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Rapid Assessment

Accessibility to and Availability of Essential Sexual Reproductive and Maternal Health (SRMH) services in Phnom Penh, Kandal and Sihanouk Ville: Experiences during the COVID-19 Lockdown and Travel Restriction

July 2021

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ACRONYM

ANC2	Antenatal Care 2
ANC4	Antenatal Care 4
CPR	Contraceptive Prevalence Rate
FP	Family Planning
GBV	Gender Based Violence
HC	Health Centre
HMIS	Health Management Information System
MCAT	Midwifery Coordination Alliance Team
NH	National Hospital
NMCHC	The National Maternal and Child Health Centre
NRHP	The National Reproductive Health Programme
PHD	Provincial Health Department
PNC	Postnatal Care
PP	Phnom Penh
PPE	Personal Protected Equipment
PSH	Preah Sihanouk Province
RH	Referral Hospital
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SRMH	Sexual Reproductive and Maternal Health
UNFPA	United Nations Population Fund
VAW	Violence Against Women
VHSG	Village Health Support Group

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Preface

With a steadily worsening COVID-19 situation in Cambodia and the continuing upsurge in new cases and deaths in Phnom Penh and other provinces, a growing number of locations were in lockdown and travel restrictions to curb the surge of the infection, noticeably from April to May, 2021.

The National Maternal and Child Health Centre (NMCHC), with technical support from UNFPA, plays a crucial role in supporting public health authorities to respond to the pandemic and determine how to mitigate the impact of COVID-19 on the vulnerable population needing essential Sexual Reproductive and Maternal Health (SRMH) services during COVID-19 pandemic in a variety of healthcare settings. It is therefore a subject of profound critical importance that uninterrupted access to essential SRMH services by the population, in particular the vulnerable groups, continues even during this challenging situation.

Towards this end, there is a need to have a clear picture of the situation in order for the programme interventions to be initiated to mitigate the impact of COVID-19 on access to essential health services by the vulnerable population.

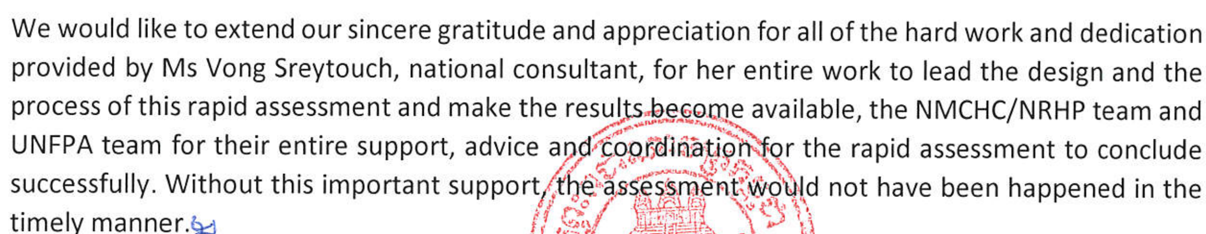
It is against this background that the National Maternal and Child Health Centre (NMCHC) of the Ministry of Health and UNFPA Cambodia Country Office initiated immediate action to conduct a rapid assessment on the impact of COVID-19 on Sexual Reproductive Maternal Health (SRMH) services in provinces with high number of COVID-19 cases such as Phnom Penh, Kandal, Preah Sihanouk, Svay Rieng, Prey Veng, and other provinces as necessary.

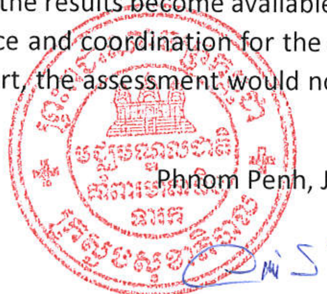
The objectives of the rapid assessment are to:

1. Gather evidence of clients' accessibility of essential SRMNH services including maternity service especially ANC, childbirth and PNC, modern contraceptive for women and adolescents and VAW related health service:
    - to understand the situation of essential SRMH services provision during COVID-19 pandemic and travel restriction (duty bearers), and
    - to understand the accessibility to essential SRMH services during COVID-19 pandemic and travel restriction (rights holders); and

2. Utilise findings for the purposes of strategy and programme modifications to timely respond to the needs of rights holders during this pandemic.

We would like to extend our sincere gratitude and appreciation for all of the hard work and dedication provided by Ms Vong Sreytouch, national consultant, for her entire work to lead the design and the process of this rapid assessment and make the results become available, the NMCHC/NRHP team and UNFPA team for their entire support, advice and coordination for the rapid assessment to conclude successfully. Without this important support, the assessment would not have been happened in the timely manner.





Phnom Penh, July 20th, 2021

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We would like to express our deepest gratitude to institutions and individuals for their cooperation and support to this rapid assessment. Without such commitment and cooperation, the study would not have been accomplished in a timely manner.

We would like to extend our heartfelt thanks to the support of NMCHC leadership, Dr. Kim Rattana, Director of the MNCHC, Dr. Lam Phirum, Manager of the NRHP, and other officers for their guidance and collaboration in providing step-by-step advice through-out the process of the assessment.

We would like to acknowledge the technical and funding support from UNFPA for this timely support and initiative to generate such valuable evidence during this pandemic.

Finally, our sincere thanks go to our respondents who provided us the chance to explore the context and situation of SRMH services under COVID-19 on ground. Special thanks to all the PHD representatives and our frontline health workers in Phnom Penh, Preah Sihanouk Ville, and Kandal provinces who were instrumental and helpful for this rapid assessment. We also wish to thank our service users and community representatives for their cooperation in providing information through-out the process of data collection for the study.

Executive Summary

COVID-19, which is initially known as Coronavirus disease 2019 is a respiratory disease caused by novel coronavirus, namely called "SARS-CoV-2". It was first detected in China in December 2019 and officially announced by WHO as the global pandemic in March 2021. The COVID-19 was first detected in Cambodia in early 2020. COVID-19 hit Cambodia severely in late 2020 and it was announced by the Royal Government of Cambodia as the community outbreak under special event of the "28 November 2020". In early 2021, Cambodia announced for the community outbreak again namely called "20 February Event" because of the severity of the transmission across different parts of Cambodia.

Cambodia has made significant improvements in its sexual reproductive and maternal health (SRMH) as globally recognized for Cambodia's achievements of the SDG 5 by the end of 2015. However, since the community outbreak and lockdown due to COVID-19, the situation of SRMH services is unknown. A few cases of SRMH service disruptions were found on social media, however, there is no documentation to understand the situation of how SRMH services are operated and how uptake of services is undertaken under the COVID-19 pandemic.

The assessment is a joint collaboration of the National Maternal and Child Health Centre (NMCHC) of MoH and UNFPA Cambodia Office. The overall aim of the assessment is to gather evidence from health providers and clients' on the status of utilisation and accessibility of essential SRMH services at public facilities in selected provinces. Below are the three main specific objectives of the assessment:

- To explore the situation of SRMH services under COVID-19
- To understand the accessibility to SRMH services under COVID-19
- To explore feasible potions recommended for enhancing SRMH services under COVID pandemic

The assessment employs qualitative method, using in-depth interviews with key respondents in the three provinces: Phnom Penh, Kandal and Preah Sihanouk. However, results are also triangulated with the basic secondary data analysis, using data of the Health Management Information System (HMIS). 54 in-depth interviews with representatives, health providers, service users, representatives of communities and local authorities in three main provinces were conducted. The telephone interviews were carried out with all types of participants in first week of May (during the lockdown and travel restriction) and the follow up interviews were conducted with respondents in the third week (after the lockdown was lifted) of May and third week of June 2021.

Overall, the observed utilization was decreased under the lockdown period and improved slightly since the lift of the lockdown, but not getting back to normal trend yet. Clients can access to SRMH services under the lockdown with some challenges and majority of them delayed care for *perceived "non-emergency" services* during the lockdown and after the lift of the lockdown.

Though service provision and service uptake seem to operate as usual, both health providers and clients face some challenges under the COVID-19.

Some major challenges faced by health providers are:

- Additional workload: support COVID-19 testing; vaccination and standby at quarantine stations
- Lack of certain items of PPE at health facilities

- Referral systems: A few health workers experienced difficulties in referrals for delivery services. A few other detected conditions of women who came for deliveries and tried to refer women to a higher level of care earlier as the health providers were afraid of complicated cases under the shortage of staff at HCs
- MCAT meetings, supervision and coaching from PHD to midwives at HCs were disrupted since early 2021

Some major challenges faced by clients are:

- Being afraid of infection of COVID-19 and worried of not accepted by public health facilities due to COVID-19
- Perceived less friendly services by health providers
- Difficult to get permission from workplace in accessing care (under the lockdown)

It was reported that the implementation of checkpoints was not a main barrier for access to SRMH services during the lockdown and travel restriction period.

The SRMH services at the health facilities are operated in ***"Business as Usual"*** even under the lockdown period. Most of health facilities thought about being innovative of using other means to maintain the services from disruption of COVID-19. However, only a few of health facilities could manage to provide basic counselling of FP and ANC services through telephone call-ins by regular clients. Most of the facilities maintained their business as usual thought about innovative approaches, including doing outreach services to communities, especially in the lockdown period. However, the ideas met constraints by shortage of health staff to manage the services as most of the workforce at the health facilities were engaged in COVID-19 response.

All health providers, PHD representatives and service users didn't witness any violence case admitted or happened in their communities. However, community representatives, including VHSG and local authorities said they had seen mixed experiences of VAW cases happening in their localities. Health providers and PHD representatives insisted that they were not aware of the VAW cases admitted to health facilities during this COVID-19 lockdown period, but they were not sure if there were VAW cases at the ground as there was no reported cases to health facilities due to the sensitive nature of VAW per se. Some of community representatives claimed that there was no VAW happening in communities, but had heard about arguments between husbands, wives, children and neighbours. However, they didn't perceive this as violence as there was no injury or wound to victims. Other community representatives perceived VAW cases were reduced under the lockdown and after the lift of the lockdown. However, a community representative witnessed verbal violence happened in one household in the community. She witnessed more frequency of the argument with destruction of household equipment in one household. As a result, that household had been already separated. All community representatives mostly related the case of "argument" or violence related to the use of alcohol among male partners even under the lockdown period.

The rapid assessment showed that SRMH services remained open and functioning with some challenges from both supply and demand sides of the health systems. Service uptake faced some declines but remained accessible by women and gradually improved after the lift of the lockdown. However, till the end of June 2021, the overall observation of utilization of SRMH services at public facilities remained lower than before the "20 February" of community outbreak. To maintain the operations of SRMH services under the COVID-19 pandemic, below are some implications

Health system recommendations:

Develop health workforce mitigation plan and support

- The re-assignment of staff to support COVOD -19 should be in consideration to maintain skill mixed, particularly maintaining enough midwives and key personnel at health centres
- Provide enough support to health staff especially those who are in the high risks zones: certain items of PPEs & mental supports
- Consider providing Rapid Test at local HCs especially the facilities that are located in high risk zones.

Referral system

- Set up the protocol of reporting and referring cases under crisis
- Engage relevant stakeholders (local authorities, community representatives and health facilities) to support emergency referral pathway, especially under the lockdown and high risk zones

Programme recommendations:

- Provide orientation and training using the National Guidelines on Ensuring the Continuity of Essential SRMH services during COVID-19 pandemic of the MoH
- Consider option of providing telemedicine in the context of COVID-19
- Consider using VHSG as the channel of community to distribution basic FP services and some basic SRMH information during lockdown or travel restriction
- Provide health education and key messages on ANC, FP, PNC, and other essential services through social media
- Consider outreach activities, home based care for women in high risk zones
- Continue the monitoring and supervision in distance modes to ensure the continuity of SRMH services
- Provide dignity kits to support poor and vulnerable women, very relevant in the current context, including survivors of violence

CONCLUSION

The rapid assessment shows that the SRMH services remain open and functioning with some challenges from both supply and demand sides of the health systems. The challenges of the service provision are mainly around health workforce distribution to support COVID-19 related activities and the lack of supporting materials (certain PPEs) for health workers to be confident to perform their duty under the COVID-19 outbreak, particularly those health workers who are in the red zones. Service uptake faces some declines but remains accessible by women, and gradually improved after the lift of the lockdown. However, till the end of June 2021, the overall observation on the utilization of SRMH services at the public facilities remains lower than before the “20 February” of community outbreak.

The health seeking behavior among women has changed during the lockdown period. Women maintain their accessibility to services through: (1) using the same public HC, (2) changing from one public facility to another, and (3) changing from a private facility to a public health facility. Though women maintain the access to services under the lockdown period, majority of them experience in delay care on services perceived not urgent. The main constraint for the access to SRMH services is all about fears of being infected by COVID-19, and some worry of being not admitted for the health services at the public health facilities.

Global trend found that the VAW/GBV cases have increased under the COVID -19 pandemic. However, this assessment found limited evidence of VAW/GBV cases detected under the health systems and community representatives.

Background

COVID-19, which is initially known as Coronavirus disease 2019, is a respiratory disease caused by novel coronavirus, namely called “SARS-CoV-2”. It was first detected in China in December 2019 [1] and officially announced by WHO as the global pandemic in March 2021 [2]. The COVID-19 was first detected in Cambodia in early 2020. Since then the COVID-19 hit Cambodia in late 2020 and it was announced by the Royal Government of Cambodia as the community outbreak under special event of the “28 November 2020”. In early 2021, Cambodia announced for the community outbreak namely called “20 February Event” because of the severity of the transmission across different parts of Cambodia. By July 19thth, 2021, Cambodia detects more than 67,000 infected case and more 1,100 death cases [3]. Recently, there was an announcing from Ministry of Health on detection of the Delta Varian (B.1.617.2) imported to Cambodia through Cambodian workers from Thailand and the oversea travellers [4].

With the evolving COVID-19 situation in Cambodia and the continuing upsurge in the number of cases in Phnom Penh and other provinces as result of direct and indirect contacts with positive cases, a growing number of locations was locked down and some locations were put under travel restriction from mid – April to May 2021. In an effort to stem the tide of cases and deaths, the RGC imposed the curfew from 8pm to 5am in Phnom Penh, restricted the movement across provinces and on April 27th 2021, the cluster lockdown of locations under red, dark yellow and yellow were imposed in certain locations in Phnom Penh and a few provinces [5] until sometime in May 2021. Lately, the local markets and villages were banned from their operations or put under lockdown.

What are the pressing health problems?

Cambodia has made significant improvements in its sexual reproductive and maternal health (SRMH), as globally recognised for its achievement of MDG 5. Since 2000, the average growth rate of modern contraceptive prevalence rate is 1.5 percent [6]. The Cambodia Health and Demographic Survey 2014 shows progress in delivery by skill birth attendance and institutional deliveries at 89% and 83%, respectively. The percentage of women having at least four pregnancy check-up (ANC4) is 76% and the post-delivery check-up (at least two days after delivery) is 90% [6].

However, since the community outbreak and lockdown due to COVID-19 pandemic, the situation of SRMH services is unknown. A few cases of SRMH service disruptions were found on social media, however, there is no documentation to understand the situation of how SRMH services is operated and how uptake of services is undertaken under the COVID-19 pandemic.

Aim and Objectives

The rapid assessment is undertaken in line with the Government and UNFPA Country Programme Action Plan 2019-2023, under outcome 1 – SRHR, to ensure the continuity of SRMH during COVID-19 pandemic. The overall aim of the assessment is to gather evidence from health providers and clients’ on the status of utilisation and accessibility of essential SRMH services at public facilities. Below are the three main specific objectives of the assessment:

- To explore the situation of SRMH services under COVID-19
- To understand the accessibility to SRMH services under COVID-19

- To explore feasible potions recommended for enhancing SRMH services under COVID pandemic

Methodology

The assessment employs qualitative method, using in-depth interviews with key respondents in three provinces: Phnom Penh, Kandal and Preah Sihanouk. However, results are also triangulated with the basic secondary data analysis, using data of the Health Management Information System (HMIS).

54 in-depth interviews with PHD representatives, health providers, service users, representatives of communities and local authorities in three main provinces were conducted. The telephone interviews were carried out with all types of participants in first week of May (still under lockdown) and the follow up interviews were conducted with a number of respondents in the third week (just after the lift of the lockdown) of May and then in the third week of June 2021.

Table 1: Number of interviews by types of respondents

Type	Round 1	Round 2	Round 3	Total interviews
Provincial MCH Officers	3	3	3	9
Health providers	6	3	6	15
Service users	11	4	5	20
Community rep./local authorities	1	4	5	10
Total/round	**21**	**14**	**19**	**54**

Selection of respondents

In consultation with the NMCHC and UNFPA, the contacts of PHD representatives and health centres were purposively compiled and selected for the phone interviews. Then snowball approach was used to identify service users, who had recent experience in using services at public health facilities, and community representatives in all rounds. To maintain the observations of the utilisation of the public facilities, the same PHD representatives and health providers at the same facilities selected in round 1 were also selected for the interview in round 2 and 3. However, different service users in each round were invited for the interviews.

With the 50% rate of turnover of the call with service users, a total of 15 female service users were managed to be invited for the interviews. They consisted of factory workers, construction workers, house wives, and other types of respondents, including trash collectors and street vendors.

Limitation

As the nature of the assessment is more rapid and in short period of time, some limitations could not be avoided. Firstly, the service users were identified from the registration of the health facilities and then selected for the interviews. This could generate a bit of bias in selection of sample. However, their experiences in accessing care under COVID-19 was an important evidence for some programme

and policy implications. Secondly, the discussions around VAW/GBV topic among with respondents were carried in very subjective manner, where individuals of respondents could perceive violence in different ways. However, the results showed us about the general attitudes and perceptions of health providers and local Cambodians toward what VAW/GBV or violence means and the perceived trend during this pandemic.

Findings

The Secondary Data Analysis

Table below shows the comparison of the essential SRMH service utilisation at the public facilities of the **first quarter** in 3 consecutive years (2019 to 2021) in all provinces and the selected three provinces in Cambodia. Overall, the utilization of SRMH services has declined since the early stage when COVID-19 happened in Cambodia in early 2020 and continues to decrease further in the first quarter of 2021. However, among other essential SRMH services, the delivery by skilled birth attendance and the use of modern contraceptive method (CPR) are still better off as the reduction of these two main services were in the minimum level compared to other services. The delivery by skilled birth attendance and CPR decreased from 19.95 to 19.57 and 19.96 to 19.32 between 2020 and 2021, respectively. Among all services, ANC (ANC2 and ANC4) performed worse than others, since the declare of COVID-19 in 2020 till presence as the service utilization dropped significantly between this period compared to other main services (Table 2).

Table 2: Essential SRMH service utilisation at public facilities Jan-Mar (all provinces)

Indicators	Jan-March 2019	Jan-March 2020	Jan-March 2021
Delivery at health facilities	20.71%	19.49%	18.77%
Delivery by skilled birth attendance	21.40%	19.95%	19.57%
ANC 2	23.35%	25.36%	22.17%
ANC at least 4	18.38%	18.59%	16.07%
CPR – modern method	20.74%	19.96%	19.32%
PNC 1	16.58%	16.12%	14.34%
PNC 2	13.40%	12.45%	10.53%

Table 3: Essential SRMH service utilisation at public facilities Jan-Mar – Kandal province (central)

Indicators	Jan-Mar 2019	Jan-Mar 2020	Jan-Mar 2021
Delivery at health facilities	18.23%	17.13%	17.64%
Delivery by skilled birth attendance	18.74%	17.54%	17.67%
ANC 2	24.84%	31.91%	22.88%
ANC at least 4	19.11%	24.39%	17.20%
CPR – modern method	20.83%	20.82%	19.23%

PNC 1	18.75%	17.43%	15.75%
PNC 2	13.21%	12.25%	11.30%

Table 4: Essential SRMH service utilisation at public facilities Jan-Mar – Preah Sihanouk

Indicators	Jan-Mar 2019	Jan-Mar 2020	Jan-Mar 2021
Delivery at health facilities	25.51%	17.12%	17.87%
Delivery by skilled birth attendance	28.60%	17.13%	17.97%
ANC 2	25.24%	29.52%	25.69%
ANC at least 4	14.77%	17.49%	17.48%
CPR – modern method	17.77%	12.33%	10.33%
PNC 1	25.47%	16.42%	14.71%
PNC 2	12.44%	6.94%	5.42%

Table 5: Essential SRMH service utilisation at public facilities Jan-Mar – Phnom Penh

Indicators	Jan-Mar 2019	Jan-Mar 2020	Jan-Mar 2021
Delivery at health facilities	9.75%	7.01%	6.29%
Delivery by skilled birth attendance	9.75%	7.01%	6.29%
ANC 2	21.84%	22.34%	18.97%
ANC at least 4	15.23%	15.00%	12.69%
CPR – modern method	4.61%	2.08%	2.22%
PNC 1	7.06%	6.51%	6.29%
PNC 2	6.01%	4.72%	4.87%

Table 6 to 9 below show the status of utilisation of main indicators of SRMH services for the **first six months** of the 3 consecutive years. Overall, the utilisation in the first 6 months of 2021 dropped in all major services. However, what seemed to be dropped heavily in the same period, compared the previous years were ANC2 and ANC4. The use of modern contraceptive (CPR-modern method) seemed to be well performed, with a slight decrease in the same period (Table 6). Pleased noted that the data for Jan – June 2021 was generated on 14 July 2021.

Table 6: Essential SRMH service utilisation at public facilities Jan-Jun (all provinces)

Indicators	Jan-Jun 2019	Jan-Jun 2020	Jan-Jun 2021

Delivery at health facilities	40.39%	40.48%	37.22%
Delivery by skilled birth attendance	41.76%	41.20%	38.77%
ANC 2	48.32%	50.91%	43.44%
ANC at least 4	36.76%	37.35%	30.49%
CPR – modern method	20.49%	19.98%	17.90%
PNC 1	32.44%	33.07%	29.06%
PNC 2	26.46%	25.68%	20.38%

Table 7: Essential SRMH service utilisation at public facilities Jan-Jun- Kandal province

Indicators	Jan-Jun 2019	Jan-Jun 2020	Jan-Jun 2021
Delivery at health facilities	36.09%	35.05%	32.24%
Delivery by skilled birth attendance	36.99%	35.62%	32.27%
ANC 2	50.50%	57.29%	43.87%
ANC at least 4	37.85%	43.93%	32.28%
CPR – modern method	20.50%	18.65%	14.75%
PNC 1	36.38%	36.42%	35.33%
PNC 2	26.29%	24.63%	20.74%

Table 8: Essential SRMH service utilisation at public facilities Jan- Jun- Preah Sihanouk

Indicators	Jan-Jun 2019	Jan-Jun 2020	Jan-Jun 2021
Delivery at health facilities	52.07%	44.06%	46.27%
Delivery by skilled birth attendance	58.24%	44.14%	46.57%
ANC 2	55.13%	57.39%	47.53%
ANC at least 4	28.94%	32.34%	30.21%
CPR – modern method	17.68%	14.16%	12.81%
PNC 1	51.95%	38.33%	36.02%
PNC 2	24.97%	17.86%	13.43%

Table 9: Essential SRMH service utilisation at public facilities Jan-Jun– Phnom Penh (the capital city)

Indicators	Jan-Jun 2019	Jan-Jun 2020	Jan-Jun 2021
Delivery at health facilities	19.45%	16.02%	12.63%
Delivery by skilled birth attendance	19.46%	16.02%	12.63%
ANC 2	44.76%	42.74%	31.51%
ANC at least 4	28.83%	28.61%	20.53%
CPR – modern method	3.34%	2.45%	1.95%
PNC 1	14.41%	15.34%	10.86%
PNC 2	24.97%	17.86%	13.43%

Results of Qualitative Interviews

Observation from health providers

Overall, almost all PHD representatives and health providers in the 3 locations (Phnom Penh, Kandal, and Preah Sihanouk) observed the less use of SRMH services at their public facilities, particularly since the community outbreak happened in February 2021. The decreases were seen almost all four main key services (ANC, Delivery, PNC, and FP). Compared to the status of COVID, HCs located in red zones in Phnom Penh during the lockdown seemed to have less uses of services, while utilisation of services in other HCs outside of the red zones seemed to be less impact. However, it seemed that the utilisation of SRMH services in PSH was still a bit better than in the other two locations.

- ***Round 1***: Overall, observed decrease in services used at the public facilities, however, Preah Sihanouk seemed to be better compared to Phnom Penh and Kandal provinces.
- ***Round 2***: Overall, slight improvement of utilisation of SRMH services at the public facilities.
- ***Round 3:*** Some very slight increase in service utilisation at the public facilities compared to the recent lift of the lockdown period
- Inconsistent of reduction of different types of essential SRMH services during the lockdown and the recent lift of the lockdown

Reasons for the reduction of SRMH services at the public facilities

The facility and PHD representatives in the areas where utilisation dropped provided a few reasons for the decline of the utilisation at the public facilities as the **reassignment of health workforce to support COVID activities** disrupted some routine work at HCs; **some HCs were dedicated as COVID-19 vaccination and quarantine sites**; **users don't wish to come for services**; some **constraints of the lockdown and travel issues**.

A few PHD representatives identified that the assignment of health staff to support COVID-19 activities, including to support COVID-19 vaccination more or less affected the SRMH and other essential services at the HCs. Because some health facilities are dedicated for vaccination sites with heavy flow of people, thus, those HCs may not accept patients for other services, or if accepted, patients may need to wait longer as a matter of shortage of staff for the HCs. Other health providers justified the reduction of utilisation of services at the public facilities as users don't wish to visit and some could not come to facilities, even they wished to. Some users didn't want to come to the HCs as they were worried of being infected from other patients, while some other users who wished to visit the HCs faced difficulties in traveling as they didn't dare to ask the police at the checkpoints to get through and some other users were in self-quarantine zones.

Among the three locations, the utilisation of the SRMH services in PSH appeared to be about the same level (or slightly decrease). A facility in PSH seemed to have reversed experience with increased service utilisation instead. Both the PHD representative and health providers provided some reasons for the increased use of the services that in the province, the SRMH services seemed to be functioning well as the coverage of COVID-19 was limited, covering only 2 HCs; the closure of private facilities nearby was believed to encourage people to use services more at the public facilities; the fall of the opportunities to go for work under COVID-19 pandemic, made people shift from the private clinics to the public facilities.

While the utilisation of SRMH services seemed to be reduced, the reduction on different types of services is also inconsistent. Some emergency/essential services like deliveries may not be changed much, while the services perceived less urgent like ANC were dropped during the lockdown period.

Reasons for the reduction of SRMH services at the public facilities

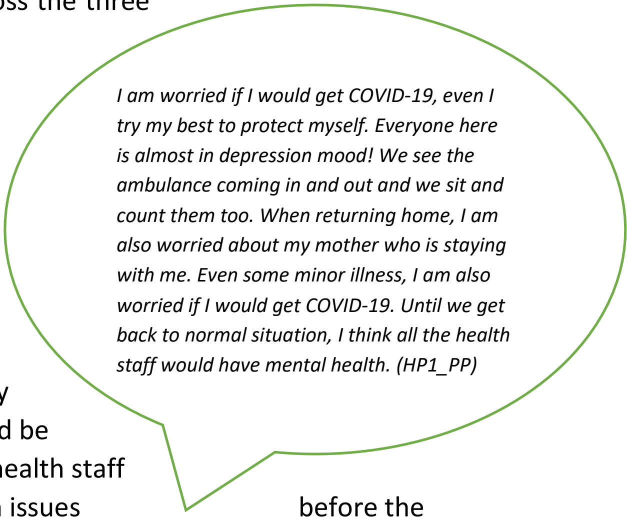
- Re-assign health providers to support COVID-19 activities (vaccination, collection of samples for testing, standby at quarantine sites), which disrupts their routine roles
- Some health facilities are dedicated to COVID-19 services (vaccination, treatment and quarantine stations)
- Users don't wish to come for services as matter of being scared of infection from the facilities; and
- Some constraints of the travel restriction and the lockdown

Major Challenges in SRMH service provision

Health providers identified some challenges faced when providing SRMH services under COVID situation such as: ***afraid of being infected, additional workload, lack of certain items of PPE*** and ***referral of patients to higher levels of care***. There seems to be similar experience of the health workers across the locations for these challenges. However, it looks like health workers in PP (red and dark yellow zones) and in Kandal province faced more challenges compared to the PSH. Table below summarizes the main challenges faced by health workers across the three locations.

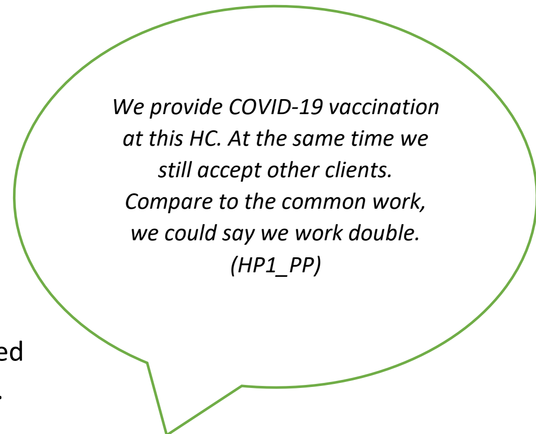
Afraid of being infected by clients

All health providers highlighted their concerns of being infected of COVID-19 as a major concern to perform their roles, especially when they could not detect the clients who came to use services whether they are positive. Health providers were not confident if they are safe even they use certain PPE for their protection. They were also concerned that they could be a main cause for the infection to their family members. They were worried if they were infected there would be no one taking care of their children. Some mentioned that all health staff were worried of being infected and may fall into mental health issues before the phase out of COVID-19 pandemic.



Increased workload

Health providers perceived heavy workload under the COVID-19 pandemic as they have to perform their routine roles at the health facilities, and also support COVID-19 vaccination, collect COVID-19 samples, and stand by at the quarantine stations. Some health providers described the current workload as "double" compared to their routine tasks before. Some other health providers experienced to be on alert and prepared themselves when asked to support COVID-19 if needed.



Lack of certain items of PPE

Commonly, HCs bought masks, glove, alcohol, and some HCs also bought facial shields by using the budget of the HCs. However, there seemed to be unclear evidence of the availability of gown for the HCs to be used. A few HCs insisted to have procured of facial shields (medical proven) and gown to be distributed for midwives to use for deliveries as they perceived as high risk activities to help women in delivery.

Referral systems

Some health providers experienced having difficulties in referring patients for delivery services. A few other providers intended to detect conditions of women who came for delivery and tried to refer women to a higher level of care as early as possible. As some HC staff were re-assigned to support COVID-19 pandemic work, this made remaining staff at HCs to perform their roles to help women in emergency cases and some of them became less confident. Health providers illustrated that they were currently lacking of support from other staff at HCs, so they felt better to refer women in labour as soon as possible to avoid any complications that they could not help on time. The findings show that health providers become less confident to admit the emergency cases or may be more reluctant to admit the delivery cases because they felt lack of enough workforce to support. This could result in more patients being referred as early as possible without properly diagnosis.

> *I don't know where to send patients to, many hospitals are afraid of COVID-patients. Many places rejected patients, especially when having high body temperature a bit. The other [RH] hospitals won't accept the case and ask us to send patients to the National Hospitals (NH). Many HCs in this area face difficulties… since the increases of many positive cases in April. (HP2_Kandal)*
>
> *We detect their conditions earlier, so we request them to go to either RH or NH. If she has many children, never comes here for ANC check-up, and has danger signs that we may not be able to help, we will early refer them to avoid that if anything serious issues happen, we have less staff to help each other. (HP1_PP)*

Responses of HCs for SRMH services under COVID-19

Under the COVID-19 pandemic, the SRMH services at HCs were functioning in typical ways of services operated before the community transmission. Telephone counselling was found to be another option used for some services between health providers and regular clients of the public facilities. A few health providers mentioned that their clients could call in for some discussions and ask about the conditions, particularly for ANC and FP. Other providers seemed to describe work under "Business as Usual" at HCs. Some health providers had thought about doing outreach services in the communities during the COVID outbreak, setting up mobile health posts so that they could offer services closer to women. However, this was constrained by shortage of staff at HCs as some other staff were shifted to support COVID activities.

"Business as Usual"

> *Have not thought about this (other options of providing services) as now there are so much work for us. Most of workforce are distributed to COVID activities only. (HP2_Kandal)*
>
> *No additional services that HCs can do…(HP2_PP)*

"Phone call with regular clients"

> *Client call-ins for FP and ANC services. They asked about symptoms related to pregnancy, ANC and FP and some asked if it is safe to delay ANC check-up. Many clients asked to delay the schedule of ANC check-ups. (HP1_Kandal)*

"Used to discuss but constraint with workforce"

> *We used to discuss at HC that it'd be good to have an outreach service of ANC provided in the villages. E.g. spending a day to go to villages and providing ANC in the villages. But it is constrained by the rotation of staff to stand by at COVID quarantine sites and the travel to the villages, which are far away from the HC location. (HP1_Kandal)*

Support needed to ensure quality SRMH services under COVID-19

Health providers believed that the collaboration between HCs and hospitals for the referral services is important to continue providing essential SRMH services for women; support from local authorities to provide clear messages to communities that they still can get out from their zones for essential SRMH services under the lockdown and report to HCs for any emergency cases. Providing PPE, especially for HCs which are located in the red zones is crucial for them to work under this pandemic.

I would insist for the collaboration on the referral system and RH or PRH to accept the patients. They should continue to refer, not ask us to send patients directly to NH. Whatever condition of patients, please accept the patients first (HP2_Kandal)

It would be good if local authorities like village and commune chiefs can tell villagers that they still can come for ANC check-up at HCs. Some people seems to be not clear if they can come for the services at HCs. (HP1_Kandal)

It'd be good to have more PPE (gown) for delivery unit, especially for the HCs, which are located in the red zones as we are at high risk in helping women to deliver. (HP1_PP)

Experience of using public health services under COVID-19

- Clients can access to SRMH services at the public facilities, but majority of them experienced in delay care during the lockdown.
- Clients maintain the accessibility to SRMH services with some changes of seeking behaviour.
- Clients maintain the use of the public facilities in a recent lift of the lockdown thanks to: no barrier for travel, some private clinics were still closed, afraid being infected at the private clinics.

Users still can access to SRMH services at the public facilities under the lockdown. However, majority of them experienced delay care. For those who could maintain the accessibility to SRMH services at the public facilities, they maintain their use of services through (1) using regular public health facilities (not in restricted or lockdown areas), (2) access to public services but shifting from one public facility to another in a different area, and (3) shift from a private to a public facility. A few reasons given for the change of the facility they used are to avoid overcrowded facilities; can't access to public facility they intended to use due to the lockdown, and the closure of the private facility in their area.

Majority of users who experienced delay care also provided the reasons of the delay such as: could not obtain services from a nearby facility; when visiting a public facility, midwives were not there; was told not to go out by local authorities; scared to be infected if going out; need to prove COVID certificate before can get services (in red zones).

It is difficult to find ANC services as some private clinics are closed and don't accept us and it is difficult to maintain the regular visits at HC (Kandal_user2)

Since the COVID cases increased sharply, I do not dare to go for ANC check-up as I am worried of being infected. My last ANC was in January, and I needed to go for another ANC visit in February but I delayed and just went straight for my delivery only. Then I delayed my PNC again. I left HC a day after I delivered to go to my homeland, then I still have not gone for my PNC. I don't dare to get out as I am afraid of being infected and the village chief also told us not to get out as well. (SHV_user1)

I also delayed my pregnancy check-up because last month I went to HC and there was no midwife, only a male staff. So I need to go back again in 3 days later to have my pregnancy checked. (Kandal_user3)

Challenge in access to services by users

When asking about the users' experience of challenges in getting SRMH services under the lockdown of COVID-19, more stories are about worries of being infected of COVID-19 from both health providers and other service users at the public health facilities. Other challenges they face are that health staff won't accept the cases (experiences from social media), difficult to get permission from workplace to get out (afraid to bring back COVID-19 to co-workers); perceived less friendly services from health providers as they were not able to spend much time asking for their health conditions with health providers like before.

- The stories are all about being scared of infection from health providers and other clients
- Concerns of health providers won't admit them for health services
- Difficult to get permission from workplace for basic services, like ANC
- Perceived less friendly services from health providers

Interestingly, users did not perceive that the checkpoints under the lockdown were the constraints for them to access SRMH services. They mentioned that they showed the supporting document for ANC to police at checkpoints and they were allowed to get through to HC.

I started leaving home for delivery at HC, but I felt afraid of the heath centre staff would not help me and keep sending me to other places as seen in the Facebook posts. When we arrived at the HC, health staff did not want to give birth to me. They wanted to send me to the hospital because they were afraid we were positive with COVID-19, but because they saw me with my husband and had another child, the health staff asked us to measure temperature…so, and we could stay for delivery at this HC. (PP_user2)

Health staff seems to be not as friendly as before. The midwife don't measure my womb, I think they are worried about being infected from us. Their services are quick, I can't even ask more about the results of my check up like before. The time spent is very short! (SHV_user1)

Preference of SRMH services to be convenient under the COVID-19 lockdown

Majority of the service users perceived that providing some SRMH services at home and providing options for telephone counselling would benefit them under the COVID-19 pandemic. They claimed that this would reduce their challenges or difficulties to get out using services at public facilities under the crowded situation and other constraints like the lockdown or travel restriction. A few service users also insisted to have some health education for pregnant women through social media like Facebook and YouTube and other digital platforms.

I wish health staff could provide post-delivery care and FP for me at home if the lockdown will continue. Now it is so hard even to get a private provider in the village to come for injection at home after my delivery (PP_user2)

Health staff should provide services at home or telephone consultations. If they block the roads, I still can contact the health staff about my contraceptive methods needs. (Kandal_user4)

One should provide information on Facebook or Youtube about simple ways to take care our health during pregnancy, etc…(Kandal_user1)

Observed GBV cases under COVID-19

All PHD representatives, health providers and VHSGs and majority of local authorities and service users didn't witness with any VAW/GBV cases, admitted to the public facilities or had heard about the cases in the communities, where they belong to. Most of the community representatives and local authorities said there was no violence case happening in their communities but shared experience of having heard some arguments between husband and wife; and some arguments with neighbours. They insisted that these arguments were not violence as there was no injury or wound involved. However, a local authority witness with a specific case of argument between husband and wife in one household in her village and the argument had become more often for that household during the COVID-19.

PHD representatives and health providers at local health facilities insisted that there was no case of violence admitted to their facilities during the COVID-19 outbreak. They provided a few reasons for the claim of not having seen any violence case admitted to their facilities such as:

- Not sure if any violence cases have happened or not having reported or referral cases from communities to the public health facilities
- The lockdown of COVID-19 is short and may not have significant impacts on violence
- Culture and livelihood of people in rural communities, which was not hit strongly by COVID-19

All the VHSGs, majority of the local authorities, and service users claimed that there was no case of VAW/GBV in their communities. Common reasons given by them are as follows:

- People are worried about food in hard time more than having problems with other people,
- The patrol of local authorities everywhere under the lockdown makes villagers "well behaved" and dare not commit violence
- Restriction of no drinking, no gathering in the village makes no violence case happen

I never heard about violence case happened since the lockdown. I think people are more worried about food to eat than having violence (VHSG3_PP)

There is no VAW/GBV case. During the lockdown, the local authorities and police are patrolling around. There is no drinking in group, so there is no violence or argument between husband and wife. No one dares to commit the violence during this lockdown, as Prochea Kapea Phum (village guards) and police are moving around. So there is no drinking, no gambling, so there is no violence in my village. (VHSG4_Kandal)

There is no case, not sure if we have cases or we don't have anyone reporting to us. I think, it is a short period of lockdown and the coverage of COVID-19 is small in this province so I don't think we could find case or any increased cases. (PHD2)

There is no VAW/GBV case! In general, for any VAW/GBV case we ask them to go to HC but we don't see them coming. Unless victims have something related to health services, they would come to HC. If not, they would go to the local authorities. This is still a habit or culture of people in the communities. (PHD3)

There is no VAW/GBV case admitted or reported to HC during the lockdown of COVID-19. Mostly, people in rural areas rely on farming, so COVID doesn't impact their livelihood much. (HP1_Kandal)

However, a local authority perceived that there seems to be an increase of violence in her village during this lockdown period. She insisted that most of the violence happened because of the alcohol used by males during the lockdown period and after the lockdown due to no job. Though there were some restrictions of drinking and gathering together during the lockdown, there were some males in the neighbourhood drinking together and this seemed to be the root cause of violence. As mentioned by a local authority in Kandal province that:

Argument seems to increase more as I observe. A few families start having problem during this COVID-19 period. I think people can't earn much and men keep drinking and they argue with their wives. I think the impact of livelihood, people earn less so they argument. But the main reason is that men still keep drinking together as they don't go out for work. Then they always argue with their family and kids.

There are 3 families having argument! I never see them having argument before COVID-19 but I think they have a lot argument during this COVID situation. Those are families, whose husbands drink together. All their wives have argument with their husband as they could not earn much during this COVID-19, but the husbands still keep spending money on drinking. One family among the three already separated now. They didn't have physical harm but they throw away the household equipment. I think this is because of COVID, as they don't work and they keep drinking in group.

There is no physical violence, mostly there are arguments between husbands, wives, parents, and children as well…

Summary Findings from the Three Rounds

Overall, the utilization of SRMH services was decreased under the lockdown period and improved slightly since the lift of the lockdown, but not getting back to normal trend.

- ***Round 1***: Observed decrease in the utilization of SRMH services at the public facilities, however, Preah Sihanouk seems to be better compared to the other two locations (Phnom Penh and Kandal)
- ***Round 2***: Observed a slight increase of utilisation of SRMH services at the public facilities but not much different as it was in recent lift of the lockdown
- ***Round 3:*** Observed some slight changes of utilisation of SRMH services at the public facilities, compared to the recent lift of the lockdown period.

Clients can still access to SRMH services under the lockdown period with some challenges. Majority of them delay care for *perceived "non-emergency" services.*

- ***Round 1***: Clients can access to SRMH services at the public facilities, but majority of them experienced in some delay of care
- ***Round 2***: Some users get back to services after the lift of the lockdown and some experience some delay of care during the lockdown. Some get back to services normally.
- ***Round 3***: Most of users get back to the services at the public facilities after experience of delay care during the lockdown.

Conclusion

The rapid assessment shows that the SRMH services remain open and functioning with some challenges from both supply and demand sides of the health systems. The challenges of the service provision are mainly around health workforce distribution to support COVID-19 related activities and the lack of supporting materials (certain PPEs) for health workers to be confident to perform their duty under the COVID-19 outbreak, particularly those health workers who are in the red zones. Service

uptake faces some declines but remains accessible by women, and gradually improved after the lift of the lockdown. However, till the end of June 2021, the overall observation on the utilization of SRMH services at the public facilities remains lower than before the “20 February” of community outbreak.

The health seeking behavior among women has changed during the lockdown period. Women maintain their accessibility to services through: (1) using the same public HC, (2) changing from one public facility to another, and (3) changing from a private facility to a public health facility. Though women maintain the access to services under the lockdown period, majority of them experience in delay care on services perceived not urgent. The main constraint for the access to SRMH services is all about fears of being infected by COVID-19, and some worry of being not admitted for the health services at the public health facilities.

Global trend found that the VAW/GBV cases have increased under the COVID -19 pandemic. However, this assessment found limited evidence of VAW/GBV cases detected under the health systems and community representatives.

Policy implication for SRMH continuity under COVID-19

Below are the key elements for some policy implication in order to ensure the continuity of essential SRMH services under COVID-19:

Health system recommendations:

Develop health workforce mitigation plan and support

- The re-assignment of staff to support COVOD -19 should be in consideration to maintain skill mixed, particularly maintaining enough midwives and key personnel at health centres
- Provide enough support to health staff especially those who are in the high risk zones: certain items of PPEs & mental support
- Consider providing Rapid Tests to HCs, especially the facilities that are located in high risk zones.

Referral systems

- Set up the protocol of reporting and referring cases under COVID-19 pandemic
- Engage relevant stakeholders (local authorities, community representatives, and health facilities) to support emergency referral pathway, especially under the lockdown and in high risk zones

Programme recommendations:

- Provide orientation and training using the National Guidelines on Ensuring the Continuity of Essential SRMH services during COVID-19 pandemic of the MoH
- Consider option of providing telemedicine in the context of COVID-19
- Consider using VHSGs as the channel of community to distribution basic FP services and some basic SRMH information during lockdown or travel restriction
- Provide health education and key messages on ANC, FP, PNC, and other essential services through social media
- Consider outreach activities, home based care for women in high risk zones
- Continue the monitoring and supervision in distance modes to ensure the continuity of SRMH services
- Provide dignity kits to support poor and vulnerable women, very relevant in the current context, including survivors of VAW/GBV

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Annex 1: Interview guide

Interview Guide for PHD/MCH representatives
Rapid Assessment of essential SRMH Services under Convid-19 in Cambodia

Rapid Assessment Goal: Gather evidence of clients' accessibility of essential SRMH services including maternity service especially ANC, childbirth and PNC, modern contraceptive for women and adolescents and VAW related health service **Rapid Assessment Objectives:** **Objective 1.** To under the situation of SRMH service under COVID-19 **Objective 2.** To understand accessibility of SRMH service under COVID-19 **Objective 3.** To

PHD/PROVINCIAL MCH

Assessment Objective 1 &3. Collect information on the service providers' perception on current status of utilisation of essential SRMH services at public facilities, including understanding the barriers in providing essential SRMH services under the COVID-19 outbreak and explore recommendations on what would be useful to them to ensure the continuity of service provision

Demographic Information

Name	
Age	
Gender	
Professional discipline	☐ **Midwife** ☐Nurse ☐Medical Doctor ☐Others (specify)_____________
Current position	
Working station	

I. Situation of SRMH service under COVID-19

1. Has the utilisation of SRMH services in this province changed/unchanged? Any different before COVID-19?

☐ Increase ☐ Decrease ☐ About the same ☐ Don't know

2. What are the services that seem to be functioning well and not functioning well under COVID-19? Why? (FP, ANC, EmONC/delivery, PNC, PMCTC, STI/HIV/GBV)

Service functioning well: **Reasons:** **Service not functioning well:** **Reasons**

3. What are your main challenges in provision of essential SRMH services for women during COVID-19 pandemic in this province?

(PPE, medical supplies, workload, disruption of reporting, challenges in referral system, coordination among facility and management team…)

4. Do you observe any changes in service provision at the public and private facilities in your area under this COVID-19 situation? (opening hours, access to 24 hours, availability of health staff, availability of service and drug…)

II. Explore Feasible options of SRMH services under COVID-19

5. What has been doing to respond to the SRMH services for community under COVID-19? *(Tele-consultation/counselling, mobile clinic, outreach, home visit…)*

6. If the situation is prolonged, what kind of supports do you need to ensure service provision of a quality SRMH services for women during the COVID-19?

7. Any other comments:

Interview Guide for <u>Health Providers</u>

Rapid Assessment of essential SRMH Services under Convid-19 in Cambodia

Rapid Assessment Goal: Gather evidence of clients' accessibility of essential SRMH services including maternity service especially ANC, childbirth and PNC, modern contraceptive for women and adolescents and VAW related health service **Rapid Assessment Objectives:** **Objective 1.** To under the situation of SRMH service provision under COVID-19 **Objective 2.** To understand accessibility of SRMH service under COVID-19 **Objective 3.** To explore feasible options to enhance SRMH service under COVID-19

HEALTH PROVIDERS

Assessment Objective 1 &3. Collect information on the service providers' perception on current status of utilisation of SRMH at public facility, including understanding the barriers in providing SRHM service under the COVID-19 outbreak and explore recommendations on what would be useful to them to ensure the continuity of service provision

Demographic Information

Name	
Age	
Gender	
Professional discipline	☐ **Midwife** ☐Nurse ☐Medical Doctor ☐Others (specify)_____________
Current position	
Working station	**HC:** **OD:** **Province:**

I. Situation of SRMH service under COVID-19

1. Has the utilisation of SRMH services in this facility changed/unchanged? Any different before COVID-19?

☐ Increase ☐ Decrease ☐ About the same ☐ Don't know

2. What are the services that seem to be functioning well and not functioning well at your facility for the past 3 months? Why? (FP, ANC, EmONC/delivery, PNC, PMCTC, STI/HIV/GBV)

Service functioning well:

Reasons:

Service not functioning well/most disrupted services:

Reasons

3. Who are common clients coming for services under this situation? Who are missing? Why?
(youth, pregnant women, EW, HIV patient…)

4. What is your main challenges in provision of SRMH services for women during COVID-19 pandemic?

(PPE, medical supplies, workload, disrupted referral system…)

II. Explore Feasible options of SRMH Services under COVID-19

5. What has facility been doing to respond to the SRMH service needs under COVID-19?
(Tele-consultation/counselling, mobile clinic, outreach, home visit…)

6. What kind of supports do you need to provide a quality SRMH services for women during the COVID-19?

7. Any other comments:

Interview Guide for <u>Service Users</u>
Rapid Assessment of essential SRMH Services under Convid-19 in Cambodia

Rapid Assessment Goal: Gather evidence of clients' accessibility of essential SRMH services including maternity service especially ANC, childbirth and PNC, modern contraceptive for women and adolescents and VAW related health service **Rapid Assessment Objectives:** **Objective 1.** To under the situation of SRMH service provision under COVID-19 **Objective 2.** To understand accessibility of SRMH service under COVID-19 **Objective 3.** To explore feasible options to enhance SRMH service under COVID-19

SERVICE USERS

Assessment Objective 2 & 3. To understand the current accessibility of users to essential SRMH services, including understanding the barriers in access to essential SRMH services under the COVID-19 outbreak and explore recommendations on the enablers for them to continue access to SRMH under the pandemic

Service Focus

☐ Family Planning ☐ ANC ☐ Delivery

☐ PNC ☐ PMTCT ☐ STI/HIV

Demographic Information

Name	
Age	
Gender	
Marital status	
Number of children	
Education	
Occupation	
Address	
Status of COVID lockdown	☐ **Red zone** ☐ **Lockdown** ☐ **Peripheral boundary with Phnom Penh**

I. Access to SRMH services under COVID-19

1. Please tell me about your experience in using [service] at public facility under COVID-19 period

<table>
<tr><td>1.1 When did you use the service?

1.2 What service? (FP, ANC, EmONC/delivery, PNC, PMCTC, STI/HIV)

1.3 What is the reason you used the service?

1.4 Was the health facility doing any of the following hand washing? use of sanitizers? Measuring the temperatures? Any Others things that you have observed that are different during the non-COVID times?</td></tr>
</table>

2. Did you go to any other facility before you obtain [service] in this public facility?

<table>
<tr><td>2.1 Where? (public vs. private/non-medical sector)

2.2 What service? (FP, ANC, EmONC/delivery, PNC, PMCTC, STI/HIV)

2.3 What are the reasons you went to the facility?</td></tr>
</table>

3. Has the use of your [service] at public facility changed/unchanged under the Coivd-19? Why?

<table>
<tr><td>Are you going more times or less times?</td></tr>
</table>

4. Has you ever experienced of not getting [service] you want or delay seeking [service] under the COVID-19?

☐ Can't get [service] ☐ Delay seeking [service] ☐ Never

Why?

5. What are essential SRMH services that you need most under COVID-19?
(FP, ANC, EmONC/delivery, PNC, PMCTC, STI/HIV)

Service:

6. What are your main challenges in getting the [service] during COVID-19 pandemic? 4. What do you most concern when you need to get the [service] at public facility during COVID-19 pandemic? (concern of being infected from HWs and other clients)

1. 2. 3.

7. How do you prefer to have the [service] more convenient for you if the COVID-19 prolong?
(Tele-consultation/counselling, mobile clinic, outreach, home visit…)

8. What support do you need to help you to access to [service] at public facility under COVID-19?

9. Any other comments:

Interview Guide for VHSG/Villagers

Rapid Assessment of essential SRMH Services under Convid-19 in Cambodia

Rapid Assessment Goal: Gather evidence of clients' accessibility of essential SRMH services including maternity service especially ANC, childbirth and PNC, modern contraceptive for women and adolescents and VAW related health service **Rapid Assessment Objectives:** **Objective 1.** To under the situation of SRMH service provision under COVID-19 **Objective 2.** To understand accessibility of SRMH service under COVID-19 **Objective 3.** To explore feasible options to enhance SRMH service under COVID-19

COMMUNITY REPRESENTATIVE

Assessment Objective 2 & 3. To understand the current accessibility of users to essential SRMH services, including understanding the barriers in access to essential SRMH services under the COVID-19 outbreak and explore recommendations on the enablers for them to continue access to essential SRMH services under the pandemic

Demographic Information

Name	
Age	
Gender	
Marital status	
Education	
Occupation	
Address	
Status of COVID lockdown	☐ **Red zone** ☐ **Lockdown** ☐ **Peripheral boundary with Phnom Penh**

I. Access to SRMH services under COVID-19

1. Please tell me about situation of women accessing to essential SRMH services under COVID-19 period

1.1 Where are they common go (public vs. private/non-medical)?

1.2 What are the common services they go for? **(FP, ANC, Delivery, PNC, PMCTC, STI/HIV/GBV)**

1.3 Why do they go to that facility?

2. Has the utilisation of SRMH services at public facilities changed/unchanged among women under the Coivd-19? How it changed? More less or more often?

☐ More often ☐ Less often ☐ About the same ☐ Don't know

3. What is the reason of changes?

1

2

3

4. What do you think are the service most needed for women under COVID-19?
(FP, ANC, EmONC, PNC, PMCTC, STI/HIV/GBV)

5. Do women in this village experienced of not getting [service] she wants or delay care under the COVID-19?

☐ Can't get [service] ☐ Delay seeking [service] ☐ Never

Why?

6. What are the main challenges for women in getting the essential SRMH services during COVID-19 pandemic? What would be the most concern for women when they need to get the essential SRMH services during COVID-19 pandemic?

7. What the nearby health centre should do to keep the essential SRMH services possible to be reached by women under the COVID-19 prolong?
(Tele-consultation/counselling, mobile clinic, outreach, home visit…)

8. Do you observe any changes in service provision at the public and private facilities in your area under this COVID-19?

9. Any other comments: