

KINGDOM OF CAMBODIA
NATION -RELIGION-KING



MINISTRY OF HEALTH



EMERGENCY OBSTETRIC
&
NEWBORN CARE (EmONC)
IMPROVEMENT PLAN
2016 – 2020

June 2016

Preface

Maternal and newborn health is a top priority of the Cambodian Government. Efforts have resulted in impressive gains in expanding the reach of maternal and newborn services. However maternal and newborn mortality remain a challenge for the country.

The Ministry of Health has invested heavily in Emergency Obstetric and Newborn Care (EmONC), beginning with a National EmONC study in 2009, which was followed by an EmONC Improvement Plan for the period 2010-2015. A recent EmONC review in April 2015 assessed the impact of these efforts over the past 5 years and remaining gaps. A second EmONC Improvement Plan was developed in order to respond to the remaining needs and close the remaining gaps over the next five years (2016-2020).

This EmONC Improvement Plan (2016-2020) is a culmination of efforts involving many individuals and organizations. Sincere gratitude and appreciation is extended to NMCHC, Provincial Health Departments, EmONC facilities and all partners, including UNFPA, URC, USAID, WHO and members of the Sub-Technical Working Group for Maternal and Child Health for technical and financial support for the development of this EmONC Improvement Plan. Special thanks is given to Dr. Vincent Fauveau, who worked as a consultant to NMCHC on the development of this EmONC Improvement Plan through a cohesive and participatory the process.

Most importantly, acknowledgement is given to the dedicated service and hard work of all health personnel at all levels of service delivery: they are on the front-line of national efforts to ensure a smooth journey before, during and after pregnancy for mothers and their newborn babies. The successful implementation of this plan lies largely on your commitment and willingness. *Eng Huot*

Phnom Penh, 15 June 2016



Prof. ENG HUOT
SECRETARY OF STATE

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Acronyms

AMDD	Averting Maternal Death and Disability (Columbia University, New York)
AMTSL	Active Management of the Third Stage of Labour
ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
CBR	Crude Birth Rate
CDHS	Cambodian Demographic and Health Survey
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CFR	Case Fatality Rate
CMS	Central Medical Store
CPA	Complementary Package of Activities
CPR	Contraceptive Prevalence Rate
CMA	Cambodian Midwives Association
EENC	Early Essential Newborn Care
EmONC	Emergency Obstetric and Newborn Care
FP	Family Planning
FTIRM	Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality
HEF	Health Equity Fund
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HSDP	Health Sector Development Plan
HSSP	Health Sector Strategic Plan
LBW	Low Birth Weight
MBS	Mao Bunsoth Research
MDG	Millennium Development Goals
MNH	Maternal and Newborn Health
MoH	Ministry of Health
MPA	Minimum Package of Activities
NGO	Non-governmental organization
NMCHC	National Maternal and Child Health Centre
OD	Operational District
PHD	Provincial Health Department
RGoC	Royal Government of Cambodia
RH	Referral Hospital
RMNH	Reproductive, Maternal and Neonatal Health
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goals
SMW	Secondary Midwife
SDG	Service Delivery Grant
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	Women of Reproductive Age

Executive Summary

In response to high levels of maternal and newborn morbidity and mortality, Cambodia developed and implemented an Emergency Obstetric and Newborn Care (EmONC) Improvement Plan for the period 2010-2015. The recent review of the EmONC Improvement Plan (April 2015) revealed significant progress in the availability, accessibility, quality and utilization of EmONC services in Cambodia by early 2015, as well as challenges in implementation. Between 2009 and 2015, the number of CEmONC facilities increased from 25-37 and the number of BEmONC facilities increased from 19 to 110. Progress was strongest in terms of expanding coverage of Comprehensive EmONC care (CEmoNC), and by 2015, Cambodia had exceeded international standards for CEmONC coverage. Improvements were also made in expanding the number of functional Basic EmONC (BEmONC) facilities, but progress has been slower in this area. Only 28 of the 110 upgraded BEmONC facilities were found to be fully functional (performing all 7 BEmONC signal functions in the 3 months preceding the EmONC Review). Improvements were also found in the proportion of births taking place in functional EmONC facilities, reductions in financial barriers to EmONC care, reductions in the Direct Obstetric Case Fatality Rate, and performance of specific signal functions.

However, Cambodia still has fewer than half of the recommended number of EmONC facilities for the country and EmONC facilities are still largely concentrated at the hospital level and in urban areas, with one province still lacking any EmONC facilities. The needs of newborns with complications are also being insufficiently met. In order to address these and other remaining challenges, a new EmONC Improvement Plan is being proposed for the period 2016 - 2020.

The Goal of this new EmONC Improvement Plan 2016-2020 is to reduce maternal and newborn deaths and contribute to the Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality (FTIRM) 2016-2020. **The main objectives and targets** in EmONC for the year 2020 are to:

- Improve EmONC **coverage** and **availability** so that there are at least 5 EmONC (CEmONC and BEmONC) facilities per 500,000 population, including at least 1 functional CEmONC facility and at least 4 functional BEmONC facilities per 500,000 population (UN Process Indicator #1),
- Ensure greater accessibility to EmONC through improved geographic distribution of EmONC facilities throughout the country and a more functional referral system,
- Ensure effective **utilization** of EmONC services in order to meet at least 90% of need, through improved communications, effective referrals, delivery of quality services, continued reductions in financial barriers, and community participation,
- Improve the quality of care by strengthening the competencies of staff in designated EmONC facilities to perform key signal functions. Cambodia should **reach or exceed UN standards** for EmONC process indicators on proportion of births in EmONC facilities, met need, cesarean delivery, and direct obstetric case fatality rate (UN Process Indicators 3-6). Specifically, Cesarean deliveries should be at 10 percent (10%) of expected births nationally by 2020, with no province below 3.5% and Phnom Penh not above 17%),
- Strengthen the **capacity** of PHDs and lower level administrative structures to plan, manage, monitor, and support EmONC services and ensure high quality of care,
- Reduce remaining **financial barriers** to EmONC services. Ensure that all women in reproductive age have access to full package of key reproductive maternal and newborn health services without financial hardship, when needed.

The approaches and key interventions proposed in this EmONC Improvement Plan are evidence-based, build on established interventions and programs, and are integrated into the existing health system. They rely on

clear definitions of roles and responsibilities, transparency and accountability at all levels, equitable treatment, ongoing monitoring and periodic evaluation, and partnership with civil society and international partners.

Key interventions include: upgrading facilities and staffing, GIS mapping of EmONC facilities to ensure geographic coverage, reducing gaps in basic drugs and equipment, increasing staff competencies through training and on-site coaching, enabling availability of 24/7 EmONC services, improving management coordination, monitoring and evaluation by the National Program and Provincial Health Departments, and improving the recording and reporting of obstetric and newborn complications and deaths at health facilities. These key interventions will be implemented at both national and provincial levels, according to phased annual plans.

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