Credit: CARE

Learning package 2:

Community strengthening and engagement

Community engagement activities across Cambodia's northeast (Kratie, Mondul Kiri, Ratanak Kiri, Stung Treng) have helped to improve access and utilisation of reproductive maternal and newborn health services.

A sound knowledge of health issues, combined with supportive social and cultural environments, enables proactive health-seeking and timely use of important services, including for reproductive, maternal and newborn health (RMNH). For five years, Partnering to Save Lives (PSL) has engaged remote communities in Cambodia's northeast (Kratie, Mondul Kiri, Ratanak Kiri, Stung Treng) to raise awareness and knowledge of RMNH issues, remove barriers to accessing services, and encourage healthy behaviours to care for women and newborns.

PSL implemented a range of behaviour change communication (BCC) and community referral activities, which aimed to improve access to, and utilisation of, RMNH services. Since these activities were implemented, community members across the northeast demonstrated notable increases in their use of RMNH services (see 'Key Results' overleaf). In particular, PSL's activities were successful in engaging ethnic minority groups with culturally sensitive, multi-lingual communications and community referral activities. This Learning Package outlines the key features and lessons learned from PSL's BCC activities and community referral systems.

Summary of PSL initiatives for community engagement

Key activities included:*
- Listening and dialogue groups (pre-recorded audio content and facilitated discussion);
- Radio broadcasts;
- Health promotion events;
- SMS and Interactive Voice Response messages;
- Household visits for one-to-one counselling;
- Traditional birth attendant (TBA)-Midwife Alliance;
- Women's clubs and pregnancy clubs;
- Men's discussion groups;
- Village Savings and Loans Associations;
- Transport vouchers for facility-based deliveries and pregnancy-related complications; and
- Vouchers for long-term family planning methods (intrauterine devices and implants).

Audience segments included:
- Rural/remote communities including ethnic minorities;
- Women of reproductive age;
- Pregnant women;
- Women who recently gave birth;
- Adolescent mothers
- Fathers/male partners; and
- Grandparents/other caregivers.

Materials delivered in Khmer and/or commonly-spoken ethnic minority languages in the northeast (Phnong, Tompoun, Jaray and Kreung).

Collaboration with community volunteers/leaders/influencers: Village Health Support Group (VHSG) leaders, community-based distributors (CBDs) and TBAs.

* PSL also implemented complementary activities in garment factories – see Learning Package 3: Garment Factories for detail.

“[The villagers] understand the importance of going to the health centre and the danger signs during pregnancy. Now they love the health centre.”

Sim Srey Poum, community health volunteer, Kratie province

Context for PSL’s BCC activities and community referral systems

From the beginning, PSL understood that a supportive social context is deeply important for improving RMNH outcomes. Often it is factors that are beyond a woman’s direct control that have a significant bearing on her health and that of her baby. PSL consequently established a BCC framework that recognised, and sought to overcome, social determinants of health service utilisation, including gender, poverty, disability, ethnicity and geography. PSL activities gave attention to reaching under-served groups with BCC and a community referral system, including remote rural communities (often of ethnic minorities) and garment factory workers in urban areas (see Learning Package 3).

Prior to PSL, the majority of women in remote communities delivered their babies in the village with a TBA. Knowledge of modern family planning methods was limited, and many followed traditional practices for maternal and newborn care. This meant that women accessed mainstream ante- and postnatal care services less frequently, potentially leaving mothers and babies at risk of complications. With challenges of distance, transportation and cost to overcome, as well as potential discrimination from mainstream health providers, women in remote communities experienced many barriers to attending health facilities.

Applying culturally-sensitive approaches, PSL encouraged good care practices that women could apply at home. PSL also facilitated links between community volunteers and health centres to promote strong, supportive relationships and encourage service utilisation. Community engagement activities were complemented by concurrent service quality improvement initiatives that sought to improve the experience for community members when they reached health facilities. These efforts combined to make facility-based services a more acceptable option for community members, with endline focus group participants describing positive and improved experiences with mainstream health services.

Developing messages that speak to diverse audiences

All of PSL’s BCC activities in the northeast were informed by a comprehensive BCC Framework (outlined in the box below) that identified the motivations, attitudes and behaviours of various audience segments. PSL developed key messages for each of these groups and integrated them into BCC materials. Messages were delivered through diverse channels, including radio, voice messages, and other audio mediums, interactive games and facilitated discussions with illustrated flip-charts. This ensured that health education in Khmer and ethnic minority languages was relevant, and that people with limited literacy could still participate in the learning. Inclusive imagery of persons with disabilities was incorporated throughout.

The BCC Framework also identified influencers in the community who were engaged in delivering BCC activities, and who supported women in the community to reach RMNH services. These included TBAs, VHSGs, CBDs, and midwives.

The BCC resources that were developed were used extensively by community volunteers throughout the project and will continue to be available to them after the project ends. The Ministry of Health has also expressed interest in extending the PSL BCC package to 15 provinces across Cambodia with indigenous populations.

PSL resources and learning

PSL developed the following BCC resources and documented evidence:

BCC resources

- PSL RMNH BCC framework for ethnic and indigenous minorities (2016);
- Resources for community volunteers/ facilitators: Flip-chart of illustrated RMNH messages (Khmer language), laminated activity cards, community games guide, pre-recorded audio material for use at listening and dialogue groups.

Evidence and learning

- Survey reports: PSL baseline (2014), midline (2016) and endline (2018) surveys;
- PSL final evaluation report (2018);
- Community referral snapshot surveys (February 2015, August 2015, May 2017);
- Assessment of theTBA-Midwife Alliance (2018);
- Research study: Financial barriers to accessing RMNH services in four northeast provinces (2016);
- Evaluation report: BCC activities in the northeast of Cambodia (2016)-;
- Evaluation report: Comparative Evaluation on Community-Managed Savings-Led Approaches in the Mekong (2018);
- Research study: Effectiveness of the conditional cash transfer model in increasing access to quality RMNH health services (2015).

Key results

PSL tracked data on behaviour change and referrals from 2013-2018 via three surveys (baseline, midline and endline). The data at right is a snapshot of the key results as they changed over time in the four northeastern provinces: Kratie, Mondul Kiri, Stung Treng, Ratanak Kiri.

Behaviour change/referral indicator	Baseline	Midline	Endline
Percentage of women accessing four or more antenatal care (ANC) consultations	47%	55.4%	60.6%
Percentage of women receiving two or more postnatal care (PNC) consultations	N/A*	19.3%	65.3%
Percentage of women delivering in a health facility with a skilled birth attendant (SBA)	55.2%	70.3%	78.6%
Percentage of women of reproductive age using modern methods of family planning	25.9%	30.9%	26.4%
Percentage of women who know that abortion is legal	11.7%	11.3%	14.6%

*Baseline PNC data was not calculated comparably.

Overview of PSL’s BCC Framework

Target audiences:

Primary:

- Married and unmarried women of reproductive age (WRA), inclusive of women with disabilities

Secondary:

- Male partners

Influencers:

- Service providers (e.g. midwives, TBAs)
- Information providers (e.g. VHSGs)
- Community leaders (e.g. village chief, elders)

Key behaviours sought:

- Use of modern family planning to prevent unplanned pregnancy;
- Use of safe abortion services when needed;
- Making at least four ANC visits to health facilities during pregnancy;
- Delivering in a health facility with a SBA;
- Seeking three PNC services after attending delivery;
- Care-seeking in response to danger signs during pregnancy, delivery and post-partum period.

Guiding principles:

- Include a focus on reaching adolescents;
- Integrate cultural beliefs and practices into communications;
- Address informational support, including by developing resources for community volunteers;
- Include service providers in BCC activities, in particular, via attitudes training;
- Implement concurrent service quality improvements;
- Normalise facility use;
- Help ethnic minorities know what to expect at a health facility
- Address financial barriers;
- Improve linkages and coordination;
- Conduct formative research.

Next steps

Remote communities in Cambodia, including ethnic minorities, experience some of the poorest RMNH outcomes in the country. For these people, the challenges associated with geography, ethnicity and poverty are unlikely to be alleviated soon. This makes a continued focus on these groups all the more important.

Ongoing health education is essential for sustaining improvements in knowledge and promoting healthy behaviours. The PSL endline survey identified ongoing knowledge gaps around identifying danger signs during and after pregnancy, and misconceptions about long-term family planning methods, which may require further, targeted health education to encourage timely use of services.

Challenges of distance and limited access to transport continue to impact communities in remote areas and restrict their access to health facilities. Strong community referral systems that draw upon existing community leaders, and which prompt service providers to visit and build relationships with community members, may help to encourage people to visit facilities more frequently, particularly if some costs can be reimbursed or attendance incentivised. To sustain the improvements in service utilisation that have been observed to date, it will be important to embed oversight of community engagement activities within the remits of Commune Councils and Commune Committees for Women and Children (CC/CCWC) and to strengthen relationships between community volunteers, CC/CCWCs and health centres.

PSL's experience demonstrates that culturally-relevant, multi-lingual approaches can speak to the needs of diverse audience segments and promote service utilisation, particularly when there are concurrent service quality improvement initiatives and access to financial support mechanisms. With sustained effort to improve RMNH knowledge and promote health-seeking behaviours, there is a significant opportunity to improve health outcomes for women and newborns in Cambodia, particularly those from vulnerable and often under-served groups.

កម្មវិធីរួមគ្នាដើម្បីជួយជីវិតមាតា និងទារក

Partnering to Save Lives

Australian Aid · care · MARIE STOPES CAMBODIA · Save the Children

Recommendations

PSL BCC activities and community referral systems were effective in engaging remote communities, including ethnic minorities, in RMNH and changing their behaviours to enable better health outcomes. To continue building on this success, PSL recommends to:

- Continue implementing evidence-informed BCC campaigns and community referral activities. Maintain a focus on reaching vulnerable and under-served communities including rural and remote populations, poor clients, ethnic minorities, people with disabilities, young and unmarried women.
- Advocate for sustained investment to support continued health education and BCC, with an emphasis on awareness of danger signs, during and after pregnancy, accessing postnatal care, use of long-term family planning methods.
- Consider specific strategies to address the sexual and reproductive health needs of adolescents/unmarried young women to curb high rates of adolescent pregnancy.
- Build trust, and foster linkages, between health service providers and communities. Involve service providers in the delivery of BCC activities and monitoring of VHSGs.
- Develop models for community referrals, like PSL's TBA-Midwife Alliance, that draw upon existing resources within communities to encourage attendance at facilities. Provide additional incentives where appropriate.
- Build relationships between community volunteers/leaders/influencers such as VHSGs, TBAs, CBDs, CC/CCWC. Encourage collaboration between them to increase recognition within the community and enable coordinated health education and referrals.
- Increase involvement of CC/CCWC in overseeing BCC and community referral activities and include these in commune investment plans. Build relationships between CC/CCWC and community volunteers and health centres.
- Continue to enable community participation in responsive health service planning by expanding implementation of the Social Accountability Framework (I-SAF).
- Allocate sub-national budget to sustain VHSG and other health education activities.