

# Health Service Delivery

## Improving quality of health care

### The challenge

Cambodia's health system has improved considerably over the past decade, leading to reductions in child mortality, HIV, tuberculosis, malaria and vaccine-preventable diseases. The maternal mortality rate fell from 472 per 100,000 live births in 2000–2005 to 206 in 2006–2010. In addition, life expectancy has improved, and the overall fertility rate has decreased substantially.

Despite these significant improvements in health outcomes over the last decade, Cambodia's public health care system still has a lot of areas for improvement. Health personnel are lacking in both numbers and expertise, especially in rural areas. Only around 20% of domestic health expenditures are allocated to human resources, which is significantly below regional standards. Many public-sector health professionals also work in the private sector, and focus their time and efforts on this often more lucrative activity.

Insufficient equipment and lacking medicines stocks match the deficiencies in human resources. Many public health facilities, especially in remote areas, lack basic amenities such as electricity or running water.

Patients frequently complain about unsatisfactory attitudes of health workers and short operational hours at public facilities. Although incentives exist to improve public care provision, they are mostly individualised, and not related to team work or responsibility seeking behaviour.

According to the Cambodian Demographic Health Survey 2010, only 28.9% of the population who sought treatment for an illness went to a public facility first, whereas 56.8% accessed private clinics as their initial provider. Over 70% of out-of-pocket expenditures for health go to the private sector. Such health-seeking behaviour is of particular concern given the inadequate regulation of the private sector; the quality of services is substandard at best, if not hazardous.

Patients tend to favour private health service providers for the flexible payment methods they offer, as well as their accessibility.

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Pharmacies, for instance, are commonly located near markets or similar central, easy-to-reach locations. However, most pharmacies are staffed by under-qualified personnel.

There are different health care financing schemes to support poor people to access health care, but inequities in access to services for the poor remain, particularly in rural areas, due to various barriers such as distance and transportation costs, knowledge of assistance schemes, and lack of trust in public health care.

The public health care system is geared towards acute care, largely unable to provide prevention, diagnosis or treatment for non-communicable diseases or disability-related conditions. Knowledge of health personnel on disabilities and chronic conditions is inconsistent. Awareness that certain illnesses and infections, or impairments and developmental delays, could lead to permanent disability is, in general, rather sparse. Services for chronic conditions and disability-related care are limited to urban areas, and some services are exclusively provided by the private sector. There is little interaction, cooperation or exchange between the public and private health care sectors. This causes disruptions in service delivery, and a lack of adequate referrals.

### Our approach

The Health Service Delivery component's goal is to improve the quality of health services by focusing on clinical practice and professional development of health personnel, and by fostering a conducive environment for institutional quality





improvements. On the national level, we support the development and application of practical guidelines and national quality of care standards.

Based on the principles of the National Policy for Quality in Health, GIZ supported the Cambodian Ministry of Health to develop a medium-term plan through a participatory approach. The resulting Master Plan for Quality Improvement in Health 2010-2015 was endorsed in 2010. This master plan contains key milestones, combined with a timeframe, and is used as the central document for interventions tackling quality improvement issues in the health sector.

We further assist with the development and regular application of quality assessment tools for health facilities. The component supports quality assessments of health facilities and subsequent quality improvements following the “plan-do-check-act” cycle at provincial- and district-level public health facilities.

In addition, an increase in health care demand and empowerment of clients are underlined as important ways forward for improved quality and accountability in health service delivery. The components therefore work in close cooperation with the Health System Governance, component which supports the promotion of clients’ rights and providers’ rights/duties, and that the client satisfaction tool is implemented, to improve health care provider behaviour and quality of health services.

GIZ also supports the National Institute of Public Health (NIPH) in the development of a Masters of Hospital Administration Programme, aimed at building the capacity of health facility managers and improving their leadership and managerial skills to effectively support an improved quality of health service delivery.

In line with the Health Strategic Plan 2008-2015 and the Master Plan for Quality Improvement in Health, the component is supporting the Cambodian Ministry of Health to establish an accreditation system for health facilities in Cambodia. A comprehensive road map on establishing accreditation was agreed upon at the Quality Improvement working group. This roadmap and concepts are now submitted to decision-makers at the Ministry of Health for approval, before building a legal framework and foundations to establish the full accreditation standards and system. Initially, the accreditation standards and body will be tested in two pilot hospitals.

It is envisaged that the accreditation process will become mandatory for both public and private hospitals, to ensure quality of care in all Cambodian health facilities. The introduction of accreditation in Cambodia will create a learning environment,

### Preceptor Programme

Since 2005, the Human Resources Department of the Ministry of Health has committed itself to improving practical training for nurses and midwives. Responding to the Ministry’s request, GIZ introduced the preceptor concept at regional training centres and provincial referral hospitals in 2007. With GIZ support, a preceptor curriculum has been developed which defines the roles and responsibilities of these de facto practical trainers. Development advisers support the preceptor programme in Kampot, Takeo and Kampong Cham by strengthen the preceptors’ teaching capacity, and enabling them in their role of guiding nursing and midwife students during their practical terms at the hospitals.

through continuous quality improvement processes, to ensure safety to the public. GIZ’s contribution to the capacity development of health personnel consists of technical assistance from development advisers at the sub-national level. Refresher training and supervision, workshops and exchange visits, as well as small investments for training purposes are part of the advisers’ input.

Since 2005, GIZ has built the teaching capacity of practical midwifery and nursing trainers through the national preceptor programme at provincial referral hospitals and maternal-child health units of provincial health departments, contributing to improved capacities of human resources in the health services.

In addition, GIZ partners with Handicap International to build the capacity of health personnel on disability and early detection and prevention of disabilities in its focal provinces of Kampot and Kampong Thom. GIZ also supported a national steering committee to develop training and screening tools for newborns, infants and young children, enabling early disability detection and increasing quality of life years.

For patients, health facilities are usually visited at a stage of progressed illness often too late to reverse its course. Thus, community-based prevention and education is crucial. We seek to raise awareness among local non-governmental organisations (NGOs) and disabled people’s organisations (DPOs) on numerous types of disabilities and their precursors, to educate people about early care seeking and potentially prevent disability. Additionally, the accessibility of disability-related health services will be improved through support for the establishment of a national public-private referral system.

To foster innovative approaches to tackling Cambodia’s double burden of communicable and chronic diseases, GIZ provides



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support to a client-centred model for diabetes and hypertension care introduced by the NGO MoPoTsyo. The Cambodian Ministry of Health has already endorsed the peer educator networks, envisaging their nationwide expansion. Centred on communities, the peer educators actively involve patients in the screening, treatment and prevention processes. The NGO is channelling its experience and expertise to provincial government departments as well as to decision-makers at the central level, which is a step towards building a sustainable chronic care system for Cambodia.

## The results

With GIZ's support clinical practice guidelines, covering treatments for conditions such as postpartum haemorrhage and neonatal sepsis, have been developed based on scientific evidence. In addition, safe practices for procedures such as X-rays and, in cooperation with WHO, a standard safe surgery checklist have been developed, introducing a national quality standard for surgical practices in Cambodia. The above guidelines and standards have been disseminated, through training workshops, for implementation nationwide. GIZ supports as well the Hospital Service Department to monitor and coach all hospitals on the proper implementation of safe surgery checklist.

Nursing processes and codes of ethics for nurses and midwives have been developed with support from GIZ and the capacity of the national preceptor programme and of the nursing and midwife preceptors has been improved. Preceptors are acknowledged in their specific roles as trainers and role models in hospitals, and increasingly fulfil their functions.

The Masters of Hospital Administration curriculum has been developed by NIPH with support from GIZ, outlining the course structure, content, and resource requirements for implementation by the Public Health School of NIPH.

Health facilities in focal provinces are assessed at least once a year, using standard assessment tools, developed with GIZ's support, to measure health facility performance. The results of these assessments are linked to health financing schemes such as health equity funds and voluntary health insurance. In addition, the application of quality assessment tools allow for targeted action, and the feedback from informed clients is valuable for necessitating process changes.

Awareness campaigns and screening initiatives supported by GIZ have reached 48,000 people in Kampong Thom and Kampong Speu. Over 1,600 people with diabetes and/or hypertension have joined the peer educator networks, and are now receiving support for health and lifestyle changes and long-term adherence to treatment, to successfully avoid impairments.

Collaborating with Handicap International, a mapping of available specialised health services for disability-related conditions has been conducted. In addition, health personnel were trained in disability causes and risk factors for impairment, preventive measures, referrals and the rights of people with disabilities. Together the umbrella organisation MEDiCAM, GIZ organized a conference on public-private partnership in the health sector. It was the first event of its kind in Cambodia, and marked an important advancement of dialogue. Supporting the cooperation between the two sectors is a crucial contribution to developing a continuum of care for chronic and disability-related conditions.

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