



REPRODUCTIVE HEALTH ASSOCIATION OF CAMBODIA

**CALL FOR ACTION TO INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH
AND RIGHTS INTO THE POST-2015 SUSTAINABLE DEVELOPMENT AGENDA
AT THE NATIONAL LEVEL
(CAMBODIA)**

**CALL FOR
ACTION**



INTRODUCTION

Rapid economic growth and modest reductions in poverty have increased inequality in Cambodia's society, making many young people migrate for education and employment, thus exposing them to sexual and reproductive health risks, including unsafe sexual practices and gender-based violence. Teenage fertility is currently a major health concern. About one in eight women age 15-19 has become a mother or is currently pregnant with her first child (12%, CDHS 2014). Abortion remains one of the major issues as one in five women of reproductive age reported having an abortion (PSI TRaC report, 2012). With regard to family planning, the proportion of use of cost-effective long-term family planning methods remains very low. Despite remarkable improvements, the Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and perinatal deaths continue to remain at high levels. Emergency obstetric care facilities are still very limited, while neonatal care units are only available at big national hospitals. There is a lack of a grievance redress mechanism or system to allow people to interact or dialogue with public systems in order to hold the government accountable, and to monitor social service provision. People pay high out of pocket expenses for health care services, yet they cannot receive good health care services as needed.

Cambodia has an obligation under the UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) to provide education to girls and women about reproductive health rights, and to ensure that all girls and women receive adequate services related to their reproductive health needs.

This is a call to the Royal Government of Cambodia to establish a globally adopted health indicators and monitoring framework for the post-2015 development agenda to be integrated into the national strategic development plan for the post-2015 period. All schools must integrate into their core curricula Comprehensive Sexuality Education (CSE) to enable informed choices among young people with regards to their sexual and reproductive health and rights (SRHR). Comprehensive Sexual and Reproductive Health Services (SRH) provision needs to be strengthened. Public funding for health must be increased to reduce out of pocket expenses and thereby ensure affordable, high-quality health care and accessible health services, including sexual and reproductive health services to all people.

GOALS, TARGETS AND INDICATORS

We call for the full integration of all the proposed 17 Sustainable Development Goals (SDG) into the national development plans post-2015, especially Goal 3 on ensuring healthy lives and promoting well-being for all at all ages; Goal 4 on ensuring inclusive and equitable quality education and promoting lifelong education for all; and Goal 5 on achieving gender equality and empowering all women and girls. These goals are of critical importance for empowerment of women and girls and improving their health and well being, including sexual and reproductive health and rights. We call for the full integration of all targets for all sustainable development goals, especially those targets under goal 3, 4 and 5 for inclusion of sexual and reproductive health and rights.

Target 3.1- Reduce the maternal mortality ratio to less than 50/100,000 live births: We call for the inclusion of the following indicators within this target.

- Percentage of women receiving at least two postpartum/postnatal care visits after delivery by a skilled birth attendant according to the national protocol.
- Proportion of deliveries by a skilled birth attendant.
- Proportion of public health facilities providing quality Basic Emergency Obstetric and Newborn Care (BEmONC)

GOALS, TARGETS AND INDICATORS (CONT'D...)

and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services to all women without financial barriers.

- Proportion of women (15-49) who are aware of abortion law and the grounds on which abortion is permitted in Cambodia.
- Proportion of women/girls who received safe abortion services.
- Number of health facilities providing quality abortion services.
- Teenage pregnancy (15-19) rate.

Target 3.3- By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. We call for the inclusion of the following indicators within this target.

- Percentage of pregnant women living with HIV who are enrolled in ART lifelong.
- Number of public health facilities providing Prevention of Mother-to-Child Transmission (PMTCT) services.
- Percentage of pregnant women with a positive syphilis test, and partners who received treatment.

Target 3.7- By 2030, ensure universal access to Sexual and Reproductive Health Services including family planning, and ensure information and education are integrated into national sexual reproductive health strategy and program. We call for the inclusion of the following indicators within this target.

- Percentage of family planning demand met with modern contraceptives (benchmark: 60%).
- Proportion of women (15-49) receiving long-term family planning methods (IUD/Implants).
- Proportion of women (15-49) using contraception who were informed about possible side-effects of their method and how to deal with them, and were informed about other family planning methods.
- SRH rights integrated into law and policy (i.e., access to contraceptive services without spousal or parental/guardian authorization/notification, and without age limitation).
- Percentage of Health Centers/Health Posts that provide the basic Sexual Reproductive Health (SRH) package.
- Percentage of Private Health Facilities that provide the basic SRH package.
- Proportion of young people receiving youth friendly services from health facility.

Target 3.8- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. We call for the inclusion of the following indicators within this target.

- Percentage of poor/vulnerable people who are aware of health equity fund eligibility.
- Proportion of national health budget allocated for health equity fund.
- Proportion of the poor who received quality health services through Health Equity Fund.
- Proportion of people who received quality health care services through Health Insurance.
- Proportion of people receiving quality health care services through efficient tax-based financing.

Target 4.7- By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity, and of culture's contribution to sustainable development. We call for the inclusion of the following indicators within this target.

- Percentage of schools providing comprehensive sexuality education/basic knowledge about sexual and reproductive health.

GOALS, TARGETS AND INDICATORS (CONT'D...)

- Percentage of school teachers trained in Comprehensive Sexuality Education (CSE).
- Percentage of young people receiving basic knowledge about Sexual and Reproductive Health Rights.

Target 5.2- Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, and sexual and other types of exploitation. We call for the inclusion of the following indicators within this target.

- Proportion of women and girls subjected to physical and/or sexual violence by a current or former intimate partner, in the last 12 months.
- Proportion of women and girls subjected to sexual violence by persons other than an intimate partner.
- Proportion of victims of Gender Based-Violence (GBV)/trafficking receiving psycho-socio, legal, and health services.

Target 5.6- Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development, and the Beijing Platform of Action and the outcome documents of their review conferences. We call for the inclusion of the following indicators within this target.

- Are there grievance redress mechanisms for SRH services in this country? At what level do they function - facility level/provincial level/national level?
- Do the national programmes and policies recognize young, unmarried people's right to access SRH services?
- Does the law recognize marital rape? Sexual harassment at the workplace?
- Does the law provide for non-discrimination for SRH services on the basis of sexual orientation and gender identity?

MEANS OF IMPLEMENTATION

There is a need to strengthen policies on the sexual and reproductive health and rights and other related laws, to promote their application and practices that enable women to access health services and SRHR education and information, and encourage the participation and responsibility of men in SRHR.

Civil society and other development actors need to be treated alike. The perspectives of CSOs need to be amplified on the post-2015 development of Cambodia along with identification of how partnerships can be created and strengthened among all development actors to jointly implement the agenda. The government should open more space for civil society engagement and promote partnerships with the CSOs who wish to improve the livelihoods of Cambodian people.

We call for the government to incorporate key Means of Implementation into the national health strategic plan for the post 2015 period:

- Increase skilled workforce on safe abortion and long term FP methods.
- Training/mentoring/coaching to improve capacity of health staff for BEmONC and CEmONC.
- Promotion of laws in relation to Sexual and Reproductive Health and Rights (SRHR), complying with the CEDAW convention, the ICPD Programme of Action and the Beijing Platform for Action, and the outcome

MEANS OF IMPLEMENTATION (CONT'D...)

documents of their review conferences.

- Sufficient supply of medicines, FP commodities with all options available for all people, enough informed choice, and medical equipment.
- Access to benefits of technology for young people and people with disabilities related to SRHR, such as e-learning for CSE.
- Use of technology for training of health workforce regarding issues related to SRHR services.
- Inclusive and meaningful public participation in planning and decision-making processes.
- Increase in national budget for health equity fund, health insurance, and efficient use of tax-based-financing to ensure equal access for the poor, vulnerable, disabled and young people to health care services.

FINANCING

The issue of financing is fundamental to women's and young people's health and rights. Without adequate allocation of public resources for health, women, especially marginalized women and young people, will not be in a position to access health services, including sexual and reproductive health services.

Official Development Assistance (ODA) plays a defining role in financing in Cambodia. We call upon the developed countries to fully implement their ODA commitments including 0.7% of Gross National Income (GNI) in ODA to developing countries of which 0.15-0.20% is allocated to least developed countries. Of this ODA, allocation should be made towards financing women's and young people's health and rights, including SRHR.

We call upon our government to strengthen domestic resource mobilization and allocate resources to empower women and young people, as well as provide universal access to sexual and reproductive health services. We call upon our government to ensure that financial resources are specifically allocated for sexual and reproductive health for the following:

- Developing National Financial Action Plans for Sexual and Reproductive Health and Rights: Cambodia should develop multi-year national action plans for financing SRHR, and ensure the integration of SRHR plans and budgets within broader national health strategies and budgets, as well as within other relevant sectoral plans (i.e., education, gender, youth, etc.). Financing plans should be measurable and transparent. Plans should be driven by an equity perspective focused on reaching the vulnerable groups including poor, marginalized and under-served populations, with emphasis on achieving universal access to comprehensive SRH information, education and services, including all the core components (maternal-newborn health, contraception, HIV/AIDS and sexually transmitted infections, treatment for complications of unsafe abortion, and safe abortion services).
- Increasing Mobilization of Domestic Public Revenue for Health, including Sexual and Reproductive Health. While a large proportion of SRHR spending comes from domestic sources, a significant portion of this is out-of-pocket expenditures by individuals, implying inequity in access to services based on ability to pay. There is thus a pressing need to maximize fiscal space for health spending, including for SRHR. Opportunities include improved tax collection, excise taxes (e.g., on tobacco or alcohol), earmarking tax revenues (hypothecation), financial transaction taxes, and exploring monetary and debt management policy scenarios that could free up resources for health, including SRHR.
- Establishing a mechanism to strictly regulate the private sector. SRH services provision should be the

FINANCING (CONT'D...)

responsibility of the State, and in places where Public Private Partnerships (PPP) are initiated, they need to provide accessible services for people rather than meeting their private interest. Public-private partnerships to finance sexual and reproductive health and rights, outsource service provision, or advance research and development should be carried out only under strong regulation and stewardship by governments, and within an existing context of tax-funded public health care, to ensure equitable access, quality of care and compliance with human rights and ethical standards. This should involve ex ante screening to determine whether private sector partners have a demonstrated commitment to rights- and gender equality-based approaches, have any prior involvement in human rights abuses or corruption, respect tax and other financial obligations, comply with labor and environmental standards, and have no conflicts of interest, for which proper disclosure should be required.

ACCOUNTABILITY

Given the context of SRHR in Cambodia, specific challenges are the unequal allocation of resources, and the lack of fulfilment of people's SRHR. We call on our government and policy makers, development partners, and other duty bearers in the country to ensure that the ICPD is fulfilled and that the Ministerial Declaration (Prakaas) is translated into action, and that sexual and reproductive rights are fully realized. It is essential to put into place accountability mechanisms to accurately monitor the progress of implementation at all levels to ensure the rights-based, gender sensitive, and equitable frameworks. We call for the following actions:

- Government to regularly present progress reports on overall SDG goals, targets and indicators based on high-quality, timely and reliable data disaggregated by income, gender, age, rural/urban/hard to reach places, ethnicity, migratory status, etc. This activity needs to be financed appropriately in state budgets.
- Good governance for health services, including quality Youth Friendly Services.
- Accuracy of the report on SDG progress is of importance. In addition to the work of the government, the reflection through the shadow report of NGO-CEDAW should be utilized so that the real implementation progress of health policy and services can be strengthened accordingly.
- We call on our government to put in place effective and transparent accountability mechanisms/grievance redress mechanisms, such as multi-stakeholder dialogue that involve all stakeholders at all levels, including primary, secondary and tertiary levels to ensure the realization of SRHR for all.
- To engage and enable communities especially the vulnerable populations to claim their rights, government needs to provide channels for people to complain and provide real feedback on project implementation and service delivery at all levels, starting from the community level.
- There is a need to put in place systems that track public expenditure on health including SRH; track donor and financial commitments and allocations for health sector specifically for SRHR, and national level policy and programme implementation on health, including SRH. The government should report total health expenditure and total sexual and reproductive health expenditure by financing source, in addition to tracking out-of-pocket expenditures.
- Improve Efficient Use of Available Resources: To more effectively and efficiently employ financial resources allocated to SRHR, investments should be made to strengthen the financial planning and management capacities of relevant government authorities, and of health personnel. Enhancing financial management skills through training and technology can improve government capacities to overcome the bottlenecks related to logistics, administration, procurement, infrastructure and human resources that impede the ability of a ministry to spend its allocations in a timely manner.

RECOMMENDATIONS

- Strengthen laws and policies on SRHR
- Strengthen civil society partnerships
- Increase skilled workforce on safe abortion and long term FP methods
- Provide training/mentoring on BEmONC and CEmONC service provision
- Improve supply of drugs, equipment, and FP commodities with full informed choice
- Strengthen access to CSE for disabled through on line learning tools
- Promote public participation in planning and decision making
- Develop national financial action plans for SRHR
- Increase mobilization of domestic revenues for health, including SRHR
- Establish mechanisms for strict regulation of the private sector
- Regular publication and dissemination of progress reports on overall SDG goals and targets
- Use of NGO-CEDAW shadow reports results in Government's progress reports
- Good governance for health services, including quality youth friendly services
- Establish effective and transparent accountability mechanisms
- Provide channels for feedback from communities and the vulnerable
- Set up systems to track public expenditures effectively, and
- Improve efficient use of available resources.

ABOUT RHAC

Reproductive Health Association of Cambodia (RHAC) is an indigenous and non for profit organization, working in Reproductive Health (RH), HIV/AIDS, the control of key infection diseases, maternal and child health and nutrition, and strengthening of the health system.

RHAC has been the leading local organization in the field of sexual and reproductive health (SRH) since 1996 and plays an active role in the provision of SRH information and services in Cambodia. RHAC has been implementing many projects that address SRH needs of different target groups, including young people, men and women in reproductive age, factory workers, entertainment workers, construction workers and MSM. RHAC clinics provide comprehensive SRH services, including family planning, STI diagnosis and treatment, post-abortion care, ante and post natal care, cervical cancer screening, etc. with respect to client rights. As a member of the Inter-Departmental Committee for HIV/AIDS and Drugs (ICHADS) and technical working group of MoEYS, RHAC has been involved in the development of the updated life skills education (LSE) on SRH curricula by incorporating Comprehensive Sexuality Education (CSE) as the tool for training and educating young people both in school and out-of-school. In cooperation with ARROW, RHAC developed two Country Profiles of Cambodia, Sexual and Reproductive Rights (SRR) profile and the Sexual and Reproductive Health (SRH) profile and led an advocacy and policy dialogue workshop at the national level

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