Reaching Cambodian Communities: Mobile Birth Spacing Services

Population Services International Cambodia
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GHC Conference May 27, 2009
Cambodia Context

• Population: 14 million
• CPR: 27%
  – IUD: 1.9%; Implant: 0.2%, Pill:11% and Injectable 7.9%
• LTMss chronically underutilized
• PSI’s Women’s Health Project began in July 2008 to expand access and demand for LTMss
LTMs in Cambodia

- In 2007, 3,400 IUDs and no implants were provided nationally in the public sector.

- In 2009, PSI will support the govt to ensure provision of an estimated 25,000 LTMs in Cambodia.
PSI’s Previous Efforts

IUDs and implants were introduced into Sun Quality Health network, but low uptake because...

• **Provider barriers**: didn’t promote, too time consuming, not enough profit, lacked practice and confidence

• **Consumer barriers**: lack of knowledge, cost, limited access
Launch of Mobile Service Delivery

• In 2008, discovered huge latent demand for LTMs from conducting training. Recreated ‘training day’.
Objectives of Mobile Services

• Breaking down **provider barriers**
  – On the job training
  – Output based aid from PSI

• Breaking down **client barriers**
  – Interpersonal communications: mobilization, group counseling
  – Affordable access
Mobile Service Delivery

• 6 mobile teams (4 people each) in 8 provinces
• Conducted in:
  – SQH clinics
  – public health centers
• All methods offered at a small fee, 96% choose LTM
• Group and individual counseling ensures informed choice
Mobile Service Delivery Cycle
7 week process

Week 1
Week 2
Week 3
Week 4
Week 5
Week 6
Week 7
Training
HC 1
HC 2
HC 3
HC 1
HC 2
HC 3
Demand Creation for Events

- **Reaching clients**
  - Simple door-to-door outreach in community for 2 days prior to event
  - Distribution of basic IEC material, focus on raising awareness of LTMs, debunking myths
  - Mobile Video units
- **Latent demand high**
  - LTMs popular amongst young/old, spacer/limiter
  - Possibility we are reaching early adopters
Results

Between June ’08 - April ’09, mobile services

• Provided service and/or counseling to 15,520 women
• Inserted
  – 6,340 IUDs
  – 6,282 Implants
• Conducted 147 2-day events

Of those clients served:
• Average age:
  – IUD: 31, Implant: 29
• Average number of living children:
  – IUD: 3, Implant: 2
Lessons Learned

• Barriers to LTM (cost, access, knowledge, beliefs) can have dramatic impact on use

• When cost is not a barrier, women prefer LTM
Lessons Learned

• Mobile services should serve as a catalyst for long-term sustainable service provision and client demand
• Logistics are 99% of the battle
• Need well-established follow-up and removal system
• Lack of trained providers from Public Sector
• Lack of women health providers
Plans for the future

• Longer more consistent mobile presence in communities
• Support franchised providers to build LTM provision into regular clinic days
• Strengthen QA and monitoring
• Expand mobile services to new target group: young, urban workplaces (ie. garment factories, military camps)
Thanks!

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