

# HUMAN RESOURCES FOR HEALTH IN MATERNAL, NEONATAL AND REPRODUCTIVE HEALTH AT COMMUNITY LEVEL

## A profile of Cambodia



Technical summary

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This report summarises the available information on maternal, neonatal and reproductive health workers at a community level in Cambodia. It looks at workforce diversity, distribution, supervisory structures, policy and education and training.

Accurate and accessible information about the providers of maternal, neonatal and reproductive health services at a community level is central to workforce planning. However, information on human resources for health, such as how workers are performing, managed, trained and supported, is scarcely available for decision makers to use.

This profile provides baseline information about Cambodia that can help inform policy and program planning by donors, multilateral agencies, non-government organisations and international health practitioners. Ministry of Health staff from other countries may also find the information useful in planning their own initiatives.

### Key initiatives

- The Reproductive and Child Health Alliance has been running training courses for village midwives on emergency obstetric care. As part of this initiative, midwives are paid a one-off payment of USD\$20 as an incentive to work in rural areas and also are paid according to performance, with USD\$5–15 given for deliveries carried out according to national guidelines. Community volunteers are also paid a small amount for referring pregnant women to health facilities.
- The Ministry of Health in Cambodia is introducing measures to increase the number and capacity of midwives, strengthen human resource planning and increase management skills of Ministry of Health staff.
- The full report outlines the achievements and goals of a number of strategic plans including the National Health Plan's Human Resources for Health Strategy component.

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### Key issues or barriers

- There are an insufficient number of qualified midwives and skilled birth attendants in rural areas due to the lack of graduated midwives and the movement of midwives from the public to the private sector as a result of low remuneration. Little attention has been paid to the potential role of other skilled attendants such as secondary nurses.
- The midwifery skills of private practitioners in rural areas are weak. Traditional birth attendants also have very limited skills and knowledge in the provision of midwifery care. Skilled birth attendant capacity in emergency obstetric care is limited.
- Community participation poses a challenge. The role of community has played a large factor in successful integrated management of childhood illness implementation. However, there is a lack of knowledge and understanding concerning the danger signs and complications in pregnancy and prompt care-seeking behaviour.

### REPORT SAMPLE: HEALTH WORKER DISTRIBUTION IN CAMBODIA

(Adapted from WPRO 2009)

CADRE	NUMBER	RATIO TO EVERY 1,000 PEOPLE
Community health workers	1,638	0.13
Registered nurse	8,491	0.63
Midwife	3,245	0.24
Doctor	3,393	0.25

## REPORT SAMPLE: CADRES INVOLVED IN MATERNAL HEALTH AT COMMUNITY LEVEL IN CAMBODIA

BASE OR PLACE	STAFF INVOLVED (NAME OF CADRE)	POSSIBLE SERVICE IN THE COMMUNITY
Home-based	Traditional birth attendant	Delivery, referral, community support, traditional birth attendant, health centre
	Village health support group or village health volunteer, Health Centre Management Committee	The roles and responsibilities are in the process of development (briefing on Community Participation Policy for Health (Section Meeting on 3–4 July 2008))
	Mother support group	Nutrition (breastfeeding community initiative)
Outreach centre	Nurse, midwife, medical assistant or doctor at each health centre	Provides outreach activities i.e. expanded program of immunisation, health promotion, family planning and birth spacing, breastfeeding promotion, provides essential commodities (micronutrients, mebendazole, oral rehydration therapy), maintains links between health centres and community, home visits
Aid post or basic clinic		Not applicable

### Sources of information for this profile

The information for this profile was collected through a literature review in addition to input from key experts and practitioners working in the country. The full report cites full information sources and references (this document is a summary only).

### Where to find more information?

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Also available in this series are profiles on other countries including Bangladesh, Fiji, Indonesia, Lao PDR, Philippines, Solomon Islands, Timor-Leste and Vanuatu.

### ABOUT OUR MAIN AUTHOR: Dr Angela Dawson

Dr Dawson has experience in the areas of primary health care worker education and training, capacity building for communicable disease prevention and control at community level and health communication and media advocacy. She helped develop the training curricula to support National Malaria Control Programs in five African countries (with the Liverpool School of Tropical Medicine and the London School of Hygiene and Tropical Medicine). She has been involved in programs designed to develop dialogue and debate between journalists and health practitioners in the Asia-Pacific region, Africa and the Caribbean. Angela has been leading a program in human resources for health at community level in maternal, neonatal and reproductive health in the Asia Pacific with the Burnet Institute.

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### ABOUT: The HRH Knowledge Hub

The Human Resources for Health Knowledge Hub was funded by AusAID in 2008 and forms part of the School of Public Health and Community Medicine at the University of New South Wales. Our publications report on a number of significant issues in human resources for health. We also have resources available on leadership and management issues, maternal, neonatal and reproductive health workforce, and human resource issues in public health emergencies.

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