Strengthening Maternal and Child Health Care in Cambodia

Cambodia has accomplished major successes in improving maternal and child health. Maternal mortality decreased from 320 in 2005 to 170 per 100,000 live births in 2014. Newborn mortality dropped in the same period of time from 25 to 18 per 1000 live births. Despite these successes, maternal and neonatal mortality are still high by international and regional comparison.

To further decrease maternal and neonatal mortality and to improve delivery, postpartum and newborn care, the Royal Government of Cambodia has renewed its “EmONC Improvement Plan” and extended the “Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality” until 2020.

Although improvements have been made, further efforts are required to address remaining challenges. There is a need to further qualify midwives, to continue raising standards of health care services, and to improve access to health care for vulnerable groups, including persons with disabilities. The project “Improving Maternal and Newborn Care in Cambodia” supports the Royal Government of Cambodia in addressing these challenges.

Our Support

The current project is in its second phase, with the first phase having run from 2012 to 2015. The project is part of the Cambodian-German Social Health Protection Programme (SHPP) that strengthens health care financing, health service delivery, health system governance and the inclusion of vulnerable groups.

### Improving Maternal and Child Health Care: The Muskoka Initiative

The Muskoka Initiative was established in 2010 at the G8 Summit in Muskoka, Canada. The initiative aimed to improve universal maternal and child health care in line with UN Millennium Development Goals 4 and 5 by 2015. The German Government established the Initiative on “Rights-based Family Planning and Maternal Health”. The initiative ran from 2011 to 2015 with EUR 400 million, and will continue from 2016 to 2019 with EUR 100 million per year.

The project’s objective is: “Families with small children are increasingly benefitting from improved quality health services for mothers and children”, and is active in four provinces of Cambodia: Kampong Thom, Kampot, Kep, and Kampong Speu. The project focuses on three key areas.

First, the project works for quality improvement of maternal and neonatal emergency care services by working closely with Provincial Health Departments to strengthen monitoring, supervision and strategic planning capacities. In addition, the project assists in developing referral pathways for emergency cases and contributes to a better understanding of birth preparation and newborn care among the population.
Second, the project improves EmONC staff qualifications and skills through on-the-job-training. Medical doctors work in close collaboration with midwives and the Provincial Health Department in order to strengthen the link between emergency obstetric and newborn care facilities and their supervisors.

Third, and last, the project supports the inclusion of persons with disabilities by introducing tools and competencies to adapt health services to disability-related needs. Previously developed tools for early detection of disabilities in children are revised in order to provide the Ministry of Health with a validated package of instruments that is ready to be officially adopted.

The Results

In the previous phase, the project organized 188 events in communities to learn about sexual and reproductive health and rights. NGOs like EpicArts, Comedy for Health, or Enfants et Développement were contracted for dance and drama performances and group discussions to engage the audience into these important topics. In addition, an awareness raising campaign was developed and approved by the Ministry of Health. A total of 194 TV spots were aired at five different TV stations, and 1535 radio spots were aired at six stations. It is estimated that the campaign reached a total of 1.12 million viewers and listeners.

Furthermore, maternal healthcare indicators have improved through improved midwifery skills, particularly during emergency care. The number of deliveries per month in emergency facilities has increased from 854 to 1,343 per month on average between 2012 and 2015. In addition, the number of complicated deliveries attended by skilled health staff increased in absolute and relative terms: from 2,032 (17% of total deliveries in 2013) to 3,129 (19.4% of total deliveries in 2015).

Figures 1: progress in facility-based normal and complicated deliveries 2013-2015

Reductions in maternal mortality can have far-reaching benefits. Risk of impoverishment is reduced by the prevention of maternal mortality and the promotion of care provision in public health care facilities. Phase II has the potential to reduce impoverishment as it is directed predominantly at people below or close to the poverty line.

Furthermore, reductions in maternal mortality can contribute to the realisation of human rights standards, in particular with regard to the right to health and quality of health services. The project takes account of human rights principles by fostering non-discrimination and equality of opportunity for persons with disabilities.