

Presentation about MW  
supporting activities by 4 model  
sites in Kg Cham

Advise on referral at referral  
occasion when HC-MWs  
attend the referral

CPA3 RH SBA

## Advice on referral when HC-MW attend referral case

- Who?: **RH-SBA**
- Target: HC-Mw
- How?: RH-SBA advise technically to prevent delay and to provide appropriate treatment to HC-MW
- Where?:  
RH or via mobile phone



## Continuous education to HC-MW

- -Quarterly meeting with HC-MWs, CPA3 RH SBAs, and OD-MCH-

Kg Cham-Kg Siam OD-MCH

## Continuous education to HC-MW

- Who?(Trainer): **OD-MCH** +**RH-SBA**
  - Target: HC-MW
  - When? : Existing OD level meeting
  - How?: OD-MCH+RH-SBA provide small lectures and discuss to improve technical knowledge of HC-MW
- ie) Management post partum hemorrhage



## On the job training in RH

Chamkar Leu OD-MCH

## On the Job Training in RH

- Who?:

Trainer: **RH-SBA**

Organizer: **OD-MCH** and  
**PHD-MCH**

- Target : HC-MW
- How?: HC-MW attach to clinical service and night duties with RH-SBA in order to improve technical skill



**OD-MCH monthly meeting  
with small training of trainer  
session**

Kg Cham PHD-MCH

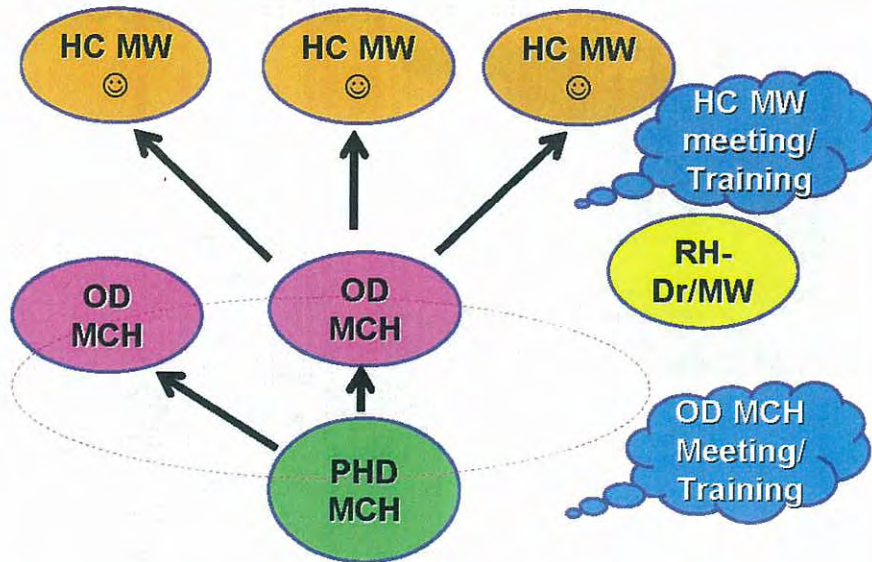
## OD-MCH monthly meeting with small training of trainer session



## OD-MCH monthly meeting with small training of trainer session

- Who?:  
Trainer: **PHD-MCH** + PHD-CE
- Target: **OD-MCH**
- When? : PHD level meeting
- How?: PHD-MCH+ PHD-CE provide brief ToT session in order to for OD-MCH to be able to teach HC-MWs at their own area  
ie) ANC, Danger sign, Birth preparedness, Infection control
- Where?: PHD office

# MCH service



# Results of monitoring after MCAT course/Orientation WS for Health Managers

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Ms. Yukie Sakurai JICA



Final Evaluation Workshop

6 Oct 2009



## Outline

1. Results of Monitoring after the training
  - 1) Tel survey 1month after MCAT
  - 2) Questionnaire survey for MCH officers
  - 3) New supervision results
2. Typical HC-MW supporting activities
3. Summary and recommendations

## 1. Results of Monitoring after the training

### 1) Tel survey 1 month after MCAT

Tel. survey 1 month after MCAT

### Target of Tel survey 1 month after MCAT

**Target area: 17**  
Provinces MCAT &  
Orientation WS for  
Health Managers on  
MCH

**Target:**  
MCH officers who joined  
MCAT  
• 17 PHD-MCH from each  
province  
• 17 OD-MCH from each OD

**Duration:**  
July-August 2009  
(1 month after MCAT)





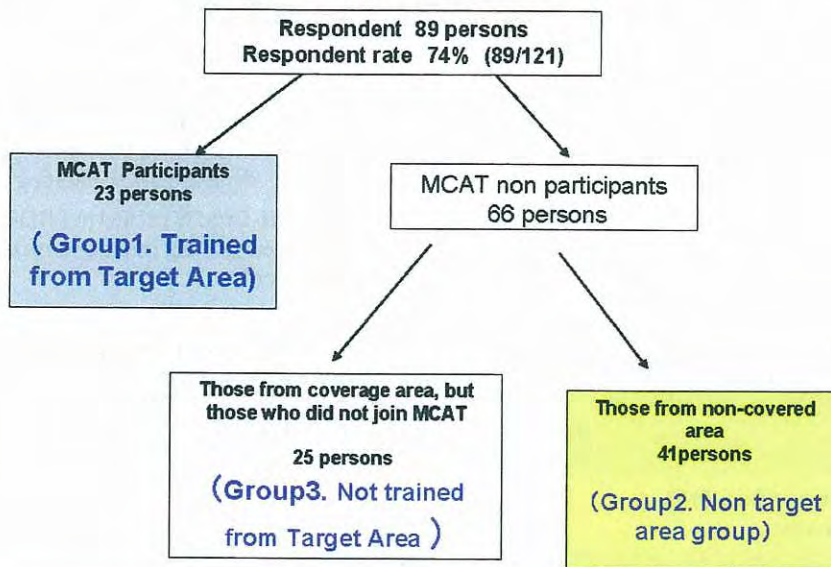
## Result of Tel survey

	Number of answer			Example
	Yes	No	Unknown	
PHD-MCH started new MW supporting activities	13	4	0	1)To include action plan in AoP 2)To conduct supervision with RH
OD-MCH started new MW supporting activities	11	4	2	1) To include action plan in AoP 2) To promote MAT concept in the existing OD-meeting
Improved relationship among/between PHD-MCH, RH-SBAs, HC-MW	11	4	2	RH-Dr/MW invited to PHD-MCH their existing meeting at maternity ward
Improved relationship among/between OD-MCH, RH-SBAs, HC-MW	13	2	2	1)RH-Dr/MW stopped to blame when receiving referral patients from HC to RH. 1) RH joined HC-MW meeting and to inform own tel number
Support from PHD-director	14	2	1	
Support from OD-director	16	0	1	

### 1. Results of Monitoring after the training

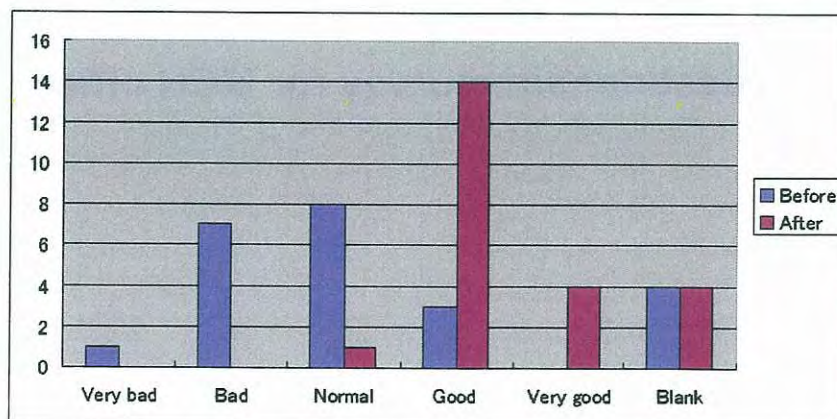
#### 2) Questionnaire survey for MCH officers

MCH officers (PHD- MCH, OD-MCH)  
 Questionnaire survey at NRHP half year meeting on 25 Aug  
 Effect of MCAT course



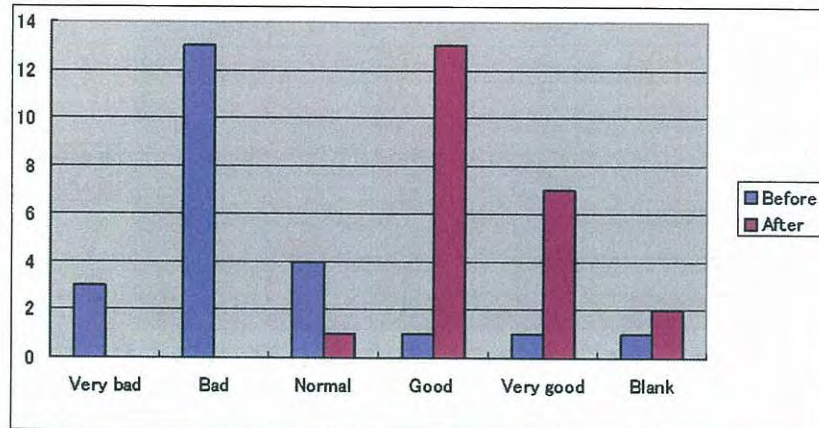
About "Group1. Trained from Target Area 23 persons"  
 Comparison before and after MCAT course

Degree of communication between PHD-MCH and RH-SBAs



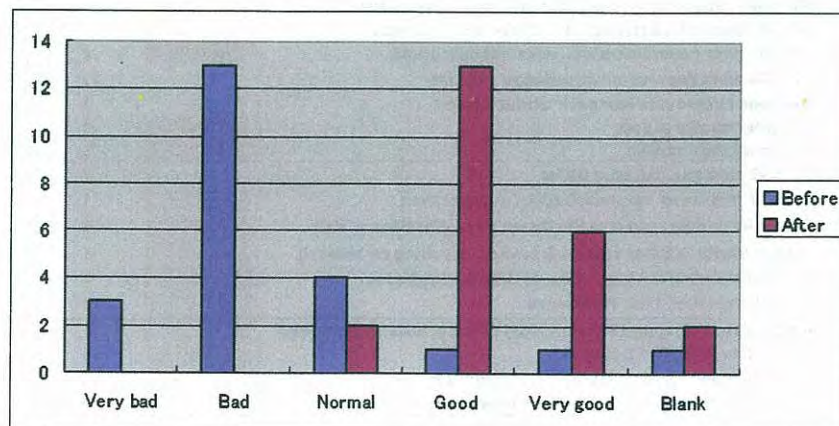
About "Group1. Trained from Target Area 23 persons"  
Comparison before and after MCAT course

Degree of communication between OD-MCH and RH-SBAs



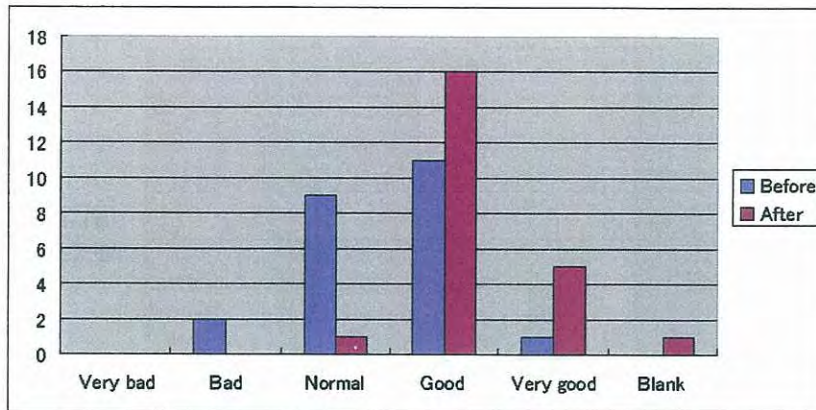
About "Group1. Trained from Target Area 23 persons"  
Comparison before and after MCAT course

Degree of communication between HC-MW and RH-SBAs



About "Group1. Trained from Target Area 23 persons  
Comparison before and after MCAT course

Degree of communication between PHD/OD-MCH and Managers



Qualitative analysis in the three groups  
Comments from respondents (multiple answers)

	Non target area (41)	Non participants in the target areas (25)	Participants (23)
Negative points of RH	RH-MW blame HC-MW, when HC-MW refer client to RH	9	0
	RH-MW shows bad attitude to HC-MW and/or clients	8	0
	RH-MW poor communication, does not collaborate	8	0
	RH-MW does know share knowledge and skill	0	0
	RH does not provide feedback about referral	0	0
	RH poor quality of care	6	2
	RH count their benefit	4	1
Favorable point of RH	RH-MW changed behavior better	1	9
	RH-MW improved communication / collaboration	0	17
	RH-SBAs undersand well (their own role, difficulties of HC)	0	6
	Better referral (started referral feedback, teaching on referral)	0	13
	RH-SBAs started to share technical knowledge& skill	0	14
Request for others	HC-MW improved their confidence	0	2
	Request for Managers (Support MCH officers, orientation to RH)	7	1
	Request to join MCAT course	14	0
	Communication and collaboration is important	13	0
	Request National level to increase Supervision	0	0

## 1. Results of Monitoring after the training

### 3) Monitoring and New supervision results

## Target of Monitoring and New Supervisions

### Target area:

17 Provinces  
MCAT & Orientation  
WS for Health  
Managers on MCH



### Target:

- MAT member
- (PHD-MCH, OD-MCH, RH-SBA)
- Health manager (PHD-director etc)

### Duration:

August 2009 -



-  Provinces covered by MCAT and New supervision
-  Provinces covered by MCAT

## Result of Monitoring

	Yes	No	Examples
PHD-MCH started new MW supporting activities	5 PHD-MCH	4 PHD-MCH	1) To dispatch RH-MWs from RH to HC where HC don't have HC-MW 2) To disseminate role of MAT members to the other ODs
OD-MCH started new MW supporting activities	8 OD	1 OD	1) To include teaching topic in existing HC-MWs meeting. 2) To invite RH-Dr/MW to join existing HC-meeting.
RH-SBAs started new MW supporting activities	7 RHs	2 RHs	1) To join and teach technical topic in existing HC-MWs meeting. 2) To disseminate role of MAT members to the other RH-Dr/MW.
Improved relationship among/between PHD/OD-MCH, RH-SBAs, HC-MW	9 provinces	0 province	1) RH-Dr/MW stopped to blame when receiving referral patients from HC to RH. 2) HC-MW is happy to refer patients because RH-Dr/MW allow HC-MW to attend the client at the delivery room during referring. 3) HC-MW started to inform to RH-Dr/MW in advance through phone call, before referral
Support from Managers	7 provinces	2 provinces	

## 2. Typical HC-MW supporting activities

Typical HC-MW supporting activities	Organizer			Trainer/ Implementer/		
	PHD-MCH	OD-MCH	RH-SBA	PHD-MCH	OD-MCH	RH-SBA
Small Training of Trainers(ToT) session to OD-MCH	⊙			⊙		○
Continuous education to HC-MWs		⊙			⊙	⊙
Joint supervision to HC-MWs		⊙		○	⊙	⊙
Advice on referral when HC-MWs attend referral case						⊙
On the Job Training in RH to HC-MW	○	⊙				⊙
Invitation to Case Conferences at RH maternity ward to HC-MWs and PHD/OD-MCH	○	○				⊙
One day session to teach technical aspects to HC-MW and RH-SBAs	⊙	⊙				⊙
Dispatch RH-MWs from RH to HCs which don't have HC-MW	⊙	⊙				⊙

### 3. Summary and recommendations

## **Summary**

- Except target area of MCAT, MCH officer have difficulties to work with RH-SBAs.
- After MCAT course, the communication was improved among MCH officers, RH-SBAs and HC-MW. After MCAT course many OD-MCH and RH-SBAs started some activities and some PHD started some activities.
- MAT members need support from health managers when they start some new activities.

## **Recommendations**

- MAT members should continue these good SBA supporting activities in your own area.
- PHD should share concept of MAT and SBA supporting activities with the other ODs where not target area.
- National level should continue to facilitate understanding for health managers.



Thank you so much!



## Group work

### Key questions for the Final Evaluation Workshop 6 Oct 2009

#### 1. Questions for Participants from Provinces (except Kq Cham)

- 1) Please explain midwife-supporting activities, which you started after MCAT course.
- 2) Useful points of such midwife supporting activities at your area
- 3) Difficulties to start/implement/continue midwife supporting activities
- 4) Do you (PHD/ CPA3 RH/ OD participated the MCAT course) think you can expand midwife-supporting activities to other ODs and CPA1&2 RH in your province? How can you do this? In order to do so (expand to other ODs& RH), what is necessary?

#### 2. Questions to participants from Kq Cham province

- 1) What kind of activities can you continue at your area to improve MCH (after Project finish)?
- 2) Do you think you (PHD/CPA3 RH/OD participated MAT/MCT) can expand midwife-supporting activities to 6 ODs (non –model sites) and CPA1 &2 RH in Kq Cham? How can you do this? In order to do so (expand to other ODs&RHs), what is necessary?
- 3) What kind of activities you cannot do, although you want to do to improve MCH?
- 4) What are the reasons you cannot do such activities, which you mentioned in 3)?

#### 3. Questions to NMCHC ?

- 1) What is lesson learned from the current JICA project- Project for improving MCH service in rural areas in Cambodia (2007-2009)?
- 2) What do you want to do about midwife supporting activities nationwide?
- 3) What is necessary to implement or achieve 2) ? What is the best way to implement or achieve 2)?

**Group 1. Participants from Prey Veng, Kg Thom, Svay Rieng, Kratie**

**Group 2. Participants from Takeo, Kg Speu, Kandal, Kg Chhnaing**

**Group3. Participants from Kg Cham (Managers group)**

1	Kg Cham PHD	Dr. Lon Chan Rasmey	Deputy Director
2	Kg Cham RH	Dr Meas Chea	Director
3	Kg Cham RH	Dr Ouk Varang	Maternity ward, Dr chief
4	Kg. Cham OD	Dr. Chea Sokha	Director
5	Chamkar leu- OD	Dr. Chea Heak Chhay	OD Director
6	Srei SanthoOD	Dr. Prak Ros	OD Director
7	Kroch Chhmar OD	Dr. Hout Kea	OD Director
10	Kg Cham RTC	If Director comes	Kg Cham RTC

**Group4. Participants from Kg Cham (MCH staff & MW group)**

1	Kg Cham PHD	Ms Hor Chanlavy	PHD-MCH staff
2	Kg Cham PHD	Representative	PHD-MCH staff
3	Kg Cham PHD	Repvesentative	Continous Education staff
4	Kg Cham PHD	Repvesentative	Continous Education staff
5	Kg Cham RH	Ms Yon Lengpheap	Maternity ward, Midwife chief
6	Kg Cham RH	one MW	Maternity ward, Midwife
7	Kg Cham RH	one MW	Maternity ward, Midwife
8	Kg. Cham OD	Ms. Khiev Samon	MCH Chief
9	Chamkar leu- OD	Ms. Chhor Sokheng	MCH Chief
10	Srei SanthoOD	Dr. Kao Rada	MCH Chief
11	Kroch Chhmar OD	Ms. Keo Leakhena	MCH Chief
12	Kg Cham RTC	If MW trainer comes	

**Group5. Participants from National Level**

1	NMCHC	Prof Koum Kanal	Director
2	NMCHC	representative	NRHP
3	NMCHC	Dr Keth Ly Sotha	Deputy Director
4	NMCHC	Dr Uong Sokhan	Deputy manager, ToT unit,
5	NMCHC	Ms Chin Chan Tach	Director, Nursing department
6	NMCHC	Ms Ou Saroeun	Deputy director, nursing Dept
7	NMCHC	Ms Svay Chey Ath	Nursing department (head of nursing dept in future)
8	NMCHC	Ms Heng Ngim	ToT unit, NRHP staff
9	NMCHC	Ms Khiev Rida	ToT unit staff
10	NMCHC	Ms Suth Som En	ToT unit staff
11	MoH HRD	Dr Phom Samsong	MoH HRD

## **Result of group work**

### **Group I Participants from Prey Veng, Kg. Thom, Svay Rieng, Kratie**

#### **1. Midwife-supporting activities are as follow:**

- Facilitate in referring patient from HC to RH
- Increase relationship between HC and RH (MW and physician)
- Provide technical training to HC-MW by RH, collaborate with health partner and conduct meeting
- Increase communication through telephone (at HC)
- When conducting supervision or all observation activities to HCs, we should ask HC staffs about their difficulties and try to solve it immediately.
- Encourage to MW, who accompanied patient, of all referral cases and teach he/she about symptom, prevention, and treatment.

#### **2. Useful points:**

- Increase good relationship in the whole province and country
- Refer patient on time in order for provide treatment on time
- Improve technical skill
- Reduce maternal and newborn mortality
- HC-MWs understand clearly about danger sign during pregnancy, delivery, and after delivery, especially about hemorrhage during delivery, because when they accompanied referral patients, physicians of RH had explained them on good technique.

\* Because of good service, good relationship between HC-MW and RH-MW, and good technique, the clients' access to the services is increased.

**3. Difficulties to start/implement/continue midwife supporting activities.**

- Road condition is not good, it is difficult to refer patient on time
- Lack of telephone system at remote HC
- Low knowledge of HC-MW
- Lack of transportation mode to refer patient on time
- 

**4. MW supporting activities at OD, CPA1&CPA2 RH:**

- Hold existing OD monthly meeting and further disseminate MAT
- Conduct supervision to all health centers to strengthen technical aspect to HC-MW
- Strengthen new skill to HC by joining study tour to maternity ward of RH
- Give advice about referring to HC-MWs when they accompanied referral cases and provide feedback
- Increase relationship with PHD, OD, RH and HC-MW

**Group II Participants from Takeo, Kg. Speu, Kandal, Kg. Chhnang**

**1. Midwife-supporting activities**

- With support from JICA, joined new supervision to HC-MW participated by RH-SBA, OD-MCH, PHD-MCH

Except Takeo:

- Conducted HC-MW quarterly meeting at OD
- Conducted MW/SBA meeting at RH to change their behavior
- Encouraged HC-MW in referral patient

Kampong Speu: Sent MW/SBA of RH to work at HC, where don't have MW, by rotating each other, one staff works for one week.

**2. Useful points of midwife supporting activities**

- Gain additional knowledge
- HC don't afraid to refer patient to RH
- Good relationship between HC-MW and RH-MW
- Good relationship between PHD-MCH and RH-MCH

**3. Difficulties to start/implement/continue midwife supporting activities**

- No budget for supervision and training
- No transportation mode to refer patient from HC to RH
- Most of HC-MWs are primary midwife and their knowledge are limited
- The behavior change have been not so good yet
- No trainer for providing training on abdominal examination following Leopold

**4. Expand to other ODs and CPA1&2 RH**

PHD/CPA3-RH and OD joined MCAT. We think that we can expand midwife-supporting activities to other ODs and CPA1/CPA2 RHs.

- a/ - if we have budge
- b/ - Meeting to make action plan
  - Conduct supervision

**Group III Managers Group from Kg. Cham**

**1-Activities**

- Monthly meeting of HC and RH
- Supervision from PHD to OD and RH
- Supervision from OD and RH to HC
- Advice about referral
- Short time training at working place
- Provide feedback through supervision, regular meeting, referral case and short time training at working place of HC and RH MW.
- Include some action plan in the AOP
- Mobilize other income through Pro.technical meeting..., exchange program...
- Continue to collaborate with VHSG and TBA

**2-Expand to other ODs**

- \*Be able to expand
- Disseminate the achievement of project (find problem and solving)
- Share the experience of 4ODs model site to 6ODs through OD MCH regular meeting (10ODs attend the meeting, existing meeting).
- \*Necessary point
- Advice to 6ODs, RHs and HC to include MCH activities in AOP
- Need support from national level and partner (JICA should continue the project)

**3-Activities cannot do**

- Training course (MW training, LSS course, EmoC course)
- Equipment provision is not enough (doppler)



- Deploy MW to all HC
- Referral activity

#### **4-Reason**

- Institution possibility (structure)
- Delay supplying and not enough
- Lack of human resource (especially lack the MW)
- Lack of transportation, road condition is bad
- Life living of people is poor, people awareness is limited

#### **Group IV MCH staffs & MW group from Kg. Cham**

##### **1. Activities**

- Include some short courses in monthly meeting
- Maintain MAT
- Join supervision among RH-Dr/MW, OD-MCH, PHD-MCH
- Continue MDA activity
- Support and encourage HC-MW
- Provide further training to HC-MW

##### **2. Expand to other ODs and CPA1&2 RH**

- + We can do this activity.
- Develop action plan
- Request NMCHC's facilitators to join this activities
- Group members: RH director, RH-MW, OD-MCH, PHD-MCH, deputy director of OD in-charge of HC, PHD-CE
- Request budget from health partners
- + In order to expand midwife-supporting activities to ODs and RHs in the province, it necessary to have:
  - support from national level
  - support from PHD
  - support from PHD-MCH, PHD-CE, CPA3 RH
  - support from OD director, OD-MCH, CPA1/2 RH
  - support from health partner, especially JICA

### **3. Activities cannot do**

- Lack of human resource, especially midwife at HC
- Lack of material such as delivery kit, Doppler, electricity, etc
- Some HCs don't have building
- Lack of transportation mode to supervise to HCs

### **4. Reasons**

Reasons that we cannot do such activities which mentioned in 3 because of:

- retired midwife
- MWs go to work for organization
- materials are old, broken, and not enough for using
- road is flood and transportation mode is old

**Group V**                      **NMCHC Group**

**1-Lesson learn from the current project**

- Have understood the role of health manager (PHD, OD and RH director) and facilitated PHD, OD, RH to knew their role to support HC MW.
- To be facilitator of MCT, MAT and MCAT.
- Developed MAT curriculum
- Make budget plan of training
- Good relationship with provincial leader
- Knew the role of new supervision (PHD, OD, RH)
- Joined base line survey activity could find the gaps of knowledge and skill at OD level and fulfilled.

**2-MW supporting nationwide**

- Expand MAT activity to all provinces
- Increase the capacity of trainer (lecturer and preceptor) which provide the knowledge and skill to MW in clinical practice.

**3-Necessary point to implement**

- Find the partner to support MCAT activity
- Provide TOT of MCAT to PHD level in order to expand and strengthen the activity at their own area.

