USAID FROM THE AMERICAN PEOPLE QUALITY HEALTH SERVICES URC

Supporting Cambodia's Journey to health system self-reliance: URC's legacy 2002-2019

ENGAGING THE HEALTH SYSTEM IN IMPROVING THE NUTRITION OF MOTHERS AND CHILDREN

Nutrition shapes every aspect of growth and development, directly influencing cognitive development, immune function, and overall health and well-being. A nutritious diet provides infants and children with the foundation for a healthy start in life and men and women with the means to nurture healthy families. In all of our nutrition work, URC focuses on the critical 1,000 days period from conception to the child's second birthday and on the implementation of key, evidence-based and contextually sound interventions.

After initial efforts under the HSSC and BHS Projects, URC's support to RGC in the area of nutrition accelerated under QHS Project which had child nutrition as a key component. After five years, the proportion of children the proportion of children being receiving nutrition screening during their health visit almost doubled in the nine target provinces and the number of children receiving treatment for SAM nationwide more than tripled.

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), 2013-2018
- 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 capacity to manage services and social protection programs.

The increased availability and quality of nutrition services in the health system and the reduced financial barriers for families as a result of HEF coverage have undoubtedly contributed to the accelerated improvements in nutrition. Stunting is estimated to have further decreased from 32% in 2014 to 30.8% in 2017,[i] with the rate of decline in the number of children stunted accelerating from 2.66% in 2012 to 2.93% in 2016.[ii]

CONTEXT

In the 1990s, Cambodia emerged from decades of civil conflict and economic stagnation to post remarkable progress in economic growth coupled with human development. Between 2000-2014, stunting in children under the age of five years, a key indicator for measuring long-term undernutrition, decreased from 50% to 32%. However, the 2014 Demographic and Health Survey also found that half of women and children below 5 years are anemic and 70% of children age 6-23 months were not fed appropriately based on recommended infant and young child feeding practices.

Further improvement on nutritional outcomes requires not only increased adoption of healthy dietary behaviors by families. A key role is played by health providers who monitoring a child's growth and screen and treat malnutrition. However, in Cambodia the health sector's role was underutilized, as providers lacked knowledge and skills on nutrition and were often focused on treating acute illness. Growth monitoring or nutritional counseling was rarely provided during health visits, nor were children assessed and referred as needed.

KEY INTERVENTIONS

AVAILABILITY OF HOSPITAL MANAGEMENT OF ACUTE MALNUTRITION

At the service delivery level, URC's research found that most hospitals did not have any systems to address malnourishment in children who were admitted for acute illness. Under the BHS Project, URC supported the National Nutrition Program (NNP) to develop **National Guidelines on Management of Acute Malnutrition**. We also worked with the NNP and three leading hospitals to develop a **Clinical Practice Guideline (CPG) for treatment of Severe Acute Malnutrition (SAM)** in hospitals. The first CPG on treatment of malnutrition in children for Cambodia was accepted in 2012 as part of the Pediatric CPGs.

A mother helps as the referral hospital staff and government supervisor screen her child

Under BHS and QHS, URC rolled out the SAM CPGs in hospitals authorized to provide SAM services in the target provinces. Following a SAM CPG introductory session, each hospital receives quarterly on-the-job coaching and follow up conducted by URC staff and government trainer counterparts. Coaching does not end with weighing and measuring: coaches also conduct competency assessments and focus on interpretation of results and taking appropriate action, feedback to parents, and correctly recording information in register books and patient records (*see brief: Transforming the Health Workforce*). URC also produced SAM job aids and IEC materials including SAM stamp, Standard Deviation (SD) card, and patient brochure on SAM treatment benefits.

EXPANDED NUTRITION SERVICES AT HEALTH CENTERS

Under QHS, URC focused on strengthening health center capacity to provide SAM screening and referrals in outpatient department (OPD) and integrated management of childhood illnesses services for children under five years of age and GMP in children under two years of age. Key strategies include health center quality improvement (HCQI) which involves on-site coaching, use of competency checklists, and tracking progress as well as Pediatric Coordination Alliance Team (PCAT) meetings that bring together health workers providing pediatric care at the different levels (*see brief: Transforming the Health Workforce*). QHS worked with the NNP to develop a new GMP register for health centers which facilitated tracking nutrition indicators. We also developed a GMP booklet, instructional video, and GMP/SAM screening posters. One simple innovation developed to support GMP was basket scales. These have made weighing babies easier and much safer.

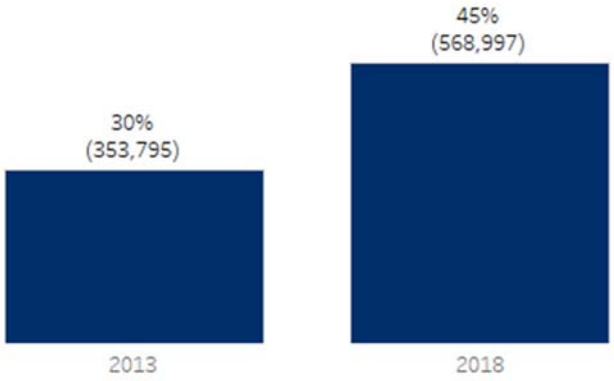
Screening for malnutrition at Battambang Hospital

EVIDENCE-BASED SUPPORT TO MATERNAL NUTRITION

Under BHS, URC developed the Mother and Child Health Book which offers information on how to care for the health of the mother and child, including nutritional guidance, as well as home-based health records covering the mother from pregnancy to postpartum and the child from birth to age five. Under QHS, the book was rolled out nationwide. URC also advocated to the Ministry of Health (MOH) to include WHO recommended IFA supplementation as part of national guidelines and policy. After national approval, URC rolled out the guidelines in the nine provinces through CSP and HCQI.

Nutrition by the Numbers

QHS improved the number and percentage of children who had their nutritional status assessed at the outpatient department or pediatric ward



The number of new pediatric TB cases put on treatment increased ten-fold under QHS

The QHS project trained

6,331

participants in

SAM Screening, SAM Treatment and, Pediatric TB

Type	Participants
SAM Treatment Orientation	141
SAM Screening Orientation	304
SAM & TB Combined Follow-Up	5,827
Pediatric TB	59

7,168

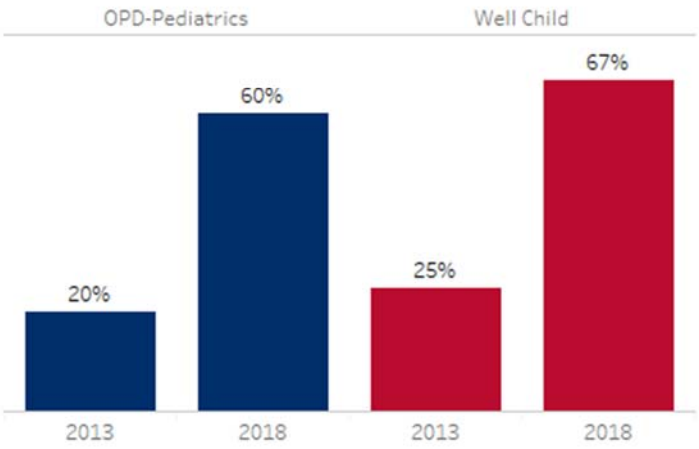
children under five years of age

received SAM treatment

in QHS target provinces during the project

QHS Improved quality at the health center level in all domains, especially in pediatrics, outpatient departments and well-child visits

Health Center Quality Assessment Scores



100%

of pregnant women

in QHS target provinces received the correct number of IFA Tablets

during pregnancy

by the end of the QHS project, compared to only 72% at baseline

REDUCED FINANCIAL BARRIERS TO NUTRITION SERVICES

Under both BHS and QHS, URC worked with the Department of Planning and Health Information and the National Maternal and Child Health Center (NMCH) to expand coverage of the national pro-poor health insurance scheme, Health Equity Funds (HEF), to SAM in-patient services and specialized out-patient care after discharge as well as GMP. Coaching and orientation ensured that providers are aware of the coverage. The benefits were also included in materials for HEF enrollees. (*see brief: From a health financing pilot to a national social health protection system*).

STRENGTHENED COLLECTION AND USE OF NUTRITION DATA

URC also worked with NNP and UNICEF to integrate the separate nutrition information system with the health management information system (HMIS) and to further improve the HMIS nutrition indicators, adding indicators on the number of children under five with nutritional status assessed at OPD to facility monthly reports for example. EPI registers were also updated to include nutrition indicators. With the updates to the HMIS, coaching visits supported by QHS focused on the appropriate utilization of the new HMIS register books located in health center and hospital OPDs and hospital pediatric wards. QHS also successfully negotiated with the Department of Planning and Health Information (DPHI) and district and provincial health departments to add nutrition service delivery (SAM screening and diagnosis) to the Tableau du Bord monthly data monitoring whiteboard present at every health center in order to stimulate increased service delivery and improve data reporting.

CONCLUSION

During the past two decades, and particularly during the past five years, Cambodia has accelerated progress on child nutrition. URC is grateful to have been a partner for RGC and USAID on this journey. Key to this success has been the increased capacity and commitment of the national government, health managers and health providers in the area of nutrition programming.

> **"Without QHS, the team would meet a lot of difficulties in SAM management in this hospital."**
>
> - Thun Sokha, Chief Nurse, Pediatric Ward, Cambodia-Japan Friendship Hospital

Improvements in the health system's capacity to address malnutrition are demonstrable with continuing progress in nutrition service quality scores. Moreover, the processes for ongoing monitoring and improvement have been institutionalized. Nutrition indicators are now included in facility registries, the national HMIS, and quality assessments. Methods such as HCQI that incorporate nutrition continue to be implemented by provinces and districts after the QHS Project has ended, indicating commitment by the health system to continue using methods introduced by URC for continuing quality improvement. From the outset, URC has been committed to strengthening the existing health system and human resource capacity of various actors within the MOH at all levels and reinforcing their specific roles and responsibilities within the health system to improve quality of care. The achievements in nutrition validate our approach.

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[i] European Commission (2018) Nutrition Dashboard for Cambodia. https://ec.europa.eu/europeaid/sites/devco/files/cambodia.pdf
[ii] European Commission (2017) Country Profile on Nutrition: Cambodia. https://ec.europa.eu/europeaid/sites/devco/files/2017_country_profile_on_nutrition_-_cambodia.pdf

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