Empowering Communities for Health in Cambodia
Lessons from the Ground

Theary Chan, Estrella Sarrano, Molly Jordan, Deborah Thomas, Reproductive and Child Health Alliance (RACHA), Cambodia
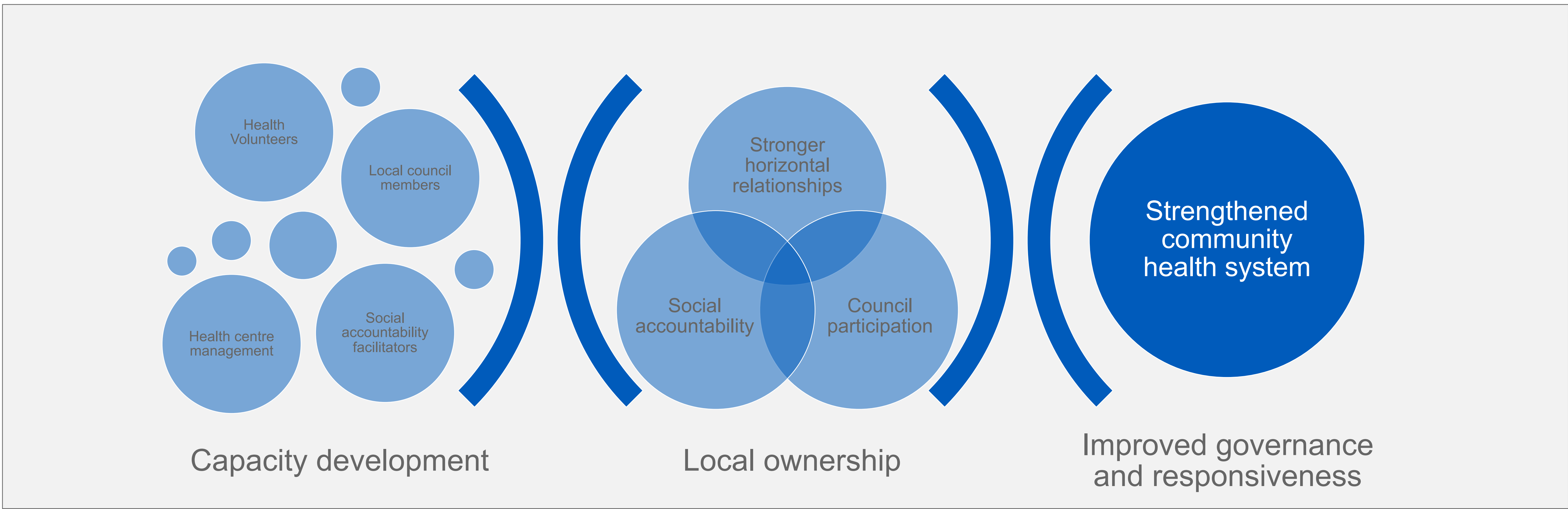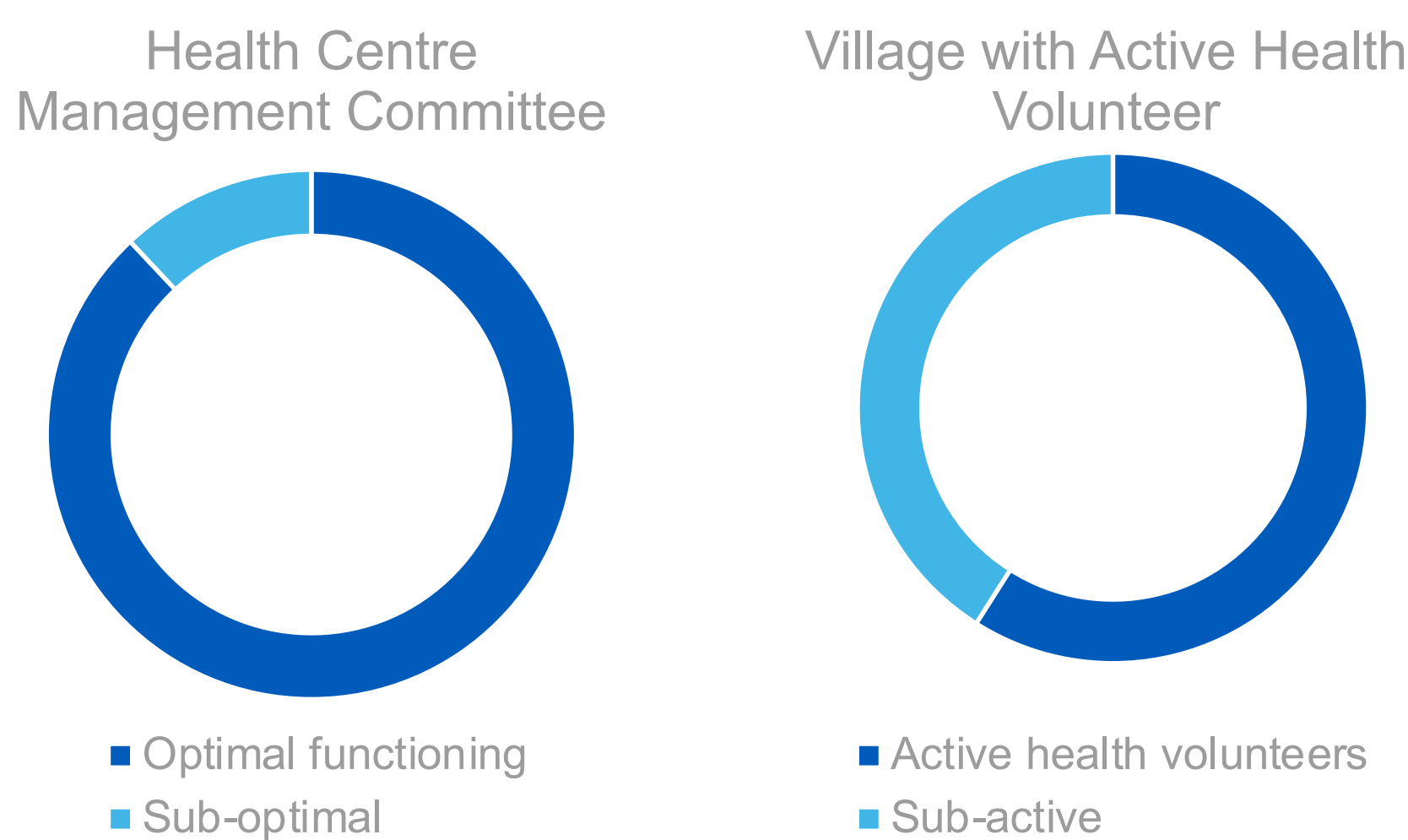
Introduction

Decentralisation in Cambodia has created opportunity to strengthen the community health system. Responsibility for community health transferred from Ministry of Health to local government or Commune Councils. RACHA's capacity development approach built local government ownership of the community health system in six provinces, covering 411 communes, 338 health centres and over 4 million people and informed people about their right to health services.

Results

Between October 2014 and March 2018, from a baseline of zero significant change was achieved.

PERFORMANCE OF HEALTH ACTORS IMPROVED

Health Centre Management Committee

Village with Active Health Volunteer

- Optimal functioning
- Sub-optimal
- Active health volunteers
- Sub-active

Capacity development

Health Volunteers
Local council members
Health centre management
Social accountability facilitators

Local ownership

Stronger horizontal relationships
Social accountability
Council participation

Improved governance and responsiveness
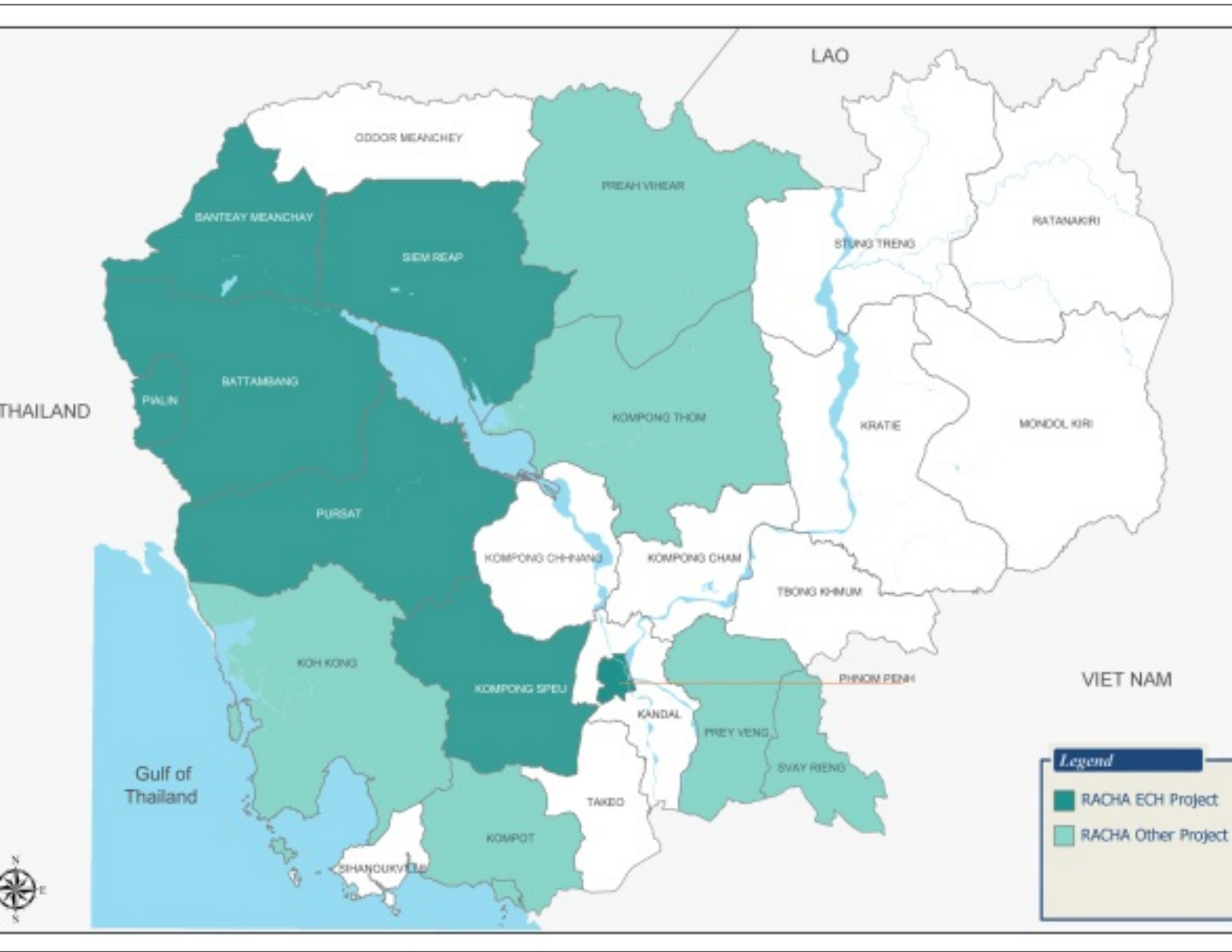
Strengthened community health system
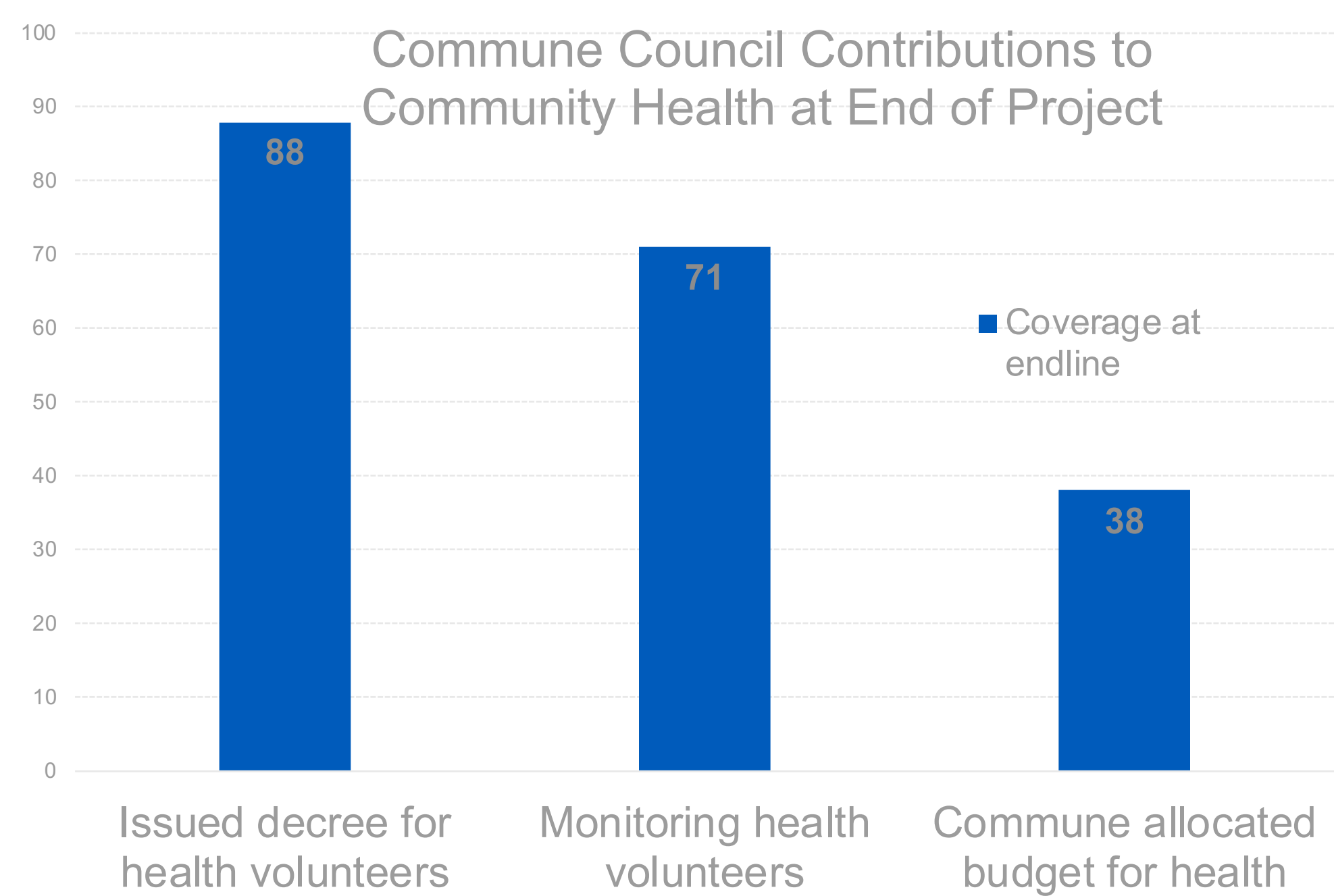
Theory of change

1. Capacity development, awareness raising and advocacy.
2. Improved interaction and constructive engagement between citizens, health care providers and Council.
3. Strengthened institutional relationships between health centre, health volunteers and Commune Council.
4. Increased Council attention and participation in health.
5. Strengthened community health system and improved governance and responsiveness of health services.

RESEARCH METHODS

- Interviews with government officials at national, provincial and district levels; commune council members; health staff; social accountability facilitators
- FGDs with health volunteers, community women and men.
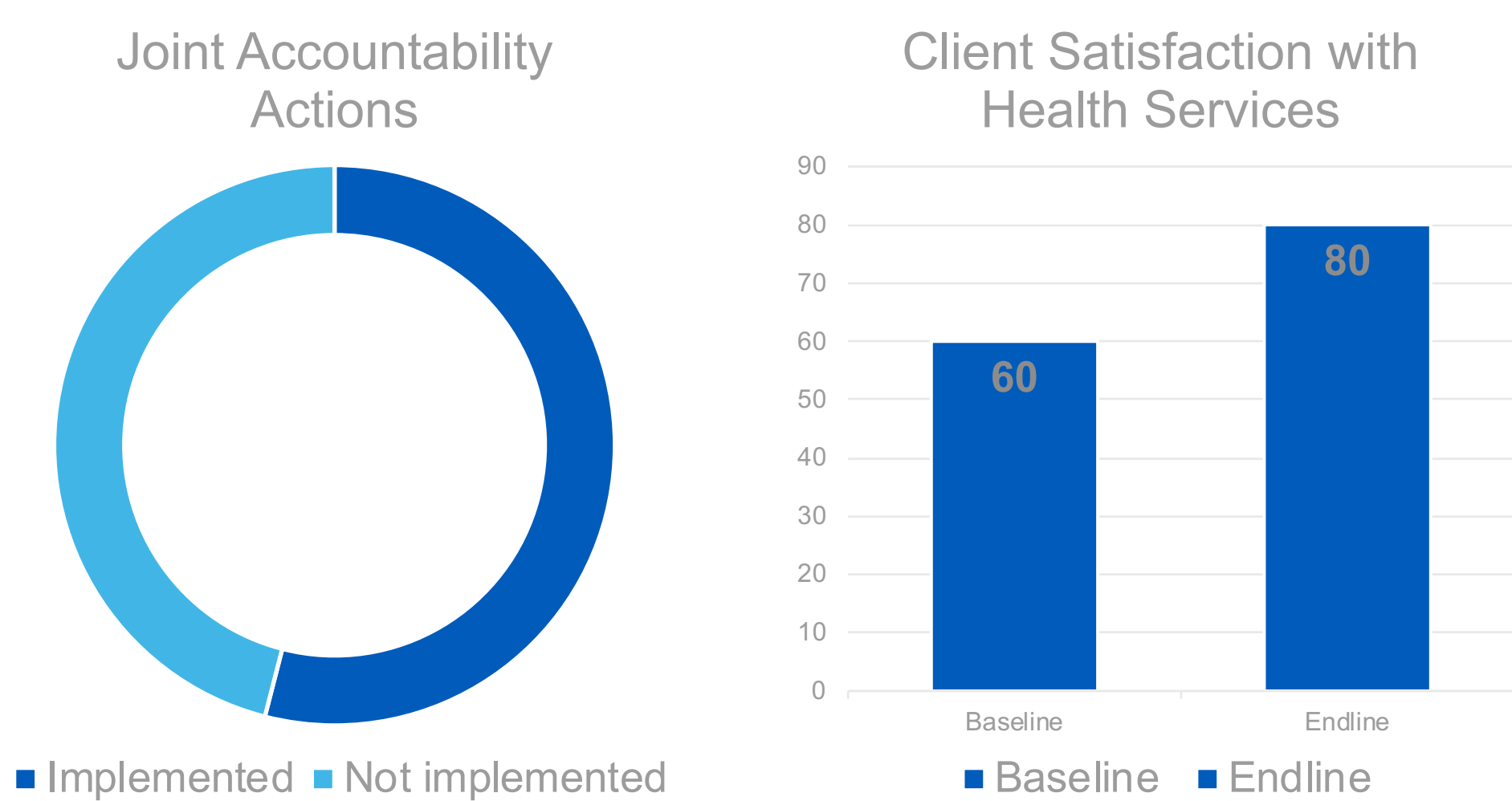- Project MIS, multi-stakeholder reflection workshops.

COMMUNE COUNCIL OWNERSHIP OF COMMUNITY HEALTH IMPROVED

Commune Council Contributions to Community Health at End of Project

- Coverage at endline

Issued decree for health volunteers	88
Monitoring health volunteers	71
Commune allocated budget for health	38

SOCIAL ACCOUNTABILITY ACTIONS

- 218 Communes covering over 2000 villages developed Joint Accountability Action Plans with 6,115 action items.

Joint Accountability Actions

- Implemented
- Not implemented

Client Satisfaction with Health Services

- Baseline 60
- Endline 80

- Baseline
- Endline

Reflections

- Local political commitment for community health can be fostered and horizontal relationships forged to strengthen management of primary care and support the volunteers that the community health system relies on.
- Limited commune budgets, competing local priorities and the obligation to follow central government formulas reduces the financial space for local government funding of health.
- Low capacity of commune council officials and high turnover hinders sustainable community leadership of health.
- Village health volunteers are cost-effective.
- Support to the supply and demand side of social accountability fosters trusting partnership.
- The voices of citizens is at the heart of democracy and with the commitment of all actors, community participation can become a reality in Cambodia.

Conclusion

- Decentralising responsibility for community health without dedicated funding is increasing the fragility of community health functions pivotal to addressing national health priorities and sustainable development goals.
- Improving the quality of health services, raising citizen's voices about health and decentralisation are synergistic.
- A longer term outlook and continued government and development partner assistance is needed to institutionalise community health into local government and progress the country towards universal health coverage.