

កម្មវិធីរួមគ្នាដើម្បីជួយជីវិតមាតា និងទារក Partnering to Save Lives

Learning Update – July 2017 Theme 4: Reaching most vulnerable groups

What is PSL?

Partnering to Save Lives (PSL) is a partnership between CARE, Marie Stopes International Cambodia, Save the Children, the Australian Government and the Cambodian Ministry of Health (MoH). PSL aims 'to save the lives of women and neonates in Cambodia through improved quality, access and utilisation of reproductive, maternal and neonatal health (RMNH) services through a partnership approach' in line with the objectives of the MoH's Fast Track Initiative Roadmap for Reducing Maternal and Neonatal Mortality (FTIRM).

PSL Learning agenda

One outcome of PSL is focused on documenting learning and evidence that can contribute to improved policy and practices. The PSL four Learning Agenda themes are technical harmonisation, community referrals, garment factories and reaching most vulnerable groups.

What are the issues?

PSL has a focus on equity and responsive delivery, through both working in geographical areas and target populations with the poorest and most marginalised groups. PSL has particular consideration for people facing multiple challenges such as ethnic minorities, people with disabilities, young men and women.

For our Year 4 annual review, we included a new learning theme to measure how successful PSL approaches are in increasing access to RMNH for vulnerable groups. We asked ourselves the following research questions:

1. What achievements have been made in ensuring that vulnerable groups (especially ethnic minorities, people with disabilities, young men and women, female-headed households) are accessing RMNH services and information?
2. What are the remaining barriers particular groups are still facing?
3. How can gender equity and disability inclusiveness in access to RMNH be further improved?

What learning approaches have we used?

PSL has used a mix of quantitative and qualitative methods to learn more about these issues, including:

- Fieldwork in Stung Treng and Ratanak Kiri provinces as part of PSL's Annual Review process in February 2017, which involved key informant interviews and focus group discussions with provincial health, social welfare and women affairs departments, Commune councils for Women and Children (CCWC), village health support groups (VHSGs), persons with disability, teenagers, men and women of reproductive age in the community;
- Learning and testimony from PSL field managers and implementing staff during the Annual Review Workshop

in March 2017;

- Discussion and exchange of lessons and good practices with disability stakeholders;
- A community referral system 'snapshot' survey in March 2017, as a follow up to the 'snapshot' surveys that were conducted in February (dry season) and August 2015 (rainy season) involving exit interviews with 162 women of reproductive age after they had received an RMNH service from health centres in the four Northeast Provinces;
- A qualitative research on RMNH knowledge and practices of adolescent mothers in Ratanak Kiri by a student of Deakin University.

What have we learned?

Ethnic minorities

PSL works in provinces populated by ethnic minorities and has introduced approaches and tools designed to meet their specific needs. Radio programmes (drama and call-in programmes), village events, listening and dialogue groups, SMS and voice messages have been implemented in the four Northeast provinces. A new behaviour change communication (BCC) package including flip charts, activity cards, community games and audio material in four local languages has been introduced in Year 4 for VHSGs. A traditional birth attendant (TBA)-Midwife Alliance helps engaging TBA's in referrals to health centres in remote communities with high rates of home delivery.

Progress has been observed at the time of **PSL midterm evaluation** (July 2016) in access to RMNH services for ethnic minorities. For example, the percentage of women of reproductive age from ethnic minorities using modern contraception methods increased from 33.4% to 41.4% between baseline (2014) and midline (2016) surveys. **The percentage of women from ethnic minorities delivering in health facilities with support from skilled birth attendant increased from 37.1% to 53.8%** and

from 30.5% to 46.9% for access to antenatal care (ANC). Percentage of RMNH service users from ethnic minorities referred through a community referral mechanism increased from 6.5% to 35.4%. Similarly, **the snapshot survey on community referral from March 2017 shows that 63% of ethnic minority members interviewed were referred by PSL supported community referral systems** (clubs and listening and dialogue groups, village saving and loans associations (VSLA), VHSG, community based distributors (CBDs), CCWC and community health promotion). They were also more likely to be referred by TBA, pregnancy clubs, listening and dialogue groups, men's clubs, and CBDs compared to other groups.

Whilst important progress is observed in relation to access to ANC and safe delivery, some traditional practices such as roasting remain strong and women do not see the need to go to the health centre after delivery (refer to Learning Update Theme 2). Language barriers, discrimination and lack of support from community and family are mentioned as barriers for some ethnic minorities. Persons working in the farm far from the village remain unreached by any community based interventions.

Staff from health centres met during the annual review reported that the **attitude training module on ethnicity helped them better understand the different culture of ethnic groups** and to better behave with them. Some health providers are from ethnic groups and/or can speak local language.

Persons with disability

PSL wishes to promote access to RMNH services for persons with disability. The BCC material promotes inclusive communities and services. In Year 3 and 4, 66 healthcare providers received attitude training including a one day module on disability. In Year 4, the Cambodian Disabled People's Organisation (CDPO) took part in some PSL activities and in the annual review to take stock on inclusion of persons with disability in the programme. A partnership is being established to implement some recommendations from the review.

In Ratanak Kiri and Stung Treng, most persons with disability we met during the annual field review mentioned having access to medical services free of charge. Most health centre staff also confirmed the practice of fee exemption for this group. The main barrier expressed to access RMNH services is transport, especially as one person needs to accompany the person with disability or to drive the motorbike for them. Generally, persons with disability did not report negative attitudes or discrimination from health centre staff. **However, none of the persons with disability we met had access to information on sexual and reproductive health and none were participating in community education groups.** Decisions about accessing health services mostly depend on family members/parents. Some women with disability we met were unmarried and had no children and it was reported that it is very unlikely for women with disability to get married. The discrimination seemed stronger in remote communities.

The attitudes training (or other clients' rights/ providers' duty training) led to an improved knowledge and behavior

of health care providers towards persons with disability. Still, most health centres are not equipped with ramps or accessible toilets. Community volunteers seemed to be willing to have persons with disability participate in community education sessions, but **did not realize at first that this topic can be of interest for them.**

Provincial authorities and CCWC have some understanding of disability inclusion and make efforts to include persons with disability but they are lacking technical guidance and budget. Social support to disabled people is included in annual commune investment plans and five-year commune development plans. Disabled people organizations have set up some self-help groups for persons with disability in PSL target provinces that we can link with.

Unmarried young men and women and teenagers

We learnt from our **annual field visit** that teenagers and young unmarried men and women continue to be hard to reach. Some unmarried men and women start to access services in health centres and it seems there is no barrier for unmarried men to participate in men's clubs. Men are very interested in learning about reproductive health and family planning prior to getting married. On the contrary, **unmarried women rarely receive information on sexual and reproductive health except if they attend secondary school.** Stigma around unmarried women attending reproductive health services remains very strong. Teenagers in general do not feel comfortable to access health services due to shyness and privacy issues. **Misconceptions such as taking contraception before pregnancy can make you infertile are largely spread and even perpetuated by health centres' staff.**

The qualitative research on sexual and reproductive health of adolescent mothers in Ratanak Kiri gathered information from 22 interviews of women aged 15 to 19 with at least one child. They were all married. The findings showed that the knowledge of modern contraception prior to pregnancy was very poor. Most women thought abortion was illegal but all interviewees believed they could access safe abortion services at health centres. Most accessed ANC and delivered at health centres but they did not go to the health centre after delivery except for the child vaccination. Adolescent mothers received information from either health centre staff or other women from the community, family members or husband.

Gender equity

PSL recognises the importance to involve both men and women in RMNH activities and has introduced activities tailored to the specific needs of men and women of reproductive age. This includes in Ratanak Kiri and Mondul Kiri the facilitation of men's clubs and pregnancy clubs while both men and women participate to listening and dialogue groups in Stung Treng and Kratie. In garment factories, a male engagement module is targeting the male garment factory workers. The attitude training provided to health care providers includes a one day module on gender. PSL BCC material promote men's supportive attitude.

During the **PSL annual review**, we met with the Provincial Office for Women's Affairs (POWA) of Stung

Treng and Ratana Kiri as well as with 12 CCWC. We met members of men’s clubs, pregnancy clubs and listening and dialogue groups. We learnt that in overall, men have a better understanding of gender roles, and are supportive of their wife, particularly when she is pregnant. Husbands and wives discuss family planning and make decisions together. **Specific listening and dialogue groups for men and women worked well.** Men are showing interest to learn about family planning and reproductive health, but their participation is limited by their poor time availability, especially during harvest time.

Despite these positive achievements, traditions and strong gender norms (women role, unmarried women, early marriage (13-15), acceptance of violence against women) still persist in remote communities especially among ethnic groups.

Provincial authorities and CCWC have a good understanding of gender. **Gender related activities such as gender awareness or support to victims of gender based violence are included in annual commune investment plans and five-year commune development plans.** There is also good collaboration between village gender focal points and local authorities in reporting and solving gender based violence issues in the community. The provincial committee for women and children promotes collaboration across sectors under the lead of PoWA and **CCWCs have good relations with health centres and VHSGs.** However, CCWC have no specific budget and the collaboration with them can be strengthened. In Stung Treng Province, it was found that having women chiefs of commune helped to mobilise resources to implement gender related activities in the community.

What are we doing about it?

For all vulnerable groups: Roll out attitude training or advocate to Provincial Health Departments (PHDs) and Operational Districts (OD) to implement it through their annual operation plans (AOP). Split modules and provide brief summary sheets. Invite trainers from national level for this training.

Persons with disability	Gender equity
<ul style="list-style-type: none"> • Conduct disability awareness sessions in communities (listening and dialogue groups, clubs). • Involve authorities and VHSG to encourage persons with disability to participate. • Build capacities of Disabled People Organisations to provide information on sexual and reproductive health to persons with disability. • Advocate with PHD and health centres to ensure all health centres provide free of charge service to persons with disability. • Advocate for collection of disaggregated data on disability and ethnicity at health centre level. 	<ul style="list-style-type: none"> • Conduct gender awareness sessions in communities (listening and dialogue groups, clubs). • Specifically target men in activities. Strengthen men’s clubs and consider expanding where there are not. • Address social norms and communicate with parents/elders to address traditional practices. • Involve authorities to encourage men to participate. • Link more with CCWC. Invite them to join PSL activities and continue to advocate CC to put budget for inclusion of gender and disability in their planning.
Ethnic minorities	Unmarried young men and women, teenagers
<ul style="list-style-type: none"> • Continue supporting community based referral mechanisms. • Monitor the use of the BCC package by VHSG. • Continue implementation of listening and dialogue groups and clubs. 	<ul style="list-style-type: none"> • Encourage unmarried women and men to join community groups meeting (listening and dialogue groups, clubs).