



# COMMUNITY ENGAGEMENT AND OUTREACH FOR MCH AND PHC

CELEBRATION  
OF MCH DAY   
21 FEB 2024

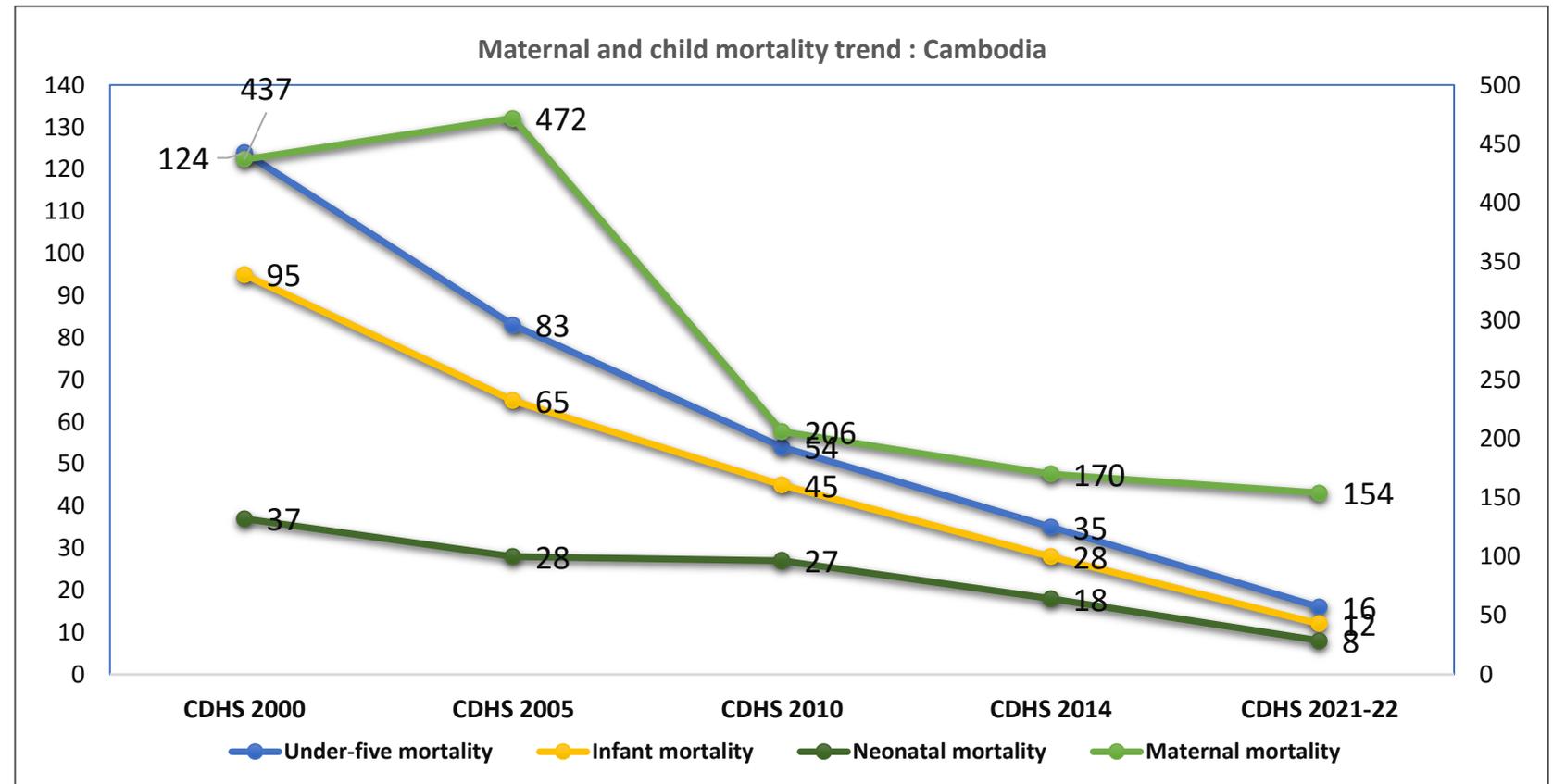
# PRESENTATION OUTLINE

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- **Maternal and Child Health Progress and Performance of Key Health Interventions**
- **Importance of Outreach service delivery and Community Engagement**
- **Learnings from Outreach and Community Engagement**
- **Challenges, opportunities and Way Forward**

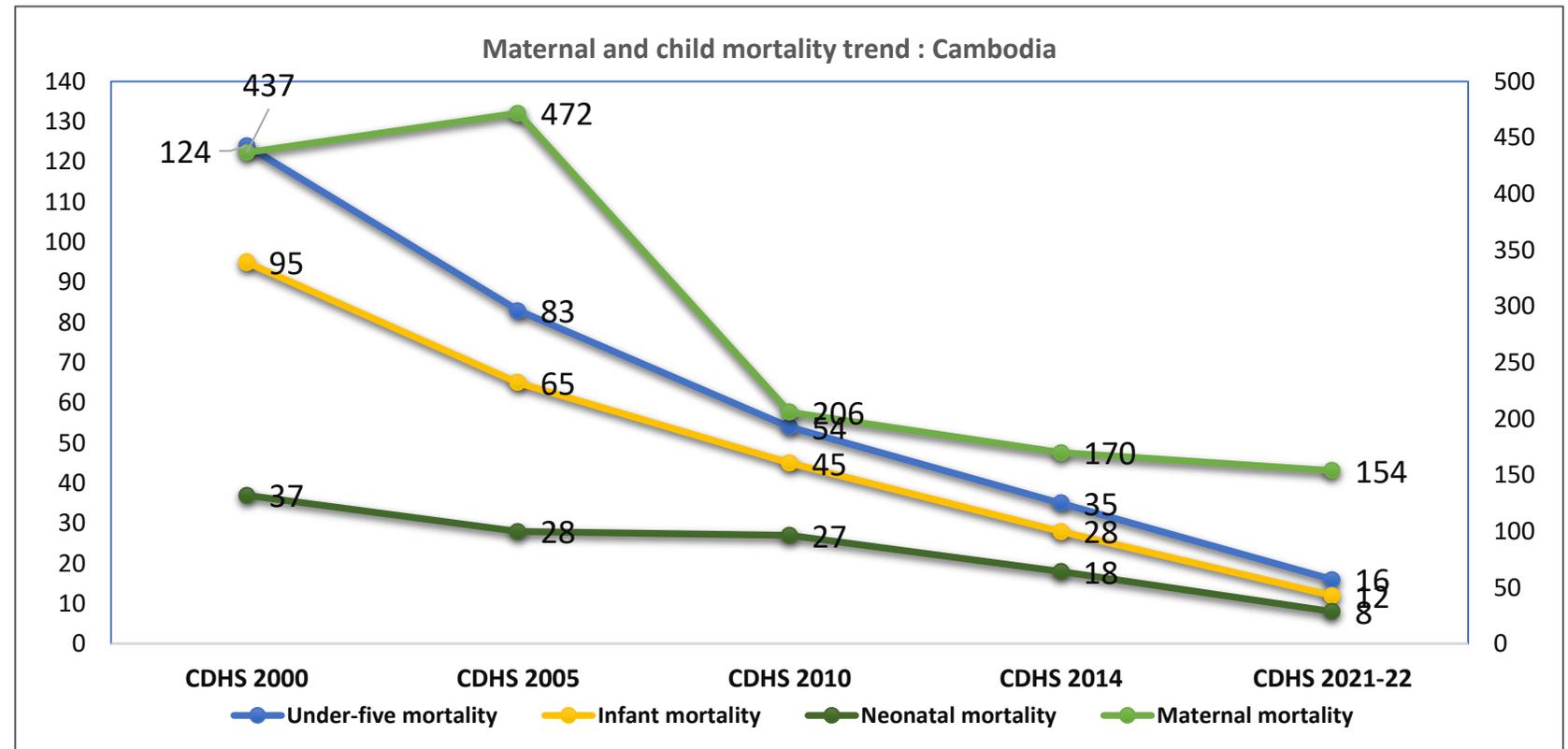


# OVERVIEW OF THE SITUATION OF CHILDREN'S SURVIVAL AND WELL-BEING IN CAMBODIA



- Substantial gains in the reduction of child under 5 mortality (decreasing from 124 to 16 deaths/1,000 live births), infant mortality (from 95 to 12 deaths/1,000 live births), and neonatal mortality (from 37 to 8 deaths/1,000 live births)
- Substantial reduction in childhood stunting from 34% to 22%

# OVERVIEW OF THE SITUATION OF CHILDREN'S SURVIVAL AND WELL-BEING IN CAMBODIA (CON)

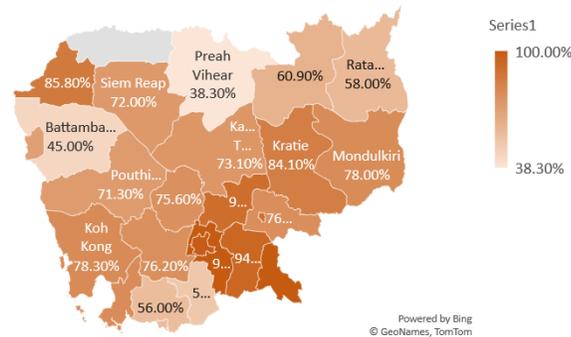


- Maternal mortality only **slightly declined** from 170 to 154/100,000 live births
- Teenage **pregnancy** rates still high among certain populations
- Disparities across wealth quintiles, age groups, and geographic regions still exist for many maternal and child health and nutrition outcomes. Northeast provinces still behind in terms of coverage of essential maternal and child health services



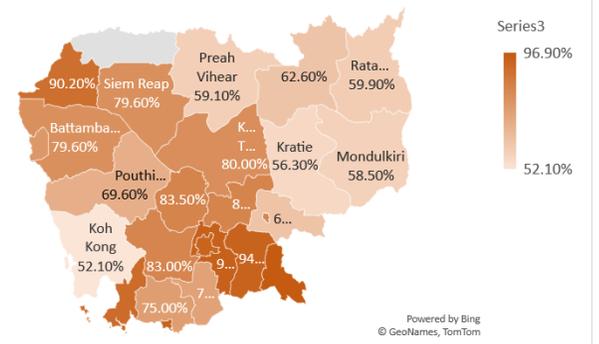
# SUBNATIONAL DISPARITIES: IMMUNIZATION, MNCH, NUTRITION (CDHS 2021) (CON)

% of population using basic water supply services



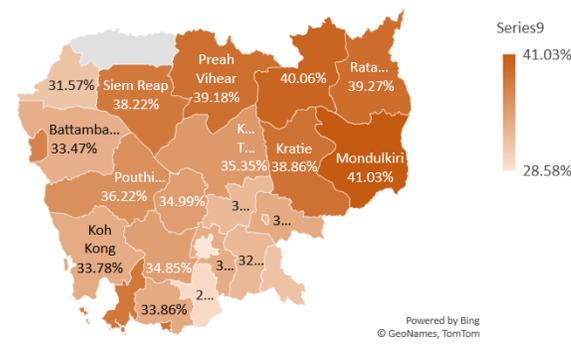
**BASIC WATER SUPPLY:70%**

% of households with basic sanitation



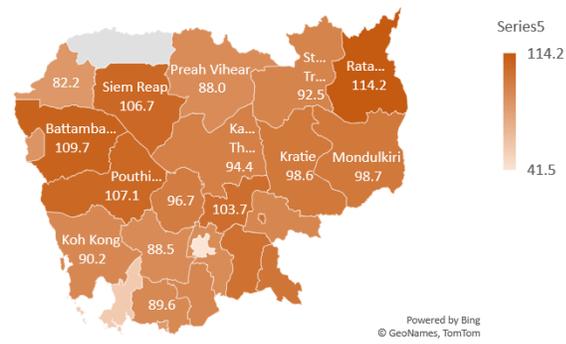
**BASIC SANITATION:75%**

ID poor %



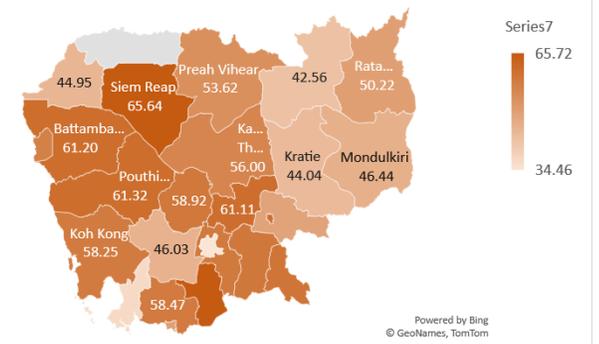
**ID POOR:35%**

Completion rate in primary Education



**PRIMARY EDUCATION COMPLETION:87%**

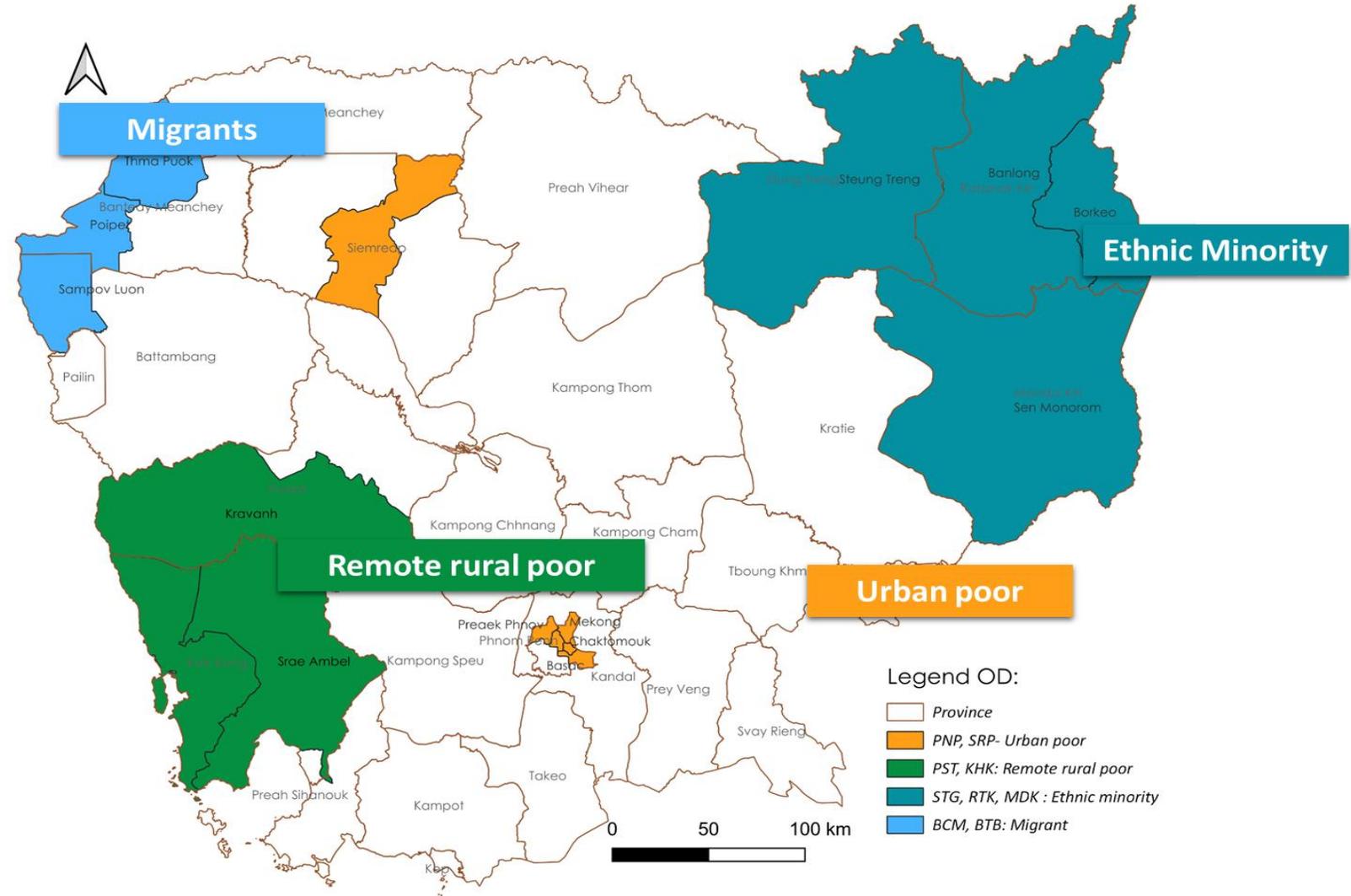
Completion rate in Lower Secondary Education



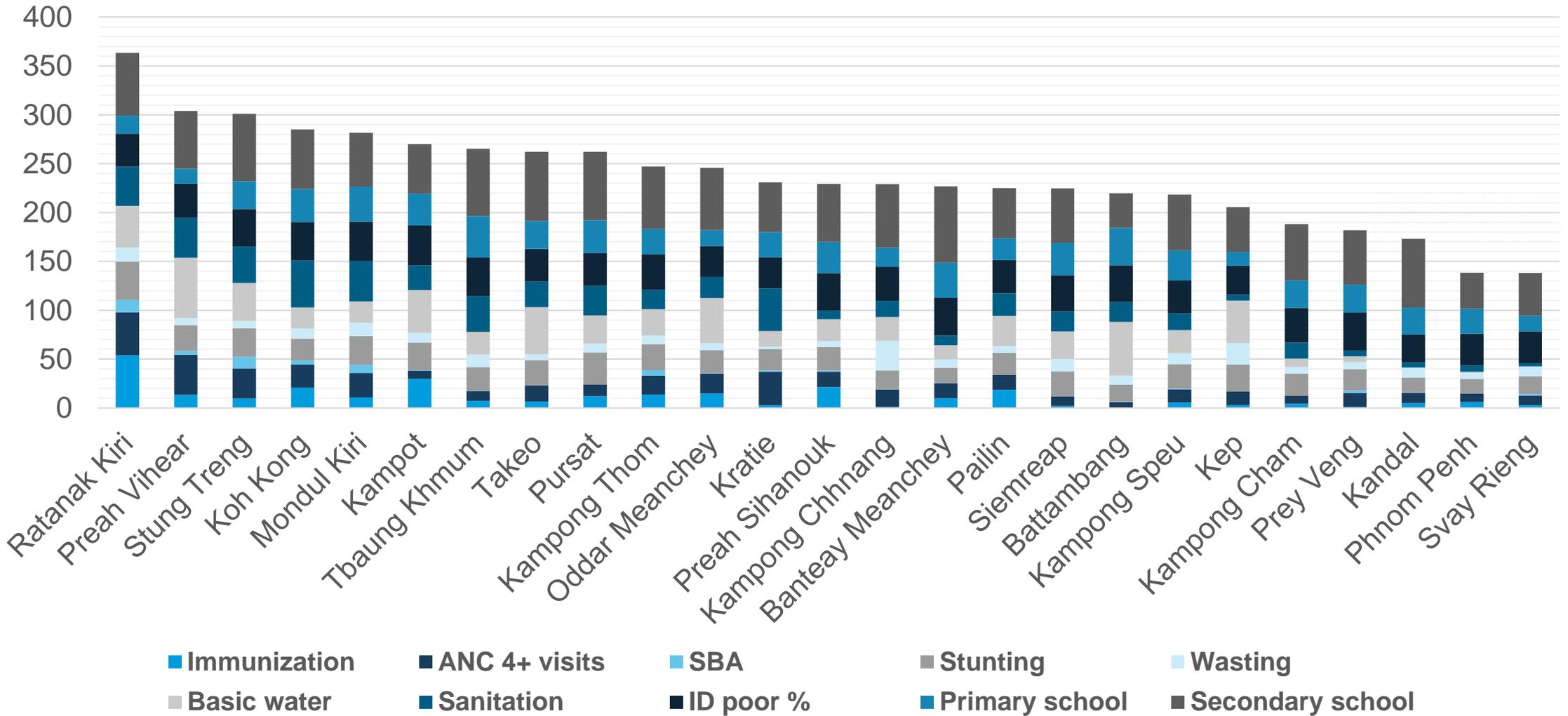
**LOWER SECONDARY COMPLETION:53%**

# SUBNATIONAL DISPARITIES: IMMUNIZATION, MNCH, NUTRITION (CDHS 2021)

17 OPERATION DISTRICTS WITH HIGH ZERO DOSE CHILDREN AND MISSED COMMUNITIES



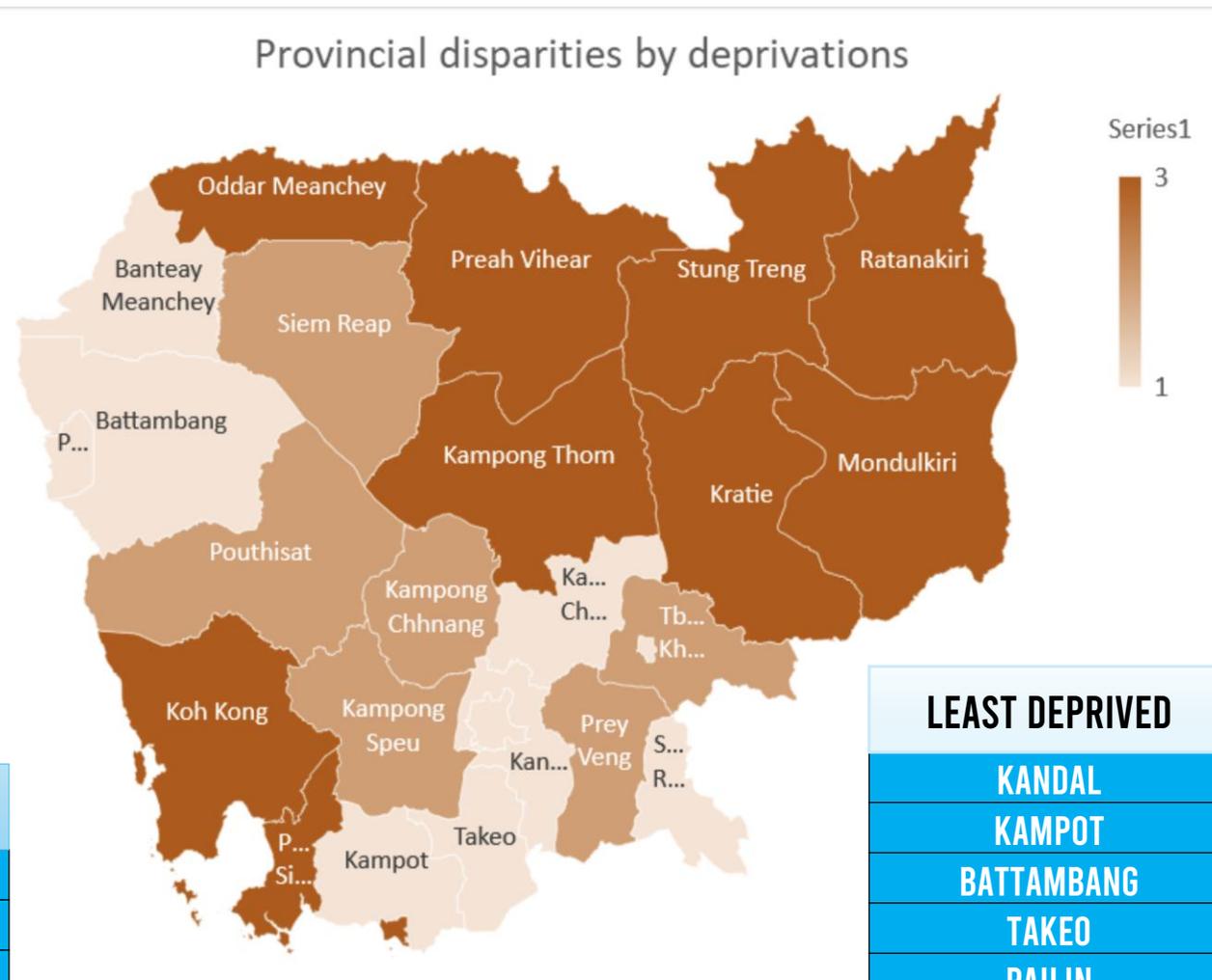
# Deprivation of essential services by province 2021-22



# SUBNATIONAL DISPARITIES: IMMUNIZATION, MNCH, NUTRITION (CDHS 2021)

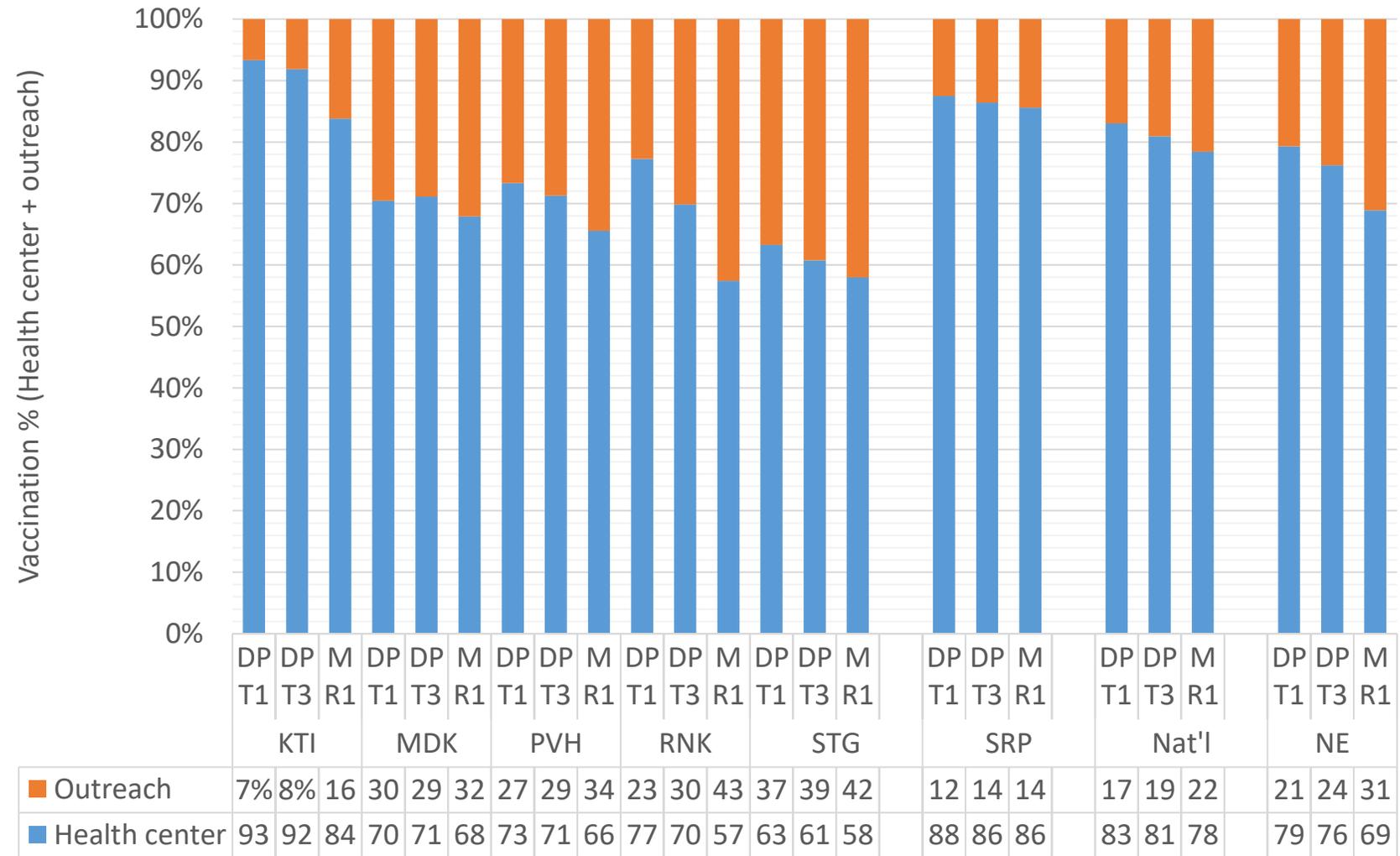
MOST DEPRIVED
RATANAK KIRI
MONDUL KIRI
STUNG TRENG
PREAH SIHANOUK
KOH KONG
KAMPONG THOM
ODDAR MEANCHEY
KRATIÉ
PREAH VIHEAR

MODERATELY DEPRIVED
SIEM REAP
PURSAT
KEP
KAMPONG SPEU
TBOUNG KHMUM
PREY VENG
KAMPONG CHHNANG



LEAST DEPRIVED
KANDAL
KAMPOT
BATTAMBANG
TAKEO
PAILIN
BANTEAY MEANCHEY
SVAY RIENG
KAMPONG CHAM
PHNOM PENH

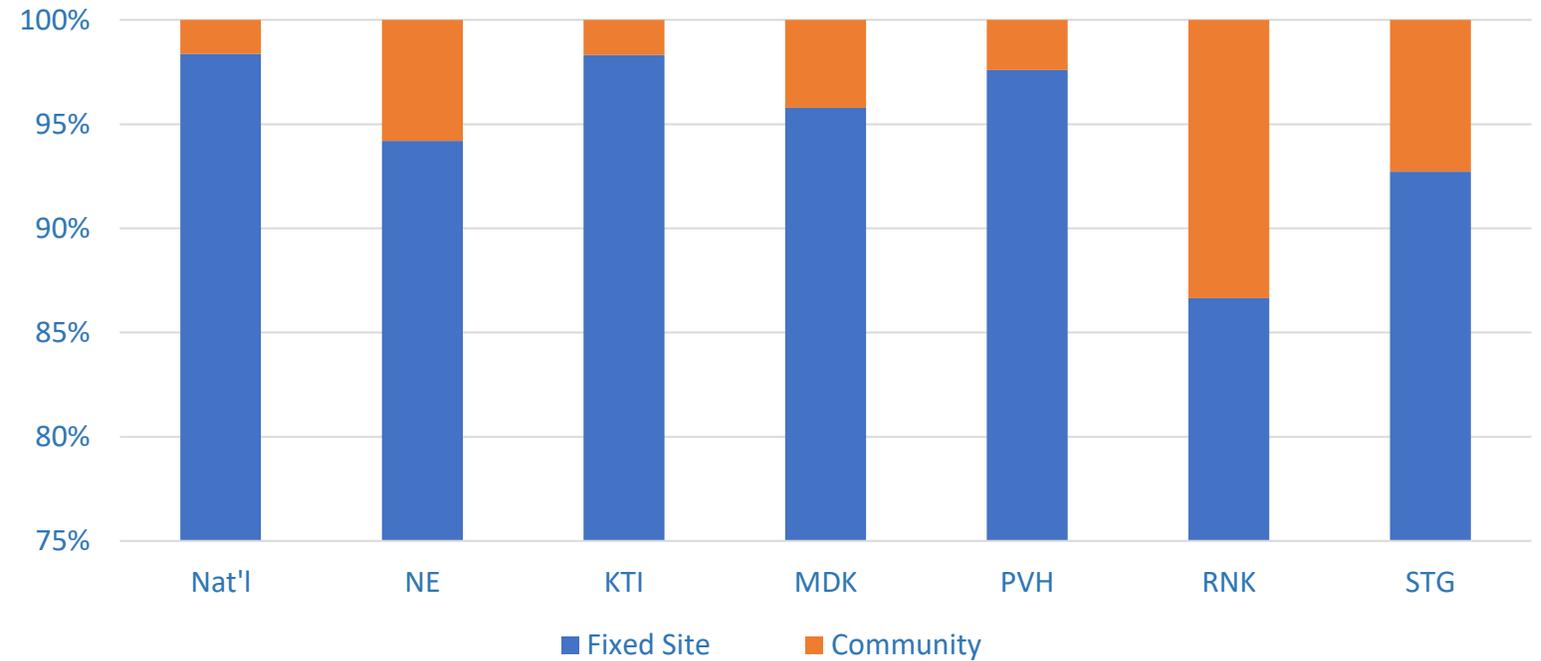
# PROPORTIONS OF VACCINATIONS DELIVERED AT HC & OUTREACH



# ANC AND PNC COVERAGE 2023



**% OF ANC-4 BY SERVICE DELIVERY APPROACHES  
(FIXED SITE COMPARED TO COMMUNITY OUTREACH)**

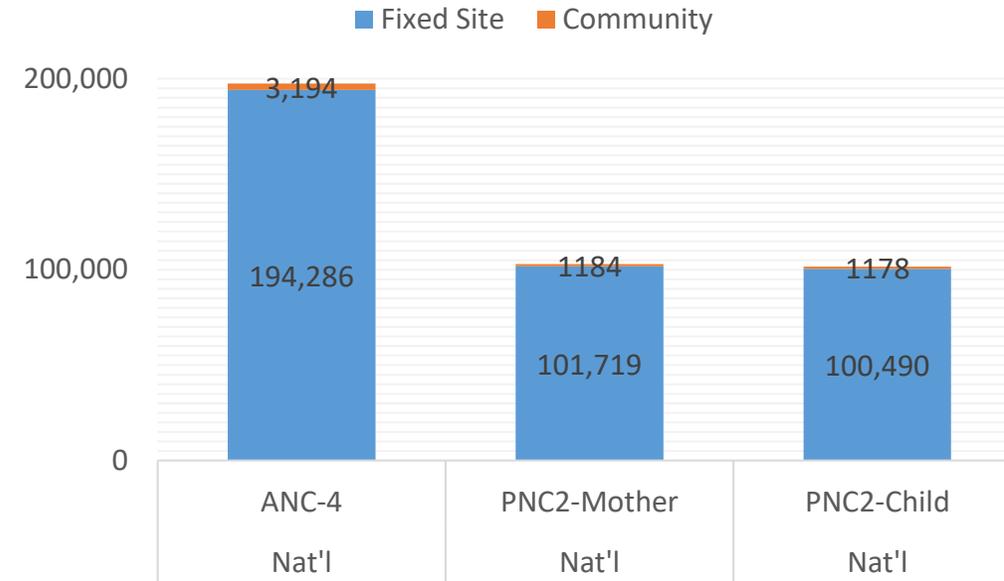


- ❑ ANC-4 coverage mainly takes place at the facility level
- ❑ Community outreach proportion ranges from 1 to 13%.
- ❑ Northeast province is 6%

Source: HMIS 2023

# ANC AND PNC COVERAGE 2023

## # ANC4, PNC2 FOR MOTHERS AND INFANTS: AT HEALTH CENTER AND AT COMMUNITY



Source: HMIS 2023



- ANC4 coverage as per HMIS around 200,000 pregnant women
- PNC 2 for mothers and infants is low around 100,000 ( 50%)

# KEY ACCESS BARRIERS FOR EPI, ANC, PNC, NEWBORN CARE & PHC



## Rural poor

- Far distance and lack of transportation means to travel to health facilities to access services.
- Long waiting times to receive services is a deterrent to parents to bring children due to time lost/economic opportunity cost.

## Urban poor

- Parents working with no available time to take their children to receive immunization services.
- Frequent movement and mobile nature of the caregivers who are migrant to urban areas or move out to neighboring countries for jobs leading to dropouts and missing regular check ups.

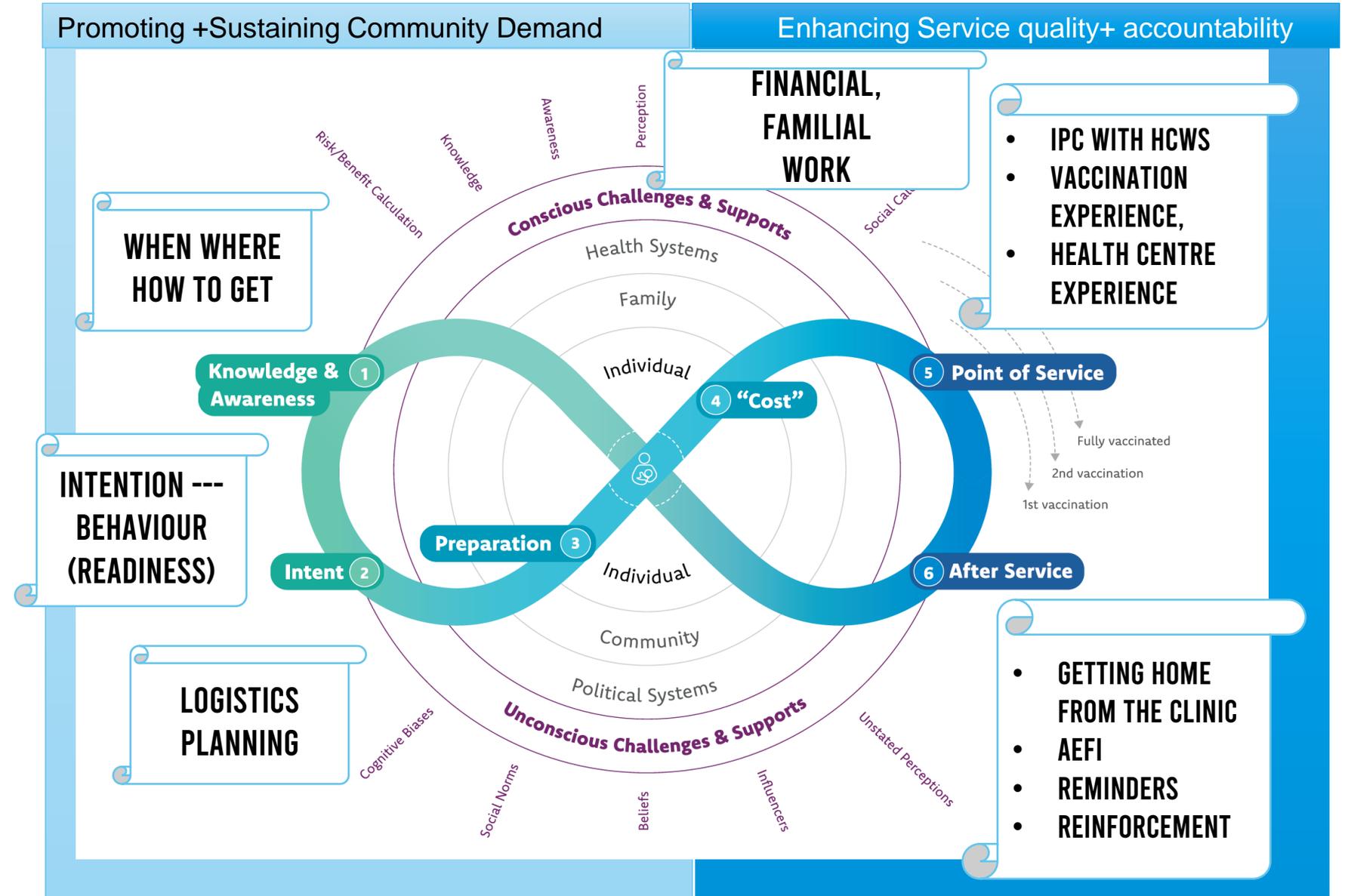
## Ethnic minorities

- Low literacy level
- Vaccine hesitancy and lack of social norms around immunization among some ethnic minorities

## Migrants across the neighboring country (extended period, seasonal or periodic migrants)

- Families move away from their villages and across borders for work, making it difficult to stay up to date on vaccinations for children.
- Illegal migrant workers may be averse to visiting health centers due to lack of documentation/official status for fear of legal implications.

# THE CAREGIVER 'JOURNEY TO IMMUNIZATION'



# CARE GIVER'S JOURNEY – (ONGOING ROLLOUT OF HCD-TIP IN 9 EAF PROVINCES)

## 1. INCREASING KNOWLEDGE, AWARENESS & BELIEFS

 Shaping individual and community knowledge, social/gender norms & values, trust in vaccines and providers

 Building competencies and skills, norms & values and shaping perceptions of clients

 Encouraging community ownership

## 2. BUILDING INTENT

 Unlocking decision making power, self-efficacy – overcoming gender barriers and shaping new norms

 Improving motivation/satisfaction, social recognition and community respect

 Activating community influencers

## 3. ASSISTING PREPARATION

 Addressing logistics of remembering, transport, childcare, prioritizing, overcoming gender barriers and social/opportunity costs

 Enabling preparations and logistics of getting to clinic / outreach site

 Working through CSOs to mobilize caregivers

## 4. ENABLING ACCESS AT SERVICE POINT

 Appropriateness and convenience of services, hours and distance, particularly for working mothers

 Providing training, job aids, managing workload, facility/flow

## 5. ENHANCING EXPERIENCE

 Ensuring good communication, facilities, use of home-based records, increasing satisfaction

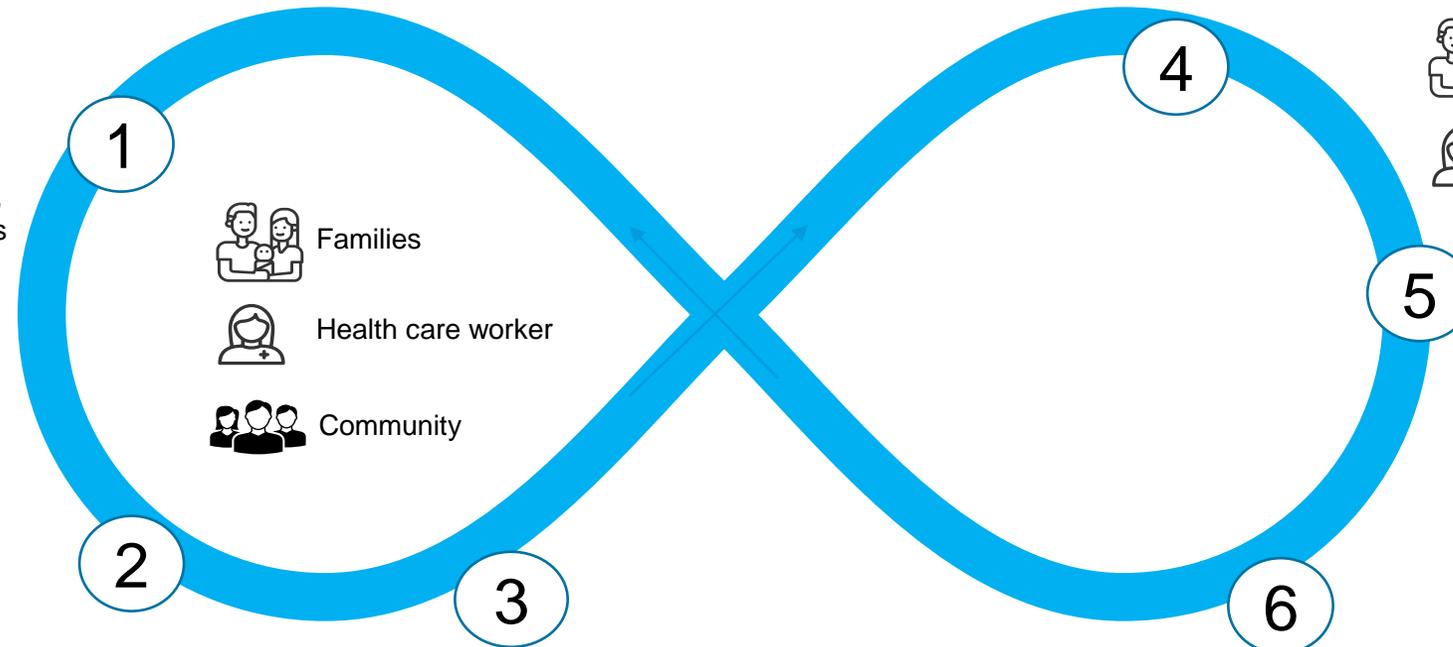
 Enhancing communication skills, trust building, pain mitigation, training & experience, gender responsiveness

## 6. REINFORCING RETURN VISITS

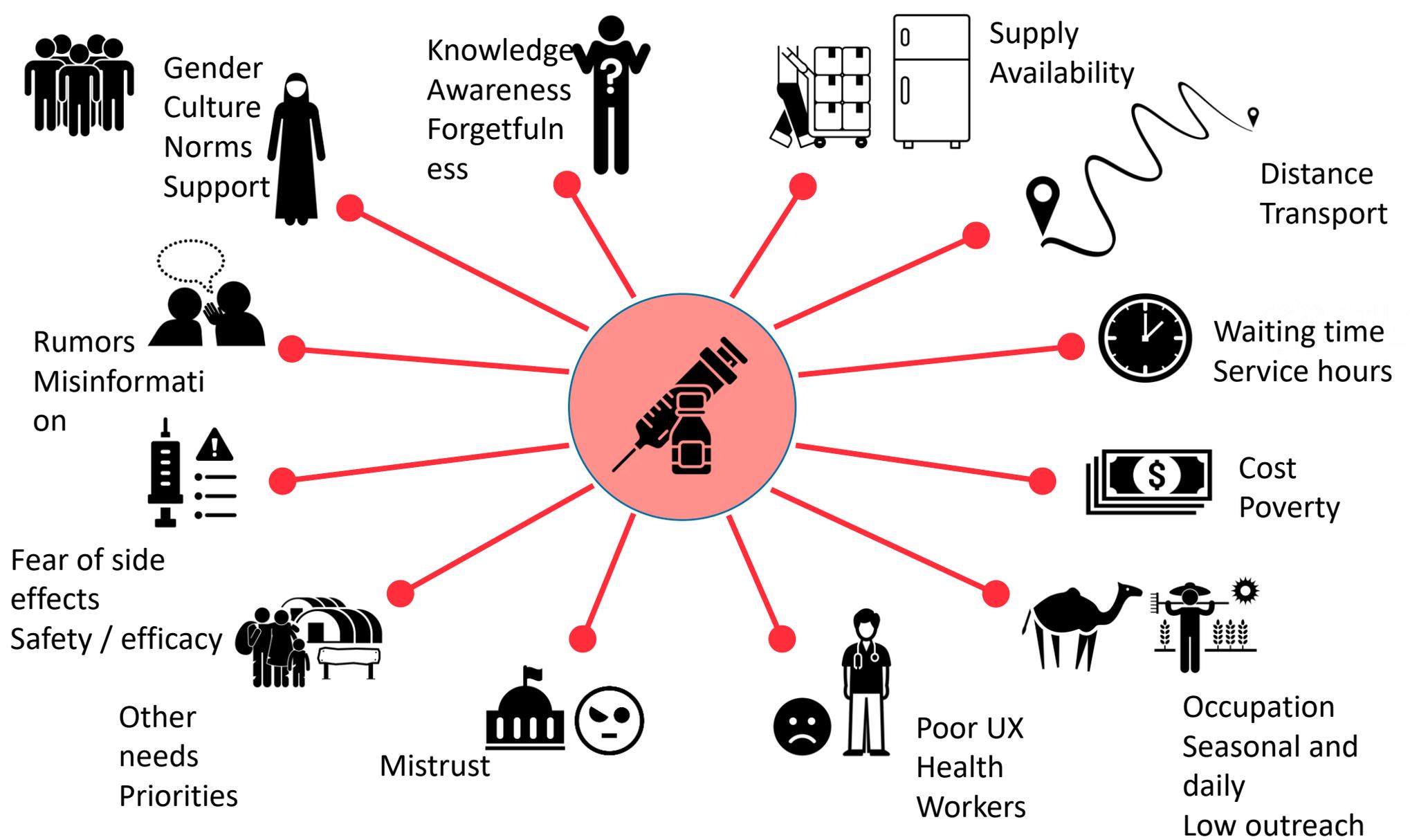
 Informing about AEFI & next visits, sharing experience with community, reinforcing immunisation as a norm

 Earning community respect, celebrating achievements, supportive supervision

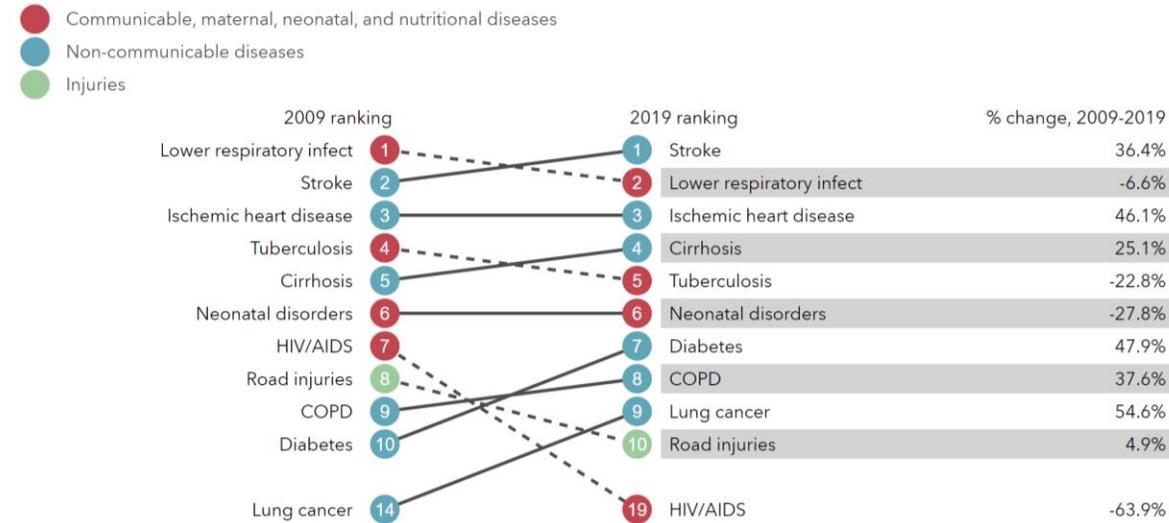
 Recognition, reinforcement and celebration of fully immunised child



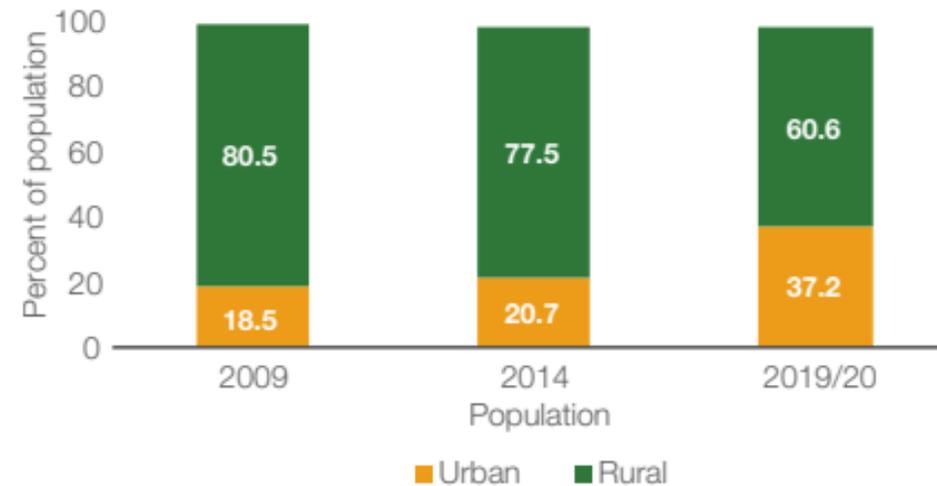
Based on UNICEF's caregiver journey



# TRANSITIONS: NCDI BURDEN & URBANIZATION



- The prevalence of diabetes in adults- 9.6%
- Hypertension- 14.2%
- 45 % per raised total cholesterol



Urban growth has been largely unplanned, which can result in sprawl, congestion, slums, vulnerability to flooding, pollution, poor service delivery, and constrained economic growth.

# COMMUNITY HEALTH WORKERS AT THE DAWN OF A NEW ERA: INCENTIVES AND REMUNERATION

- CHWs (or VHSG in Cambodia) crucial for achieving UHC by improving access to primary healthcare for underserved populations
- WHO and the ILO advocate for the payment of community health workers, aligning with SDGs 8 and 5, emphasizing the elimination of forced volunteerism and addressing gender disparities.
- Nearly 60% globally and up to 85% in Africa are without salary
- Despite the lack of financial compensation, CHWs/VHSG play a crucial role in 1) healthcare delivery, 2) maintaining healthcare services during the COVID-19 pandemic, **achieving a social and economic return of \$10 for every \$1 invested.**

**Source:**

- a) Community health workers at the dawn of a new era: 8. Incentives and remuneration at <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-021-00750-w#Sec9>
- b) Strengthening primary health care through community health workers: investment case and financing recommendations: <http://www.healthenvoy.org/wp-content/uploads/2015/07/CHW-Financing-FINAL-July-15-2015.pdf>

RETURN OF INVESTMENT ON SOCIAL AND ECONOMIC FRONTS:  
**\$10 FOR EVERY \$1 INVESTED!**



Community Health Impact Coalition  
@join\_chic



Health care delivered by CHWs reduces morbidity and mortality. Despite growing consensus that CHWs should be salaried, many programmes are dual-cadre systems. This system design can lead to inadequate healthcare provision. More in our latest research:



Dual Cadres. - Community Health Impact Coalition

From [joinchic.org](http://joinchic.org)

# KEY SOLUTIONS

## SERVICES

- 1) Strengthen coordination in scheduling outreach days/times and differentiated service hours to suit the context of different communities.
- 2) Conduct high-quality micro-planning for integrated primary healthcare service delivery
- 3) Implement an electronic immunization registry to facilitate more accurate target population identification, immunization coverage data collection, and default tracking

### Enablers

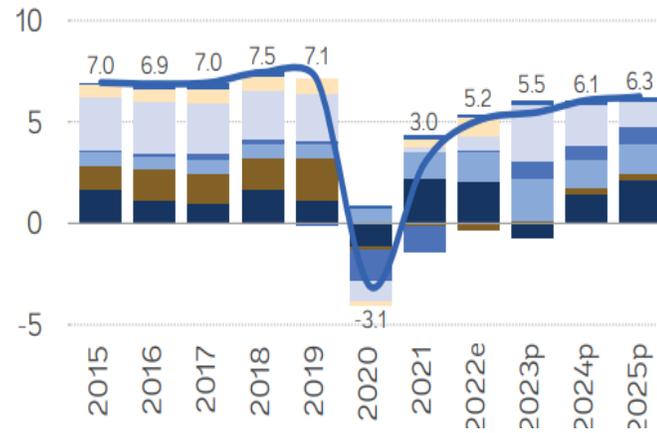
1. Strengthen collaboration and capacity of VSHG and local authorities to raise awareness and educate and mobilize caregivers
2. Commune/Sangkat provide leadership in CCWC and HCMC and community ownership and accountability
3. Ensure adequate financing for Outreach and community engagement activities.
4. Orient health workers for better community reach

## SBC & COMMUNITY ENGAGEMENT

- 1) Understand the communities well through using Human centered approach. Enhance timely communication, coordination, and engagement with target communities in scheduling outreach days/times and differentiated service hours.
- 2) Set up a nudge system that combines traditional SMS, social media, and in-person reminders to provide timely reminders to caregivers on immunization schedules, dates, and benefits.
- 3) Improve interpersonal communication and counseling skills of providers and VHSGs to engage in dialogues and build trust with community members to respond to caregiver concerns and fears about immunization.

# OPPORTUNITIES IN CAMBODIA'S CONTEXT FOR EQUITABLE PHC

1. The Pentagonal Strategy-Phase I for Growth, Employment, Equity, Efficiency, and Sustainability is a national priority.
2. The new leadership is young and highly motivated to achieve fast economic growth.
3. The post-COVID-19 crisis economic recovery is expected to contribute to real GDP growth of 6%. Poverty is expected to reduce to 10% by 2030.
4. There is a focus on decentralization and de-concentration of health service delivery.
5. The Health Strategic Plan 2023-2033, PHC – BIF, and National Digital Strategy are among the national priorities in health.



Economic recovery solidified  
fast- Contributing to GDP  
growth

6. Community participation policy - whole society approach for PHC
7. There is a focus on leveraging innovation and digital transformation for improved communication, education, and data management in healthcare provision.
8. There have been exceptional COVID-19 responses and learnings to make PHC fit for purpose.
9. Congruent technical and financial support from bilateral and multilateral partners and donors
10. Overall peace and harmony in the country

# WAY FORWARD...



- Community-based services and linkages with services provided at facilities is limited for many services and varies among different provinces as well as services provided. and could benefit from stronger community engagement, local coordination, planning and budgeting between SNAs and health departments, as part of strengthening D&D capacities.
- Systematic planning of community outreach services with strong community mobilization is important to reach the key RMNCH and PHC services; systematic planning financing, implementation and monitoring of the activities is to be strengthened.
- There is a need to formalize the VHSG cadre ensuring regular payment through the Commune/Sangkat budget,
- Considering the rise in NCDs in the country, Comprehensive community outreach services and engagement including NCD screening, methodic referral systems and awareness-raising activities to be integrated in Outreach activities.
- Tailored interventions to vulnerable population groups need to be deployed particularly remote rural, urban poor, ethnic minority( NE) and migrant population
- ID poor and People with disability need to be given special focus in programing

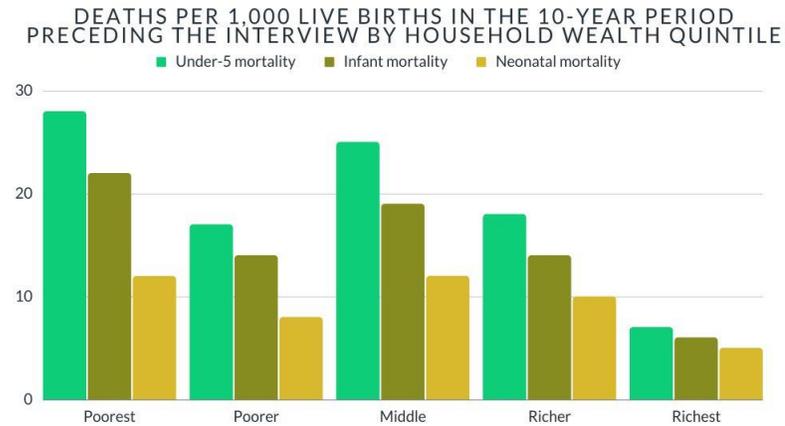


**THANK YOU!**

# CHILD MORTALITY & MALNUTRITION: MORTALITY

**Child mortality** – shows the probability of **neonatal / infant / under-5 death**, calculated from the pregnancy history: 1 if a child died within the initial month / initial year / five years of life, 0 – otherwise.

### CHILD MORTALITY RATES IN 2021-22 BY WEALTH



### CHILD MORTALITY RATES IN 2021-22 BY EDUCATION

