Consultation on the Global Strategy for
Women's, Children's and Adolescents' Health
20 March 2015¦ Cambodia

Executive summary

The Reproductive and Child Health Alliance (RACHA) held a consultation with 33 representatives from 28 local and international NGOs on 20 March 2015 in Cambodia. This consultation focused on universal health coverage; health influencing sectors; health gender and human rights; financial sustainability; monitoring and accountability; and engaging country leaders.

Many of the issues identified related to general concerns about Cambodia's health system and services – such as the decentralisation of health planning, financial support to individuals and health facilities, and key health influencers – rather than specific issues for women, children, and adolescents. Health system strengthening in order to improve quality, accessibility, and availability of health services were recurrent themes. Participants also considered broader issue affecting health, such as education, rurality, and infrastructure (for example, quality of roads). Issues specifically relating to these target groups included women's empowerment - or the lack thereof, reproductive health, family planning and sexually transmitted infections (STIs), and cultural perceptions around sexual activity (that this is something only undertaken by married couples), as well as broader issues such as rape and gender-based violence.

Following a presentation by David Awcock, a member of RACHA's Board of Directors, a 90 minutes focused on six of the key areas in the Global Strategy for Women's, Children's, and Adolescents' Health consultation survey namely; universal health coverage, health influencing sectors, health gender and human rights, financial sustainability, monitoring and accountability and engaging country leaders

RACHA adopted a "World Café" approach to the consultation. Participants were invited to move between different areas in the room where discussions about the various topics were taking place, and contribute to these discussions at their leisure. Participants were encouraged to consider each of these topics in the context of healthcare for women, children and adolescents in Cambodia. Each

area was supported by RACHA advisors and core team members who played active roles as the facilitators and a scribe. In order to minimise the potential language barriers to participation the selected facilitators all spoke Khmer and English. Facilitators were provided with a set of questions to aid discussion if needed. These questions were designed to reflect and build upon the areas of interest in the Global Strategy for Women's, Children's, and Adolescents' Health consultation survey. Responses from participants were recorded in English and Khmer. Participants also had the option of writing their input in their preferred language.

Summary of findings

Universal health coverage

Participants felt that if universal health coverage existed in Cambodia, it would mean that cost would no longer be a barrier to healthcare and there would be no catastrophic expenses as a result of receiving medical attention. However, there were some doubts as to whether this was achievable. As one participant characterised it, "This is a big dream". The key barrier to realising universal health coverage identified was funding, both in terms of broad availability of sufficient funds and budget allocation to this purpose.

Participants discussed what would be needed to achieve universal health coverage in Cambodia. It was agreed that public health facilities must provide quality, affordable health services to Cambodians equally. Participants felt that there was a clear need for government policy support and willingness to pay for quality health services. They also felt it would be necessary to provide payment methods that are agreed upon by the health providers. In terms of addressing quality of services, specific suggestions included:

- Establishing a minimum quality of care standard for health providers;
- Ensuring adequate quality of clinical equipment and providers;
- Raising the motivation of health providers to achieve quality health services; and
- Improving skills of health staff and making sure necessary equipment and medicines are available so service users are confident and satisfied with public health services;

It was also highlighted that there needed to be better education about existing mechanisms for overcoming barriers to healthcare, such as Cambodia's Health Equity Fund (HEF). However, it was identified that benefits packages must be adequate to meet people's health needs. Participants also

felt that there should be a greater emphasis on health education in the community, particularly with respect to how to look after self and family, the importance of going to a health centre, and ensuring good nutrition and healthy lifestyles.

In terms of the relationship between universal health coverage and women's, children's, and adolescents' health, participants were concerned that when mother and baby are sick, the family spending on healthcare increases, which could make them poorer. They also advised that within the suggestions made above, it would be important to look at the specific needs of women, children, and adolescents. An example given was increasing the knowledge of youth about healthcare, such as how to prevent pregnancy and especially STIs, including HIV/AIDS.

Health influencing sectors

Participants identified five key health influencing sector in Cambodia:

Communications

Mass media is a significant influencer in Cambodian society, with social media – particularly Facebook – as a highly influential medium amongst Cambodian youth. Mobile phones are starting to be used to access health information. Smartphones with internet access are becoming an important tool and health influencer. The use of plays, dramas, and comedy shows has proven to be an effective communication tool for health information. However, traditional word-of-mouth continues to be an effective means of sharing information.

Health centres and referral hospitals

Staff at the health centres and referral hospitals were identified as direct influencers on health, both positively and negatively. Participants identified that the Health Centre Management Committees provide a forum for community feedback and complaints to be addressed and to plan how to better improve provision of health services. However, they related that often health centres do not have enough supplies and cannot offer the range of services they are supposed to provide. Participants also suggested that having a staff room where health centre staff can sleep at the facility is important to ensure that health centres are open for regular hours and for emergencies.

Local communities and community-based networks

Participants suggested that the community has the potential to influence health, particularly through community scorecards. They felt that this type of community accountability can help influence health centres to provide better services. Furthermore, Village Health Support Group volunteers (community health workers) are playing a vital role in influencing community members to seek health services at the health center, particularly with respect to education about good hygiene practice. Health educators in the community, including traditional medicine and traditional birth attendants also play a key role. Wat grannies, clergymen, and older people in the community also have significant influence.

Schools and education

Participants felt that schools offer an environment where children can learn basic information about health prevention, such as the importance of hand washing and drinking clean water. They felt that children can learn a lot from each other and can share the information with their families. However, a closer link between health centres and schools is needed. Furthermore, participants identified that promotion of education helps increase understanding of health and raising awareness.

Political sector

It was identified that the national government has an important role to play in creating policy and laws to improve health in Cambodia. Law and policy on potentially harmful substances, such as tax on cigarettes and alcohol, were highlighted as particular issues to be addressed. Participants also felt that the Ministry of Women's Affairs could have influence by integrating its work into the community and health centre in order to assure access to health services by women and children. Having said

this, participants also saw opportunities in the current move towards decentralization of health budgeting, as this means that communities should have more of a voice in budgets for health services.

Participants also identified a range of infrastructure and socio-economic factors that influence health in Cambodia:

Nutrition and hygiene
Agriculture and food security are large influencers of health. Without sufficient crops, food supply is insecure creating an environment where people are susceptible to malnutrition especially young children. Access to clean water and latrines is essential.

Law enforcement and public policy
Enforcement of existing laws is important to create a stable environment. However this is not a consistent practice yet in Cambodia. Furthermore, use of illegal drugs and selling of counterfeit prescription drugs is hurting the health of many people.

Roads
Bad roads can limit transportation options/availability and prevent supplies being delivered, as well as cause delays in seeking health services.

Economic factors
Participants related that poverty is a negative influence on health. Access to financial services, especially microcredit and income generating activities, means people have the financial resources needed in order to seek medical care. Participants also advised that sustainable financing for health for the poor and others that cannot afford health services is necessary. It was also noted that economic factors can result in internal migration (including whole families). Such migrants are often excluded from local services and governance. One respondent also highlighted that regional migration - both into and out of Cambodia - is likely to increase with the ASEAN Economic Community and there is limited capacity to ensure the continuum of care for international migrants in the region.

<u>Health, gender and human rights</u>
Participants identified a range of barriers within health services for women, children, and adolescents:

- Women need support from their husband in order to access health services;
- Health providers for sexual and reproductive health are men[1]; and
- In prisons there are limited services for sexual and reproductive health.

Concerns were also raised that health staff are overloaded with responsibility. For example, currently one person is likely to be responsible for birth spacing, ANC, and delivery, rather than these being separate roles. In terms of solutions, a respondent from Partnering Saves Lives suggested:

> …it is important that one person is responsible for the continuum of RMNH care, to ensure that women can take up post-natal FP, for example, or to integrate HIV/STI prevention into other RH services. The issue is more about the number and support/motivation of staff in order to deliver this continuum of care. These should NOT be separate roles.

Access to information was also identified as a significant issue particularly with respect to STIs. Participants identified that there are limited reproductive health services for adolescent available at health centres, as well as limited access to medication. They also felt that there was a general issue that health centre staff are not updating their skills with respect to STIs, and that there is a similar

[1] Note that the majority of midwives in Cambodia are female.

lack of community education schemes. Participants also highlighted that information about gender, reproductive health, and human rights is limited, especially with respect to abortion. As a result, people in the community aren't actually aware of issues relating to gender and human rights. Human rights in particular were highlighted as an area where knowledge is lacking.

Power dynamics within marital relationships were seen as particularly influential in terms of women's health. Concerns were raised that women don't have power to speak to their husbands about reproductive health. In particular, it was noted that a wife is often not able to talk to her husband about family planning. Husbands and wives have conflicting perspectives on antenatal HIV testing. Often the wife will want the test but the husband will not. Similar issues were noted with respect to STI testing by the couple– where the wife will want the test but the husband will refuse. Furthermore, participants advised that it is difficult for women to convince their husbands to seek treatment together once a diagnosis has been confirmed. Another identified issue was that sometimes a husband wants to go to a private health service and the wife wants to go to a public health facility. One participant related her sense that "men are sometimes selfish – they don't think about their families".

There were concerns that family planning users are only women of reproductive age, and it was suggested that there needs to be health education that specifically targets young people. Furthermore, one participant emphasized that women who have been raped sometimes become pregnant of contract STDs as a result. These women need access to counselling, treatment, and case management.

Financial sustainability

Participants advised that improved financial transparency – in terms of budgeting and expenditure - is essential to ensuring financially sustainable improvements to women's, children's, and adolescents' health. They also related that there was a need to expand the existing community-based health initiative including awareness rising via existing networks and as well as with innovative technology. They were encouraged by the opportunities for improvement of women's, children's, and adolescents' health through the decentralisation of the health budget to health centre, Operational District, and Provincial Health Department levels. However, they also suggested that it would be necessary to improve citizens' information about public health services, and ensure that public services are accessible, affordable, of good quality, provided equally, so the public health facilities may have more income to sustain and support the health institution.

Participants acknowledged challenges to achieving financially sustainable health improvements as a result of the limited government budget for expenditure in this area. In order to overcome this, they felt that it is important to:

- Strengthen good governance and accountability;
- Strengthen and improve control of private sector; and
- Improve services and professional morale of health staff.

Monitoring and Accountability

Participants raised concerns that there is a general lack of transparency in Cambodia and emphasised that a better understanding of the benefits of transparency is important. Still, there was a general consensus that civil and government support of the social accountability framework has been a large influence in Cambodia. Specifically, I-SAF has increased the voice of women and children in Cambodia and the health indicators that are part of I-SAF help improve accountability of Commune Councils, which in turn enhances the health of their local communities. Information for citizens as part of ISAF was seen as an important campaign that explains the importance of sharing information with all citizens. However, participants advised that many villagers have protested about health charges and ID poor process and benefits.

At a local government level, participants reflected Commune Councils have a large influence on the health of their local communities, and their commitment to health as a priority is essential. Currently many Commune Council chiefs still submit financial proposals and budgets without input from the community. The Annual Operational Plan (AOP) set by the province and district is very influential on the amount of funds available to the health centres. The Commune Investment Plan (CIP) is directed at the commune and the villages. The link between community feedback and budgeting priorities of the CIP is still developing in Cambodia, and participants were hopeful that the Commune Council will rely more fully on community feedback in setting budget priorities for the community.

Furthermore, the Commune Council members were considered to have limited capacity to do their job and to have a difficult time influencing people higher up in government. It was identified that a further complicating factor is the current issues with electoral processes. Concerns were raised that government "elected" officials are not advocating on behalf of the poor. As such, a priority action is for elections to be improved in terms of monitoring and transparency to ensure that they are free and fair. Still, it was felt that the decentralisation and de-concentration of health planning and Commune Councils' strategic plans have the potential to be influential, however it is still early in this process to be confident that this potential will be realised.

Participants suggested that NGOs and CSOs provide additional eyes and ears in the community to help monitor activities and NGOs can report problems to higher level of government or the press. NGOs are also in a position to report problems to their donors which have a more influential position with the national government. Furthermore, the process of law enforcement helps to monitor illegal health activities in the community. They also advised that community workshops and meetings provide a good forum to engage villagers, enable them to exchange information, and provide an influential voice to them. Such events also allow for a time of follow-up on previous issues and problems.

Engaging Country Leaders

Some challenges in engaging Cambodia's leaders in the enactment of the Global Strategy for Women's Children's and Adolescents' Health were identified. Within the area of women's children's and adolescents' health there are culturally sensitive issue that might not be welcome by leaders in Cambodia. Also, the language in Cambodia talks about reproduction in terms of married women only. This presents a challenge in engaging leaders on reproductive health developments that meet the needs of unmarried sexually active women.

To overcome the challenge of engaging Cambodia's leaders, participants felt it was important to involve leaders in the planning and implementation of the strategy. Furthermore, stakeholders such as CSOs, NGOs, and members of the community need to voice their support for the Global Strategy for Women's Children's and Adolescents' Health.

In terms of particular concerns for Cambodia, it was suggested that there is a need to present evidence to leaders that adolescent sexual activity does happen in Cambodia and there is a need to engage with and address the issues associated with this, particularly with respect to fertility and gender-based violence (GBV).

Participants also offered ideas for areas where the Cambodian government could take the lead on women's, children's, and adolescents' health. They suggested that the priorities of the Global Strategy for Women's, Children's, and Adolescents' Health should be included in annual plans about health at the commune and provincial levels. They also felt that the government should educate students about caring for themselves and ethical behaviour in relation to sex, particularly with respect Valentine's Day and expectations of each other[2].

[2] In Cambodia there is a high incidence of rape on Valentine's Day due to expectations of sexual intercourse on this day.

Feedback from RACHA

With the Fast Track Initiative Road Map to Reduce Maternal and Newborn Mortality developed and implemented by the Ministry of Health and civil society organizations at the grassroots level, the most recent Cambodian Demographic Survey (CDHS) evidenced that2014 was another good year. There was remarkable progress made on maternal, new-born and child health such as maternal mortality; under-five mortality and even neonatal mortality decreased dramatically over the last 5 years. Furthermore health equity gaps reduced substantially. For example, there has been 60% reduction of the gap between urban and rural settings in terms of the proportion of women delivering at health facilities. The expansion of the Health Equity Funds nationwide continued with clear government commitment as shown by the 40% counterpart funding of the benefits package. The commitment from the government in terms of providing the midwives incentive was very influential in achieving the reduction of maternal and newborn mortality. RACHA urges the government to maintain this support to midwives. Equally beneficial would be the extension of this support to village health support groups, who are playing the important roles in providing health information in their communities and also bridging the two-way communication between communities and health facilities. RACHA is looking forward to provide inputs to the next the Fast Track Initiative Road Map to Reduce Maternal and Newborn which is now in the process of the revision and will jointly implement accordingly.

In terms of health influencing sectors, RACHA also recognises that important role of the donor community. Their prioritisation of specific areas of health areas for funding or contracting opportunities – both individually and in coordination with each other - inevitably leads to according developments in health services. Similarly donors' policies and project approaches are mirrored by their implementing partners. It would be beneficial to see increased coordination and consistency between donors' priorities and the Cambodian governments' health strategies as this would enhance the sustainability. Sustainability can also be improved through better planned exit strategies, with donors working with local NGOs and governments to establish which responsibilities will be adopted by different local stakeholders upon close-out of initiatives.

Adding to participants' feedback of the impact of economic factors on the health of women, children and adolescents in Cambodia, RACHA would like to highlight the significance of economic migration. Many provincial Cambodians, particularly adolescents migrate either to Phnom Penh or internationally in search of better paying work opportunities. However this can place them at risk of

exploitation and poor working conditions, which can significantly reduce their health and wellbeing. For example, many young women migrate to Phnom Penh to work in garment factories and send money home to their families. This industry is known for poor working conditions which have resulted in mass faintings. These women also live in poor accommodation and work extensive hours placing them at increased risk of ill health. Thus in addressing the health needs of women children, and adolescents it is important to take into account and address broader socio-economic factors that increase risk of ill health amongst this group.

Migration also impacts upon child health, particularly in terms of malnutrition. Mothers who are economic migrants often return to their province of origin to give birth, and then leave their baby with secondary caregivers in order to return to work. It is therefore necessary for health programs to be enhanced to target such secondary caregivers to ensure that these children also benefit from newborn and child health initiatives. Further research is also needed into the links between economic migration and adolescent pregnancy, and between economic migration, trafficking, and health.

Governments and NGOs could begin to address such factors by supporting the development of local enterprises and employment opportunities that enable Cambodian women and adolescents to earn a wage on which they can live. Similarly (enforcement of) legislation about working conditions, industry health and safety standards, and worker's rights would significantly improve the health of those working within low-paying industries. Efforts to tackle barriers within the education system which lead to early drop out amongst children and adolescents of poorer families would also enhance the future employment and therefore income generation opportunities of these individuals.

Additional information

In addition to the areas covered by the Global Strategy for Women's, Children's, and Adolescents' Health Consultation Survey, RACHA also sought feedback from participants about the emerging priorities for women's, children's, and adolescents' health in Cambodia. This feedback was sought prior to presentation about the Global Strategy for Women's, Children's, and Adolescents' Health and the consultation already described. Following is a summary of the findings, derived through qualitative thematic analysis.

Theme	**Explanation**
Antenatal care	Promoting uptake and availability of antenatal services.
Birth facilities	Uptake of birth facilities in health facilities and availability of emergency obstetric and newborn care (EmONC). Ensuring skilled birth attendants at delivery facilities.
Broader issues affecting health	Access to education amongst children, women's rights, emotional/social/vocational support, and rurality.
Health awareness raising	A need for general health awareness activities was identified, as well as with respect to specific issues such as immunisation and - particularly amongst adolescents – sexual health and contraception.
Health system strengthening	Governance, accountability, quality assurance, and allocation of resources from the national budget.
Nutrition	Acknowledged as a general issue and seen as a particular concern with respect to children.
Proactive healthcare	Very strong emphasis on the need to prioritise family planning. Immunisation of women and children was also a concern.
Reproductive health	Very strong emphasis on this as a priority health area.
Specific services	Newborn care, substance misuse (particularly among adolescents), youth services, and breast and cervical cancer screening and treatment.