

The Global Leaders Council for Reproductive Health
Presents the **2014 Resolve Award Special Mention for Service Delivery**
to:

CAMBODIA



Photo by National Maternal and Child Health Center

More than a decade ago, the Cambodian government recognized that there was insufficient care for pregnant women, and embarked on an effort to expand and strengthen public health infrastructure. With this shift, the number of births in health facilities assisted by skilled birth attendants have increased, and maternal mortality has declined.

Challenges

Insufficient infrastructure, financial barriers, and few trained midwives present obstacles for many Cambodian women to access quality maternal healthcare.

Policy Innovations

The Ministry of Health increased funding to expand public health infrastructure and the network of health care providers. The government joined with other development partners to launch mass media campaigns and community health education programs encouraging women to deliver in health facilities. In addition, the Ministry of Health:

- Promoted delivery at health facilities with midwifery incentives and the Fast Track Initiative Road Map, a strategy for reducing the maternal mortality rate which increases access to family planning, skilled birth attendants, obstetric care, and safe abortion care
- Reduced financial barriers through fee exemption mechanisms or free care for the poor, using health equity funds, government subsidized schemes, community-based health insurance and reproductive health vouchers
- Increased the number of 24 hour emergency, obstetric, and neonatal healthcare centers
- Ensured the presence of at least one trained midwife in every health center

Results

Successful implementation of these programs has improved the quality and availability of healthcare services for Cambodian women. Results include:

- Increase in skilled birth attendance at health facilities from eight percent in 2002 to 66 percent in 2012
- Reduced maternal mortality ratio ratio from 437 per 100,000 live births in 2000 to 206 per 100,000 in 2010
- Increase in contraceptive prevalence rate and a decline in the unmet need for modern family planning methods



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