

Impact of Transportation on Access to Reproductive and Maternal Health Services in Northeast Cambodia: A Policy Brief

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Abstract : Ensuring access to timely obstetric care is essential to prevent maternal deaths. Geographical barriers pose significant challenges for women accessing quality reproductive and maternal health services in rural Cambodia. This policy brief affirms the need to address the issue of transportation and cost (direct and indirect) as critical barriers to accessing reproductive and maternal health (RMH) services in four provinces in Northeast Cambodia (Kratie, Ratanak Kiri, Mondul Kiri, Stung Treng). A systemic search of the literature identified 1,116 articles, and only ten articles from low-and-middle-income countries met the inclusion criteria. The ten articles reported on transportation and cost related to accessing RMH services. In addition, research findings from Partnering to Save Lives (PSL) studies in the four provinces were included in the analysis. Thematic data analysis using the information in the ten articles and PSL research findings was conducted, and the findings are presented in this paper. The key findings are the critical barriers to accessing RMH services in the four provinces because women experience: 1) difficulties finding affordable transportation; 2) lack of available and accessible transportation; 3) greater distance and traveling time to services; 4) poor geographical terrain and; 5) higher opportunity costs. Distance and poverty pose a double burden for the women accessing RMH services making a facility-based delivery less feasible compared to home delivery. Furthermore, indirect and hidden costs associated with institutional delivery may have an impact on women's decision to seek RMH care. Existing health financing schemes in Cambodia such as the Health Equity Fund (HEF) and the Voucher Scheme contributed to the solution but have also shown some limitations. These schemes contribute to improving access to RMH services for the poorest group, but the barrier of transportation costs remains. In conclusion, initiatives that are proven to be effective in the Cambodian context should continue or be expanded in conjunction with the HEF, and special consideration should be given to communities living in geographically remote regions and difficult to access areas. The following strategies are recommended: 1) maintain and further strengthen transportation support in the HEF scheme; 2) expand community-based initiatives such as Community Managed Health Equity Funds and Village Saving Loans Associations; 3) establish maternity waiting homes; and 4) include antenatal and postnatal care in the provision of integrated outreach services. This policy brief can be used to inform key policymakers and provide evidence that can assist them to develop strategies to increase poor women's access to RMH services in low-income settings, taking into consideration the geographic distance and other indirect costs associated with a facility-based delivery.

Keywords : access, barriers, northeast Cambodia, reproductive and maternal health service, transportation and cost

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