

Learning package: Improving service quality

Fostering inclusive healthcare environments for vulnerable clients

Attitudes training and values clarification for providers is helping to make public health facilities in Cambodia more inclusive and acceptable for vulnerable clients.

Vulnerable groups in Cambodia often experience isolation from mainstream health services. Poor, rural women, ethnic minorities, young and unmarried women and persons with disabilities all have specific needs, which can make accessing reproductive, maternal and newborn health (RMNH) services difficult. This is often due to fear, or past experiences of stigma and discrimination from healthcare providers, and/or the limited resources of health facilities to accommodate their needs.

Healthcare providers can help to overcome these barriers by creating welcoming clinical environments that are responsive to their clients. To encourage patient-centred care for vulnerable groups, Partnering to Save Lives (PSL) rolled out an attitudes training program for Provincial Health Departments (PHD), Operational Districts (ODs) and service providers in remote provinces.

The attitudes training encouraged providers to examine their pre-conceived ideas of different client groups and develop strategies to provide respectful and non-judgemental care. This included understanding challenges that different clients experience, such as, cross-cultural communication, or discrimination on the basis of wealth, age, gender, marital status, ethnicity and/or ability.

“We have changed our behaviours. We are more patient now and speak kindly to our clients.”

Theary, health centre midwife,
Ratanak Kiri province

Each attitudes training program facilitated by PSL includes:

- Four days of training covering one topic per day:
 - Ethnic minorities and cross-cultural communication;
 - Gender and engaging men;
 - Adolescent rights and youth friendly spaces;
 - Persons with disabilities and human rights.
- Daily reflection by participants on what they can change in their practice/services to accommodate the clients' needs and rights.
- Action planning, at the end of four days, to put client-centred perspectives into practice. Participants also make a personal commitment to change, which is shared with the group.



Results that speak for themselves

Follow-up monitoring after the training found that participants were actively applying their new knowledge in their health facilities – a development which was appreciatively noted by community members. PSL sought feedback from service providers and clients who shared their experiences and indicated that providers had changed their behaviours to be more accommodating and welcoming of diverse clients. The majority of clients said that providers have noticeably improved their attitudes in the last two years.

Specific feedback included:

“[In the past], they never let us do our traditional prayers at the health centre. Now they do, and that’s a big change for us.”

Client from an ethnic minority group

“Three years ago, we didn’t dare to come to this health centre if we didn’t have any money, but now we can come.”

Poor client

“This training is so useful for us. We can build [the community’s] trust in our services...and reduce discrimination.”

Midwife, Ratanak Kiri province

“We were not friendly or welcoming before... Now we make the clients feel warm and more trusting of our services.”

Midwife, Mondul Kiri province



Credit: Sok Vichheka/CARE

Above: Participants laugh together at attitudes training

Sustaining capacity development

The positive feedback from providers and community members is promising, and suggests that attitudes training is beneficial for improving the inclusiveness, acceptability and quality of care for vulnerable client groups.

To enable continued delivery of attitudes training, PSL has trained 30 trainers (including PHD/OD officials) who can continue to run workshops into the future. PSL will make its training manual available in health centres in Mondul Kiri and Ratanak Kiri for providers’ reference. The Ministry of Health will consider using the PSL attitudes training as a foundation for the development of a training module to build the capacity of health service providers.

Shifting attitudes towards greater inclusiveness is a long-term process, but the outcomes of PSL’s attitudes training demonstrate that change is possible and is welcomed by service providers and communities alike. This is encouraging basis from which to roll-out future initiatives.

Recommendations

The feedback received from clients and providers demonstrates the importance of attitudes training and the positive impact it can have. To continue building on this in the future, PSL recommends to:

- Continue running attitudes training session and expand it to reach untrained service providers.
- Incorporate ‘soft’ skills, such as interpersonal communication, into routine coaching and quality improvement activities.
- Encourage health facility managers to provide top-down leadership that fosters inclusive health service delivery. For example, by monitoring staff interactions with clients, and regularly seeking client satisfaction feedback.
- Integrate attitudes training into PHD/OD annual operating plans and budgets.

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