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REQUEST FOR INFORMATION (RFI)

Cambodia Health Quality Activity

The Office of Acquisition and Assistance (OAA) at USAID Cambodia has developed a DRAFT Program Description for the Cambodia Health Quality Activity (final name TBD). The purpose of this RFI is to provide industry and stakeholders an opportunity to review, comment, suggest and enhance areas in the PD. The DRAFT Program Description (PD) is anticipated to result in a finalization of the PD that may lead to a formal Notice of Funding Opportunity for potential applicants. The potential period of performance is five years with an award value in the range of $10-$24.99 million. The Draft PD is provided in the following pages.

DISCLAIMER

This Request for Information (RFI) is issued solely for information and planning purposes. This is not a Request for Applications (RFA) and is not to be construed as a commitment by the U.S. Government. Responses to this RFI shall not be portrayed as applications and will not be accepted by the Government to form a binding agreement. Issuance of this notice does not constitute an award commitment on the part of the Government, nor does it commit the Government to pay for any costs incurred in the preparation of comments. Responders are solely responsible for all expenses associated with responding to this RFI.

Responses to this RFI are strictly voluntary and USAID will not pay respondents for information provided in response to this RFI. Responses to this RFI will not be returned and respondents will not be notified of the result of the review. If a Notice of Funding Opportunity is issued, it will be announced on the Grants.gov website at http://www.grants.gov at a later date, and all interested parties must respond to that Notice of Funding Opportunity announcement separately from any response to this announcement.

INSTRUCTION

Responses (comments, suggestions, and enhancements) to this RFI are due to OAA at the identified e-mail address(es) below by **March 28, 2017 at 4:00 pm, Phnom Penh time**. Interested parties shall provide one (1) electronic copy of their response; Electronic submissions, in Microsoft Word or Adobe Acrobat formats are acceptable. Please e-mail responses to Ms. Honey Sokry at hsokry@usaid.gov with a copy to phnompenhoaa@usaid.gov with the subject title "**Response to the USAID Cambodia Health Quality Activity RFI**"

REQUEST FOR INFORMATION (RFI)

QUESTIONS

The USAID Cambodia Health Quality Activity is seeking comments on the draft program description attached in this letter. Please ensure comments are concise and specific to the information requested. Please ensure that submitted comments make specific reference to page and section numbers. Special consideration should be given to the following:

1. How could the planned USAID Cambodia Health Quality Activity best contribute to improving the quality of health care offered by the public sector in Cambodia? In answering this question, please consider the content of the Ministry of Health's Third Health Strategic Plan (HSP3), Health Equity and Quality Improvement Program (H-EQIP), and its Decentralization and Deconcentration Plan, as well as the new Global Fund Guidance and Plan.

2. How could the planned USAID Cambodia Health Quality Activity best support improvements in the quality of care provided through the private sector?

3. How can the planned USAID Cambodia Health Quality Activity best be coordinated with other Royal Government of Cambodia and other donor programs to ensure maximum synergies and minimized overlaps?

4. What would you advise regarding criteria for key project management and technical staff that would help ensure that the activity achieves its goal and objectives?

5. What key indicators and methodologies would you recommend be used for measuring the achievement of this activity?

6. What anticipated challenges for health sector development, in general, and for this project, in particular, could be foreseen in the next five years?

7. Do you have any other comments on the draft program description that would strengthen the planned project?

REQUEST FOR INFORMATION

DRAFT Program Description

1. INTRODUCTION

USAID/Cambodia seeks to award a five-year award focused on improving the quality of public and private health services in Cambodia. The goal of this award is to support quality improvement of Cambodia's health sector, which for the purposes of this award is defined as improved effectiveness, efficiency, patient-centeredness, safety, accessibility, and equity of health services. The activity will achieve this goal through four objectives: 1) Improved policies, guidelines and standard for integrated quality assurance; 2) Increased efficiency and effectiveness of service delivery; 3) Strengthened pre-service public health training; 4) Strengthened regulatory framework, implementation, and enforcement. Under these objectives, the award will support the Ministry of Health, Provincial and District Health Departments and Commune Councils to improve the quality of health services through targeted technical assistance and limited introduction of new techniques, approaches, and technologies that improve quality of health services in both the public and private sector. The award will build upon existing quality assurance structures and ensure that they incorporate a focus on USAID/Cambodia's technical priorities (maternal and child health, family planning, nutrition, tuberculosis, HIV and malaria). In addition, a major focus of the award will be ensuring quality of health services provided in the private sector. This will include strengthening licensing and regulation of service providers and monitoring of service quality in the private sector toward the development of an accreditation system for both public and private providers.

2. BACKGROUND

2.1. Context

Cambodia continues to make tremendous progress in improving health outcomes. With substantial assistance from development partners, the Cambodian government has decreased maternal deaths by 64 percent and child deaths by 72 percent since 2005 and doubled the contraceptive prevalence rate from 19% to 39%. In addition, the government has reduced the spread of infectious disease dramatically, as indicated by the 45 percent reduction in tuberculosis (TB) prevalence, a 65 percent reduction (from 1.7 to 0.6 percent) in HIV prevalence, and 95 percent reduction in malaria deaths.

This said, significant challenges persist that constrain the health sector's ability to meet basic health needs. While the Cambodian government has increased its investment in health and ramped up recruitment of midwives, nurses and doctors, the overall size of the government health workforce, as well as government expenditures on health, have not kept pace with Cambodia's population growth. Public health care providers continue to struggle with inadequate salaries, leading to low staff motivation and high rates of absenteeism. In addition, most Cambodians perceive public-sector health care to be of low quality and thus choose to use private-sector service providers. This increases Cambodians' out-of-pocket costs for health care and exposes patients to the risks of unregulated private health services.

The Royal Government of Cambodia approved a 10-Year National Program for Sub-National Democratic Development (2010 - 2019), which set forth the objective of achieving "democratic, inclusive and equitable development, improved access, quality and utilization of service delivery and contribution to poverty reduction." Under this program, the MOH will gradually transfer the

responsibilities and resources for service delivery -- including health service delivery -- to districts, municipalities, communes and sangkats while giving provinces the responsibility for strategic planning, coordination, support, and oversight of lower tiers. This program, also known as "Decentralization and Deconcentration" (D&D), has the potential to make health service delivery more responsive to the populations they serve but under this reform maintaining and improving the quality of services will be a significant challenge as will be ensuring equity across districts.

Improving healthcare service quality is also one of the core strategic areas of Cambodia's new health sector strategy, the third Health Sector Strategic Plan (HSP3) that covers 2016 to 2020.

In September 2016, the MOH launched a new five year program called the Health Equity and Quality Improvement Activity (H-EQIP), funded by pooled funding from RGC, DFAT, German Government, KOICA and the World Bank. This Activity will use a multipronged approach to strengthen the health system with emphasis on supporting improvements in quality of care by enhancing provider knowledge through both preservice and in-service training, improving the availability of critical infrastructure, strengthening public financial management and incentivizing improvements in the quality of care through funding disbursements against targets achieved on health system-strengthening measures. H-EQIP will use self-assessments to evaluate quality and patient safety, continuous quality improvement, peer-to-peer evaluations, and adverse event audits. A sub-national team will further establish quality improvement teams that provide on-site managerial and clinical mentoring to service providers to respond to weaknesses identified via these assessment tools.

In a review of the quality of public and private health care providers where competency was measured, scores for private- versus public-sector care were similar, and generally poor. This is consistent with the World Bank's 2013 Study on Cambodia's Quality of Care, which found that even amongst doctors, only 1 in 3 diagnosed all 5 scenario-based basic vignettes correctly and, amongst those diagnosed correctly, only 82% of the time an appropriate drug prescription was made. The Ministry of Health's 2016 Level 2 Quality of Care Assessment revealed that in 15 provinces technical knowledge on basic maternal and child health services was relatively low, from 33.8% - 68.8%.

Cambodia's public health sector is still largely under-utilized. From 2010 to 2014 Cambodian Demographic and Health Survey marked a decline from 28.9% to 21.9% of population who first sought treatment at a public facility, and an increase of care seeking within the private sector from 56.8% to 67.1%. Much of this is due to low quality and poor performance of services at public health facilities. Most Cambodians prefer to seek care in the private sector, although quality is inconsistent and private practices are not routinely regulated. Limited skills of health providers and inadequate institutional capacity contribute to fragmented and poor service delivery in both public and private settings.

The MOH has adopted a Level 2 Quality Assessment tool to assess the quality of the patient-provider interaction and the process of care in all public health facilities. The assessment was conducted in late 2015 and early 2016 with support from USAID and the Second Health Sector Support Program (HSSP2). It has also been institutionalized as part of the new H-EQIP program. This tool includes key maternal, newborn, and child health clinical aspects, though it has limited infectious disease content. According to the H-EQIP plan, this assessment will be conducted nationwide every two years. In the year between the assessments, routine and decentralized quality monitoring and supervision will be conducted on a quarterly basis. Despite these plans, however, a functioning continuous quality improvement (CQI) mechanism at each facility that could help to maximize the performance-based SDG payment on a routine basis is still needed. In addition, comprehensive private-sector quality assessment and monitoring systems do not exist, which makes it difficult to improve regulation or establish accreditation of private facilities. In addition, there is no clear, sustainable strategy/system to link established Village Health Support Groups (VHSGs) with the local

and national health system, nor monitor systems from the local health facility to community-based health activities.

Effective health professional regulation is an essential mechanism to protect the public in any country. The system for health professional regulation must ultimately ensure that only suitably qualified, competent, and registered health professionals are authorized to deliver health care services to the public. Institutionalizing continuing education by linking it to licensure would also strengthen clinical competence. A key issue for Cambodia is that the regulation and licensing systems of health practitioners and private health facilities are not aligned. Conditioning licensure of facilities on the employment of registered/licensed practitioners would be a win-win situation, if enforced. Strengthened health regulation will also contribute to the Royal Government of Cambodia' move towards meeting its commitment to the Association of Southeast Asian Nations (ASEAN), which among other goals, aims to eventually have a system that allows selected health professionals from all member countries to work anywhere in the region.

Another key factor driving the quality of health care is the level of training, skill-set and competency of the workforce. The medical training approaches in Cambodia are generally content-based and not competency-focused, and therefore not optimal. The University of Health Sciences (UHS) plans to shift to a competency-based approach, however it may require assistance to do so effectively. Other universities, including private medical education institutions, require a similar shift in approach.

2.2. Relationship to Country Counterparts and Development Programs

Country Partnerships

The Activity will work closely with various counterparts from the MOH including the Hospital Services Department, particularly the Quality Assurance Office; Provincial Health Departments (PHD), Operational District Management and the Referral Hospital Management Team; Commune Councils; National Center for Tuberculosis and Leprosy Control (CENAT); National Center for HIV/AIDS Dermatology and STDs (NCHADS); National Maternal and Child Health Center; Cambodia National Malaria Center (CNM); and Sub-Technical Working Group on Public Private Partnership. In addition, the Activity will work closely with Cambodia's main five Professional Health Councils; the University of Health Sciences; and the National Institute of Public Health.

USAID Programs

This Activity will coordinate with, and build upon previous achievements created via, various other USAID mechanisms working on quality improvement. Though these mechanisms will come to an end during different stages throughout the life of this award, the Activity is expected to play a lead role in coordination of approaches between all USAID-supported quality activities to ensure efficiencies are made, and that best practices identified across different mechanisms combine to maximize results. Other implementing partners include:

- The Quality Health Services (QHS) Activity improves the services in public-sector clinics and hospitals to improve maternal, neonatal and child health care. The QHS Activity provides on-site coaching to health providers on newborn care and emergency obstetric care (including prevention and treatment of postpartum hemorrhage, pre-eclampsia and eclampsia) and improves skills of health providers to screen and treat severe acute malnutrition according to national standards.
- The Applying Science to Strengthen and Improve Systems (ASSIST) Activity provides technical assistance to strengthen the regulation of the health profession in Cambodia in order to improve safe healthcare practices among public and private providers. Activities include providing technical assistance in reviewing and updating the existing legal framework as it relates to regulation of health professionals, as well as supporting the five main Health Profession Councils

(medical, dental, pharmacy, nursing, and midwifery), in developing and testing a harmonized and more cost-effective system and process for registering of all health professionals.

- The Health Information, Policy, and Advocacy (HIPA) Activity improves the quality and use of population and health data reported within the Cambodian government's health information system and vital statistics registration database. The refinement of the health information system will improve the accuracy and quality of reported data from both public and private health care providers. HIPA is piloting an electronic tuberculosis (TB) information system, known as e-TB Manager, to increase the efficiency of reporting TB data and linking it to the overall health information system.
- The Worker Health Partnership Program improves health outcomes of garment factory workers in Cambodia. This program aims to establish a quality-assured network of existing health providers, equip them to provide tailored services to factory workers in the garment sector, and assist those garment sector workers in accessing these improved health services.
- Challenge Tuberculosis (Challenge TB) works with Cambodia's National Tuberculosis Program (NTP) to increase Tuberculosis (TB) case detection and improve the quality of TB treatment in Cambodia. Challenge TB supports integrated approaches for TB control and improves multiple-symptom TB screening, diagnosis, and treatment of TB, TB/HIV, TB/diabetes, and multi-drug resistant TB (MDR-TB) in large hospitals. The Activity also provides technical assistance to improve TB laboratory services needed to ensure timely TB and MDR-TB diagnosis.
- The Procurement and Supply Chain Management Activity strengthens the Cambodian government's capacity to forecast, quantify demand, and distribute medical goods, as well as update its logistics management information system to avoid drug supply disruptions. These improvements will increase transparency in the use of medical supplies by linking information on delivered health care services with the actual use of medicines.

In addition to these awards, this Activity will coordinate with USAID's additional partners implementing health, democracy and governance, and other programming.

- World Bank: In May 2016, the World Bank announced a $30 million International Development Association (IDA) Credit to the RGC and an accompanying $50 million multi-donor trust fund (MDTF) to build upon two innovative Cambodian health financing mechanisms: Health Equity Funds (HEFs) to help cover the costs of health services, and Service Delivery Grants (SDGs) to improve the quality of health services.

- Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund): The Global Fund currently operates four separate grants in Cambodia focused on malaria, tuberculosis (TB), HIV, and HIV/TB, and health systems strengthening (HSS), all of which are scheduled to end at the close of calendar year 2017. These grants largely focus on supporting basic service delivery and operations, procurement and distribution of commodities, staff salary top ups, and monitoring and reporting. A small amount of grant funds focuses on technical assistance and capacity building. The HSS grant focused on building a health and community workforce and strengthening the capacity of health facilities in specific areas such as blood safety, infection control, logistics management systems and health information systems.

- GIZ: GIZ is working with the Quality Assurance Office within the Department of Hospital Services to update the National Policy on Quality Assurance and its accompanying master plan.

- World Health Organizations (WHO): The WHO provides technical support to the MOH, national disease programs and other institutions. It supports coordination efforts between and within the government and development partners and helps to develop evidence-based policies and guidelines.

2. 3. Alignment with USAID/Cambodia Country Cooperation Strategy

This Activity will support USAID/Cambodia's 2014–2018 Country Development Cooperation Strategy Development Objective 2 "Improved health and education status of vulnerable populations". In addition, it will address broader U.S. Government (USG) strategic priorities in health, contributing to the achievement of USAID's Global Health Vision of a world where people lead healthy, productive lives, and where mothers and children thrive.

Other USG agencies working on health in Cambodia include the Centers for Disease Control and Prevention (CDC); the President's Emergency Plan for AIDS Relief (PEPFAR); Peace Corps; the Department of Defense; the Armed Forces Research Institute of Medical Sciences, and the Naval Medical Research Unit. This Activity will coordinate with these different agencies to ensure that activities complement and strengthen each other's efforts, rather than duplicate effort.

2.4. U.S. Government Technical Priorities

USAID/Cambodia's goal is for Cambodian people seek and receive quality health care and social services with decreased financial hardship through more sustainable systems. Achievement of this goal will depend on addressing the following objectives:

1) Improved health and child protection behaviors;
2) Improved financing and social health protection; and
3) Improved quality of public and private health and social services.

This program will receive funding through six program elements included under the Health Program Area in the U.S. Foreign Assistance Framework: HIV/AIDS, TB, MCH, FP/RH, Nutrition and Malaria. These comprise of the key areas of technical focus for this award. Specific challenges under each of these areas are as follows:

Tuberculosis:
Despite improvements in infectious disease control, Cambodia still ranks among the world's 30 high-burden countries for TB. Various quality related issues contribute to this situation. The systems in place at hospitals for screening and referring TB suspects are weak and general technical capacity is an issue across all areas of clinical provision. In addition, ongoing training is required as new TB diagnostic tools and treatment approaches are launched globally and rolled out in Cambodia.

In the last prevalence survey, among all those with symptoms consistent with TB (including a cough of 2 weeks or longer), 88% of individuals consulted somewhere for medical care. Of the patients who were eventually found to have smear-positive TB, significant numbers had not been diagnosed despite having sought care in government hospitals, health centers, private clinics, private hospitals and pharmacies, indicating missed opportunities or quality issues with diagnosis in both the public and private sectors.

There are also a number of challenges with laboratory and x-ray quality in Cambodia - delays in result reporting, major errors and poor quality of smear microscopy, limited access to chest-x rays, and poor maintenance of equipment. In addition, more work is also needed to improve the referral system

between private and public services and to ensure quality care is being provided in the private sector, where many TB patients seek care for respiratory issues.

Family Planning/Reproductive Health:
Investment in family planning is considered a best practice to improve maternal and child health and reduce mortality and mobility. According to the 2014 Demographic and Health Survey, while the modern CPR has increased from 18.8 percent in 2010 to 38.8 percent in 2014, increases have slowed while use of traditional methods has increased, requiring dedicated attention to ensure CPR reaches the target of 48 percent by 2020. While long-term methods require fewer resources over time for both the client and service provider and are equally effective, half of all women prefer the pill (50 percent) and nearly a third prefer injections (26 percent) over the IUD (12 percent) and implants (6 percent) demonstrating a preference for short-term methods. Voluntary Surgical Contraception (VSC) is still limited and research is underway to identify the barriers to provision.

Approximately half of couple-years of protection (CYPs) are generated through the public sector, most of the other half through social marketing and a small percentage through the private sector. Public health facilities are permitted under current policy to provide at least three contraceptive methods, while pills and condoms are also provided through community-based distribution (CBD). However, poor counselling at health facilities and limited access to contraceptive services at referral hospitals - where many women go for delivery and other reproductive health services - result in lost opportunities for women to access integrated family planning services, particularly postnatal contraception that has been shown in other countries to increase birth spacing and reduce maternal and infant mortality. Increases in adolescent pregnancy among 15-19 year olds from 8% in 2010 to 12% in 2014 are the result of low levels of reproductive health knowledge and reluctance to use conventional health services because of concerns about confidentiality and staff attitudes.

Nutrition:
According to the 2014 Cambodia Demographic and Health Survey (CDHS), one third of children in Cambodia under age 5 are stunted. Lack of food is not the only cause of malnutrition. Poor feeding practices including inadequate breastfeeding, inappropriate foods, and insufficient quantities are all contributing factors. In addition, infection — frequent or persistent diarrhea, pneumonia, and malaria — also undermines children's nutritional health. Interventions in Cambodia to improve child nutrition must focus on appropriate feeding practices for infants and young children and on the prevention and management of malnutrition and micronutrient deficiencies.

Other key factors leading to poor health and nutrition in Cambodian children include inadequate accessibility, quality and utilization of health services. Though growth monitoring and screening instructions for malnutrition in young children are clearly stated in national guidelines and clinical protocols, they are not being consistently implemented. Proper management of acute malnutrition has not been scaled due to lack of funds and adequate monitoring systems. In addition, health providers are not sufficiently motivated or trained to provide proper nutrition counseling to caregivers and parents.

Maternal and Child Health:
To date, there has been a marked improvement in the distribution of midwives to support emergency obstetric and newborn care (EmONC) and the policy environment in which service providers practice. However, the “Review of the Cambodian Emergency Obstetric and Newborn Care Improvement Plan 2010-2015” identified various challenges in quality of maternal and newborn services. For example, Cambodia has not yet met the UN norms and standards for EmONC. Nine out of 44 CEmONC facilities and 106 out of 134 BEmONC facilities are still not fully functional. Some of the most commonly missing signal functions are: lack or poor quality of assisted vaginal deliveries (MVE), anticonvulsants, neonatal resuscitation and manual removal of placenta.)

Although improved since 2009, there are shortages of certain drugs including antibiotics, anticonvulsants, drugs used in emergencies and anesthetics, analgesics, IV fluids, antimalarials, drugs for the prevention of maternal to child transmission of HIV (PMTCT/HIV) among others. More specialized items, such as emergency equipment for newborn care, uterine evacuation sets, and instruments for assisted vaginal delivery are often missing. Barriers to referral exist as only a small percentage of health centers refer patients out. The lack of adequate guidelines and monitoring means that referrals for obstetric and newborn emergencies are not being handled systematically and gaps exist. Referrals for neonatal complications remain low. Guidelines need to be developed and implemented to help better address these problems.

Malaria:

Cambodia has made a significant progress on malaria prevention and control in recent years and is now poised to eliminate all forms of malaria by 2025. Malaria cases treated at public facilities decreased from 71,814 in 2009 to 34,892 cases in 2015 resulting in a decline in malaria incidence reported in the public sector from 5.17 cases per 1,000 population to 2.26 cases per 1,000 population, respectively. Malaria deaths have also decreased dramatically by 95.4% from 219 deaths in 2009 to only 10 deaths in 2015. Despite these successes, artemisinin resistance and mobile populations remain challenges to reaching Cambodia's national elimination goals. Malaria in Cambodia is heterogeneous due to variance in malaria burden by geography, environmental factors, socio-demographic features as well as drug resistance and migration patterns. As the number of malaria cases declines and mobility of the population continues, maintaining high quality malaria diagnosis and treatment services will be a challenge as health providers become less accustomed to seeing malaria cases and malaria treatment will need to adapt quickly to changes in parasite resistance patterns.

Cambodia's malaria elimination efforts will focus on scaling-up access to and strengthening the quality of diagnosis and treatment in both the public and private sectors and ensuring universal coverage with appropriate vector control interventions. In addition, the quality, accessibility and utilization of the community level services will be improved, contributing to the general improvement in health indicators. It is also of paramount importance to improve the quality assurance and quality control procedures of services, monitor them regularly and maintain globally accepted quality measures at all levels of the health sector including private and community level services.

HIV:

An estimated 72,000 individuals are currently living with HIV in Cambodia, and an estimated 57,081 of these individuals (77%) are currently receiving HIV care and treatment. Each year, an estimated 640 to 1,300 individuals become newly infected with HIV, and there are roughly 2,000 HIV-related deaths. Approximately 40 percent of new infections are estimated to occur among key populations (KP) – such as female entertainment workers (FEW), men who have sex with men (MSM), transgender (TG) women, and people who inject drugs (PWID) – whose behaviors may place them at elevated risk. The majority (60%) of new infections occur among individuals with unspecified risk factors. This is one of the key hurdles to achieving Cambodia's ambitious goal of achieving virtual elimination and "95-95-95" -- 95% of all people living with HIV will know their HIV status, 95% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, 95% of all people receiving antiretroviral therapy will have viral suppression -- by 2025.

In order to reach its goals, Cambodia must also address challenges to the delivery of high quality HIV testing, care and treatment services. Duplicative reporting of individuals who receive HIV screening at health centers and confirmation at separate confirmatory HTC sites, migration, treatment eligibility, loss to follow up, and death among clients previously enrolled in treatment, all may explain differences in reported positive tests and increases in the size of the treatment cohort annually.

Currently, HIV services are managed through the national HIV/AIDS program and are operating parallel to other health services in facilities. To expand and sustain high-quality HIV treatment for all HIV infected individuals in Cambodia, the mainstreaming of HIV services within health facilities is necessary. Pursuing efficiencies in delivering HIV services would also promote better quality and sustainability of these services. For example, less frequent dispensing of longer-term quantities of treatment drugs would likely result in greater client satisfaction, a lowered burden on providers, and substantial decreases in clinical management costs. However, a number of perceived barriers exist to less frequent dispensing, including: forecasting and supply-chain challenges that could contribute to stock-outs; concerns about client loss to follow up; and classification of patients that miss three months of appointments as lost to follow up. In addition to efforts to address these supply chain and policy issues, operations research aimed at establishing the risks and benefits of less frequent dispensing may be critical to shape policy reform. In addition, the findings from a recent "stigma index" study conducted in Cambodia raised substantial concerns about real and perceived stigma serving as barriers to health service uptake among people living with HIV, and about discrimination on the part of health providers made manifest in alleged violations of patient rights.

3. ANTICIPATED RESULTS

3.1. Activity Framework

The goal of the USAID/Cambodia Health Quality Activity will be to provide technical assistance in support of sustainable quality improvement of Cambodia's health sector. The Activity will support public and private healthcare services to meet acceptable global standards, delivered in an efficient manner, and result in high customer satisfaction. Efforts will also ensure that health services are managed holistically and linkages between departments are maximized to ensure that services are patient-centered and individuals are not lost within the system. Activity efforts will also improve accreditation of both health professionals and facilities and address pre-service and in-service training needs in order to ensure the competency of healthcare providers. Activities will be conducted through three interrelated objectives:

Objective 1: Improved policies, guidelines and standard for integrated quality assurance

The Activity will provide technical assistance tailored to specific needs at both the policy and operational levels as a complement to H-EQIP quality improvement structures. The Activity will catalyze integration of vertical disease program protocols into the overall quality system supported through H-EQIP and technical assistance to the Quality Assurance Office under the Hospital Services Department as well as other line departments and national programs for HIV, TB, malaria and maternal and child health to implement a comprehensive quality assurance policy for the public and private sectors.

The Activity will provide technical assistance to relevant departments within the Ministry of Health at national, and sub-national levels and select health facilities to strengthen their leadership, managerial and technical capacity to improve the quality of health services. Data use will be promoted through the intervention for decision-making related to quality improvement of health services.

These interventions will focus on improving the systems for correcting weaknesses identified through H-EQIP assessments and monitoring service-delivery based on the best available clinical experience, and the patient's values and wishes. The Activity will also build on USAID and other investments in health information systems by working with service providers and managers in both the public and private sector to use data for more effective planning, monitoring and evaluation, and decision making related to resource mobilization and quality improvement.

Gaps analyses will be conducted to identify specific needs as well as to demonstrate sustainable linkages between preservice and in-service training to ensure a strong continuum of care and a system that reflects evolving best practices.

Illustrative results:

- Policies and guidelines for quality improvement incorporating key quality requirements by different program areas (such as MCH, FP, HIV, TB, and malaria) in alignment with international standards are rolled out throughout the health system.
- Quality Improvement Plans based on H-EQIP assessment and monitoring standards and tools and practices at facility level are developed and implemented.
- Competency-based curriculum and tools established and rolled out in key public and private university programs.
- Gaps analysis to identify specific needs as well as to demonstrate sustainable linkages between preservice and in-service training conducted.
- A database of detailing all training, including pre-service, in-service, and additional training completed by each health practitioner developed and piloted.
- Public-private networks formed to strengthen evidence-based learning and sharing of resources.

Objective 2: Increased efficiency and effectiveness of service delivery

Improved service delivery efficiency and effectiveness in both public and private sectors will ensure that patients receive holistic services that meet acceptable clinical standards and are respectful of and responsive to individual patient preferences, needs, and values. The Activity will focus on building a model of functioning, decentralized continuous quality improvement (CQI) mechanisms at facility level.

Efforts will also include a focus on improving the continuum of quality care within and between facilities as well as between facilities and community-level health activities to ensure the service delivery are responsive and accountable to the Cambodian people. The Activity will utilize successful CQI approaches as models for demonstrating the effectiveness of a reflective, interactive process to improving services. Efficiency of coordination within and between facilities will be addressed (e.g. laboratory results becoming available to physicians for diagnosis in a timely manner so that they can in turn provide timely results to clients and reduce waiting times and increase loss of clients to follow-up). Professional and/or community based social support networks will be better integrated with clinical provision to improve treatment outcomes. The Activity will also strengthen linkages between public and private health services to promote timely referrals from private to public facilities, especially for diagnosis and treatment of TB, malaria and HIV.

Where applicable, continuous medical education and training will be conducted via professional associations or local health management systems, and as part of this process, an electronic database of health professionals with the full educational and training profiles of health professionals could be developed and tested for eventual replication. Interventions should include innovative approaches- including but not limited to- on-the-job training using standard curricula and assessment measures- for performance improvement and quality reform using CQI mechanisms. Approaches should be made to foster partnerships between public and private systems so that private facilities are engaged in, and benefit from, these improvements.

Illustrative results:

- Demonstrated capacity built within the MOH and provincial level quality improvement teams to monitor the efficiency and the effectiveness of service delivery and improve the performance of the health workforce.
- Successful pilot of private-sector quality assessment and monitoring systems tied to initial steps for accreditation framework.
- Efficiency and effectiveness of HIV, TB and malaria case-finding, diagnosis and treatment services improved.

Objective 3: Strengthened pre-service public health training

Improving the technical skills and competence of the health workforce, at graduate and under-graduate levels, including midwives and nurses, through pre service training has been one of the strategic interventions in the National Health Strategic Plan from 2008 to date. Considerable efforts have been made to improve the training curriculum and teaching and coaching methodologies used at the University of Health Sciences, Technical School for Medical Care and other Regional Training Centers in the country. The University of Health Science, in particular, has adopted a core competency framework, which provides a foundation for further development of evidence-based curricula with a focus on student-learning outcomes. In addition, there has been tremendous growth in the number of private teaching institutions offering a variety of pre-service training and education.

The Activity will further support efforts to move from traditional content-based approaches to competency-based ones, so that the connection between the world of knowledge and the realities with which students will be confronted after graduation is better established. The Activity will provide strategic planning support, curriculum development and re-design, pedagogical support and monitoring and evaluation of the pre-service education reform process. In addition to focusing on strengthening the clinical curriculum, this Activity will focus on strengthening health management expertise to demonstrate effective leadership/management (e.g., in health finance, human resource management, information systems, etc.) via focused preservice interventions to ensure more effective and holistic management and oversight of facilities and services.

Teaching institutions would be the target and focal points for further consultation to fulfill the above needs. In-service shadowing mentorship placements would be encouraged for efficient and effective leadership and management. Minimum standards for graduation would be updated to include not only theoretical knowledge, but also competency-based practical skills.

Illustrative results:

- Management skills (including budget/financial management, communications, supervision and human resources, logistics management, patient management) improved across sub-national health facility leaders.
- Pre-clinical curriculum developed or re-designed to address gaps, in particular for specialties focused on MCH, FP, HIV, TB, and malaria.
- High-quality, competency-based training embedded within pre-clinical curriculum.

Objective 4: Strengthened regulatory framework, implementation, and enforcement

This Activity will assist professional councils and MOH to implement improved regulations, licensing and accreditation systems for both the public and private health sectors.
USAID is currently supporting health professional councils to develop an online electronic registration system, implement a sustainable (joint) council business plan and the formulation of a new law (passed into law in November 2016) on regulation of health practitioners. This activity will help to

implement measures to enforce the new regulation to ensure that only suitably qualified, competent, and registered health professionals who meet continuing education requirements, are authorized to deliver health care services to the public. In addition, the Activity will build the capacity of MOH to regulate and enforce licensure of health facilities while linking licensure to the licensure of individual health professionals working in the facilities. It will also strengthen the RGC's capability to develop common quality standards for both public and private facilities with consideration of compliance with client's rights and provider's rights within global acceptable standards. The activity will explore the possibility of linking licensure to reporting into the Health Management Information System

The Activity will support the development of a quality recognition accreditation system for health facilities and key steps toward an accreditation system, with milestones that can be promoted to private health services to improve their quality standards and be recognized by the RGC. The Activity will specifically focus on exploring the possibility of developing tools that focus on/include private sector settings. The accreditation system and regulatory functions should complement each other to enhance effective monitoring and compliance of quality services.

Illustrative results:

- A robust health workforce database for tracking MOH departments, registered/licensed practitioners and maintenance of qualifications, registration, and licensure status.
- Improved regulations in place for licensing of private and public health facilities, tied to quality standards and linked to the content of the new law regulating health practitioners
- Successful pilot for monitoring the quality of services tied to licensing health providers (public and private) implemented, recommendations made and agreed on with the MoH, and scale-up planned and begun.
- Systems for professional councils and MOH to monitor registration and licensing requirements in place.

3.2. Geographic and Target Population

This award will build upon the previous accomplishments of USAID programs in reforming systems to support service delivery. Efforts will take place at the national and provincial levels. Some modeling activities for Continuing Quality Improvement will be implemented in some selected referral hospitals at provincial and district levels, through which lessons learnt can be adapted as a national system. At national level, the activity will work with relevant units of the Ministry of Health to strengthen managerial and technical capacity to ensure policies incorporate global standards and best-practices and to oversee the quality at public and private facilities. At the sub national level, the activity will work with select provinces to model best practices that will lead to more effective management and delivery of RMCH, HIV/AIDS, Nutrition, TB and malaria services. Those provinces are Battambang, Banteay Meanchey, Kampong Cham, Kampong Chhnang and Svay Rieng. The 2017 projected total population in these provinces is 4.9 million.

3.3. Guiding Principles

Sustainability: Sustainability is a fundamental aspect of this Activity and all its sub-activities should be designed with this in mind. The ultimate goal is for this Activity to make improvements as a permanent, integral part of delivering health services. To achieve this goal, interventions must be country-owned and led and leave lasting and integrated impacts at the Activity's end- including the ability of host country institutions to carry out effective improvement interventions without external assistance. The Project will provide technical assistance to improve service delivery quality in both the public and private sectors and will leverage support for direct service delivery from other sources

such as the RGC, H-EQIP, the Global Fund, and other donors. The focus on systems strengthening, policy, capacity building made throughout this program description is purposefully intended to support this principle. To the extent possible, the Activity will build upon, strengthen, and complement existing quality improvement systems, including those implemented under H-EQIP, and not create parallel systems.

Gender: All interventions must be designed with specific attention to gender issues, including the application of quality improvement methodology to improve any gender related inequities related to health service delivery. Where appropriate, gender related patient-management issues should be integrated into trainings and any specific gender-issues should be taken into account when supporting policy and guideline development. Where appropriate, all data collected and reported must be disaggregated by sex.

Youth and vulnerable populations: Community-held social taboos are evident in provider care, resulting in high levels of provider bias against certain populations including, for example, young unmarried adolescents or young men seeking contraception, or Lesbian, Gay, Bisexual, Transgender (LGBT) populations, entertainment workers who may require additional support to feel comfortable seeking care. Issues related to stigma and discrimination must be built into quality improvement methodology to ensure high-quality service delivery for all patients.

Governance: The success of this Activity depends on the political will of government counterparts. The importance of government ownership is key to successful and sustainable efforts thus Political Economy Analysis must be integrated throughout design and implementation of activities and applied on an iterative basis to identify underlying constraints and opportunities for improvement. It will be important to look for windows of possible efficiency gains and flag areas that will require a more graduated strategy. As the governance structure for health service delivery changes under D&D, the Activity must develop strategies to build capacity particularly at sub-national level to ensure and improve service quality while working with national level counterparts to strengthen their technical and policy-making role.

Science, technology, innovation and partnerships: The Activity will foster scientific and technological advances that prevent, detect or treat TB, HIV, malaria, maternal, newborn and child health problems; improve quality of family planning, maternal, newborn and child health services; and empower women of reproductive age to practice healthy behaviors. Technological solutions should be cost-effective, appropriate for Cambodia, and designed with the end-user and sustainable use in mind. To the extent possible, this Activity will leverage the expertise and resources of the private sector to help increase the reach, efficiency, effectiveness and sustainable results and impact of this investment. Applicants shall include in their proposals a strategic approach to private sector engagement that includes an identification of potential private sector partnership opportunities; a plan for how partnerships, including leveraged private sector resources, will be solicited, established, and managed; and explanation of the applicant's capacity for and approach to fostering innovation that advances sustainable development outcomes.

3.4. Reporting:

While the overall approach will focus on the objectives noted above, reporting on results will be required by each of USAID's health elements (i.e. TB, HIV, malaria, nutrition, FP/RH), in addition to overarching results. Moreover, the level of effort on individual technical issues must be proportional to budget streams and the budget split accordingly. The implementing partner will need to strike a careful balance between focusing on congressionally mandated health priorities, while at the same time contributing to a broader strengthening of health systems as outlined above.

3.5. Monitoring, Evaluation and Learning

Accurate and real-time monitoring is necessary so that the Activity adapts to changing conditions and makes mid-course corrections as necessary. Proposed indicators and targets under each of the three objectives should be developed by the applicant and be submitted as part of the overall M&E plan. Activities should be based on measurable indicators and indicators and targets for each result. Indicators should focus on both capturing the results at the objective level as we all reporting individually on each of the six USG-earmarked technical areas.

The M&E plan should capture various elements associated with quality improvement including the quality of care, resulting in improved clinical outcomes; improving quality of services (patient satisfaction is one dimension); improving quality of resource use (from stewardship of the system to cost-effectiveness of individual interventions); and improving quality of the health workplace (including supportive supervision). In terms of facility-based quality-focused efforts, indicators should not only focus on the quality of care- as measured in terms of compliance with written guidelines based on evidence- but also include the efficiency in the organization of care and in the activities that support the patient-provider interaction. Reports must also capture progress toward institutionalization and efforts to develop ownership and commitment, as a path toward sustainability.

USAID will conduct a midterm and final evaluation of this award using an independent, externally contracted third-party evaluator. Evaluations will pose and seek answers to questions related to the purpose of the Activity focused on addressing the extent to which the Project has contributed to ensuring that Cambodian people seek and receive quality health care without financial hardship through a sustainable health system. The implementing partner is expected to conduct a thorough baseline assessment and facilitate its own internal assessments in order to monitor performance and progress toward results.

3.6. Environmental Considerations

As this Activity will mainly consist of technical assistance, training and capacity building related interventions, the activities are covered under the categorical exclusion pursuant to 22 CFR 216.2 (c) (2). Environmental considerations are crucial to USAID as characterized by the Initial Environmental Examination (IEE) that is mandatory for every program. Conducting the IEE aims to ensure that the environment is not negatively affected by USAID activities. As the specific activities are designed, they will be reviewed to see if there are any interventions in this grouping would directly affect the environment. Activities where the recommended action would be Negative Determination with Conditions (NDC) include those with potential support for health service delivery, including in some instances, support for demonstrations or pilot programs. Each of these components has potential to generate medical wastes, needles, syringes, gauze, and other non-sharp items, or could involve USAID-funded procurement of equipment and materials, including electrical and electronic equipment. Although such activities may have some environmental consequences, they are not expected to have a significant environmental impact. Moreover, the relevant implementing partner can avoid such impact by following standard good practices and instructions described below. If a NDC is warranted, each implementing partner would be required to:

- Follow detailed Royal Government of Cambodia (RGC) policies for hospital infection control and waste disposal, in accordance with national and international standards; provide evidence of a sound healthcare waste management plan and system to minimize adverse health and environmental impacts, ensuring that all biomedical wastes are handled and disposed in an environmental sound and safe manner, consistent with RGC standards and international best practices;

- Maintain and dispose of equipment and materials, including electrical and electronic equipment, in accordance with standard good practices;
- With respect to any proposed sub-grant, review the sub-grant's potential environmental implications, particularly with respect to biomedical waste and electrical/electronic equipment and ensure adoption of similar good practices in use;
- Develop an Environmental Monitoring and Mitigation Plan (EMMP) for USAID C/AOR review and approval. The document should be aligned with USAID's environmental guidelines. In the case of a Global Development Alliance (GDA), the source of funds will determine whether 22 CFR 216 is applied to the entire set of GDA activities or only to the USAID portion. In all cases, the due diligence that will be applied will relate to the proposed alliance partner's past record of environmental accountability and how it might affect the partner's specific plans under the alliance.