

PROGRAM ENDED IN 2018

Promoting Sound Child Growth Pilot Project

Sumitomo Dainippon

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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Sumitomo Dainippon, Promoting Sound Child Growth Pilot Project (2020), Access Observatory Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

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Program Overview

1 Program Name

Promoting Sound Child Growth Pilot Project

2 Diseases program aims to address

- Other NCDs (Child health development)

3 Beneficiary population

- Children (under 5yrs)
- People with low income

4 Countries

- Cambodia

5 Program start date

July 1, 2016

6 Anticipated program completion date

June 30, 2018

7 Contact person

Megumi Maruyama, Ph.D. (megumi-maruyama@ds-pharma.co.jp)

8 Program summary

Promoting Sound Child Growth Pilot Project

Project objectives

1. Promoting sound and healthy growth of children under two-year-old according to the standard in Kampong Cham Province, rural areas of Cambodia where there is limited access to healthcare.
2. Strengthen health systems so that people can receive the care they need including treatment for chronic non-communicable diseases (NCDs) in a timely manner in the program areas.

Background

Monitoring growth and development in children under two years old is very important in the lives of children. Malnutrition during this period is known to crucially affect physical and mental development, performance at school and work in the long term. However, child growth is rarely monitored in rural areas of Cambodia. In addition, care givers often do not have enough knowledge on child growth and how to properly take care of children. Health centers, which are grassroots health facilities of the government of Cambodia, are expected to provide such health services, though they usually lack the resources to provide quality services.

Cambodia's government health policy prioritizes improvement of maternal and child health. It mainly focuses on the promotion of pregnancy care, safe delivery at health facilities and immunization. It has not been able to address the importance of infant care at the health facilities. Education on nutrition and hygiene is conducted as part of ante-natal care services, but it relies on the individuals' efforts in order to have good impact. There must be an effective intervention on infant care available at health centers even in rural areas and this is what our program tries to achieve.

(continued on next page)

8 Program summary cont.

Description of project and how we address needs and challenges

The Promoting Sound Child Growth Pilot Project started in July 2016 and consists of training for community volunteers (Community Care volunteer for Mothers and New-born (CCMN) to organize home visits for mothers and babies. During the home visits the CCMN ensure that the children are up-to-date with their vaccinations and receive the growth monitoring at local Health Center. If they do not, CCMN encourage parents or care givers to bring children to the nearest Health Center to receive vaccination and health check such as measuring weight. They also educate parents and care givers on proper child nutrition and oral care so that parents or care givers can provide self-care for children at home.

Additionally, the program monitors and follow-up CCMN after the training by contacting them on phone to ensure they are doing their home visits. We also organize regular CCMN meetings at local Health Center every three months, and host health promotion events for local people.

The project was launched in July 2016 in Kampong Cham Province, a rural area of Cambodia where there is limited access to healthcare. The target areas are Stoeng Trang Operational Health District in Kampong Cham Province, with a population of 129,817 as of 2016. The project is implemented by PH-Japan in collaboration with Sumitomo Dainippon Pharma, local governments, and health centers, etc.

Boston University has developed a methodology to evaluate Promoting Sound Child Growth Pilot Project in Cambodia.

We think that the inequality of access to healthcare in the rural areas of Cambodia is related to limited availability of healthcare services and care givers' insufficient knowledge on child care. Through mother and newborn home visits by Community Care volunteer for Mothers and New-born (CCMN), we aim to reach those who otherwise, are unlikely to utilize health services at health centers.

PH-Japan Cambodia office was established in 2003 and since then has implemented several maternal and child health projects mainly in Kampong Tom and Kampong Cham Province. Sumitomo Dainippon Pharma Co., Ltd. and PH-Japan started partnering to implement the Promoting Sound Child Growth Pilot Project in Cambodia since 2016. PH-Japan Cambodia office is responsible for program planning, implementation and monitoring.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Planning	<ol style="list-style-type: none"> 1. Coordinate stakeholders on the project concepts 2. Organize meeting to introduce activities to stakeholders and discuss roles and responsibilities
Communication	<ol style="list-style-type: none"> 1. Health promotion events (food demonstration) 2. Home visit and health education (nutrition and oral care)

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	<ol style="list-style-type: none"> 1. Conduct regular meetings to discuss the problems of infants in communities 2. Organize regular CCMN meetings at Health Center once in three months
Training	<ol style="list-style-type: none"> 1. Training for community volunteer (Community Care for Mothers and Newborn; CCMN) to organize home visits for mothers and babies 2. Training for medical staff working at health centers on nutrition, motor development and oral care 3. Follow up the performance of medical staff who attended the training.
Technology	<ol style="list-style-type: none"> 1. Produce IEC (Information, Education, and Communication) material for CCMN use

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Cambodia
Health Service Strengthening	Cambodia

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Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sumitomo Dainippon	Pharmaceutical company who is collaborating on this program is only Sumitomo Dainippon Pharma.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
PH-Japan	<p>PH-Japan became the first certified NPO by the Japan Tax Agency in 2001. PH-Japan was established in 1997 as Project HOPE Japan, and it gained independence from Project HOPE and changed its name to PH-Japan in 2006. PH-Japan Cambodia office was established in 2003 and since then it has implemented several maternal and child health projects mainly in Kampong Tom and Kampong Cham Province. Sumitomo Dainippon Pharma and PH-Japan started to have a partnership since 2016 in order to conduct the Promoting Sound Child Growth Pilot Project in Cambodia. PH-Japan Cambodia office is responsible for program planning, implementation and monitoring.</p> <p>http://www.ph-japan.org/en</p>	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
PH Japan	Cambodia

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	We have engaged with Kampong Cham Provincial Health Department and Stoeng Trang Operational Health District, which provide technical support in the project and ensure our training aligned with the government protocol of child care.
Local Hospitals/ Health Facilities	We have engaged with local health centers in the program areas, which practically provide care to children in communities and take up the role to supervise CCMN in addition to ensure the cooperation with them.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Monitoring growth and development in children under two years old is very important in the lives of children. However, child growth is rarely monitored in rural areas of Cambodia. In addition, care givers often do not have enough knowledge on child growth and how to properly take care of children. Health centers, which are grassroots health facilities of the government of Cambodia, are expected to provide such health services, though they usually lack well-trained personnel to provide quality services.

Cambodia's government health policy prioritizes improvement of maternal and child health. It mainly focuses on the promotion of pregnancy care, safe delivery at health facilities and immunization. It has not been able to address the importance of infant care at the health facilities. Education on nutrition and hygiene is conducted as part of ante-natal care services, but it relies on the individuals' efforts in order to have good impact. There must be an effective intervention on infant care available at health centers even in rural areas and this is what our program tries to achieve.

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

Inequality related to health which we see in the rural areas of Cambodia is limited availability of healthcare services and care givers' insufficient knowledge of child care. Through mother and newborn home visits by Community Care volunteers for Mothers and Newborn, the project aims to reach those who otherwise, are unlikely to utilize health services at health centers.

17 Local policies, practices, and laws considered during program design

"Health Strategic Plan 2008-2015" specified that maternal and child health is one of the prioritized fields of work for the Ministry of Health, Royal Government of Cambodia. The new strategic plan is not yet confirmed, but MCH still seems to be a priority of the government due to the high mortality rate in the region and the weakness of the public health facilities on the delivery care.

In keeping with Cambodia's laws, we ensure that all the healthcare personnel in our program are adequately certified to provide services. Furthermore, all the services we provide, such as training of medical professionals, "Community Care volunteers for Mothers and New-born (CCMN)", growth monitoring and health education, are based on standards and practices approved by the Ministry of Health.

18 How diversion of resources from other public health priorities is avoided

[No response provided.]

19 Program provides health technologies (medical devices, medicines, and vaccines)

[No response provided.]

20 Health technology(ies) are part of local standard treatment guidelines

[No response provided.]

21 Health technologies are covered by local health insurance schemes

[No response provided.]

22 Program provides medicines listed on the National Essential Medicines List

[No response provided.]

23 Sustainability plan

Sumitomo Dainippon Pharma is engaged in the sustainable support and collaboration with PH-Japan. PH-Japan Foundation always works with the local government to ensure that know-hows on capacity building of medical personnel remain at the local government and record the process and outcome at the end of the project period to handover to the local government.

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Additional Program Information

24 Additional program information

[No response provided.]

a Potential conflict of interest discussed with government entity

[No response provided.]

25 Access Accelerated Initiative participant

Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

No.

Program Indicators

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PROGRAM NAME

Promoting Sound Child Growth Pilot

27 List of indicator data to be reported into Access Observatory database

INDICATOR	TYPE	STRATEGY	2017	2018
1 Population exposed to community communication activities	Output	Community Awareness and Linkage to Care	241 people	247 people
2 Number of participants in trainings	Output	Health Service Strengthening	10 people	68 people

ITEM	DESCRIPTION
Definition	Number of population reached through a community awareness campaign
Method of measurement	Counting of participants that attend campaign meetings or reached by media messages disseminated CALCULATION Number of people/participants in the target audience segment participated/attended the community awareness campaign recorded in a given period of time
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: PH-Japan	The indicator is the number of participants in food demonstration events organized by PH-Japan and those that receive antenatal, postnatal, nutrition and oral hygiene education through CCMN (community volunteers) home visits. PH-Japan organize food demonstration events as part of health education and count the number of participants (mothers and children) in the event. While the CCMN conduct health education on nutrition during home visits to mothers and children in communities and keep a record of people reached with health education.	Every month
31 Data processing	Implementing partner: PH-Japan	Collected data would be examined and input in the table every month. The number of people reached are summed at the end of the year. PH-Japan conduct monitoring and evaluation workshop every 6 months to review the changes of the results over time for evaluation and to be used to change the plan if necessary.	Every month
32 Data validation		A member of my company visits the local team of PH-Japan once per year to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR

2017

2018

1 Population exposed to community communication activities	241 people	247 people
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Comments: N/A

ITEM	DESCRIPTION
Definition	Sum of participants in multiple trainings
Method of measurement	<p>Sum of participants attending trainings over a period of time regardless of whether some participants were in multiple trainings.</p> <p>CALCULATION</p> <p>Number of participants in training will be reviewed by attendance registration sheets to collect signatures from participants in each training. Collected data will be examined and input in the table every three months. The number of attendants are summed at the end of the year.</p>
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: PH-Japan	The indicator is the number of CCMN (community volunteers) that participated in training meetings conducted at the local health center. Health center staff and PH-Japan staff set the date and call for meeting of CCMN at the health center every three months. PH-Japan staffs count and record the number of community volunteers and report to the manager the discussion in the meeting as well as number of participants. PH-Japan staffs use an attendance registration sheet to confirm the total number of the participants by counting the signatures they made.	Every three months
31 Data processing	Implementing partner: PH-Japan	PH-Japan reviews the attendance registration sheet including volunteers and midwives participated in the meeting. Collected data will be examined and input in the table every three months. The number of attendants are summed at the end of the year. PH-Japan also conduct monitoring and evaluation workshop every 6 months to review the changes of the results over time for evaluation and to be used to change the plan if necessary.	Every three months
32 Data validation		As member of Sumitomo Dainippon Pharma visits the local team of PH-Japan once per year to verify the data collection and management procedures.	

INDICATOR **Number of participants in trainings**

STRATEGY HEALTH SERVICE STRENGTHENING

2

33 Challenges in data collection and steps to address challenges

Currently we have good progress in collecting data for this indicator.

INDICATOR	2017	2018
2 Number of participants in trainings	10 people	68 people

Comments: N/A

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner.

(Public Sector is defined as government; Private Sector is defined as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

Government, please explain

Non-Government Organization (NGO), please explain

Faith-based organization, please explain

Commercial sector, please explain

Local hospitals/health facilities, please explain

Local universities, please explain

Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities are avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not,

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what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

- Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
- Data collection — Description: Please briefly describe the data source and collection procedure in detail.
- Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

- Responsible party: Please indicate all parties that conduct any processing of this data.
- Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.
- Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.

Company-submitted Situation Analysis

1. Iwamoto, A. Matsui, M. Koto, K., et al. Malnutrition is dominant in boys less than two-years-old in rural Cambodia, 2019. Available at: https://bit.ly/needs_promoting

