



CASE STUDY

Simple systems improve quality of health centre services in remote Mondulkiri

Health Centre Management Committees (HCMCs) govern local health centres in Cambodia and are a key forum for solving problems that affect the health services available to local communities. Kimyoeung, the vice-district governor of Koh Nheak in Mondulkiri province, is chief of the Health Centre Management Committee in her area. She attends regular meetings with other HCMC members, which CARE supports as part of the Global Fund project to strengthen healthcare systems.

Kimyoeung says that these quarterly meetings are very important for discussing prevalent health issues, sharing community concerns and taking action to improve the service the health centre provides. The HCMC meetings not only provide an opportunity for commune representatives to raise issues from their communities with the health centre staff in attendance, but now also feature consideration of action plans from Community Score Card meetings.

The Community Score Card© is a tool developed by CARE to allow community members to provide collective, considered feedback on the services available at their health centre. A simple scoring system means everyone can participate and information can be gathered from across many villages every six months to give an accurate overall picture of satisfaction with the health centre. An interface meeting between health staff and community representatives allows for discussion of any key problems that need addressed so an action plan can be created to combat these. As the Community Score Card has been adopted by the Ministry of Health to be a key tool for improving health services, health staff are more likely to comply with this process.



Kimyoeung says that the HCMC meetings are a good way of ensuring these action plans are carried out. CARE staff and their partners are closely involved with both coordinating the Community Score Card process and supporting HCMC meetings, so they ensure that the Score Card action plans are always on the HCMC agenda for discussion and follow up.

At the HCMC meeting, Kimyoeung has been able to suggest new ways of working to address the problems villagers are concerned about. “One of the complaints from the Community Score Card was that villagers felt there was inconsistency and discrimination about who was seen first by the medical staff,” she says. “Some people said that they would be waiting for a long time – often many hours – and that people who had arrived after them would be seen first. This led some to become angry and this was not good for the relationship between community members and the health centre.”

She suggested introducing a numbering system, where each person who arrives at the clinic is given a card numbered according to the order in which they arrived. Staff now call patients to be seen by number so that no one can dispute whose turn it is. This has been effective as it not only improves the health centre's processes to reduce waiting times – which has also reduced complaints – but it also ensures that staff are not perceived to be discriminating against particular people or communities. Preventing discrimination is a very important consideration in Monduliri province, where a large proportion of the population is from the Phnong ethnic minority.

The only exception is when priority is given to very severe cases, particularly children. In these cases community representatives such as members of the Village Health Support Group (VHSG) share details of the system with villagers to ensure that all people are aware of why staff may occasionally give precedence to someone for medical reasons. The simplicity of the system is one of the key points that makes it work in this context as it is easy for everyone to understand.

Kimyoeung says that the numbering system has been one of the actions that has helped improve customer satisfaction and reduced the number of complaints the health centre receives from communities. Other impacts she has noticed since the Community Score Card began include on-call staff being more available and an increased number of people accessing health services, such as more women delivering their babies at the health centre.

“A combination of feedback through the Community Score Card, village representatives referring issues to their commune and the HCMC highlighting key areas for improvement has persuaded health centre staff that there are true issues to address,” says Kimyoeung. “I expect that in the next two years the health centre will improve as a result of the cumulative efforts up until now. These have gathered enough momentum for community members to keep pushing for improvements.”

CARE plans to continue supporting these efforts to ensure that all people in this remote area of Cambodia, regardless of age, ethnicity or location, are able to access quality health services when they need them.



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