EmONC Light Assessment: Key Findings and Reflections

8 Provinces, Cambodia, 2025

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EmONC Light Assessment: Objectives

- **To assess the availability and functionality of EmONC services** in a country through a comprehensive yet lighter data collection method, as an alternative to full-scale EmONC Assessment methodologies - or as a more frequent monitoring tool;

- **The EmONC LAT is a self-reporting Tool** which staff at Health Facilities can complete to record the availability of key medicines and equipment, of human resources, and of the adequate performance of the EmONC Signal Functions within their facilities;

- EmONC Light Assessment Tool **addresses the challenges in terms of increased functioning, quality, service utilization, structural deficiencies, gaps in data reporting and utilization, and governance.**

- In 2025, the Cambodia Ministry of Health and UNFPA agreed to conduct an EmONC "Light" Assessment, to assess the situation for EmONC Availability and Functionality in Cambodia since the last EmONC Assessment and Improvement Plan in 2020

- In Phase 1 of the Assessment, **EmONC Facilities in 8 Provinces completed the "EmONC Light Assessment Questionnaire" online, using the Kobo survey platform.** Data was collected between 1 July - 30 September 2025

Provinces in Phase 1 of EmONC Light Assessment

- Kampong Cham
- Kampong Thom
- Kratie
- Mondulkiri
- Preah Vihear
- Ratanak Kiri
- Stung Treng
- Tboung Khmum

EmONC Health Facilities assessed in Phase 1

76 Basic and Comprehensive EmONC Facilities in 8 provinces

⟶ **63** Public Health Facilities, **13** Private Health Facilities

Of which:

⟶ **30** CEmONC-level Facilities (18 Public, 12 Private)

⟶ **46** BEmONC-level Facilities (45 Public, 1 Private)

- 10 additional Public Facilities compared to 2021-2025 EmONC Improvement Plan
- All 13 Private Facilities are “new” compared to 2021-2025 EmONC Improvement Plan

Key Findings: EmONC Functionality

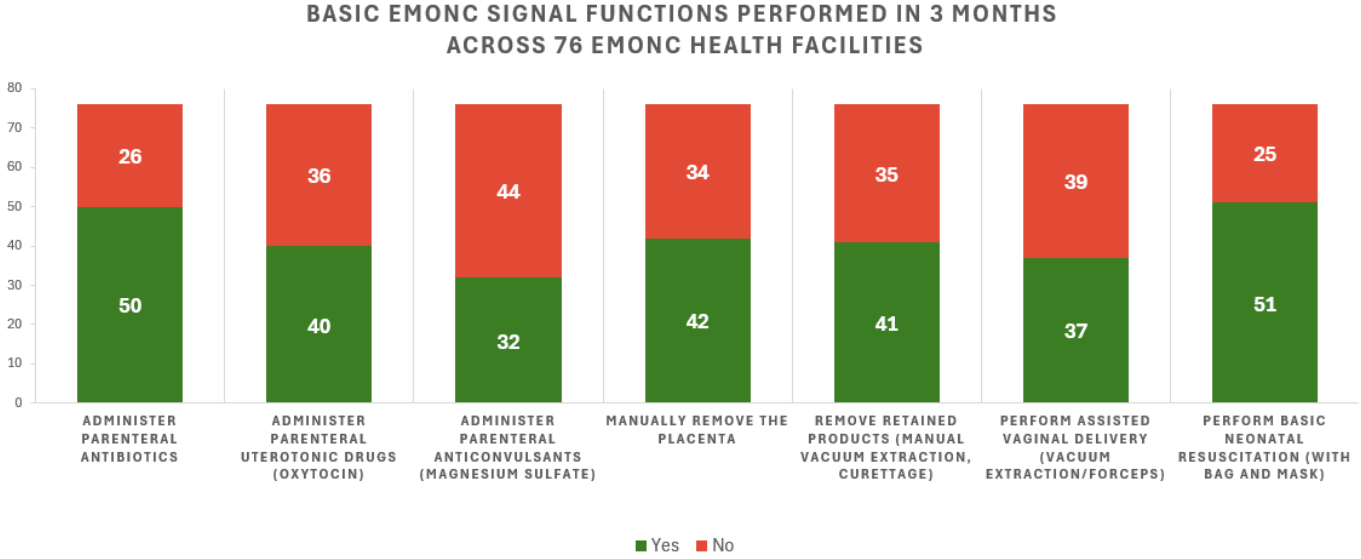
➔ Number of "*Fully Functioning*"* EmONC Facilities in this Assessment: **17 out of 76 (22%)**

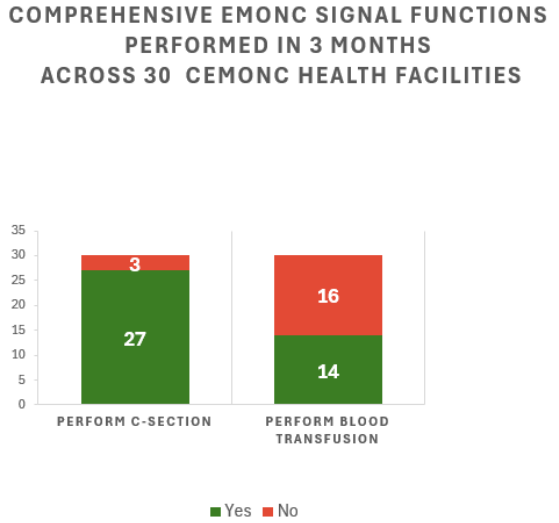
- Fully Functioning CEmONCs: **10 out of 30** (33%) (All Public facilities)
- Fully Functioning BEmONCs: **7 out of 46** (15%) (All Public facilities)

***Functionality Definition:**

An EmONC Facility is considered "Fully Functioning**" if it has performed all 7 BEmONC Signal Functions (at BEmONC level) or all 9 CEmONC Signal Functions (at CEmONC level) over a period of 3 months.**

Key Findings: EmONC Functionality



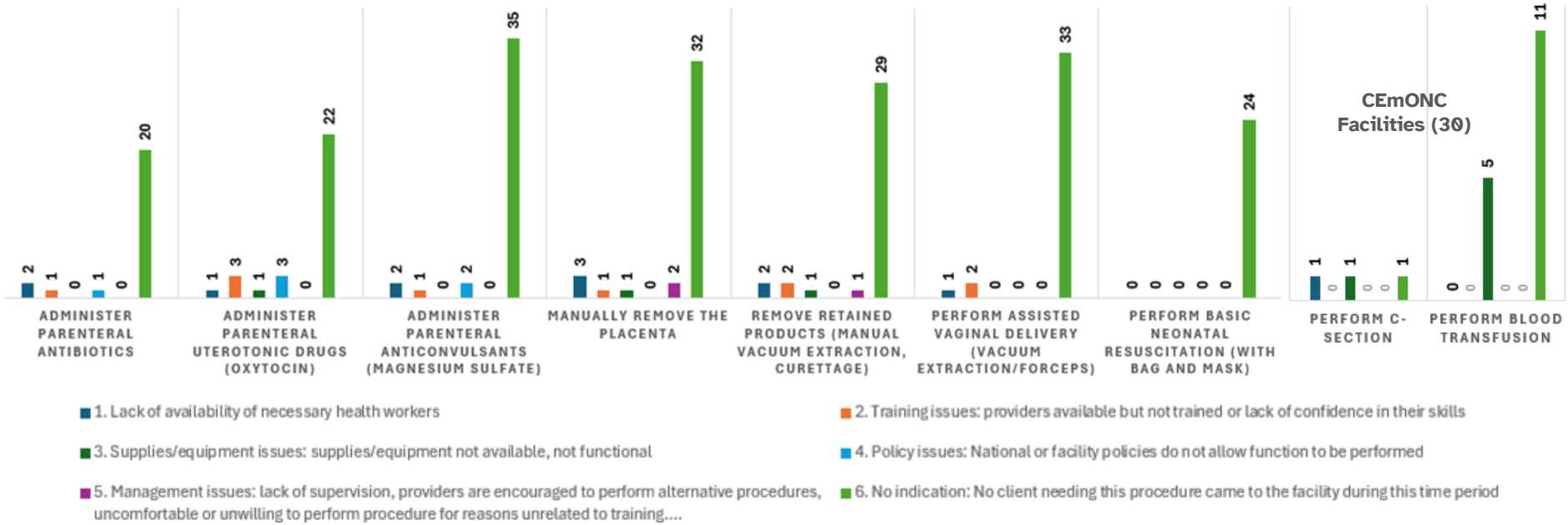


- BEmONC Signal Functions **least performed** across 76 facilities: Administration of Parenteral Anticonvulsants, Assisted Vaginal Deliveries

- CEmONC Signal Functions **least performed** across 30 facilities: Blood Transfusion

Key Findings: EmONC Functionality - WHY?*

*more than one answer possible for each health facility



Top Reason for Non-Performance of EmONC Signal Functions = **NO INDICATION**

→ this points to issues with the **Number of Births** managed by Each EmONC Facility

Key Findings: Patients Load & Number of Births

➔ Recommendation by FIGO/WHO: A BEmONC Facility should conduct at least **30 births per month**, to maintain competencies in the regular performance of EmONC signal functions in each facility (based on 15% of all births experiencing obstetric emergencies). More births expected in CEmONC facilities

Number of Facilities with more than 30 births per months in this assessment:

CEmONC: 18 out of 30 (60%), of which 17 Public and 1 Private facility
(All but one Public CEmoNC meet threshold for # of births, while 12 Private CEmONC had very few births)

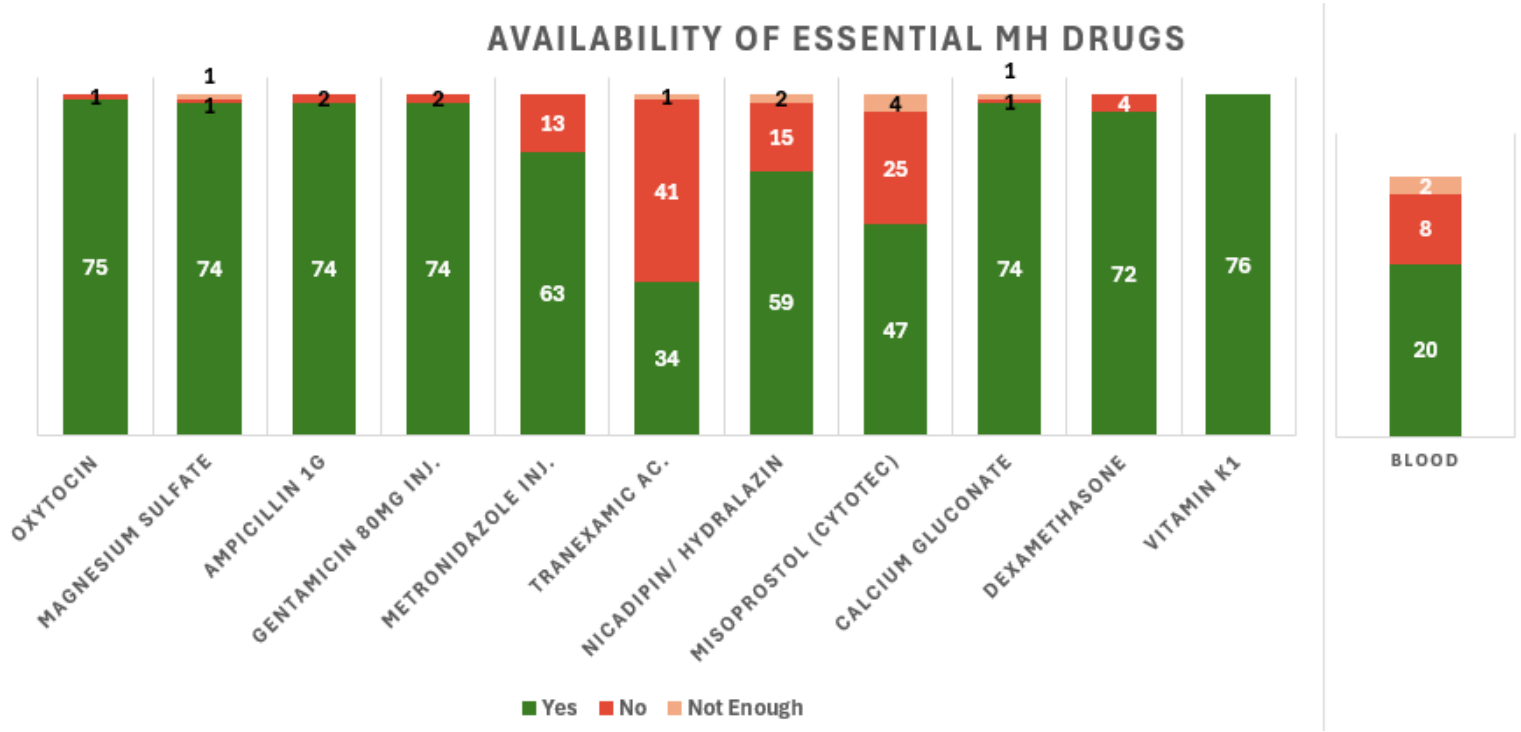
BEmONC: 8 out of 46 (17%), all of which Public facilities

Key Findings: Patients Load & Number of Births

Top 10 Health Facilities for number of births

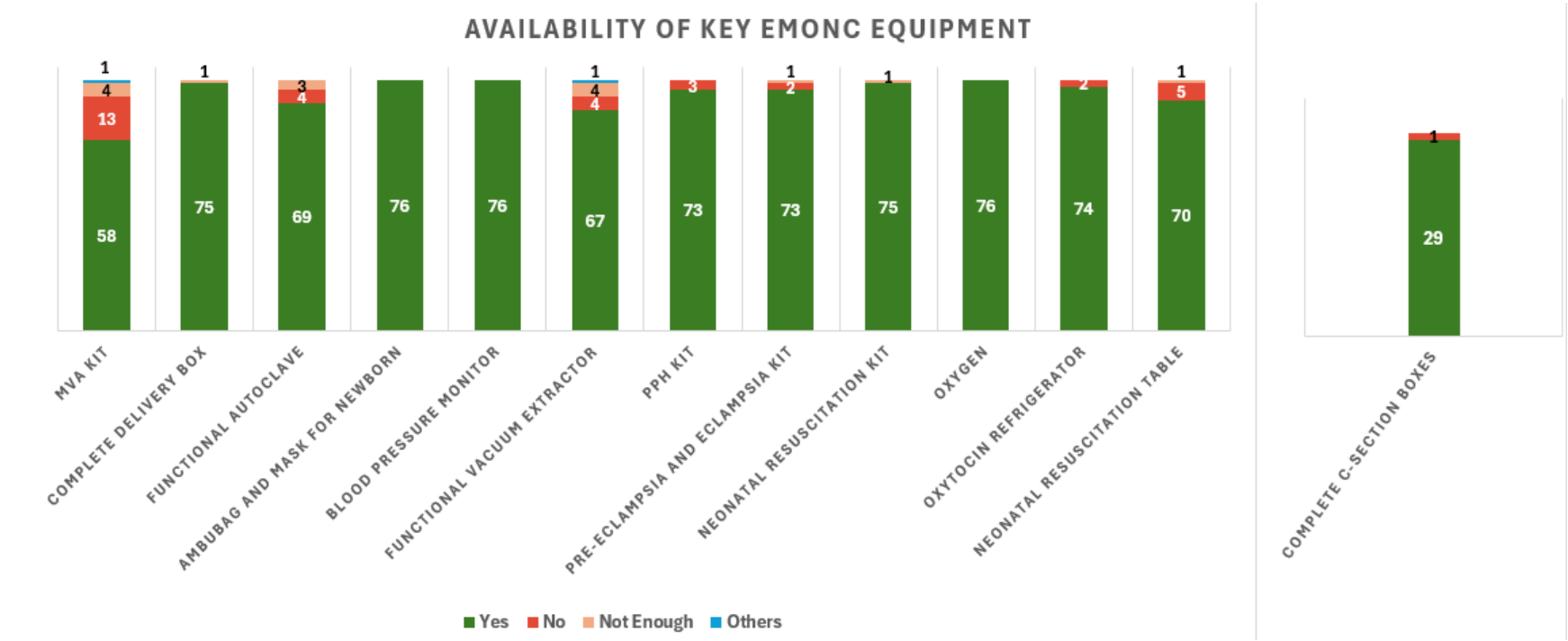
Health Facility	Current Designation (BEmONC or CEmONC)	Public or Private	Total Deliveries (3 months)	Total Deliveries (per month)
Kampong Cham Provincial Hospital	CEmONC	Public	998	**333**
Tbong Khmum Referral Hospital	CEmONC	Public	625	**208**
Kratie Provincial Hospital	CEmONC	Public	511	**170**
Borkeo Referral Hospital	CEmONC	Public	449	**150**
Ratanakiri Provincial Hospital	CEmONC	Public	429	**143**
Stung Treng Provincial Hospital	CEmONC	Public	362	**121**
Ouk Ravong Maternity	CEmONC	Private	290	**97**
Preah Vihear 16 Makara Provincial Hospital	CEmONC	Public	258	**86**
Kounmum Health Center with beds	BEmONC	Public	236	**79**
Mondul Kiri Provincial Hospital	CEmONC	Public	214	**71**

Key Findings: Drugs and Equipment Availability



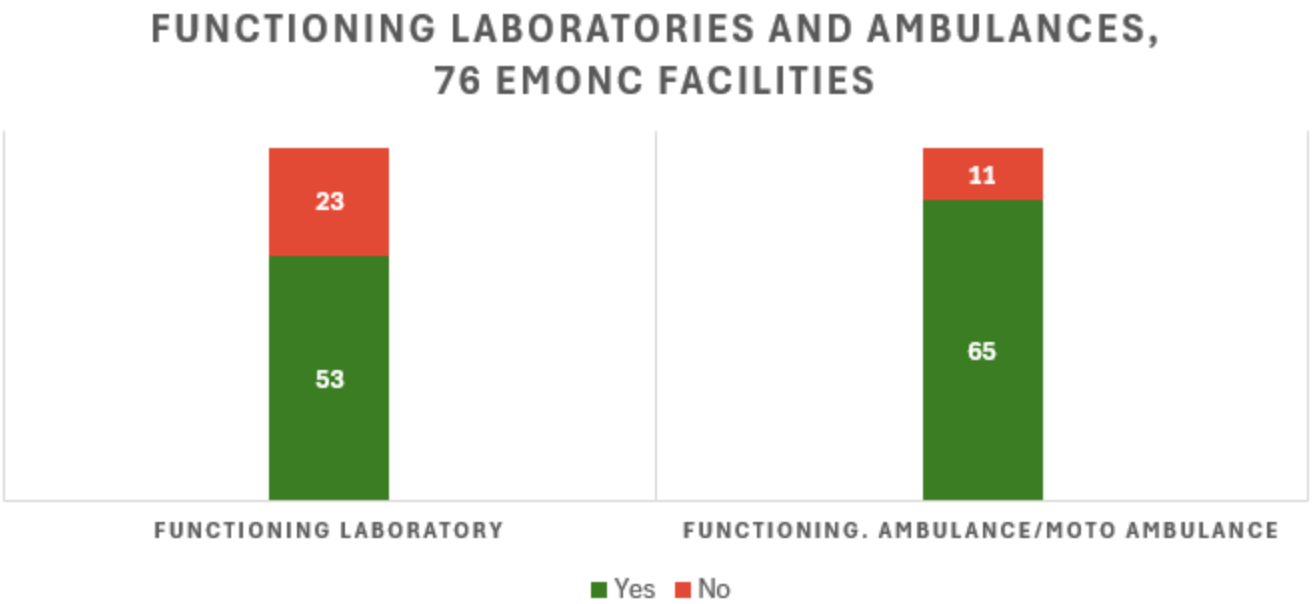
Least Available Drugs: Tranexamic Acid (55% of Facilities not available/not enough); Misoprostol (38%); Blood at CEmONC Level (33%); Nicapidin/Hydralazin (22%), Metronidazole injections (17%)

Key Findings: Drugs and Equipment Availability



Least Available Equipment: Manual Vacuum Aspiration Kit (24% of Facilities not available/not enough/ not working); Functional Vacuum Extractor (12%); Functional Autoclave (9%); Neonatal Resuscitation Tables (8%)

Key Findings: Infrastructure Availability



Infrastructure Availability: 30% of all EmONC Facilities do not have a functioning Laboratory (all BEmONC Facilities); 14% have no functioning ambulance (all BEmONC Facilities)

Key Findings: Availability of Human Resources

FIGO Recommendations indicate that:

At BEmONC Level, there should be **a minimum of 6 SBAs per facility** (2 per 8 hours shift x 3 shifts), and ideally 9 SBAs per facility (3 per 8 hours shift) - for a Facility performing ~1000 births a year

AT CEmONC Level, **minimum 12 SBAs per facility** (3 with surgical experience), and ideally 15 SBAs per facility (6 with surgical experience) - for a Facility with ~1000 births/year

	Minimum			Ideal/desired	
Births per year	Number of skilled health personnel per shift	Number of labor beds	Number of individual delivery rooms	Number of skilled health personnel per shift	Number of individual labor and delivery rooms
±1000	2	3	2	3	5
±2000	3	4	3	5	7
±3000	4	6	4	6	10

	Minimum				Ideal/desired		
	Number of skilled health personnel per shift				Number of skilled health personnel per shift		
Births per year	Without surgical experience	With surgical experience	Number of labor beds	Number of individual delivery rooms	Without surgical experience	With surgical experience	Number of individual labor and delivery rooms
±1000	3	+1	3	2	3	+2	5
±2000	4	+1	4	3	5	+2	8
±3000	5	+2	6	4	7	+3	10
±5000	8	+3	9	6	9	+4	15
±7000	10	+4	12	8	12	+6	18

Note: To obtain Full Time Equivalent staffing numbers, the above numbers per shift should be multiplied by two for 12-h shift patterns or by three for 8-h shifts, and further adjusted for anticipated sickness and leave absence using local estimates.

Key Findings: Availability of Human Resources

In the 76 Facilities assessed in 2025:

- ➔ **40 out of 46 BEmONC Facilities (87%)** met the minimum threshold of 6 SBAs per facility

- ➔ **28 out of 30 CEmONC Facilities (93%)** met the minimum threshold of staff availability per facility

The vast majority of EmONC Facilities across the 8 provinces have enough staff and available health workers

Key Findings: Referral Travel Times between facilities

For the 76 EmONC Facilities assessed in this Phase 1 EmONC LAT:

- ➔ At the BEmONC Level, **ALL** BEmONC Facilities (**100%**) reported they could refer to higher-level care within 2-hours travel time → most referred to Provincial hospitals within the same province

- ➔ At the CEmONC Level, 6 Hospitals (**20%**) reported referral times above the 2-hours threshold → but in most cases, this is because these hospitals would refer to the National-level hospitals (NMCHC or Calmette), in Phnom Penh

The overall distribution of referral times in the 76 facilities was reported as follows:

Referral time	# of Facilities	% of Facilities
30 mins or less	35	46%
30 to 60 mins	28	37%
60 to 120 mins	7	9%
120 mins+	6	8%

Key Messages Recap: EmONC Functionality & Load

- Out of 76 EmONC Health Facilities assessed in 8 Provinces, **17 EmONC Facilities can be considered "fully functioning"** (10 CEmONC, 7 BEmONC)

- The **least performed** EmONC signal functions are Administration of Parenteral Anticonvulsants and Assisted Vaginal Delivery (BeMONC level); and Blood Transfusions (CEmONC level)

- The Main reason for Non-Performance is **"No Indication"**, with no patients needing the procedure over 3 months, followed by issues with Supplies & Equipment (especially for Blood transfusions)

- EmONC Facilities on average **manage few births per month**, thus resulting in non-performance of signal functions: 60% of CEmoNC Facilities perform over 30 births per month (18 out of 30), and only 17% of BEmONC Facilities (8 out of 46)

- The majority of Private EmONC Facilities perform very few births per month

Key Messages Recap: Drugs, Equipment & Staffing

- **Overall, the 76 EmONC Facilities assessed in these 8 provinces have adequate availability of essential drugs, equipments and staffing, with a few exceptions**
- Availability of Oxytocin, Magnesium Sulfate and Vitamin K1 is nearing 100% across 76 facilities
- Tranexamic acid, Misoprostol and Nicapidin/Hydralazin are least available across the 76 facilities
- At the CEmONC Level, Blood is only available in 20 out of 30 hospitals → corresponding to signal function on Blood Transfusion not being performed
- MVA Kit and Functioning Vacuum Extractors are the equipment least available across the 76 facilities → corresponding to signal function on Assisted Vaginal Delivery & Manual Vacuum Extraction not being performed
- Functioning Laboratories were not available in 23 EmONC Facilities, all at the BEmONC level
- In terms of staffing, adequate levels of human resources are available in the vast majority of EmONC Facilities (87% at BEmONC level, 93% at CEmONC level) → staffing gaps do not appear to be drivers of low EmONC performance

Final Considerations & Reflections

- The EmONC Network in the 8 Provinces assessed in Cambodia through the EmONC Light Assessment seems to be **overall well-equipped in terms of drugs & equipment availability, human resources and staffing**, and with adequate referral times between hospitals for higher-level EmONC care

- **HOWEVER, only 22% of facilities can be considered "Fully Functioning"** → EmONC Signal functions are not performed often enough in each facility to meet EmONC functionality thresholds

- This is because **a large portion of EmONC Facilities does not perform enough births in a month**, thus there is "no indication" for the signal function to be performed in the health facility

Final Considerations & Reflections (contd.)

- While having “No Indication” for the signal function could be considered a positive outcome, there can be an **increased risk** that in those facilities that perform the procedures less often it will be more difficult to perform the signal function correctly,
  when the needs arise → thus increasing need for referrals and travel time

- The issues with the distribution of the patients’ load can be explained by the fact that **across the 8 provinces assessed, there are almost double the number of EmONC facilities than what normally recommended by WHO standards** (76 facilities available, vs 35 recommended based on population)

- In addition, **there are some critical gaps in drugs (TXA, misoprostol), equipment (MVA Kits, Vacuum Extractors), and in Blood that do not allow full EmONC performance and must be addressed**

- Lastly, human resources availability and referral times across facilities are overall well-distributed and appear to meet functionality requirements for EmONC Care.

Discussion & Questions

- Why is CEmONC and BEmONC functionality low over a period of three months? What can we do about it?
- What are the reasons behind “no-indication”? What are the contributing factors?
- Why are there some BEmONC facilities with low number of births, compared to recommended standards?
- Laboratory functionality and ambulance availability for specific BEmONC facilities need to be determined and addressed.
- Those BEmONC and CEmONC facilities which do not meet the minimum staffing requirements need to be addressed
- Are delays caused by the travel distance? What are the contributing factors like decision making, shortage of transportation?
- Further analysis will hone in on three domains: 1) structure (availability and accessibility), 2) process of service (interaction between patients and providers), 3) outcomes (reduce maternal and perinatal deaths)

Thank you!