



## Summary Report

# Baseline Study on Service Access, Quality and Uptake (SAQUS) of Services of Physical Rehabilitation Centers

December 2020

# Acknowledgments

This report is the summary version of the full SAQUS study report (SAQUS - Service Access Quality Uptake Study) and has been made possible through joint collaboration and inputs from several individuals and institutions. ACCESS MEL team managed both the implementation of the SAQUS study and its summary. The team would like to thank Angkor Research and Consulting Ltd. for implementing the study, including the design, data collection and report writing.

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# 1 Introduction

This document is a summary version of baseline report on the SAQUS. This summary presents major findings and key recommendations on services provided by physical rehabilitation centers (PRCs). For further details, readers are invited to the full report, which is available on request.

SAQUS is a longitudinal study that involves baseline and end-line data collection and attempts to measure quality of PRC disability services against the 5As Framework (Availability, Affordability, Accessibility, Accommodation, Acceptability). The primary objective of this baseline study is to assess the status of service provision by PRCs supported by ACCESS. It considers both the 'supply and demand sides' i.e. the delivery of services by service providers, and the experience of services by service clients.

The baseline study seeks to answer the key question: at baseline, to what extent is PRC service provision available, affordable, accessible, accommodating, and acceptable to persons with disabilities? This will provide a baseline understanding from which to measure change over time that may be affected by interventions supported by ACCESS.

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<sup>1</sup>Refer to the full report on page for the list of the existing service standards used

## 2 SAQUS Baseline Methodology

ACCESS scoped this study and a consulting firm (Angkor Research and Consulting - ARC) was contracted to implement it. A study protocol, background materials, and survey tools were developed jointly by ARC and ACCESS. The study targeted two types of respondents – PRC service providers and PRC clients selected through a multistage sampling process. At the first stage, provinces were selected based on planned program geographical coverage. These provinces included: Kg Cham, Siem Reap, Kratie, Takeo and Phnom Penh (Kien Klaing). Six PRC service providers were then selected from the PRC within each of the provinces. Additionally, 243 clients<sup>1</sup> who had most recently visited these PRCs were purposively selected to participate in the beneficiary survey. In-depth interviews were also conducted with members of the general population about their awareness of disability services and perceptions of the ease or difficulty of accessing these.

The questionnaires were developed to understand performance of the PRCs against established RGC-endorsed service standards or guidelines<sup>2</sup> and framed by the 5 A's Framework (Availability, Affordability, Accessibility, Accommodation, Acceptability), which is referenced in the ACCESS design.

Data collection took place in July 2020. Informed consent was obtained prior to interviews. Interviews were conducted in person via face-to-face and by phone. The study received research ethics approval from the National Ethics Committee for Health Research of the Ministry of Health. ARC performed data cleaning and analysis and wrote the full report. ACCESS team provided advice on sampling, data collection and analysis, reviewed and commented on the draft report.

### Limitations

The findings below are largely drawn from descriptive statistical analysis with limited disaggregation by province and gender. The small sample size of PRCs and clients within each PRC limits the level of analysis possible. Therefore, the following analysis will have limited disaggregation by province and the representativeness of the sample of both PRCs and clients should be considered with caution. The results are instead an indication of some possible trends that require further research in individual provinces to confirm.

<sup>1</sup>Approximately 50 from each province.

<sup>2</sup>Pages 8-10 of National Standards for Physical Therapy Professional Practice, MOH/MOSVY

# 3 Key Findings from the SAQUS Baseline Data

The following are key findings structured around the 5A Framework, which includes discussions on Availability, Affordability, Accessibility, Accommodation, Acceptability.

## Availability

- **PRC staff most commonly reported providing assistive devices (100%), gait training (100%), physical assessment (86.7%), and physical therapy (86.7%).** Services that are not widely provided were mental health care (30%), educational support (33.3%) and community outreach/ follow-up (36.7%). Whether PRCs should consider including these services in their offerings may depend on accessibility to those services elsewhere as well as the demand across current and potential clientele.
- **More than half (60%) of PRC staff explained that they did not have the assistive devices<sup>3</sup> needed by a patient in the past year, including wheelchairs.** All the respondents from the PRC in Siem Reap reported that they did not have at least one type of device needed to treat a beneficiary in the past 12 months. Unless PRC access to these devices improves, they will be unable to meet RGC service standards relating to assistive devices.

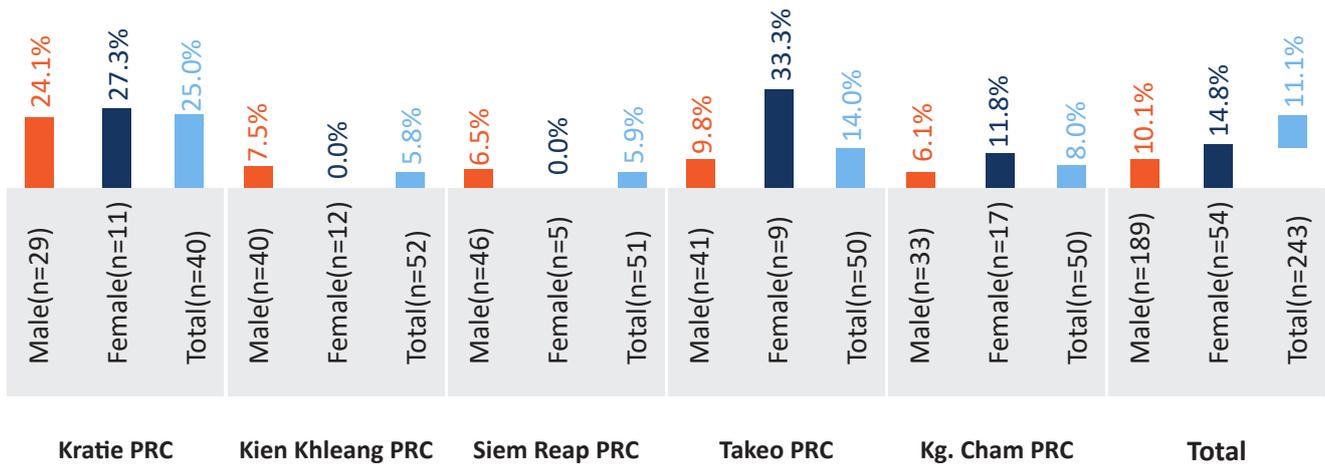
**Table 1: Whether a assistive device was available for the client in the past 12 months (PRC staff respondent).**

	Available		Not available	
	Count	%	Count	%
Siem Reap PRC (n=6)	0	0.0%	6	100.0%
Kampong Cham PRC (n=6)	2	33.3%	4	66.7%
Kieng Klang PRC (n=6)	4	66.7%	2	33.3%
Kratie PRC (n=6)	3	50.0%	3	50.0%
Takeo PRC (n=6)	3	50.0%	3	50.0%
Total (n=30)	12	40.0%	18	60.0%

<sup>3</sup>E.g. wheelchairs, crutches, etc.

- **While PRC staff know where to refer clients for other disability related services, they don't routinely provide this information to clients.** More than three quarters (76.6%) of service providers explained that they knew where to refer persons with disabilities for disability education or employment services. However, only 11.1% of the beneficiaries with disabilities mentioned that they received information on other disability related services. The PRC clients interviewed requested that more information about other available disability services be shared.

**Figure 1: Whether PRC gave beneficiary information about other disability related services**



- **Among all respondents, less than half of PRC service providers (46.7%) reported knowing where to refer women with disabilities who experience gender-based violence (GBV).** Only a few staff in Siem Reap (16.7%), Kampong Cham (16.7%) and Kieng Kleang (33.3%) PRCs reported knowing this information. PRC staff from Kratie and Takeo explained that they would refer a woman with a disability experiencing GBV to a health facility, to PDWA and DOWA's officers. Siem Reap PRC's staff would refer the woman to a health facility and NGO while the Kampong Cham respondent explained that he would refer the woman with a disability to health center, DOWA, PDWA and NGOs. A gender study is currently underway which may provide a deeper understanding of the appropriate referral protocol and what capacity building may be necessary for PRC staff.
- IDI respondents mentioned waiting times as a challenge. However, the SAQUS quantitative survey suggests only an average of 88 minutes being spent at the PRC, including waiting and service time. To resolve this discrepancy, additional research would be useful to understand how time is spent at the PRC and what solutions might be possible to reduce waiting times.

## Accessibility

- **Service providers were split between feeling that it was easy or difficult for people with disabilities to access rehabilitation services.** PRC staff specified the likely main barriers to include distance (76.9%), transportation costs (69.2%), and lack of an appropriate chaperone (61.5%). Out of the sample of current clients,

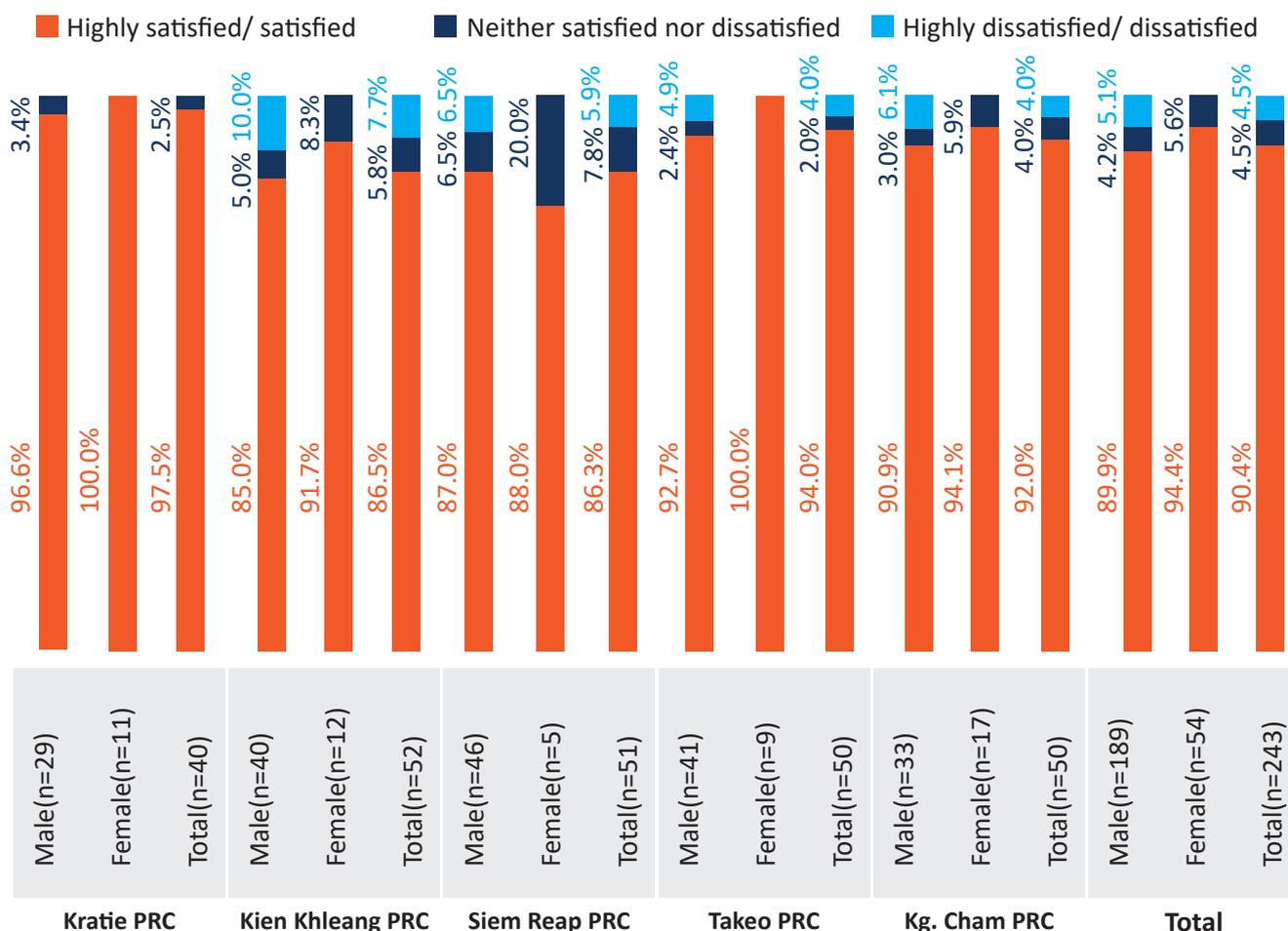
73% reported that they did not encounter any challenges, though it may be useful to include a non-client sample group of persons with disabilities to gain a deeper sense of potential barriers from their point of view.

**Table 2: Service provider perception of service accessibility**

	Very easy/ easy		Neither easy nor difficult		Very difficult/ difficult	
	Count	%	Count	%	Count	%
Siem Reap (n=6)	1	16.7%	0	0.0%	5	83.3%
Kampong Cham (n=6)	3	50.0%	0	0.0%	3	50.0%
Kieng Klang (n=6)	4	66.7%	1	16.7%	1	16.7%
Kratie (n=6)	3	50.0%	2	33.3%	1	16.7%
Takeo (n=6)	2	33.3%	1	16.7%	3	50.0%
Total (n=30)	13	43.3%	4	13.3%	13	43.3%

- **All PRCs reported good accessibility for persons with physical disabilities.** All PRCs had an accessibility ramp.
- **PRCs seem to be able to communication with those who don't speak Khmer, but few PRCs had staff trained in sign language.** Almost all the PRCs could access a translator in case a patient did not speak Khmer, but PRCs severely lacked staff trained in sign language.
- **The number of women accessing services at PRCs is far lower than men, with particular challenges to accessing services for women identified as safety and a lack of care givers for children.** 73.3% of service providers reported that it is more difficult for women with disabilities to access rehabilitation service. It is possible that the low number of women reflects that men are more likely to receive landmine injuries. Lack of comfort (as many service providers are male) and transportation were common challenges identified by respondents. Beneficiaries with disabilities also thought that safety (56.9%) and lack of caregivers for their children (26.6%) would hamper women with disabilities' access to rehabilitation services.
- **Most respondents (90.9%) reported high satisfaction with the information they received about services.**

Figure 2: Satisfaction with information received about PRC services

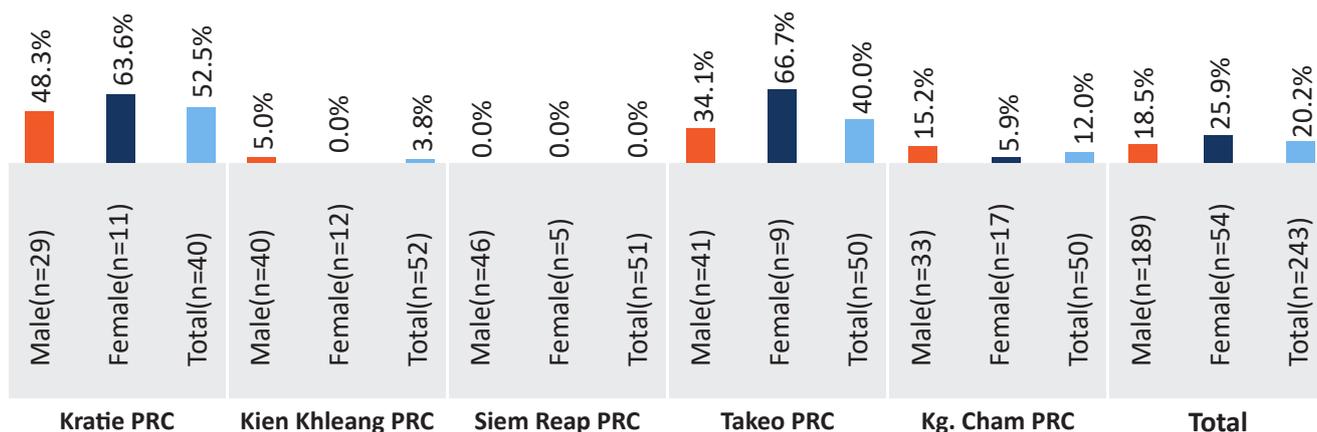


## Affordability

- **Almost all the services (88.4%) provided by PRCs are free-of-cost according to providers, however, only about half of the client respondents (47.7%) reported that accessing necessary services was affordable for them.** The average price of services requiring payment was 61,421.90 riel, though the average prices of services for women with disabilities was significantly higher (152,200 riel).<sup>4</sup>
- **The majority of PRC clients travel to the clinic on motorbikes or buses and paid transport costs.** 96.3% of clients reported to have paid for transportation to the PRC. Even though 100% of PRC staff said that the PRC provides an allowance for food and transportation costs, only a small percentage of PRC clients reported receiving allowances. 23% of clients reported receiving transportation allowances and 20.2% of clients reported receiving food allowances.

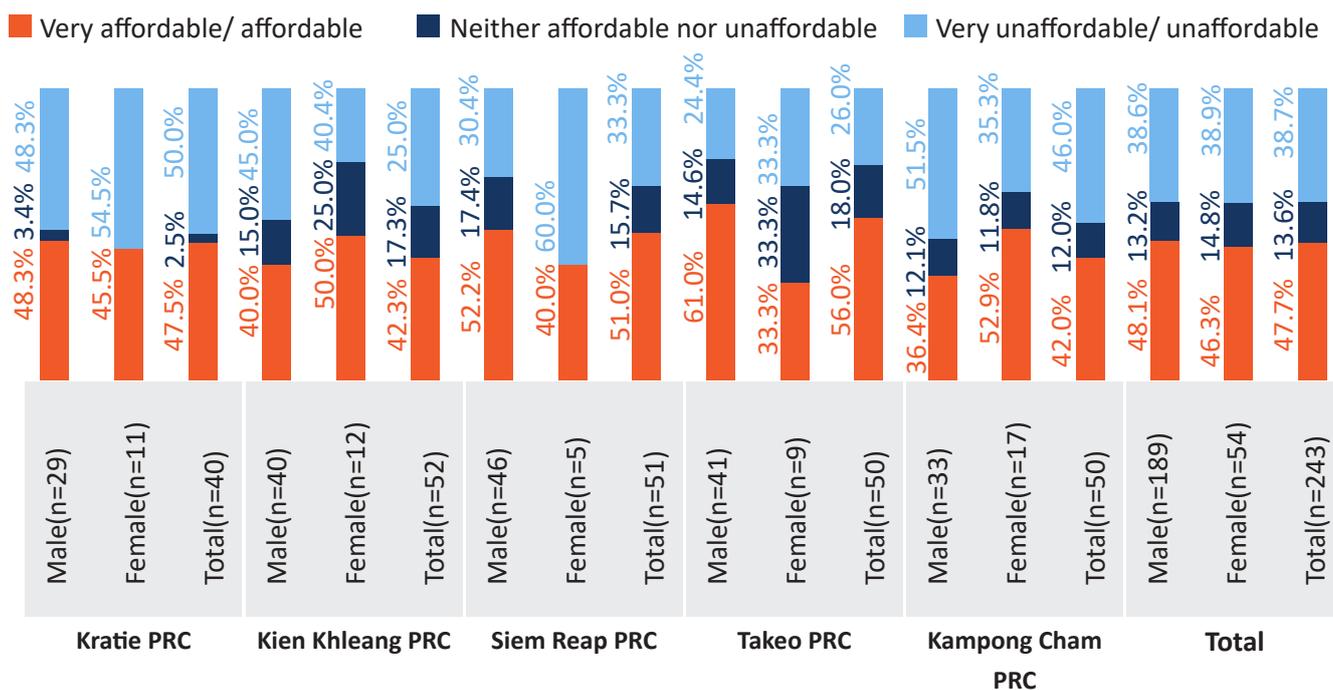
<sup>4</sup>Important to note that the SAQUS sample only included persons with disabilities who did receive services, which may skew the findings towards those who could afford the services.

**Figure 3: Beneficiaries receiving food allowance**



- Nearly half of the persons with disabilities (47.7%) receiving service at a PRC reported that accessing the service they needed was affordable for them. Many if not most services provided by PRCs are free of cost (88.4% of services were reported by service providers as free). The average price of the services requiring payment was 61,421.9 riel (USD 15.35, median is USD 5). Services accessed by women with disabilities had a significantly higher average (152,200 riel or USD 38) compared to services provided to men with disabilities (48,732 riel or USD 12).

**Figure 4: Perception of affordability of accessing services at PRC amongst beneficiaries**



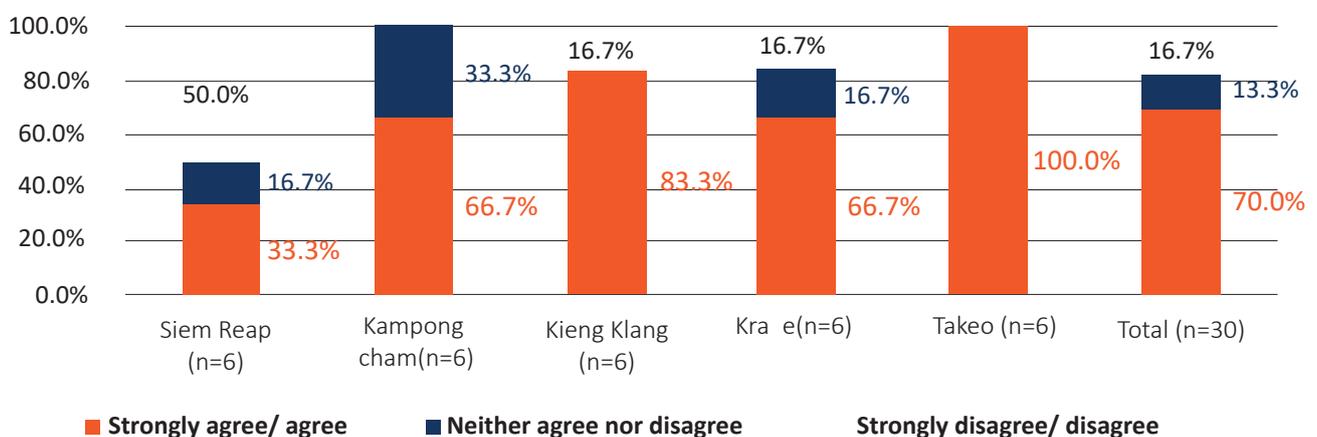
## Accommodation

- **The use of private rooms for service provision continues to be an issue across PRCs.** There was a discrepancy between PRC staff and clients as to whether clients were receiving services in a private room. A majority (70%) of beneficiaries with disabilities reported receiving service in a room shared with others. Only half of the PRC staff reported having a private room to perform their duties (53.3%) and of those, 81.3% reported systematically using it to interview their patients.
- **70% of service providers and 71.2% of persons with disabilities reported that the PRC they visited was clean.**

## Acceptability

- **Clients' level of satisfaction was high regarding the information they received about the PRC's services (90.9%) and the attitude of the PRC staff (91.4%).** The main suggestions for improvement were around reducing service waiting times.
- About one-fifth (16.7%) of beneficiary respondents feel that **"Service providers should talk louder or shout to make sure persons with sensory disabilities understand them."**
- Service providers may need to involve beneficiaries more in decisions about services. 70% of service providers feel that **"service providers should make the decisions regarding the services the person with disability should access"**, contrary to the service standard. However, most respondents with disabilities (89.7%) did not feel that service providers pushed them to do something they did not want to do.

**Figure 5: Service providers who believe that "Service providers should make the decisions regarding the services the person with disability should access"**



# 4 Recommendations

## For Policy Persons with Disabilities Foundation

- Bring the issue of food and transport allowances to the attention of decision makers and identify measures to monitor the distribution of allowances to people with disabilities and create a more consistent and standard framework;
- Engage in additional research to understand why referral information is not being given to clients. Reasons may be related to lack of time, judgements about whether additional information is necessary, or lack of a designated social worker.
- Continue to work with PRCs and services providers on the importance of client centred care and ensure they are adequately trained in the service standards.
- Engage in additional research to gain a deeper understanding of the availability and use of private spaces for service provision. For example, physical therapy may not be delivered in private rooms due to lack of space, and in some cases women may prefer not to be seen in a private room with a male provider out of concern for safety or cultural appropriateness.

## For Service Providers

1. PRC service providers should be required to share information about other disability related services such as employment services with PRC clients and GBV services where appropriate (and receive training and / or other support as needed);
2. PRCs should consider approaches to reducing service waiting times and more actively monitor any changes in waiting times;
3. PRCs should have an arrangement in place so that people who can speak sign language or an ethnic language can be called upon to support people with hearing impairments or people speaking an ethnic language to access services;
4. PRCs should investigate why so few women with disabilities are accessing services and pilot some projects to increase their access to services. This could include developing stronger referral pathways with health facilities.

## Disclaimer

All opinions expressed in this report are that of Angkor Research and Consulting Ltd and do not necessarily reflect the views of Cowater International or AusAID.

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