



Mrs. Kang Bunkea is a Chief of the Roloksor Commune and Chief of the Health Center Management Committee (HCMC) in Pursat Province delivers health messages to her villagers. Photo by Khorn Linna/CRS

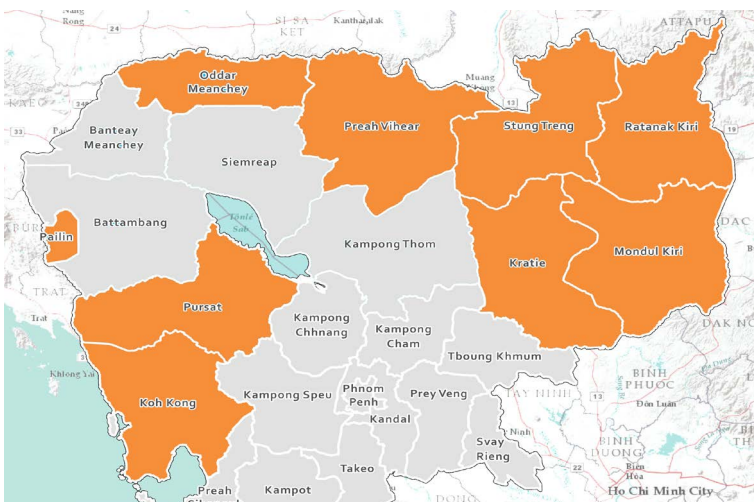
Resilient Sustainable System for Health

STRENGTHENING HEALTH SYSTEM AND CAPACITY OF HEALTH WORKERS AT DIFFERENT LEVELS

BACKGROUND

Cambodia made significant strides in improving health status over the past decade, largely due to the efforts of a network of village-level volunteers known as Village Health Support Groups (VHSG) and increasing local governmental resources (commune budget) for infrastructure and social services at the community level. However, resource shortages for health activities resulted in a lack of sustainable support for community level health initiatives.

CRS' Resilient Sustainable System for Health (RSSH) project, funded by the Global Fund, is implemented in 9 provinces: with 9 provincial health departments (PHDs), 17 operational districts (ODs), 206 health centres (HCs), 314 communes/Sangkats, 2,014 villages, and 13 Antiretroviral Therapy (ART) sites. The project enhances the capacity of local authorities to plan, oversee and implement community health approaches, services, and activities, contributing to building a resilient, efficient health system capable of delivering preventative and curative HIV, TB and Malaria services in a sustainable manner.



CRS RSSH project target provinces

KEY ACHIEVEMENTS JANUARY 2021 to DECEMBER 2023¹



95%
195/206 targeted HCs have fully functioning HCMCs



121%
3,872/3,188 targeted VHSGs trained on how to track PLHIV who are Lost To Follow Up (LTFU) and refer them to ART sites



100%
83/83 targeted HCs actively participated in commune and/or district investment planning



100%
83/83 targeted HCs received commune allocated funds for meetings either full or partial support

¹The achievement percentage is based on the comparison between target and actual result.

RSSH STRATEGY/APPROACH AND KEY ACTIVITIES

Institutional capacity strengthening, planning and leadership development

CRS works closely with the National Centre for Health Promotion (NCHP) to provide technical support for capacity building of local commune authorities, such as the commune chief or deputy chief, clerk, and Commune Committees for Women and Children (CCWCs). The focus is on the roles and support needs of community health structures, such as the Health Centre Management Committee (HCMC) and VHSG. CRS supports the HCMC' quarterly meetings in the target provinces to ensure that members discuss on-going and emerging health-related issues that occur in the commune, and to identify possible solutions to improve health services. CRS supports HC staff in mapping VHSGs to inform project development and decision making towards suitable strategy and approaches for VHSG's integration in the long-term sustainability of community structures.

Social mobilization, building community linkages, collaboration, and coordination

CRS supports orientations, monitoring and supervision visits to advocate and empower commune councils to invest commune budgets in the HCMC, VHSG meetings, support for community health workers, and other health priorities, which will contribute to local ownership, leadership, accountability, and sustainability.

Integrate HIV care and treatment in Village Health Support Group's role

The project provides support to integrate HIV care and treatment into the role of the VHSGs. CRS works with NCHADS to develop protocols and provide capacity building to VHSGs through trainings on how to track and refer people living with HIV (PLHIV) and lost to follow up (LTFU) cases and ensure the confidentiality and dignity of PLHIV is upheld. This is carried out through VHSG quarterly meetings, monitoring, and supervision by HC, OD and PHD staff. This approach promotes access, retention and adherence to care, treatment, and support for PLHIV. There have been nine VHSGs in four provinces



HCMC meeting is conducted in Pursat Province. Photo by Regis Binard for CRS

who referred PLHIV that were LTFU cases back to service at the ART sites.

Community-based monitoring

CRS supports Provincial Health Promotion Unit (PHPU) and OD staff to conduct monitoring and supervision to commune councils and health center staff to empower them to integrate community health activities (HCMC and VHSG meetings) into the commune investment plan (CIP) and to enhance HC functions and community responsiveness. CRS also supports VHSG meetings to enhance their competency on health awareness raising activities in their communities, for strengthening follow-ups with PLHIV who LTFU, TB and malaria cases.

COVID-19 response mechanism for community-led monitoring, feedback and response

As part of this project, CRS further works to support COVID-19 response mechanisms through integrating COVID-19 topics, including COVID-19 prevention, vaccine, treatment and education, into the active Commune Committee for Women and Children (CCWC) meetings, and COVID-19 awareness raising activities in their communities.

CHALLENGES

Tracking PLHIV who are LTFU is a new integrated role of VHSGs which limits their confidence in performing this activity. In response, CRS provides ongoing refresher trainings via quarterly meetings and supervision to VHSGs.

Limited capacity of some commune councils led to lack of resource use for health activities. In response, CRS provides orientation refresher workshops to commune councils and continues to support supervision conducted by PHPU staff.

LESSONS LEARNT

Decreasing group size for face-to-face VHSGs meeting to adapt to COVID-19 situation did not affect the project work plan implementation. CRS followed government COVID-19 guidance which did not allow large group gatherings/crowds and kept social distancing to ensure VHSG meetings were conducted as planned.



Villagers join education session conducted by the HCMC members focuses on COVID-19 prevention and treatment in the village, Pursat Province. Photo by Regis Binard for CRS

