UNFPA

SECOND ROUND TABLE FORUM
FOR NGOS IN BIRTH SPACING

AT THE NATIONAL PAEDIATRIC HOSPITAL
PHNOM PENH

4th - 6th JUNE 1996
Ladies and Gentlemen,

I am honoured to have been asked to say a few words on behalf of UNFPA in the absence of Dr. Fauveau, the UNFPA Representative.

We are pleased to see that this second Round Table for NGOs in Birth Spacing is as well attended as was the first one in November 1994. At that time the National Birth Spacing Programme was just beginning and many NGOs were interested to find out what the Government was intending to do and how the activities of their organisations would mesh in. It is good to see that this interest has been maintained.

It also good to see that the nature of the participants has expanded. There are MoH officials from the Provinces here today and also representatives of many local NGOs. We hope that in the future there will be increasing numbers of partnerships between Provincial and District Health Departments and local NGOs working in the community. These partnerships could include activities such as community based distribution of contraceptives, health education and many other forms of outreach.
- To make the population believe b. Payment should not be required: - The program is newly opened
- To attract visitors
- The population is poor
* How much (does it cost ')?
- 1" condoms = 500 R
- Pill = 200 R
- Depo = 1000 R
- IUD = 3000 R (use for a period of 6-8 years) - First visit = 500 R

Working together to set up the committee
The medical staff at all levels
  Teachers
  Women's associations TBA
  The authorities Traditional
doctors VHV
  Ethnic groups
How should we spend the income that we collect from the patients
Set up a committee to be responsible for the income
  It should be spent for office materials
  It should be spent for the arrangement of the IEC system
It should be spent for the staff
It should be spent for transportation

Requested
- Materials, medicines should be provided to provincial IMP - Office
  materials
- 'Material for the IEC system
- When do we need to ask 500 R from the visitor ' A During
  the first visit
Q  Who is responsible to ask for money '?
A  The representative of the committee (the population is representative, authorities
  representative, and the health representative)
Q  What does poor mean '?
   We are usually informed by members of the committee    Sometimes, they hold
   a written letter which is issued by the authorities
Q  Does the population accept to pay for the service '?
   We decided on how much money to ask from the visitors after the committee had
   carried out a survey
   We requested that NGOs, especially UNFPA provide more support UNFPA
   can only offer in-kind support of some important material.
9 ? The advantage of the service: (How to improve and maintain the service) (by group 3)
- How can we ensure good quality of birth spacing service?
There has been much progress and many changes since 1994. To me one of the most important developments has been the approval of a comprehensive Birth Spacing Policy which has given all actors a broad framework in which to work. Also of great importance has been the formation of the Technical - Working Group with the Programme Director as chair. This group has been a major focal point for improved donor co-ordination, standardisation of technical materials and exchange of information. Other important developments have been the institutionalisation of contraceptive supply and the inclusion of birth spacing in the Minimum Package of Activities as part of the development of the District Health System.

There is still a lot of work ahead. The majority of women in Cambodia still do not have accurate information about modern methods of contraception and many do not have access to services. There is a pressing need to expand the number of health facilities providing birth spacing services and to increase the quality and utilisation of those that do. There is also a need to expand the quality and coverage of IEC, particularly in rural areas.

UNFPA has made commitments to continue support for the National Birth Spacing Programme at least until the year 2000. From 1997 UNFPA support will expand, from the current six provinces, to all Provinces. The MoH has also attracted new donors for the National Programme with whom UNFPA will work in partnership. These donors include USAID, KFW, JICA, and GTZ as well as our current partners WHO, UNICEF and of course, the NGOs. UNFPA supports the government target of achieving a National Contraceptive Prevalence Rate (CPR) of 20% by the year 2000 but recognises that a great deal will need to be done to achieve that level. NGOs have a uniquely good track record for attracting and keeping clients in their programmes. UNFPA gives active support to the relationship between NGOs and Government as it views NGOs as vital resource for new ideas and approaches that are successful in delivering services to the people that have the greatest need.

With these, thoughts in mind we welcome the chance, over the next two days, for NGOS and Government to one together and I look forward with anticipation to the discussions and recommendations of this Forum.

Thank you.
**The second of NGOs round table conference on Birth Spacing Program**

It was held for 2 and 1/2 days, on 04 May and 06 June 1996 at the National Pediatric Hospital.

Number of person Present from the Central Ministry of Health. 4
Number of person Present from NGOs: 33
Number of Persons Present from Provinces 16
Total number of participants: 94

1/ Welcomed/ Introduction by Dr Kum Kanal. NMGC'S vice- chairman.
2/ The statement by Dr. Eing Hout, NNICHC chairman on the result of the project and the implementation plan for the birth spacing program.

The objective of the conference is to provide close cooperation between NGOs and the health officers to solve the problems and to find new techniques to improve the program. The Birth Spacing program was started in August 1994. The principle of the program has been widely expanded In 1995, the Royal Government of Cambodia recognized the program as the national program. We have trained medical staff in 5 different provinces and we also have expanded to the commune level The Department of Women's Affairs has good cooperation with NGOs which are involved in the service. The Ministry of Health has added contraceptive medicine into the program which provide through CMS system.

We usually also provide technical materials to the provincial level We have monthly meetings .at the central level to discuss or, exchange ideas Currently, there are new NGOs i.e. USAID and GTZ supporting this program. In 1996-1997, we plan to include the birth spacing program into nursing and midwife courses the Faculty of medicine

3/ The statement by Amric MSF (H&B), representative of MEDECOM
Many NGOs are members of MEDECOM which is divided into the different working groups and projects. It has a sub-committee that usually has a monthly meeting with the Ministry of Health MEDECOM is a forum that provides access to NGOs involved with health service in Cambodia to discuss and exchange their opinions, experience, and information. MEDECOM members meet on Friday of every third week at 2.00 p.m., at the Ministry of Health MEDECOM has made a record book on the health project The book is available at a reasonable price at the CCC Please contact CCC if you need it America suggested that we should encourage the population to use condoms

4/ Demonstration birth spacing awareness
(demonstrated by Mrs. Oum Chanthon_ NMCHC)
(Please read the book on Cambodian Women's Perceptions of Fertility and Contraception).
At what age should we ask women to have birth spacing

A We should ask the majority of women aged 36-43 years and who have S-6 children
Q: What is the religion of 60 women whom we asked? Because some religions can be affected to our program.
A: Most of them are Buddhist. There was a woman who has 10 children and wanted to practice birth spacing but was afraid of sinning.

Q: Do we want to know men ideas on birth spacing?
A: We will have discussions together

5/ Demonstration: Postponing of birth spacing service
   Inquest by Mrs. Chan Theary, International Health Network (Please see the summary on the extra pages).

Q: What is your opinion on unreal postponing
A: It cannot be avoided, but we should find away to reach the population
Q: Can we solve the problem by providing some financial support to the staff?
A: No
Q: Some women disagree on the meaning of postponing birth spacing i.e. a woman does not come for a check-up within a year after starting to use a method
This is a small part of our study, the meaning is different depending on the various fields
However, one meaning will be agreed upon.

61 Demonstration: monitored by Mrs. Ines Metcalfe. CARE International.
   CARE has set-up a birth spacing program for 3 years in the different provinces i.e. Pursat, Kampong Chhnang and Banteay Meancheay.
The goal of the investigation is to get the population is true level of awareness. the number of people who have used the different method of birth spacing depending on their opinion, an especially the complications from using them.
Q: Do we have any plans to expand our service
A: In fact we need to expand

S: Please provide education on the birth spacing program to men because sometimes a woman does not want to have a baby but the man does

7 Demonstrated by Dr Va Chivan, FPIA
   - How could our service be properly used by the population ?

   - The principle: Present situation of FPIA, what have they been doing? They plan to have
   - Clinic.
   - It will only be for birth spacing;
   - It should be arranged with gynecological treatment
   - Add birth spacing into PMI.
   - For the rural areas or in the areas where we cannot access a clinic Set up CBC Mobile team
   - Health network
   - Work directly in the field
   - Objective
      - The rate is highly recovered)
      - To improve the quality
- To spend less money

- FPIA activities:
  It has clinics both in Phnom Penh and Sihanouk-Ville.
  In 1992, FPIA supported the Ministry of Health on the birth spacing program.
  In 1994, FPIA offered extensive services on birth spacing program including STDS and vaccinations for the mother.
  In 1995, FPIA activities expanded into the 3 different provinces.
  In order for value the program, the visitors are required to pay for the service. Q. Is the mobile birth spacing team birth spacing affected by the :Ministry of Health new plan?
  A We have to have a mobile team because it is difficult for the people who cannot come to see us.

8/ Demonstration: Medical eligibility and medical barrier (It was demonstrated by Dr. Kum Kanal, NMCHC vice-chairman).
  The barrier: The population do not believe
  Lack of knowledge of the major problems that can affect their life
  The rate of complication due to pregnancy is more severe than the complications linked to a birth spacing method.

  What should the medical staff learn?
  The medical staff should learn what kind of method that the women can and cannot get.
  They used contraceptive without checking (. They use as general)
  Find the contraceptive that contains less estrogen
  Be careful not to give injections to women who are unaware they are pregnant
  Explain to them the false information that has been spread as a rumor
  Advantage of contraceptives:
  The Oral contraceptives can decrease cancer l.e endometrium cancer
  Some visitors are afraid to use the service because they would like to become pregnant again in the future.

According to our study the women who has been injected will return to her normal state within 10 months.
What. can irritate women
Side effects of injection (depoprovera) Amenorrhea: spotting. irregular bleeding and prolonged bleeding
Lack of discussion in advance can cause women to postpone the birth spacing method
Q How many times can a woman take depoprovera in her life time`?
A She can get injections until menopause

9/ Demonstrated by the group discussion (group 1)
There are two suggestions: Charge and free of charge
a The payment should be required with the following reasons -To keep the program be valuable
- To buy material
- It is a plan of the Ministry of Health
* Complications:

1. Location:
   - There is a few service
   - The location is not good enough
   - Unsecured

2. Staff
   - There are few staff members
   - Incapable
   - Poor discipline, lack of confidence, no promotion

3. Lack of medicine, materials and transportation

4. Poor communication:
   - Lack of IEC materials
   - Inadequate gathering of information against the program

The rumor has never became true.

Poor cooperation between TBA and WID

5 Management:

Unable to collect information/ unable to control

They did not solve the problem

- How can we improve the service?

1 Location. Set up the clinic in a hygienic place
STD treatment and Gynecology should be available in each clinic.

2 Training: Provide teaching to the junior staff and training to the senior staff at all the provincial and commune levels.

3 Staff They should be promoted and assisted in their work Provide true, safe and confidential information.

4 Communication: Widely disseminated through TV, Radio, Women's association, teachers, TBA and all IEC systems

5 Follow-up and monitor the reports
- Is there any other birth spacing method that we should choose ?
- We have methods i.e IUD, injection, pill, condoms..... etc

So we should add implants, norplants and salpingectomy (sterilization) and vasectomy

1 Advantage of norplant
   - Highly effective
   - Easy to check
   - Safe

(2 Disadvantages of sterilization.)
- It will be easy for the visitors who no longer want to have a baby
- It is either for the visitor who have got 4 children or who cannot use the above 4 mentioned methods

Request

Q  How can we know that we have enough IEC ' ?
A  Produce more broadcast instruments

Q: How do we plan to implement the program in the commune ?
A  Provide them with an easy way

Q. What kind of Volunteer Health Workers do we need to recruit?
We recruit popular people

UNFPA explained that the complications arising from norplant are the same as injections. Norplant is very expensive, so we should think again.

9.3 The advantage of information and how to improve the education and combination systems:

* Encouragement and providing of IEC system: There are 3 different points
  - Provide direct broadcasting to the population
  - Inform the medical staff, volunteers and TBA who will transmit the information to the population.
  - Provide information through older women and the Ministry involved with the program

* Broadcast system How to broadcast

  Solutions
  - Radio and TV broadcasts are the best way to educate them because some people cannot read but they can listen. Even though we spend a lot of money on the program, it is still difficult for some people who live in the rural area because they cannot ask anyone for the service.
  - The posters and calendars are not good enough to persuade the population. So, we should change the distribution and production systems and make it more attractive for the population.
  - Educate people through theater and drama

Directly advise them

(- Add the birth spacing program to the literacy book) * The solution to rumors and complications:

- All the solutions should be agreed upon together - Study all the rumors

- Improve knowledge -

  Encourage the user - Widely broadcast

* Set up IEC committee *

Request:
  - Request for material and financial support

  The company involved in the broadcast should be honest and distribute the correct supply

Q: We have a pre-test, but why did we not succeed?
A: Because the quality is poor, we should have 2-3 pre-tests and they should not be written.

Q: Did we get any results from the pre-test, why?
A: The pre-test is a first step to surveying the population and opinion. The good IFC system is unclear. We should accept that our IEC is still poor.

Q: Rural populations are not interested in posters. So how are we going to advise them?
A: Shall we advise them through theater and story-telling?

KWV suggested that they should contact UNICEF, if they want to add this program into the literacy book.
9.4 Management of material provision and storage, collecting information and planning (by group 4)

- There are two types of support. We support the central, provincial, district levels and the visitors. All supplies should be correctly distributed. All the materials which have been used for the visitors must be recorded.

In order to improve and have more visitors use our service, we have to come up with the same procedure in the whole country on what kind and how much medicine could we use to provide to the visitors.

Provide more training to the staff who work for the birth spacing project, on how to use the medicine and materials and write the report.

There are two FPIA mobile teams:

- One team is directly working in people's homes and another is working in a group in one location by gathering the people together to come and speak with them. Comments:
  - It will be much better if we could encourage the population to come to the health centre

9.5 Birth Spacing and other factors relating to reproductive problems

We should include birth spacing with gynecological consultations and the treatment of STDs

We should improve the service by training the medical staff with the following:

Check the women before and after delivery
Find out if she has any gynecological problems
Check the children under 5 years old.
TB A and medical staff

This program is disseminated to the population through
EPI
TBA
Developing; women
The authorities IEC
NGOs

It should be added into secondary and high school. We should have only one officer-in-charge who will take responsibility for the whole program and we should advise people on the importance of using condoms. Most people thought they could only use it to prevent STDs but it can also be used for birth spacing

Dr Kum Kanal's conclusion:

- Thanks to NGOs which have participated and supported this program
- Description and conclusion
- People should be charged for the service
- The dissemination should be provided differently
- Qualified persons should be required to work in this program
- Agreement
- Encourage them to use condoms
- There are twelve suggestions:
1. We have to have only one definition and agree on all the projects 
2. Charge a reasonable price 
3. Improve the service with more education and monitoring 
4. Find out other birth spacing methods 
5. It should be in standard 
6. Improve the quality of IEC from the bottom to the top levels 
7. They should only be one national reporting system 
8. Propose to have a standard to distribute medicines and materials 
9. A system to receive birth spacing materials should be created 
10. The treatment of STDs should be available in the birth spacing service 
11. The dissemination should be provided through prenatal and postnatal care and child care for children under 5 years of age. 
12. Use condoms for birth spacing

Q What is the testing program? 
A. The birth spacing program is not a testing program, but sometime we use some method i.e. norplant, as a test.

Q STDs and AIDS are very important, shall we add these two programs in the educational program for the visitor? If so, should we make a test for HIV 
A. We need to spend a lot of time on the project In the meantime AIDS project is being planned in the Ministry of Health

Request Please add into the third point the quality of the service in each levels

Dr Eing Hout's comment:
- Thanks to the participants.
- The Ministry of Health is working on charging for the service
- UNFPA program is not demanding money but we plan to charge in 1997. so we want to get your opinion on the fourth trimester of 1996
- The Ministry of Health will not directly supply to NGOs but we will distribute through CMS
- NGOs can propose to the national level if they are not able to support the population with medication.

End of conference

Statement by Michele Moloney- Kitts, USAID
Initially, I would like to thank UNFPA, NGOs, and the ladies and gentlemen who have participated in the program. I am glad to see you have tried to work very hard on the project. In some countries, women have suffered severely because they have neither been recognized by the Ministry of Health nor NGOs. Some countries have not explained the quality of the birth spacing program even though they have been set up for a long time. We offer them the right to choose the right kind of method they want to use to protect their health.

* Statement by Dr Mon Bun Heng, Under Secretary of State of the Ministry of Health.
- He thanked all of the participants.
- There is strong cooperation between the donors, health officers, NGOs and UN agencies.
- Thanks to the LNGOs who assist to solve the problem.
- We have to cooperate with NGOs to improve the quality of the service - The development of human resources is very important.
- Payment should be required, but we also need to consider the poor people who cannot afford to pay for the service.
- We should not consider to work in a way that is different from what we have already decided
- We have some problem on distributing medication but we will solve this problem
- I suggested that we have the monitoring team who will work with our partners in the field
- The reporting system should be arranged in the same way for both NGOs and the Ministry
- The standard of the distribution system of birth spacing materials should be required
- The receiving system of birth spacing materials from the Ministry of Health should be required
- The treatment of STDs should be available at the birth spacing service
- Birth spacing information should be included in postnatal, post abortion and child care
- Condom use should be encouraged birth spacing It has not just been used to prevent STDs

The essential request of the conference
1. Request to have a standard for all definitions and indications of the birth spacing program
2. Payment should be required by following the protocol of Ministry of Health
3. Request to improve the quality of the service by improving training, monitoring, controlling and Follow-up of the persons who are working in the service at all levels
4. Improve the birth spacing method, especially long term and permanence methods
5. A standard for providing IEC information in NGOs and Government should be set
6. To improve the quality of IEC, to improve the idea from the low to high level Check carefully and distribute with good judgment

Postponing of birth spacing in Svay Rieng Province.

Svay Rieng has set-up the birth spacing program in 4 different places, Svay Chhrum, Romeas Hek, Svay Teap district and in the provincial PMI. At the end of 1995, 219 women came to get the Depo. 145 women came to get the pill at the provincial PMI. 1116 women came to get the Depo and 255 women came to get the pill. 670 women came to get the Depo, and 160 women came to set pill in Svay Teap. 1327 women came to get the Depo and 198 came to get the pill in Svay Chhrum service. We have just opened the service in 7 more places, in Krol Kor and Chek health centres. Krol Kor health centre received 410 women who came to get the Depo and 97 women who came to get the pill. Chek health centre received 303 women who came to set Depo and 70 who came to get the pill. A total of 4967 people came for birth spacing services in the whole province.
Investigate the reason for postponing and changing the service centre:

Definition of postponing:

- **Depo**  The visitors do not come to receive the next injection more than 2 months after they have received the first injection

- **IUD**  The visitors did not come to check in year after they had used the I LID.

The investigation took place in Svay Rieng Ville and Romeas Hek district In February 1995, we investigated on the women who had postponed Depo, use and in February 1994, we investigated the women who had postponed the IUD use.

In July 1995, we investigated 61 visitors. 35 of them live in Romeas Heak, 26 of them live in Svay Rieng ville 4 of them used the IUD

There are 3 reasons for postponing:

I Unreal:

We found some women's addresses where not on the record or sometimes they had not come to the health centre but their names were recorded on the list Others had come to the centre but their names were not registered

2 Real reasons

They changed address, were sick in difficulty, service is expensive want to get pregnant, too far away or their partners did not want them to practice birth spacing.

3 Why did they return to the private service ?

- It takes a long time to wait in the public hospital
- It's expensive
- The private service is located close to their homes
- They can debt
1. The indicators and factors involved in this plan.

2. The plan is subject to change and may need to be flexible in order to adapt to new circumstances.

3. The plan was approved by the board of directors.

4. The plan is subject to approval by the board of directors.

5. The plan is subject to approval by the board of directors.

6. The plan is subject to approval by the board of directors.
त. संस्कृतमत्त ज्ञात एवं इतिहासाचा वर्णन

8. संस्कृतमत्त निर्देशाने इतिहास माहितीत

9. तुल्य शा"सल्य भविष्यातील असत कालांतरास. कुटुंबांनी अंतर्गत

10. संस्कृतमत्त कालांतराच हे निर्देशाने असत काळांतरास.

11. संस्कृतमत्त कालांतराच हे निर्देशाने असत काळांतरास.

12. संस्कृतमत्त कालांतराच हे निर्देशाने असत काळांतरास.
ការប្រការតើមានក្រុមប្រឹក្សាជាតិសាធារណៈ។

ប្រការហៅថាពីរងារក្នុងសហរដ្ឋអាមេរិក ដោយតម្រៀបរៀបចំការដៅអាមេរិកប្រការ 4 ខែ ៣ ឆ្នាំ ១៩៩៦។

ព័ត៌មានបញ្ចប់ ៤

អាហារ ៣៣

ការបំពង ១៦

ព័ត៌មានបញ្ចប់ ២៧

1/ ការប្រការ (ការចូលរួមសម្រាប់ការប្រការផ្លូវ) ដោយប្រការ ញេ.NM.

2/ ការប្រការព័ត៌មានបញ្ចប់ ២៧ មករយៈ២៧ ឆ្នាំ ក្រោយព័ត៌មាន NM. នៅក្នុងការប្រការផ្លូវ

ប្រការអ្វីដែលត្រូវបានប្រការអំពីការប្រការ ជាពីរងារក្នុងសហរដ្ឋអាមេរិក ដោយតម្រៀបរៀបចំការដៅអាមេរិកប្រការ 4 ខែ ៣ ឆ្នាំ ១៩៩៦។

(ការប្រការតើមានក្រុមប្រឹក្សាជាតិសាធារណៈ)
ការបរាយនិងការសិក្សានៅសាលារៀបរាល់សិក្សានៅប្រទេស MEXICAN

MEXICAN កម្មវិធីការសិក្សាខ្លះឈ្មោះនៃប្រទេសអាមេរិកសល់ពីសមុទ្រមុខដែលមានកំពត្រណ់អាហារមួយ មានសារបញ្ហាដែលក្រោយដ៏មានប្រសិទ្ធិនិយម និងសកម្មភាពមួយ។

មកមកឈឺដែលដើរវិញជាព័ត៌មានមួយដែលមានកំពត្រណ់អាហារមួយ ក្រោយមកមកឈឺដែលដើរវិញជាព័ត៌មានមួយដែលមានកំពត្រណ់អាហារមួយ។

MEXICAN ជាប្រទេសអាមេរិកដែលមានកំពត្រណ់អាហារមួយដែលមានកំពត្រណ់អាហារមួយ។

MEXICAN ជាប្រទេសអាមេរិកដែលមានកំពត្រណ់អាហារមួយដែលមានកំពត្រណ់អាហារមួយ។

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MEXICAN ជាការសិក្សាសំរាប់ព័ត៌មាននិងការបរាយនិងការសិក្សា។

មកមកឈឺដែលដើរវិញជាព័ត៌មានមួយដែលមានកំពត្រណ់អាហារមួយ ក្រោយមកមកឈឺដែលដើរវិញជាព័ត៌មានមួយដែលមានកំពត្រណ់អាហារមួយ ក្រោយមកមកឈឺដែលដើរវិញជាព័ត៌មានមួយដែលមានកំពត្រណ់អាហារមួយ。

(ការបរាយនិងការសិក្សាសំរាប់ព័ត៌មាននិងការបរាយនិងការសិក្សា)
ក្រុមកិច្ចការ សេវាកម្មមួយ ពីរដែលមានអត្ថប្រយោជន៍ ក្នុងការបង្កើតប្រការក្នុងដីជាតិ ដែលក្រុមកិច្ចការត្រូវបានប្រការអំពីយក។

សូមអរគុណចិត្តសន្តិសុខអំពីការប្រការនេះ។

ក្រុមកិច្ចការ សេវាកម្មមួយ ពីរដែលមានអត្ថប្រយោជន៍ ក្នុងការបង្កើតប្រការក្នុងដីជាតិ ដែលក្រុមកិច្ចការត្រូវបានប្រការអំពីយក។

សូមអរគុណចិត្តសន្តិសុខអំពីការប្រការនេះ។

ក្រុមកិច្ចការ សេវាកម្មមួយ ពីរដែលមានអត្ថប្រយោជន៍ ក្នុងការបង្កើតប្រការក្នុងដីជាតិ ដែលក្រុមកិច្ចការត្រូវបានប្រការអំពីយក។

សូមអរគុណចិត្តសន្តិសុខអំពីការប្រការនេះ។
1/ការប្រារព្វានៃការដឹកនាំទៅកាន់ជាតិ វិស័យអត្ថបទខ្ឃឺ បណ្ខាប័ណ្ណ IPSA.

- ប្រភេទការផ្តល់ការតែងតាំងការងារដឹកនាំការងារសំខាន់ក្នុង IPSA ប្រឡង់ប្រេង

- ការដឹកនាំ IPSA ប្រឡង់ប្រេងរបស់ស្ថានភាព និង IPSA ក្នុងតំបន់ក្រោយមុខ្យា ជាចំនួននេះអំពី IPSA

- ការដឹកនាំ IPSA នៅប្រទេសឥណ្ឌា

- ១៨ឆ្នាំ IPSA ១៨ឆ្នាំ IPSA ប្រល័ង់ប្រេង

- ការប្រារព្វានៃការដឹកនាំនៃ IPSA

- ការប្រារព្វានៃការដឹកនាំ IPSA

- ការប្រារព្វានៃការដឹកនាំ IPSA

1982 ឆ្នាំ IPSA

- 1984 ឆ្នាំ IPSA

- 1985 ឆ្នាំ IPSA

- 1986 ឆ្នាំ IPSA

- សូមរក្សាទុកនឹងប្រការប្រដាប់ IPSA IPSA
8/ការបង្កើត

ការបង្កើតក្រុមប្រឹក្សាជាតិអេក្រង់ សុខភាពជាតិ និងសុខភាពក្រុម

(Heart Disease, Medical Barriers)

ដែលធ្វើការសហការទៅជាឧសានជាតិ និងក្រុមប្រឹក្សាជាតិក្រាក។

ការបង្កើត

- ម្របៃការជិះដើរ ដែលមានអំពីតួអង្គក្នុងសុខភាពជាតិ
- ជម្រើសនឹងជិះដើរ ធ្វើឱ្យមានការពារពេលដំបូង
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុង
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងសុខភាពជាតិ
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងស ih
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុងស i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រ i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ ធ្វើឱ្យមានការពារពេលដំប ី
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុង ធ្វើឱ្យមានការពារពេលដ ី
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុង ធ្វើឱ្យមានការពារព ីលដំបូង
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុង ធ្វើឱ្យមានការពារព ីលដំបូង
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រុង ធ្វើឱ្យមានការពារព ីលដំប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប្រ i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
- មិនអាចអនុញ្ញាតឱ្យគ្រាប់ប i
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ការកំពូលប្រាក់ សម្រាប់:

- ប្រាក់កូនឈ្មោះស្តើអាម៉ាក់
- ស្រីកូនឈ្មោះ
- សាលាសម្រាប់វិបត
- ទាន់
- ឈ្មោះកូនឈ្មោះ
- សុខភាព
- បោះ
- សមត្ថភាព
3.2. គេកំណត់ជាច្រើនគោលដៅ ៖ គេសម្រេចក្នុងការប្រកួតប្រជែង (២០០៧ ឆ្នាំ)
ហើយកំណត់អំពីការអោយការប្រកួតប្រជែងមានការធ្វើការរបស់យើងទៀត ជាមួយគ្នា 

* មេដៅ៖
  1. ការល្អធាតុ៖
      ១. ឧបករណ៍សម្រាប់ការសេវាដៃ
      ២. ស៊ីន់ ដោយ មនេស្ត
      ៣. តំបន់សេហ decomposition (តំបន់សេហ)

  2. ដំណើរការ ៖
      ១. ការដំណើរការ
      ២. ការស្វែងរក ក្នុងការដំណើរការ
      ៣. គ្រប់គ្រង រាប់បំផុត ការថ្វាយទម្លាក់ប្រកួតប្រជែង

  3. ការសម្រាប់ កិចដ្ឋាន ចិត្តសម្រាប់សារដោយសារព័ត៌មាន

  4. ការធ្វើការ ៖
      ១. តំណាង IEC លើកការពារការសម្រេចប្រព័ន្ធនូវតម្រូវការការអំពីអំពីអំពី
5. ដែលជាដុំបានស្លាប់ប្រទេស

5.1 គឺជាទិនស៍បាន

5.2 គឺជាកន្លែងសំខាន់ៗនៃប្រទេស

5.3 គឺជាអត្តបារមឈើ

5.4 គឺជាអត្តបារមឈើនៃប្រទេស

5.5 គឺជាអត្តបារមឈើនៃប្រទេស

5.6 គឺជាអត្តបារមឈើនៃប្រទេស

5.7 គឺជាអត្តបារមឈើនៃប្រទេស

5.8 គឺជាអត្តបារមឈើនៃប្រទេស

5.9 គឺជាអត្តបារមឈើនៃប្រទេស

5.10 គឺជាអត្តបារមឈើនៃប្រទេស
៖ និយមអំពីការធ្វើការ ។
  ១. សុខភាពរបស់កូន
  ២. ឈ្មោះគោលដៅ

២ បណ្តាញអំពីការសម្រាប់ ឬនិងអំពីការសម្រាប់
  ១. ប្រការធាតុមួយ ៣ ថ្ងៃ ។
  ២. ប្រការធាតុមួយ ៣ ថ្ងៃ ។
  ៣. ប្រការធាតុមួយ ៣ ថ្ងៃ ។

ប្រការធាតុរបស់ IEC មានកូនកូន ឬ ប្រការធាតុរបស់រាជធានី?
  ១. ឈ្មោះគោលដៅមួយ ៣ ថ្ងៃ
  ២. រចនាប្រការធាតុមួយ ៣ ថ្ងៃ

៤ ប្រការធាតុរបស់ IEC
  ១. ឈ្មោះគោលដៅមួយ ៣ ថ្ងៃ
  ២. រចនាប្រការធាតុមួយ ៣ ថ្ងៃ

ប្រការធាតុ តាមរយៈការអភិវឌ្ឍន៍
  ១. នឹងធ្វើការ ១ ថ្ងៃ ។
  ២. នឹងធ្វើការ ១ ថ្ងៃ ។

ប្រការធាតុ តាមរយៈការអភិវឌ្ឍន៍
  ១. នឹងធ្វើការ ១ ថ្ងៃ ។
  ២. នឹងធ្វើការ ១ ថ្ងៃ ។

ការអភិវឌ្ឍន៍ នៅក្នុងការអភិវឌ្ឍន៍
  ១. នឹងធ្វើការ ១ ថ្ងៃ ។
  ២. នឹងធ្វើការ ១ ថ្ងៃ ។
ក្នុងបញ្ហាជាងឬការបញ្ហាមិនសម្, ការសោយស្រាយជាមួយ

- ការសោយស្រាយជាមួយ

+ ប្រសិនបើក្រុម

- សូមទៅក្រុម

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- សូមទៅក្រុម
ការប្រការ

ការប្រការថ្មី ក្នុងសេចក្តីថ្លៃថ្មី គឺជាគឺរកូវីដ្៧ ដែលមានប្រការថ្មីដ៏សម្រាប់សកម្មភាពក្នុងការប្រការថ្មី ។ ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏អំពីការប្រការថ្មីនេះ ។

9.4 ការប្រការថ្មីនេះអាចប្រការថ្មីដ៏ត្រូវបានប្រការថ្មីដ៏សម្រាប់សកម្មភាពក្នុងការប្រការថ្មី ។ ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏អំពីការប្រការថ្មីនេះ ។

ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏សម្រាប់សកម្មភាពក្នុងការប្រការថ្មី ។ ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏អំពីការប្រការថ្មីនេះ ។

ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏សម្រាប់សកម្មភាពក្នុងការប្រការថ្មី ។ ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏អំពីការប្រការថ្មីនេះ ។

ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏សម្រាប់សកម្មភាពក្នុងការប្រការថ្មី ។ ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏អំពីការប្រការថ្មីនេះ ។

ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏សម្រាប់សកម្មភាពក្នុងការប្រការថ្មី ។ ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏អំពីការប្រការថ្មីនេះ ។ ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏សម្រាប់សកម្មភាពក្នុងការប្រការថ្មី ។ ការប្រការថ្មីនេះបានបញ្ចប់នូវការប្រការថ្មីដ៏អំពីការប្រការថ្មីនេះ ។

9
ការប្រារព្វានៅស្ថាននៃ TCI គឺជា:

ការដំណឹងតែង: ការដំណឹងមួយនៃការផ្ទុកទឹកជាក់មួយនៃប្រភេទគ្រោងរាល់

1.5 ការដំណឹងតែងនៃក្រុមតាមតែងដើម្បីប្រកួតប្រជុំរវឺរៈឆ្លាយនៃការដំណឹងតែង។

ការដំណឹងតែង (TCI)

ការដំណឹងតែងនិងតាមតែងដើម្បីប្រកួតប្រជុំរវឺរៈឆ្លាយនិងតាមតែងដើម្បីប្រកួតប្រជុំរវឺរៈឆ្លាយ។

ទំនើបមួយ និងទំនើបមួយនៃការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង

ទំនើបមួយ ដើម្បីការដំណឹងតែងដើម្បីការដំណឹងតែង
ការប្រការជីវកម្មអំពីការសិក្សា និងការធ្វើការជាតិ

1. បង្កើតមុខងារសំរាប់កុមារ
2. សំរេចទុក្ខធាតុមួយ ដែលកូនក្រូម
3. ប្រកួតប្រជែងថ្មី ក្នុងការធ្វើការជាតិ
4. ប្រកួតប្រជែងថ្មី ក្នុងការធ្វើការជាតិ
5. ការធ្វើការជាតិ ដែលមានអត្ថប្រយោជន៍ឆ្លាស់ប្រជាជន
6. ការធ្វើការជាតិ ដែលមានអត្ថប្រយោជន៍ឆ្លាស់ប្រជាជន
7. ការធ្វើការជាតិ ដែលមានអត្ថប្រយោជន៍ឆ្លាស់ប្រជាជន
8. ការធ្វើការជាតិ ដែលមានអត្ថប្រយោជន៍ឆ្លាស់ប្រជាជន
9. ការធ្វើការជាតិ ដែលមានអត្ថប្រយោជន៍ឆ្លាស់ប្រជាជន
10. ការធ្វើការជាតិ ដែលមានអត្ថប្រយោជន៍ឆ្លាស់ប្រជាជន
11. ការធ្វើការជាតិ ដែលមានអត្ថប្រយោជន៍ឆ្លាស់ប្រជាជន

អត្ថប្រយោជន៍សំរាប់កុមារ ក្នុងការធ្វើការជាតិ
12. ប្រសិនបើ តុងៗធំៗទាំងអស់ កំពុងការសម្រួលក្នុងរស់នៅ

បង្កើត ឬស្រឡាញ់ដូចជាទីក្រុងស្អាត។ តែ

ដើម្បីឃើញ ការងារសម្រាប់ ជូនអាហារដ៏អស្ចក់ និងការសម្រាប់ការពារ

ខ្លួនឯង ដោយសារក្នុងការសម្រាប់ អាហារ និងការពារ

ដែលបានបញ្ជាក់ថាមិនប្រឈមៗ និងមាត់យកបានជាងមុន និងស្រាវជ្រាវបាន

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដែលបានបញ្ជាក់ថាមិនប្រឈមៗ និងមាត់យកបានជាងមុន និងស្រាវជ្រាវបាន

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

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ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ

ដោយសារក្នុងការសម្រាប់ បានធ្វើឱ្យខ្មែរ និងអ្នកប្រឈមលោក សំរាប់រដ្ឋ
ការស្វែងរក និងការរៀបចម្រើនការសិក្សាខ្លះមកដល់ការស្គាល់។

វោះតាមរយៈរងក្តុង (មេឃដៃមួយ) ការសិក្សាអស្ចារ្យ ត្រូវបាននូវបរិយាកាស ឬមិនបាន អតិថិជនក្នុងការរៀបចម្រើន។

មួយចំនួននៃការសិក្សាខ្លះមកដល់ការស្គាល់ ត្រូវបានឈ្នះឲ្យប្រឈមមិនប្រឈម។

ការស្គាល់មកដល់ដោយមកដល់វិធីសាស្រ្តនិងជាភាសាដូចជាគីក្រូ (GK)

ការស្គាល់មកដល់ដោយមកដល់វិធីសាស្រ្តនិងជាភាសាដូចជាគីក្រូ (GK)

ការស្គាល់មកដល់ដោយមកដល់វិធីសាស្រ្តនិងជាភាសាដូចជាគីក្រូ (GK)

ការស្គាល់មកដល់ដោយមកដល់វិធីសាស្រ្តនិងជាភាសាដូចជាគីក្រូ (GK)
ការស្រង់ស្រាយបញ្ហាមួយទៀត

ការចាត់លួកស្រលាញ់ក្នុងរយៈពេល 9 ម៉ោង 30 នាទី ព្រឹក្សាន់ ប្រកួតពីរហូតដល់ PM 19 នាទី 9 ក្រោយពេល 140 នាទី មានការប្រកួតពីរ

បណ្តាលទី១ ៧ ម៉ោង 30 នាទី សកម្មភាពដ៏ធំ និងក្រោយពេល 670 នាទី មានការបញ្ហា ៖

បណ្តាលទី២ ១៤ ម៉ោង និងក្រោយពេល 1827 នាទី មានការបញ្ហា ៖

ការបញ្ហានេះមានសំណួរពីក្រុមមនុស្សបរិក្ខាទូទៅកាន់ក្រុមមនុស្សព័ត៌មាននេះ ព្រោះការគ្រប់គ្រងក្រុមមនុស្សបរិក្ខាទូទៅ

ដែលក្រុមមនុស្សមានច្បាប់ សិល្បៈមានច្បាប់ប្រប្រឹត្យចូលឆ្នោត 410 ខ្មែរ ជាពិភព 27 ខ្មែរ នៅក្នុងក្រុមពីរយៈពេល 303 ខ្មែរ និងក្រោយ 70 ខ្មែរ ស្រែប់ក្រោយមានការសាត់ 4367 ខ្មែរ ។

ការឬសិក្សាអសិនត្រូវបានរុក្ខានត្រូវៃមក ហើយក្រោយពេលការរីករាល់ពាក្យទៀតមានមិនមានការបញ្ហា ឥឡូវនេះ ។

នេះមានឈ្មោះផ្សេងៗពីពីរ

- ឬតិច វិបាកភាពឥឡូវក្តៅទៅវេទាពីរ

- អំពី ក្រុមមនុស្សបរិក្ខាទូទៅកាន់ក្រុមមនុស្សព័ត៌មាន

ក្រុមមនុស្សបរិក្ខាទូទៅកាន់ប្រកួតពីរហូតទី២ (ផ្នែកក្រសួង) ដោយ (ក្រុមមនុស្សបរិក្ខាទូទៅ) សិក្សាពែងសំរាប់ព័ត៌មាន ៣/០0 ទៅ ២/៩6 ហើយព័ត៌មាន ២/៩4 ។

សម្រាប់ដំណើរការថ្ងៃទី២៧ ខែសីហា ឆ្នាំ ១៩៩៩ បានផ្តាច់ការ ៤ ខ្នាត ព័ត៌មាន ២៥ ម៉ែន និងបន្ថែផ្សេងគ្នា ២ ខ្នាត (ក្រុមមនុស្សបរិក្ខាទូទៅ) ស្រី ។

ដែលមានបែបបរិច្ឆេទ ដូចជា

- ឬបញ្ហាខ្លាំង ក្រុមមនុស្សបរិក្ខាទូទៅកាន់ប្រកួតពីរ ប្រកួតពីររបស់គ្មាន បើមានសំណួរ ត្រូវបានជ្រើសរើសចៀនត្រូវតែរួមក្នុងក្រុមមនុស្សបរិក្ខាទូទៅ ។

- ។ បញ្ហាមួយក្រុមបរិក្ខាទូទៅកាន់ក្រុមមនុស្សបរិក្ខាទូទៅក្រោយពេល ។
③ មានពីរប៉ុន្មាន់ក្នុងបទធនាគារឈ្មោះណាម៉យ? 
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 ឈ្នូ សមុំ ស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តីស្តធាតុ?
Days of Bleeding or Spotting

- Amenorrhea (0 days)
- Few (1-7 days)
- Moderate (8-10 days)
- Prolonged (11-30 days)

% of women

Source: Depo-Provera C-150 NDA 20:216, 1992
Return to Fertility

Cumulative conception rates (%)

- IUD, diaphragm, condom, and other non-steroidal methods immediately after discontinuation
- Depo-Provera 150mg (0 = 3 months after last injection)

Source: Adapted from Schwallie, Contraception, 1974.

Note: ដ្ត្រី Schwallie ក្រុមពីរ, ១៩៧៤.
Mortality Risks in Perspective

- Smoking
- Hysterectomy
- OC Use (heavy smoker)
- Automobile Accident
- Pregnancy
- Tubal Ligation
- OC Use (light smoker)
- Medically Performed Abortion
- OC Use (nonsmoker)

Deaths per 100K women at risk per year

*Annualized cumulative death rate in women 35-54 years of age

Cancer and Current COC Use in WHO Studies

Precautions for DMPA Use

Not to be used (WHO Class 4):

- Pregnancy (preexisting or suspected)
- Unexplained vaginal bleeding

Counseling and Early Contraceptive Discontinuation

Niger and The Gambia, 1990

Percent Discontinuation

- 37% Niger
- 19% The Gambia
- 51% Niger
- 14% The Gambia

Clients not counseled about side effects
Clients counseled about side effects

### Eligibility Criteria: WHO 1994 Classifications

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>Use method in any circumstances</td>
</tr>
<tr>
<td>Category 2</td>
<td>Generally use the method</td>
</tr>
<tr>
<td>Category 3</td>
<td>Use of the method not usually recommended unless other more appropriate methods are not available or acceptable</td>
</tr>
<tr>
<td>Category 4</td>
<td>Method not to be used</td>
</tr>
</tbody>
</table>

Source: WHO, Medical Criteria In Selected Methods of Contraception (draft), 1994.
Low-dose combined oral contraceptives:
WHO Category 1

Low-dose combined oral contraceptives can be used without restriction by a woman who:

- has no children
- is teenaged
- is anemic
- has irregular periods
- has mild headaches
- has varicose veins
- has sickle-cell disease
- has benign breast disease
- has gestational diabetes
- is post-abortion
- has malaria
- has schistosomiasis
- has thyroid disease
- has epilepsy
- is obese
Expanding Access through Outreach and other Approaches

1. Some Service Delivery Approaches

Clinic-based services:
- FP clinic
- reproductive health clinic (model used by FPIA/FHSP)
- integrated MCH-IMP clinic (used by public sector facilities)

Outreach services:
- Community Based Distribution (CBD) programs
  - mobile CBD worker visits clients
  - clients visit CBD worker at home/depot
- Mobile team
  - range of FP and other reproductive health services
  - single service to complement other service delivery activities
- Network of private health workers who are affiliated with organization
- Workplace-based programs for FP and other services

2. Goal

To develop and establish service models by which as many clients as possible can be reached cost-effectively, and provide high quality and affordable care in a sustainable way.

3. Reproductive Health Services in Cambodia Today

Many organizations provide support for family planning services in Cambodia following various service delivery models. FPIA, through its Family Health and Spacing Project, has chosen for an approach by which a broader range of reproductive health services is offered through clinics and outreach programs. The clinic in Phnom Penh and the recently opened clinic in Sihanoukville attract clients in need of services related to family planning and other reproductive health concerns such as reproductive tract infections and antenatal care. Family planning services include the provision of contraceptives such as pills, injectables (DepoProvera), IUDs, condoms, and Norplant. The clinic in Phnom Penh has an on-site laboratory and a dispensary. Partly because of the mix of services available, the clinic is successful. Currently, between 110 and 110 clients visit the clinic every day. The clinic in Sihanoukville is too new to provide any information about it. However, the start has been promising: it is based on the same model as the Phnom Penh clinic, but will be operated by the Reproductive Health Association of Cambodia, the local NGO established by FPIA which will continue FPIA's work in the future.

In Phnom Penh an active CBD program is being operated throughout the municipality's three rural districts, while CBD activities in the urban areas are on a more limited scale. A mobile team operated by FPIA staff complements the pill and condom services provided by CBD workers with the provision of injectables which are quite popular in those more remote areas.
Family planning services will be provided soon in four large factories/companies by health workers trained by FPIA. Technical assistance and supplies will continue to be provided to these workplace-based projects.

Private health workers, most of them are primary nurses, have recently been trained by FPIA and will begin to provide FP services in three districts in Phnom Penh. Their work will be monitored by FPIA staff, and will greatly increase the accessibility of FP services for injectable users. They also will provide pills and condoms.

FPIA provides financial and technical support to the three provinces of Svay Rieng, Takeo, and Kampong Speu to implement FP programs through clinic-based services at MCH clinics as well as through CBD programs.

4. **How Did We Get Here?**

FPIA works both in the private, not-for-profit sector, as well as through the public sector (MOH).

In September, 1992 FPIA began supporting the MOH with the development of a FP program at the Maternal and Child Health Care clinic of 7th January Hospital, and a community-based distribution program within two districts of Phnom Penh municipality.

In July, 1994 FPIA opened the doors of its reproductive health clinic in Phnom Penh; in early 1995, the CBD program had been expanded to all seven districts of municipality.

Since the beginning of 1995, FPIA has supported birth spacing programs in three provinces through both clinic and CBD approaches. Family planning clinics in the three provinces are integrated with MCH.

After having implemented the FHSP project for one year, we had made a number of observations:

- Providing a wider range of services at the clinic substantially increases the use of all services offered. Just family planning does not work, and could even be considered unethical if no information or counseling is being provided regarding risks related to unsafe sexual behavior.

- CBD activities in the Phnom Penh urban areas is redundant. Too many other outlets are available, CBD workers do not find clients at home during the day, and are, for security reasons, reluctant to visit clients at night.

- Private sector health care works, provided that the quality of care is closely being monitored.

- Fees for services also works, provided clients perceive the services as being of high quality, and charges are reasonable, the charging system is transparant, and clients who cannot afford to pay are also being served.

- The only way to determine whether a client can afford to pay is by giving the client the opportunity to indicate so in the privacy of an examination room: This is especially true in urban areas where providers do not know
their clients. In smaller communities providers may have a better idea regarding a client's ability to pay for services.

5. **Some Advantages and Disadvantages of Various Service Delivery Approaches**

- Clinics are cost-effective only in areas with higher population density. While ideally clinics, with their wider range of services, are accessible to everyone, the reality of limited resources prevents them from being established in sparsely populated areas. Clinics can provide back-up services and act as referral sites for service delivery approaches which are of more limited scope.
- CBD programs are cheap, and can be developed quickly. Monitoring the quality of CBD services is, however, time-consuming. Services are by necessity of limited scope. The motivation of CBD workers can be a problem, unless one decides to provide them with a salary. It is important to train, and retrain CBD workers well, instruct them clearly regarding the importance of good counseling, and keep the number of CBD workers within a given area at an appropriate level: not too few, but also not too many. CBD programs in Cambodia work well in rural areas. All workers should have access to, and be familiar with one or more referral clinics.
- Mobile clinics are expensive on the long term. They should be regarded as a temporary measure only, until other, more cost-effective service delivery systems are in place.
- Mobilization of private health workers may be a way to rapidly increasing the accessibility of services, provided they receive adequate compensation for their efforts. A problem may be the quality of care. Which could prove to be even more difficult to monitor than CBD programs.
- Workplace-place programs hold much promise. Many women are employed in factories, and could be reached to these factories' health workers. It has proven to be difficult to convince managers of large companies of the potential benefits of having services at their plants. However, experience in other countries shows that once a successful program is up and running in just a few companies, others will soon follow.

From our own experience to implementing reproductive health programs, good information, counseling, respect for a client's privacy, and confidentiality of all information are important factors that make a good program, in addition to good care and a clean and pleasant environment. Staff must be efficient and technically competent, and clients must feel welcome, be treated respectfully and friendly, and their concerns responded to. All family planning clients should also be informed about safe sex practices.
c) Excessive blood loss when using injectables

   The graph shows that the most common side effect of injectables is amenorrhea. A few days of spotting is less common. Moderate and heavy bleeding is rare, particularly after 12 months of use.

8) Counselling

Sometimes health workers worry that discussing side effects with clients will put them off using a method. It is not a good idea to frighten clients with very rare but serious complications though their questions should be answered honestly. However, clients should always be informed as fully as possible about common expected side effects. Informed clients are much more likely to continue with the method.

9) This has been a brief presentation. However, we hope it will have answered some questions and raised many more.

   Hormonal contraception, the pill in particular, is one of the most investigated medicines in the world. If you have concerns or worries about safety someone else, somewhere, will also have had the same question and probably done a study to find the answer.
Three National targets for the Year 2000
1) To reach a National Contraceptive Prevalence Rate (CPR) of 20% by the year 2000.
2) To have Birth Spacing services available in all functioning Government Health Centres by
   the year 2000.
3) To have 80% of eligible women know spontaneously about four modern methods of
   birth spacing by the year 2000.
Future plans

*Expansion of National Programme to all Provinces (including equipment and training) (UNFPA).
Strengthening of contraceptive supply, (KfW, USAID).

• Introduction of VSC at district referral hospitals (USAID/AVSC).

• Introduction of financing schemes (user charges) in line with MoH policy.

• Possible training and licensing of private sector providers.

• Strengthening all elements of Reproductive Health as a major component of the District Health system.

• Expansion and improvement of IEC.

• Continued collaboration and productive partnerships with IOs/NGOS.
WHO classes medical conditions into four categories.

**Category 1** - Use method in any circumstance

**Category 2** - Generally use the method

**Category 3** - Method not usually used but may be if other methods not available or acceptable

**Category 4** - Method not to be used.

These categories need to be adapted for local circumstances. For instance, Category 1 and 2, and category 3 and 4 may be combined. The lists of conditions also need to be adapted. For example schistosomiasis is not a common problem in Europe, ischaemic heart disease is not a common problem reproductive age women in developing countries.

6) Example of Category I

There is not time for a full listing but this example of category I conditions for the Pill give an idea of how the eligibility criteria work. There are very few conditions in category 4 as can be seen in this example of category 4 conditions for the injectable.

7) Medical myths

When a birth spacing programme is starting it is common to find that health workers have some misconceptions about the medical side effects of some of the methods. If health workers believe these ideas, they are likely to communicate them to their clients and cause unnecessary worry. Some examples are:

a) Return to fertility

We have found that in Cambodia some health workers believe that the injectable can cause in fertility. In fact, studies have shown that although there is often delay in becoming pregnant after stopping the injection, by 15 months after discontamination there is no difference in the pregnancy rate when compared with other methods.

b) Cancer risk with use of the pill for injectable

Studies have shown that use of the pill does not pose any increased risk of cancer. In fact it protects against some cancers, e.g. endometrium. The same is true of injectables.
MEDICAL BARRIERS, MEDICAL ELIGIBILITY

1) **Is it safe?**

Modern methods of contraception are a new idea to many women in Cambodia. Many of them worry about side effects and health risks. As health workers, we need to be able to counsel and reassure them. However, modern contraception is also a new subject to many health workers, even some doctors. It is difficult to reassure our clients if we are not sure ourselves.

2) **A Balance**

Many women, and indeed many service providers, see the use of modern contraceptive methods as a difficult balancing act between the side effects and health risks of the methods, and the health risks of yet another unwanted pregnancy. But how even is the balance?

3) **The risks compared**

This chart shows the risk of death, in one year, from a number of factors. These include pregnancy, and use of the contraceptive pill.

The chart shows that the risk of dying as a result of using the pill is extremely low compared with many other everyday risks.

The risk of dying from pregnancy, even in America, is over ten times greater than any risk from using the pill. For women in Cambodia the risk of dying in pregnancy is over 700 times greater than the risk of using the pill.

4) **Can this women use the pill (or injection)?**

Many health workers, including some doctors, become concerned about giving hormonal contraceptives to women with medical conditions. However, these women usually need very effective contraception. For them pregnancy may be much more dangerous than it is for healthy women.

We should never refuse effective contraception to women with medical conditions but how do we advise them what is best to use.

5) **WHO Eligibility Criteria**

In order to help solve this problem WHO has developed detailed charts of medical eligibility criteria. Medical eligibility means that it is safe for a woman with a certain medical condition to use a particular contraceptive.
Challenges ahead for 1996-1997

• Birth Spacing training to be incorporated into basic curriculum of medical and nursing students.
• Further development of IEC e.g. Health Education, Radio.
• Strengthening of integration of STD management into MCH-BS Services.
• Ensuring integrated services at all government health centres where trained personnel are located.
• Maintaining contraceptive supply.
• Improving quality of care and utilisation.
• Introducing new methods e.g. a pilot of VSC (Voluntary Surgical Contraception).
• Developing services within the District Health System.
• Maintaining good partnership with NGOs.
NATIONAL BIRTH SPACING PROGRAMME:
PROGRESS AND PLANS
DR. ENG HUOT, DIRECTOR, NMCHC

Main achievements

• Development and official approval of birth spacing policy.
• Development of technical guidelines for service providers.
• Development of training curriculum including participatory methods.
• Initiation of birth spacing programme in 5 (6) provinces.
• Training down to health centre level.
• Technical support for BS services (NGO) in other provinces.
• Links with MoWA to provide Health Education through Women Volunteers.
• Contraceptive supplies initiated.
• Development of IEC material and audio-visual training material.
• Formation of Technical Working Group for Birth Spacing.
• Collaborative links with NGOs (e.g. CARE, FPIA and others)
• Attracted new donors, e.g. KfW, USAID; GTZ.
• Strengthened relationship with existing donors.
CHILD SPACING PROGRAMME DEFAULTER SURVEY
SAY RAENG PROVINCE

Survey done by: Ms Chan Thoey (HNH MCH Advisor)
Ms Caroline Martinez-Hours (HNH coordinator)

HealthNet International
Singel 142, 1017 AZ Amsterdam, The Netherlands
RESEARCH QUESTIONS

1. What is the absolute number of contraceptive defaulters by month in 199 in the MCH service of the Provincial Hospital and in Romeas Heck District Hospital?

2. What are the reasons for defaulting?

3. Do defaulters leave the public sector for the private sector for birth spacing (BS) services?

4. Are there different default patterns by Depoprovera pill and IUD users?

5. Are there different reasons for defaulting between new and continuing BS clients?

6. Are there different reasons for defaulting between urban and rural areas?

For the purpose of this presentation only the result of question 2 and 3 will be presented.
METHODOLOGY

a) Definition

For the purpose of this study .
- a defaulter for Depoprovera and pill methods is defined as an individual who has not returned to the clinic for a prearranged revisit at the scheduled time or within the following 2 months.
- For IUD women after insertion are supposed to come 1 month after for a Check up or at least within a year. If the visit does not take place and the client does not come for a re-visit within a year after insertion the woman is considered a defaulter.

b) Location of the study

In this study, the contraceptive defaulters trace in the Provincial Hospital MCH service are considered as urban area defaulters due to the hospital's location in the provincial town and the contraceptive defaulters in Romeas Heck District Hospital MCH service are considered rural area defaulters due to Romeas Heck's location in one of the poorest district of the province and the furthest district from the provincial town.

c) Sample

For Depoprovera and pill methods. the defaulters of the month of February 95 in. the Provincial Hospital [CH and in Romeas Heck District Hospital MCH were traced. The defaulters followed up were women who where scheduled to come back in February 95 for pills or injection re-supply and did not do so in February 95 nor in the following 2 months.

For IUD defaulters. all the women who had an IUD inserted in February 1994 and who did come back for the re-visit were included in this study.

d) Collection of data

To answer the first question, all the Birth Spacing client cards at the MCH service were reviewed in the 2 MCH centres of the study.

To answer to the other questions a questionnaire for face to face interviews with defaulters was designed . It was tested with defaulters in Svav Chrum Hospital MCH.

The interview were conducted in the month of July 95.

e) Limit of the study

The sample was too small to allow for most of the questions statistically significant comparisons.

Women were also allowed to give more than one answer to most of the questions since often several reasons were involved in
their decision to default. However it would have been interesting to ask only for one answer especially concerning the reasons for defaulting, e.g. we could have ask what was the most important reason. This would have may-be help in finding more statistically significant results.
RESULTS

Total Number of defaulters in Feb 95 : 61 out of which 4 were IUD users

*In. RH -35 defaulters that represent 3.1% of total number of acceptors (1.12%)

*In P:H 26 defaulters that represent 9.4% of total acceptors (278).

However during the survey, it was discovered that a certain number of defaulters answering to the defaulter definition and registered as such in the BS programme records did not in fact fit exactly the definition of "defaulters". It was the case for 2 women out of 35 (6%) in Romeas Heck and 14 out of 26 (54%) in the provincial Hospital or 61 women (26%) in total

This has lead to analyze these "false defaulters" apart from the others, because there was no point in using their answers to the questionnaire in trying to answer to the questions 3 to 6 in our study. Subsequently, the analysis of the answers to the questionnaire were reduced to 45, 33 in Romeas Heck and 12 in Provincial hospital. The reduced sample of defaulters can hardly give statistically significant results.

THE REASONS FOR DEFAULTING CAN BE SUMMARIZED IN 3 MAIN CATEGORIES:

1. The "false defaulters"

The causes for these birth spacing records which were mistakenly labelled as "defaulters" are as follows.

* 9 women did not exist (false records)

* 4 women really defaulted but not, in February 95. They defaulted long time ago, more than one year ago for most of them! A midwife continued to fill in the child spacing records to probably to obtain the contraceptives for their private activities.

* 2 women with IUDs did come back for their check up less than one year after their IUD insertion but their re-visit were not recorded in their CS cards. These 2 women are the only 2 cases of false defaulters in Romeas Heck.

* 1 woman never came to the Provincial Hospital for the Birth Spacing programme but is using depoprovera as private client of a Provincial Hospital staff. This staff made a false record to get the contraceptive.
The answers to the questionnaire were analyzed for the remaining 45 defaulters representing 74% of the initial number of defaulters. What are the reasons for defaulting?

Several reasons could be given by the same clients.

<table>
<thead>
<tr>
<th>Reasons for defaulting</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Went to private sector</td>
<td>6 out of 45 (13%)</td>
</tr>
<tr>
<td>was ill</td>
<td>4 (9%)</td>
</tr>
<tr>
<td>too busy</td>
<td>11 (24%)</td>
</tr>
<tr>
<td>too expensive</td>
<td>7 (16%)</td>
</tr>
<tr>
<td>side effects</td>
<td>11 (24%)</td>
</tr>
<tr>
<td>want more children</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>too far</td>
<td>4 (9%)</td>
</tr>
<tr>
<td>forgot appointment</td>
<td>0</td>
</tr>
<tr>
<td>partner did not want</td>
<td>4 (9%)</td>
</tr>
<tr>
<td>decrease sex desire</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>rumour</td>
<td>5 (11%)</td>
</tr>
<tr>
<td>other</td>
<td>17 (38%)</td>
</tr>
<tr>
<td>I did not know I have to go to appoint</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>I have no problem</td>
<td>2 (4%)</td>
</tr>
</tbody>
</table>

*Answer given by IUD users*

In total 76 reasons were given, 1.7 in average per person. The category "other" includes:

- 9 women who moved away,
- 2 women who became windows,
- 2 women who got a new card by mistake,
- 1 woman who died (by accident),
- 1 woman who used depo as an abortive method,
- 1 woman who was afraid to go alone on the road,
- 1 woman who still has her IUD but never came back for check up
The category real defaulters can be divided in two groups

2.1 The real defaulters who default for reasons which can not be addressed by the programme (women who died, women who moved away...)

2.2 The defaulters who default for reasons which could be addressed by the programme:

More information given to the acceptor could decrease the "side effects" "rumours" "partner did not want" "decrease sex desire" and "did not know I have to go" reasons. It should be pointed out that this information should be given to the couple and not only to the woman.

A better service delivered by motivated staff and decentralized at health centre level could decrease the "went to private" "too busy" "too expensive" including the price of the transport "too far" and "too ill" reasons.
Do defaulters the public sector for the private sector for birth spacing services?

Among the women who were classified as "defaulters" 11 out of 37 (30%) were still using a child spacing method. 8 (73%) used depoprovera, 2 (18%) pills and 1 (9%) IUD. This is thus one of the cause for defaulting but not a main one.

Among the 11 users (one has still an IUD inserted in the MCH) a total of 10 were getting contraceptives regularly from:
- commune nurse 5
- private pharmacy 2
- public hospital 2
- private nurse/midwife 1

At least 6 out of the 8 private providers of services to those classified as defaulters are also MoH staff.

The following reasons were given by women for going to the private sector.

<table>
<thead>
<tr>
<th>Reasons to go to private</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less time consuming</td>
<td>6</td>
</tr>
<tr>
<td>close to my house</td>
<td>6</td>
</tr>
<tr>
<td>possibility of payment in kind</td>
<td>4</td>
</tr>
<tr>
<td>drugs all the time available</td>
<td>3</td>
</tr>
<tr>
<td>better service</td>
<td>3</td>
</tr>
<tr>
<td>cheap</td>
<td>2</td>
</tr>
</tbody>
</table>

24 reasons were given, 3 per client

In addition, it was asked to the contraceptive non users why they did not use currently any contraceptive method. The 2 main reasons given were "too expensive" (7 out of 25 non users, 28%) and "pregnancy" (6, 24%) Concerning this latter cause, the percentage of pregnancy in Provincial Hospital (5 out of 7 non users) was significantly higher than in RH (1 out of 18) (Fisher test, p=0.002).

All the reasons given as why going to private services could be addressed by the implementation of the Health coverage plan as mentioned above.
CONCLUSION

Although the sample was small, this study has allowed us to uncover the main reasons for defaulting in 2 important MCH centres of the Svay Rieng province.

These reasons can be summarized in 3 main categories. The first one is the "false" defaulters (25%) created by the MCH staff to take contraceptives for their private practice. This concerns mainly the PH and specific management measures should be discussed with the RH director to address this situation.

The second category (30%) are "real" defaulters who defaulted for reasons not linked with the Child Spacing programme (move away...) and for which no measures have to be taken.

The third one (44%) are "real" defaulters who defaulted for a variety of reasons that can be addressed by the Child Spacing programme. In this category, no difference were found between rural and urban areas albeit for the latter, differences should appear. The sample was bigger. The implementation of the newly defined policy of Health coverage plan should address most of these problems in the years to come as well as an improvement in the health education given to the acceptors which can be done now.