Cambodia

Country Focus Areas

- Focus on reducing child undernutrition, neonatal mortality, and adolescent fertility, in seven priority provinces with large percentages of ethnic minorities.
- Support quality improvement and community health initiatives to increase coverage of good-quality RMNCAH-N services.
- Increase community awareness and demand for preventive, promotive, and curative health services.
- Address supply-side **bottlenecks** including low provider training and capacity; limited accountability for delivering health and nutrition services in adherence to clinical guidelines; and insufficient availability of necessary equipment, commodities, and supplies.
- Defragment RMNCAH-N financing and integrate service delivery within mainstream government systems and reforms to improve the coordination and sustainability of RMNCAH-N activities and interventions.

RMNCAH-N Core Indicators

Maternal mortality ratio: 170 per 100,000 live births

Neonatal mortality ratio: 18 per 1,000 live births

Under-five mortality ratio: 35 per 1,000 live births

Adolescent birth rate: 57 per 1,000 women

Percent of births <24 months after the preceding birth: 13.3%

Stunting among children under 5 years of age: **32.4%**

Moderate to severe wasting among children under 5 years of age: 9.6%

Health Financing Core Indicators

Health expenditure per capita financed from domestic sources: US\$16.94

CAMBODIA

Ratio of government health expenditure to total government expenditures: 6.16%

Percent of current health expenditures on primary/outpatient health care: 67.37%

Incidence of catastrophic and impoverishing health expenditures: 19.97% catastrophic 2.99% impoverishing

Investment case for RMNCAH-N or equivalent (e.g., national healthplan)

Set of evidence based priorities financed

Results monitoring strategy and framework in support of IC*

Resource Mapping

Cambodia's investment case is focused

on three key issues: reducing newborn

mortality, reducing child undernutrition, and

decreasing adolescent fertility. The aim is

2019. Collaboration with the SUN Donor

is being established to link the ongoing

initiatives on resource mapping with the

Network and the United Nations agencies

investment case resource mapping exercise.

The investment case identified a funding gap

of US\$53.56 million over five-years, of which

project, Cambodia Nutrition project (2019-

2024) financed by the Royal Government

Australian DFAT (US\$5m) and Health Equity

and Quality Improvement Project MDTF with financing from Australian Aid, German KfW

and KOICA (US\$2m). A funding gap for

Further investments from donors to alian

aap are pending.

adolescent health, pre-service and in-service

training, EmONC, and other issues remains.

their work to reduce the remaining funding

of Cambodia (US\$12m), IDA (US\$ 15m),

GFF (US\$10m), German KfW (US\$9m),

80% will be funded by a US\$53 million

to finalize the investment case by the end of

Country-led multi- stakeholder platform (e.g., new or established from an existing platform)

Government focal point

An inclusive country platform process with CSO engagement

Health financing reforms identified

World Bank-funded project in support of the IC

Private sector engagement

Civil registration and vital statistics (CRVS) made a priority

Management of medicines and supplies / supply chain interventions

Monitoring the Country-Led Process



- * Both included in the IC document or a separate document
- ** Meaning that funding was allocated, disbursed and released payment done *** ANC4 = four antenatal care visits
- ART = antiretroviral therapy: ARV = antiretroviral: DTP3 = vaccination for Diphtheria. Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.