

# Improving Family Planning services in Samlaut Millennium Village, Cambodia

Dr Chris Smith, GP and Delegate for Wessex Service Improvement and Leadership Program

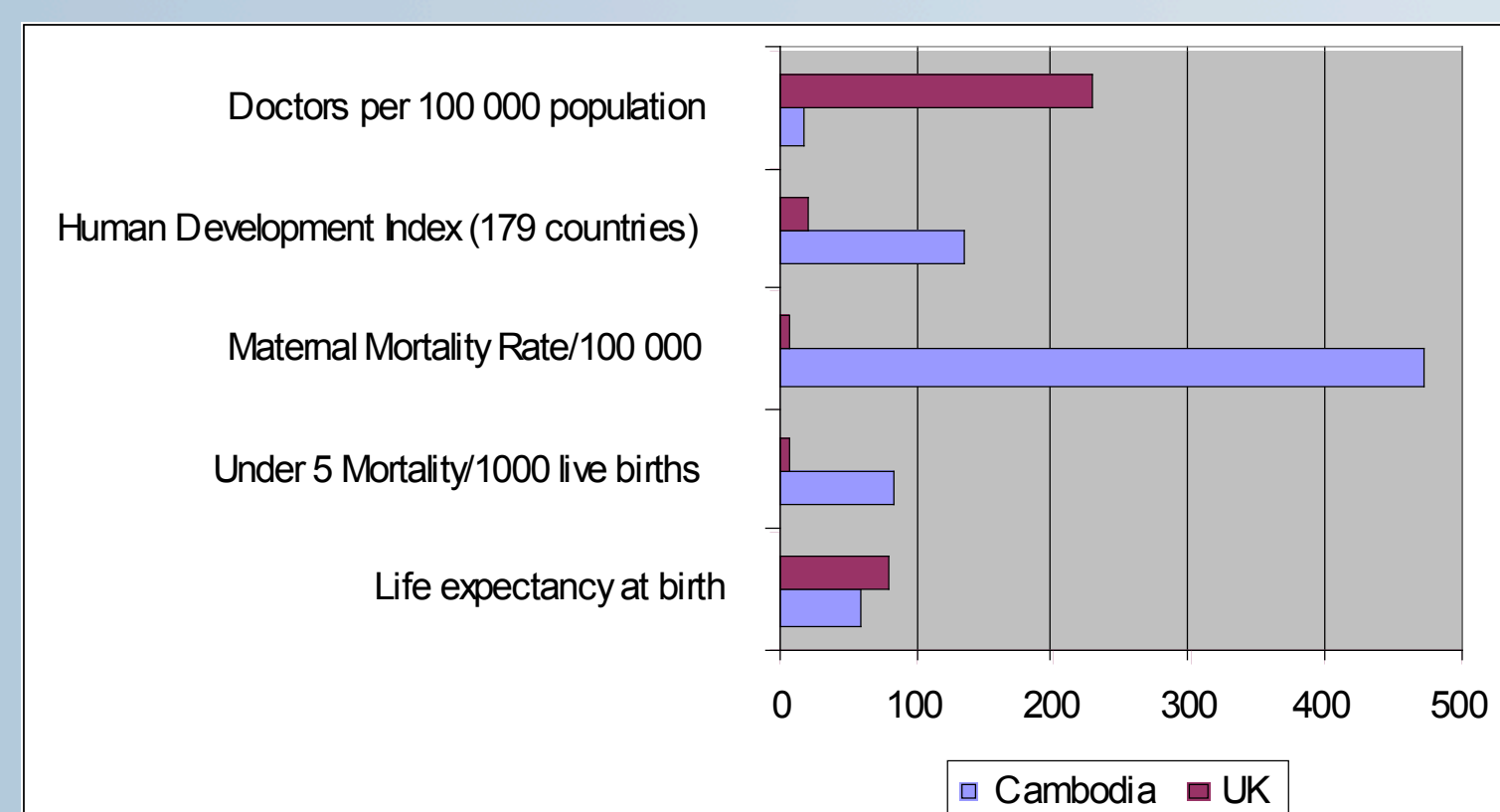
## Cambodia and the NHS partnership

Cambodia, one of the poorest countries in SE Asia, has some of the worst health indicators in the region as a consequence of more than 3 decades of conflict.

Maddox Jolie-Pitt Foundation (MJP) is running an integrated community development programme in the rural northwest of Cambodia. Samlaut, with a population of approximately 5000, has been designated the first United Nations Millennium Village outside of Africa, due to its high rate of rural poverty.

In order to meet the two Millennium Development Goals related to reducing child mortality and improving maternal health, MJP and the Cambodian government have partnered with the UK's National Health Service (NHS) as part of the UK's NHS commitment to developing Global Health Partnerships both to contribute to improving global health and to learn from the developing world

Comparison of UK and Cambodian Health Indicators



## RAID methodology to improve Family Planning services

RAID methodology is a Quality Improvement (QI) tool. Our goal is to improve Family Planning provision in Samlaut

### Review

- We consulted with all of the relevant stakeholders including other Non-Governmental Organisations and the Cambodian Ministry Of Health (MOH)
- We familiarised ourselves with the National Strategy for Reproductive and Sexual Health in Cambodia 2006-2010
- We learnt about existing Family Planning provision from private clinics and pharmacies in Samlaut
- We learnt about villagers preferences for Family Planning

### Agree

With input from QI Specialists from the UK we agreed the following:

- To start a basic Family Planning service (offering condoms, pill and depot) from our rural health post
- To explore offering a wider range of contraceptive options in Samlaut, such as the hormonal implant and IUD
- To explore community based distribution options

### Implementation

- A Family Planning awareness meeting at our Health Post which was attended by 48 villagers.
- We have provided training in basic contraception to the health post staff and the service has been running since May 2009

### Demonstrate

- Monthly contraceptive consumption and number of clients (using Cambodian MOH reporting system)
- Couple year of protection
- In depth evaluation carried out September 2010, results awaited

## Benefits to the UK & Cambodia

This partnership aims to be mutually beneficial both to Cambodia and the NHS.

### NHS

It is unusual for trainees, or those early in career to gain experience of comprehensive service improvement.

Although the UK has a fairly established Family Planning Services it currently holds the unenviable position of having the highest teenage birth rate in Western Europe. There is always scope for improvement in services. The UK could learn from innovative and imaginative ideas and programmes from other countries.

### Cambodia

In every country with high fertility rates there are many barriers to fertility regulation methods and Cambodia is no exception:

- non-availability
- myths
- male blocks

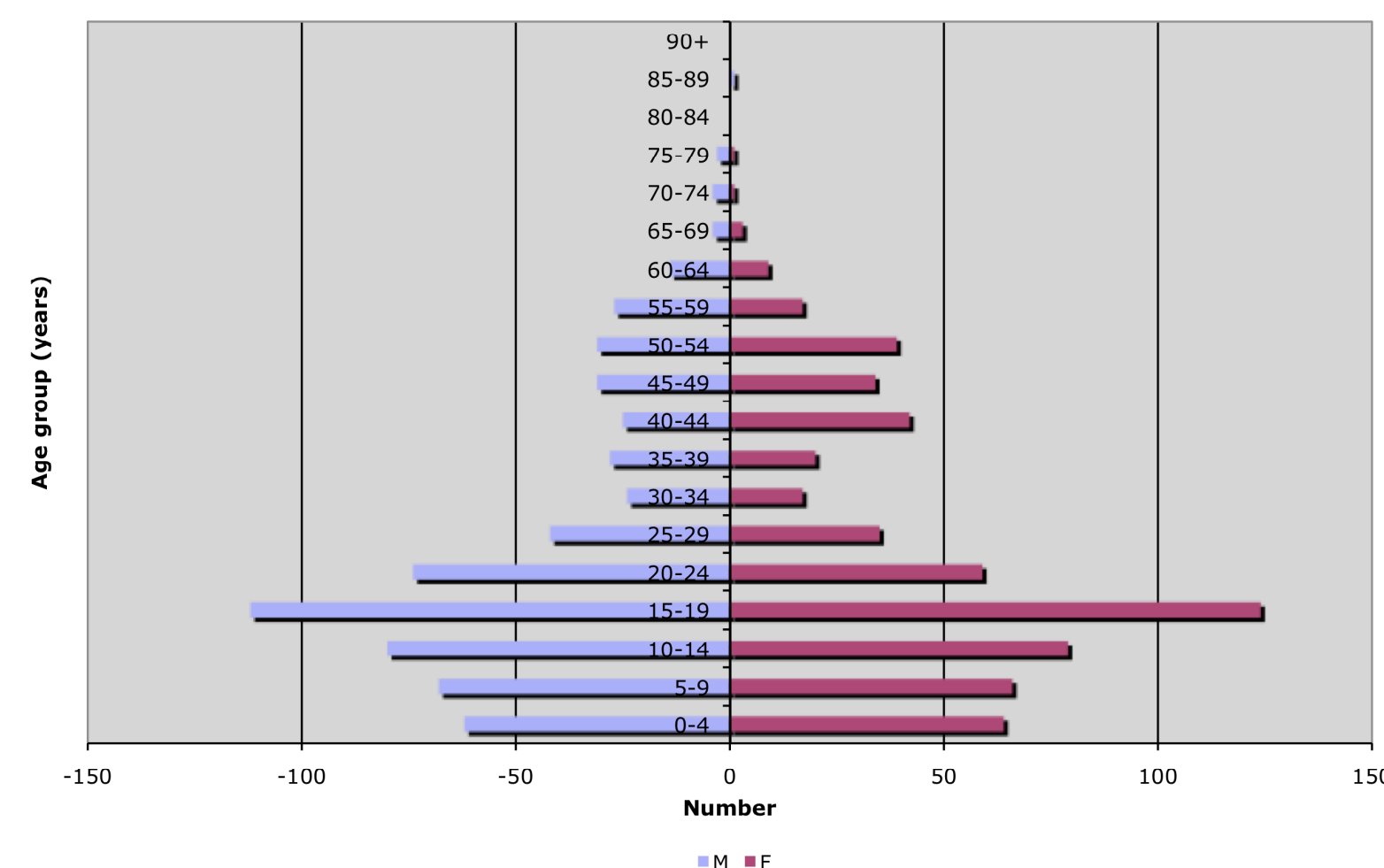
Sharing UK knowledge and experience and QI methods with Cambodian Healthcare staff and working together to improve services has the potential to benefit the Cambodian healthcare system.

## An unmet need for Family Planning

The population of Samlaut is young with a high proportion in or about to enter their reproductive years. The Cambodia Demographic and Health Survey 2005 found that 79% of married women wanted to either delay the birth of a new child or have no more children at all, but only 27% were using modern birth control methods.

An unmet need was identified following consultation with villagers in Samlaut yet we found limited Family Planning service provision.

Age pyramid of the survey population in Samlaut



Household health survey



Kampong Touk Health Post



Condom launch at the Health Post



## Bibliography

- National Institute of Public Health, Cambodia. Cambodia Demographic and Health Survey 2005
- Crisp SN. Global health partnerships: the UK contribution to health in developing countries. 2007
- Hockey P, Tobin, A, Kemp, J, Kerrigan, J, Kitsell, F, Green, P, Sewell, A, Smith, C, Stanwick, S, Lees, P. Global Health Partnerships: leadership development for a purpose. *Leadership in Health Services*. 2009;22(4):1751-1879.
- Rodgers P. RAID Methodology: the NHS Clinical Governance Team's approach to service improvement. *Clinical Governance: An International Journal*. 2006;11(1): 69 - 80.

Acknowledgements: Special thanks goes to Mr Peter Lees, Dr Peter Hockey, Miss Fleur Kitsell, Dr Mick Neilson, Mr Stephan Bognar, Mrs Alexandra Tobin, Mrs Stephanie Stanwick, Dr Choup Louer and Mr Nop Bunny.