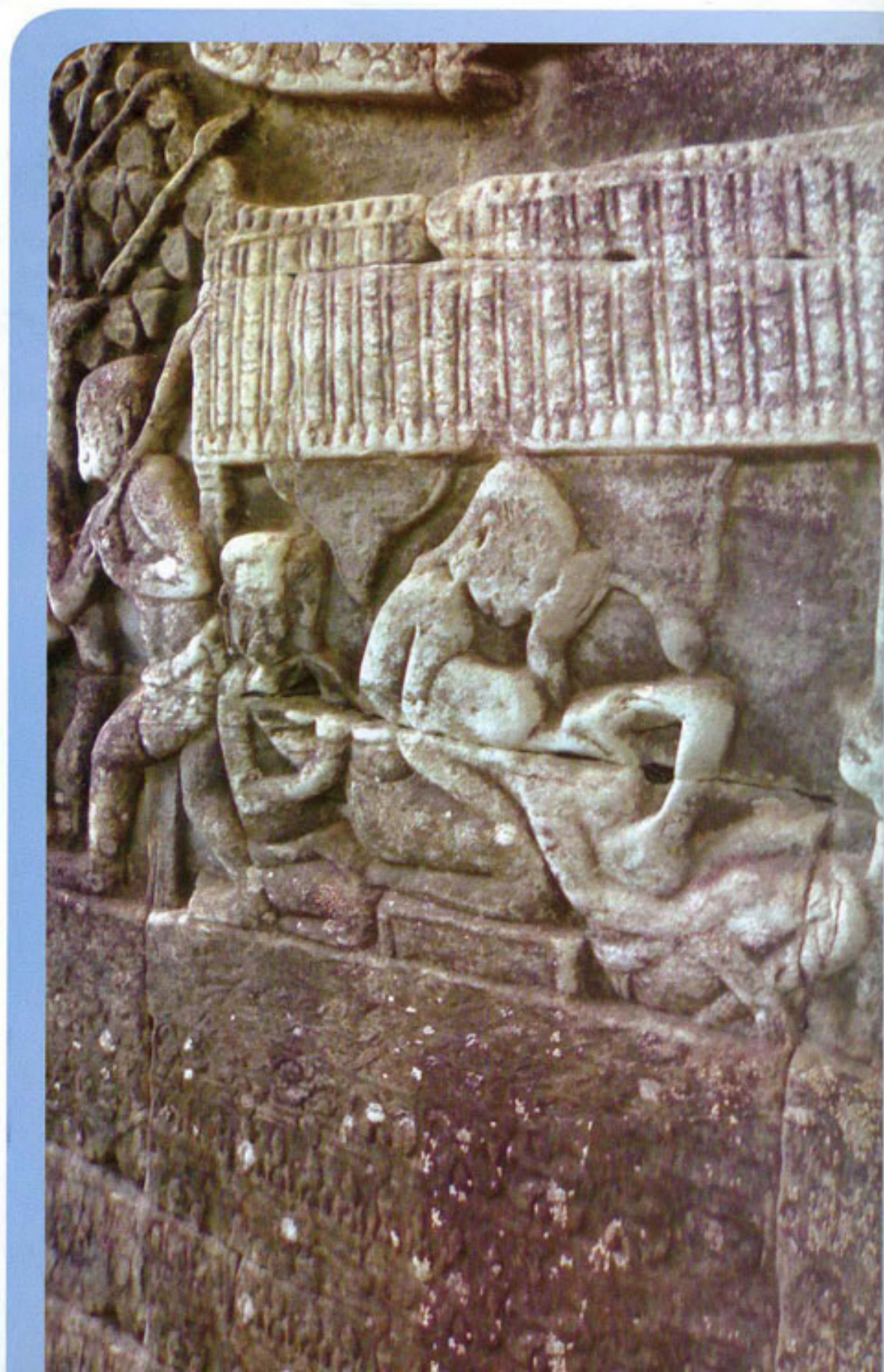


JANUARY 2009

# UNFPA CAMBODIA

B R I E F I N G K I T





## Kingdom of Cambodia

<b>Government:</b>	Democratic Constitutional Monarchy
<b>King:</b>	H. M. Norodom Sihamoni
<b>Prime Minister:</b>	Samdech Akka Moha Sena Padei Techo Hun Sen
<b>Official language (s):</b>	Khmer
<b>Currency:</b>	Riel (4000 KHR=1 USD; approx.)
<b>Total Area:</b>	181,035 km <sup>2</sup>
<b>N° Pro:</b>	24, <b>Capital:</b> 1
<b>N° Muni:</b>	26
<b>N° Districts:</b>	159
<b>N° Khan:</b>	8
<b>N° Communes:</b>	1,417
<b>N° Sangkats:</b>	204
<b>Population Density:</b>	75 people per km <sup>2</sup> (2008 Census)
<b>GDP per capita:</b>	Riel 2,416,000 (NSDP-MTR 08)



## Main Indicators

Indicator	1998 Census	2004 (CPS)	2008 Census
Population	11 437 656	12 824 000	13 388 910
Annual population growth rate	2.49%	1.81%	1.54
Sex ratio	93	93.5	94.2
Life expectancy (at birth)			(NSDP-MTR 08)
- Male	56.3	56.3	63.1
- Female	54.4	54.4	67.5
Percentage of urban population	15.17	17.71	19.5
Population under national poverty line	36%	28%	30.1% (NSDP-MTR 08)
Average household size	5.2	5.1	4.7
Total Fertility Rate	5.3	3.3	3.4 (CDHS 2005)
Infant Mortality Rate (per 1000 live births)	80	66	66 (CDHS 2005)
Under-five Mortality Rate (per 1000 live births)	124	82	83 (CDHS 2005)
Maternal Mortality Rate (per 100,000 live births)	437 (CDHS 2000)		472 (CDHS 2005)
Contraceptive prevalence rate (modern methods)	19% (CDHS 2000)	27% (CDHS 2005)	
Literacy rate			
- Male	62.8%	74.4%	
- Females	71.0	82.1%	
HIV Prevalence rate among adults aged 15-49	2.8% (HSS 2003)	1.9% (HSS 2003)	0.9 (HSS 2006)

(CPS 2004)



## Cambodia at a Glance

(This section relies on data and trends identified in Cambodia at a Glance, UNFPA Cambodia 2005, and UNFPA CO-AR 2008 unless otherwise stated)

The peace and stability have been progressively re-established after the Paris Peace Agreement signed on October 1991. The country's first national elections were held in 1993, under the supervision of the United Nations Transitional Authority for Cambodia (UNTAC), and subsequent elections took place in July 1998, July 2003 and July 2008.

In 2004, the Government launched the "Rectangular Strategy". This strategy has played a paramount role, serving as a framework for the recently developed National Strategic Development Plan (NSDP) 2006-2010 and laying of Cambodia's vision for achieving the Millennium Development Goals (MDGs).

Cambodia's recent integration in the World Trade Organization (WTO) and the Association of South-East Asian Nations (ASEAN) ensures Cambodia global and regional integration, but also poses challenges for future growth, mainly in terms of competitiveness. The dependency on external factors, especially Official Development Assistance (ODA) remains high, accounting for approximately half of the Government yearly budget or an annual per capita of US\$ 39. (WB EA Update Apr 2008)

Cambodia's economy relies on four key sectors: agriculture, tourism, garment industry and construction. Agriculture generates 32% of gross domestic product (GDP) and employs 4.75 million workers out of a labour force of eight million. (Cambodia Economic Forum 5 Feb 2009)

Garment exports accounted for 72% of total merchandise exports in 2007. The textiles and clothing industry contributed around 12% of GDP and the total contribution of manufacturing industries was 17%. Although total employment in the industry was low, 4%, indirect employment effects are substantial, and wages paid to workers are estimated at around 4% of annual GDP. The pressure on the sector due to the global economic crisis is apparent, and approximately 25 factories closed in 2008 and approximately 30,000 garment workers were laid off. (Ibid)

Almost one-third of the very considerable FDI since the mid-1990s has been from investors in the tourism sector. Tourism receipts make a significant contribution to the national economy. However, the rate of FDI in tourism began to drop significantly in 2004, and Cambodia has been losing market share in Asia, Europe and America. (Ibid)



The Information and Communication Technology (ICT) has been growing at a rate of 32% per annum over the last five years, but the high price of internet and the small pool of qualified ICT workers prevent Cambodia from competing internationally. The construction sector has been booming over the last few years, and it has increased in value from US\$500 million in 2003 to over US\$3.2 billion in 2007. (Ibid)

As of 2007, while poverty has decreased, overall poverty levels still remain relatively high and inequality is growing, thirty percent of its population lives below the poverty line. Cambodia's Human Development Index Rank, according to the 2007/2008 Human Development Report was 131, and the HDI Value as of 2005 was 0.598 (UNDP HDR 2008). Poverty continues to be predominantly rural, where eighty percent of Cambodians live, and landlessness, environmental degradation, scarce resources and limited participatory processes, are some of the factors constraining development.

## UNFPA in Cambodia

UNFPA initiated operations in Cambodia after the UN sponsored election of 1993. Since its arrival, UNFPA has supported both governmental and non-governmental organizations to identify and address population, gender and reproductive health issues, and has strongly pursued reproductive rights and gender equality as essential elements for achieving human rights and human dignity.

Early assistance to Cambodia led to the completion of the 1998 Census, the first census undertaken in three decades, and nationwide introduction of family planning services.

The Second Country Program was developed and implemented between 2001-2005. This programme encompassed a full range of initiatives related to population, gender and reproductive health in line with the International Conference on Population and Development Program of Action (ICDP PoA) and the Millennium Declaration. Achievements under this program included the recognition and prioritization of population, gender, youth and reproductive health issues in key national and sectoral strategies, policies and plans, especially in the National Strategic Development Plan 2006-2010.

The Third Country Programme 2006-2010 was approved by the Executive Board in January 2006 and contributes to the United Nations Development Assistance Framework 2006-2010, the Government's "Rectangular

Strategy", the National Strategic Development Plan 2006-2010 and the achievement of the Millennium Development Goals. For the third country programme, UNFPA has prioritized 17 Provinces/ 24 Operational Districts for support based on need.

## Population and Development

Cambodia's population is currently estimated at 13.4 million, with 80.5% of its people living in rural areas. Thirty percent of the population lives below the poverty line, and eighteen percent lives below the food poverty line (NSDP-MTR 2008).

### Key Issues:

- Large and rapidly increasing youth population.
- Increased life expectancy leading to an increasing elder cohort.
- Rapid decrease in total fertility and population growth rate, but net growth still high.
- Employment generation insufficient for the rapidly growing economically active population.
- Limited resources and capacity to research, analyze and address emerging population issues, especially at local level, hinders poverty reduction and development.
- Limited data utilization and understanding of population issues at local levels.

### Partnerships:

UNFPA is supporting relevant institutions, namely The Ministry of Planning, General Directorate of Planning and National Institute of Statistics, The National Committee for Population and Development (Office of the Council of Ministers), and The Ministry of Interior, Department of Local Administration (DoLA).

### Achievements:

- Development and launch of the first National Population Policy (2004).
- Integration and prioritization of population issues within the Government's Rectangular Strategy
- Prioritization of population, gender and reproductive health issues in the National Strategic Development Plan (NSDP) 2006-2010.
- Increased understanding of population issues among government officials, policy makers and planners at national and decentralized levels.
- Increased availability and utilization of data to inform and monitor national policies and plans.
- Successful completion of the 1998 Census, the first census in three decades.
- Completion of the 2004 Cambodia Inter-Censal Survey (CIPS), and the Cambodia Health Demographic Survey (2000 & 2005).
- Successful launch of the 2008 Census Preliminary Results.



### The way forward:

- Support the central and decentralized levels to integrate population issues into sectoral and decentralized plans, as well as to review, revise, monitor and evaluate the implementation of the NSDP 2006-2010 and develop the NSDP 2011-2015.
- Strengthen local capacities to ensure the implementation of the National Population Policy through its incorporation in local development plans.
- Support the utilization and in-depth analysis of disaggregated data.

## Gender

The Cambodian Constitution (1993) and the Marriage and Family Law (1989) enshrine equality between men and women, and Cambodia is a signatory to the International Human, Women's and Children's Rights Conventions. However, gender inequalities in Cambodia remain high. Social attitudes and tradition deem women to be of lower status than men, and the consequences are manifested across the whole social spectrum. Gender-based violence (GBV) is widespread and economic empowerment is hindered by inequalities in the labor market. However, gender roles are undergoing rapid change, especially in urban areas, and amongst the younger population.

### Key Issues:

- Limited representation and participation of women in decision making at all levels.
- Inequalities in the labor and credit markets hindering women's economic empowerment.
- Women face increased health-risks and vulnerability to unwanted pregnancies and STIs.
- "Feminization of HIV/AIDS".
- Widespread gender-based violence (GBV) and limited support for survivors.
- Limited capacity of national and sub-national structures to address gender issues.
- Gender issues are not adequately incorporated into sectoral and local development plans.

### Partnerships:

UNFPA is supporting relevant institutions namely The Ministry of Women's Affairs, The Ministry of Interior, Department of Local Administration and NGOs

### Achievements:

- Gender issues appropriately integrated and prioritized in the National Strategic Development Plan 2006-2010, the Government's Rectangular Strategy and the National Population Policy.
- Sectoral strategies and commune investment plans are increasingly gender responsive.
- The Cambodia Gender Assessment – A Fair Share for Women and the first Cambodia's Strategic Plan on Women, the Girls Child and HIV/AIDS in Cambodia 2008-2012 were developed, disseminated and implemented.
- Training manuals and training kits on domestic violence and gender-based violence for building capacity of government officials at national and sub-national levels were developed.
- Gender mainstreaming action groups were established in 23 line ministries and the commune committees for women and children were established for specifically addressing women's and children's issues.
- Increased females' representations at sub-national level.

### The way forward:

- Develop and launch the 5-year strategic plan for the Ministry of Women's Affairs, Neary Rattanak III (Expecting in quarter 2, 2009)
- Support capacity building on gender mainstreaming and gender analysis for line ministries, decentralized planners, commune councillors and commune committees for women and children.
- Support the implementation of the Strategic Plan on Women, the Girls Child and HIV/AIDS in Cambodia 2008-2012.
- Build capacity and responsiveness at local levels regarding gender and gender based violence issues.



## Reproductive and Maternal Health

Cambodia has made remarkable progress in improving several key health indicators over the last decade; nonetheless the sector continues to face persistent challenges. A number of policies and strategies regarding reproductive health and HIV/AIDS (e.g. safe motherhood policy and action plan, birth spacing policy, National Strategy for Reproductive and Sexual Health, the National Strategic Plan for Comprehensive and Multi-sectoral response to HIV/AIDS) have been launched, but synergies remain limited.

### Key Issues:

- Deliveries by skilled attendants and in health facilities are increasing but remain low.
- Low modern contraceptive prevalence rate and high unmet demand for contraception.
- Significant levels of unwanted pregnancies and unsafe abortion.
- Resource allocation for the health sector, and especially reproductive health, remains low.
- Limited capacity of health staff and limited availability of skilled midwives.
- Referral systems for emergency cases, particularly for Emergency Obstetric Care, remain weak.
- Misperceptions and traditional beliefs persist, especially regarding fertility and contraceptive use.
- Financial barriers continue to constrain people from accessing health care.

### Partnerships:

UNFPA interventions have concentrated on supporting the Ministry of Health through the Health Sector Support Project (HSSP I) and the Health Sector

Support Programme (HSSP II). The Ministry of Interior has become a partner at sub-national level raising awareness of community people about reproductive health and rights, particularly promoting women's decision in reproductive health issues.

### Achievements:

- Reproductive Maternal Newborn and Child Health is the top priority of the Health Strategic Plan 2008-2015.
- Prioritisation of sexual and reproductive health issues in the National Strategic Development Plan 2006-2010.
- Increased numbers and capacities of health centres and referral hospitals.
- Increased numbers of midwives.
- Increased demand, availability and usage of sexual, reproductive and maternal health services.
- Development and revision of national protocols, guidelines, strategies and plans, including the successful implementation and mid-term review of the National Strategy on Reproductive Health 2006-2010.

### The way forward:

- Strengthen the capacity to develop, implement and evaluate gender sensitive reproductive health and HIV/AIDS policies, strategies and plans.
- Strengthen the capacity of government at all levels, to increase access and provide quality reproductive health information and services, and to identify and refer gender based violence victims.
- Strengthen pre-service and in-service training for midwives.
- Improve the availability and quality of Emergency Obstetric and Neonatal Care services.
- Increase the population's awareness of reproductive health and rights, emphasizing women's and girls' rights, as well as the availability of reproductive health services.



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