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## **Preface<sup>1</sup>**

In 2004 the Ministry of Health created a working group to develop a national standardised package for clients' rights and providers' rights-duties. With support from the German Technical Cooperation (GTZ), this package of activities were finalised at the end of 2006.

The operational guidelines were developed by the working group in order to facilitate the promotion and implementation of the clients' rights and providers' rights-duties effectively in the Cambodian health sector. The three elements of the package are fully explained: key concepts, applications and responsibilities.

In order to achieve effective results, I appeal to all provincial/municipal health department directors, operational district chiefs, local authorities, clients of the health services and all health partners involved to follow this guideline and actively participate in the promotion and implementation of the clients' rights and providers' rights-duties. Best efforts are particularly needed in the health centres and hospitals where implementation directly takes place.

It is hoped that these guidelines will further facilitate efforts in improving the quality of care in our facilities, to ensure better health care services to all the Cambodian people.

I would like to express my sincere thanks to the working group and health partners who collaborated successfully in developing this document.

Phnom Penh, 20 February 2007

Signature and Seal

Minister of Health  
Dr. Nuth Sokhom

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<sup>1</sup> Unofficial translation from the Khmer version

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# **Operational guidelines for implementing Clients' rights and Providers' rights-Duties**

## **Chapter 1**

### **1. Introduction**

The purpose of these guidelines is to provide practical information, strategies and techniques for the promotion and advocacy of clients' rights and providers' rights-duties in the health care system of Cambodia. The guidelines provide information about the rights, their definition and the responsibilities of both clients and providers. They also outline strategies and practical techniques that help ensure appropriate and effective implementation and monitoring of the rights and duties.

It is meant to be used by people concerned in promotion and implementation of clients' rights and providers' rights-duties. Those people include health care providers, commune councils, health centre management committees, hospital management committees and other advocating bodies.

There has been a growing interest among Ministry of Health (MoH) high officials, health partners and health client representatives in reinforcing the clients' rights and providers' rights-duties in the health care system in Cambodia.

The Ministry of Health is committed to apply these rights and ensure their enforcement in all provinces through a step-wise manner.

### **2. Background**

The promotion of clients' rights and providers' rights-duties is one of the goals of the Behaviour Change Communication (BCC) key area of work in the current Health Sector Strategic Plan. The rights aim at fostering changes in attitude and behaviour towards effective health service delivery and greater health empowerment of the Cambodian people.

The right to health care is one of the three values stipulated in the Health Sector Strategic Plan for 2003-2007 of the Ministry of Health alongside Equity and Pro-poor.

In order to put these values into practice, the Ministry of Health created a working group to develop a national package (standards) for clients' rights as well as for providers' rights-duties. The main tasks of the working group consist of developing, disseminating and monitoring the implementation of a national standardised package for clients' rights and providers' rights-duties.

The clients' rights and providers' rights-duties packages have been officially endorsed by the Ministry of Health dated 31 August 2006. The packages are composed of two elements: Key Concepts, and Responsibilities. The key concepts define the meaning of each right. The Responsibilities underline the accountability of clients and providers for exercising their rights in a reasonable manner.

### **3. Objectives of promoting clients' rights and providers' rights**

The objectives of promoting of clients' rights and providers' rights-duties are:

1. To improve client-oriented service of health providers.
2. To promote greater awareness among the population of rights to health and appropriate health seeking behaviour.
3. To promote greater awareness among health service providers of their rights and responsibilities in delivering health services.
4. To improve ethical practices of health service providers.

## **Chapter 2 Guidelines and Techniques for the Implementation of Clients' Rights**

The purpose of this section is to provide information about clients' rights. What they are and how they should be promoted and/or implemented. The key concepts explain the meaning of each right. The applications outline implementation: what needs to be done, how and by whom? Responsibilities underline the actions clients can perform in order to contribute to the promotion and implementation of their rights.

### **1. Right to equality, and to be free from all forms of discrimination**

#### **1.1 Key concept**

All persons are born free and equal. No one should be discriminated because of race, ethnicity, colour, poverty, sex, marital status, physical or mental disability and illnesses, age, language, religion, political orientation, national or social origin in relation to access to health care.

#### **1.2 Application**

1.2.1 Health care providers should provide the best possible quality of health care to all clients; regardless race, ethnicity, colour, poverty, sex, marital status, physical or mental disability and illnesses, age, language, religion, political orientation, national or social origin.

1.2.2 The clients' right on equality and freedom from discrimination iterated in health professional ethics are:

- All health care providers are obliged to practice according to the spirit of this right throughout their professional life.
- Ministry of Health and its responsible health facilities should make sure that all health care providers are aware of and practice health professional ethics.

- 1.2.3 Through the decentralised structure, commune councils should have a role in providing clear explanation on client rights to all their community members. The commune council should also make sure that the poor are aware of their rights and provide advocacy support where needed.
- 1.2.4 Information could be shared through both formal and informal channels. This could be done through individual and group interpersonal communication, educational campaigns, printing materials (leaflet, posters...) and electronic media (Radio, TV spots, website etc.)
- 1.2.5 Another important port of entry is through educational institutions. Teachers can have an important role in the dissemination of clients' rights to their students.

### **1.3 Client responsibilities**

Clients of health care services should actively get themselves acquainted with this right. They can approach members of health centre or hospital management committees, village health support groups, health staff and commune councils for clarification.

## **2. Right to Information and Health Education**

### **2.1 Key concepts**

- 2.1.1 Clients of health care facilities have the right to access information on the type of health services offered, working hours, client flow, price lists and exemptions, including the method of payment for services used.
- 2.1.2 Clients have the right to be fully informed about their health status, including the medical facts about their condition; the proposed medical procedures together with the potential risks and benefits of each procedure; the alternatives to the proposed procedures, including the effect of non-treatment; the



diagnosis, prognosis and progress of treatment; and what to do in the event of an emergency.

- 2.1.3 Clients have the right to choose who, if any one should be informed on their behalf about their health condition.
- 2.1.4 Clients should have the possibility of obtaining additional opinions and information related to their health care or treatment.
- 2.1.5 When admitted to health care facilities, clients should be informed of the identity and the professional status of the health care providers overlooking their care and of any rules and regulations which affect/influence their stay and care.
- 2.1.6 Clients have the right to request and be given a written summary of their diagnosis, treatment and care and the result of other examination (laboratory test, X-ray, Ultra sound etc.) on discharge from a health care facility.
- 2.1.7 Clients have the right to health education, in particular regarding disease prevention and health promotion measures.

## **2.2 Application**

- 2.2.1 Persons responsible for individual health care facilities should ensure that information about health care services is publicly visible. That information includes working hours, price list and patient flow within health care facilities.
- 2.2.2 Public health facilities should introduce a transparent user fee system in accordance to the health financing charters.
- 2.2.3 Health care providers should ensure that all their clients admitted to the hospital are informed about:

1) health staff that overlooks their care, 2) what to do in case of need or emergency, 3) access to toilets, water, electricity supply and food, 4) rules and regulations of the hospital including payment procedures.

2.2.4 Health care providers should ensure that their clients are aware of their health condition, the recommended curative and preventive measures, and what to do when their health condition get worse prior to leaving the health facilities.

2.2.5 Health care providers should use simple language with their clients and minimise the use of unfamiliar technical terminology. They should give a chance to their clients for clarification during communication. If the client and provider do not speak a common language, interpretation should be made available.

2.2.6 Health care providers should use all opportunities to provide health care messages to their clients.

2.2.7 Health care providers should make sure that all available relevant IEC materials like posters and leaflets are made accessible to all clients.

## **2.3 Clients' responsibilities**

2.3.1 Clients are responsible to take necessary prevention/health promotion measures as recommended by health care providers, including healthy lifestyle practices, for themselves as well as their dependants.

2.3.2 Clients or their representatives are responsible to ask for clarification if they do not understand the instructions or messages provided by the health providers.

### **3. Right to health care and treatment**

#### **3.1. Key concepts**

- 3.1.1. All persons have the right to receive such health care as is appropriate to his or her health needs, including preventive care and health promotion activities. Special attention should be provided particularly during an emergency.
- 3.1.2. Clients have the right to a quality of care, which is stipulated under the technical standards of the Ministry of Health.
- 3.1.3. Clients have the right to continuity of care, including cooperation between all health care providers and/or facilities that are and may become involved in their diagnosis, treatment and care.
- 3.1.4. Clients have the right to be treated with dignity in relation to their diagnosis, treatment and care, which should be rendered with respect for their culture and values.
- 3.1.5. Clients have the right to enjoy support from family, relatives and friends during the course of care and treatment in the absence of medical contraindication.
- 3.1.6. Clients have the right to choose methods to relieve their suffering according to the current state of medical knowledge available in the country.
- 3.1.7. Clients have the right to terminal care and the right to die in dignity.

#### **3.2. Application**

- 3.2.1. According to the human, financial and material resources available, health facilities should make services continuously available and accessible equally to all without any discrimination.

- 3.2.2. The MOH should ensure adequate supply of financial and human resources, material/equipment and drugs to health facilities.
- 3.2.3. Health staff, Health Management Committees and VHSG should actively disseminate the health services available at the health facilities to the communities through existing means of communication (posters, leaflets, interpersonal communication etc.) in order to create community awareness regarding health care.
- 3.2.4. Health care managers should improve their health care providers' behaviour and attitude by applying various existing tools such COPE, PBCI and MPA module 7 alongside QA etc.
- 3.2.5. Health care providers should allow family members to accompany patients during the course of treatment whenever possible.
- 3.2.6. In circumstances where a choice must be made by providers between potential clients for a particular treatment that is in limited supply, all such clients are entitled to a fair selection procedure for that treatment. That choice must be based on medical criteria and made without discrimination.
- 3.2.7. Health care providers should provide a full explanation to clients for whom there are no medical grounds for a continued stay in a health care facility before they can be transferred to another establishment or sent home. In case of a patient's need for continuing care, transfer can only take place after another health care establishment has agreed to accept her/him. Where the client is discharged home and where his or her condition so requires, information should be given to community based services where available.

- 3.2.8. To ensure the quality health care of providers, the MOH will enhance and update the knowledge and skills of its health providers through a regular capacity building programme.
- 3.2.9. Health staff should update themselves on current national policies, treatment protocols and health professional ethics.

### **3.3. Clients' responsibilities**

- 3.3.1. Clients are responsible to provide accurate and complete information related to their health condition and present all available records on their illness.
- 3.3.2. Clients are responsible to follow the recommended instructions and course of treatment and inform the health care provider if they were unable to do so.
- 3.3.3. Clients are responsible to punctually attend given appointments at health facilities.
- 3.3.4. Clients are responsible to pay the official user fees as stipulated in current policy and regulations.
- 3.3.5. Clients are responsible for the payment of any equipment, drugs or other supplies taken possession of without authorization and of any property damaged by clients or their representatives.
- 3.3.6. Clients are responsible for the safety of their belongings during their visit to the health facility.
- 3.3.7. Clients are responsible to treat their providers with respect and courtesy.

## **4. Right to confidentiality**

### **4.1. Key concept**

Clients have the right to confidentiality of all information on their health status, medical condition, diagnosis, prognosis, and treatment and all other information of a personal kind, even after death of the client.

### **4.2. Application**

- 4.2.1. Health facility managers and persons responsible should make sure all clients' files; registrar and database are kept in a safe place.
- 4.2.2. In order to avoid breach of confidentiality, health care facilities should have a clear assignment procedure for staff allowed to have access to clients' file, registrar and/or database.
- 4.2.3. Client files or documents can only be retrieved by relevant designated medical personnel and only for the purpose of medical indication. Confidential health information can also be shared with other health care organisations, physicians, nurses, lab and other paramedical technicians who are involved in the health care delivery of the client.
- 4.2.4. Health care providers should use communication channels that ensure confidentiality and are agreed upon by the clients.
- 4.2.5. Health facility managers and persons responsible should ensure that all confidential information may only be disclosed if the client gives explicit consent or if the law expressly provides for this. Requests must be made by official writing.
- 4.2.6. Confidential client health information may be used or disclosed (name, location) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

- 4.2.7. Health facility managers and persons responsible should make sure that all identifiable client data are properly protected. Human substances, e.g. blood, tissues and other organic matter from which identifiable data can be derived, must be properly disposed of or kept in a safe place.
- 4.2.8. Provider should inform their clients how and when data can be requested to be retrieved and for what purposes.

### **4.3. Clients' responsibilities**

Clients are responsible for keeping their health information entrusted to them confidential if they wish to do so.

## **5. Right to privacy**

### **5.1. Key concept**

Clients admitted to or visiting health care facilities have the right to expect facilities that ensure privacy, particularly when health care providers are carrying out physical examinations and treatment.

### **5.2. Application**

- 5.2.1. All health care institutions should have adequate facilities to ensure privacy of the clients during the course of medical interventions. This means that a given intervention must be carried out in a closed room and only in the presence of those persons who are necessary for the intervention.
- 5.2.2. Hospital managers should organise separate areas for women during their hospitalization.
- 5.2.3. All health care institutions should provide separate toilet facilities for women, men and disabled persons.

### **5.3. Clients' responsibilities**

Clients are responsible to inform health care providers about the privacy they need and provide feedback information for improvement.

## **6. Right to choice and informed consent**

### **6.1. Key Concepts**

6.1.1. Clients have the right to choose and change their physician or other health provider and health care facility.

6.1.2. Clients have the right to refuse or to halt any treatment or intervention.

### **6.2. Application**

6.2.1. Health care providers should provide clients with as much information as possible on the choices of care and treatment and the pros and cons of each intervention, and recommend the best options in order for clients to make the appropriate decisions for their medical care.

6.2.2. Health care providers should ensure that the communicated information is well understood by clients and their representatives by using a common language and simple terms.

6.2.3. Health care providers should provide medically appropriate services (specialities, technologies and facilities) as requested by clients whenever available.

6.2.4. Health care providers should explicitly explain to clients about any possible implications or consequences when they refuse or choose to halt any medical interventions. If clients and/or their legal representatives still decide to refuse or stop, health care providers must obtain written consent from the clients and/or representatives.



- 6.2.5. If a client or representative refuses to give consent and the physician or other provider is of the opinion that the intervention is in the interest of the client's life, then the decision must be referred to the health facility board or technical committee.
- 6.2.6. The consent of the client is required for the preservation and use of all substances of the human body unless the substances are to be used in the current course of diagnosis (except certain examination that required client's consent), treatment and care of the client.
- 6.2.7. The informed consent of the client is needed for participation in clinical teaching. Health care providers must always ask for consent from the clients or their representatives prior to conducting clinical teaching involving the clients.
- 6.2.8. The informed consent of the client is a prerequisite for participation in scientific research. All protocols must be submitted to proper ethical review procedures. Research should not be carried out on those who are unable to express their will, unless consent is obtained from a legal representative and the research is likely to be in the interest of the client and the public.

### **6.3. Clients' responsibilities**

- 6.3.1. Clients or their representatives are responsible to accept all consequences of their decisions, particularly when they decide not to follow the recommendations of the health care providers.
- 6.3.2. Clients of health care services should be fully familiar with these rights. They can approach members of health centre or hospital management committees for clarification and intervention.

## **7. Right to express opinion and to participation**

### **7.1. Key concepts**

- 7.1.1. Clients have the right to express their opinions regarding the health care services they received.
- 7.1.2. Clients have the right to file complaints for malpractices made by health care service providers.
- 7.1.3. Clients have the right to participate, through their elected representatives, in the planning and evaluation of health services, the quality of services and conditions under which they are delivered.

### **7.2. Application**

- 7.2.1. Health care providers should take opinions expressed by clients and/or their representatives as constructive feedback information for themselves and the health facilities they work in. They should handle this feedback systematically and promptly whenever possible.
- 7.2.2. Health care providers should create and promote an environment that supports opinions and feedback information expressed by their clients and regularly follows up on actions taken.
- 7.2.3. Community representative bodies (e.g. VHSG, HC management committees, pagoda committees, etc.) should take an active role in providing feedback and follow up of feedback on behalf of their communities.
- 7.2.4. All complaints should be presented with clear evidence to the relevant bodies/authorities. Community representatives and existing civil societies (e.g. local NGOs, Associations etc.) could provide assistance to clients who want to file a complaint about health care providers when needed. Health care facility management and staff should cooperate with the clients and their representatives in

providing the true information related to evidence requested.

### **7.3. Clients' responsibilities**

- 7.3.1. Clients are responsible to provide true feedback information to health care providers by themselves or through their relatives or through their representatives bodies (e.g. VHSG, VHV)
- 7.3.2. Clients are responsible to select representatives that truly represent their voice and protect their interest in relation to health care services.
- 7.3.3. Clients and clients' representatives are responsible for the following up of issues that were fed back to the health care providers.

## **Chapter 3 - Guidelines and Techniques for the Implementation of Providers' Rights-Duties**

The purpose of this section is to provide information about providers' rights. What they are and how they should be promoted and/or implemented. The key concepts explain the meaning of each right. The applications outline implementation: what needs to be done, how and by whom? Responsibilities underline the actions providers can perform in order to contribute to the promotion and implementation of their rights.

### **1. Right and Duties to ask and to receive information according to medical techniques**

#### **1.1 Key concept**

Providers, in accordance to medical techniques, have the rights to ask for and be informed a complete and accurate medical information on present and past illnesses, previous hospitalisations, medication, allergies, and other matters related to the client's health, including information on any alternative treatments/medication the client is taking or plans to take.

#### **1.2 Application**

1.2.1 In order to contribute to proper diagnosis and treatment, clients, as mentioned in their responsibilities, should cooperate with health care providers in giving a complete and accurate information related to their current and past health problems.

1.2.2 When asking for health related information, providers should comply with medical ethic including minimise the use of unfamiliar technical terminology. Reasons for asking a specific question should be explained to the clients when needed.

### **2. Rights and Duties to provide health care and treatment**

#### **2.1. Key concept**

2.1.1. In a critical situation and to save the patient's life, providers have the duties to provide treatment and

health care services according to capacity of medical facilities that are available. In case the patient requested to be transferred to other health facilities, provider may agree with the request with a clear explanation about possible problems happening during transportation.

- 2.1.2. In general, continuity of care is ensured. However, except in an emergency case, doctor has the rights to refuse offering services due to professional and personal reasons. In case the doctor refuse to give a services, the doctor must inform the patient and provide necessary information to other health care provider that patient has selected to go to.
- 2.1.3. In accordance to medical prognosis that the patient's life might not able to save, providers have the right to discuss and explain to the clients and families whether to stop or continue treatment.
- 2.1.4. According to its tasks and for the benefit of the clients, providers have the duties to instruct clients to comply with the recommended treatment and instructions.
- 2.1.5. According to its tasks and for the benefit of the clients, providers have the duties to request clients and accompanying persons to comply with the rules and internal regulations of the health care facility during health care and treatment.
- 2.1.6. Providers have the duties to provide health care to clients in area where privacy is ensured.

## **2.2. Application**

- 2.2.1. Providers should make sure that services available at their health facilities are informed to the public. They can use posters, leaflets, mass media or existing communication channel e.g. VHSG, VHV, Health

Centre Management Committees etc. to disseminate service information to the public.

- 2.2.2. Clients should recognise the limitation of the health facilities that they are visiting. They should not coerce health care provider to offer services that are not available or beyond their capacity. They can ask advice from health care providers for services that they need.
- 2.2.3. Clients should respect treatment regimens including other related intervention that are offered based on the current MoH policies and guidelines. Provider should give full explanation to clients when needed.
- 2.2.4. All health care facilities must have internal regulation and patient flow publicly visible.
- 2.2.5. As mentioned in their responsibilities, clients should comply with recommended treatment and instruction of health care providers and respect rules and regulations of health care facilities.
- 2.2.6. All health care facilities should have appropriate infrastructure that can ensure privacy for the clients. This means that all examination and treatment should be done in a closed room and only necessary persons are allowed in the room.
- 2.2.7. Clients, relatives and representatives should cooperate with health care providers to ensure both professional privacy and the privacy of own clients are respected. Professional privacy entailed absent of mental and physical interference from outsiders to health care providers during their course of work or intervention.

### **3. Rights and Duties in confidentiality**

#### **3.1. Key concept**

Providers have the duties to keep confidential of all information on clients' health status, medical condition, diagnosis, prognosis, and treatment and all other information of a personal kind, even after death of the client from outsiders.

#### **3.2. Application**

3.2.1. Clients' relatives, representatives or any individual should respect the confidential measures/system applied by health care providers. They should not coerce health care providers to give or disclose of any health information unless consent made by concerned clients or there is required by law.

3.2.2. Health facility managers and persons responsible should make sure all clients' files; registrar and database are kept in a safe place.

3.2.3. In order to avoid breach of confidentiality, health care facilities should have a clear assignment procedure for staff allowed to have access to clients' file, registrar and/or database.

3.2.4. Client files or documents can only be retrieved by relevant designated medical personnel and only for the purpose of medical indication. Confidential health information can also be shared with other health care organisations, physicians, nurses, lab and other paramedical technicians who are involved in the health care delivery of the client.

3.2.5. Confidential client health information may be used or disclosed (name, location) to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

3.2.6. Health facility managers and persons responsible should make sure that all identifiable client data are properly protected. Human substances, e.g. blood,

tissues and other organic matter from which identifiable data can be derived, must be properly disposed of or kept in a safe place.

- 3.2.7. Provider should inform their clients how and when data can be requested to be retrieved and for what purposes.

## **4. Rights and Duties to decide on intervention**

### **4.1. Key concept**

- 4.1.1. In accordance to medical indication and the capacity of health facility, provider has duty to refer clients to other health care providers/facilities when needed.
- 4.1.2. In the matter of life and death, providers, after received agreement from the supervisor or a team on duty, have the duty to make an urgently needed intervention without prior consent from the client or his/her legal representative.

### **4.2. Application**

- 4.2.1. Clients or relatives should cooperate with their health care providers' decision on referral to other health care facilities.
- 4.2.2. Health care providers should make sure that health care facility that they are going to refer the clients to will accept the clients and that they have the needed services available.
- 4.2.3. In case the clients can not communicate or can not decide e.g. coma, providers can make decision after discussion and received agreement from their relatives, representative or technical committee of the hospital.

## **5. Providers' Responsibilities**

*Providers must get themselves acquainted about their rights and duties and apply those rights and duties responsibly.*



## **Chapter 4- Methodologies to Introduce Clients' Rights and Providers' Rights-Duties**

The introduction of clients' rights and providers' rights-duties will be done through various approaches at different levels.

### **At central level**

The first entry point is the official launching of clients' rights and providers' rights-duties. This will be done through a national workshop presided by high officials from the Ministry of Health (MoH), Ministry of Justice as well as the Municipal Mayor of Phnom Penh. Main stakeholders will be invited to participate. They are representatives of medical council, health professional groups/associations, communities, labour unions, lawyers, human right organisations and health partners.

In addition, a press conference will be conducted in order to disseminate the official endorsement of clients' rights and providers' rights-duties to a wider audience.

Electronic media like TV and radio spots and other IEC materials like leaflets, brochures and posters will be produced at the central level to further publicize clients' and providers' rights-duties nationwide. The MoH website is another possible medium of dissemination. The National Centre for Health Promotion and the Department of Preventive Medicine are responsible for activities at central level.

### **At provincial level**

Just like with other policies, guidelines and standards, the Provincial Health Departments and Operational Districts are playing important roles in orientation, dissemination and monitoring the implementation of clients' rights and providers' rights-duties in their province and districts.

Orientation<sup>2</sup> and dissemination will be done through a 2 day training workshop presided by officials from the MoH, representative of medical council at province and the provincial governor. The trainers

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<sup>2</sup> Orientation modules will be developed separately from this document

or facilitators team from the MoH (Department of Preventive Medicine and National Centre for Health Promotion) will assist the provincial health department and operational district in conducting the training workshops. The team will also assist in further dissemination at health facility and community levels.

Representatives of health care providers from referral hospitals and health centres, private health care providers, health partners including other civil society organisation in the province, local authorities, Health Centre Management Committees and VHSG, Commune Councils as well as representatives of other relevant bodies will be invited to participate in this first training workshop.

Part of the workshop will be used to discuss the roles and responsibilities and commitment of the key players in the promotion and implementation of clients' rights and providers' rights-duties. For example:

1. What can the Commune Council do to contribute to the implementation of clients' rights?
2. How can local health partners or other civil society organisation support the dissemination and implementation of clients' rights and providers' rights in the communities where they work?
3. What can the health care provider do to contribute to the implementation of both clients' and providers' rights?
4. What are the role of provincial medical council in promotion and implementation of client's rights and providers' rights?

A concrete action plan will also be developed which includes the immediate steps to be taken by the bodies represented at the workshop.

### **At health facility level (hospitals and health centres)**

A series of one day meetings or workshops will be organised to include the majority, if not all, of the staff. The director of PHD, OD or hospital will lead the meeting with assistance of the trainer team from the MoH. All health care providers will be informed about both clients' rights and providers' rights-duties. Health facility managers will be instructed to include the monitoring of clients' rights and providers' rights-duties into their routine agenda.

The first phase of implementation of these rights is planned in five provinces namely Kampot, Kampong Thom, Pursat, Kampong Cham and Siem Reap. It will apply in different performing health facilities i.e. good, fair and poor according to the Ministry of Health's criteria.

### **At community level**

Introducing the concept of clients' rights and providers' rights-duties to the villagers in their communities will be accomplished through several means. The participants attending the training workshop at the provincial with assistance of existing health partners or other civil society organisations will introduce the following activities:

1. Community or village meetings. Participants who attended in the orientation workshop at provincial level will organise the village meetings after their return. They will inform their fellow community members on their rights as well as their responsibilities in relation to health care. They will also advice on who can be approached in case of grievances and for further information.
2. This information will also be communicated to school teachers, students and religious groups as they play an important role in the dissemination of messages in the communities.
3. Individual interpersonal communication. Above information will be shared among community members by the commune council, VHSG or health centre management committee or any other actors at any appropriate time.
4. Distribution of printing materials such as leaflets and posters. This will be done through commune councils, VHSG, health centre management committees and schoolteachers, etc.

## **Chapter 5 - Advocacy Support and Redresses for Non Compliance**

Advocacy support is needed at all levels, starting from the central ministry level down to the provincial/district level, health facility and community level. Civil society, NGOs, IOs and other organisations concerned at all levels are strongly encouraged to participate in this process.

Advocacy support entails an uninterrupted provision of technical backstopping (e.g. clarification of the rights, mediation of conflicts or concerns and proposal of appropriate resolutions) and mental and spiritual support to both clients and providers during the course of implementation of their rights.

### **At central ministry level**

An independent body (e.g. health professional councils, human rights organisation, health partner representatives) will be established to provide and coordinate advocacy support to all stakeholders. Its role is to:

1. Establish a forum to discuss clients' rights and providers' rights issues- this can be done through talk shows, quiz shows, etc.
2. Provide mediation and coordination services to stakeholders when there are constraints in relation to implementation.

### **At provincial and OD level**

Advocacy support at this level will be provided through a functioning provincial technical working group for health (Pro-TWGH) and existing human right organisation. They will refer any cases of non-compliance to the provincial health professional councils for appropriate action.

### **At health facility level**

At hospital level, a disciplinary committee is responsible for providing advocacy support to the providers and clients in implementing their rights and duties. They will deal with issues of conflict by providing mediation services and propose appropriate resolutions when

needed. They will refer cases that cannot be handled at hospital level to the provincial health professional councils.

For health centres, the health centre management committee is responsible for providing advocacy support to the providers and clients in implementing their rights and duties. They will deal with issues of conflict by providing mediation services and propose appropriate resolutions when needed. Cases of conflict that cannot be handled by the health centre management committee will be referred to the OD management team.

### **At community level**

Local authorities, particularly the trained commune councils, play important roles in providing advocacy support to community members. They will assist in the clarification of clients' rights and providers' rights-duties when needed. They will provide mediation services, assist in the filling of complaints and refer to the appropriate bodies for further resolution.

## **Chapter 6 – Supervision and Monitoring of Clients' Rights and Providers' Rights**

Supervision in this context refers to the provision of assistance to the key promoters at various levels. Assistance will be in the form of technical and management inputs. Examples of technical input are assisting in the interpretation and clarification of rights as well as their application according to the operational guidelines. While management inputs include identification of problems, problem solving, provision of logistic and financial support needed for implementation, etc.

Monitoring refers to a continuous collection of data and information that will be used as the basis for necessary interventions in order to ensure that activities are carried out as planned.

An effective supervision and monitoring mechanism will be introduced at all levels in order to ensure smooth implementation of clients' rights and providers' rights-duties. Functional linkages between the implementation line and the supporting line with regular follow up are a key toward effective supervision and monitoring. Therefore these elements will be reflected at all levels.

### **At health centre and community level**

Health Centre Management Committees<sup>3</sup> are responsible for supervision and monitoring of the implementation. Supervision will be done through direct observation of health centre staff and client interviews on a monthly basis. They will provide oral feedback and recommendations to staff and produce a written report. The report will be communicated to the operational district chief, commune councils and health centre staff. This report will be used as a tool for follow up.

### **At hospital level**

Hospital Management Committees<sup>4</sup> and representative of local authority are responsible for supervision and monitoring of the implementation. Supervision will be done through direct observation o

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<sup>3</sup> They will be trained on how to conduct supervision and monitoring through orientation modules

<sup>4</sup> same as number 2

f hospital staff and client interviews on a monthly basis. They will provide oral feedback and recommendation to staff and produce a written report. The report will be communicated to the operational district chief, commune councils and hospital staff. This report will be used as a tool for follow up.

### **Supervision and monitoring from OD, PHD, MoH Teams, Health professional councils and human right organisation**

The Operational District Management Team and the Provincial Health Management Team are accountable to the Ministry of Health regarding health service delivery including implementation of clients' rights and providers' rights in their catchment's areas. Thus, they will include clients' rights and providers' rights into the agenda of their routine supervisions or meetings with their staff.

As this topic will be newly introduced, the MoH through the Department of Preventive Medicine will provide supportive supervision to the PHD and OD Management Teams on a regular basis.

Indicators that will be monitored include process and input indicators. The process indicators are:

- Number of people that have received orientation workshops/trainings on clients' rights and providers' rights as Training of Trainers
- Number of villages covered by advocates on clients' rights and providers' rights
- Number of health facilities that apply clients' rights and providers' rights
- Number of complaints handled by appropriate bodies

The Input indicators are:

- Number and kind of printing materials distributed
- Number of supervisions done at each level per year
- Proportion of budget received compared to requested

## **Chapter 7- Evaluation and consolidation**

It is proposed to conduct a comprehensive evaluation after one year of implementation. This will be done through a survey by the National Institute of Public Health in collaboration with the Department of Preventive Medicine and the National Centre for Health Promotion or by a hired independent company. Health professional councils, health partners and human rights organization will also be involved.

The evaluation will look at both processes and outcomes. The processes will cover how well the strategies have been put into practice. How clear are the operational guidelines, orientation modules and how attractive the IEC materials are? What are the strengths and weaknesses that enable or hinder the implementation, etc?

The outcomes part of the evaluation will include the level of understanding of clients' rights and providers' rights among the target groups and information to what extent these rights are respected. What are the clients' perspectives and providers' perspectives on these rights? What could be done better etc.

Indicators to be measured in the evaluation are the outcome indicators that reflect the objectives of the project (refer to point 3, chapter 1). They are the following:

- % of target groups aware of their rights (clients and providers)
- % of clients expressed satisfaction with their service providers

After drawing lessons learnt, the working group will consolidate the clients' rights and providers' rights-duties packages, the approaches and strategies for further effective implementation of these rights-duties throughout the country.



## **Glossary**

Client	Health service users including sick and non-sick persons
Representative	Care takers or relatives that can make decision on behalf of the client
Provider	People (s) that provide health care services or related services e.g. medical doctors, nurses, midwives and other health technicians etc.
Health care	Encompasses examination, treatment, prevention and promotion of health and well-being
Health facility	Places where health care services is rendered e.g. hospital, health centre, health post and clinic etc.
Health messages	Information or news about health
Right	A moral or legal entitlement to have
Health partner	Agencies/parties that involve and collaborate in health sector development
Client that can not communicate	Client who is in a stage of mental confusion or coma