

# THE PROMISE AND CHALLENGES OF LOCAL HEALTH GOVERNANCE IN CAMBODIA

---

**Siddhi Aryal**

## **ACRONYMS**

<b>ACT</b>	Artemisinin-based Combination Treatment
<b>ADB</b>	Asian Development Bank
<b>A+M</b>	Aartesunate and Mefloquine
<b>AOP</b>	Annual Operations Plan
<b>ARI</b>	Acute Respiratory Infection
<b>CBHI</b>	Community Based Health Insurance
<b>CC</b>	Commune Council
<b>CCT</b>	Conditional Cash Transfer
<b>CCWC</b>	Commune Committee for Women and Children
<b>CIP</b>	Commune Investment Plan
<b>CNM</b>	National Center for Malaria, Parasitology and Entomology
<b>CPP</b>	Commune Council Performance and Citizens' Participation
<b>D&amp;D</b>	Decentralisation and Deconcentration
<b>DHS</b>	Demographic and Health Survey
<b>DOT</b>	Directly Observed Treatment
<b>FHI360</b>	Family Health International 360
<b>FGD</b>	Focus Group Discussion
<b>GII</b>	Group Interview Informant
<b>HC</b>	Health Center
<b>HEF</b>	Health Equity Funds
<b>HCMC</b>	Health Center Management Committee
<b>HSP</b>	Health Sector Plan
<b>HSSP</b>	Health Sector Support Project
<b>IDI</b>	In-Depth Interviews
<b>IEC</b>	Information, Education, and Communication

**INGO** International Non-Governmental Organisation

**ITN** Insecticide-Treated Nets

**KII** Key Informant Interview

**LLITN** Long-lasting Insecticide-Treated Net

**MC** Malaria Consortium

**M&E** Monitoring and Evaluation

**MCH** Maternal and Child Health

**MoH** Ministry of Health

**MOI** Ministry of the Interior

**MSAT** Mass Screening and Treatment

**MSF** Médecins Sans Frontières

**NGO** Non-Governmental Organisation

**OD** Operational District

**OECD** The Organisation for Economic Co-operation and Development

**PHD** Provincial Health District

**PHO** Provincial Health Office

**RDT** Rapid Diagnostic Tests

**RH** Referral Hospital

**SOP** Standard Operating Procedure

**TWG** Technical Working Group

**U5MR** Under-Five Mortality Rate

**UNDP** United Nations Development Program

**UNICEF** United Nations Children's Fund

**USAID** U.S. Agency for International Development

**VC** Village Chief

**VDC** Village Development Committee

**VHSG** Village Health Support Group

**VMW** Village Malaria Worker

**WGI** Worldwide Governance Indicators

**WHO** World Health Organization

**Table of Contents**

ACKNOWLEDGEMENTS..... 6

ABSTRACT ..... 7

# ACKNOWLEDGEMENTS

I am forever indebted to Dr. Claudia Campbell, the chair of my dissertation committee, who went through many versions of my dissertation and provided innumerable hours of her time in helping me get my points across more succinctly. Never once did she express any frustration, but to the contrary, always used my incapacities to guide me and supported me in learning. I am very grateful to my committee members, Dr. Eva Silvestre and Dr. Alessandra Bazzano, who patiently helped me think through my analyses and provided me with rounds of feedback despite the hours it took away from their busy lives. It is thanks to their guidance and support that my dissertation is in its current shape. I am also grateful to Dr. Mahmud Khan for helping me in the initial phase of my Ph.D. journey.

In the midst of my work and family responsibilities, I came very close to giving up a few times. I wish to thank my wonderful colleagues and friends, including Jackie and Tony, who never ceased to inspire me and used every opportunity to encourage me to keep going.

I wish to thank my wonderful family, including my father and mother, for never giving up on me and for always believing in me. My two sons deserve thanks for their understanding too, as they had to give up their time spent with me, especially during the last year and a half.

Most of all, I am truly thankful to my wife, who never ceased to give me her full and complete support, love, and understanding throughout this process. Thank you very much.

# ABSTRACT

Village Malaria Workers (VMWs) play an important role in the prevention and treatment of malaria as frontline volunteers in Cambodia, a nation implementing decentralisation initiatives and that is reliant on task shifting to address health worker shortages. Studying the performance of VMWs and understanding the social capital that they are able to mobilise, including enabling and reinforcing factors while fighting malaria in Cambodia's Pailin province, will benefit performance enhancement and program scale up. This dissertation examines the factors associated with the perceived performance of VMWs, which has the potential to provide practical guidance for Cambodian health system managers and local health practitioners to capitalize on locally-available human resources to implement their health initiatives as per the country's decentralisation plans.

The study was done in 2 districts of Pailin province in Cambodia. The findings were based on 35 semi-structured surveys, 13 key informant interviews, 6 focus group discussions, 3 group interviews and 2 in-depth interviews covering VMWS and stakeholders from the commune council, village health support groups, health center management committee, provincial health offices, a referral hospital, a pharmacy, village chiefs, and administrative officials. The interviews and discussions were conducted using set guides, which allowed for flexibility and asking for follow-up questions as well as probing for more information and clarification. Pre-determined themes were used in designing the instruments, and data from the survey, focus groups, and interviews were thematically coded for manual data analysis.

This study showed that VMWs' performance is affected by a variety of factors that emerge from the complex context in which they work. These include socio-demographic

variables; their health system knowledge; access to enabling and reinforcing factors, including family and social support; personal motivation; resource availability, including budget, supplies, and equipment; ways of being selected; access to learning, training and capacity-building opportunities; and institutional communication and implementation of decentralised health program. Factors such as perceived corruption also were seen to affect VMW's performance. The participants suggested various ways to address these challenges.

In order to improve the performance of VMWs, people's participation in all local governance arms, including the CC, VHSG, HCMC and the HC, needs to be strengthened. The roles and expectations regarding citizen participation need to be clarified using simple messages. Training and capacity-building support needs to be made available for learning key new skills as relevant. The equipment and supplies necessary for work as well as adequate reimbursement of transportation allowances need to be provided along with instilling a proper system of VMW supervision and mentoring that adequately recognises those that are high performing. Targeted capacity assessments for VMWs and the VHSG, HC and HCMC need to be undertaken followed by needed training and mentoring in order to address areas that need further support to enhance productivity. A volunteer selection process needs to follow the rules described in the CPP policy ensuring deliberate attempts to open up entry points for public service to those that have been excluded on the basis of formal qualifications, lack of kinship, or political affiliation.

*Keywords: Village malaria volunteers, Malaria, Participation, Local governance*