



ទិវាគ្មបជាតិ ២ ឧសភា ឆ្នាំ ២០២៤

សេវាសង្គ្រោះបន្ទាន់ផ្នែកសម្បត្តិ និងការថែទាំទារកទើបកើត នៅកម្ពុជា

Cambodia EmONC

បង្ហាញដោយ: វេជ្ជបណ្ឌិតឯកទេស **រស់ សាផាត**

ប្រធានផ្នែក បណ្តុះបណ្តាល និង ផ្នែករោគស្ត្រី នៃមជ្ឈមណ្ឌលជាតិគាំពារ មាតា និងទារក

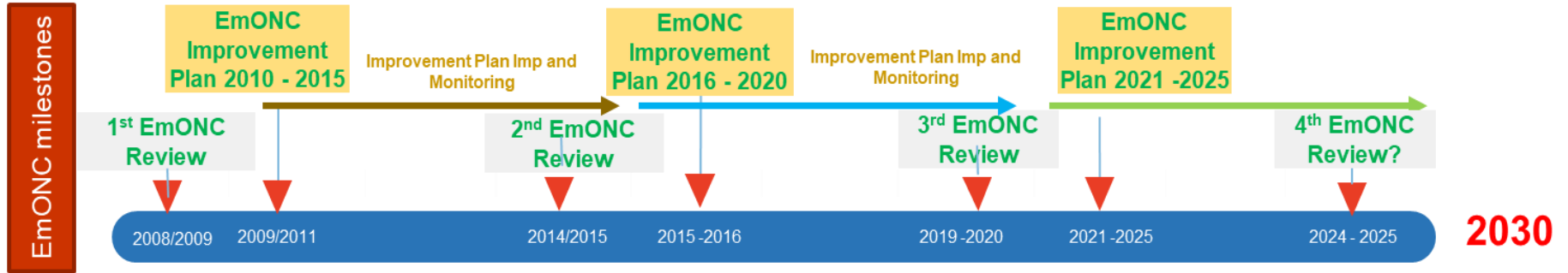
សណ្ឋាគារ កំបូឌីយ៉ាណា ថ្ងៃទី ០២ ឧសភា ២០២៤

បាតិកា

- សារវត្ថុនៃសេវាសង្គ្រោះបន្ទាន់ផ្នែកសម្ភព និងទារកទើបកើត
- វឌ្ឍនភាពនៃសេវាសង្គ្រោះបន្ទាន់ផ្នែកសម្ភព និងទារកទើបកើត
- បញ្ហាប្រឈម និង កង្វះខាត
- ជំហានអន្តរាគមន៍បន្ទាប់
- សារត្រូវចងចាំ

សិវិសា

Timeline



Ministry of Health

National

EMERGENCY OBSTETRIC AND NEWBORN CARE

Assessment in Cambodia

May 2009

Conducted by the National Institute of Public Health

With technical support from the National Operational and Clinical Health Center & National Reproductive Health Program

Ministry of Health

REVIEW OF THE CAMBODIAN EMERGENCY OBSTETRIC AND NEWBORN CARE IMPROVEMENT PLAN 2010-2015

April 2015

Conducted by: MBS Research Team

With technical support from the National Operational and Clinical Health Center and the University of Health Sciences

Funded by: UNFPA, USAID, URC, Cambodia

Ministry of Health

REVIEW OF THE CAMBODIAN EMERGENCY OBSTETRIC AND NEWBORN CARE IMPROVEMENT PLAN 2016-2020

Final Report August 2020

Conducted by: University of Health Sciences

Ministry of Health

Cambodia EmONC Improvement Plan

For implementation January 2010 – December 2015

A plan to support and increase the availability and utilization of quality functional EmONC throughout Cambodia

KINGDOM OF CAMBODIA
NATION - RELIGION - KING

MINISTRY OF HEALTH

EMERGENCY OBSTETRIC & NEWBORN CARE (EmONC) IMPROVEMENT PLAN

2016 – 2020

June 2016

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Functioning EmONC Facility

Availability of EmONC Facility and services

Quality of Care

Competency= knowledge+Skill+Attitude

Signal Functions

- 1 Parenteral antibiotics
- 2 Parenteral oxytocics
- 3 Parenteral anticonvulsants
- 4 Manual removal of the placenta
- 5 Removal of retained products
- 6 Assisted or instrumental vaginal delivery
- 7 Neonatal resuscitation
- 8 Blood transfusion
- 9 Cesarean delivery / Cesarean section

BEmONC

CEmONC

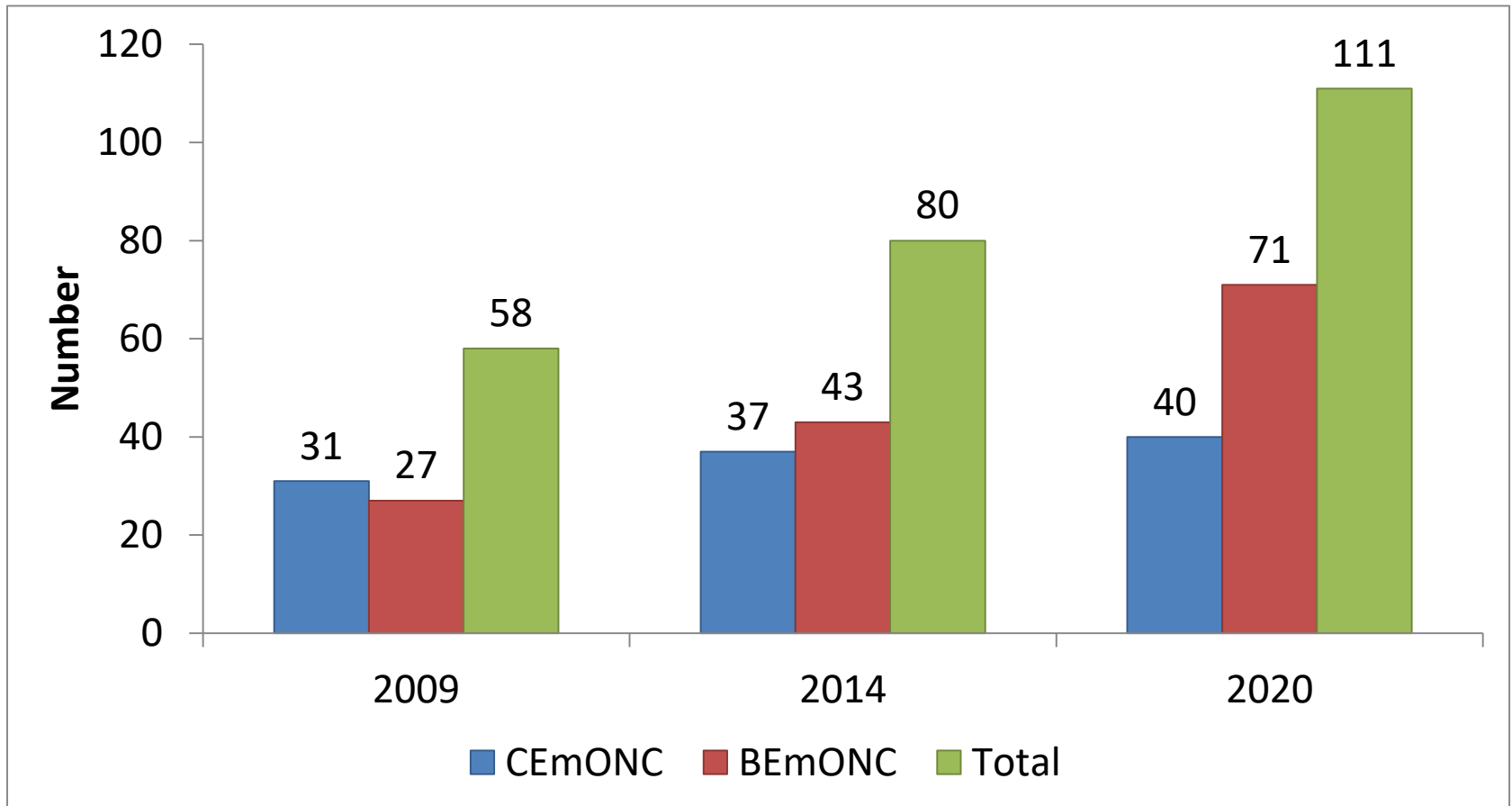
➤ 24 hours, 7 days per week

➤ Utilization increase

Source: The Design and Evaluation Maternal Mortality programs, School of Public health Columbia University

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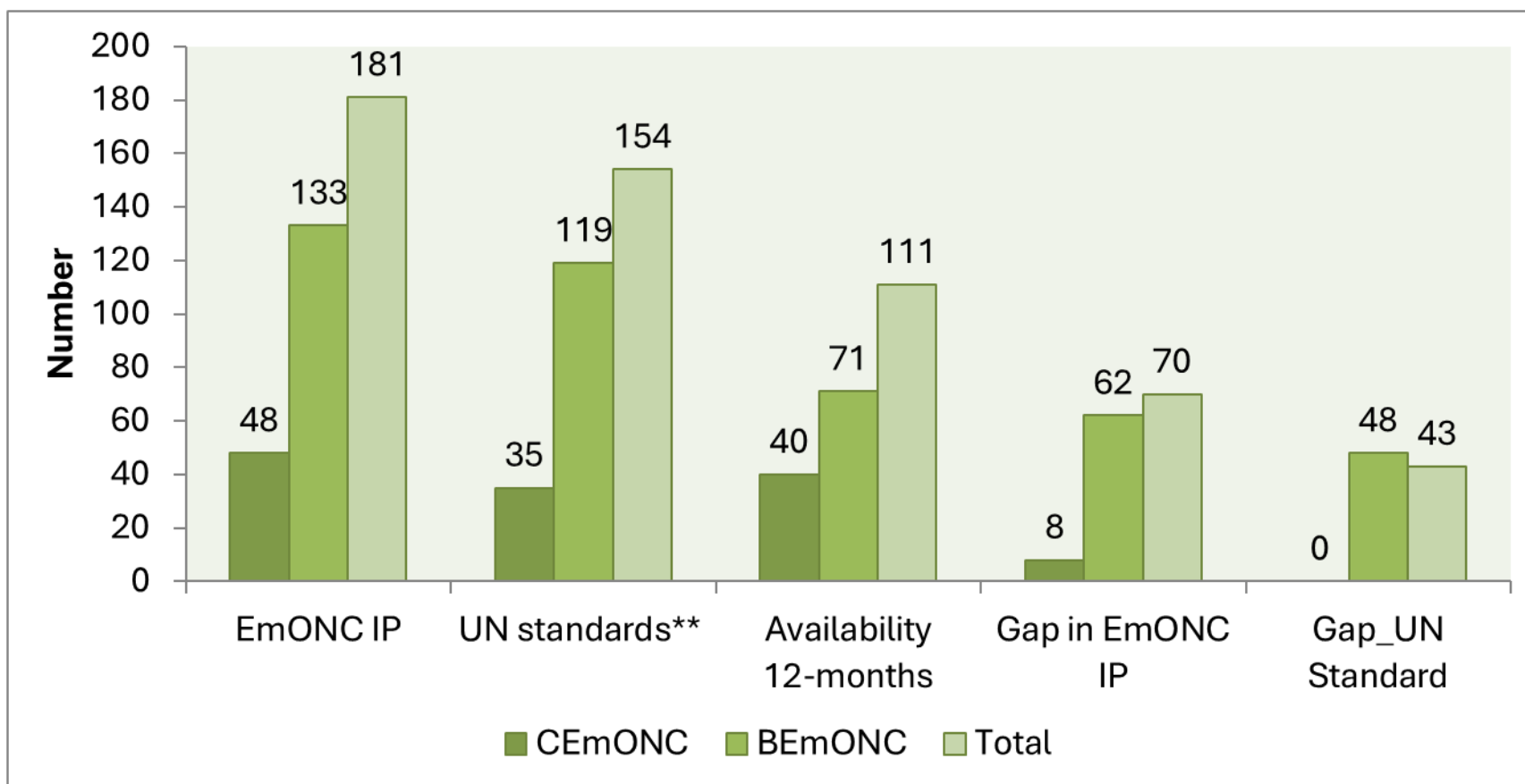
Availability of functional EmoNC Facilities across Cambodia



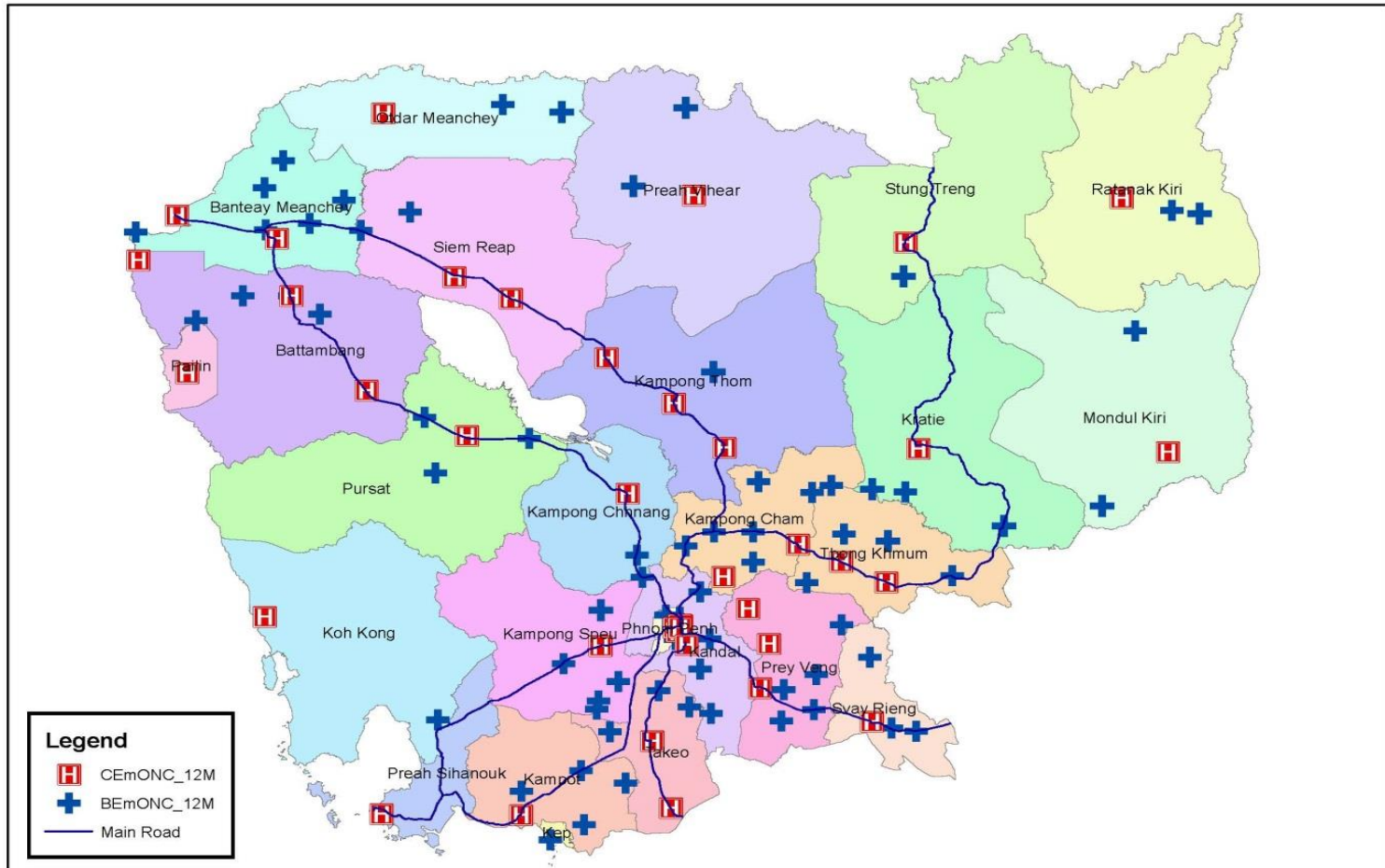
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Availability and Gap of functional EmoNC Facilities across Cambodia - 2020

12-months prior the review



Distribution of functioning CEmONC and BEmONC facilities **12-months** prior the EmONC review 2020



Among 181 designated EmONC facilities, 111 EmONC Health Facilities (CEmONC and BEmONC) are functioning across the country.

উজ্জ্বলতা

Results- EmONC Capacity Building 2001-2023

| EmONC Course | Number of Training | Participant | Budget |
|--|--------------------|-------------|--|
| CEmONC Training for Doctor at Referral Hospital | 31 | 256 | HSSP, HSP2, UNFPA, H-EQIP, KOFIH, KIRI |
| BEmONC Training for Secondary Midwives at NMCHC | 27 | 559 | HSSP, HSP2, UNFPA, H-EQIP, KOFIH, KIRI |
| BEmONC Training for Secondary Midwives in Battambang | 8 | 162 | HSSP, HSSP2, UNFPA |
| BEmONC Training for Secondary Midwives in Takeo | 7 | 138 | HSSP, HSSP2, UNFPA |
| Anaesthesia in EmONC for Nurses | 7 | 205 | HSP2/UNFPA, GIZ/MUSKOKA, KOFIH, KIRI |
| Total | 80 | 1,320 | |

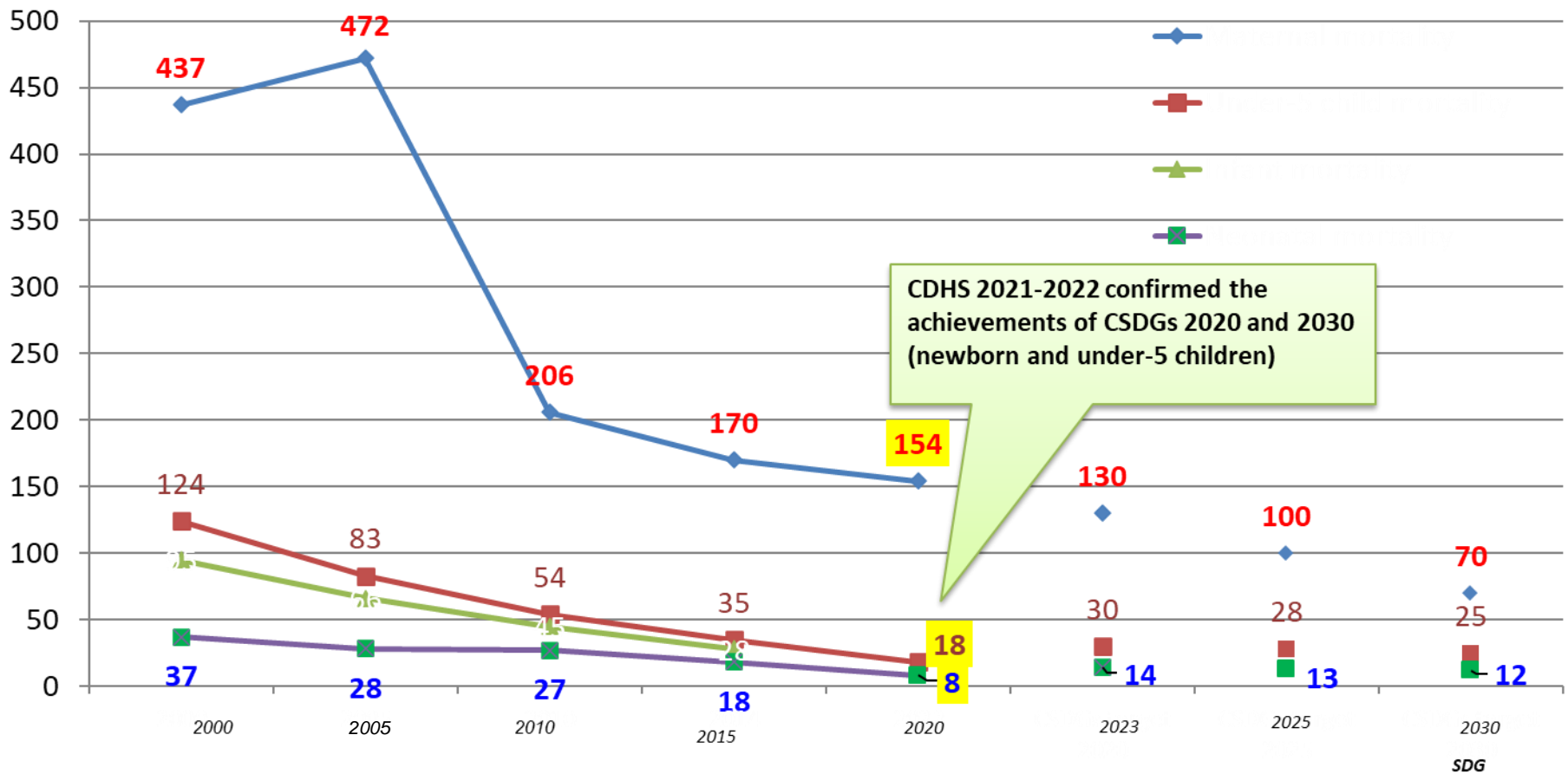
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Number of EmONC trainer 2023

| Training center | Doctors | Midwives/ Nurses | Total |
|-----------------|-----------|------------------|-----------|
| NMCHC | 26 | 14 | 40 |
| Battambang | 03 | 14 | 17 |
| Kampong Cham | 05 | 07 | 12 |
| Takeo | 05 | 10 | 15 |
| TOTAL | 39 | 45 | 84 |

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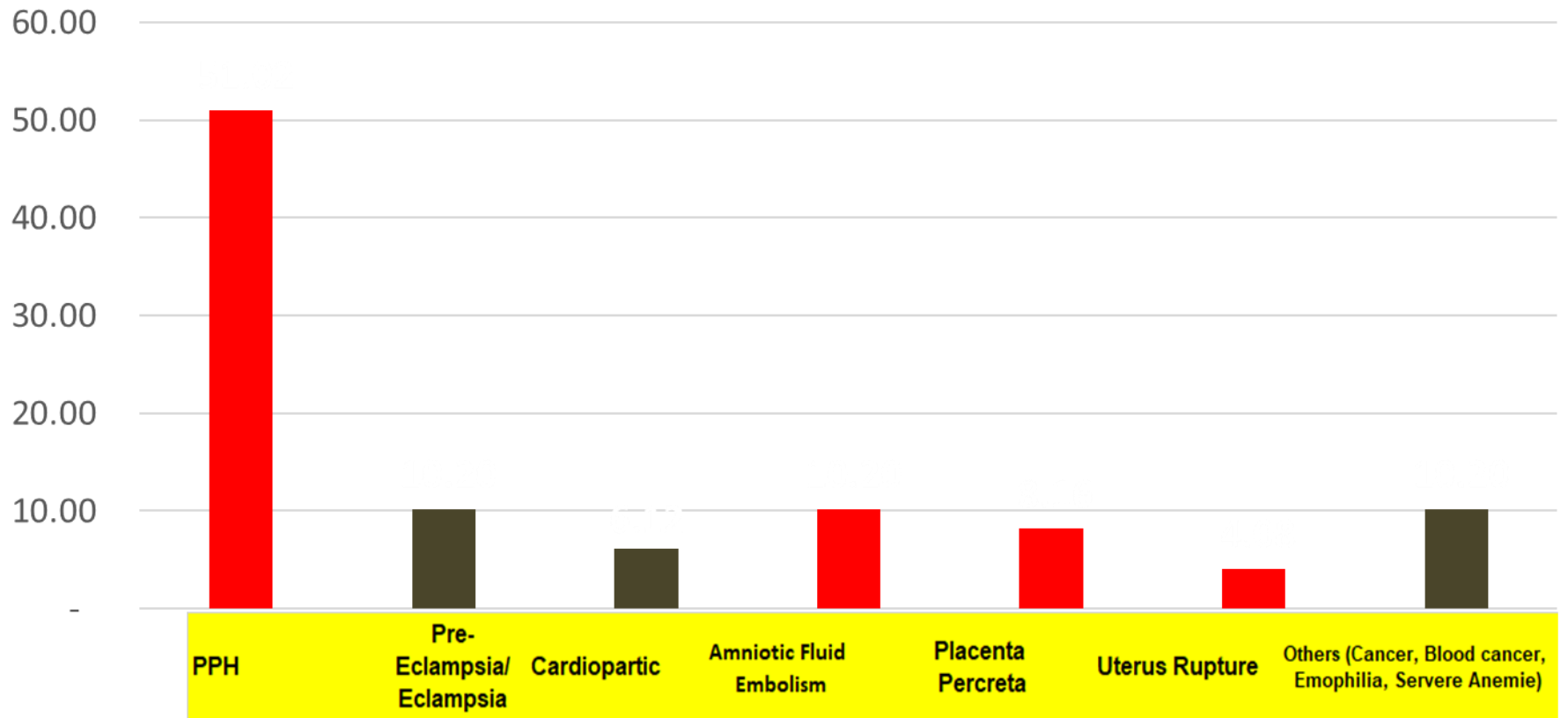
Significant improvement
Tend of maternal, neonatal & under-5 child mortality in Cambodia



Data source: CDHS, GPCC, CSDGs and UN-IGME (UN Inter-agency Group for Child Mortality Estimation)

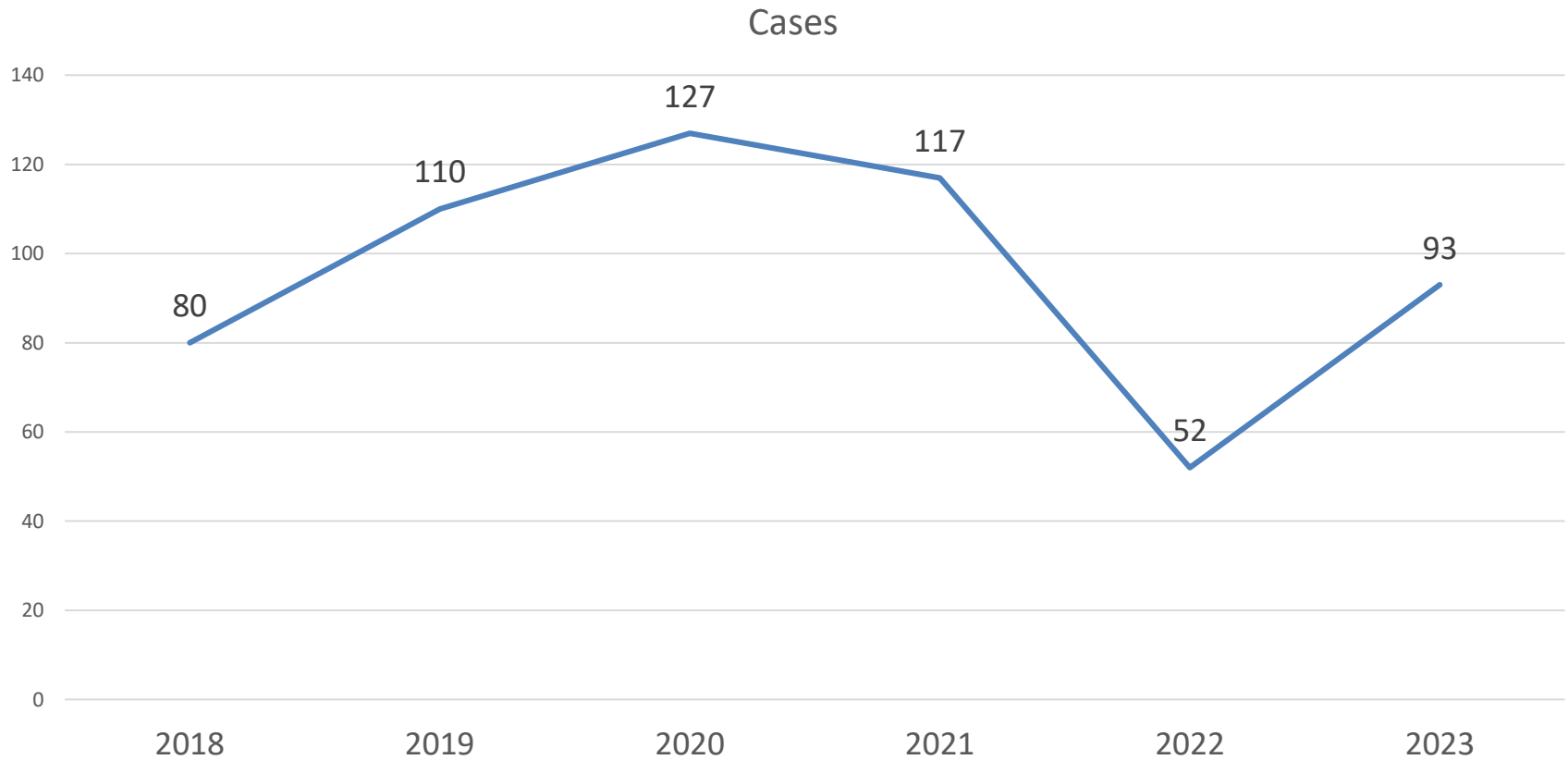
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Cause of Maternal Death 2022 (%)



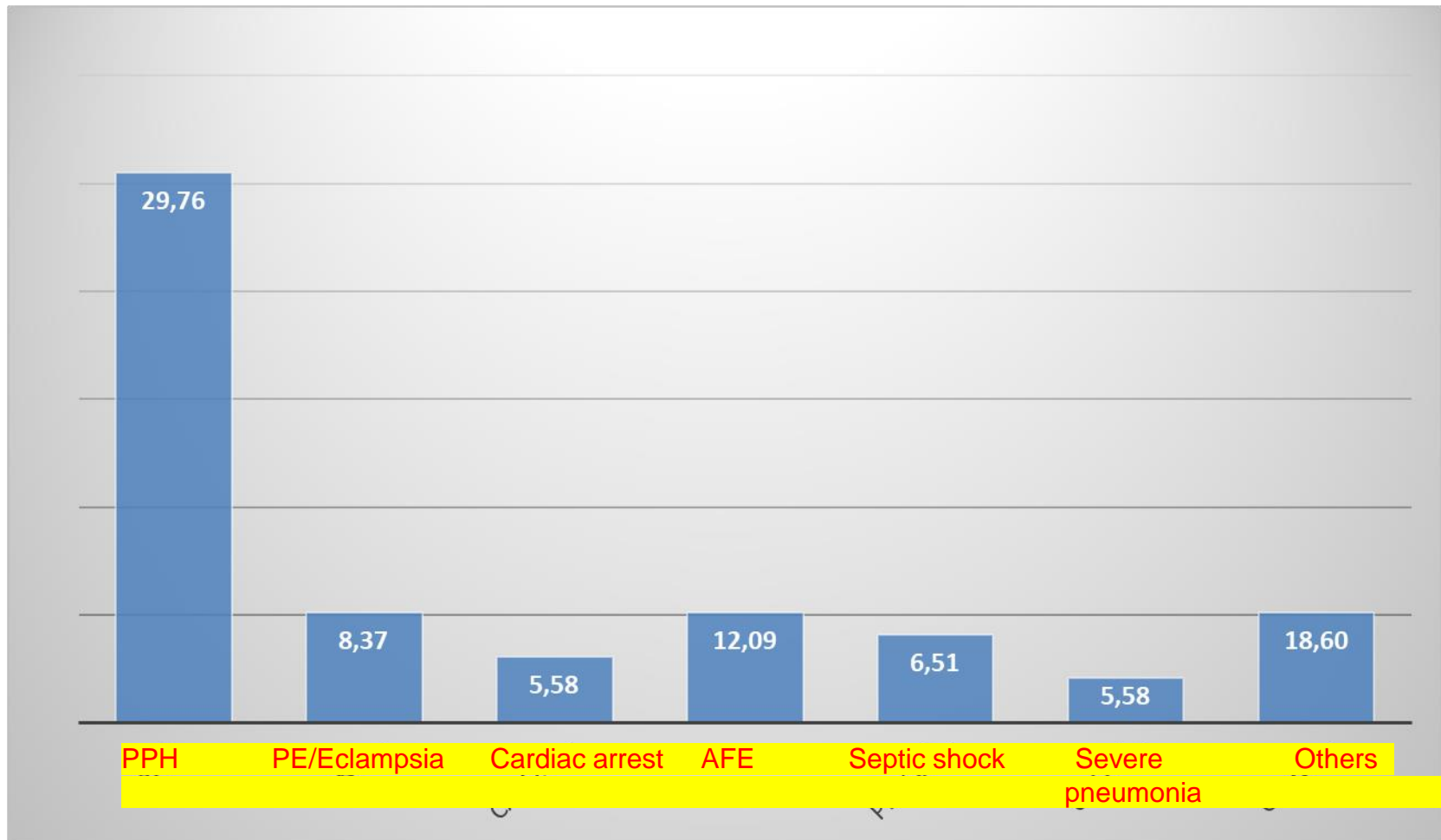
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ករណីបណ្តាញមតិឆ្នាំ 2018 -2023



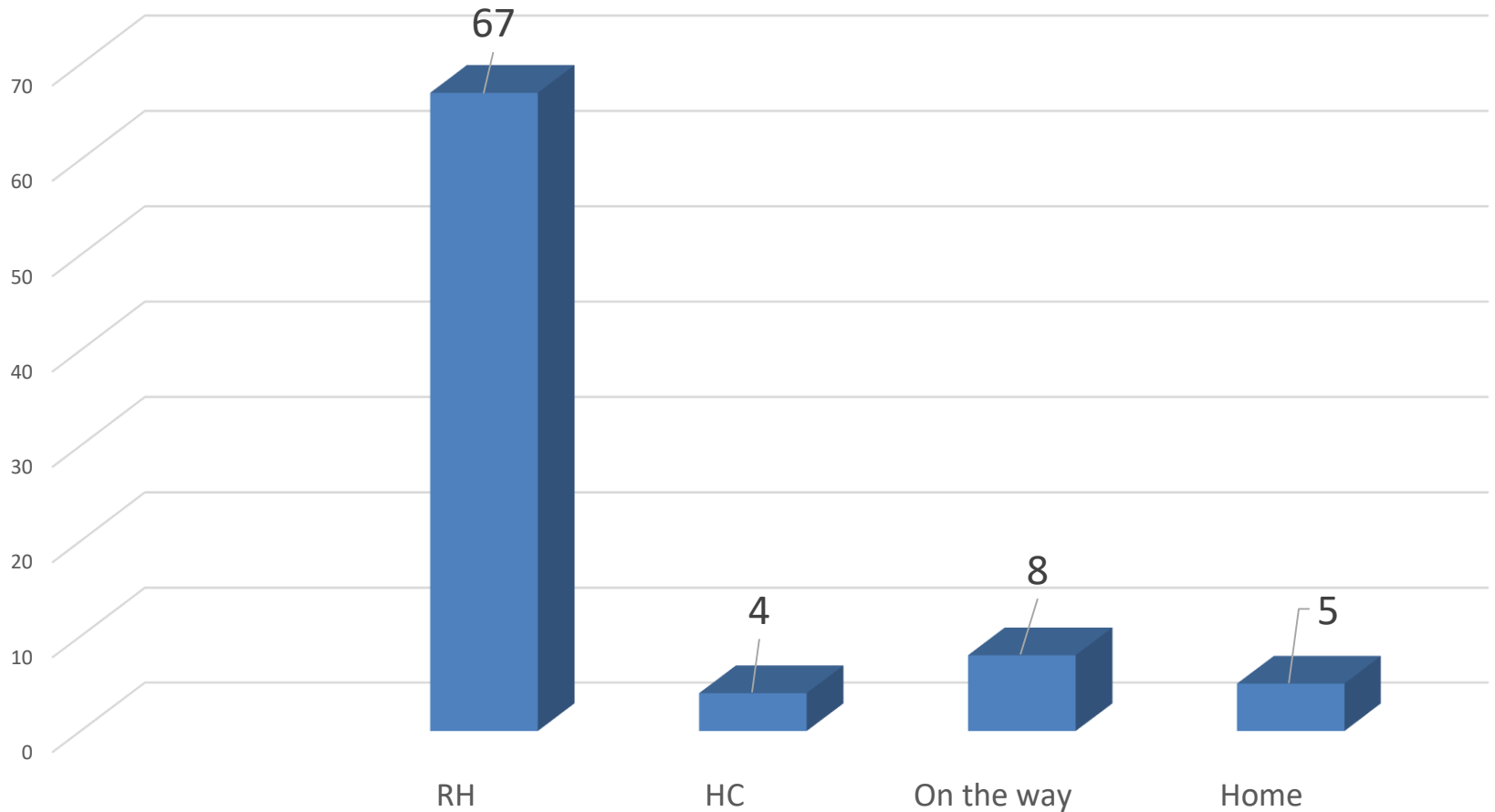
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Cause of Maternal Death 2023 (%)



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Place of Maternal Death 2023



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Major gaps identified

- EmONC Mapping not fully conducted in terms of geographic distribution and population distribution
- Private practice midwifery training
- Need to train and focus on human resources beyond midwives and physician on EmONC
- Human resources and equipment still major barriers to ensure that the EmONC network can be expanded
- Quality of ANC needs to be prioritised
- MPDSR – new MPDSR Committee just established, MPDSR Guidelines being reviewed
- Stillbirth Monitoring – No active monitoring now

ជំហានបន្ទាប់

Priorities

1. Policies and strategies in place for a **supportive and enabling environment**
2. **Adequate coverage** of EmONC facilities
3. Technical and managerial capacity strengthened to ensure **high quality of care**
4. Increased utilization of EmONC services to reduce unmet needs
5. **Referral systems** in place and operational throughout the country
6. Provincial **EmONC plans developed, operational and monitored**
7. **Community participation** strengthened to increase utilization

ជំហានបន្ទាប់

1. Need to verify how many human resources are available and trained for EmONC at all levels of the health system
2. Following the mapping of Human resources for EmONC, the EmONC Network can be re-assessed
3. Meet with the Different Technical Working Groups: TWG on EmONC, TWG on MPDSR, TWG of Paediatricians; TWG on PMCTC/Cancer to present the new EmONC Framework to the TWG and the Signal Functions
4. Review the need for EmONC Training following the revision of the framework
5. EmONC GIS Mapping to be conducted in hard to reach
6. Newborn and SSN Care to be prioritised in 2025, to expand the NICU
7. Development of a Monitoring Framework for EmONC functionality

សារមេសាជី - Home message

Quality of functioning EmONC facilities

មូលដ្ឋានសុខាភិបាល EmONC ដំណើរការប្រកបដោយគុណភាព

Ending maternal mortality by PPH is priority

បញ្ឈប់ស្ត្រីស្លាប់ដោយការធ្លាក់ឈាមគឺ ជាអាទិភាព

Competent midwifery care – complication

សមត្ថភាពថែទាំរបស់ឆ្មប ចំពោះផលវិបាកជុំវិញកំណើត

Thank you for your attention

