

## **CHAPTER I**

### **INTRODUCTION**

Health care system in Cambodia has been divided into three levels: the central level (Ministry of Health, National Programs, and Central Institutions), the provincial or intermediate level, and the operational district or peripheral level according to the national health coverage plan through health care system reform in 1995.

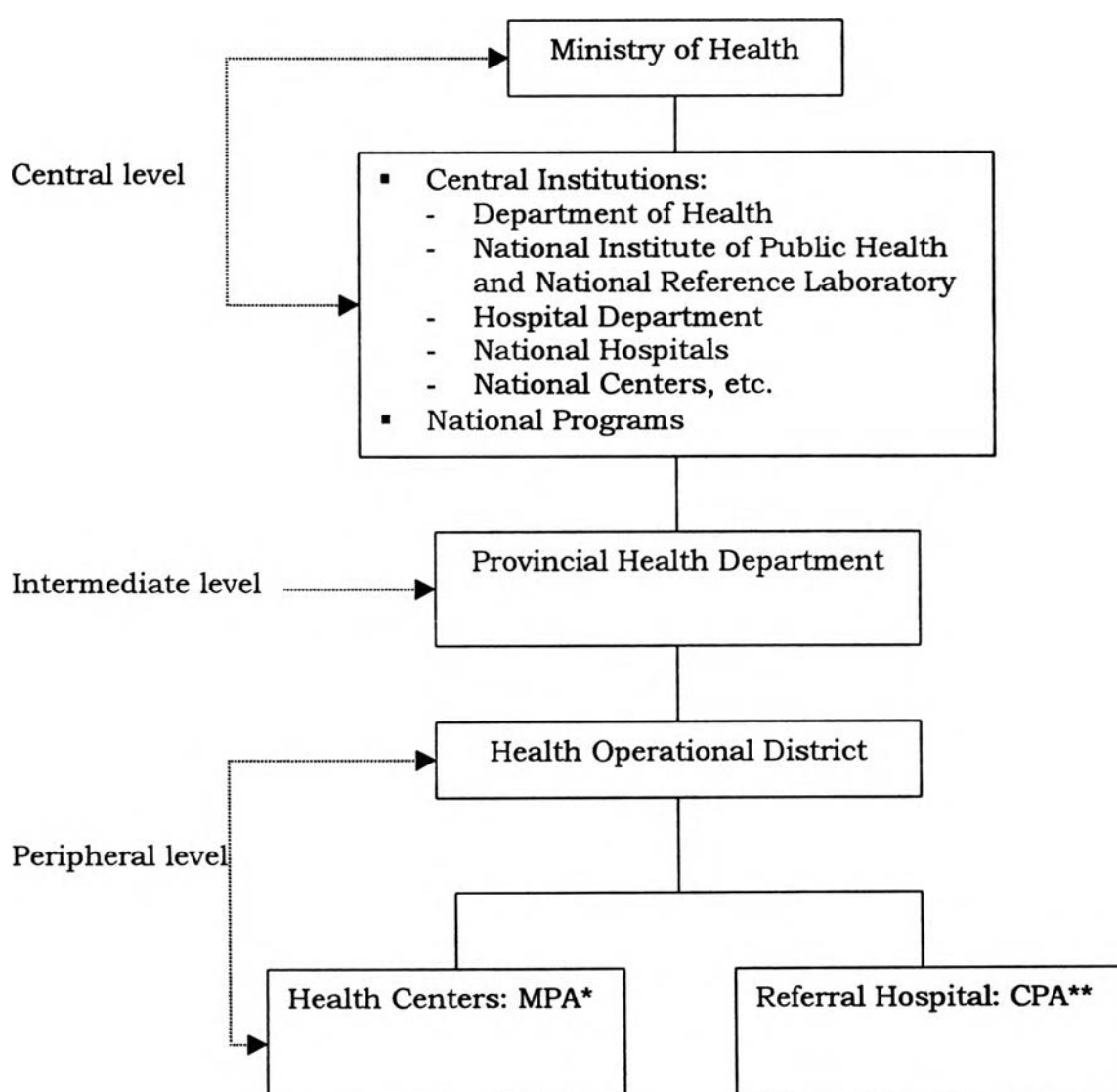
The goal of health coverage plan is to develop health care services by defining criteria for the location of health facilities and their catchment areas in order to allocate financial and human resources, and ensure that population health needs are met in an equitable way through coverage of population.

The criteria in order to develop Referral Hospitals (including former provincial hospitals) are based on the number of population and geographical accessibility. The population size ranges from 60,000 to 200,000 and the optimal size of population in the catchment areas is about 100,000. In terms of the geographical accessibility, the criteria in the populated areas is within two hours drive, and in the rural areas it should not be more than three hours drive or boat journey.

In the operational district level, the health care in Referral Hospital is distinct and complementary to health care in health centers, which are responsible for the Minimum Package Activities (MPA). Health center is the

most peripheral level of the health care system in Cambodia. The objectives of a Referral Hospital is to provide the operational district population with health services that can not be delivered by health centers such as diagnosis, follow-up and treatment for management of complex health problems, and to support the health centers in the operational district by clinical training and supervision.

**Figure 1.1: Organization Chart of Health Care System in Cambodia**



\* MPA= Minimum Package Activities

\*\* CPA= Complete Package Activities

Complete Package of Activities (CPA) the role of the Referral Hospital is to offer its catchment area. The Ministry of Health defines the types of health care delivered by Referral Hospitals as follow:

#### 1. The Delivery of Health Care Services

- Referred cases
- Medical and surgical emergencies
  - Amputation
  - Strangulated hernia
  - Appendicitis
  - Transfusion
  - Cardiovascular resuscitation
- Complicated deliveries
  - Extra-uterine pregnancy
  - Obstructed labor
  - Hemorrhage
  - Retained placenta
  - Cesarean
- Simple surgery cases
  - Hernia
  - Cataract
- Complicated TB cases
- Hospitalization
- Laboratory diagnosis

- Radiological and ultrasound diagnosis
- Rehabilitation
- 24 hours ward duty staffed by skilled personnel

## 2. Management and Training Activities

- Supervision of hospital staff
- Management of the hospital health information
- Yearly planning and evaluation of health activities in hospital
- Participation in monthly provincial meetings
- Management of medical supplies and consumable goods in hospitals
- Maintenance of hospital equipment and infrastructure
- Financial management
- Assist in the training/supervision of health center staff
- Organize the hospital referral system

(MoH, 1997)

In Cambodia, even though the Ministry of Health defined the role of Referral Hospitals since 1995, the quality of health care and laboratory services are not uniform among Referral Hospitals. Because there is a small health budget, about 1.8 USD per head from the government spent on health care which is 12 times less the recommendation of World Health Organization (MoH, 1998), further services depend on financial support from non-government organizations or international donors. In addition, there is no report on budget allocation for laboratory services in the health care system in Cambodia.

Baaray-Santuk Referral Hospital is one of the three Referral Hospitals in Kampong Thom province in the central region of the Kingdom of Cambodia. Even though the District Hospital has been upgraded to the Referral Hospital since 1995, all health care services in the Referral Hospital are still poor including laboratory services.

The poor quality of the Baaray-Santuk Referral Hospital is due to several factors such as lack of human resources; unmotivated staff because of very low salary, lack of drugs and supplies, poor health infrastructure, and also health care facilities have not been upgraded. All of those matters lead to limited availability and quality of health care services in the Referral Hospital.

However, recently the Ministry of Health in collaboration with GTZ Health Project and other non-government organizations have started to rehabilitate the health infrastructure in this hospital so that it can carry its roles as Referral Hospital.

In my action research study, I choose laboratory services that is one component of the Complete Package Activities (CPA) of the Referral Hospital, as the problem for my study.

This study is presented in five different parts: (1) An essay on how to organize and improve laboratory services in order to support diagnosis and treatment services in Baaray-Santuk Referral Hospital. In addition, (2) A

proposal to do an action research study to find out common health problems and laboratory test needs to support the quality of care for individual patients and to determine the deficiencies and shortcomings in the present laboratory services of the Referral Hospital. (3) The data analysis of the pilot study, which was conducted to test the instruments of the proposal, is discussed. (4) In the presentation, the overall view of the proposed study as presented to the examination committee by using overhead transparency projection. (5) The annotated bibliography highlights a selection of references used in the action research study.