EXECUTIVE SUMMARY

National Population Policy of Cambodia

The Royal Government of Cambodia is committed to addressing population issues based on the Programme of Action of the International Conference on Population and Development held in Cairo 1994 and subsequent revisions. Hence, the Royal Government recognizes the central role of reproductive health services, empowerment of women through equal access to education and public office, and the link between poverty and rapid population growth.

1. Overview of Socio-Economic Development

Cambodia remains one of the poorest countries in South-East Asia. Access to good quality health care and primary and secondary education for the large cohorts of rural poor is very limited. Poor coverage of critical child health services is one of the factors contributing to high infant mortality rates and high maternal mortality ratios. In terms of reproductive health care there is a large unmet need for contraceptives and birth spacing services.

2. The Demographic Situation and Its Implications for Development

Except for Laos, Cambodia currently has the highest population growth rate (at 2.49%) among ASEAN nations. At the same time the country has experienced a substantial fertility decline since the 1960s. Between the early 1980s and late 1990s the average number of children born to a woman decreased from six to four.

Cambodia is characterised by:

- High maternal mortality;
- High infant mortality; and
- High under-five child mortality rates.

About one in five Cambodian women in reproductive age (14-49) died of pregnancy or pregnancy-related causes. Infant and under-five mortality rates are disturbing. Almost one in every 10 babies does not survive to his or her first birthday, and after that one in eight does not make it from the first to the fifth birthday. The latter figure is closely linked to the high levels of malnutrition and micronutrient deficiencies among children, which is measured by levels of stunting, wasting, underweight and iron deficiency.

In the past Cambodia experienced a lot of internal and international migration as the result of war, violent confrontation and political instability. Present day migration may be more positive in that it includes important linkages between rural communities and urban monetary economies as well as more opportunities and better family welfare for migrants. However, rural out-migration may also result in the loss of human and social capital in communities and lead to a vicious cycle of lower rural productivity.

The Cambodian population has a large proportion of children and adolescents, and according to the 1998 Census, more than 40 percent are under 15 years of age. This situation requires substantial investment into primary and secondary education as well as in adolescent reproductive health. This is even more important taking the HIV/AIDS epidemic into consideration. Cambodia is still the most affected country in Asia with the current prevalence rate at 2.6 percent, even though the country has been successful in becoming only the third country to have reversed the spread of the epidemic.

Population growth and population structure determine the kind and extent of health and educational services needed. Rapid growth of a poorly nourished and disease-prone population heavily increases the burden on the health system. Cambodia's public health system is already unable to meet the needs of the population as indicated by the high levels of morbidity, mortality and fertility. What is needed is improved health care provision for the present population, including reproductive health services, which would improve the general health status and living standard of the population now and in future.

At this moment in time Cambodia does not have the human and monetary capital to satisfy the educational needs of its people. The current trends in population growth and population structure increase the need both for primary, secondary and tertiary education. Already the educational system is characterized by:

- Lack of facilities and teachers;
- Low attendance due to distance and poverty; and
- Low enrolment of girls

Meeting the educational needs of all the boys and girls who have been born to date demands increased investment into classrooms, teachers etc. A continued rapid population growth will put heavy demands on an already strained educational sector.

Rapid population growth is also likely to have a negative impact on the environment. Agriculture remains the biggest employment sector in the country, and therefore population growth will have a direct impact on the environment. In terms of employment opportunities, rapid population growth means many more people looking for income and employment opportunities in the future. This growth in the labour force is likely to result in a substantial increase of the subsistence agricultural sector, which will not contribute to economic growth and sustainable development.

In general, Government recognizes that a continuing high growth rate of population could create serious difficulties in the implementation of its programmes for poverty alleviation and sustainable economic development. Accordingly, the following 10 priority population-related issues were identified for intensified development efforts:

- High population growth;
- High fertility;
- High mortality;
- HIV/AIDS epidemic;
- Migration with a magnitude, direction and composition that hamper development processes;
- Imbalances in age and sex structure;
- High incidence of poverty as a result of demographic vulnerability;
- Low levels of human resources development;
- Gender inequalities; and
- Population pressure on natural resources.

3. Government Efforts in Addressing Population Issues

Through the Ministry of Health's Health Sector Strategic Plan 2002-2007, Government has adopted the birth spacing programme as a major policy to protect the health of mothers and newborn children and help reduce rapid population growth. One policy on Birth Spacing was formulated and adopted in 1994, whereas another one on Safe Motherhood was developed and adopted in 1997. Furthermore, the Second Socio-Economic Development Plan recognizes that high fertility has detrimental effects on the health and nutrition of mothers and their infants.

With regard to HIV/AIDS, Government has established The National Aids Authority, which plays a key coordinating role in the response to the epidemic. With regard to gender equality and female empowerment, Government has upgraded the former State Secretariat for Women's Affairs to become the Ministry of Women's and Veteran Affairs.

4. Principles, Goals and Objectives of the Population Policy

Through the policy Government would like to reaffirm its respect and support for the right for all couples and individuals to have the basic right to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education, services and means to do so.

5. Population Policy Measures

The National Population Policy identifies 7 policy measures in order to:

- Support couples and individuals to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education, services and means to do so;
- Reduce infant, child and maternal morbidity and Mortality rates;
- Reduce potential negative impact of rural-urban migration;
- Promote gender equality and equity and enhance human resource development;
- Alleviate the impact of population pressure on the environment and natural resources;
- Further strengthen the reversal of the spread of HIV/AIDS; and
- Integrate population variables into social and economic policies, plans and programmes at all levels.

6. Institutional Arrangements for Implementation and Monitoring of the National Population Policy

Population issues can only be adequately addressed by concerted inter-agency action. The central and local Government, in collaboration with civil society and the private sector, hold responsibility for implementing the policy in an effective and efficient way.

After the adoption of the National Population Policy, an action plan called the National Population Strategy will be developed. The targets of this strategy will be in line with national priorities as set out in the Socio-Economic Development Plan II, the National Poverty Reduction Strategy 2003-2005, and the Cambodia Millennium Development Goals Report.

TABLE OF CONTENTS

LIST OF ACRONYMS

APPC	Asia-Pacific Population Conference 2002
ARI	Acute Respiratory Infection
ASFR	Age-Specific Fertility Rate
ARH	Adult Reproductive Health:
ASEAN	Asian South East Association Nation
CEDAW	Convention of Elimination all form of Discrimination Against Women
CNIP	Cambodia Nutrition Investment Plan
CMDGR	Cambodia Millennium Development Goals Report
CDHS	Cambodia Demographic and Heal Survey:
HSSP	Health Sector Strategic Plan
IEC	Information, Education and Communication
ICPD	International Conference on Population and Development
IATWG/PDP:	Inter Agency Technical Working Group/Population and Development Policy
IDHS	Indonesia Demographic and Health Survey
MOP	Ministry of Planning
MOEYS	Ministry of Education, Youth and Sports
MoSALVY	Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation:
MWVA	Ministry of Women's and Veteran Affairs
MDG	Millennium Development Goals
NSMP	National Safe Motherhood Policy
NCPD	National Committee for Population and Development
NRHP	National Reproductive Health Programme
NPRS	National Poverty Reduction Strategy:
NPP	National Population Policy
NPS	National Population Strategy
NIS	National Institute of Statistics
NAA	National AIDS Authority:
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
PDPST	Population and Development Policy Support Team
PAU	Population Analysis Unit
TFR	Total Fertility Rate
TB	Tuberculosis
RH	Reproductive Health
RUPP	Royal University of Phnom Penh
RGC	Royal Government of Cambodia
STD	Sexually Transmission Diseases
SEDPII	Second Five Year Socio-Economic Development Plan
UNFPA	United Nation Population Fund
UNESCO	United Nations Education Scientific and Cultural Organization

1. INTRODUCTION

In 1991, following more than two decades of war and internal turmoil that caused widespread devastation, Cambodia embarked on rebuilding its political, social and economic structures. Such rebuilding included forging a spirit of peace and national reconciliation, restoring traditional cultural and social values, recreating institutions and reintroducing the rule of law. Concerted efforts resulted in the restoration of political stability and the strengthening of democratic institutions. The country regained international recognition and its rightful place in the international community, as exemplified by its formal admission to ASEAN in April 1999. Relations with neighbouring countries were gradually harmonised and civil society and NGOs became increasingly visible and involved in development activities.

The progress Cambodia has achieved is brought about by a number of socio-economic development efforts during the past 10-15 years. A number of factors have facilitated development while other factors have acted as constraints. The Government's commitment and reform process, coupled with international assistance, have helped in the country's development efforts. On the other hand, a number of demographic factors, particularly the high rate of population growth, high fertility and high mortality have been identified as major constraints to development and poverty reduction (Ministry of Planning, 2002).

The document entitled "Towards A Population and Development Strategy for Cambodia" published by the Ministry of Planning (2002) provides a review of the key population issues that need to be addressed to ensure faster, equitable and sustainable economic development. The Government has over time introduced selected measures to address some of the population issues, but such measures have had limited impact on development. Therefore, there is a need for a comprehensive National Population Policy (NPP), as recommended by the Second Socio-Economic Development Plan of the Royal Government of Cambodia 2001-2005, so that all population-related issues can be addressed in a coordinated manner. In turn, this would contribute towards achieving the goals of the National Poverty Reduction Strategy, 2003-2005 and the Millennium Development Goals.

2. OVERVIEW OF SOCIO-ECONOMIC DEVELOPMENT

Table 1 provides a summary of current socio-economic development indicators in Cambodia. Despite some advances, Cambodia remains one of the poorest countries in South-East Asia. For example, in the Human Development Index it ranks just below Myanmar and India. Government efforts continue to encourage private initiative, provide necessary incentives, reinforce the capacity of human resources and create basic infrastructures (roads, energy, water resources, potable drinking water etc). Private investment has been oriented towards the industrial sector and the service sector in the urban areas. In addition, the informal sector, small enterprise, trade and service activities have expanded significantly. In the social sectors, e.g. education and health, positive progress has been recorded.

Table 1
Cambodia: Selected socio-economic indicators

Indicators	Value
Gross Domestic Product (GDP Per capita), 2001 (US$)	259
GDP annual growth rate, 1990-2000 (%)	5.0
Share of GDP by sectors (%)	
Agriculture	37.6
Industry	23.5
Services	35.0
Employment by sectors, 2000 (%)	
Agriculture	73.7
Industry	8.4
Services	17.9
Population (1998 Census)	11,437,656
Annual population growth rate (1998 Census) (%)	2.49
Population in rural areas, 1998 (%)	84.3
Rank in the Human Development Index, 2000	130 out of 174
Human Development Index, 2000	0.543
Primary enrolment, 1998 (as % of population 6 to 11 years old)	78.0
Secondary enrolment, 1998 (as % of population 12 to 17 years old)	14.0
Adult literacy rate, 1998	71.0
Infant mortality rate, 1995-2000 (per 1000 live births)	95.0
Maternal mortality ratio, 1994-2000 (per 100,000 live births)	437.0
Life expectancy, 1998 (years)	54.0
Underweight children under five, 1998 (%)	40.0
Access to safe drinking water, 1998 (%)	29.0
Population under the poverty line, 1997 & 1999 (%)	36.0
Protein Energy Malnutrition, 2000 (% of children aged 6 to 59 months)	45.0
Gender Development Index, 1998	0.537
Difference between male and female illiterates (1998 Census) (%)	28.3
Persons per doctor, 1998	6,808
Persons per health worker, 1998	598

Sources:
Council for Social Development. (2002). *National Poverty Reduction Strategy, 2003-2005*. Phnom Penh.
Royal Government of Cambodia, *Second Five-Year Socio-Economic Development Plan, 2001-2005*. Phnom Penh.
National Institute of Statistics, Directorate General for Health, ORC Macro. (2001). *Cambodia Demographic and Health Survey 2000*. Phnom Penh.
National Institute of Statistics. (1999). *General Population Census of Cambodia 1998, Final Census Results*. Phnom Penh.
Ministry of Health, Department of Planning and Health Information. (1999). *Consultative Group Position Paper*. Phnom Penh.

Economic deprivation and poor health characterise life for most citizens. Rural-urban disparities exist across the range of social indicators, with poverty and deprivation more evident in rural areas, where 85 percent of the population live. Food insecurity, uncertainties about access to natural resources and quality health care, powerlessness and hopelessness, social exclusion and lack of education are all dimensions of poverty.

Health service provision is very limited in Cambodia and the health status of the population is low. Poor coverage of critical child health services, especially immunisation, and poor access to and use of trained providers for treatment of childhood illnesses, contributes to the country's high infant mortality rate and maternal mortality ratio as presented in Table 1. The coverage of maternal health services remains low, as evidenced by the fact that 55.2 percent of all deliveries are not attended by skilled personnel, which is a particular concern in terms of essential obstetric care.[1] There is also a high unmet need for contraceptives and birth spacing services, and according to the CDHS 2000,[2] 32.6 percent of currently married women have unmet need for family planning. These factors contribute to unwanted pregnancies and the country's high level of fertility and maternal mortality.

Some geographical areas still have no access to cost-effective interventions that help to reduce preventable infectious diseases (such as malaria, TB, dengue fever) and their fatality rate. A well functioning health system, with hospitals that can provide emergency services, is yet to be established. Many Cambodians have low levels of trust in the public health system and its staff, and therefore basic health service take-up is low. Instead, many families take advice and medication from private for-profit health care providers, and many poor families use traditional health providers like traditional birth attendants (*Kru Khmer*). The cost of health care is a major cause of impoverishment (through loss of educational and employment opportunities), indebtedness and landlessness (selling assets to cover health care costs). In every way, public sector resources available for health service delivery are very limited with government funding approximately 10 percent of the total health spending, donors funding 20 percent and households contributing the 70 percent balance.[3] Limited staff availability and capacity is a problem especially in peripheral areas. Like in other sectors, the low level of salaries of staff (US$15 to 30 per month) limits effective health service delivery.

Although Cambodia has made considerable progress in expanding basic education, quality and coverage remain two major areas of concern. Moreover, at all levels of education, girls and children of both sexes from the poorest families continue to be underserved. In this regard, major obstacles include: shortage of schools and classrooms, lack of teacher/learning materials, and under qualified teaching staffs. Furthermore, households and communities meet most of the cost

[1] National Institute of Statistics, Directorate General for Health, ORC Macro. (2001). *Cambodia Demographic and Health Survey 2000*. Phnom Penh: p. 141.

[2] Ibid: p. 106.

[3] Council for Social Development. (2002). *National Poverty Reduction Strategy, 2003-2005*. Phnom Penh: p. 91.

of primary education, with Government contributing approximately 15 to 20 percent to the total cost of primary education. Education is too expensive for many families, and girls and older children of both sexes work rather than go to school. The educational status of the population is also discouraging as indicated by the fact that enrolment into secondary school for 12-17 year olds amount to a total of 14 percent only (see Table 1). Educational levels completed by literate persons aged 25 years and over indicate that that there is a huge gap between the sexes. More than 66 percent of women have not completed primary schooling, while the same figure for men is considerably lower at 49 percent.[4] Factors that hamper increased school enrolment and educational achievement of children include: parent's poverty, parent's lack of education, the need for children to take a productive role in the household, poor teaching, distance to school, and family migration.[5]

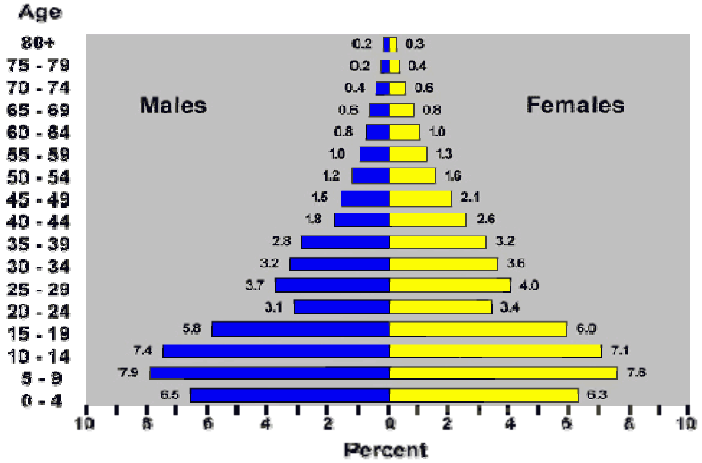
Gender disparities are evident across a range of social indicators. Women in Cambodia, though, have traditionally enjoyed a higher social status than women in other Asian countries, but social and economic realities differ from traditional norms. In practice, Cambodian women have less access to education, paid employment. Many women suffer from poor or no availability of reproductive health and obstetric services. Women also suffer from high levels of physical violence.[6] The lower status of women in Cambodia vis-à-vis men has a negative impact on almost all social indicators. Not affording girls and women the opportunity to realize their full potential constrains development for the entire nation from the household level to the top state institutions. No nation can afford to sacrifice half of its human capital.

[4] National Institute of Statistics. (1999). *General Population Census of Cambodia 1998. Final Census Results*. Phnom Penh: p. xii.
[5] Ministry of Planning. (1999). *Cambodia Poverty Assessment*. Phnom Penh: pp. 37-49.
[6] National Institute of Statistics, Directorate General for Health, ORC Macro (2001). *Cambodia Demographic and Health Survey 2000*. Phnom Penh: pp. 229-247.

3. THE DEMOGRAPHIC SITUATION AND ITS IMPLICATIONS FOR DEVELOPMENT

The population structure of Cambodia reflects the impact of the Khmer Rouge regime between 1975 and 1979, during which mortality levels were high, particularly for men, and fertility levels decreased. In post-conflict times, a baby boom occurred to create a large proportion of people aged 20 years or less as shown in the Age-Sex Pyramid below. As shown in Table 1, Cambodia had a total population of 11.4 million according to the 1998 Census. It was projected that it will almost double to 20.3 million by 2021.[7] The country had an average annual growth rate of 2.49 percent[8] although a revision of the projection conducted after the census suggests a more moderate growth. Still, population growth in Cambodia is the highest among ASEAN nations, except for Laos.

Age-Sex Pyramid, Cambodia 1998



Source: National Institute of Statistics. (1999). *General Population Census of Cambodia 1998. Final Census Results*. Phnom Penh.
Notice: Pyramid bar for 0-4 age group is based on unadjusted and undercount results of the 1998 Census

3.1 Overview of Demographic Trends

3.1.1 Fertility & mortality

Cambodia has experienced a substantial decline in fertility during the past four decades. Between 1984-1988 and 1994-1998, Cambodia reduced its total fertility rate (TFR) from around six to four children per woman.[9] However, this trend has not been uniform in all the regions of the country. The capital city Phnom Penh, which in the mid-1980s exhibited a TFR of 4.5, has achieved the largest decline in fertility. It has already attained the replacement level TFR of 2.1 children per woman. In most other provinces, TFR during 1994-1998 has been above four children per woman.

Cambodia has high maternal, infant and under-five child mortality rates. Childhood mortality rates are defined as follows:

- Neonatal mortality: the probability of dying within the first month of life

[7] National Institute of Statistics. (2000). *Population Projections 2001-2020. Analysis of Census Results. Report 6.* Phnom Penh.
[8] National Institute of Statistics. (1999). *General Population Census of Cambodia 1998. Final Census Results*. Phnom Penh: p. 9.
[9] Ministry of Planning/Population Analysis Unit. (2003). *Analytical Report on Fertility and Family Planning*. Phnom Penh.

- Postnatal mortality: the probability of dying between the first month of life and first birthday
- Infant mortality: the probability of dying between birth and the first birthday
- Child mortality: the probability of dying between exact ages one and five
- Under-five mortality: the probability of dying between birth and the fifth birthday.

About one in five Cambodian women in reproductive age (14-49) who died in the seven years prior to 2000 did so from pregnancy or pregnancy-related causes. The maternal mortality ratio for the period of 1994-2000 is estimated at 437 maternal deaths per 100,000 live births.[10] Infant and under-five mortality rates are disturbing. Almost one in every 10 babies does not survive to his or her first birthday (95 infant deaths per 1,000 live births). Under-five mortality is 125 per 1,000 live births.[11] In addition to the individual human tragedy, high infant and child mortality rates may lead to an increase in fertility, since couples will try to have a larger number of children to ensure that some of them will survive to adulthood. Diarrhoeal diseases, acute respiratory infections and vaccine-preventable diseases cause about half of the under-five deaths. Over the past 10 years both infant and child mortality have steadily increased. Post-neonatal mortality - currently estimated at 58 per 1,000 live births - has increased, constituting the bulk (61 percent) of infant mortality and is a crucial priority to be addressed.

According to the CDHS 2000, all indicators of under-five mortality increased during the 1990s. For example, in 1988 infant mortality was 79 and in 1998 it was 95 deaths per 1,000 live births. Under-five mortality increased from 115 to 124 during the same period. It is also important to mention that post-neonatal mortality increased from 35 to 58. However, in contrast, neonatal mortality has declined from 44 to 37 during this period.[12] This is an unusual pattern that needs further investigation and research.

3.1.2 Migration and urbanisation

According to the 1998 census, 3.6 million persons or 31.5 percent of the population of Cambodia were classified as lifetime migrants, that is, were enumerated in a place different from where they were born. More than 40 percent of the internal migrants have moved into the place of enumeration 10-19 years prior to March 1998 (the census date). Most movements have taken place from rural to rural areas (64.2%). Family migration (including marriage) accounted for the largest proportion of migrants (50.2%), while employment related reasons accounted for the second largest proportion (22.6%). Most rural out-migrants are young male adults.[13] As in other less developed countries, other factors that may affect migration include population pressure on land, low investment in agriculture, loss of land ownership and other allocation problems.

Migration does not hold inherently positive or negative characteristics for a society. It does, however, impact on demographic trends and population dynamics. For instance, out-migration of young unmarried men of working age may result in sex imbalances in rural areas,

[10] National Institute of Statistics, Directorate General for Health, ORC Macro. (2001). *Cambodia Demographic and Health Survey 2000*. Phnom Penh: p.116.

[11] Ibid: pp. 121-123.

[12] Ibid: p. 121.

[13] National Institute of Statistics. (1999). *General Population Census of Cambodia 1998. Final Census Results*. Phnom Penh: pp. 22-25.

which may again influence the proportion of young rural women able to find marriage partners. The large-scale out-migration of men can also contribute to the dissolution of existing marriages and delay the formation of new families. These negative effects of rural out-migration contrast with the more positive fact that migration can reduce fertility in rural areas and alleviate population pressure on land. In the particular case of Cambodia, it seems that during recent years rural out-migration of young females towards urban areas has increased (especially to work in the garment industry). Another positive consequence is that migrants, especially those who have moved to urban areas, can send remittances to their families in rural areas and provide cash that may stimulate agricultural productivity and, in general, socio-economic development. In other words, migrants may become the most significant link between rural communities and urban monetary economies. However, as a negative consequence, rural out-migration may also result in loss of human and social capital in communities, which may hamper possibilities of development. Migration may thus lead to a vicious cycle of lower rural productivity.

According to the 1998 census 15.7 percent of the population lived in urban areas.[14] The rapid increase of urban population in Cambodia caused by migration may be considered one of the worst effects of rural out-migration. It is likely to exacerbate the prevailing problems associated with the rapid expansion of slums and squatter settlements. Combined with a lack of basic infrastructure such as water supply, sewage and roads, the growing informal settlements create an environment ripe for the spread of disease or outbreaks of fire, violence and other problems. Obviously, given that Cambodia has one of the highest HIV prevalence in Asia, migration may act as a bridge for the spread of the virus between urban and rural areas. Furthermore, urban centres in Cambodia have been unable to supply education, health and transport facilities to meet the increase in demand. Nevertheless, urban growth caused by migration may be favourable to a sustained urban economic development to the extent that it provides necessary labour resources.

It is quite important to emphasise that migration, to a large extent, is the result of people looking for opportunities to improve the quality of life, and while there are many associated problems, on balance, much of this movement has a positive impact on development in that it benefits the individual migrants and stimulates the countries' economy. Cambodia has experienced a lot of internal and international migration since 1970, but most of it has been the result of war, violent confrontation and political instability. It has typically been associated neither with improved opportunities for individuals and their families nor with economic development, but with loss and trauma, disruption and despair. It has occurred on such a massive scale that traditional community institutions of mutual help in many villages have themselves been lost or overwhelmed (MOP, 2002). The implications of politically- and violently-induced population movements in the recent past for Cambodia's current development efforts need to be studied.

3.1.3. Age structure

Cambodia's population has a large proportion of children and adolescents. The population is very young. According to the 1998 Census, 42.8percent are under 15 years of age, and 18.2 percent between six and 11 years old.[15] This situation requires substantial investments into primary and secondary education as well as in adolescent reproductive health. This high proportion of children and adolescents could slow down economic development and perpetuate low investment in education and health, which would lead to more unqualified adults and less productivity in future.

---

[14] Ibid: p. 22.
[15] National Institute of Statistics. (1999). *General Population Census of Cambodia 1998. Final Census Results.* Phnom Penh: pp.12-13.

Also according to the 1998 Census, the elderly (aged 60 years and above) represented 5.2 percent (4.6% among males and 5.9% among females). These proportions are projected to increase to 5.8 percent in total, 5.6 percent for males and 6.9 percent for females, by 2016.[16] Due to declining fertility, increasing longevity and out-migration of adults from rural areas in search of jobs, there will be progressively fewer adults to care for their longer surviving parents. Many of the older persons will have the responsibility of looking after young grand children orphaned by the death of their parents from HIV/AIDS or left behind by migrant parents. There will be increasing numbers of older, single or widowed women rendered vulnerable without economic, family and social support.

3.1.4 HIV/AIDS

HIV was first diagnosed in Cambodia in 1991. The epidemic grew rapidly throughout the population, beyond the so called "risk groups", despite a gradual decrease in the HIV prevalence rate from 3.3 percent or 171,00 individuals in 1997 to 2.6 percent or 157,500 people in 2002.[17] Cambodia is still the most affected country in Asia and over 78,000 people already died. Statistical projections imply that 7,000 children under 10 years of age have been orphaned by the epidemic and this number will grow to 48,000 by 2003. The effects on the elderly are also grim: having lost their life's savings in spending on the care and treatment of their children afflicted with HIV/AIDS, they are often destitute and abandoned, perhaps with the burden of looking after orphaned grandchildren. The financial cost of the epidemic is high with an estimate for 1999 in the order of US$ 24.7 million, consisting of US$ 1.6 million in direct costs and US$ 23.1 million in indirect costs. Notwithstanding the above, there have been important achievements in the country's fight against the epidemic backed by policies including 100% condom use. Cambodia is only the third country in the world that have reversed the trend of HIV-prevalence and sustained a decline in zero-prevalence rates.

3.2 Population and Development Interrelationships

3.2.1 Population growth and economic development

The relationship between population growth and economic development has been extensively studied. Available evidence from comparative and individual-case studies suggests that: (a) population growth may have a beneficial, neutral or detrimental effect on economic growth depending on the socio-economic characteristics of a country; and (b) population growth does not have a dominant effect.

There is evidence suggesting that rapid population growth has had a negative effect in many developing countries. With large existing deficiencies in infrastructure, limited productive capacity, un-employment and under-employment, and poor provision of health and education services, a rapid rate of population growth would harm the rate of economic growth. For example, given the degree of technological development, the cost to create a job in a developing country at present is several times higher than it was at the beginning of the past century in a developed country.

In Cambodia, the key issue arising from rapid population growth is that raising income per head and reducing poverty are made much more difficult, since every extra individual requires employment and investment into schools, hospitals, equipment and land. A related issue

[16] Ibid: pp. 11-13.
[17] Ministry of Health/National Centre for HIV/AIDS, Dermatology and STDs. (2002). *Report on HIV Sentinel Surveillance 2002. Response Analysis of the HIV/AIDS Epidemic in Cambodia.* Phnom Penh.

is how to address the differential impact of rapid population growth on specific population groups.

3.2.2 Population, food sufficiency and nutritional status

Good nutrition is the foundation upon which children are able to learn and develop into healthy and productive adults. A sound nutritional status helps to reduce morbidity and mortality rates, and is important for poverty alleviation and economic development. Cambodia has a high prevalence of malnutrition and micronutrient deficiencies especially among women and pre-school aged children. Malnutrition increases the likelihood of mortality from a number of diseases and can lead to high rates of childhood mortality. In addition, malnutrition is inextricably linked with malaria, diarrhoea, Acute Respiratory Infection (ARI), HIV and TB, which are serious public health problems in Cambodia.

The low nutritional status is rooted in the socio-economic reality of Cambodia, where poverty is widespread and food security is not guaranteed for large parts of the population. However, according to the experiences of other less developed countries, families with a large number of children suffer more from food security problems than families with only few children. Also, at the macro level, high population growth may exacerbate food insecurity and, therefore, worsen the nutritional status of the population.

Table 2 on the next page shows several indicators of nutritional status of children and women. They are based on data on height, weight and age. For a description of these indicators, see the 2000 CDHS (NIS, DGH, ORC Macro, 2001, pp. 172-74). The table clearly shows the poor nutritional status of Cambodian children. For example, 44.6 percent have a low height for their age according to a standardised index. The nutritional status of women in reproductive age is also bad; more than half have anaemia (57.8 percent).

Table 2 shows selected indicators of nutritional status of children and women.

Table 2
Nutritional Status for Children and Women

Indicators	Percentage
Children under five years of age	
Stunting (height for age)	44.6
Wasting (weight for height)	15.0
Underweight (weight for age)	45.2
Prevalence of Iron Deficiency Anaemia	63.4
Women aged 15-49	
Chronic energy deficiency	20.7
Prevalence of anaemia	57.8

Source: National Institute of Statistics, Directorate General for Health, ORC Macro. (2001). *Cambodia Demographic and Health Survey 2000.* Phnom Penh.

3.2.3 Population growth and health services

Population growth and population structure determine the kind and extent of health services needed. At the same time, improved health care provision can improve the population's health status, which in turn can reduce demand for health services as well as alleviate poverty. Faster population growth, especially of a poorly nourished, disease-prone population, may tremendously increase the burden on the health system. High fertility implies that there are large

numbers of pregnant women who would need appropriate health services during the antenatal, birth-delivery and post-partum periods. Subsequently, an increased number of infant and children would add to the huge demand for child health care services.

Cambodia's public health system is already unable to meet the needs of its population, with many people reverting to the unregulated, more costly private for-profit health care providers. Cambodia's high fertility, morbidity and mortality rates mentioned above compromise the Government's efforts to achieve a fair, just and peaceful society and to raise the living standards of all Cambodians. High mortality is associated with high morbidity, which is a further constraint on quality of life and labour productivity. Therefore, further reductions in mortality, particularly for mothers and children among the poor, are fundamental to the success of efforts aimed at socio-economic development and poverty reduction in Cambodia.

3.2.4 Population growth and education

Education is important for the social and economic development of a country, and contributes towards improved standards of living and well-being of the people. Cambodia does not seem to have enough well-trained human resources to satisfy the special labour needs for modern production and service, because the educational needs of the population are not presently met. Population growth and population structure increase the need for primary, secondary and eventually tertiary education. Consequently, population growth puts new burdens on an already strained education sector. Access to education for a large proportion of the population is limited due to poverty. In addition, the country lacks educational facilities, personnel and other resources due to low public investment in education.[18]

According to the population projections based on the 1998 Census[19], the population in ages 6-11, corresponding to primary school age, will increase from 2.2 million in 2003 to 2.8 million in 2020. The total population increase for the age group 12-14 years old, corresponding to lower secondary education, will increase by 247,000 youngsters during the same period. Finally, the age group 15-17 years old will increase by 237,000 youngsters by the year 2020.[20] Even if the present enrolment rates remain constant, this population growth will put a lot of pressure on the educational system. The greater short-term burden for Cambodia will be on the expansion of the lower secondary education. This investment will give a long-term social benefit because it is crucial not only for national development, but also for reducing population growth through education for women. No society can expect to reduce poverty and fertility without respecting the rights to education for girls and young women.

3.2.5 Population and the environment

Population and the environment are closely related. As population increases, key policy questions emerge. For example: How to use available resources (land and water) to produce food for all? How to promote economic development in a sustainable way and alleviate poverty so that all can afford to eat? How to address the human and environmental consequences of industrialisation? Environmental devastation does not just waste resources, but is a threat to the underpinnings of human development.

---

[18] Council for Social Development. (2002). *National Poverty Reduction Strategy, 2003-2005.* Phnom Penh: p. 95

[19] National Institute of Statistics. (2000). *Population Projections 2001-2020. Analysis of Census Results. Report 6.* Phnom Penh.

[20] The interpolation for the special educational age group was done by using the Boers multipliers. See: Henry S. Shyrock, Jacob S. Siegel and Associates. (1976). *The Methods and Materials of Demography,* Academic Press, New York, San Fransico, London.

It has been demonstrated that population growth has an impact on the environment and natural resources through increased production and consumption levels. Environmental trends usually affect livelihoods, especially in rural areas. A depleted, unsustainably managed environment exacerbates the impacts of population growth. In many provinces in Cambodia a process of soil degradation is apparent due to depletion of essential minerals, resulting in low crop yields. High yielding rice varieties may substitute local rice varieties, but there is a risk of loss of agro-biological diversity. In addition, the use of pesticides is increasing, and improper handling of pesticides and their residues in the ecological system create health risks. There are some indications that fish stocks are declining, reducing the availability of fish to rural households.[21]

It is important, however, to mention that studies conducted in other places reveal that it is quite important to differentiate between the impact of population growth on the environment, on the one hand, and the impact of overexploitation of resources directed to satisfy foreign demand, on the other hand. For example, there has been a widespread, often illegal logging in forest areas in Asia and Latin America. This has resulted in reducing forest resources as well as in soil degradation.

3.2.6 Population and employment

A rapid increase in income and employment opportunities is crucial for poverty alleviation. For the next five decades, the creation of jobs will need to exceed the rate of growth of the labour force to avoid unemployment and underemployment. Considering the demographic pattern in Cambodia with a very young population, the labour force is rapidly increasing. Agriculture employs the largest proportion of the labour force, with more than 75 percent of the population employed in agricultural production. Employment opportunities in the secondary and tertiary sectors are limited: only eight percent and 18 percent respectively .[22] Between 1998 and 2000, the average growth rate of agricultural employment was 1.6 percent while the growth of labour force in rural areas is higher than three percent annually. However, what is more important is that only 15 percent of employed Cambodians are in wage employment, though the share is 53 percent in Phnom Penh and as low as 11 percent in rural areas. Eighty-four percent of the rural labour force is agricultural worker. Agriculture is also the largest single occupation in urban areas (33% of the urban labour force). Although females as well as males work in a greater variety of occupations in urban areas, urban females mostly work in less-skilled occupations than their male counterparts. Among female workers in urban areas, 39 percent are agricultural workers, 22 percent are service and sales workers and 16 percent are in elementary occupations.[23]

Population and the requirements of job creation are closely interrelated. Those who will enter the labour force during the next 15 years or so have already been born. Hence, even if the rate of population growth drops during this period, the rate of labour force growth will not and the capacity of the economy to generate sufficient jobs quickly enough is bleak. In order to achieve a balance between the population growth and growth of the labour force in the long term, it is imperative to take measures to reduce the rate of population growth now.

Cambodia has a low rural population density, but still a rapid expansion of the rural population is likely to result in a substantial increase of the subsistence agricultural sector, which in turn, will impoverish and weaken the country. On the contrary, a slower population growth

[21] Council for Social Development. (2002). *National Poverty Reduction Strategy, 2003-2005*, Phnom Penh: p. iii.
[22] National Institute of Statistics. (1999). *General Population Census of Cambodia 1998. Final Census Results*. Phnom Penh: p. 22.
[23] National Institute of Statistics. (2000). *Labour Force and Employment. Analysis of Census Results. Report 3.* Phnom Penh: p. 27.

probably will result in a more sustainable occupation of the country's productive land. Within the context of a subsistence agricultural system, a rapid growth of the population will not contribute to economic development.

3.2.7 Population and Infrastructure (public transport system, water supply and electricity)

There is a close interrelationship between population development and the need for and supply of public infrastructures such as a public transport system, water and electricity.

In case of very rapid population growth, it will be extremely difficult for Government to keep up with the increasing demand for supply of electricity, water and a public transport system. Even under conditions of substantial economic development, rapid population growth may surpass the capacity of the Government to expand the infrastructure. Already large parts of the Cambodian population do not have access to safe water and sanitation, electricity and transportation. For instance, only 23.7 percent of rural households have access to safe drinking water. Solutions to such deficit will be much more difficult within a context of rapid population growth and unfavourable economic development. Besides, shortcomings in infrastructure may have serious political consequences. For example, lack of roads and transport systems coupled with rapid population growth may lead to the development of large isolated communities, which may again lead to civil unrest due to low density of social and economic relations.

A sustainable population growth rate, which is commensurate with the investments that can be made into public infrastructure, will by definition make it easier for Government to meet the major development goals set out in the SEDPII and the NPRS.

3.3 Key Population Issues

The Government recognises that a continuing high growth rate of population could create serious difficulties in the implementation of its programmes for poverty alleviation and sustainable economic development. A large population means larger requirements in terms of food and public services such as education and health care. A higher population growth rate contributes towards increasing the proportion of young dependents, which again hampers economic growth. Rapid urban growth aggravates environmental degradation. As such the Government has identified the following as the 10 priority population-related issues that currently impact on the nation's development efforts and need to be effectively addressed:

- High population growth
- High fertility
- High mortality
- HIV/AIDS epidemic
- Migration with a magnitude, direction and composition that may hamper development processes
- Imbalances in age and sex structure
- High incidence of poverty as a result of demographic vulnerability
- Low levels of human resources development
- Gender inequalities
- Population pressure on natural resources.

4. GOVERNMENT EFFORTS IN ADDRESSING POPULATION ISSUES

Since 1993 the Government has worked closely with international partners and introduced several measures in various population-related areas:

4.1 Improving Data Collection and Training

Population concerns were not integrated explicitly into the First Five Year Socio-Economic Development Plan 1996-2000, aside from incorporating some very basic population size and growth estimates. During the 1990s, however, the Government completed a number of major population data gathering exercises funded by various donors: Notably the 1998 population census, and the Socio-economic Surveys of 1993-94, 1997, and 1999, as well as the Cambodian Demographic and Health Survey in year 2000. Before the 1998 Population Census was undertaken by the National Institute of Statistics of the Ministry of Planning, there had been no demographic survey since the year 1962. The undertaking of the census was a great achievement of the Government, which has enabled Government itself and all development partners to plan and programme on an informed basis. The census results and other data provide a foundation for integrating population factors into development planning. During the 1990's institutional capacity has been built at the Ministry of Planning, students have been trained in population studies at the Royal University of Phnom Penh, other government staff members have been sent overseas for further training in population studies and government officials have been exposed to population issues through a course offered at the Royal School of Administration.

4.2 Reducing Fertility and Mortality

There is no organised opposition in Cambodia to birth spacing programmes or to introducing more comprehensive reproductive health and family planning services. Nor are there legal barriers to the provision of contraceptives to the unmarried or youth. High fertility, besides being recognised as a key population issue affecting socio-economic development, has been identified as a major obstacle to poverty reduction in Cambodia in the National Poverty Reduction Strategy. The priority action in this regard is to improve birth spacing and reduce fertility among the poor through providing and promoting improved family planning and reproductive health services. It is expected that this will have a direct impact on alleviating and reducing poverty by making family size smaller thereby contributing to the welfare of poor households. Fertility decline will also reduce population growth and lessen the young dependency ratios. It will also reduce maternal and infant mortality by improving the health of mothers and children. However, it is important to remember that population variables are only part of the problem of poverty. Economic, social and administrative changes are also necessary.

The Government, through the Ministry of Health's Health Sector Strategic Plan (HSSP 2002-07), has adopted the birth spacing programme as a major policy to protect the health of mothers and newborn children, and help reduce rapid population growth. The Second Socio-Economic Development Plan (SEDP II, 2001-2005) recognises that high fertility has detrimental effects on the health and nutrition of mothers and their infants and the contribution of high fertility to high population growth. The Ministry of Health has formulated two important policies and initiated one law in respect of safe motherhood and reproductive health. The first of the two policies is the National Birth Spacing Policy, developed in 1994, which was followed in the same year by the establishment of the National Reproductive Health Programme, through which birth spacing services became available to women and men, with their own service choice and decision in having children.

The second of the two policies is the National Safe Motherhood Policy, developed in 1997. Nearly 900 health centres throughout the country are providing birth spacing services. The promotion of reproductive health services and of safe delivery services will help to reduce maternal mortality rates. The main focus of the Safe Motherhood Policy is to strengthen and expand preventive and curative care services at all levels of care starting from the family, the community, health centres and referral hospitals. The Abortion Law adopted in November 1997 liberalised the practice of abortion. According to this law, abortion can be performed only by authorised medical personnel at authorised health facilities and before the 12th week of pregnancy unless one of a number of specific conditions is met for later abortions. In September 2002, the Ministry of Health issued operational guidelines in respect of the Abortion Law paving the way to provide training to health care providers in performing safe abortions.

The UNFPA-supported Population and Development Strategies project organised a policymakers' seminar in 2001, which reviewed the government's reproductive health programme and policy and recommended improvements in the policy to make it more comprehensive so as to include the adolescents. Through the Ministry of Health, the Government has adopted several strategies for mortality reduction. Priority programmes include: 1) the provision of basic health services to the people of Cambodia with the full involvement of the community; 2) priority emphasis on prevention and control of communicable and non-communicable diseases; 3) priority emphasis on provision of good quality care to mother and child; 4) active promotion of appropriate health and health seeking behaviours among the population; and 5) promotion of equitable access to priority services, especially by the poor.

4.3 Programmes for Youth and the Elderly

Several ministries work on youth issues. The Ministry of Education, Youth and Sports (MoEYS) has no overall strategy regarding youth, though many of its policies, such as universalising nine years of basic education, and developing the Youth and Sport sub-sectors, target young people. The Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MoSALVY) sees its task as to *"manage children from 7 to 18 years old who are in conflict with the law or participating in delinquent acts and to educate and rehabilitate them to assist them to be good citizens"*. The Ministry of Health has responsibility for providing good health service and ensuring that health care is affordable for its citizens. There are no overall strategies for youth health, though the National Centre for HIV/AIDS, Dermatology and STD (NCHADS) considers youth to be an important target group, as does the Ministry of Women's and Veteran's Affairs (MWVA). There is no stated government policy on adolescent reproductive health (ARH) in Cambodia, although the Ministry of Health supports a few NGOs providing ARH services. There are several inter-ministerial initiatives that focus on issues that particularly affect youth such as child rights, drugs and HIV/AIDS.

The Government does not yet have any policies or programmes for the elderly, although the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation is in the process of formulating such policies and programmes that would address the questions of health, economic conditions, participation in society and general welfare of the elderly. The Ministry has formed Old People's Association to encourage the participation of the elderly in the formulation of policies and programmes.

4.4 *Combating HIV/AIDS*

In its cooperation with UN agencies, the Government has created an HIV/AIDS taskforce to respond quickly to the emerging HIV/AIDS epidemic in Cambodia. The National AIDS Authority (NAA) plays a key coordinating role in the government response to the epidemic. Key

tasks include policy recommendation and action at the national level and ensuring information exchange and communication. The National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) of the Ministry of Health is in charge of the sentinel surveillance system it developed in line with the Strategic Plan for HIV/AIDS and STI Prevention and Care 2001-2005.

A conceptual national strategic framework for a comprehensive and multi-sectoral response to HIV/AIDS has been developed by the NAA. The vision of NAA has relied on the observation of two complementary approaches in supporting the decrease of vulnerability to HIV/AIDS at individual, community and sectoral level. The first approach concentrates on influencing individuals to understand that safe behaviour is a more attractive option. The second strategy focuses on changing aspects of the existing socio-economic context to support individuals to protect themselves from HIV infection and to cope with the consequence of HIV/AIDS. The NAA strategy calls for a change to the existing paradigm for HIV/AIDS action from a segmented, health centred, and top-down approach to a more holistic development approach that is gender sensitive and people-centred with a focus on empowering individuals, communities, and society.

The 1998 Census showed that the two largest cohorts of the population were those of children aged five to nine years and 10-14 years.[24] This means that the need for sexual reproductive health is dramatically on the increase because of the huge numbers of adolescents entering reproductive and sexually active age. In light of the HIV/AIDS epidemic, adolescents and young people should be targets of massive life skill education empowering them to protect themselves.

4.5 Promoting Gender Equality

Since 1995, the Government has endeavoured to establish equality and equity between men and women through a series of legal and institutional measures to: remove discrimination against women; to protect women's rights and participation in political, economic, cultural and social spheres of Cambodian society; and to deal with the crime of trafficking exploitation of women and children. The Government's commitment to these is reflected in the upgrading of the State Secretariat for Women's Affairs, established in 1993, to the Ministry of Women's and Veterans' Affairs (MWVA) in 1998. The MWVA plays an important role as a catalyst and facilitator in responding to gender concerns in prioritised sectors. It also provides a framework for further discussion and negotiation with the relevant ministries towards the formulation of the national plan for the advancement of the role and status of women in Cambodia. The Government adopted a comprehensive list of policies and strategies for gender development during the second Five Year Socio-Economic Development Plan 2001-2005 (SEDPII).

The Government has thus been instituting various measures to address selected key population issues. In fact, the Government’s interest in incorporating population into planning has been on the increase and population has been accorded a central place in the Second Socio-Economic Development Plan (SEDPII, 2001-05) as well as in the National Poverty Reduction Strategy (NPRS, 2003-05). The Plan recognises that "the high incidence of poverty is related to high population growth, high mortality and high morbidity”. However, the limited success of different measures adopted to date underscores the need for a coordinated approach through a comprehensive National Population Policy. The urgent need for this is expressed in SEDPII, which asserts, “an effective population policy is essential for achieving development objectives”.

[24] National Institute of Statistics. (1999). *General Population Census of Cambodia 1998. Final Census Results.* Phnom Penh: p. 14.

5. PRINCIPLES, GOALS AND OBJECTIVES OF THE POPULATION POLICY

5.1 Guiding Principles

In the formulation of this National Population Policy, full recognition has been given to the sensitivities that would be involved in its implementation. As the success of the policy would be contingent upon a change in individual behaviour and in attitudes towards the family decision-making process, it is important to clarify at the outset, that the policy has been formulated keeping in view Khmer cultural and traditional values. Also, the policy conforms to the Constitution, particularly with regard to its human rights guarantees. Through the policy the Government reaffirm its respect and support for the right for all couples and individuals to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education, services and means to do so.

Since the implementation of the Policy will involve various sectors as well as different section of society, the Policy is consistent with and complements other national plans and policies (i.e., Socio-Economic Development Plan-II, National Poverty Reduction Strategy, Millennium Development Goals) and is not intended to substitute them in any way.

Poverty strongly inhibits choices available to people. Consequently, an important objective of a population policy is to contribute towards the alleviation of poverty. Population, poverty reduction and sustainable development are interrelated. Therefore, population should be an integral part of a country's integrated system of development policies and programmes. A population policy is inclusive and includes many considerations such as migration, fertility and mortality as well as their economic, social and cultural influences. Improving gender equality and women's empowerment are basic requirements for sustainable development. Therefore these issues are central to population and development programmes.

The Policy is designed in view of Cambodia's intention to fulfil its commitments to international agreements and protocols. Cambodia is signatory to International Conference on Population and Development (ICPD), ICPD+5, Asia-Pacific Population Conference 2002 (APPC), Millennium Declaration, HIV/AIDS Declaration of Commitment 2001, Convention on Elimination of All forms of Discrimination Against Women (CEDAW), and the Universal Declaration of Human Rights.

5.2 Overall Goal

The overall goal of this National Population Policy is to induce changes in population trends so as to bring the size, composition and distribution of population in line with the needs of sustainable development for poverty alleviation and improvement in the quality of life of all Cambodians. The policies and programmes will be both population influencing and population responsive.

5.3 Objectives

The principal objectives that will contribute towards achieving the above overall goal of the policy are:

i) To support couples and individuals to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education, services and means to do so.

ii) To reduce infant, child and maternal morbidity and mortality rates

iii) To reduce potential negative impact of rural-urban migration

iv) To promote gender equality and equity and enhance human resource development

v) To alleviate the impact of population pressure on the environment and natural resources

vi) To further strengthen the reversal of the spread of HIV/AIDS

vii) To integrate population variables into social and economic policies, plans and programmes at all levels

6. POPULATION POLICY MEASURES

Details of strategies and specific actions that will need to be undertaken for the implementation of the National Population Policy, including those which are already being implemented, will be detailed in an action plan called the National Population Strategy. This strategy will spell out the specific plans to operationalise policy measures recommended here for the successful attainment of each of its seven principal objectives.

6.1 To support couples and individuals to decide freely and responsibly on the number and spacing of their children, and to have access to the information, education, services and means to do so

- Improve the quality, accessibility, and availability of primary health care services, including reproductive health and family planning services to the entire population, targeting underserved areas and groups.
- Expand reproductive health/birth spacing service delivery systems in rural and peri-urban areas where unmet need for family planning services is high and supply is low.
- Expand clinical and community based contraceptive distribution to ensure widest possible choice of contraceptives.
- Encourage the provision of reproductive health education in school curricula, and through out-of-school programmes targeting adolescents and less educated women.
- Establish adolescent-friendly reproductive health services.
- Develop programmes to promote male involvement in family planning.
- Promote male responsibility and partnership in RH at the household and community levels.

6.2 To Reduce Infant, Child and Maternal Morbidity and Mortality Rates

- Improve the quality, accessibility, and availability of primary health care services, including peri-natal, post-natal, ante-natal and reproductive heath services to the entire population in order to reduce infant, under-five and maternal morbidity and mortality, targeting underserved areas and social groups.
- Optimise the realisation of the Cambodia Nutrition Investment Plan objectives, and expand programmes to control preventable and treatable diseases (such as malaria) and communicable child diseases.
- Encourage medically supervised deliveries and healthy practices related to birth and childbearing.
- Promote the abandon of harmful health practices.

6.3 To Reduce Potential Negative Impact of Rural-Urban Migration

- Conduct analysis on rural-urban migration and improve the availability of data on internal migration, including issues such as its magnitude and composition of migrants.
- Increase alternative choices to out-migration from rural areas through the provision of social services, infrastructure, markets, and employment opportunities in rural areas within the context of rural development programmes and strategies.

- Develop semi-urban centres to divert intending migrants from congested urban centres.
- Support the development of economic and institutional links between urban and rural sectors to support rural development.
- Implement schemes for resettlements of landless farmers and rural poor from high-density agricultural land and urban poor from cities to unexploited agricultural areas and provide the necessary infrastructure (roads, schools, health facilities, etc).
- Reduce obstacles in urban infrastructure and services, and make sufficient provision for future increases in urban populations. Strengthen municipal institutions, urban management strategies, and improve the delivery of urban services. Encourage greater urban population (community and private sector) interest and activity in these areas.
- Continue de-mining to enable resettlement schemes in border areas with low population density.

6.4 To Promote Gender Equality and Equity and Enhance Human Resource Development

- Advocate and facilitate measures aimed at enabling women and girls to increase self-confidence and achieve their full potential through: promoting the importance of female education; eliminating all forms of discrimination, inequality and violence based on gender; encouraging more effective implementation of laws that safeguard women's rights; and increasing women's representation in decision-making positions.
- Promote gender awareness and the importance of women's empowerment among men and women and among decision-makers.
- Encourage positive gender attitudes and thinking within the household and in society in general, including among those in decision-making positions.
- Promote programmes for vocational training and income generation for females.
- Introduce gender awareness into school curriculum.
- Promote the achievement of universal access to nine years of high quality basic education through improving the quality, accessibility, availability and affordability of education, especially among the socially disadvantaged.

6.5 To Alleviate the Impact of Population Pressure on the Environment and Natural Resources

- Ensure environmental sustainability through wide-ranging and integrated strategies that address population, production and consumption patterns independently as well as their interrelationships.
- Support processes to promote the achievement of a rate of population growth compatible with the protection and responsible use of natural resources, with a view to realising sustainable development.
- Improve the availability of data on the impact of population pressure on the environment and natural resources, and enhance the awareness of environmental protection among the population.
- Ensure compatibility between population size and growth with access to clean water and sanitary waste disposal systems.
- Encourage reforestation where population pressure is damaging natural wooded areas.

- Enforce legislation pertaining to common community property and right to use open-access resources (for example public land).
- Focus birth spacing efforts in rural areas with very high fertility to alleviate poverty and possible population pressure on land.
- Alleviate population pressure in high density rural areas by promoting intensive agricultural methods for land owners

6.6 To Further Strengthen the Reversal of the Spread of HIV/AIDS

- Support existing interventions to prevent the spread of HIV/AIDS and improve care for those affected, including access to Anti Retroviral Therapy
- Promote social programmes for those affected by HIV/AIDS: orphans and the elderly
- Encourage continued targeting of particular vulnerable groups such as youth, women and mobile populations in HIV/AIDS planning and programmes
- Assist with sensitising politicians, planners and the public on the dangers of HIV/AIDS.
- Share information relating to population and development issues with government institutions, the private sector and civil society, for more effective design and implementation of HIV/AIDS policies and programmes
- Improve availability and accessibility of population information (for example, to interdisciplinary IEC working groups and the media) so as to contribute to a more holistic, people focused approach to HIV/AIDS action that focuses on empowering individuals, communities and society
- Support further condom programming (in addition to the successful "*100% Condom Use Programme*")
- Support the establishment and use of strategic information including the Second Generation Surveillance and assessment of impacts due to HIV/AIDS for evidence-based advocacy

6.7 To Integrate Population Variables into Social and Economic Policies, Plans and Programmes at all Levels

- Enhance the technical capacity of staff in relevant government institutions at all levels and in all sectors regarding methods and approaches for integrated population, development and gender sensitive planning and programming.
- Support efforts to promote population issues on the public agenda.
- Sensitise parliamentarians and policy makers on the importance of integration of population variables into policies, plans and programmes.
- Promote the collection, analysis and dissemination of data and information on population and the links between population, poverty and development.
- Promote the participation of civil society in all aspects of the implementation of the Population Policy.

7. INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTATION AND MONITORING OF THE NATIONAL POPULATION POLICY

Population Policy impacts on all aspects of economic and social life. From the inter-linkages between population and development it is evident that demographic trends are, on the one hand, determinants of socio-economic development and, on the other, are determined by it. Essentially population issues can be adequately addressed only by concerted inter-agency action. The central and local government, in collaboration with civil society and the private sector, hold responsibility for implementing the policy in an effective and efficient way.

Institutional Arrangements for NPP Implementation

The National Committee for Population and Development (NCPD), which is comprised of the Prime Minister as the Chairman and the heads of government Ministries/Institutions as members, is an organisation responsible for monitoring the formulation and implementation of policies and strategies for population. The NCPD duties are to ensure cooperation and coordination deemed appropriate in the implementation of policies and programmes related to population and development issues and to monitor and evaluate policies and programmes related to the livelihoods, development, prevention and improvement of the welfare and participation of the population.

The MOP will coordinate the drawing up of the National Population Strategy (NPS), an Action Plan for the implementation of the NPP. The NPS will incorporate detailed strategies for implementing the policy measures, specifying targets wherever feasible and identifying agencies that would be responsible for the implementation of various activities. The institutional arrangements for the formulation of the NPS will be designed, established, and coordinated by the MOP. The formulating institutional arrangements committee will invite all implementing and monitoring stakeholders as members to actively participate in discussing and drafting the NPS with regard to their respective responsibilities along the process of NPS formulation. This would reflect the national leadership, ownership, and a broad based participatory process and hence would reduce risks of the failure in the implementation stage.

A wide range of stakeholders will be involved in the formulation and implementation of the NPS including the following:

- Ministry of Agriculture, Forestry and Fisheries
- Ministry of Economy and Finance
- Ministry of Education, Youth and Sports
- Ministry of Environment
- Ministry of Health
- Ministry of Information
- Ministry of Interior
- Ministry of Justice
- Ministry of Land Management, Urban Planning and Construction
- Ministry of Planning
    - National Institute of Statistics
    - General Directorate of Planning/PAU
- Ministry of Public Works and Transport
- Ministry of Rural Development
- Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation

- Ministry of Water Resources and Meteorology
- Ministry of Women's and Veteran's Affair
- Ministry of Industry, Mining and Energy
- Ministry of Tourism
- Ministry of Commerce
- National AIDS Authority
- National Committee for Population and Development
- Royal University of Phnom Penh - Centre for Population Studies
- NGOs/Civil Society
- Donor Community

7.2 Institutional Arrangements for Monitoring the Implementation of NPP

The National Committee for Population and Development (NCPD) will monitor the implementation of the National Population Strategy. The MOP will submit annual progress reports to the NCPD for monitoring purposes, which will enable the NCPD to make informed decisions pertaining to any changes in the implementation of NPS.

Ministry of Planning

On the basis of the NPS, the Population Analysis Unit (PAU) of the MOP will coordinate the formulation of a set of targets in consultation with the NPS formulating committee, required for periodic monitoring of progress towards achieving the objectives of NPP. The targets set should be realistic and achievable within the available resources from both domestic and donor communities. Targets should be in line with other national priorities as set out in the SEDP II, the NPRS and Cambodia Millennium Development Goals Report (CMDGR). Data for the targets will be obtained from the NIS, relevant line ministries, NGOs, and research institutions.

The National Institute of Statistics of the MOP is responsible for designing and conducting socio-economic surveys, demographic and health surveys, censuses, inter-censal surveys, and so forth, while the General Directorate of Planning/PAU of the MOP is in charge of policy analysis. The MOP, through the surveys, monitors the improvement of the overall welfare of the population every two or three years. It is envisaged that the Training Centre for Planning and Statistics of the MOP will provide training in demography and population studies.

Line Ministries/Agencies

The Line Ministries are responsible for implementing their respective tasks and monitoring their performances in terms of inputs and outputs. The Ministry of Women and Veteran’s Affairs will work closely with other line ministries in order to make sure that crosscutting gender issues are taken into consideration.

Non-Governmental Organisations/Civil Society

NGOs, including both local and international with their focus on population and other population related issues, are key partners in monitoring the NPS. NGOs should provide useful data and information and qualitative analysis from their micro-level studies and assessments.

Research Institutions

Academic institutions will be involved in monitoring the NPP/NPS implementation in such a way that they will provide analytical reports through conducting research on population and population-related policy impact assessment studies.

The Media

Media is a key agency for monitoring the NPP/NPS implementation indirectly. The Media provides regular information on the issues of population and the progress of the NPS implementation. The Media is expected to participate actively in meetings and workshops on population and other related population issues, and to publicise the purposes and outputs/outcomes of these events.