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QUALITY HEALTH SERVICES

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Transitioning the Cambodian health system to self-reliance: URC's contribution 2002-2019

EXPANDING CHOICES FOR WOMEN AND MEN:

BUILDING SYSTEM-WIDE COMMITMENT TO FAMILY PLANNING

Reproductive health and family planning interventions are proven and cost-effective in empowering women and men to exercise their rights to make voluntary and informed decisions about the number, spacing, and timing of pregnancies. The global standard for health service delivery is to offer a broad mix of contraceptives in response to evolving needs during the reproductive health life cycle. The mix should include both reversible methods for those interested in preventing and spacing pregnancies, and permanent methods for those who don't want any more children.

University Research Co. LLC (URC) started working with the Cambodian Ministry of Health (MOH) on strengthening family planning under the USAID HSSC Project through basic training on family planning. Efforts to expand the availability and quality of a range of contraceptives intensified under the USAID BHS and QHS projects. Key to URC's efforts has been strengthening existing systems, building clinical and management capacity in family planning in the health sector and fostering system-wide commitment to the delivery of high-quality family planning services.

University Research Co. LLC (URC) supported the Royal Government of Cambodia (RGC) to strengthen the health system through four USAID projects:

- Health Systems Strengthening in Cambodia (HSSC), 2002-2008
- Better Health Services Project (BHS), 2009-2013
- Quality Health Services Project (QHS), 2014-2019
- Social Health Protection Project (SHP), 2014-2019

Through these projects, USAID sought to support the RGC improve the quality of primary care and hospital services, increase demand for health services and reduce financial barriers to access, and build provincial and operational district (OD) capacity to manage services and social protection programs.

CONTEXT

During the past two decades of rapid economic development in Cambodia, more families actively planned the size of their families. The average number of children has decreased from 4.0 in 2000 to 2.7 in 2014. According to the 2014 Demographic and Health Survey, about a quarter of married women (27%) wanted to wait at least two years before having another child and half (52%) wanted no more children or had already been sterilized. However, one in ten (12%) of these women were not using contraception (i.e. had an unmet need).

Although the availability and use of contraceptives had increased, some challenges remained:

- Limited availability of contraceptive services at hospitals where many women came for delivery and other reproductive health services.
- Limited availability of long-acting reversible methods such as intrauterine devices (IUD) and implants, and permanent methods such as voluntary surgical contraception (VSC) i.e. sterilization.
- Health provider attitudes against use of contraceptives among unmarried women or women without children, and misconceptions about modern methods, particularly IUDs and implants among clients who thought IUDs and implants would be difficult or impossible to remove.
- Financial barriers particularly for poor families.

KEY INTERVENTIONS

INTRODUCE FAMILY PLANNING SERVICE DELIVERY IN HOSPITALS

Initially, family planning services were only available at health centers; hospitals did not provide these services. This was a missed opportunity as an increasing number of women began to use hospitals to deliver their babies and for other services. Under the BHS Project, URC successfully advocated with the MOH to expand family planning services to hospital levels, which was approved in 2013. URC worked with the National Maternal and Child Health Centre (NMCHC) to update clinical practice guidelines for hospitals and develop family planning protocols that included "simple" procedures previously restricted to health centers. To roll out the new services, URC worked with hospitals to train staff, procure equipment and establish commodity provision chains, improve infection control, make minor renovations, and set up documentation systems.

IMPROVE QUALITY OF FAMILY PLANNING SERVICES

To obtain consistent data on the quality of care, URC supported the MOH to develop standardized, nationally-applied quality assessments that would provide facility-specific information on the quality of care. Level 1 Quality Assessments, initiated under the HSSC Project, focus on management, infrastructure, equipment and supplies, records and documentation. Level 2 Assessments expanded focus on the delivery of clinical services against national standards (*See Brief on Building the Foundations for Quality Services*). Both assessments also cover family planning.

A midwife provides counseling on family planning using job aids developed under the QHS Project

URC worked with facilities and providers to improve their performance on these assessments through capacity building approaches such as health center quality improvement (HCQI) and clinical skills practice (CSP) for hospitals. These methods strengthened clinical and management skills of health staff while also building a culture of teamwork and problem-solving (*See Brief on Transforming the Health Workforce).* URC worked with provincial health department and operational district staff to use modules on hormonal and non-hormonal family planning, IUDs, implants, and VSC during on-site coaching sessions at health centers and hospitals. Coaching sessions and meetings also review registration books and data management, and availability of family planning commodities. Results and feedback from the coaching sessions are presented to health center chiefs and staff, and operational district directors and teams, for use in problem-solving, action planning, and follow up.

INTEGRATE FAMILY PLANNING WITH OTHER HEALTH SERVICES

Counseling on family planning before and after childbirth raises awareness of birth spacing and postpartum contraceptive options, and helps families prevent unplanned pregnancies. URC worked with the MOH to integrate family planning topics in coaching and mentoring on maternal health. Hospital maternity ward staff and health center midwives learned about how to provide counseling and contraceptive services as part of their work through CSP and HCQI respectively. Modules on IUDs, implants, VSC, hormonal and non-hormonal methods, and counseling on and management of side effects were also covered in midwifery coordination alliance team (MCAT) meetings which bring together maternity nurses and midwives from different levels to discuss current problems, referrals, and cases. Under the BHS Project, URC also worked with the National Center for HIV/AIDS, Dermatology and STD to integrate family planning services with HIV services for women living with HIV.

Family Planning by the Numbers

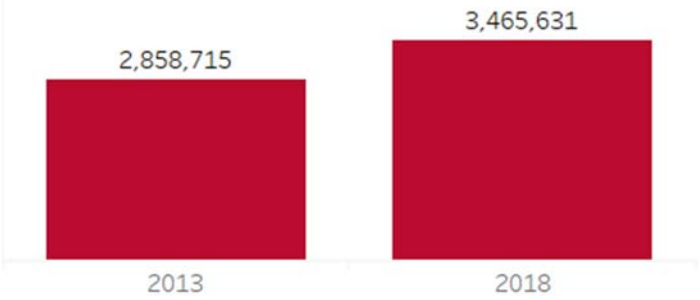
Quality Assessment Scores

for Family Planning in Health Centers

Increased

33% *At baseline* *to* **64%** *in 2018*

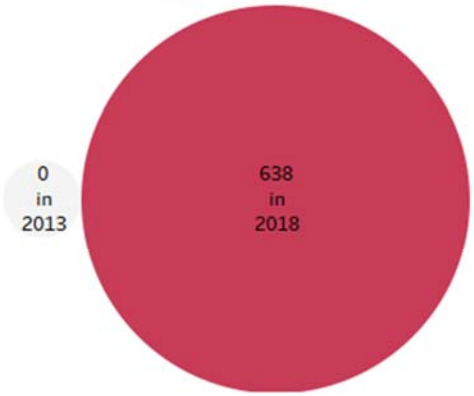
Couple-Years Protection



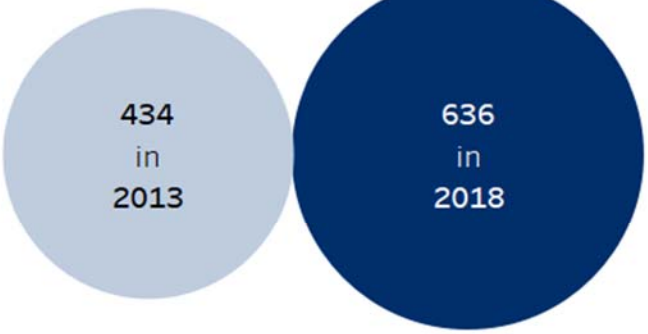
Seven of nine target provinces have at least one referral hospital providing permanent family planning methods on a regular basis

QHS has improved availability of family planning methods including Implanon NXT implants and IUDs

Number of Health Facilities Providing Implanon NXT Implant Services in QHS-supported Provinces



Number of Health Facilities Providing IUD Services in QHS-supported Provinces



QHS has trained nearly 900 health professionals in family planning, especially in IUDs and Implants (including Implanon NXT).

Implant Training	665 participants
IUD Training	224 participants

100% *of* Health Centers *and* **100%** *of* Hospitals

in the nine QHS provinces received training by the end of the project

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INCREASE ACCESS TO LONG-TERM METHODS

Skills practice in IUD placement and removal

Although many had previously received training on long-term reversible and permanent methods, many providers were not confident about providing counseling or responding to misconceptions about long-term methods. Under the QHS Project, URC worked with partners to provide competency-based training on IUD and implant insertion (including postpartum or post-abortion insertion) for health center and hospital staff, with specific attention paid to VSC referral. This was followed up with on-the-job coaching during HCQI and CSP, and skills refreshers during MCATs. URC also coordinated with provincial health departments to supply Implanon NXT implants to health centers with trained providers. By 2018, all referral hospitals and health centers in the nine provinces targeted by the QHS Project had providers capable of providing both IUD and implant services, and had at least one hospital offering VSC.

REDUCE FINANCIAL BARRIERS TO LONG-ACTING PERMANENT METHODS

Family planning services historically had low or variable reimbursement levels under the Health Equity Funds (HEF). Under the QHS Project, URC collaborated with other partners and the USAID SHP Project to successfully negotiate with the Department of Planning and Health Information for increases in reimbursement levels for long-acting permanent methods in the HEF Standard Benefit Package 2014 update. The update removed the requirement for a referral or appointment letter for permanent contraception and created a new payment category and case payment rate for long-acting reversible and permanent contraceptive methods. Information about the HEF reimbursements for long-term family planning methods was shared with all health facilities through HCQI, CSP, and MCAT meetings. Information about HEF coverage of family planning was also disseminated along with other behavior change communication messages about family planning to communities through local radio and informational materials distributed by health providers.

CONCLUSIONS

During the past three decades, URC has worked to build the self-reliance of the Royal Government of Cambodia in the delivery of family planning services. URC advocated for the use of existing systems – such as referral hospitals – to become engage in providing contraceptives. Collection and use of family planning data was increased in order to systematically improve the quality of services at all levels. URC built the capacity of the health system by strengthening management and clinical skills in family planning service delivery, and also by building a culture of teamwork and problem solving. With URC's support, the number of facilities providing IUDs increased by 47% and implants by 2100%. These improvements stimulated system-wide commitment on all levels to continue improving the quality of family planning services.

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