KINGDOM OF CAMBODIANATION – RELIGION – KING



MINISTRY OF HEALTH

National Maternal and Child Health Centre
National Reproductive Health Programme

National Strategy for Reproductive and Sexual Health in Cambodia

2017-2020

Phnom Penh

May 2017

Forward

Over the last four years, the Cambodian Ministry of Health made very good progress improving the reproductive health and rights of women, men and young people. The National Reproductive Health Programme (NRHP) of the National Maternal and Child Health Centre (NMCHC) achieved four out of five of its goal level targets and nearly half of its outcome and objective level targets for 2013 to 2016.

While good progress was made, more work remains to be done if we are to achieve the Sustainable Development Goals by 2030. In order to achieve these goals, the NRHP/NMCHC will need to build on what has worked, address outstanding issues and equity gaps, and improve the quality and accessibility of reproductive and sexual health (RSH) services in both the public and the private sector. The third National Strategy for Reproductive Health 2017-2020 will guide this work, and will ensure that all people in Cambodia benefit from improved RSH status and rights.

May... / 2017

Prof. ENG HUOT SECRETARY OF STATE

Acknowledgements

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

We would like to thank the Sub-Technical Working Group for Maternal and Child Health (Sub-TWG for MCH) for their key inputs to this work, and we would like to extend our thanks to the following relevant national programmes, development partners, and NGOs such as NRHP, PMTCT, National Nutrition Programme, NIP, UNFPA, WHO, USAID, DFAT, GIZ, MSI/C, PSI/PSK, RHAC, URC, SCA, CARE, KOFIH, SPF, RACHA. Your inputs and suggestions are appreciated, and we look forward to working closely with you in making the implementation of the NSRSH 2017 - 2020 a reality.

We would like to express our sincere appreciation to UNFPA for providing technical and financial contributions to the development of the NSRSH 2006 – 2010, 2013 – 2016, and 2017 – 2020, and to thank UNFPA, GIZ, and WHO/KOFIH for supporting the consultation workshop and publication of the new strategy document.

We would also like to thank Ms. Alice Levisay for her support in developing this new strategy document and Mr. Anderson Stanciole, Health Economist Adviser of UNFPA Asia and the Pacific Regional Office, for his costing compilation and verification for the NSRSH 2017- 2020.

Acronyms and Abbreviations

AFRSH Adolescent Friendly Reproductive and Sexual Health

ANC Antenatal Care

ART Anti-Retroviral Therapy

BCC Behavior Change Communication

BEMONC Basic Emergency Obstetric and Newborn Care

CAC Comprehensive Abortion Care
CBD Community Based Distributor

CCMN Community Care for Mothers and Newborns

CEMONC Comprehensive Emergency Obstetric and Newborn Care

CHW Community Health Worker
CIP Commune Investment Plan
CPR Contraceptive Prevalence Rate

CDHS Cambodian Demographic and Health Survey
EmONC Emergency Obstetric and Newborn Care

EPOS EPOS Health Management

FP Family Planning

FTIRM Fast Track Initiative Roadmap
GBV Gender Based Violence

HC Health Center

HCMC Health Center Management Committee

HIV Human Immunodeficiency Virus
HKI Hellen Keller International

HMIS Health Management Information System

HPV Human Papilloma Virus

HRD Human Resources Department
LAPM Long Acting or Permanent Method

LOgistics Management Information System
 MCAT Midwifery Coordination and Alliance Team
 MDSR Maternal Death Surveillance and Response

MgSO4 Magnesium Sulfate
MMR Maternal Mortality Rate
MoH Ministry of Health

NE Northeast

NGO Non-governmental organization
NIP National Immunization Programme

NRHP National Reproductive Health Programme

NMCHC National Maternal and Child Health Centre

NSDP National Socio-Economic Development Plan

NSSF National Social Security Fund

OD Operational District

PLW Pregnant and Lactating Women

PMTCT Prevention of Mother to Child Transmission

RGC Royal Government of Cambodia
RSH Reproductive and Sexual Health

RMNH Reproductive Maternal Newborn Health

PNC Postnatal Care

PPH Post-Partum Hemorrhage SBA Skilled Birth Attendance

SCA Save the Children Australia

SE South East

SPF Sugar Palm Foundation

UBC University of British Columbia
UHS University of Health Sciences

UN United Nations

UNFPA United Nation's Fund for Population Activities

URC University Research Corporation

USAID United States Agency for International Development

VAW Violence Against Women
VHSG Village Health Support Group
VIA Visual Inspection by Acid Acetic
WHO World Health Organization

Table of Contents

| Forwardi |
|--|
| Acknowledgementsii |
| Acronyms and Abbreviationsiii |
| Context |
| Global norms and standards |
| Methodology1 |
| Progress to date |
| Strategy |
| Goal |
| Objective One3 |
| Strengthen Family Planning Information and Services |
| Rationale |
| Key Interventions |
| Strengthen ANC Services |
| Rationale 5 |
| Key Interventions 5 |
| Increase identification and treatment of HIV and Syphilis during pregnancy |
| Rationale6 |
| Key Interventions 6 |
| Strengthen intrapartum and delivery care |
| Rationale 7 |
| Key Interventions |
| Increase Coverage of EmONC9 |
| Rationale9 |
| Key Interventions |
| Strengthen PNC services |
| Rationale |
| Key Interventions |
| Strengthen Safe Abortion Services |
| Rationale 13 |
| |
| Key Interventions |

| | Rationale | 15 |
|-----------|--|----|
| | Key Interventions | 15 |
| Strength | en gynecological services | 17 |
| | Rationale | 17 |
| | Key Interventions | 17 |
| Strength | en GBV/VAW related health services | 17 |
| | Rationale | 17 |
| | Key Interventions | 18 |
| Objective | e Two | 18 |
| | social health protection systems, including health equity funds, that cover the full RSH s | |
| | Rationale | 19 |
| | Key Interventions | 19 |
| Increase | government financing for RSH services | 20 |
| | Rationale | 20 |
| | Key Interventions | 21 |
| Improve | the competence and availability of midwives | 21 |
| | Rationale | 21 |
| | Key Interventions | 21 |
| Objective | Three | 22 |
| Strength | en Maternal Death Surveillance and Response (MDSR) system | 22 |
| | Rational | 22 |
| | Key Interventions | 23 |
| Introduce | e Neonatal Death Review/Audit system | 23 |
| | Rationale | 23 |
| | Key Interventions | 24 |
| Conduct | Operational Research and Other | 24 |
| | Rationale | 24 |
| | Key Interventions | 24 |
| Monitori | ng and Evaluation | 25 |
| Annex 1: | Monitoring Framework | 26 |
| Annex 2: | Key Intervention Framework | 32 |
| Annex 3: | Essential RSH service package | 45 |

| Annex 4: Costing the National | Strategy for Reproc | ductive and Sexual | l Health (NSRSH |) in Cambodia | 2017- |
|-------------------------------|---------------------|--------------------|-----------------|---------------|-------|
| 2020 | | | | | 16 |

预览已结束, 完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5_19501

