



## BUILDING THE FOUNDATION FOR THE ESTABLISHMENT OF Centers of best practices for breastfeeding in Cambodia

### BACKGROUND

In collaboration with partners, Alive & Thrive (A&T) is working to strengthen the capacity of health systems in Cambodia, Laos, Myanmar, and Viet Nam to deliver high-quality breastfeeding-friendly services to mothers and infants. In Cambodia, A&T provides strategic technical assistance to the Royal

Government of Cambodia to establish and sustain a network of centers of best practices that deliver high-quality breastfeeding and early essential newborn care (EENC) services within a supportive policy environment.

**The Royal Government of Cambodia has demonstrated a strong commitment to improving newborn health outcomes through the scale-up of a complete package of EENC services, which includes:**

- ✓ EENC for vaginal and cesarean births, including core practices of immediate and prolonged skin-to-skin contact and early initiation of breastfeeding.
- ✓ Kangaroo mother care (KMC) for at-risk, preterm, low-birthweight, or sick newborns, including support for continuous skin-to-skin contact to promote improved newborn health and breastfeeding outcomes.
- ✓ Intensive newborn care for at-risk, preterm, low birthweight, or sick newborns who require specialized care in a newborn care unit.
- ✓ Neonatal death audit, a method of exploring why newborns have died and what could have been done to prevent their deaths.

Under the ambitious five-year action plan for newborn health (2016-2020), Cambodia has rolled out coaching on immediate newborn care to 93% of health facilities in the country.<sup>1</sup> Guided by the national quality improvement guidelines on EENC, endorsed in 2017, 21 referral hospitals in 19 provinces have established and maintained multi-disciplinary hospital core teams (HCTs) to routinely monitor and support quality improvement on EENC. After initially focusing on the provision of EENC during vaginal births, Cambodia endorsed standard operating procedures on EENC in caesarean section in June 2020. Since the

## APPROACH

A&T's approach to developing centers of best practices in Cambodia builds upon the success and high-level political commitment to the nationwide scale-up of EENC and the expansion of the National Quality Enhancement and Monitoring Program (NQEMP), which links performance to service delivery grants for health facilities. As an active

introduction of KMC in 2017, coverage of this live-saving intervention among preterm and low birth weight newborns has increased substantially. Data from a 2019 review of EENC practices at 18 hospitals indicated that about 60% of vulnerable newborns received KMC.<sup>2</sup> However, many of the 19 hospitals with HCTs require further coaching and supportive supervision to consistently deliver quality KMC services. Few hospitals are consistently implementing neonatal death audits, and there is currently no national guidance on the operation of newborn care units for vulnerable newborns.

member of the National Technical Working Group for Integrated Management of Childhood Illnesses and Newborn Care and other relevant coalitions and working groups, A&T has successfully advocated for the integration of breastfeeding into national level programs and monitoring systems, namely:

✓ The Maternal and Child Health and Nutrition (MCH-N) Scorecard: A complete package of materials including knowledge and competency checklists, assessor training materials, and interview guides for caregivers. They are used by the Quality Assurance Office of the Ministry of Health to measure and improve the quality of health and nutrition services at health centers in selected provinces before scale-up to referral hospitals.

✓ The indicators for early initiation of breastfeeding and exclusive breastfeeding during hospital stay were approved for inclusion in the Health Information Management System, the updated in-service training manual on nutrition (MPA 10), and the new Baby Friendly Hospital Initiative guidelines.

Cambodia's quality improvement approach to EENC involves the setup and functioning of HCTs at referral hospitals. A best practice for the region, hospital core teams are composed of hospital leaders (director or deputy director), chiefs and head nurses of the maternity ward, pediatric ward, an operating theater, anesthesia staff, midwives, and hospital data management staff. HCTs use self-assessment checklists to measure the quality of EENC services quarterly. These self-assessments include observations of births and interviews with postpartum mothers. Afterward, the data is reviewed by the core team during their routine meeting and follow-up action is taken to address

issues and improve practices. These data are then entered into a national EENC database. A national EENC technical team, including A&T, conducts periodic field monitoring and coaching based on health facility performance.

A&T successfully advocated for the inclusion of indicators related to breastfeeding and the Code of Marketing of Breast-milk Substitutes, so that HCTs can now measure the quality of breastfeeding services and address Code violations when they occur. This also provides baseline data that can be used to inform coaching and capacity building for health workers.

## MILESTONE ACHIEVEMENTS

Objectives	Progress
<p><b>Establishment of centers of best practices at health facilities</b></p>	<p>In 2021, indicators that reflect the principals of the center of best practices approach were accepted and agreed by the National Technical Working Group for Integrated Management of Childhood Illness and Newborn Care, and the National EENC Technical Team was formed to support external assessments and coaching.</p>
<p><b>Increased rate of early initiation of breastfeeding and exclusive breastfeeding during hospital stay</b></p>	<p>Early initiation of breastfeeding data is being routinely monitored through EENC checklists. Exclusive breastfeeding data are assessed during biannual, external AIR assessment (2019):</p> <ul style="list-style-type: none"> <li>• 60% of term babies and 24% of preterm babies initiate breastfeeding in the first 90 minutes<sup>1</sup></li> <li>• 88% of term babies and 71% of babies exclusively breastfed during hospital stay<sup>2</sup></li> </ul> <p>The exclusive breastfeeding during hospital stay indicator was integrated into the HMIS and EENC checklists which ensures regular monitoring and service improvement.</p>
<p><b>Improved EENC performance of health facilities</b></p>	<ul style="list-style-type: none"> <li>• 19 hospitals with functional HCTs are implementing and monitoring EENC.</li> <li>• Hospitals have significantly improved EENC performance through coaching and supportive supervision supported by A&amp;T. In 2020/2021, nine provincial hospitals received EENC monitoring and coaching, six provincial hospitals received KMC assessment and capacity building.</li> <li>• Breastfeeding counseling and support were included into the Comprehensive Nutrition Intervention Package (MPA 10) under the Cambodia National Nutrition Training Curriculum.</li> <li>• EENC and breastfeeding knowledge and competencies were included in a national quality assurance program through the MCH-N Scorecard.</li> <li>• An e-learning platform on maternal and child health and nutrition for midwives was developed.</li> <li>• Content of the pre-service midwifery curriculum was updated with a competency-based approach.</li> </ul>
<p><b>Stronger enforcement of national legislation on the Code of Marketing of Breast-milk Substitutes</b></p>	<ul style="list-style-type: none"> <li>• 100 inspectors from 20 provinces were trained to monitor Code violations at points-of-sale.</li> <li>• Code compliance questions were integrated into EENC checklists, MCH-N scorecard (clinical vignettes, competency-based checklists and client interview checklists) and in the MPA 10 training module.</li> </ul>

## WAY FORWARD

**A&T has built a strong policy foundation and secured buy-in from key champions for the establishment of centers of best practices in Cambodia. Moving forward, A&T will:**

- 1** Support MOH and development partners including WHO, KOFIH, JICA, GIZ and others to develop new and updated guidance on newborn care and breastfeeding including the updated EENC quality improvement guidelines and standard operating procedures for newborn care units.
- 2** Continue the scale-up of EENC and KMC to hospitals without HCTs and improve the quality of services in those with HCTs through coaching and supportive supervision.
- 3** Form an assessment team, comprised of the EENC experts from the National Maternal and Child Health Center, WHO, provincial hospital directors, and development partners, to measure progress and identify best performing hospitals.
- 4** Recognize the first centers of best practice at a national level teaching hospital, share lessons learned, and scale up to additional facilities.
- 5** Support development and functioning of breastfeeding counselling teams in the existing EENC sites and potential centers of best practices (at least three to five health facilities).



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<sup>1</sup> WHO WPRO. Mission Report: 2019 EENC Annual Implementation Review (AIR) Cambodia.

<sup>2</sup> Data from 18 hospitals assessed in 2017 and 2019. WHO WPRO. Mission Report: 2019 EENC Annual Implementation Review (AIR) Cambodia.