



Building on our Assets

What works in Cambodia's obstetric referral system?

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Building health systems that deliver high quality care to those who need it starts from valuing existing capacity and assets

SUMMARY

Improving health system performance commonly focuses on gaps and deficits. Recent research has instead asked **what is working in contemporary obstetric care within the public Cambodian Health System - and how to build on these assets to achieve higher quality of care, in which families, communities, Healthcare staff and government/NGOs all have a role to play.**

This brief gives an overview of this research, and some key findings that have emerged. The project was conducted as part of the ReBUILD RPC, through its Responsive Fund, and was led by the Leeds Institute of Health Sciences, with the Cambodia Development Resource Institute.

OVERALL RESEARCH QUESTION

How is the Operational District functioning to enable access to obstetric care for pregnant women in one rural province in Cambodia?

METHOD

Appreciative inquiry (AI) was adapted for this research. We asked a range of stakeholders about **positive aspects of recent delivery journeys**, their **vision for future care** and how, collectively, **to get there**. The study was conducted:

- In 1 province; 3 Operational Districts (ODs) of which 2 are Special Operating Agencies (SOAs).
- At final place of delivery: 18 Health Centres, 6 District hospitals, 5 Provincial hospitals, 1 National Hospital.
- With 30 Interviewees: 11 women who delivered within the last year; 5 Family (husbands, mothers, sisters, aunt); 5 VHSG/Village Leaders; 6 Midwives (all levels/authority); 3 doctors (all levels/authority)

This research reports the perspectives of interviewees – it does not claim that all community and healthcare staff systematically exhibits the positive aspects noted.





APPRECIATIVE INQUIRY IS

...a positive way to manage change. It focuses on what is working well now, analyzing why, and doing more of it.

KEY FINDINGS: WHAT IS WORKING NOW?

*There **are** safe and successful delivery outcomes for mother and baby at health centres, district and provincial hospitals. We found **exemplars** where success was founded on*

1. Family and community providing prompt care and assistance throughout all stages of a delivery journey (antenatal care, getting to a Health Centre, referral through the system, back home again)
2. Health centres organising quick referral, with effective teamwork, having sufficient medicines and family confidence their decisions
3. Systematic cooperation and communication between Health Centres, District and Provincial Hospitals, and in which post referral feedback was given to Health Centres by a higher level facility
4. Healthcare staff at District and Provincial Hospitals were friendly and caring in well-equipped facilities
5. District Hospital staff had family confidence in their decisions and were valued for their clean, reasonably sized patient rooms
6. The existence of the ID Poor Card and Community Referral Letter (from Village Leader to Health Centre)

RESEARCH HIGHLIGHTS:

Positive resources and capacity *do* exist within the Cambodian health System

Appreciation, of itself, can nurture intrinsic motivation of healthcare staff

Effective referral includes families & communities – health-system-only referral strengthening measures will underperform

Men and boys are allies for the empowerment of women and girls – appreciate positive husbands and fathers as role models

Strengths based inquiry can be conducted to high international research standards by local research staff with adequate training and mentoring

OUR FINDINGS:

A SHARED VISION FOR OBSTETRIC CARE

Interviewees were invited to take account of both current positives and continued problems to share their vision of how all women in Cambodia should ideally experience a delivery journey in the future. They envisioned delivery that was:

- Safe, easy, natural and local
- By women confident in their antenatal, birthing and post natal knowledge
- Supported by practical and emotional care from family and community
- With Healthcare staff that are more skilled, friendly and caring
- In fully equipped and staffed healthcare facilities with fully financed delivery services
- And with safe, fast, convenient and available transportation to those facilities

SHARING RESPONSIBILITY FOR DELIVERING THE VISION

In Appreciative Inquiry, all stakeholders are responsible for delivering change to achieve the vision of future obstetric care. Interviewees independently converged on the following roles for themselves and others:

FAMILIES & COMMUNITIES

Ask for advice from Healthcare staff, discuss health topics and share with pregnant women; help women access ANC and eat well in pregnancy

Help families access/maintain a form of transport or where they have none, help plan ahead on how to get one; use the Community Referral Letter and the local Health Centre as soon as labour pain starts

Accompany women during labour, provide physical and verbal comfort to all women, visit the new mum and baby at the place of delivery; take care of new mum and baby

Encourage friendly and welcoming behaviour from Healthcare Staff by being polite; report complaints about the staff behaviour and attitudes; express any concerns about equipment and condition of a facility to facility management

HEALTH CENTRES

Healthcare staff

Be welcoming, friendly and polite to all laboring women; provide comfort & assurance that a natural delivery is possible; monitor progress after delivery

Explain why recommendations are made and advise on how to care for women

Discourage gender based violence.

Provide more training to community volunteers on ANC/ facility birth

Management

Open 24 hours with skilled staff on stand-by; available to travel with women with life-saving toolkits

Where there is no ambulance, take responsibility for finding a quick and affordable means of referral transportation e.g. make a contract with tricycle/ motor-taxi in the village

Make equipment/infrastructure requests to NGO donors and government.

DISTRICT & PROVINCIAL HOSPITALS

Healthcare staff

Be welcoming, friendly & polite to all labouring women; provide advice, comfort & assurance that natural delivery is possible; monitor progress after delivery

Adhere to a philosophy of care paying attention to women's physical, emotional, religious, social needs

Report staff misbehaviour during OD meetings; mentor junior midwives to build capacity; make equipment/facility improvement requests to management

Provide more training to community volunteers on ANC/ facility birth

Management

Incentivize staff; ensure continuous technical training; undertake cross-department learning rotation; create check-and-balance fees system (e.g. a cashier counter)

Listen and respond to reports and requests from frontline staff; encourage caring attitudes and behaviours

GOVERNMENT / NGOs

Financially support and provide ongoing technical training/communication

Financially support provision of ambulances where needed by providing vehicle and budget for petrol, maintenance, driver's salary

Ensure facilities are fully equipped, with committed staff (e.g. assign staff to their hometown / increase salary for midwives)

Stories from the research

A Husband's Story:

"When we go to the local health centre, there were no staff there. So I dialled the number listed on the wall and got the midwife who asked us to wait. However, my wife was in such pain that I called again and also called the health centre director, who advised us also to wait. But my wife was screaming in pain, I became more nervous so I called the midwife again - she said she would be back soon. I called another midwife, and she referred me to a third midwife! I called her but she didn't pick up so I called to the director again, twice. Finally, around late noon two midwives arrived. I helped my wife into the birthing room, and the midwife lifted my wife's head onto my thigh - I sat on the mattress and the midwives sat below us (on a chair

lower than the bed). She finally gave birth in the early morning but was bleeding so much. I was worried and asked for her to be referred to a higher level hospital: about 3 hours later the ambulance came. When we reached the hospital, the doctors rushed to us, bringing a wheelchair - I carried my wife from the ambulance and placed her in the wheelchair and drove the wheelchair to take my wife to the emergency room. The staff asked me to stand and squeeze the PIV bag (peripheral intravenous line, a small, short, plastic tube) while they gave her oxygen. The on-duty staff couldn't operate and were about to transfer my wife to another hospital - that could have been costly so I called the old doctor. Luckily, she came and assured us that everything would be fine and I calmed down. She knew how to stop the bleeding. After that, my wife rested and improved".

Research Partners

The research described in this brief was jointly developed and undertaken by the University of Leeds and the Cambodia Development Resource Institute (CDRI) and funded by the ReBUILD Consortium.

What is the ReBUILD Consortium?

The ReBUILD Consortium is a 6-year research partnership, funded by the UK Department for International Development (2011-17). ReBUILD's aim is to improve access of the poor to effective health care and reduced health costs burdens, through the production and communication of robust, policy-relevant evidence on health financing and human resources for health in post-conflict settings.

ReBUILD's Responsive Fund

This research was funded under ReBUILD's Responsive Fund, which broadened the scope of research beyond its core focus on health systems financing and human resources for health. Other projects included health systems resilience and adolescent psychosocial services.

For further information and supporting literature from this project:

This work was led by **Gillian Dalgetty** from the University of Leeds.

For further information:

See the project page on the **ReBUILD website**, at <http://bit.ly/1kvHGgn> or contact:

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