



# Readiness Assessment (MRA) in Kratie and Tboung Khmum to provide Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) during disasters

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# What is the MISP for SRH?

KINGDOM OF CAMBODIA  
NATION RELIGION KING

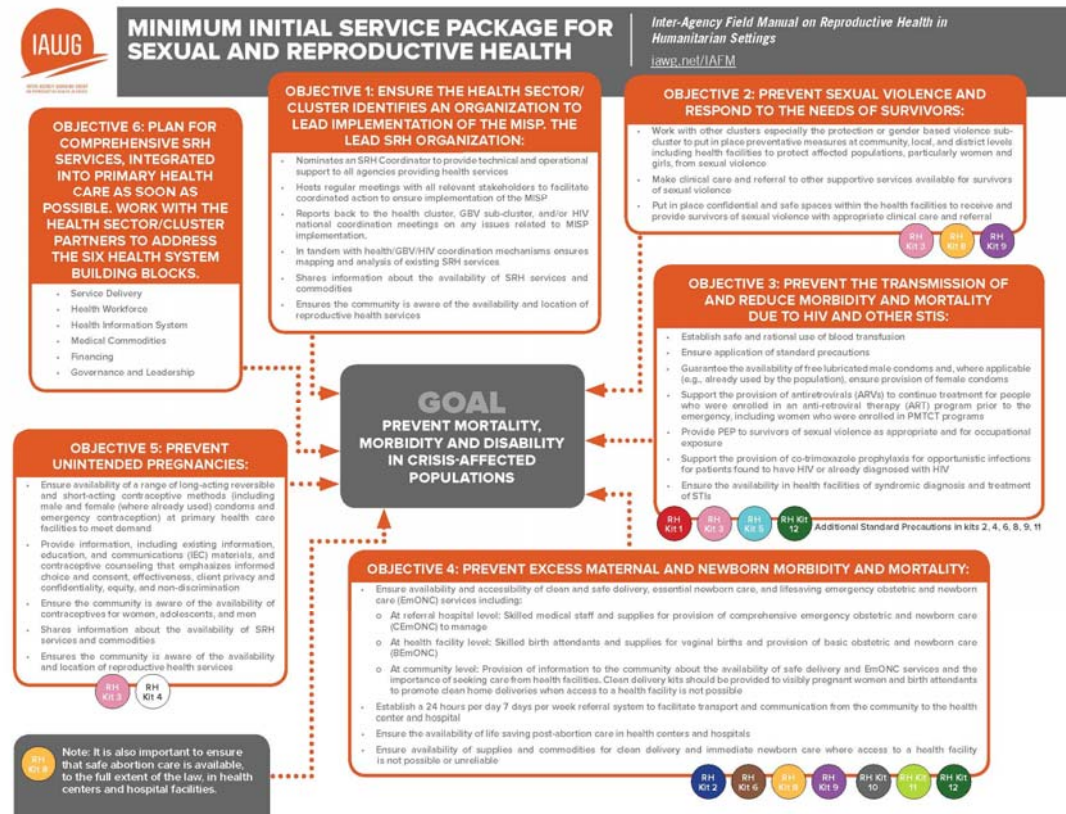


MINISTRY OF HEALTH

## NATIONAL STRATEGIC PLAN ON DISASTER RISK MANAGEMENT FOR HEALTH

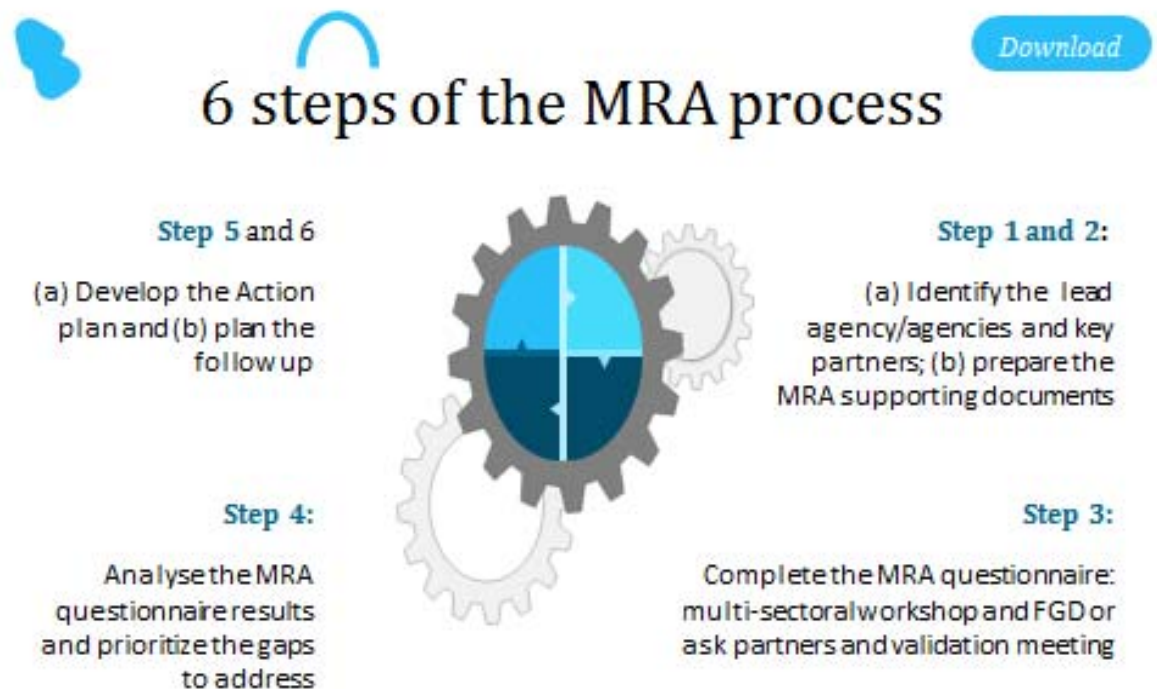
PREVENTIVE MEDICINE DEPARTMENT

2020-2024





# Steps of the MISPP Readiness Assessment (MRA) process



ផលប៉ះពាល់នៃកង្វះសេវាសុខភាពបន្តពូជក្នុង  
អំឡុងពេលគ្រោះមហន្តរាយ និងគ្រោះអាសន្ន

- ការកើនឡើងនៃអំពើហិង្សា
- កង្វះការឆ្លើយតបទៅនឹងសេវាសុខភាពបន្តពូជ
- ការប្រឈមខ្ពស់នឹងការឆ្លងជំងឺកាមរោគ និងមេរោគអេដស៍
- កើនឡើងការមានកូនមិនបានគ្រោងទុក ការរំលូតមិនសុវត្ថភាព ការស្លាប់របស់មាតានិងទារក
- កង្វះអាហារូបបត្ថម្ភ និងការឆ្លងរោគរាតត្បាត



# Objectives

- **Assess current SRH readiness and capacity at all levels** (national, sub-national, and local) to implement the MISP, which help to identify strength and areas in need of development for MISP service provision
- **Identify the most marginalized and underserved groups who are displaced and negatively affected by the climate-related hazards** and their challenges to access essential SRH in emergencies and disasters
- Support national and subnational stakeholders to **help them better prevent new disaster risk, prepare and plan for SRH in emergencies, and design inclusive**

## Finding 1: Concerns during floods

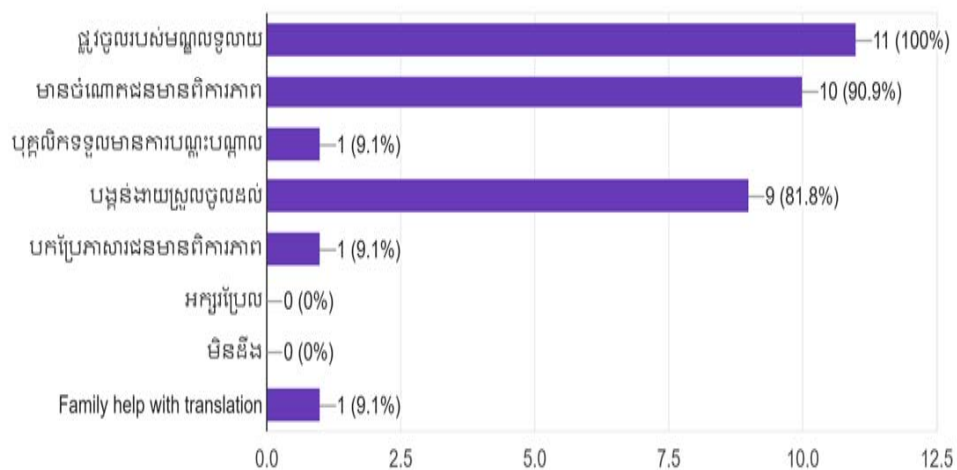
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The correspondents reported some major concern during floods: sick newborn, labour and birth, hypertension, dengue fever, snake bite, drown, clean water, transportation, food, and income loss.

# Finding 2: – Under-served groups

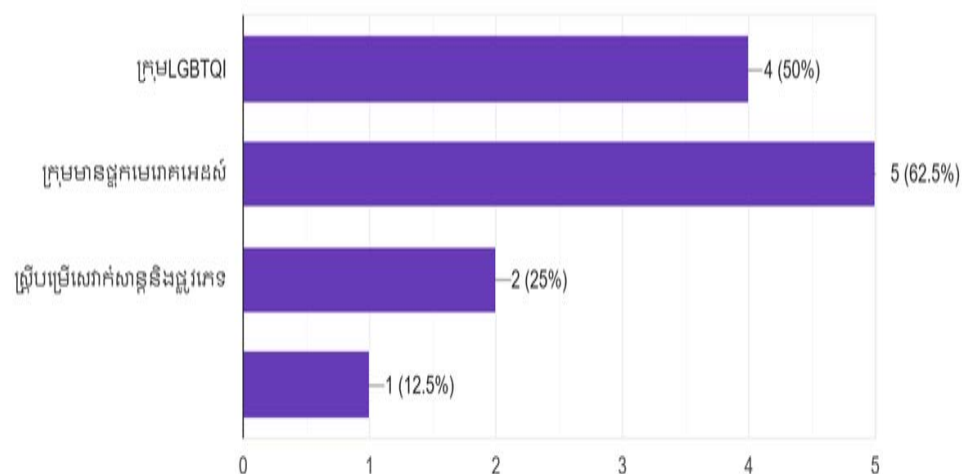
B3- តើមណ្ឌលនេះផ្តល់សេវាសម្រាប់អតិថិជនមានពិការភាពដូចម្តេច?

11 responses



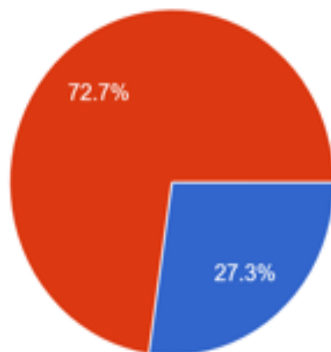
B4- តើក្រុមងាយរងគ្រោះណាផ្សេងទៀត ជួបបញ្ហាប្រឈមក្នុងការទទួលសេវា?

8 responses



# Finding 3: GBV

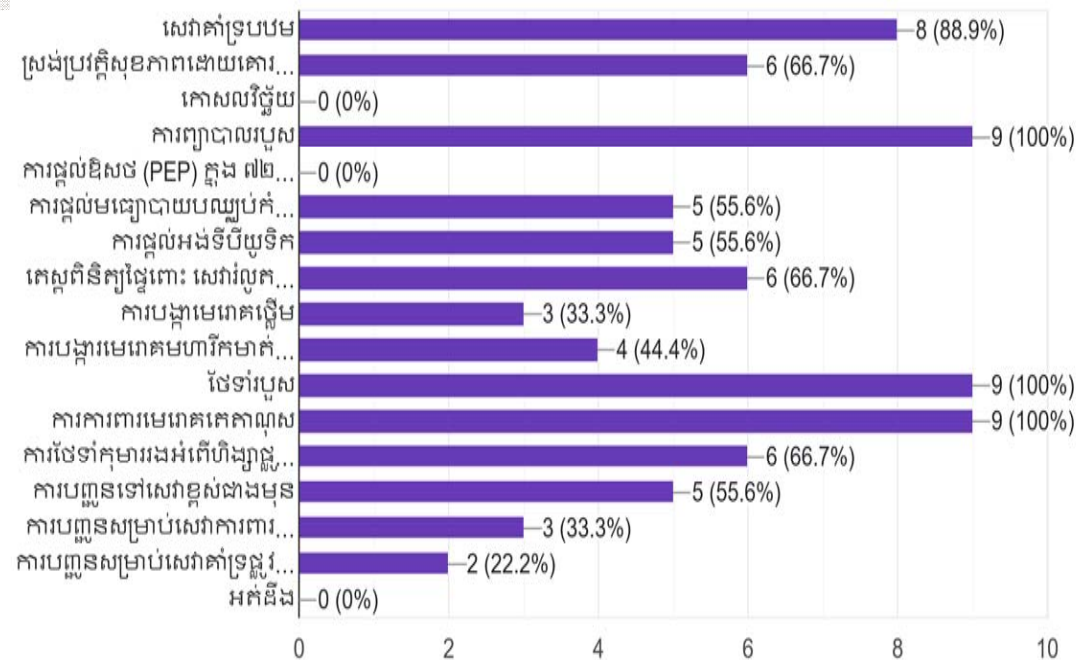
តើមណ្ឌលបានបញ្ជូនជនរងគ្រោះដោយអំពើហិង្សាផ្លូវភេទទៅសេវាផ្សេងទៀត ដូចជា មណ្ឌល ការពារ ប្រឹក្សាផ្លូវចិត្ត ផ្លូវច្បាប់ និងសង្គម ឬទេ? បើមានករណីអំពើហិង្សាផ្លូវភេទ



● Yes  
● No

D3- ប្រសិនបើមាន តើសេវាណាមួយបានផ្តល់ដោយមណ្ឌល?

9 responses

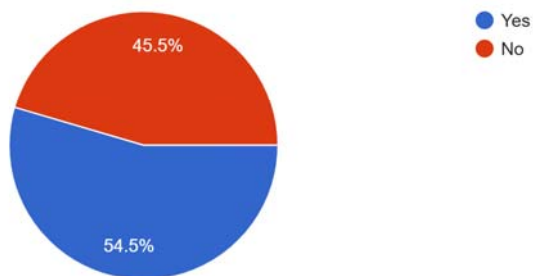




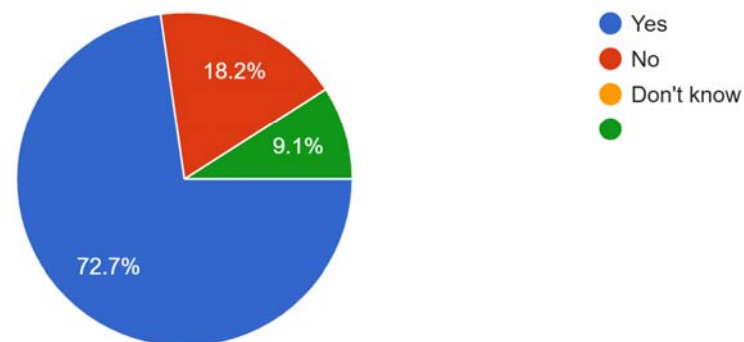
# Finding 4: HIV & other STIs

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E6- តើមណ្ឌលមានឱសថ co-trimoxazole សម្រាប់ព្យាបាលអ្នកដទៃមាន HIV ឬទេ ?  
11 responses



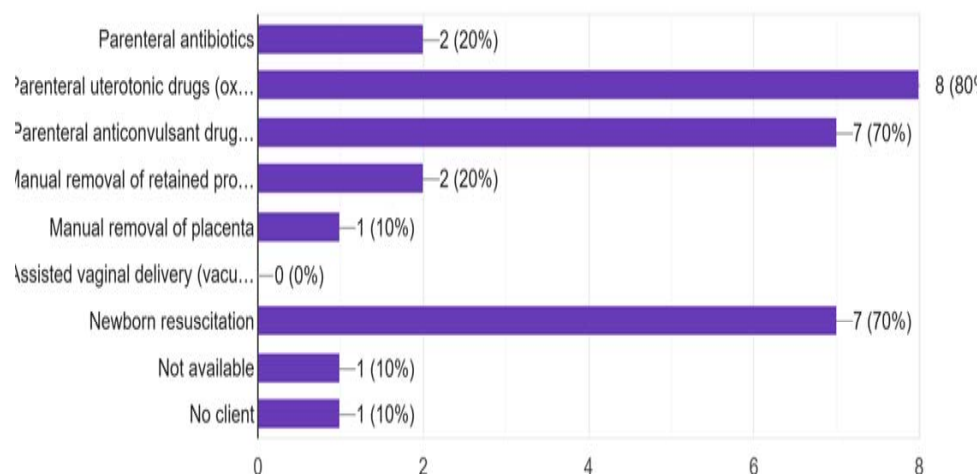
E10- តើមណ្ឌលមានឱសថគ្រប់គ្រាន់សម្រាប់ព្យាបាលជំងឺកាមរោគឬទេ?  
11 responses



# Finding 5: Maternal and Child Health

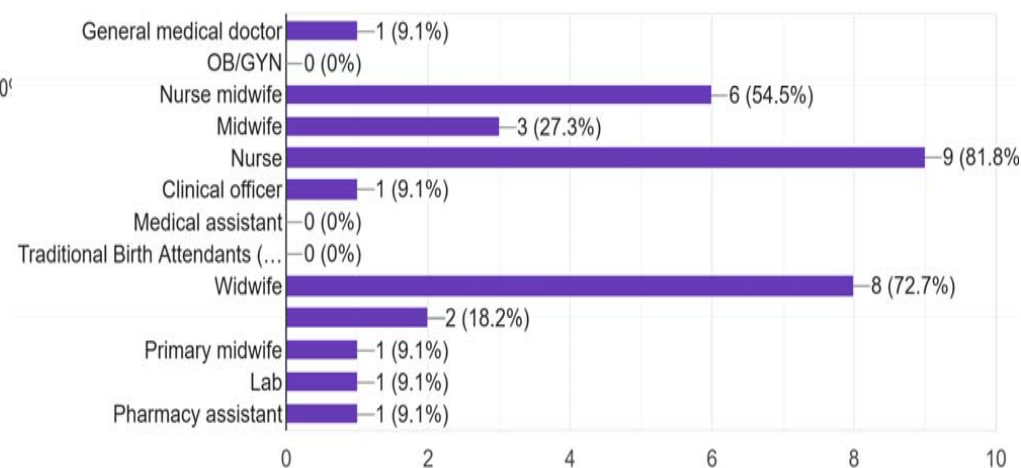
F4- តើមណ្ឌលមានសេវាសង្គ្រោះបន្ទាន់សម្ភព និងទារកទើបកើត (BmONC) អ្វីខ្លះ?

10 responses



F3- សូមបញ្ជាក់ប្រភេទនៃបុគ្គលិកសម្រាល

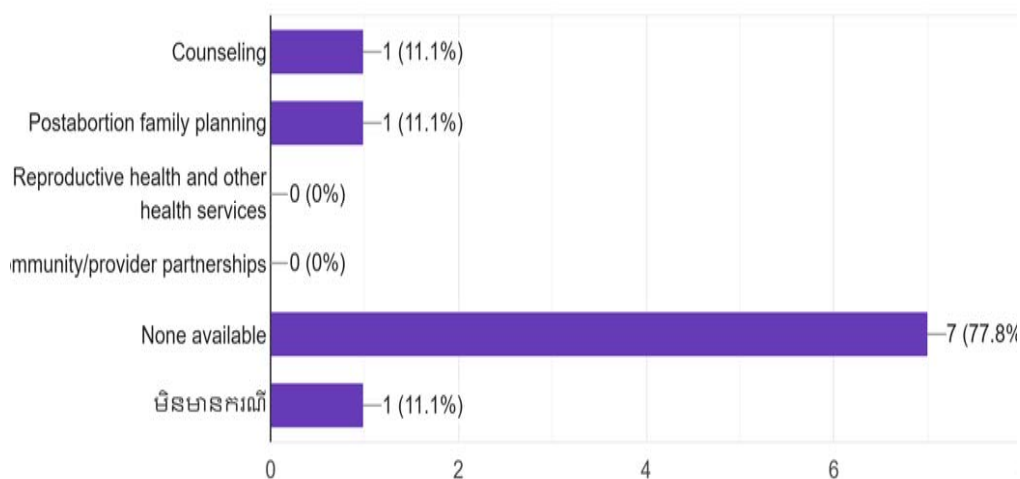
11 responses



# Finding 6: Safe abortion Care

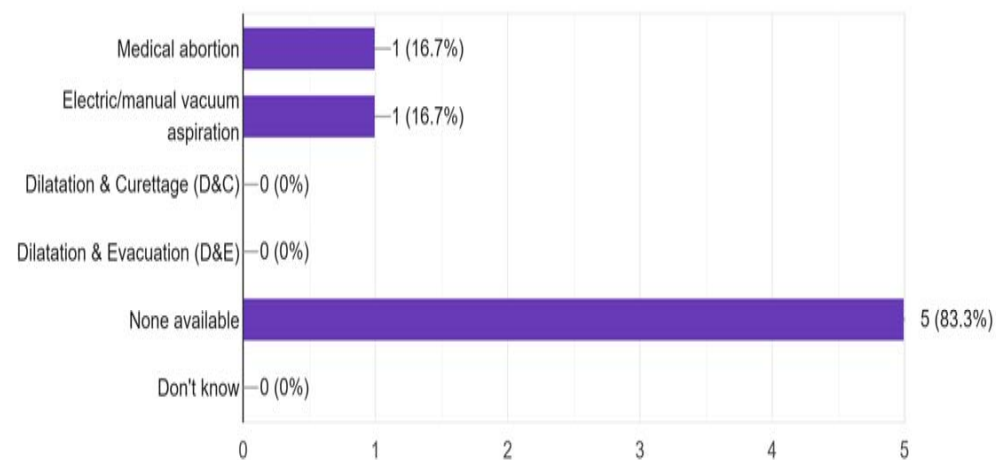
F16- តើមណ្ឌលមានសេវាថែទាំក្រោយរលូតអ្វីខ្លះ?

9 responses



F17- តើការថែទាំក្រោយរលូតប្រើប្រាស់មធ្យោបាយអ្វីខ្លះ?

6 responses

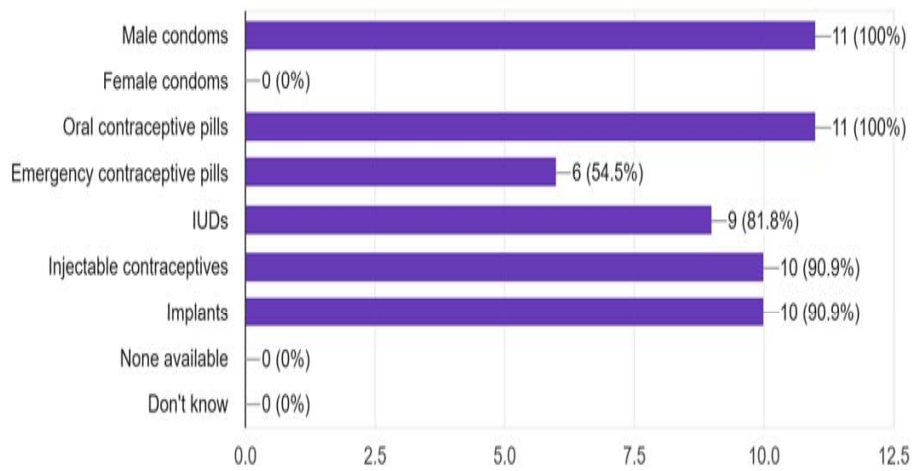


# Finding 7: Family Planning/Birth Spacing

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G1- តើមណ្ឌលមានសេវាពន្យារកំណើតអ្វីខ្លះ?

11 responses



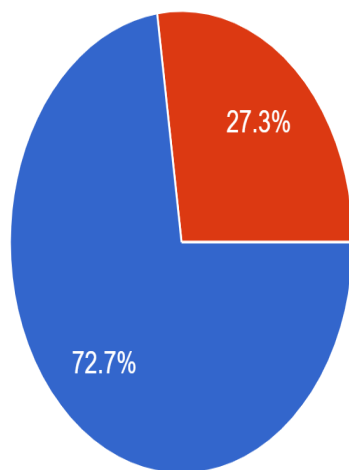
- Awareness of contraceptives was found high among the women.
- VHSGs and CBDs were found active in the communities, useful to promote community awareness and connecting women with



## Finding 8: Supplies, transportation & Communication

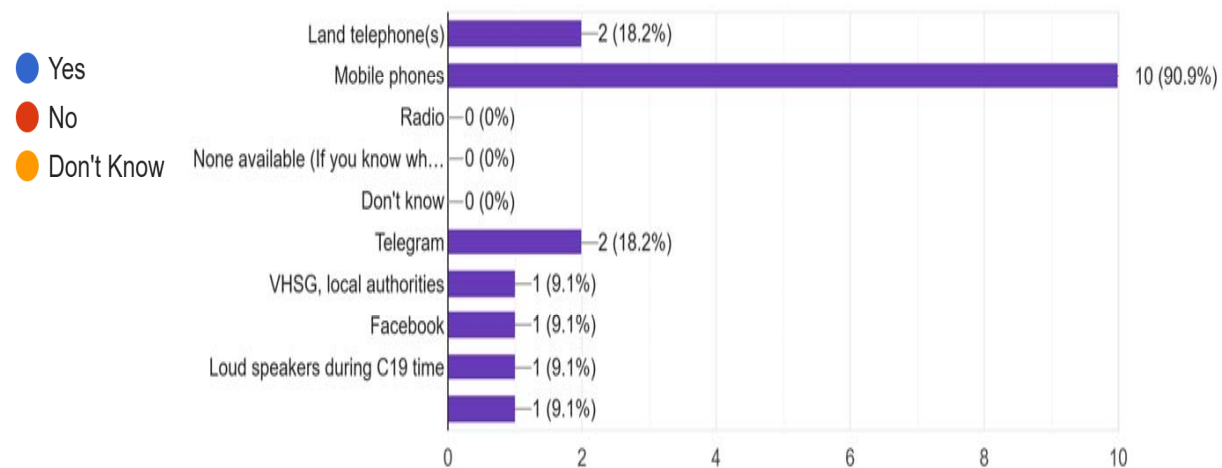
K3-តើមណ្ឌលមានសម្ភារៈបរិក្ខារគ្រប់គ្រាន់ឬទេ?

11 responses



I1- តើមណ្ឌលប្រើប្រាស់មធ្យោបាយទំនាក់ទំនងអ្វីខ្លះ?

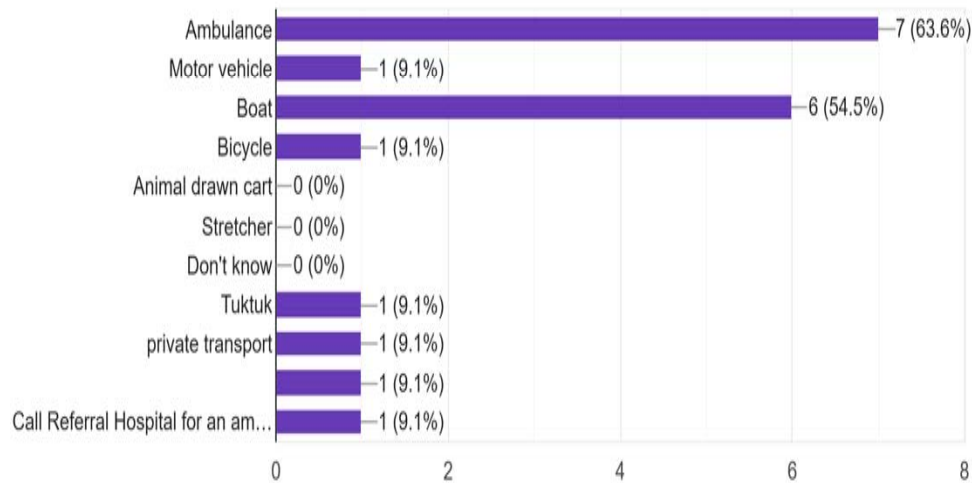
11 responses



# Finding 9: Supplies, transportation & Communication

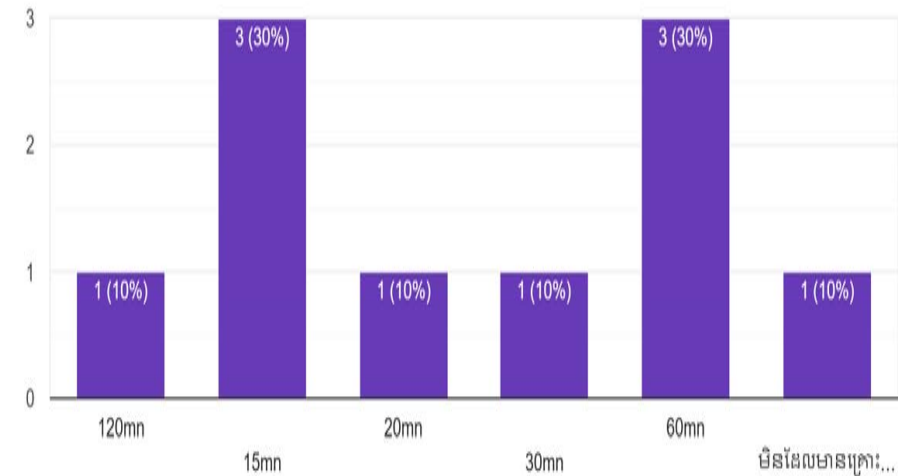
I4- តើមធ្យោបាយបញ្ជូនប្រភេទណាប្រើប្រាស់ក្នុងករណីសង្គ្រោះបន្ទាន់?

11 responses



F7- តើប្រើប្រាស់រយៈពេលប៉ុន្មានក្នុងការបញ្ជូនពីមណ្ឌលសុខភាព ឬទីទួលសុវត្ថិភាព ទៅមន្ទីរពេទ្យ?

10 responses



## Contributing determinants during disasters

- **Electricity is often reported cut** during either rainy (April) or dry season.
- **Limited space for safety hill** including restroom for woman while most of community stayed at home during the flood.
- Small number of health centre staff are **reported of delaying in service provision and unfriendly behaviour** such as women and adolescent fear of being blamed for seeking healthcare lately
- Delay of **ambulance which takes at least an hour from the referral hospital to health centre and one reported lack of a driver.**
- Some village reported **boat fees for transportation during flood.**

# Recommendations

## Service

- **Service and IEC:** outreach service and community awareness, timely and friendly service – ANC, Labour/birth FP, PNC
- **Medicine:** EC and PEP at health centre
- **Safety:** Life jacket, safety hill with privacy room for health service – ANC
- **Training:** GBV survivors, adolescent friendly service, PPH, abortion service, first aid or life-saving, newborn resuscitation, IUD, STI and supplies management

## Policy

- **Human resources:** More nurses and midwives – gender balance, including review of current staff for upgrading
- **Budget:** Outreach activities, **service at woman's household or safety hill**, voucher for GBV survivors.
- **Governance and supervision** from OD, PHD and national level
- **Establish accurately estimated emergency reserves of SRH commodities** for the implementation of the MISP by including them in the health sector's emergency reserve list.
- **Policy Integrate emergency-specific SRH data (MISP-SRH) into the health management information system.**



# Conclusion

- The MRA found the health sector has several strengths in health preparedness and response including disaster management and coordination structure, national financing of healthcare for affected populations, the existence of a broad range of healthcare facilities, health professionals (nurses and midwives), and other actors in the sub-national level, including community actors.
- Despite this, gaps and needs were identified to ensure readiness for implementing the

*Thank you very much*

# Health Facilities Assessed

Province	Health Centres	Communities	Timeline
Kratie	1. Bos Leave Health Centre 2. Da Health Centre 3. Chroy Banteay HC 4. Ta Mao HC 5. Snoul HC 6. Kbal Trach HC 7. Ksum HC  <b>Group Interview (5):</b> Health Centre Chief, midwife and nurse	1. Prek Kov Village 2. Mareum Village 3. Chroy Banteay Village 4. Chroy Banteay Leu Village 5. Prek Svay Village 6. Cheung Village 7. Ang Chhanh Village  <b>FGD (5):</b> adolescent, pregnant woman, woman after birth, elderly, village volunteer	19-23 August 2024
Tboung Khmum	1) Toul Snoul Health Centre 2) Chiro 1 Health Centre 3) Koh Pi Health Centre 4) Ch... ..	1) Chiro Kroam 2 Village, 2) Phum 4 village, 3) Peuk Village 4) Ch... ..	26-30 August 2024

# MRA Assessment Team

## Preventive Medicine Department, MOH

1. Dr. Leak Muy Seang, Deputy Director, PMD
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3. Dr. Im Sophea, Vice Chief, Bureau of Disaster and Environmental Health Management, PMD
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## UNFPA

1. Pros Nguon, SRHR/Midwifery Analyst, UNFPA
2. Lim Saky, MEL Analyst, UNFPA
3. Suzana Surinchan, Communication and Partnership Specialist, UNFPA

In partnership with PHD and ODs, Kratie and Tboung Khmum