

Analysis cambodias health system health and social care essay

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Cambodia is one of the poorest states in South-east Asia, with about 34.7 % of its entire population living below the poverty line. Cambodia is still emerging from decades of civil war and political instability, which had long-lasting effects on its health systems, and although there has been steady improvement in its health indices in recent years, the health position of its population is among the worst in the Asia and Pacific region, with high infant, child and maternal mortality rates. The health sector reform which occurred after the war has resulted in significant successes in the national health system, nevertheless despite these successes, several challenges and issues still exist in the health system which could be addressed with executable schemes.

Critical Analysis of cardinal challenges and successes within Cambodia's health system:

Administration agreements concentrating on organisation and direction of the health system:

The administration agreement originated from the health sector reforms which led to the formation of a three-tier system-Central, Provincial and District levels. The Central level is being managed by the Minister of Health as the main executive, and comprises of three directorates-Health, Finance and Disposal, and Inspection, with their respective boards of directors who supervise and monitor the assorted subordinate sections and offices. The Provincial level is being managed by the provincial managers who supervise service delivery and ensure effective use of resources in their respective operational territories. The district level is being managed

through public-private partnership by territory wellness attention troughs and in-between degree troughs from the non-governmental Organizations who supervise wellness service bringing in their several territories.

The public-private partnership in the direction of the territory degree by the ministry of wellness and non-governmental organisation has showed important success in accomplishing dramatic addition in wellness service coverage and decrease in out-of-pocket outgos. A survey done in Mamut state showed an betterment in the direction of wellness installations in footings of handiness of 24 service, handiness of equipments and supplies, supervisory visits and presence of wellness staffs when they are scheduled to be onresponsibility.

However, despite these successes, the wellness system administration and direction capacity at the provincial degree is limited therefore ensuing in the in-between degree directors at the territory degrees being supervised adequately by their several provincial managers.

Resource coevals, allotment and direction:

Cambodia 's wellness sector is being financed by Government grosss, external giver assistance and private (out-of-the pocket payment) .

Government 's budget for wellness has increased significantly in recent old ages making \$ 9. 4 per capital in 2009, which is rather high in South-east Asia. External giver assistance is twice authorities gross, with the wellness sector extremely dependent on giver support.

However despite the increasing investing in wellness finance from authorities budget and other external givers, private (out-of-the pocket) outgo still accounts for the largest part of wellness outgo which is spent on uncontrolled private wellness attention. Furthermore despite entire increased wellness outgo, cardinal wellness indexes are still weaker than in neighboring states that spend less money on wellness, the challenge nevertheless is more of allotment and effectual usage of finances instead than unequal funds.

Budget executing have improved in recent old ages with timely releases, nevertheless allotment of finances to the provincial and territory degrees tend to be really slow at the beginning of the twelvemonth due to the figure of blessing stairss that have to be met before the finances are disbursed. When the finances are eventually disbursed, wellness installations below the provincial degree do non hold a elaborate budget program and are non accountable for the usage of finance taking to uneffective usage of resources.

The measure of wellness professionals is low with a low staff to population ratio of 1: 1000 ; half of WHO 's recommendation. However compared to Sub-Saharan Africa, Cambodia has about twice the figure of physicians per population. However the chief challenge is deficit of wellness staffs in the rural countries particularly accoucheuses and nurses due to hapless staff reimbursement and besides the inadequate accomplishment and competency of wellness workers ensuing in uneffective bringing of wellness services.

Main national and international influences and their effects on equity:

The many old ages of war and political convulsion resulted in the limited wellness installations and wellness workers particularly in rural countries. However after the war, several wellness reforms were enacted in the countries of wellness funding, wellness coverage program and wellness direction which aimed at advancing equity, increasing coverage and cut down urban-rural disparities in accessing wellness attention services.

The wellness equity fund is being financed by the authorities and non-governmental organisations and has provided the hapless entree to liberate and quality wellness attention services. In a survey done in Kampong Cham the biggest state in Cambodia, the figure of bringings in wellness installations had increased by 28 % after the debut of the fund strategy and this accounted for 40 % of bringings among the hapless, therefore enabling hapless adult females who used to present at place with the aid of an unskilled traditional birth attender deliver in a wellness installations under the attention of a skilled birth attender.

The wellness coverage policy resulted in the development of the territory based wellness attention system with the Reconstruction of wellness installations and territory, which were distributed harmonizing to population coverage ensuing in increased geographic entree to wellness installations particularly in the rural countries.

However, due to the hapless wages and rewards of wellness workers, most of the wellness installations in the distant countries remain short-handed and

under-utilized, ensuing in people seeking wellness services from traditional therapists and unqualified private service suppliers despite the available of the finacess and wellness installations taking to high out-of the pocket disbursement and hapless wellness position of the people.

External giver assistance plays a important function in funding wellness attention services, accounting for approximately 50 % of the entire wellness outgo. Donor 's support has contributed significantly in heightening wellness sector development taking to an betterment in the wellness of people of Cambodia particularly female parents and kids, which has resulted in decreased maternal and child mortality rates, reduced entire birthrate rates, improved nutritionary position among adult females and kids and a more effectual wellness system.

However this support has been provided in a disintegrated mode which is ill aligned with authorities precedences despite attempts made with the Sector broad direction (Swim) procedure. Furthermore donor bureaus tend to work independent of each other, taking to disintegrated support of the wellness sector which is controlled bythe giver's precedences: which focus on four chief areas-HIV/AIDS, Tuberculosis, Maternal and Child wellness.

Consequently ill aiming the demands of the hazard population and therefore pretermiting other facets of the wellness system where it is most needful.

The wellness sector of Cambodia is extremely dependent on Donor support, ensuing in the non-governmental organisations playing a important function in policy devising and execution and act uponing the precedences of the heath sector which are curative- based with less accent on public wellness

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practises. Resulting in preventable diseases such as diarrhea, dandy fever febrility and vaccinum preventable diseases being the major causes of decease in Cambodia.

Schemes for bettering administration agreement:

The administration and direction capacity at the provincial degree should be improved through wellness system beef uping and capacity edifice attempts therefore increasing the capacity of the provincial managers to publish, design and supervise the activities of the assorted several territories. This would be implemented through edifice effectual co-ordination and coaction procedure between the provincial managers and private suppliers for effectual bringing of wellness attention services through regulative mechanisms.

Schemes for bettering funding and human resource coevals, allotment and direction:

The allotment and direction of fiscal resources to provincial and territory degrees should be improved through decentralisation of budgets and beef uping the system for tracking budgets and outgos. The decentralisation of budgets would ensue in the decrease of the figure of blessing stairss therefore bettering the eternity of budget allotment to provincial and territory degrees. Efficient direction of fiscal resources would be done through the formation of an efficient budgeting and scrutinizing system therefore doing wellness installations account for their usage of resources.

The distribution of wellness professionals should be improved through deploying wellness professionals particularly accoucheuses and nurses to remote countries on contracts footing with inducements and bettering staff wage through rural allowances and installation based salary supplementation from user fees. In a long tally, the figure of wellness professionals in distant countries can be increased by acknowledging more pupils into schools and universities and deploying them to function in distant countries as a requirement to being for good registered, this scheme has worked with good consequences in Nigeria.

The professional expertness and proficiency of wellness attention workers particularly accoucheuses and nurses should be improved through pre-service and in-service preparation which should be done quarterly with more accent on clinical and public wellness practises. This would ensue in improved public presentation and distribution of wellness attention workers therefore cut downing the inequalities in the wellness position of the people of Cambodia.

Schemes for turn toing national and international influences and their effects on equity:

The coordination of giver 's support should be improved through the sector broad attack procedure (SWAP) by alining the giver 's precedences and funding with the wellness sector precedences and beef uping the co-ordination of giver 's support and activities through pooling agreement therefore ensuing in efficient usage of resources towards accomplishing the National wellness sector 's marks. However strong authorities leading,

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political committedness, efficient direction organic structure and doing a policy to its consequence will be indispensable in doing the scheme accomplishable.

The sector broad attack procedure would be implemented by doing it a constituent of the Health sector strategic program, which would be endorsed by all external givers, with a set of indexes which would be used for measuring the execution of the policy and the wellness sector 's advancement, set uping a codification of behavior which would be signed by the authorities and development spouses and organizing a sector co-ordination commission who would urge and inform the external givers of cardinal determinations related to the policies and precedences of the wellness sector. This attack has worked in Mozambique ; who has a similar context like Cambodia in footings of fragmented support by external givers, heavy trust on external giver assistance and station -conflict state of affairs with much success.

The hapless wage and rewards of wellness attention workers particularly in distant countries should be improved through the usage of equity financers and user fees to supplement the wages of wellness workers. This would be implemented through the allotment of 60 % of the financers to be used in supplementing the rewards of wellness workers with conditions attached: which would include public presentation and figure of hours worked. This attack has been piloted with important success in Vietnam ensuing in wellness workers gaining more money by working in public rural wellness

installations ensuing in an addition in the figure of wellness workers in those installations.

Decision:

The wellness position of the Cambodians has improved significantly since the post-war period. Two of the measurements used for specifying the quality of the wellness system-Infant and Child mortality rates have improved significantly, nevertheless Maternal mortality has non improved significantly, staying a greater concern, though important advancement have been made in child wellness, maternal and generative wellness. Consequently beef uping of the wellness system in Cambodia is really important in bettering the efficiency and effectivity of wellness service bringing.