							

[110] Showing locations with lowest and highest C-section rates for 2010 and 2014 (CDHS)

[111] EmONC Report April 2020 says: *Improved, just below the minimum UN standard. In Functional EmONC facilities, 4.9% of all births were by Caesarean section. In all surveyed facilities, 4.9% of all births were by Caesarean section. Caesarean section in Phnom Penh remained 15.9 %*

INDICATOR		BASELINE	TARGET 2020	SOURCE	Performance 2019/2020	Source	Notes
1.6a	% of women who have postpartum contact with a health provider within 2 days of delivery	90% [2014]	95%	CDHS HMIS	67.83%	2020-21 HCR	
1.6b	% of newborns who have postnatal contact with a health provider within 2 days of delivery	76.50% [2014]	95%	CDHS HMIS	66%	HMIS	
1.6c	% of women who receive at least 2 PNC checks	52.26% [2014]	60%	CDHS HMIS	50%	HMIS	
1.6d	% of infants who were breastfed within 1 hr of birth	63% [2014]	75%	CDHS	71.14%	2020-21 HCR	
1.7. Strengthen Safe Abortion Services							
1.7a	Abortion Rate (last 5 yrs.)	6.90% [2014]	5%	CDHS	Unavailable		
1.7b	# and % of public health facilities providing safe abortion services # of NGO/Private health facilities providing safe abortion services	Public: 762/1248[112] (61%) NGO/ Private: 200/249[113] (80%) TOTAL: 962/ 1497 (64%) [2015]	Public: 811 (65%) NGO/ Private: 224/249 (90%) TOTAL: 1035/1497 (69%)	Health Congress Report (HCR) 2015; NRHP Report; NGO Reports	720/1386[114] (Public) 51.9% (Public) 22 partner clinics (RHAC & MSIC)	2020-21 HCR	Full private sector availability of safe abortion services is unknown. Only NGO/Private run clinics are reported
1.7c	% of women reporting multiple abortions	3.60% [2014]	2.00%	CDHS	Unavailable		
1.7d	% of women reporting an abortion who did not have help from a health professional at the time of the last abortion	40% [2014]	30%	CDHS	Unavailable		
1.8. Strengthen AFSRH information and services							
1.8a	# and % of public health facilities providing AFRSH services	Public: 718/1240[115] (58%) [2014]	Public: 770/1240 (62%)	NRHP Reports;	100 facilities 100/1377[117]	2020-21 HCR	**CHANGED MEASUREMENT**:

[112] Total 1248 includes national hospitals (8), referral hospitals (99), health centres (1148) as at 2015

[113] Total 249 NGO/Private clinics derived from 2015 NGO partner clinics (6 MSI; 15 RHAC; 228 PSI Sun Quality Health Network (SQHN)). The # clinics with safe abortion services derived from PSK: 179 SQHN; RHAC: 15 clinics; MSI: 6 MSI clinics.

[114] Total 1386 includes national hospitals (9), referral hospitals (118) and health centres (1259) as per 2020/21 Health Congress Report.

INDICATOR		BASELINE	TARGET 2020	SOURCE	Performance 2019/2020	Source	Notes
	# and % of NGO/ Private health facilities providing AFRSH services	NGO/ Private: 15[116]/249= 6% 2015) TOTAL: 733/1489= 49% [2014]	NGO/ Private: 15/249 (6%) TOTAL: 785/1489 (53%)	Partner Reports, HCR	7% (Public) 22 partner clinics (RHAC & MSIC)		Health Congress Report is reporting on facilities trained in the new guidelines only[118]
1.9. Strengthen gynaecological services							
1.9a	# and % of public health facilities providing cervical cancer screening # and % of NGO/ Private health facilities providing cervical cancer screening	Public: 161/1248[119] (13%) NGO/ Private: 31/249 (12%) TOTAL: 192/1497 (13%)	Public: 312/1248 (25%) NGO/Private: 62/249 (25%) TOTAL: 374/1497 (25%)	Preventive Medicine Department & Partner reports	TBC/1386[120] % (Public) 22 Partner clinics (RHAC & MSIC)		
1.10. Strengthen GBV/VAW related health services							
1.10a	# and % of public health facilities providing GBV/VAW related medical services and referral # and % of NGO/private health facilities providing GBV/VAW related medical services and referral	Public: 77/1240[121] (6%) NGO: 15[122]/249 (6%) TOTAL: 92/1489 (6%)	Public: 186/1240 (15%) NGO: 15/249 (6%) TOTAL: 201/1489 (13%)	NRHP & Partner Reports	169/1377[123] 12% (Public) [2021] 22 Partner Clinics (RHAC & MSIC)	UNFPA & other partner reports	
Strategy Area 2: Increase equitable access and quality of SRH services through increased financial and human resources.							

[115] Total 1240 includes referral hospitals (99) and health centres (1141)
[117] Total 1377 includes referral hospitals (118) and health centres (1259)
[116] All RHAC Clinics only. See above footnotes for calculation of 'Total' figure.
[118] From Health Congress Report 2021: Currently, more than 100 health facilities located in Kampong Cham, Kampong Chhnang, Kratie, Mondulkiri, Preah Vihear, Rattanak Kiri, Siem Reap, Stung Treng, Oddar Meanchey and Tbong Khmum are providing reproductive health services to young people according to the new protocol.
[119] Total 1248 includes national hospitals (8), referral hospitals (99), health centres (1148) as at 2015
[120] Total 1386 includes national hospitals (9), referral hospitals (118) and health centres (1259) as per 2020/21 Health Congress Report.
[121] Total 1240 includes referral hospitals (99) and health centres (1141)
[122] 15 RHAC clinics only
[123] Total 1377 includes referral hospitals (118) and health centres (1259)

INDICATOR		BASELINE	TARGET 2020	SOURCE	Performance 2019/2020	Source	Notes
2.1a	% of public health facilities covered by formal payment systems whose benefit package includes the full RMNCH service package[124]	89% of health facilities covered by HEF (1186/1329[125]) [2015]	100%	MoH Reports	100% (Public)	1,000 days package disseminated	
2.2. Increase government financing for SRH services							
2.2a	Total health expenditure on RMNCH (and as a % of total health expenditure)	257.89M USD (24.4% of total health expenditure) [2014]	27%	NHA	Unavailable		
2.2b	Government health expenditure on RMNCH (and as a % of govt. health expenditure)	29.01M USD (13.8% of government health expenditure) [2014]	25%[126]	NHA	Unavailable		
2.3a	% of health centres with at least 2 secondary midwives	41% (452/1105) [2015]	50%	MoH Staff Reports	Unavailable. However according to results from the HEQIP DLI: Year 5: number of health facilities in the country without a certified midwife remaining at least 75 HF		
Strategy Area 3: Increase equitable access and quality of SRH services through strengthened SRH information systems.							
3.1a	% of maternal deaths investigated through MDSR system	90% (90/100) [2015]	95%	NMCHC Report	100%	NMCHC Reports	
3.2a	Neonatal death audit system established and functional	No neonatal death audit system [2015]	Neonatal death audit system in place and functional	NMCHC Report	Neonatal death audit system in place and functional	EmONC Plan Review Reports	

[124] Payment system covers full RMNH service package except immediate post-partum and post-abortion FP, pre-discharge PNC, cervical cancer and abortion
[125] Total 1329 Health Facilities = National Hospitals + Referral Hospitals + Health Centres + Health Posts
[126] How to calculate: Based in NHA report. Nominator: RMNCH budget (programme 1) + ¼ of HSS programme (programme 4). Denominator: Total annual health budget

NSRSH 2023 Extension - Monitoring Framework

This list of indicators has been developed as a building block towards development of a more comprehensive monitoring framework and is based on information that can be extracted from the HMIS, the CDHS. It has a mix of indicators intended for monitoring progress against interventions, where feasible. Targets for 2023 are only included where they have already been stipulated in other current National Strategies and Plans.

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
GOAL: To contribute to the better health and well-being of all people in Cambodia by improving the SRH status and rights of women, men and young people.	Maternal Mortality Ratio	CDHS	100 [2025]	NSP[128] 2019 – 23
	Neonatal Mortality Rate	CDHS	13 [2025]	NSP 2019 - 23
	Teenage Pregnancy Rate (15-19 yrs.)	CDHS		
	Unmet need for Family Planning	CDHS		
	% of women of reproductive age (15-49) whose need for family planning is satisfied (with a modern contraceptive method)	CDHS	65 [2025]	NSP 2019 - 23
Strategy Area 1: Increase equitable access and quality of SRH services across public and private sectors through strengthened governance, service delivery and information provision				
1.1 Strengthen FP information and services	Modern Contraceptive Prevalence Rate (married women)	CDHS	49%	NSP 2019 - 23
	% of currently married women using traditional FP methods	CDHS		
	% of currently married women using LAPM (sterilization, implants, IUDs)	CDHS		
1.1.1. Increase quality and availability of FP services	# and % public health facilities having offered at least one short term modern family planning method in the past 3 months.	HMIS	N/A	N/A
	# of public health workers trained on 1 or more methods of FP within the past 12 months.	NMCHC Training Database: training.nmchc.gov.kh		
	# of public health workers assessed and/or coached on 1 or more methods of FP within past 12 months through National Quality Enhancement Mechanism	HEQIP Reports		
	% of communes with an operational CBD network	PHD Reports		
	# of CBDs who are trained on family planning information/ outreach	PHD Reports		
	# of public health trainers trained (ToT) on VCAT within the past 12 months.	NMCHC Training Database: training.nmchc.gov.kh		
	# of public health workers trained on VCAT within the past 12 months.			

[127] Where available from already developed strategies and plans, as per 'Source of Target' column.
[128] NSP = National Strategic Plan

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
1.1.2. Increase availability and utilization of long-term/permanent FP methods	# and % public health facilities having offered at least one long term modern family planning method in the past 3 months.	HMIS	N/A	N/A
	# and % public health facilities having offered at least one permanent modern family planning method in the past 3 months.	HMIS		
	% of RH that have provided at least one LT/permanent method within the last 3 months.	HMIS		
	# of public health workers trained on 1 or more methods of LT and/or permanent FP methods within the past 12 months.	NMCHC Training Database: training.nmchc.gov.kh		
	% of HC that have provided at least one LT/permanent method within the last 3 months.	HMIS		
	% of health facilities who received FP job aids/IEC materials within the past 12 months.	PHD Reports		
	% of Operational Districts where health centres received FP job aids/IEC materials within the past 12 months.	PHD Reports		
	% of CBDs who have been trained on LAPM referral.	PHD Reports		
1.1.3 Increase availability and utilization of post-partum FP services	# maternity ward stock room supervision visits conducted within the past 12 months, by OD, PHD, NMCHC or DDF.	PHD Reports	N/A	N/A
	% of RH and PH that have been trained and equipped to offer PP-IUD	NMCHC Training Database: training.nmchc.gov.kh		
	% of RH and PH that have provided at least one PP-IUD service in the past 90 days.	HMIS		
1.1.4 Ensure FP commodity security	Forecasting and costing report finalized and disseminated.	Report disseminated	N/A	N/A
	# Commodity Security Working Group meetings held in past 12 months	Meeting minutes		
1.1.5 Strengthen public-private partnership to ensure quality FP service provision and timely and accurate reporting from the private sector	# meetings held to strengthen public-private partnerships	PHD Reports	N/A	N/A
1.1.6 Implement awareness raising and SBC campaigns to improve modern contraceptive method use	% of Operational Districts where SBCC activities were implemented around FP in the past 12 months.	PHD Reports	N/A	N/A
	% of Operational Districts where SBCC activities enhancing male engagement in FP in the past 12 months.	PHD Reports		

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
	# of mass media campaigns around FP knowledge enhancement implemented in the past 12 months	Partner Reports		
1.2 Strengthen Antenatal Care services	% of pregnant women receiving at least 4 ANC checks	[TBC calculation method]	>90%	NSP 2019 - 23
1.2.1 Increase coverage and quality of ANC	# of HWs trained on the ANC in the past 12 months	NMCHC Training Database: training.nmchc.gov.kh	N/A	N/A
	% HCWs trained on ANC nationwide			
	# provinces conducting outreach to increase awareness and use of ANC services	PHD Reports		
1.2.2 Increase knowledge and demand for ANC4+	# provinces implementing awareness raising activities to increase awareness and use of ANC services	PHD Reports	N/A	N/A
	# VSHGs trained or equipped to promote access to ANC services.	PHD Reports		
1.3Increase identification and treatment of HIV/Syphilis during pregnancy[129]	% Estimated Pregnant Women know their HIV status	See Monitoring and Evaluation Framework of the National Strategic Plan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B 2021 – 2025	95% [2025]	Monitoring and Evaluation Framework of the National Strategic Plan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B 2021 – 2025
	Incidence of Congenital Syphilis per 100,000 live births		<50/100,000 live births [2025]	
1.3.1 Increase identification of HIV/syphilis during pregnancy (PMTCT Strategy Section 5.6.1)	% of ANC clients tested for syphilis during pregnancy		95%	
	% ANC clients with unknown HIV status tested		95%	
1.3.2 Increase treatment of HIV/syphilis during pregnancy (PMTCT Strategy Section 5.6.2)[130]	% Estimated HIV+ women received ART during pregnancy		>90%	
	% Syphilis positive ANC clients who receive treatment with BPG (at least 1 dose)		>95%	
1.3.3 Improve private sector screening of ANC clients for HIV and syphilis (section 5.6.1 of PMTCT strategy)	# of private/NGO ANC providers who screen for HIV and syphilis status during ANC and refer + cases		>10	
	Private maternity clinics are required to submit reports on HIV and syphilis screening/referral.		Yes	
1.3.4 Improve acceptability of services by ensuring they are inclusive and stigma free (PMTCT Strategy Section 5.6.8)	PLHIV participation in annual eMTCT reviews		Yes	

[129] All indicators taken from the monitoring and evaluation framework of the National Strategic Plan for Prevention of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B 2021 – 2025 for more indicators

[130] In PMTCT Strategy 2021-25 it is titled '*Improved Care for HIV+ Pregnant Women'*

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
1.4 Strengthen intrapartum/delivery care	% of deliveries by trained health personnel	CDHS (also HMIS?)		
	% of deliveries in a health facility	Health Congress Report (HCR)	92% (overall)	NSP 2019 - 23
1.4.1 Reinforce implementation of safe motherhood protocol	% of ODs with operational MCATs	PHD Reports	N/A	N/A
	% of PHD MCH staff whose capacity has been built to coach providers on SMP	PHD Reports		
	% of OD MCH staff whose capacity has been built to coach providers on SMP	PHD Reports		
1.4.2 Improve awareness and use of intrapartum/ delivery	# communes that have included promotion of HF-based deliveries in commune investment plans (CNP)	PHD Reports	N/A	N/A
	# of interventions developed for this purpose	Partner Reports		
1.4.3 Strengthen maternal and foetal monitoring through use of the partograph	% of hospitals where preceptors have been trained to coach on the use of partograph	NMCHC Training Database: training.nmchc.gov.kh	N/A	N/A
	% of hospitals where coaching or supervision visit has been conducted to improve quality of partograph use.	PHD Reports		
1.4.4 Strengthen management of post-partum haemorrhage	% of health centres where coaching or supervision was conducted to improve PPH prevention and treatment	NQHM or EmONC reports from UNFPA	N/A	N/A
1.4.5 Strengthen diagnosis, immediate treatment and referral for pre-eclampsia/ eclampsia including use of injectable MgSO4 prior to referral	% of facilities surveyed reporting use of MgSO4	EmONC report	N/A	N/A
	% of facilities surveyed reporting use of MgSO4	EmONC report		
	% of facilities that received coaching/supervision for MgSO4 within past 12 months	PHD Reports		
1.4.6 Improve infection prevention and control	Average score on the IPC module from NQEM/H-EQIP	H-EQIP Reports		
	Average score on the water sanitation and waste module from NQEM/H-EQIP	H-EQIP Reports		
1.4.7 Reinforce early initiation of exclusive breastfeeding and reduce prelacteal feeding	% communes where promoting exclusive breastfeeding is included in Commune Investment Plans (CIP)	[refer to Cambodian Nutrition Program]	N/A	N/A
1.4.8 Increase regulation/ oversight of private maternity clinics	TBC		N/A	N/A

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
1.5 Increase Coverage and Improve Quality of EmONC[131]	# EmONC facilities per 500,000 population	EmONC Review	≥5.0	UN Standard
	% of deliveries by caesarian section	CDHS, HMIS	10.6% [2023]	NSP 2019 - 23
1.5.1 Implement Provincial EmONC plans and increase geographic coverage of EmONC and reduce gaps in basic infrastructure, drugs, and equipment in EmONC facilities (EmONC Improvement Plan (EIP) Outputs 1 and 6)	% of PHDs with annual EmONC Improvement Plan and annual report	PHD Reports	90% [2025]	(Draft) EmONC Improvement Plan 2021-25
	Stockouts of essential medicines and supplies	MoH reports and databases	<5% [2025]	
	Blood availability 24/7 in CEmONC facilities	Records of blood transfusion	90% [2025]	
1.5.2 Improve quality of EmONC through strengthened maternal and neonatal death surveillance and response, improvements in staff competency. (EIP Output 3)	% BEmONC facilities with all SMWs trained on EmONC	NMCHC Training Database/PHD Records	90% [2025]	
1.5.3 Increased use of EmONC services by strengthening community participation (EIP Output 7)	% EmONC facilities having an annual meeting with community representatives	PHD records and reports	90%	
1.5.4 Improve data quality and use for learning and program improvements (EIP Output 3) See also Strategy Area 3 of this NSSRHR	% of maternal [and newborn] deaths reviewed through audits	PHD Reports	90% [2025]	
1.6Strengthen Post Natal Care (PNC) services	% of women who have postpartum contact with a health provider within 2 days of delivery	CDHS		
	% of newborns who have postnatal contact with a health provider within 2 days of delivery	CDHS		
	% of women who receive at least 4 PNC checks	CDHS		

[131] Most indicators taken from the Zero Draft EmONC Improvement Plan 2021 – 2025. Check final version for changes.

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
	% of newborns skin to skin contact at least 90 minutes after delivery[132]	HMIS		
	% of Exclusive breastfeeding at health facility before discharge[133]	HMIS		
	% of infants who were breastfed within 1 hr. of birth	CDHS	69.5%	NSP 2019 - 23
1.6.1 Increase coverage and quality of PNC	% and # ODs covering PNC topics in MCATs	PHD Reports	N/A	N/A
1.6.2 Increase knowledge and demand for PNC	# provinces implementing awareness raising activities to increase awareness and use of ANC services	PHD Reports		
	# VSHGs trained or equipped to promote access to ANC services	PHD Reports		
1.7 Strengthen Safe Abortion Services	Abortion Rate (last 5 yrs.)	CDHS		
	% of women reporting an abortion who did not have help from a health professional at the time of the last abortion	CDHS		
1.7.1 Increase coverage and quality of safe abortion services	# and % of public health facilities eligible and trained to provide safe abortion services	NMCHC Training Database: training.nmchc.gov.kh	100%	NMCHC CAC Extension Plan
	# and % of NGO/Private health facilities eligible and trained to provide safe abortion services	Partner Reports	N/A	N/A
	# and % of public health facilities providing at least one safe abortion services in past 90 days	HMIS		
	# and % of NGO/Private health facilities providing at least one safe abortion service in past 90 days	Partner Reports		
1.7.2 Increase availability, quality and monitoring of post abortion family planning	% abortion clients that received post-abortion FP	HMIS	N/A	N/A
1.7.3 Increase availability of medical abortion at the HC level in a phased-in approach	% of health centers that have at least one provider trained and eligible to provide MA services	NMCHC Training Database: training.nmchc.gov.kh	N/A	N/A
1.7.4 Strengthen private sector provision of medical and surgical abortion	Evidence of engagement on broader MoH activities to strengthen health services in the private sector	Meeting minutes	N/A	N/A
1.7.5 Reduce unsafe abortions	% WRA reporting unsafe abortions	CDHS	N/A	N/A

[132] New (revised) indicator to be available in the HMIS in 2022
[133] New indicator to available in the HMIS in 2022

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
1.7.6 Ensure services accommodate vulnerable groups through expanded health financing and are non-judgmental and stigma free	# of public health workers trained on VCAT within past 12 months	NMCHC Training Database: training.nmchc.gov.kh	N/A	N/A
	HEF Benefit Package updated with clarifications on CAC service inclusion	Updated HEF Package Guidelines		
1.8Strengthen Adolescent Friendly Reproductive and Sexual Health information and services	# Family planning services provided to clients under 20 years of age	HMIS		
	% of all clients receiving FP services who were under 20 years old in past year	HMIS		
	# CAC services provided to clients under 20 years of age	HMIS		
	% of all clients receiving CAC services who were under 20 years old in past year	HMIS		
1.8.1 Increase coverage and quality of AFRSH services (public sector)	# and % of public health facilities providing AFRSH services	Partner Reports	N/A	N/A
	# and % of NGO health facilities providing AFRSH services	Partner Reports		
1.8.2 Expand public private-partnerships and improve linkages and coordination with other sectors and local authorities	NMCHC drafts a plan for public-private partnership improvement.	Plan in place	N/A	N/A
1.8.3 Reach adolescents with evidence based SRH education and social behaviour change communication to improve sexual and reproductive health seeking behaviour	% Provinces where at least 1 SBCC campaign on SRH reached adolescents <20 among their target audience	PHD Reports	N/A	N/A
1.8.4 Improve access to inclusive SRH services and information for adolescents living with disability and underserved groups including young LGBTQI people	% provinces where at least 1 project has been initiated to improve access to SRH services and information for adolescents living with disability and other marginalized groups	PHD Reports	N/A	N/A
1.8.5 Improve coordination and information sharing	% Sub-TWG MCH meetings that contain adolescent SRH information sharing and/or coordination	Meeting Minutes & Presentations	N/A	N/A
	Adolescent SRH Strategy developed	Strategy in place		

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
1.9 Strengthen gynaecological services[134]	See the MoH National Action Plan for Cervical Cancer Prevention and Control 2019-2023 for more indicators	NAP for CCP&C		
	Vaccination: % of girls fully vaccinated with the HPV vaccine by the age of 15 (Global target 90%)	These are the goal indicators for the WHO *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem, WHO, August 2020.* Countries need to set incremental targets to reach global targets.		
	Screening: % of women screened using a high-performance test by the age of 35, and again by the age of 45 (Global target 70%)			
	Treatment: % of women with pre-cancer treated and % of women with invasive cancer managed. (Global target 90%)			
1.9.1 Increase coverage and quality of cervical cancer prevention, screening, and treatment services	# and % of public health facilities providing cervical cancer screening	PHD Reports	N/A	N/A
	# and % of public NGO/private health facilities providing cervical cancer screening	Partner Reports		
	Percentage of eligible girls in the target population who have received the two recommended doses (fully vaccinated in the HPV vaccination	See National Action Plan for Cervical Cancer Prevention and Control 2019-2023		
1.9.2 Increase community awareness of the importance of cervical cancer screening	% of provinces where at least 1 activity has been implemented to raise awareness of cervical cancer screening	PHD Reports/Partner Reports	N/A	N/A
1.9.3 Support access to services by vulnerable populations	Cervical Cancer Screening & Prevention services included under both HEF and NSSF HIS.	HEF & NSSF Benefits Packages	N/A	N/A
1.10 Strengthen health sector response to gender-based violence/violence against women				
1.10.1 Increase availability of GBV related health services	# and % of public facilities providing GBV/VAW related medical services and referral	NRHP reports		
	# and % of NGO health facilities providing GBV/VAW related medical services and referral	Partner Reports		
1.10.2 Strengthen multi-sectoral collaboration for addressing VAW/VAC	% of communes that have VAW and VAC related activities included in their commune investment plans	OD/PHD Reports		
1.10.3 Improve record keeping for GBV/VAW/VAC related services	HMIS indicator for VAW created and deployed (disaggregated from injury)	HMIS		
Strategy Area 2: Increased equitable access and quality of SRH services through increased financial and human resources and private sector strengthening				

[134] Combination of indicators from WHO *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem, WHO, August 2020*and MoH *National Action Plan for Cervical Cancer Prevention and Control 2019-2023*

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
2.1 Scale up social health protection systems, including health equity funds, that cover the full SRH service package	% of public health facilities covered by formal payment systems whose benefit package includes RMNCH services	MoH Reports		
	# of NGO/private health facilities covered by formal payment systems whose benefit package includes RMNCH services	Partner Reports		
2.1.1 Include the full RMNCH package under HEF and NSSF Health Insurance Scheme benefits packages	All modern FP methods, all CAC methods (medical and surgical abortion), immediate postabortion FP and post-partum FP and cervical cancer cryotherapy treatment are covered by HEF, and clearly stated in the guidelines	HEF Benefits Package and other documents		
	All modern FP methods, and all CAC methods (medical and surgical abortion), immediate postabortion FP and post-partum FP and cervical cancer screening and cryotherapy treatment are covered by NSSF	NSSF Benefits Package and other documents		
2.1.2 Advocate for greater in choice access to HEF and NSSF for hard-to-reach groups	HEF impact analysis (under H-EQIP2) includes study of key SRH services, including impact of reimbursement rates on PAFP and PPFP.	HEF Impact Analysis Report		
	Cases for broader service and population coverage are made	Partner Reports		
2.2 Increase government financing for SRH services	Total health expenditure on RMNCH (and as a % of total health expenditure)	National Accounts		
2.2.1 Advocate for increased government health expenditure on SRH	Government health expenditure on RMNCH (and as a % of govt. health expenditure)	National Accounts		
2.2.2 Build capacity of health facility staff in financial management	% of ODs where at least 1 activity has been implemented to build capacity of facility staff in financial management	PHD Reports		
2.3 Improve the competence, availability and scope of responsibility and working environment of midwives				
2.3.1 Strengthen the quality of pre-service midwifery education programmes	# of midwifery and nursing graduates who received the new curriculum	University Reports		
2.3.2 Ensure adequate in-service training	# of midwives who have received training in FP # of all midwives who have received training in CAC # of all midwives who have received training in EmONC # of all midwives who have received training in AYFS	NMCHC Training Database		
2.3.3 Strengthen registration, licensing and relicensing systems	# of midwives relicensed in past 1 year	Cambodian Midwives Council (CMC)		
2.3.4 Create an enabling environment for SRH service	% of health centers with at least 2 secondary midwives	PHD Reports	60% [2025]	(Draft) EmONC Improvement

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
provision				Plan 2021-25
	% of ODs where at least 1 activity has been implemented to support the psycho-social wellbeing of facility staff	PHD Reports		
2.4 Strengthen Private Sector SRH Service Provision				
2.4.1 Strengthen quality of private sector provision of SRH services	NMCHC input provided in private health sector strengthening initiatives to service quality.	Meeting Minutes		
2.4.2 Strengthen reporting of SRH services in the private sector	NMCHC input provided in private health sector strengthening initiatives to improve routine reporting.	Meeting Minutes		
2.4.3 Engage with MoH private sector strengthening initiatives to ensure RMNCH service needs are reflected	Framework for improving private sector RMNCH services is developed	NMCHC Documents		
2.4 Contribute to private sector health system strengthening				
2.4.2 Strengthen reporting of SRH services in the private sector	NMCHC input provided in private health sector strengthening initiatives to improve routine reporting.	Meeting Minutes		
2.4.3 Engage with MoH private sector strengthening initiatives to ensure RMNCH service needs are reflected	Framework for improving private sector RMNCH services is developed	NMCHC Documents		
Strategy Area 3: Increase equitable access and quality of SRH services through strengthened SRH information systems.				
3.1a Strengthen quality and use of SRH data in the Health Management Information System (HMIS)				
3.1.1 Improve completeness of SRH data in the HMIS	New indicators submitted by NMCHC to DPHI are integrated into HMIS	HMIS	N/A	N/A
3.1.2 Strengthen facility based HMIS system	New indicators submitted by NMCHC are rolled out in HCs, ODs, provinces	PHD Reports		
3.1.3 Use the HMIS to help identify future health intervention needs	New indicators reflecting life course of SRH identified and added to HMIS	HMIS		
3.1.4 Integrate private sector service data with the HMIS	Pilot of digital record systems in the private sector completed and recommendations for scale up and linking to HMIS made.	Pilot outcome report		
3.1b Strengthen the evidence base through high quality reporting, research, monitoring and evaluation				

Intervention Area	Indicators	Source/Means of verification	Target 2023 [or 2025][127]	Source of Target
3.1.5 Strengthen national level SRH reporting and data use	Dashboard is created in NMCHC	Dashboard		
	All NMCHC Program Managers and Deputy Managers have credentials to access HMIS data			
	HMIS data is used for NMCHC's decision making around funding allocation, capacity building support, SBCC / community engagement campaigns, VSHG engagement, etc.	Meeting minutes		
3.1.6 Strengthen provincial and facility level reporting and data use	HMIS data on NMCHC topics is reviewed quarterly or bi-annually with provincial and district MCH managers	Meeting minutes		
	HMIS data is used for PHD/OD decision making around funding allocation, capacity building support, SBCC / community engagement campaigns, VSHG engagement, etc.	Meeting minutes, PHD Reports, Partner Reports		
3.1.7 Conduct research examining health seeking behaviours and barriers to SRH service use	# of surveys conducted around health seeking behaviours and barriers to SRH service use			
3.1.8 Use client/patient feedback to improve the quality of SRH services	# health facilities with Patient Feedback Systems in place	PHD Reports		

Annex 1: Essential Reproductive and Sexual Health Service Package

The essential service package for reproductive health is the basic set of reproductive and sexual health services for provision by midwives, health centres, and hospitals through minimum and complementary packages of activities. The comprehensive list below was developed as part of the 2006 - 2010 National Strategy for Reproductive and Sexual Health Services process. Detail on specific services can be found in the Minimum Package of Activities (MPA) and Comprehensive Package of Activities (CPA)

Services

ARSH Services

- Availability of AFSRH essential service package

Family Planning Services

- Counselling on methods
- Availability of oral contraceptives
- Availability of three-monthly injectables
- Availability of implant services
- Availability of emergency contraception
- A vailability of IUD services
- Availability of condoms for dual protection
- Availability of voluntary surgical contraception (male and female)

RTI Care

- Condoms
- Diagnosis and treatment of RTIs (including STIs)
- Primary prevention for HIV
- Availability of VCCT for HIV

Antenatal Care

- At least four visits
- Access pregnancy status (both mother and foetus)
  - Check for danger signs and management such as pre-term labour, anaemia, vaginal bleeding, fever, foetal movement, hypertensive disorders…
- Detection and treatment of malaria and tuberculosis
- Screening and treatment of syphilis
- VCCT for HIV
- Availability of PMTCT
- Tetanus immunization
- Provision of iron/folate and mebendazole
- Mother class/counselling (e.g., nutrition, recognition of complications/danger signs, family planning)
- Birth preparedness (birth/emergency plan in Mother's Health Record)
- Availability of EmONC (e.g., referral system, surgery)
- Availability of CEmONC

Delivery Care

- Universal precautions (access to clean delivery)
- Availability of Midwife-TBA alliance
- Assessment and care during labour and delivery
- Use of skilled birth attendant at delivery
- Availability of PMTCT
- Use of partograph
- Active management of third stage of labour
- Routine placenta examination
- Immediate newborn care
- Availability of parenteral anticonvulsants for pre-eclampsia/eclampsia
- Availability of oral and parenteral antibiotics
- Availability of EmONC (e.g., PPH, referral system, surgery)

Neonatal Care

- Thermal management
- Availability of neonatal resuscitation
- 'Kangaroo Mother Care' for high-risk neonates
- Promotion of immediate exclusive breastfeeding
- Care of the umbilical cord
- Early detection and management of infections and jaundice
- Availability of PMTCT
- Counselling (e.g., nutrition, exclusive breastfeeding, recognition of danger signs, early child development)

Postnatal Care

- Assessment and care of the postpartum woman and her newborn up to 6 weeks (4 visits)
- Response to observed signs and volunteered problems
- Early detection and management of puerperal complications (e.g., bleeding, involuted uterus)
- Birth spacing plan and service provision
- Iron/folate supplementation
- Vitamin A supplementation
- Detection and treatment of anaemia
- Detection and treatment of malaria
- Tetanus immunization (if not done at ANC)
- Screening for syphilis (if not done at ANC)
- Provision of mebendazole
- VCCT for HIV (if not done at ANC)
- Counselling (e.g., hygiene, nutrition, birth spacing, recognition of danger signs, emergency preparation, and routine and follow – up visit)
- Availability of EmONC (e.g., referral system, surgery)
- Danger signs to the newborn prior to discharge
- Care of all newborns until discharge
- Identification of newborn problem needing special management

Reducing Unsafe Abortion (CAC and PAC)

- Medical abortion at appropriate levels
- Manual vacuum aspiration at appropriate HC level
- Prevention and management of complications (e.g., injury, infection, shock, haemorrhage)
- Birth spacing plan and service provision
- Counselling (e.g., pre-abortion, family planning, self-care, recognition of danger signs, prevention of STI/HIV transmission)
- EmONC (e.g., referral system, surgery)

Cancers, Subfertility, Peri/Postmenopausal Services

- Counselling and basic screening and treatment (e.g., breast self-exams, lifestyle, VIA, HPV vaccine, nutrition, BCC) and referral

Gender Equity

- Identification, treatment, and referral for VAW survivors
- Access to post-exposure prophylaxis for rape survivors
- Counselling (e.g., gender equity, VAW, male involvement)
- Advocacy (e.g., gender equity, VAW, male involvement, partnership, cooperation, and responsibilities in SRH