

## M'Lop Tapang's Medical Program

### Internal Research to Measure Impact of Providing Free Medical Care (2018)

**Background:** In Cambodia there are persisting problems of inequality of health care access and health outcomes that are related to the economic status and education backgrounds of the population. Lower levels of income and education mean that men, women and children in poor families are more likely to have lower access to health care and have a higher risk for health problems. For families living in poverty, a lack of adequate water, sanitation, waste removal, nutrition, security and income generation are all factors that contribute to poor health.

**Research Project:** M'Lop Tapang provides free medical services to disadvantaged and vulnerable Cambodian children and youth living in and around the Sihanoukville area. Services are provided both at M'Lop Tapang Medical Clinic as well as in the field during regularly scheduled community visits. 100 caretakers of children who have received services were interviewed for this study. 50 interviews took place at our Medical Clinic and 50 took place in the community.



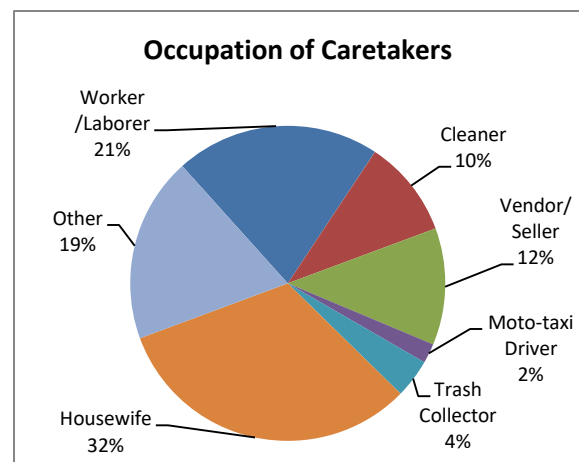
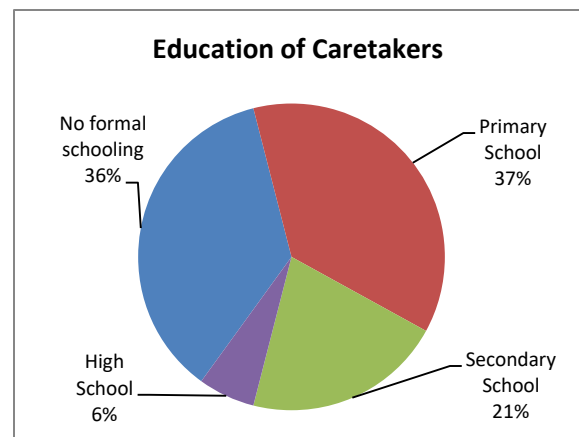
#### About the people we interviewed:

- **Sex:** 83% of the interviewees were female
- **Marital status of caretakers:** 83% of the interviewees were married, 3% were divorced, and 14% were widows/widowers
- **Monthly income (mean):** \$210 USD.

For the majority of the caretakers we interviewed their income was not regular and very few were in full-time salaried positions. They only earned money on days they worked and if they could not work there was no income. For example, day laborers at construction sites are not paid for days it rains and there is no work to do.

***“My husband used to collect wood in the forest and sell it at the market for people to cook with. We used to make about \$500 a month but since his accident he cannot work. Now sometimes we don't have enough money to buy rice.”***

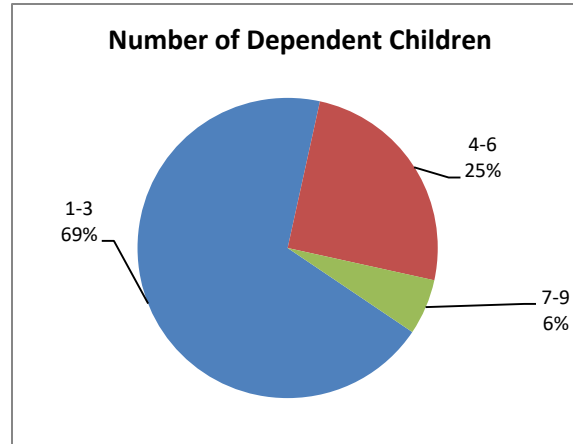
– 32 year old mother of three children



The majority of the caretakers we interviewed reported having a relatively small number of dependent children, but that did not always reflect the total number of persons living in the household. 18% reported that there were seven or more people living in their homes (in-laws, other relatives).

***“I have lots of difficulties because I am the only person who makes the money for my family because my husband is in jail.”***

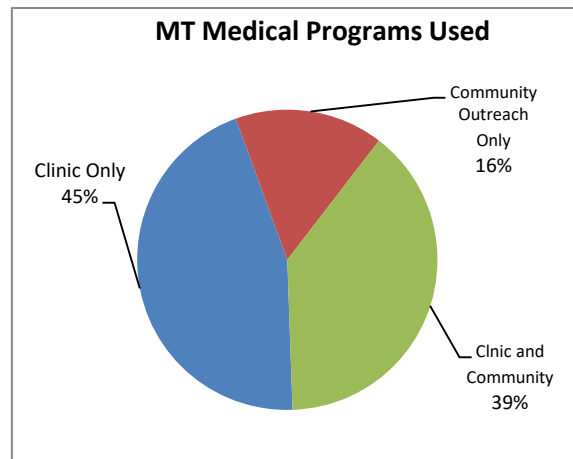
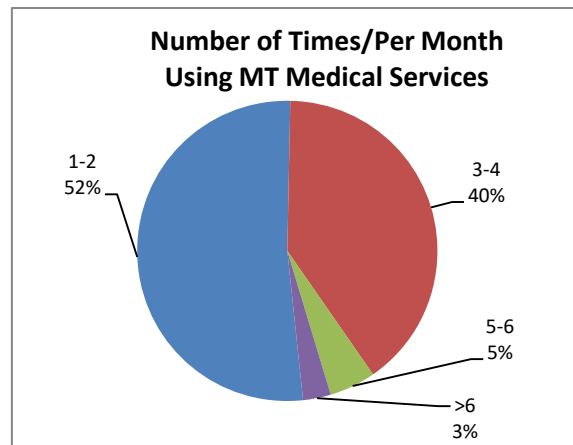
– 43 year old mother of two children



**Frequency and type of MT Medical Services used:**

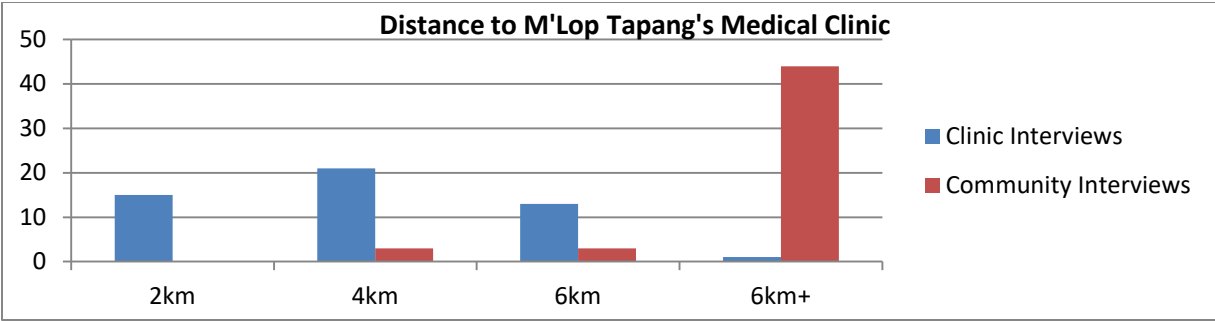
In talking with caretakers who brought their children to our Medical Clinic for care and those that received care through community outreach visits, there was very little difference in the number of times per month that they used the services. The majority used MT medical services once or twice a month.

What was notable through the interviews is the difference in types of service they accessed. Some families use both the Clinic and Outreach services, but many reported only using one of the other.

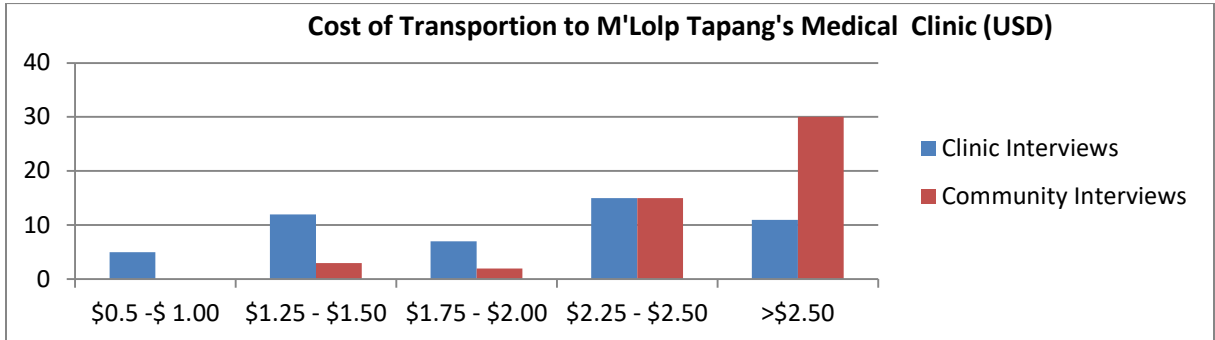


***“My village is far away from town and there is no medical center here. If M’Lop Tapang did not come here it would be more difficult when we get sick.”***

-38 year old mother of two children



Not surprisingly, the distance to M'Lop Tapang's Medical Clinic is substantially more for the caretakers we interviewed in the Community (see chart above). One of the major challenges faced by this group of people is the costs involved of getting to our clinic. The costs listed in the chart below are based on using a common mode of transportation in Cambodia, a moto-taxi.



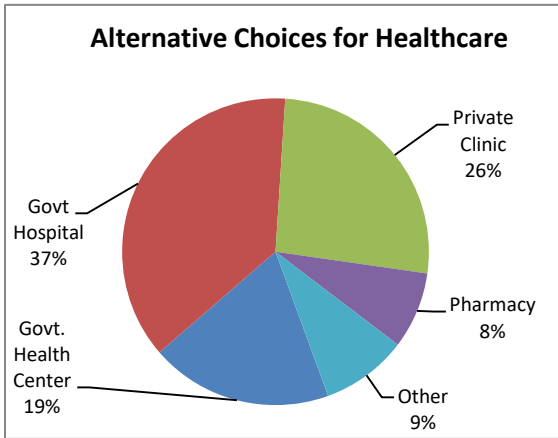
**Alternatives to M'Lop Tapang's free medical services:**

Although the majority of caretakers interviewed stated that they would not delay seeing medical care for their children if M'Lop Tapang's free medical services were not available, 23% of the respondents did report that they would delay seeking treatment. And of those, 22% said they would wait a day or longer. This is a significant as any delay in seeking care for children can potentially have very serious consequences.

A slight majority (56%) of caretakers reported that if there were no free medical services through M'Lop Tapang they would take their children to government facilities. Health care is in theory free for all citizens, but in fact there are many charges for services, and when supplies are unavailable in government hospitals the patient must purchase them on the open market.

***"If M'Lop Tapang weren't providing free medical care I would spend money on medication and have no money to buy food."***

-54 year old mother of four children



It was very clear during this research that money, or lack of, is a major reason why families are using M’Lop Tapang medical services both at the Clinic and through Outreach Medical programs. Nearly all of the caretakers reported that they would have to pay for services elsewhere. Only 8% reported having government issued Health Equity Cards that provide them with free services at government facilities.

***“I have no money. If someone in my family gets sick I need to borrow from a money lender and the interest is quite high; \$20 interest for borrowing \$100.”***

-56 year old mother of seven children

**Healthcare savings for household expenses:**

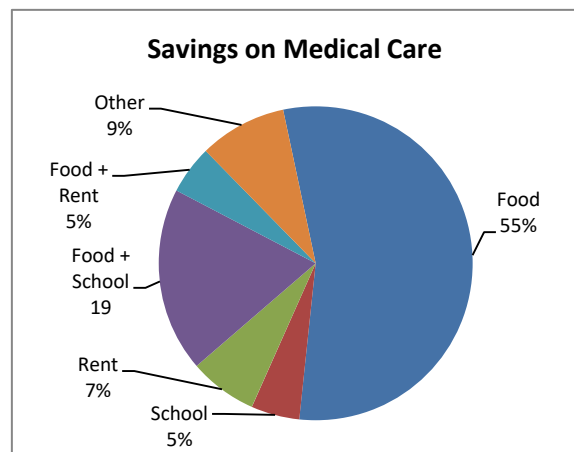
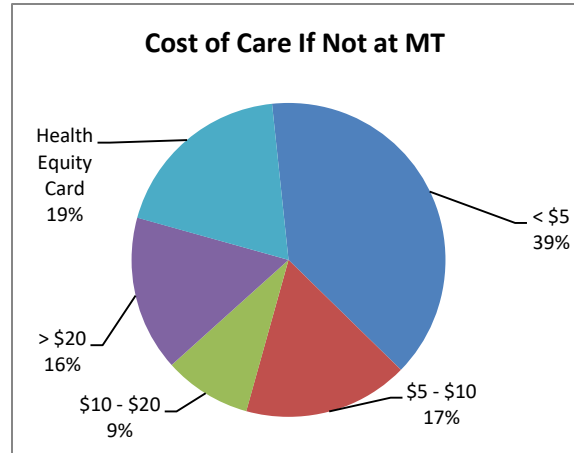
All services are provided for free through M’Lop Tapang’s medical program. A significant majority of the caretakers reported that by not having to pay for medical care they are able to buy more food for their families. Some families also reported that these healthcare cost savings help them in paying rent and for school supplies. A small number of people

reporting that free healthcare helps with school costs may be due to the fact that many of their children are already being supported to attend school through M’Lop Tapang’s “Back to School” program.

Notably, when caretakers were also asked if the free healthcare provided by M’Lop Tapang helped to decrease their stress, 100% of the caretakers replied that it helped. 59% reported that it helped some in decreasing their worries, and 49% reported that it helped significantly in decreasing their worries.

***“I have little money to buy food and I need to pay rent for my house too. It would be even more difficult if M’Lop Tapang did not help.”***

-38 year old mother of three children



**Summary of findings:**

The clients that use M’Lop Tapang’s medical services are largely poor, have low levels of education, and work in menial jobs. Without free medical care they would be spending money in treating their children’s health problems; spending from already very limited incomes. For some of the already poor families, a serious illness would put them into debt.



Providing free medical care helps families with basic household expenses, particularly food security. Importantly, providing free medical care also reduces stress and worry.

While there is some overlap, the Medical Clinic and the community medical outreach trips are providing services to different groups.

**Recommendations:**

1. While it is impractical to relocate M’Lop Tapang’s Medical Clinic, the team should ensure that the community outreach services are being provided to those areas most in need. This will become increasingly important as the Sihanoukville area continues to develop and poorer families are forced to move to other locations.
2. Continue to routinely monitor the health issues of the families and neighborhoods visited to ensure that health services provided are addressing the priority needs of the children.
3. Since poverty and lack of income generation is a recurring theme among the caretakers interviewed it would be beneficial to promote M’Lop Tapang’s vocational training and employment services program as much as possible amongst these families.
4. Assist poor families in obtaining Health Equity Cards. The challenge here is that many of the families we work with move from place to place and have no fixed address which is required in the government forms for obtaining Health Equity Cards.
5. Due to the low levels of education of the clients it is necessary to make sure all health education materials used by M’Lop Tapang are easy to understand. It is also important to continue to encourage parents to send their children to school so that this cycle of low education does not repeat itself in the family.
6. Ensure outreach workers from all teams continue to promote the availability of free medical services at MT for children with health issues. This will involve more training of social workers on identifying health risks of children and is being addressed at MT with the recent introduction of the Child Status Index (CSI), a tool that can be helpful in assessing and tracking priority services, in outreach assessments.

[www.mloptapang.org](http://www.mloptapang.org)