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UNITED NATIONS POPULATION FUND

January 15, 2016
Ref: 16/002
File: Progr./RH

Ms. Benita Sommerville
First Secretary, Development Cooperation
The Australian Embassy
Phnom Penh, Cambodia

Dear Benita,

Subject: FINAL PROGRESS REPORT 2013–2015 "SUPPORT FOR REPRODUCTIVE HEALTH COMMODITIES SECURITY IN CAMBODIA"

As set out in the Exchange of Letter N.61561 between the Government of Australia/the Department of Foreign Affairs and Trade (DFAT) and UNFPA, we are pleased to submit the 2013 – 2015 Final Progress Report for "Support for Reproductive Health Commodities Security in Cambodia".

We would like to take this opportunity to thank the Government of Australia for providing this grant to the Ministry of Health through UNFPA in order to procure the contraceptives for the public sector to meet the needs of the Cambodian population, especially those of women of reproductive age and young girls in need of family planning.

Currently, all health centres across the country provides at least three family planning methods. Forty four referral hospitals and 929 health centres provide IUD insertion and removal services. The number of health centres providing Implanon insertion and removal services increased from 448 in 2013 to 663 in 2015, and the number of referral hospitals providing Implanon insertion and removal services increased from 27 in 2013 to 38 in 2015. With the increased service delivery points and secured commodity supply from 2013 to 2015, the Contraceptive Prevalence Rate (CPR) of the country continued to increase from 35% in 2010 to 39% in 2014 with a notable increase in use of Long Term Methods.

The government has made full commitment to finance the contraceptive supply to the public sector from 2016 onwards, beginning with an initial budget allocation for the procurement of contraceptives of US$100,000 in 2014 to $200,000 in 2015 procurement cycle, and to US$ 2,126,000 for the procurement cycle of 2016.

…./

We would like to take this opportunity to express our sincere appreciation for the Government of Australia's ongoing support for improving reproductive, maternal and newborn health in Cambodia, and to look forward to our future collaboration.

Yours sincerely,

Dr. Derveeuw Marc G.L.
Representative

Cc:
- Prof. Tung Rathavy, Director, NMCHC
- Dr. Meng Piseth, Program Manager for Development Cooperation (Health) Department of Foreign Affairs and Trade (DFAT)
- Ms. Salli Davidson, Programme Advisor Asia Pacific Regional Office, UNFPA
- Ms. Kae Ishikawa, Resource Mobilization Specialist, Resource Mobilization Branch, UNFPA

FINAL PROGRESS REPORT

Support for Reproductive Health Commodities Security in Cambodia

Country:	**Cambodia**
Reporting Period:	**01 January 2013 – 31 December 2015**
Programme Component:	**Reproductive Health**
Implementing partner:	**Ministry of Health**

I. PURPOSE

This report provides a consolidated analysis of implementation and results achieved during the project cycle 01 January 2013 to 31 December 2015 with support from the Australian Government through the Department of Foreign Affairs and Trade (DFAT) for "Support for Reproductive Health Commodities Security in Cambodia 2013 – 2015". The report reflects the achievements made using funds provided by the Government of Australia through the United Nations Population Fund (UNFPA) to the Royal Government of Cambodia/Ministry of Health, and also progress made in advocacy work in support of the family planning commodity security. This report is submitted as part of the requirements for the final progress and financial report at the end of the project cycle.

Expected Output(s) and Activities:

The support from the Australian Government contributed to improving the reproductive and maternal health of Cambodians and also supported the implementation of the Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality (FTIRM) of the MoH. The support ensured and expedited the momentum and achievements made to date in order to meet the targets under Cambodia's MDG 4: Reducing Child Mortality and MDG 5: Improving Maternal Health.

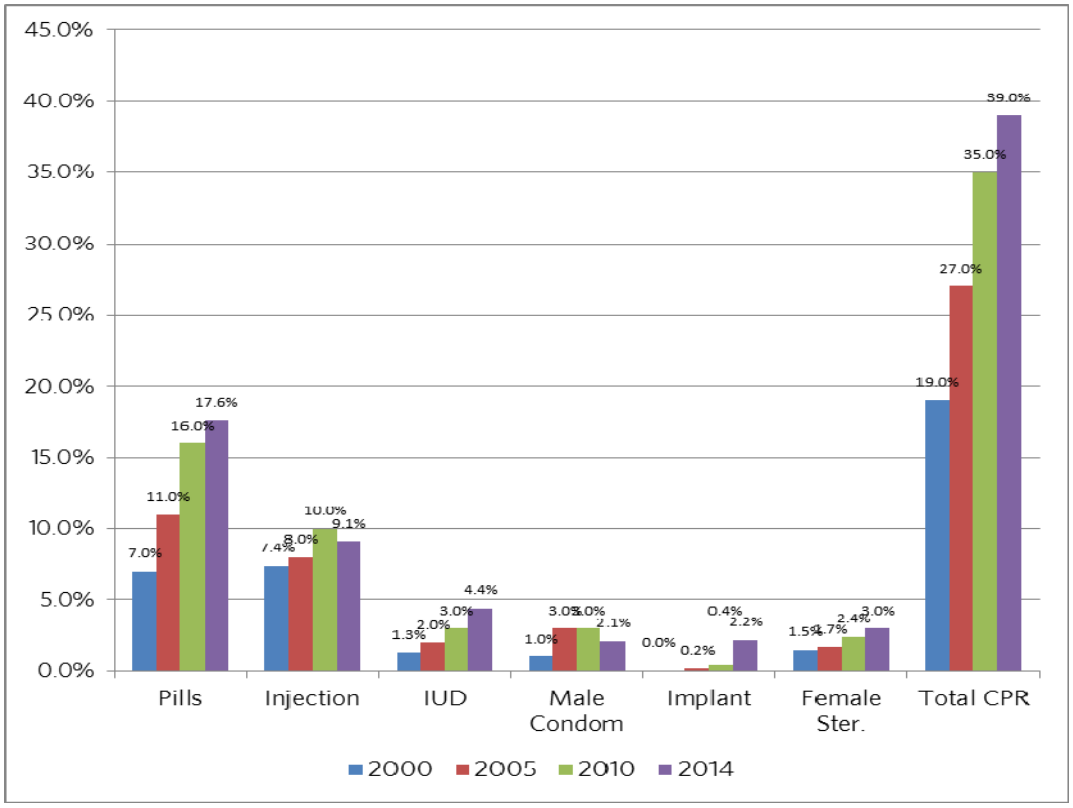
This Grant covered the procurement of contraceptive commodities for the MoH to supply the public health facilities and to meet the contraceptive needs of the Cambodia population, especially women and girls of reproductive age in need of family planning. The procurement of contraceptive commodities followed the UNFPA Procurement procedure conducted by UNFPA Procurement Service Branch (PSB), based in Copenhagen, Denmark.

II. RESULTS

1. OVERALL ACHIEVEMENTS

All health centres are now providing at least three contraceptive methods. The number of health centres providing IUD insertion and removal services increased from

914 in 2013 to 929 in 2015, representing 84% of all HCs across the country. There are now 44 referral hospitals are providing IUD insertion and removal services. The number of health centres providing Implanon insertion and removal services increased from 448 in 2013 to 663 in 2015, and the number of referral hospitals providing Implanon insertion and removal services increased from 27 in 2013 to 38 in 2015. With the increased service delivery points and secured commodity supply from 2013 to 2015, the Contraceptive Prevalence Rate (CPR) of the country continued to increase from 35% in 2010 to 39% in 2014[1] with a notable increase in use of Long Term Methods.



Source: CDHS 2000, 2005, 2010 and 2014

Emergency Contraception (EC) was first introduced in the public sector in 2012 with initial funding from UNFPA core budget. The introduction of this method was a step forward in preventing unwanted pregnancies, including for survivors of sexual violence, and reducing unsafe abortion. In addition, the introduction of EC was also considered as a "gateway" to providing a full range of sexual reproductive health services to women, and in particular a complete range of family planning services. EC is also used and targeted for Entertainment Workers in order to contribute to the reduction of unwanted pregnancies and unsafe abortions among this vulnerable group.

[1] CDHS 2010 and 2014

In order to cover the gaps in contraceptive supply in the public sector, with the funding support from DFAT and upon the request from the MoH, the UNFPA Procurement Services Branch based in Copenhagen assisted the MoH and UNFPA Country Office in procuring the following contraceptives:

N	Contraceptive	2013	2014	2015	Total 2013-2015
1	Male condom (piece)	1,728,000	2,995,200	1,000,080	**5,723,280**
2	Injectable (vial)		520,000	200,000	**720,000**
3	Combined Oral Contraceptive (CoC) (cycle)			2,234,880	**2,234,880**
4	Progestin Only Pill (PoP) (cycle)	60,000	75,000	99,999	**234,999**
5	Implanon (set)	23,500	20,032	5,000	**48,532**
6	Emergency Contraceptive (pack)	15,000	10,000		**25,000**

In addition, UNFPA also used own core resources to procure 87,840 cycles of CoC to fill gaps and 4,000 sets of Implanon NXT. UNFPA successfully negotiated with the Implanon manufacturer (MSD) to provide 4,992 sets of Implanon NXT placebo (Implanon NXT for training practice) free of charge for the training purpose for the public sector.

A remarkable achievement in advocacy was realized in this reporting period. With technical assistance from UNFPA and DFAT, in quarter 3, 2013, an advocacy tool was developed for the National Maternal and Child Health Centre (NMCHC)/Ministry of Health to present to the Ministry of Economy and Finance (MEF) to establish a national budget line to contribute to the contraceptive procurement in 2014. As a result, a national budget line with the amount of around US$100,000 (around 5% of total needs) was created as an initial contribution of the Royal Government of Cambodia to the contraceptive procurement in 2014.

The government then increased the national budget contribution to $200,000 (around 8% of total needs) in 2015 procurement cycle. In quarter 3, 2015, UNFPA provided technical support to the NMCHC/MoH on updating the advocacy tool to be

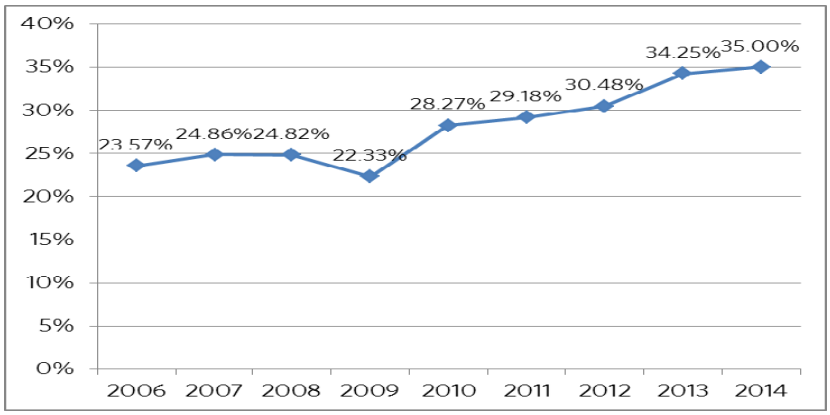
used for the 2016 national budget negotiation with the MEF in August 2015. In September 2015, senior MoH officials reported that the MoH successfully included in the 2016 national budget plan to fully cover contraceptive procurement for 2016, which was fully endorsed by the Ministry of Economy and Finance. The confirmed national budget for the procurement of contraceptives for 2016 is US$ 2,126,000.

In order to strengthen the Contraceptive Security Working Group (CSWG) of the MoH while there was a change in its structure and membership, UNFPA used core fund to hire a national consultant to support the roles and functions of the CSWG from January 2013 to June 2014. The national consultant also worked to support the monitoring of the contraceptive stock status at the national and sub-national levels, and conducted field visits to health facilities to assess the stock status and use of contraceptives.

2. PROGRESS OF PUBLIC SECTOR

Contraceptive use in the public sector continues to increase steadily with an annual growth between 1 to 1.5 percentage points per year[2]. Recently, the MoH has asked the private sector and NGOs to report their data into the Health Management Information System (HMIS) of the MoH as well. As a result, since 2013, some private facilities and NGOs have reported their achievements into the HMIS and to the NRHP as well. Thus this contributed to a significant increase in the recorded use of contraceptives in 2013, 2014 and it is believed to continue the path in 2015[3].

Percentage of current users of modern contraceptives in the public sector 2006 - 2015[4]



[2] 2009 to 2012 HIS reports public sector only. 2013 and 2014 Health Sector Progress Reports, including some private and NGO data. 2015 HIS data is not available yet.

[3] There is no data on public sector for 2015 yet.

[4] Annual Health Progress Report 2014.

III. DFAT/UNFPA Procurement of Contraceptives in 2013 - 2015

Based on the beginning balance of stock, additional USAID supply of oral contraceptives in 2012/13 and the actual needs in 2013, 2014 and 2015, the MoH requested UNFPA to assist in the procurement of contraceptives by using the DFAT grant to the Ministry of Health through UNFPA, the national budget, and UNFPA core fund per below.

Total contraceptive procurement 2013 -2015

N	Commodity	Quantity	Total costs[5]
I	**DFAT FUND**		
1	Male condom	5,723,280 pieces	**US$1,918,182**
2	Implanon	48,532 sets	
3	Injectable (DMPA)	720,000 vials	
4	Emergency Contraceptives (EC)	25,000 packs	
5	Progestin Only Pill (POP)	234,999 cycles	
6	Combined Oral Contraceptive (CoC)	2,234,880 cycles	
	TOTAL		**US$1,916,019**
II	**The MoH Budget**		
1	Combined Oral Contraceptives (COC)	1,045,000 cycles	US$287,642
2	Intra Uterus Device (IUD)	45,000 pieces	
3	Handling and management fees and insurance		US$14,579
		TOTAL	**US$ 302,221**
III	**UNFPA Core Fund**		
1	Combined Oral Contraceptives (COC)	87,840 cycles	US$ 23,193
2	Implanon NXT	5,000 sets	US$ 38,041
3	Clearance costs		US$2,717
		TOTAL	**US$ 63,951**
		GRAND TOTAL	**US$ 2,282,191**

[5] The total costs include freight costs, insurance, testing and clearance costs

IV. THE CONTRIBUTION OF CONTRACEPTIVE COMMODITIES TO HEALTH IMPACT

With the current investment in contraceptives, from 2013 to 2015, the estimated health impact from the public sector and the support from DFAT through UNFPA can be reliably estimated[6]:

Estimated Health Impacts 2013 – 2015

Estimated health impact 2013 - 2015	Whole Public Sector	Contribution from DFAT	% of DFAT contribution
Unintended pregnancies averted	495,379	137,122	27.68%
Live births averted	158,824	43,963	
Abortions averted	282,366	78,160	
Maternal deaths averted	366	104	28.42%
Child deaths averted	2,907	805	27.69%
Unsafe abortions averted	172,524	47,755	27.68%
Couple Years Protection (CYPs)	1,805,168	514,933	28.52%
Estimated direct health costs saved (US$[7])	**18,592,247**	**5,146,377**	**27.68%**

V. INDICATIVE PROCUREMENT PLAN IN 2016 BY THE NATIONAL BUDGET

Based on the ending stock balance at the Central Medical Store (CMS) at the end of 2015, the MoH has had an indicative procurement plan in 2016 by using the national budget as per below:

[6] Using the MSI Impact 2 software (version 2.3.1), Marie Stopes International, February, 2015. http://www.mariestopes.org/impact-2.3

[7] Conversion rate: 1 US$: 0.6852£

N.	Commodity	Est. Quantity	Estimated Budget (US$)
1	COC	4,200,000 cycles	1,008,000
2	Injectable	1,000,000 vials	890,000
3	PoP	99,999 cycles	30,000
4	Emergency Contraceptive	30,000 packs	19,800
5	Estimated costs for freights, insurance and clearance		79,825
6	Estimated management indirect cost		98,581
	Total Estimated National Budget		**2,126,206**

It should be also noted that there was a significant increase in use of Implanon (from 14,690 sets distributed in 2013 to 29,924 sets in 2014). In late 2014, Implanon was upgraded to a new version – Implanon NXT, which required refresher training to health care providers across the country on how to insert the new generation of the product. This led to a slowdown of Implanon use in 2015 as only 12,000 sets were distributed. In order to meet the foreseen increase of Implanon NXT use in 2016 and coming years, the MoH has requested KfW to support procurement of 40,000 sets of Implanon NXT, which are being procured using the pooled fund of the second Health Sector Support Programme of the MoH.

VI. The first National Family Planning Conference

The first ever National Family Planning Conference aimed to increase understanding of the latest development agenda and key strategic directions; learn about successes, challenges, and the way forward for Cambodia; and to revitalize and reaffirm commitments and create partnerships between stakeholders for improving family planning. The atmosphere of the two day conference was vibrant with active involvement of more than two hundreds participants with senior level positions from the Ministry of Health, Provincial Health Departments, Operational Districts, development partners, representatives of civil society organizations, health professionals, representatives of youth organizations, and representatives of private sector companies.

The conference prioritized four key topics which included: 1. The global development agenda and progress in Cambodia in family planning; 2. Sustainable concepts and addressing family planning needs of vulnerable groups; 3.

Adolescent/youth sexual reproductive health and rights and private sector engagement in family planning; and 4. Family planning and universal health coverage and next steps.

The conference gathered experts from the region and in-country, from the MoH, Development Partners (DPs), NGOs, and community and youth participants. Speakers, presenters, panellists, performers, and contributors had chances to share their expertise, experiences, good practices, and recommendations to the forum.

At the end of the two day conference, a Joint Commitment was unanimously agreed upon and the commitment will be taken forward into concrete actions to ensure a comprehensive rights-based family planning programme in Cambodia. These actions will be realized through:

a. Creation of an enabling environment for human rights based family planning as an integral part of sexual and reproductive health and rights;
b. Improved availability of good quality, human rights-based, family planning services;
c. Increased demand for family planning according to client's reproductive health intentions and preferences;
d. Improved availability and reliable supply of quality contraceptives; and
e. Strengthened health management information system (HMIS) and logistics management system pertaining to family planning.

The conference was jointly financed and technically supported by UNFPA, USAID and other DPs and NGOs.

Please refer to the enclose Report of the Conference for more details

VII. FACILITATING FACTORS AND CONSTRAINTS

Throughout the implementation of the **"Support for Reproductive Health Commodities Security in Cambodia"** from 2013 to 2015, the main factors facilitating and constraining the implementation were as follows:

Facilitating Factors:

- DFAT support, following the cessation of support by KfW, gave the MoH the time and opportunity to advocate with the Ministry of Economy and Finance to establish a national budget line for contraceptive procurement starting from 2014. This commitment was doubled for 2015, and then fully covered the public sector needs from 2016 onwards.

- Sufficient stock balance from KfW and additional contribution of oral contraceptives from USAID helped ensure commodity security in the country and allowed the DFAT grant to support other family planning commodities as needed by the country.
- The MoH/NMCHC was very active in advocating with the MEF for the establishment of the national budget line for contraceptive procurement, with technical backup from UNFPA and DFAT.

Constraints:

- The interruption of LMIS support continued to hinder timely reporting of Essential Medicines including contraceptive stock status from health facilities, OD and CMS. The development partners including UNFPA continue to look for possibilities to improve this system, giving the sensitive nature of the subject.

VIII. PRELIMINARY FINANCIAL EXPENDITURES:

In respect of financial performance, the preliminarily estimated total expenditure from 2013 to 2015 was US$ 1,916,019.00 out of the total approved budget of US$ 1,919,935.00 for three years (2013 – 2015). The official certified expenditure of 2015 will be submitted by UNFPA Headquarters to the Permanent Mission of the Australian Government to the United Nations, at the end of June 2016.

	Est. Expenditures
2013	US$ 320,103
2014	US$ 802,767
2015	US$ 793,149
TOTAL	**US$ 1,916,019**

LIST OF ACRONYMS

ANC	Ante-natal care
AOP	Annual Operational Plan
BEmONC	Basic Emergency Obstetric and Neonatal Care
BS	Birth Spacing
CDHS	Cambodia Demographic and Health Survey
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CMS	Central Medical Store
CoC	Combined Oral Contraceptive Pill
CPR	Contraceptive Prevalence Rate
CSWG	Contraceptive Security Working Group
DFAT	Department of Foreign Affairs and Trade, Australian Government
DP	Development Partners
EC	Emergency Contraceptive Pill
EmONC	Emergency obstetric and neonatal care
FP	Family Planning
GBV	Gender Based Violence
HC	Health Centre
HIS	Health Information System
HSP	Health Strategic Plan
HSSP	Health Sector Support Programme
IUD	Intra-Uterus Device
LMIS	Logistic Management Information System
LTM	Long Term Method
MoH	Ministry of Health
MEF	Ministry of Economy and Finance
NMCHC	National Maternal and Child Health Centre
NRHP	National Reproductive Health Programme
OD	Operational District
PHD	Provincial Health Department
PNC	Post-natal care
PoP	Progestin/Progestin Only Pill
RH	Referral Hospital
RHCS	Reproductive Health Commodity Security
RMH	Reproductive and Maternal Health
RMNCH	Reproductive, Maternal, Newborn and Child Health

REPORT ON

NATIONAL FAMILY PLANNING CONFERENCE

"CHOICES NOT CHANCE"

27 – 28 November 2014

Phnom Penh, Cambodia

REPORT
ON
NATIONAL FAMILY PLANNING CONFERENCE
"CHOICES NOT CHANCE"
27-28 NOVEMBER 2014
INTERCONTINENTAL HOTEL
PHNOM PENH, CAMBODIA

I. Executive Summary

The Ministry of Health, in collaboration with development partners and other stakeholders, has made significant progress in decreasing the total fertility rate (TFR) from 4.0 in 2000 to 2.8 in 2013. Contraceptive Prevalence Rate (CPR) in currently married women keeps increasing steadily but remains low at 35%, while unmet need for modern contraception remains at 17% with a high risk of unintended pregnancies, especially for young people. Teenage pregnancy remains stagnant at 8%. Accessibility to family planning (FP) services for marginalized groups, at risk populations, hard to reach populations and ethnic minorities is a remaining issue. Management of contraceptives and ensuring quality of family planning information and services requires further attention and improvement. The contraceptive supply to the public sector will face serious potential stock out by 2016.

"For every dollar spent in family planning, between four and six dollars can be saved in interventions aimed at achieving other development goals". This significant message was repeatedly emphasized by several speakers and presenters throughout Cambodia's National Family Planning Conference on 27-28 November, 2014 entitled ***"Choices, not Chance"***. The message was also reconfirmed by the evidence that *"investing in family planning is considered a best buy for development and has been shown to contribute to reducing maternal, neonatal and child mortality"*, Economists have said.

The first ever National Family Planning Conference aimed to increase understanding of the latest development agenda and key strategic directions; learn about successes, challenges, and the way forward for Cambodia; and to revitalize and reaffirm commitments and create partnerships between stakeholders for improving family planning. The atmosphere of the two day conference was vibrant with active involvement of more than two hundreds participants with high level positions from the Ministry of Health, Provincial Health Departments, Operational Districts, development partners, representatives of civil society organizations, health

professionals, representatives of youth organizations, and representatives of private sector companies.

The conference prioritized four key topics which included: 1. The global development agenda and progress in Cambodia in family planning; 2. Sustainable concepts and addressing family planning needs of vulnerable groups; 3. Adolescent/youth sexual reproductive health and rights and private sector engagement in family planning; and 4. Family planning and universal health coverage and next steps.

The conference gathered experts from the region and in-country, from the MoH, Development Partners (DPs), NGOs, and community and youth participants. Speakers, presenters, panelists, performers, and contributors had chances to share their expertise, experiences, good practices, and recommendations to the forum.

At the end of the two day conference, a Joint Commitment was unanimously agreed upon and the commitment will be taken forward into concrete actions to ensure a comprehensive rights-based family planning programme in Cambodia. These actions will be realized through:

1. Creation of an enabling environment for human rights based family planning as an integral part of sexual and reproductive health and rights;
2. Improved availability of good quality, human rights-based, family planning services;
3. Increased demand for family planning according to client's reproductive health intentions and preferences;
4. Improved availability and reliable supply of quality contraceptives; and
5. Strengthened health management information system (HMIS) and logistics management system pertaining to family planning.

HE Eng Huot, Secretary of State of the Ministry of Health delivers opening remark at the first national conference on family planning updating progress on contraceptive prevalence use in the last two decades and recognizing challenges ahead in addressing family planning commodities.

II. Introduction

Cambodia has made progress in reducing the total fertility rate (TFR) from 4.0 in 2000 to 2.8 in 2013 and has already achieved the Cambodia Millennium Development Goal (CMDG) 5 target for 2015. Contraceptive prevalence in currently married women in Cambodia stands at 35% [1] with oral contraceptives (known for their high rates of discontinuation) the most widely used modern method (15.4%), followed by injectables at 10.4%. Long-acting and permanent methods (LAPMs) such as intrauterine devices (IUDs), implants, tubal ligation and vasectomy are used by only 5.9% of married women and men.

All health centers (HCs) and health posts now provide at least three contraceptive methods, while pills and condoms are additionally provided through community-based distribution (CBD) in over 50% of operational districts (ODs)[2] and contraceptive services are being scaled up at referral hospitals - where many women go for delivery, abortion, and other reproductive health services. The number of health facilities keeps increasing to meet the increased demand from a growing population. This also requires continued capacity building, more supply of medical equipment, materials, and medicines, which include wide range of contraceptives.

Despite progress, some challenges remain. There is a substantial unmet need for modern contraception, with a high risk of unintended pregnancies. Use of long term contraception is still low among women. Unexpectedly, the use of traditional methods has increased, particularly among rich, educated, urban and peri-urban women[3]. The quality of family planning services and counselling requires further improvement. Sexual and reproductive health and rights, including family planning, of specific groups – migrant/garment factory workers, entertainment workers, ethnic minorities, adolescents and youth, and people living with HIV/AIDS – is an area of focus that requires specific attention and specific interventions in order to ensure that these groups are able to access comprehensive and quality information and services.

Cambodia has received contraceptive supplies from development partners for more than a decade. Recently, development partners have begun a gradual reduction of support to the procurement of commodities for the country, including contraceptives. Therefore, the government

[1] CDHS 2010
2 National Strategy for Reproductive and Sexual Health 2013 - 2016
3 CDHS 2010

contribution to procuring contraceptives now, and full commitment to funding the supply of contraceptives in the years to come, is very timely and is very much appreciated.

In order to revitalize and reaffirm the commitment towards achieving the International Conference on Population and Development's Programme of Action, the Millennium Development Goals, the National Strategic Development Plan 2014 - 2018, and the Health Strategic Plan, the first National Family Planning Conference was jointly organized by the MoH, DPs, NGOs and other stakeholders in November 2014.

III. Conference Objectives

The conference gathered key policy makers; international, regional and national experts; and programme managers to:

1. Understand the latest development agenda and key strategic directions;
2. Learn good successes, challenges and ways forwards for family planning (FP) programmes; and
3. Revitalize and reaffirm commitments and create partnerships to improve family planning.

III.1 Expected outputs

By the end of the conference:

- A joint commitment should be agreed/signed by the government, development partners and stakeholders; and
- A brief note of the conference will also be made available in order to inform future FP programme direction and strategies.

IV. Opening Session

The opening session was presided over by H.E. Prof. Eng Huot, Secretary of State, Ministry of Health; Dr. Marc Derveeuw, G.L, UNFPA Representative, Ms. Margot Morris, First Secretary, Development Cooperation (Health), Australian Aid; and Ms. Sheri - Nouane Duncan – Jones, Director of the Office of Public Health and Education, USAID.

In her speech, Ms. Duncan – Jones stressed that globally nearly 300,000 women and over 3 million infants die each year from complications in pregnancy and birth – with unplanned pregnancies often carrying the highest risk. Here in Cambodia, as evidenced by our last Demographic and Health Survey in 2010, 206 Cambodian women

needlessly lose their lives for every 100,000 live births -- usually from preventable and treatable causes.

In Cambodia, health centers and private sector outlets provide short-term methods, with pills, injectables and condoms readily accessible nationwide. The use of long-term methods is more of a challenge, but with collective effort, it is increasing gradually. The unmet need for modern contraception remains high, especially for rural and vulnerable populations. This conference provided an opportunity to re-double our efforts to improve family planning and ensure all women and families in Cambodia have access to quality and affordable services for family planning, maternal and child health.

Ms. Duncan – Jones applauded the Government of Cambodia for demonstrating increased commitment to sustaining the supply of family planning commodities. The addition of a budget line for contraceptives into the national budget is a major step in ensuring long-term commodity security. An effective Supply Chain Management System is critical to making sure these commodities reach health facilities and end-users in an efficient manner.

"Today, we reconfirm our commitment and collaboration to safeguard the health and wellbeing of Cambodian families. The public, private, and non-government sectors all have critical roles to play in expanding access to high-quality family planning products and services. No one sector can do it alone. USAID will continue to provide assistance and support across all sectors. This includes building the capacity of health care providers, mobilizing communities to spread awareness of the options, supporting mass media and innovative campaigns to reach youth audiences, and linking family planning services to financing options to reduce cost barriers. These contributions, all carried out in close partnership with many of you here today – especially the government of Cambodia – will help us to ensure every baby is born of choice, not by chance" continued Ms. Duncan – Jones.

The following speech of Ms. Margot Morris of the Australian Aid highlighted that the outcomes of this conference would inform the future direction of family planning in Cambodia and would be a critical piece of the new Health Strategic Plan. Australian Aid supported the reproductive health needs – including family planning - of many of Cambodia's poorest and most vulnerable women. Through support to HSSP2, Australian Aid has been enabling the poorest Cambodian women to access a range of family planning methods through public health centres and through the

NGO-based Partnering to Save Lives initiative, improving reproductive health (including through providing access to family planning) among poor women in the remote north-eastern provinces and among young women working in Cambodia's garment factories.

Another support to the MoH through UNFPA, Australian Aid ensured that health centres have reliable supply of a range of contraceptives for women who choose them. This final support was intended to maintain contraceptive supplies until the government could take-over the procurement by the end of 2015. Ms. Margot Morris thanked the Minister and the senior management of the MoH for allocating an initial contribution from the national budget to the procurement of contraceptives in 2014. This was an important decision and she strongly hoped that, under the leadership of the Minister and senior officials of the MoH, the national budget would be able to cover contraceptive needs in the public sector by the end of 2015.

Dr. Marc Derveeuw, G.L, UNFPA Representative provided key notes during this opening remarks that the conference was very timely in the sense that the post 2015 global development agenda had recognized sexual reproductive health and rights and family planning as a core development goal. He stressed that *"Women who have access to family planning can contribute enormously to economic development. The accumulated effect of these highly personal decisions can influence entire countries and regions."*

The theme of this two-day forum was ***"Choices not Chance".*** This implied that family planning and contraception is an individual right. Each individual has the right to freely and responsibly decide how many children to have and when to have them. This is a fundamental guiding principle for our work on sexual and reproductive health and rights.

Cambodia has more than 60 percent[4] of its population under the age of 30. If young people are given the opportunity to make decisions on their reproductive lives, they would make a difference. The pregnancy rate of young married girls in Cambodia has not changed over the past decade, many of them have had to stop their studies or even stop working. There is also a concern about the lack of knowledge and limited access to sexual and reproductive health services and information by garment factory workers and adolescents and youth.

[4] CIPS 2013

Dr. Derveeuw expected that the outcome of the coming two days would focus on investing more on young people's reproductive health to help them building on their own and the country's future.

"For me it is criminal to refuse people access to family planning, or even providing disinformation such as minimalizing side effects, because certain methods lead to individual financial gains. Family planning services should always be offered at the lowest possible price" continued Dr. Derveeuw. He congratulated the MoH for making the first procurement of contraceptives from the national budget using internationally recognized procurement systems. This procurement of reproductive health commodities confirmed the fundamental commitment of Cambodia to continue the realization of the International Conference on Population and Development (ICPD) Programme of Action to keep family planning as a priority in the health sector.

His Excellency Prof. Eng Huot, Secretary of State, Ministry of Health provided his official opening remarks, observing that the Birth Spacing program started in 1992 and the Birth Spacing Policy of the MoH was developed and endorsed in 1995. CPR kept increasing from 7% in 1995, to 19% in 2000 and to 35% in 2010. Unmet need decreased from 84% in 1995, to 33% in 2000, to 17% in 2010. These achievements were the result of determined efforts from the government to improve capacity and expand family planning service delivery, along with full support from DPs. He continued that "to date, all health centres across the country are providing at least three contraceptive methods, 919 health centres and 43 referral hospitals are providing IUD information and services, and 527 health centres and 30 referral hospitals are providing implant insertion and removal services". In addition, it was observed that a number of NGO clinics and private sector were also providing family planning services. The increased use of contraceptives has clearly contributed to the reduction of the maternal mortality ratio (MMR) from 437 in 100,000 live-births in 2000 to 206 in 2010.

Despite progress, there are challenges that lay ahead of us for further improving the health and wellbeing of women and the entire population. More attention needs to be placed on expanding and offering family planning services to vulnerable groups including adolescents and youth, migrants, factory workers, entertainment workers, ethnic minorities, disabled persons, and people living with HIV/AIDS. The Secretary of State also emphasized that *"no contraceptives, no family planning programme"*, thus he strongly appealed to all concerned health professionals who deal with family planning and contraceptives to improve capacity to manage the

stock properly, ensure no stock-out of contraceptives, and guarantee that the commodities are used for the right purposes.

V. Full and Plenary Session

Session 1: The Global Development Agenda and Progress in Cambodia in Family Planning

This session covered 1. The global development agenda; 2. Experience in family planning in post-delivery; 3. Progress of the family planning program and population trends in Cambodia; and 4. Good practices, lessons learned and challenges in family planning from Preah Vihear province.

The *post 2015 development agenda* focuses heavily on sustainable development, which is likely to combine the three health related MDGs into one goal *"Ensuring Healthy Lives"*. FP is likely to be included under the goal for *"Gender equality and empowerment of women and girls"*, due to the fact that FP has beneficial impacts on several newly proposed development objectives:

- Family planning reduces unwanted fertility in resource poor settings thereby promoting sustainable livelihoods and job growth.
- Family planning allows women greater opportunities to participate in paid employment thereby increasing productivity and earnings.
- Family planning helps to catalyze macro-economic growth by reducing mortality and fertility rates and opening a window of opportunity for a *"Demographic dividend"*.
- Investments in family planning are the best buy for development. *"Every single dollar spent on family planning saves four to six dollars"*

The *global experience on family planning in post-delivery* showed that the global CPR was 63% while in Asia and the pacific this rate stands at 58–80% with an unintended pregnancy rate of 50%. The causes of unintended pregnancies in the region are lack of comprehensive sexual education, limited access to contraceptive services, poor compliance/high discontinuation, misunderstanding about contraceptive methods and rapid repeat pregnancy. The top priority to consider for post-partum contraception is effectiveness of contraceptive methods, noting that the most effective are Long Acting Reversible Contraceptives (LARCs).

Strategies to improve uptake of LARCs post-partum:

- Provide high-quality information for women on LARCs
- Educate healthcare provides on the benefits of LARCs post-partum
- Train healthcare providers to insert LARCs
- Remove financial barriers to LARCs (no cost to women, providers funded)
- Remove service barriers to LARC (sufficient clinical time to provide.

The presentation on *progress of family planning and population trends* in Cambodia highlighted that Cambodia has a huge youth cohort as the result of baby boom after the Khmer Rouge regime. It is estimated that the Cambodian population will reach 24 million by 2050 with the current population growth rate. Thus, there should not be any concern about the small size of population comparing to neighboring countries. The Contraceptive Security Working Group of the MoH has played a critical role in ensuring a secured stock supply to the country especially to the public sector. This has resulted in a secured contraceptive supply to the country from mid-1990s until the end of 2015.

The MoH started to initially contribute the national budget to the procurement of contraceptives through UNFPA's procurement system in 2014. However, challenges remain. No commitment had been made to ensure a secured supply of contraceptives from 2016 onward. In addition, there is a potential gap of 40,000 sets of Implanon from late 2014 to 2015.

As next steps, the MoH needs to mobilize resources, including increasing national budget, to ensure that there are enough commodity supply in the coming years. The MoH should also commission a contraceptive needs projection 2016 – 2020 based on CDHS 2014 results. In addition, the MoH should update the FP Policy and Protocol to better respond to a rights-based family planning program in line with global guidelines and protocols. FP interventions must also focus more on vulnerable groups – migrants, factory workers, ethnic minorities, entertainment workers, people living with HIV/AIDS and disabled persons.

The presentation on Good practices, lessons learned and challenges in family planning from Preah Vihear province showed that current users of family planning among currently married women in the province stood at 52% in 2013, which is one of the highest rates in the country. The lessons learned from this success story are:

- Reduce drop out by improving the quality of services and counselling

- Ensure 24/7 staff availability
- Conduct regular and spot check supportive supervision
- Increase the use of long term methods (LTMs); and
- Follow up with users/acceptors

Session 2: Sustainable concepts and addressing family planning needs of vulnerable groups

This session included a performance by a group of participants from Pursat, information about a Total Market Approach, and a panel discussion covering three main themes: 1. LTMs; 2. Post abortion and post-partum family planning; and 3. FP and vulnerable groups.

The session began with a performance by community participants on misconceptions about family planning methods and men's involvement in sexual and reproductive health and FP, representing the real situation of such issues in a remote village in Pursat. Misconceptions and myths toward family planning and contraceptives remain the main barriers to increased use of contraceptives. There was a call for more and active involvement of men in sexual and reproductive health and FP as part of a gender responsive to sexual and reproductive health.

A *Total Market Approach (TMA)* is a framework for analyzing the complete potential market for a commodity or a service, which includes: the public sector, the social/subsidized sector and the commercial sector. The objectives of a TMA are to ensure a well-diversified product range, target resources for maximum impact in order to reduce subsidies where there is no need to do so; and maximize the role of the commercial sector to improve sustainability. A TMA stresses the importance of complementary roles of the public, NGO and the commercial sectors to reach a healthy market under the stewardship of the government.

The **panel discussion** included contributions from guest speakers from WHO, and international and national NGOs. Presentations during the session showed that implants are the most effective method, followed by vasectomy, female sterilization and IUD. While the global use of long term and permanent methods (LTPMs) of contraceptives stands at around 35%, the use of LTPMs in Cambodia is only around 5%, the lowest compared to neighboring countries in South East Asia. In order to increase the acceptance of permanent and long term methods in Cambodia, IUDs and implant services should be made available in every HC and referral hospital (RH) and financial barriers should be reduced or abolished. A quote of a presentation says *"Making LAPMs more available and accessible will help reduce unmet need for FP and will also save women's lives!"*

Post-partum and post- abortion family planning entails, from WHO Guidelines, continuity of care for a woman and her baby at many points of contact in the health system. The document also provides four key recommendations: 1. Make family planning services an essential component of health care provided during the antenatal period, immediately after delivery or after abortion, and during the year post-partum or post-abortion; 2. Establish the responsibility of health care providers and staff to not only counsel the women about family planning, but provide at the point of care the contraceptive method she selects; 3. Offer a variety of contraceptive methods at the point of care, including long acting and permanent methods; and 4. Budget and allocate funds for recruiting new staff, training existing staff, commodity procurement, and community involvement for post- partum and post-abortion family planning services for all women, including vulnerable populations.

Experiences from Sugar Palm Foundation with post-abortion family planning services showed that acceptance of family planning among post-abortion clients at training centres increased from 82% in 2011 to 95% in 2013. This remarkable achievement was thanks to improvements in the quality of counselling skills and family planning services, contraceptives were available at the abortion or post- abortion services, there were improved linkages between safe abortion and family planning services, and close and routine supportive supervision with trainees and clients occurred.

The session on *family planning and vulnerable groups* turned to the importance of focusing more on vulnerable groups, particularly garment factory workers, ethnic minorities, entertainment workers, people living with HIV/AIDS, and people with disabilities. There are around 600,000 factory workers in Cambodia and most of them are young women. Their knowledge of sexual and reproductive health and rights and family planning is low and their access to related services and information is limited. Accessing sexual and reproductive health and FP services and information for ethnic minorities remains low due to social, cultural, and financial barriers. Similarly, people with disabilities face a number of constraints in accessing information and services including stigmatization, discrimination, and un-friendly services. Entertainment workers (EWs) do not use condoms consistently or correctly or often EWs are forced to accept additional money in exchange for not using a condom. Rates of correct and consistent use of condoms with regular partners is even less. Specific strategies and interventions were raised in the conference in order to address specific needs and challenges of each vulnerable group.

Session 3: Adolescent/Youth sexual reproductive health and rights, and private sector engagement in family planning

This session covered a performance by a group of youth participants from Takeo, a presentation from Merck and Bayer, and progress, challenges and lessons learned from Pursat.

The session began with a ***performance by a group of young participants*** from Takeo province on adolescent and youth sexual and reproductive health and rights. While the policy and guidelines of the government are very open and rights-based, accessing FP and other reproductive health services remains a challenge for adolescents and youth. The performance reflected the situation at the ground and reiterated the open policy and strategies of the government that reproductive health services and family planning should be made available and accessible to all women, men, couples and adolescent and youth regardless of their marital status, and social and economic conditions.

Merck Company presented that they have more than 40 years of experience developing hormonal contraceptives with Organon. They were the first to develop a low-dose estrogen combination oral contraceptive (CoC), the first and only single-rod contraceptive implant, the first and only oral estrogen-free contraceptive with a 12-hour missed pill window, and the first and only once-a-month contraceptive ring. Much of Merck's global efforts have focused on Implanon and Implanon NXT. Merck contributes its incomes toward improving maternal health, through "Merck for Mothers which is a 10-year $500 million long-term effort with global health partners to create a *"world where no woman has to die from complications of pregnancy and childbirth".* Merck is also financing operational research on consumers' perceptions toward Implanon as a long term family planning method. The results of the study will be ready by mid-2015.

Bayer Company imparted that they have a range of oral contraceptives, with the first one being invented in 1928. In Cambodia, Bayer focuses on high-end products – Yasmin, Meliance, and Diane 35. At the global level, Bayer also produces a high-end IUD named "Mirena" which can prevent unwanted pregnancy for up to five years with other health benefits.

The session ended with a presentation from Pursat province on progress, challenges and lessons learned. In the province, currently married women currently using contraceptives stands at 30.5% in 2014, which is far below Preah Vihear. Challenges raised were migration and remoteness.

Session 4: Family Planning and Universal Health Coverage, and Next Steps

The second day of the conference kicked off with a presentation on "Universal Health Coverage (UHC) and Family Planning" which was followed by group work on four key areas: 1. Policy and strategy in relation to family planning; 2. Family planning at health facility levels (RHs, HCs, and health posts); 3. Family planning and community involvement; and 4. System support to family planning.

The UHC was defined as *"when all people can obtain the health care they need without risking financial hardship."* Due to the direct payments that people often have to make:

- Globally around 150 million people suffer severe financial hardship (or "financial catastrophe") each year.
- 100 million are pushed into poverty because they use health services that they had to pay for

This session highlighted that in order to minimize direct payments; there should be a mechanism to increase pre-payment and pooling. The key message delivered was that family planning needs to be a key benefit package to be included in any health financing schemes of the UHC framework.

The session ran into group work with each group asked to work on one respective key priority cited above. Key questions to be addressed in each group work were:

a) What is the current status?
b) What are the challenges?; and
c) What are recommendations for the future directions to be included in the commitment?

The UNFPA Representative, Dr. Derveeuw Marc delivers remarks at the closing ceremony recognizing progress made on the increased contraceptive use, he appeals that family planning and contraception remain high on the government's agenda.

SUMMARY OF FEEDBACK FROM THE GROUP WORK

GROUP 1:
Policy and Strategies in relation to family planning

- Current status: Overall Cambodia has sufficient national policies and strategies in place
- Challenges: The implementation of the existing policies and strategies contains some flaws, including in the private sector; the dissemination of the policies and strategies remains limited particularly at sub-national level and across sectors; and lack of or limited strategies targeting vulnerable groups – factory workers, entertainment workers, migrants, ethnic minorities, and people with disabilities.
- Recommendations: Reinforce the implementation of policies and strategies at all levels including in the private sector; continued dissemination of the family planning policy to other sectors and to sub-national levels.

GROUP 2:
Family planning at health facility levels (RHs, HCs, and health posts)

- Current status: The group identified the current status as below:
  - LTM services were not available every HC
  - Some RHs did not have FP services yet
    - Less FP clients at the RHs
    - Low counselling quality
    - Abortion services available, but limited FP services
  - Some limited relations between RHs and HCs
  - FP Policy allowed FP services at RHs and HCs
  - Some RHs did not want to provide tubal-ligation as only delivery service fee was set
  - Issues of contraceptive supply to RHs because some of the RHs borrowed from HCs, and some did not report back to HCs, some of them received contraceptives directly from Central Medical Store (CMS). This led to confusion.
  - Supply issues for some methods, like Implanon

- Challenges
  - Continuous training as high staff movement, retirement, etc
  - Lack of focus on factory workers, ethnic minorities, Muslims
  - Financial barriers for some women even though there are a few financing schemes available.

➲ Recommendations

- Expand and improve the link between FP services and post abortion at RHs
- Training on management of complications for IUDs
- Revisit and strengthen FP supply system and reporting requirement for RHs and Provincial Referral Hospitals
- Strengthen HMIS to include wider coverage like CBD and private sector
- Improve working relationships and support between RHs and HCs, especially FP post-abortion and post-partum
- Create two separate user fees for delivery and tubal-ligation
- Improve the quality of counselling including during campaigns or promotion
- Ensure secure supply of contraceptives, and
- Establish strategies to reach factory workers, migrants, ethnic minorities, etc.

GROUP 3

Family planning and community (Community Based Distribution CBD, Village Health Support Group – VHSG, Commune Council – CC, etc.)

➲ Current status

- Efforts are ad-hoc and uneven in the CBD programme
- Continuous and refresher training to CBD agents, due to high dropout rate of CBD agents

➲ Challenges

- No partners/NGOs and local authorities to support CBD
- No budget support for and no sensitization of FP to CC yet
- No referral mechanism for LTPMs
- No reports from private sector

➲ Recommendations

- Sensitize FP, roles of CBD and VHSG to CC, Commune Council for Women and Children focal points, and Health Centre Management Committees
- Provide training to new CBDs and VHSGs
- Provide incentives for high performing CBD agents who have lots of clients and/or who refer many women for LTPMs

GROUP 4

System Support (equipment, contraceptives and supplies and health information system)

➲ Current status

- Improved contraceptives supply, equipment, supplies in the last few years as majority of supplies are in place
- HIS was in place, worked quite well in the past but currently under restructure. HIS was open for private sector to report, but there were no reports from them or they did not know how to report
- A number of HCs had two to three IUD kits which was enough
- LMIS was up and running, but lately there had been some interruptions
- There were some training sessions on stock management and how to request for resupply, but more training was needed for new staff or refresher training.

➲ Challenges

- Lack of equipment and birth spacing kits (unavailable or too old) in some health facilities
- Lack of client records, follow up cards, FP leaflets, filing drawers, and other materials
- Some locations, lack of Progestin Only Pill (PoP), condoms, IUDs, and implants
- Lack of staff at some HCs due to retirement or no midwives
- HIS available but could not generate data for use

➲ Recommendations

- Strengthen supervision to include guidance on equipment and materials management, stock control
- LMIS training
- Sufficient supply and timely delivery from the central level
- Continue training to health staff at all levels
- Disaggregate HMIS by age groups (15 – 19, and 20 – 24) and training to HMIS staff
- Strengthen data collection from the private sector

The four groups' also reviewed, adjusted and confirmed the Joint Commitment of the conference.

Session 5: Firming Up the Commitment and Closing Session

During the final session of the conference, the draft Joint Commitment was presented to the conference participants. There were a few refinements from the plenary sessions, which were taken into account.

The Closing Session was presided over by H.E. Dr. Mam Bunheng, Minister of Health; H.E. Dr. Or Vandine, Director General for Health; Dr. Derveeuw Marc, G.L, UNFPA Representative, Dr. Momoe TAKEUCHI, Senior Programme Management Officer, World Health Organization; and Representatives of GIZ; URC; and Sugar Palm Foundation.

Prof. Tung Rathavy, Director of the National Maternal and Child Health Centre, provided a succinct summary and conclusion of the process and results of the conference.

In her closing remarks, Dr. Momoe TAKEUCHI, Senior Programme Management Officer, World Health Organization, applauded Cambodia for being one of a few countries that was on track in achieving Millennium Development Goal 4 and 5. The reasons behind this success was that declined fertility and increased CPR were the leading factors for the remarkable reduction of maternal mortality in Cambodia. She also mentioned that still significant challenges remained, with large unmet need for modern contraception and associated risks of unintended pregnancies. The use of long tem contraception was still limited among women and – unexpectedly – the use of traditional methods had shown an increasing trend, particularly among rich, educated, urban and peri-urban women.

A recent WHO review of global evidence recommended that policy and program actions should ensure that: ***"No opportunities should be missed in providing family planning services".*** These services should be made available during the antenatal period, immediately after delivery or after abortion, and during the year post partum or post abortion. Contraceptive methods should aways be offered at the point of care - not only counselling –. A variety of methods should be made available to the women.

To conclude, she reaffirmed that WHO would like to confirm its support to MoH to ensure a comprehensive family planning progmme in Cambodia as stated in the Joint Commitment resulting from this conference.

Dr. Derveeuw Marc, G.L, UNFPA Representative, provided his closing remarks by mentioning that the two - day National Family Planning Conference under the theme ***"Choice not Chances"*** offered an excellent

opportunity for all stakeholders to express and share their ideas and their experience about family planning in Cambodia. While it is recognized that enormous progress has been made, there are still gaps in service delivery, a lack of available contraceptive choices for women and young girls, missed opportunities in service delivery, and a lack of accountability for men when it comes to making choices about contraception.

Through agreeing on the theme *"Choice not Chances"*, all participants decided that people, married or unmarried should be given a choice on when to have children and how many children they want, and that as duty bearers working in the health system, they have the continuous obligation to make that choice come true.

The UNFPA Representative called upon the Minister and the Ministry of Health to maintain family planning and contraception high on the government's agenda. He also thanked the Minister for his leadership and commitment to increase the proportion of the government contribution toward family planning and contraceptive procurement in the coming years. This commitment gave an important signal to the donor community, to the neighboring countries and the international community and confirmed that Cambodia is committed to investing in social protection as part of its rapid economic growth and family planning is an essential part of that social protection.

The official closing session came from H.E. Dr. Mam Bunheng, the Minister of Health. The Minister congratulated and applauded the first ever National Family Planning Conference that brought participants Cambodia and international and regional levels together to highlight progress, lessons learned, challenges and strategic directions for FP in Cambodia.

Through its untiring efforts, Cambodia had been recognized for its achievements in reducing maternal and child mortality, and the successes with fighting against HIV/AIDS, TB and malaria. A number of indicators have improved compared to 10 years ago and the country is on track to achieve certain MDGs by 2015. However, some indicators might not reach the set targets by 2015 such as CPR. In order to speed up the progress, the MoH developed the Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality 2010-2015, which includes family planning as a core component. The MoH, with collaboration and support from DPs, ensure that every health facility offers family planning services and continued training to health staff. The Minister highlighted that the Ministry of Health has done their best possible to deliver the results that are seen today. In 2014, the MoH made a large effort to contribute to

contraceptive procurement in order to secure commodity supply. He also urged health providers to provide quality family planning services and information to clients. In collaboration with DPs, the MoH will work to ensure that there is a secured supply of contraceptives in the coming years.

His Excellency the Minister also extended his full endorsement to the **Joint Commitment** made at the conference.

HE Mam Bunheng, Minister for Health delivers closing remark at the first national conference on family planning reconfirming government's commitment to securing contraceptive commodities for family planning from 2016 onwards.

One of the participants shares some practical challenges and lessons learned on the management of contraceptive commodities during the plenary discussion.

JOINT COMMITMENT FROM PARTICIPANTS
IN THE
NATIONAL FAMILY PLANNING CONFERENCE
PHNOM PENH, CAMBODIA
"CHOICES NOT CHANCE"
27 - 28 NOVEMBER 2014

We, the Officials of the Ministry of Health, Development Partners, Representatives of Civil Society Organizations, NGOs, Health Professionals, Representatives of Youth Organizations, Representatives of Civil Society, Representatives of Private Sector Companies, attending the National Family Planning Conference held on 27 – 28 November 2014 in Phnom Penh, Kingdom of Cambodia;

Recognize that all couples and individuals have the basic rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so;

Endorse that family planning is a major component of individual sexual reproductive health and rights which improves the health of women and their children, helps reduce economic and social burden on the family and community, and reduces the pressure of rapidly growing populations on economic, social and natural resources;

Acknowledge the importance of Family Planning in meeting Cambodia's goals for reducing maternal mortality and morbidity, and preventing sexual transmitted infections including HIV, as set on the Plan of Action of the International Conference on Population and Development (ICPD), the Millennium Development Goals (MDGs) and the Health Strategic Plan and the National Strategic Development Plan (NSDP) of the Kingdom of Cambodia;

Accept that as policy makers, programme managers, representatives of development partners, civil society organizations and NGOs, youth organizations, representatives from the commercial sector, and rights bearers; we would like to reiterate our commitment to strengthen the family planning in Cambodia to ensure sexual and reproductive health and rights of Cambodian women, men, and young people are fulfilled by providing high quality, affordable and sustainable family planning services and information at all levels;

Realize that Cambodia's programmes are still inadequate for providing a secured supply and choice of quality and affordable contraceptives;

Aware of the challenges and barriers posed by socio-cultural and economic factors and health care systems in addressing maternal mortality;

Concerned with the detrimental impact of low contraceptive prevalence rate, high unmet need for family planning information and services, continued stagnant teenage fertility rates and high incidence of life threatening pregnancies and sexual health related conditions;

Hereby commit ourselves to ensuring a comprehensive family planning programme in Cambodia will be realized through:

1) **Creation of an enabling environment for human rights based family planning as an integral part of sexual and reproductive health and rights**
   a. Develop, revise, and update national policies, strategies, protocols and guidelines to ensure comprehensive and rights based family planning services are widely available.
   b. Target the family planning interventions with a priority for the marginalized groups, at risk populations, hard to reach populations and ethnic minorities.
   c. Promote a Total Market Approach for family planning sustainability by involving the public, NGOs and the commercial sector.
   d. Ensure that services are available to all women, men and young people regardless of their marital status, economic status, sexual orientation or gender identity.

2) **Improved availability of good quality, human rights-based, family planning services**
   a. Guarantee that in every health facilities at least three family planning methods are available and offered. Expand and improve post-partum and post abortion family planning services at the referral hospitals, with a particular focus on long term and permanent methods.
   b. Use the existing community networks to ensure availability and accessibility of family planning services, and information throughout the country.
   c. Ensure that family planning services and commodities are made available for every women, men and youth regardless of their marital status, economic status, HIV/AIDS status, and sexual orientation or gender identity.

3) Increased demand for family planning according to client's reproductive health intentions and preferences
   a. Recognize the need for family planning of unmarried young women, most at risk and vulnerable populations including people living with HIV/AIDS.
   b. Ensure that all family planning services are offered equitably at reasonable costs to all clients.

4) Improved availability and reliable supply of quality contraceptives
   a. Gradually increase the national budget allocation for contraceptives in line with the National Strategy for Reproductive and Sexual Health.
   b. Introduce new family planning methods in Cambodia, when available, to ensure the array of choices in Cambodia.
   c. Ensure availability of quality family planning commodities, equipment, materials, and consumables at the Central Medical Store, at every service delivery point and at the communities at all the time.

5) Strengthened health management information system (HMIS) and logistics management system pertaining to family planning
   a. Improve HMIS system to better and timely capture data from all health facilities;
   b. Include private sector data into the HMIS system;
   c. Disaggregate user data in the HMIS by age groups; and
   d. Ensure quality and timely data entry of needs and distribution of contraceptives at central, provincial, OD and health facility levels.

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Seen and approved by

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Date: ...../...../2015

Minutes taken by

Conference Organizing

Committee

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Date:...../...../2015

ANNEX 1

National Family Planning Conference

Choices not Chance

27 – 28 November 2014

Intercontinental Hotel
Phnom Penh

AGENDA

DAY 1:	27 November 2014
Opening Session:	
7:30 - 8:30	Registration *NMCHC team*
8:30 - 8:40	National Anthem and Objectives of the conference *Prof. Rathavy*
8:40 – 8:50	Remarks by USAID Representative *Ms. Sheri-Nouane Duncan-Jones*
8:50 – 9:00	Remarks by DFAT representative *Ms. Margot Morris*
9:00 – 9:10	Remarks by UNFPA Representative *Dr. Marc Derveeuw, G.L,*
9:10 - 9:30	Opening remarks *H.E. Prof. Eng Huot, Secretary of State*
9:30 – 10:00	Tea Break
Session 1:	**Global Development Agenda and Progress in Cambodia in Family Planning**
Session Chair	Dr. Silvia Pivetta *Team Leader - MCH and Nutrition, WHO*
10:00 - 10:20	Global/International Development Agenda *Dr. Vinit Sharma Regional Advisor UNFPA*
10:20 - 10:40	Global Experiences: Family Planning in Post Delivery Care *Prof. Unnop Jaisamrarn, Department of Obstetrics and Gynecology, Faculty of Medicine, Chulalongkorn University, Thailand*
10:40 - 11:10	Progress of Family Planning Program in Cambodia and NRHP/MoH Population Trends in Cambodia

	Prof. Rathavy
11:10 – 11:30	Good practice, lesson learned, and challenges *Dr. Sao Mony Preah Vihear*
11:30– 12:00	Plenary Discussion and Questions and Answers *Session Chair*
12:00 – 13:30	**Lunch Break**
Session 2:	**Sustainable Concepts and Addressing Family Planning Needs of Vulnerable Groups**
Session Chair:	**Dr. Marc Derveeuw, G.L UNFPA Representative**
13:30- 13:50	Comedy Show (misconception & man involvement) *RACHA Team*
13:50 – 14:05	Total Market Approach (TMA) *Dr Sam Sochea (USAID)* *Dr. Heng Kheng (PSK)*
14:05 – 15:15	**Panel Discussion on Dr. Marc Derveeuw: Moderator**

Panelists:

- Representative of the National Reproductive Health Programme
  Prof. Tung Rathavy, Director of NMCHC
- Long Acting and Permanent Method Family Planning
  Dr. Katherine Krasovec (URC) and Dr. Var Chivorn (RHAC)
- Post Abortion and Post-Partum Family Planning
  Dr. Cheang Kanitha (WHO) and Dr. Oum Vanna Theary (Sugar Palm Foundation)
- FP and Vulnerable Groups
  Dr. Heidi Brown (PSL) and Ms. Amy Weissman (FHI)

15:15- 15:30	**Tea Break**
Session 3:	**Adolescent/Youth sexual reproductive health and rights and private sector engagement in Family Planning**
Session Chair:	**Heidi Brown, Coordination and Learning Unit, Director, PSL**
15:30 – 15:50	Youth and Family Planning (Performance) *RHAC Team*
5:50 – 16:20	Private sector contribution *Mr. Anant Vailaya, Business Unit Director (MSD)* *Dr. Nhauch Te, Senior Products Manager, Bayer Health Care*

16:20 – 16:40	Good practices and lesson learned *Ms. Men Phalla , Pursat*
16:40 - 17:00	Questions and Answers *Session Chair*
17:00 – 17:15	**Wrap Up of Day 1** **Prof. Tung Rathavy**
	END OF DAY 1
DAY 2:	**28 November 2014**
07:30 – 08:00	Registration *NMCHC team*
Session 4:	**Family Planning and Universal Health Coverage and Next Steps**
Session Chair:	*Dr. Katherine Krasovec,* *Chief of Party, URC*
08:00 - 08:30	Universal Health Coverage and Family Planning *Dr. Silvia Pivetta, WHO*
08:30 – 08:40	Instruction for Group Work *Prof. Tung Rathavy*
08:40 -11:00	**Group Work including break during the group work**

1. Policy and strategy level (Group 1 Facilitators: NRHP, Dr. Sokun (UNFPA), Dr. Piseth (DFAT), and Mr. Thou (MSI/C)
2. Facility level (RHs, HCs, and HPs) – Group 2 Facilitators: NRHP, Dr. Sochea (USAID), Dr. Chivorn (RHAC), and Dr. Socheat (URC/MSI/C)
3. Community level (VHSG, CBD, CCs, etc.) (Group 3 Facilitators: NRHP, Ms. Susane (GIZ), Dr. Sivarine (CARE), and Dr. Sreng (RHAC)
4. System Support (equipment, contraceptives and supplies and Health Information system) (Group 4 Facilitators: NRHP, Dr. Kannitha (WHO), Dr. Kheng (PSK), and JICA

11:00 -12:00	Feedback from thematic group work to plenary session (10 minutes from each group) 20 minutes for Q & A *Session Chair*
12:00 – 14:00	**Lunch Break**
Session 5:	**Firming Up the Commitment**

Session Chair:	*H.E. Dr. Or Vandine,* *Director General for Health, MoH*
14:00 – 14:45	Present Draft Joint Commitment to the Plenary Session Prof. Rathavy
14:45 – 15:00	Adoption of the Joint Commitment MOH, DPs, NGOs, PHDs and Private sector
15:00 – 16:00	**CLOSING REMARKS**
	WHO representative Dr. Momoe TAKEUCHI
	UNFPA Representative Dr. Derveeuw Marc, G.L
	Closing Remark by Minister of Health H.E. Dr. Mam Bunheng

ANNEX 2

Concept Notes
National Family Planning Conference
Choices not Chance
27-28 November 2014

I. Introduction

Cambodia has made progress in reducing the total fertility rate (TFR) from 4.0 in 2000 to 3.0 in 2010 and has already achieved the CMDG target for 2015. Contraceptive prevalence in currently married women in Cambodia stands at 35%[5] with oral contraceptives (known for their high rates of discontinuation) the most widely used modern method (15.4%), and followed by injectables at 10.4%. Long-acting and permanent methods (LAPM) such as intrauterine devices (IUDs), implants, tubal ligation and vasectomy are used by only 5.9% of married women and me.

All HCs and health posts now provide at least three contraceptive methods, while pills and condoms are additionally provided through community-based distribution (CBD) in over 50% of ODs [6] and contraceptive services are being scaled up at referral hospitals - where many women go for delivery, abortion, and other reproductive health services. Number of health facilities keeps increasing to meet the increased demand from increased population. This also requires continued capacity building, more supply of medical equipment, materials, medicines which include wide range of contraceptives.

Despite progress, challenges remain. There remains a substantial unmet need for modern contraception, with a high risk of unintended pregnancies. Use of long term contraception is still low among women. Unexpectedly, the use of traditional methods has increased, particularly among rich, educated, urban and peri-urban women. Quality of family planning services and counselling requires further improvement. Sexual and reproductive health and rights, including family planning, of specific groups – migrant/garment factory workers, entertainment workers, ethnic minorities, adolescents and youth, and people living with HIV/AIDS – is an area of focus with specific attention and specific interventions in order to ensure that they are able to access to comprehensive and quality

[5] CDHS 2010
[6] National Strategy for Reproductive and Sexual Health in Cambodia 2013 - 2016

information and services in regard with sexual and reproductive health and rights.

Cambodia has received contraceptive supply from development partners for more than a decade. Until recently, the development partners are gradually reducing the support to the procurement of commodities for the country, including contraceptives. Therefore, the government contribution now, and full supply of contraceptives in the years to come, comes very timely and is very much appreciated.

In order to revitalize and reaffirm the commitment towards achieving the International Conference on Population and Development's Programme of Action, the Millennium Development Goals, the National Strategic Development Plan 2014 - 2018, and the Health Strategic Plan, the first National Conference on Family Planning is being proposed and scheduled in November 2014.

II. Conference Objectives

The conference will gather key policy makers; international, regional and national experts; and programme managers to:

1. Understand the latest development agenda and key strategic directions;
2. Learn good successes, challenges and ways forwards for FP programme; and
3. Revitalize and reaffirm commitment and create partnership towards family planning.

III. Expected outputs

By the end of the conference:

- A joint commitment should be agreed/signed by the government, development partners and stakeholders; and
- A brief note of the conference will also be made available in order to inform future FP program direction and strategies.

IV. Proposed Participants

1) The Government:

- Senior MOH officials (Minister and/or Secretaries of State)
- Director General for Admin and Finance
- Director General for Health
- NMCHC/NRHP and NCHADS; and
- All 24 PHDs and 81 ODs; and all MCH PHDs and ODs

2) Development partners and UN agencies

- The Australian Government/DFAT
- The Government of Germany via Embassy,
- The Swedish Government via Embassy
- USAID, KfW, GIZ
- UNFPA, WHO, UNICEF; and
- Other development partners

3) Civil Society — All NGOs working in health sector from MCH – Sub – TWGH and youth organizations

4) Private Sector — MSD, Bayer, a few key private pharmacies

5) Community — CBDs and VHSGs

Estimated Total Participants: 250