



CASE STUDY

IMPROVING ACCESS TO DIABETES AND HYPERTENSION CARE THROUGH RESIST-NCD IN KAMPONG CHHNANG PROVINCE, CAMBODIA

Focus: Village Health Support Group

December 2025

RESist-NCD

SUMMARY

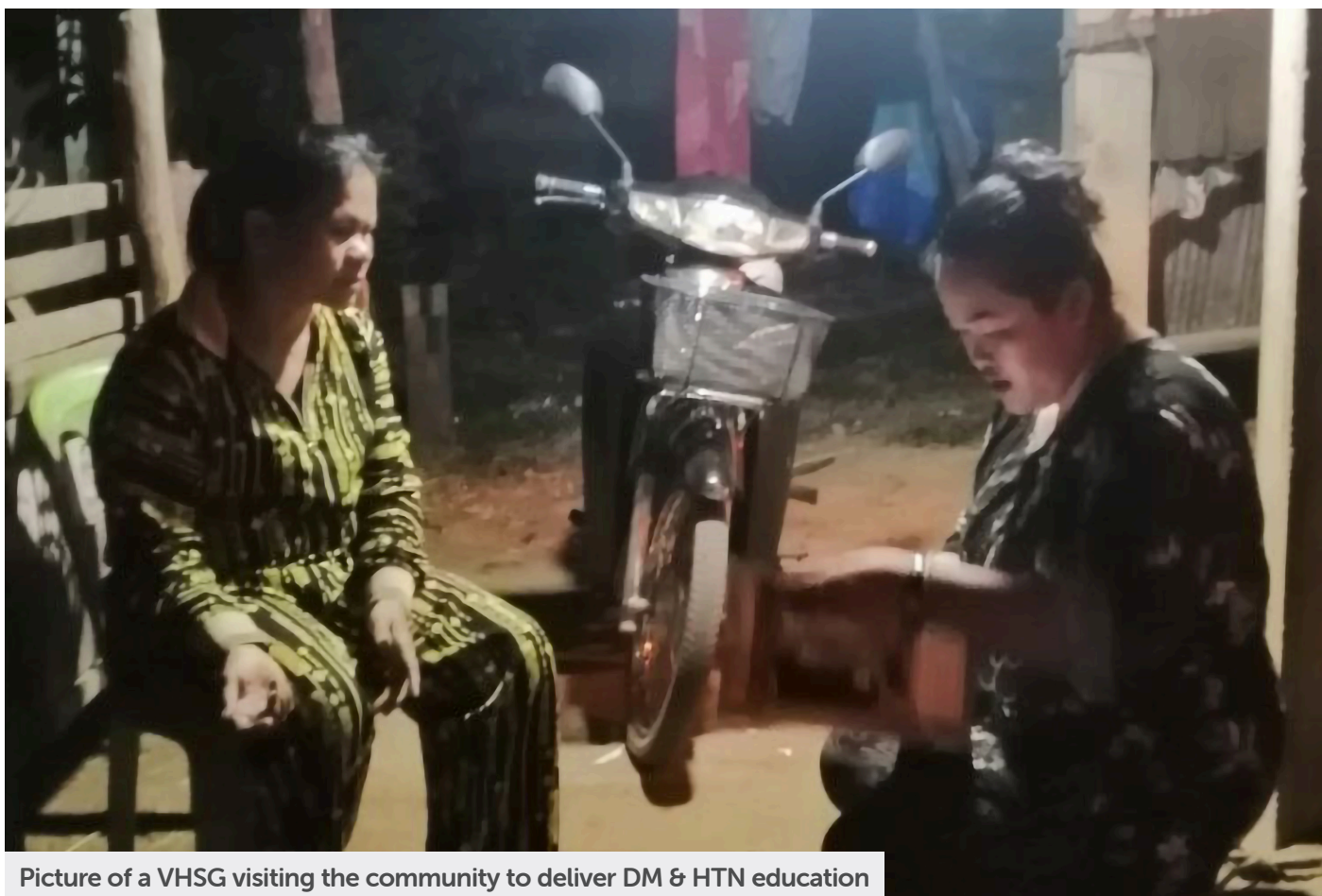
Mrs Phan Kunthea, a Khmer Muslim member of the Village Health Support Group (VHSG) in Svay Chuk commune, Kampong Chhnang province, Cambodia plays a vital role in identifying community members at high risk of diabetes and hypertension. Despite challenges such as long travel distances to the health center and villagers' low awareness of their own risk, the RESist-NCD program has strengthened VHSG capacity by piloting monthly incentives and introducing village-level screening. These efforts have enhanced early detection, raised community awareness, and improved access to non-communicable diseases services, especially for vulnerable populations like older adults.

OVERVIEW

Village Health Support Groups (VHSGs) are the frontline link between the community and the health center in Cambodia. Living closely with villagers, members of the VHSG are well positioned to identify individuals aged ≥ 40 years at risk of non-communicable diseases (NCDs) through home visits, household listing, and collaboration with village chiefs.

Prior to the RESist-NCD program, many villagers in Svay Chuk commune, Kampong Chhnang province refused screening due to lack of symptoms or difficulty traveling 5km to the health center. Older adults struggled because they often had no one to accompany them. Additionally, community knowledge about diabetes and hypertension remained limited, and VHSGs had few resources to support outreach.

RESist-NCD addressed these gaps through technical support for the coordination of community screening visits, monthly financial incentives for VHSGs, and improved coordination with health center staff and local authorities. In her village, a Khmer Muslim community with 375 households, Mrs Phan Kunthea shares responsibilities with another VHSG. They often conduct household visits or small community meetings together, reaching around 20 households per week. In November 2025, Mrs Kunthea referred 10 people to the health center for diabetes and hypertension screening and one person for follow-up care. She delivers NCD education during household visits – walking shorter distances and using her motorcycle for longer distances, which she relies on most of the time. She is currently following up those 10 patients.



Picture of a VHSG visiting the community to deliver DM & HTN education

WHAT HAS CHANGED?

Improved Identification and Outreach

VHSGs now use more systematic methods to identify individuals at risk of NCDs. They conduct home-to-home visits, rely on village population lists, observe physical signs such as being underweight or overweight, and directly refer suspected cases to the health center. This has led to earlier detection and more timely care.

Increased Access for Older Adults and Hard-to-Reach Groups

With RESist-NCD support, VHSGs receive monthly stipends of \$25 per VHSG and \$100 per bi-monthly Health Centre Management Committee meeting at commune hall, along with coaching and technical guidance for health center teams to conduct village-level screenings. These interventions have significantly reduced access barriers, allowing older villagers and those with mobility challenges to receive diabetes and hypertension screening closer to home, thereby improving participation rates. Most women in the village work in factories, leaving home early in the morning and returning around 5pm.

Because of their busy schedules, Mrs Kunthea adjusts her approach by providing NCD education through household visit during the evening and on weekends. This flexibility ensures that key health information reaches the target group, especially women who are at risk but have limited time to participate in daytime health activities. Her commitment helps increase awareness and encourages more community members to seek screening and follow-up care.

Strengthened VHSG Capacity

VHSGs report better knowledge of diabetes and hypertension risks, improved skills in identifying high-risk individuals, and stronger capacity in delivering effective health education. They are also more confident in encouraging patients to seek and continue treatment.

Greater Community Awareness

Community members now have better understanding of diabetes and hypertension due to VHSG outreach, community meetings, and health center efforts. Trust in health center services has

increased, and community members are more aware that essential medicines are available and that including Health Equity Fund and National Social Security Fund beneficiaries can receive care without additional fees.

Improved Service Uptake

Based on the electronic medical record data from Svay Chuk Health Center, screening and treatment attendance have increased between September and November 2025, with 199 new cases identified and 83 patients currently receiving treatment, higher than other health centers in the same district (Kampong Tralach), particularly among older adults. This improvement is driven by village-based screenings, consistent counseling from VHSGs, strong engagement from local authorities, and better readiness of health center services, including reliable medication availability.

“After RESist-NCD orientation and coaching, I feel confident and comfortable providing NCD education to my community. I now have a better understanding of diabetes and hypertension risks factors and the capacity to deliver effective health education.”

Mrs Phan Kunthea, VHSG, Svay Chuk commune

HOW HAS THE PROGRAM CONTRIBUTED TO THE CHANGE?

Enhancing VHSG Capacity and Motivation

RESist-NCD supports the pilot of monthly incentives to VHSGs and strengthened their knowledge of NCD symptoms, risk factors, and counseling skills. This support increased their motivation and effectiveness in identifying high-risk individuals and conducting community outreach.

Bringing Services Closer to the Community

RESist-NCD enabled health center staff to conduct village-level diabetes and hypertension screenings, reducing travel and physical barriers. This approach ensured that elderly and immobile community members could access screening services more easily.

Strong Coordination and Support

Regular Health Center Management Committee and technical meetings facilitated close collaboration among VHSGs, health center staff, and local authorities. This coordination helped VHSGs follow up on patients at home and support continuity of care.

Increased Community Awareness

RESist-NCD supported health education activities using simple, easy-to-understand messages. VHSGs were encouraged to continuously advocate within their communities, improving communication channels and community engagement through meetings and local networks.

Strengthening Health Center Capacity

RESist-NCD helped ensure an adequate supply of diabetes and hypertension medications and improved service readiness. This contributed to more reliable care at the health center, encouraging more patients to seek and continue treatment.



Picture of a VHSG conducting a household visit

CONCLUSION

Mrs Phan Kunthea's story highlights how RESist-NCD has strengthened VHSG capacity to improve early detection and follow-up for diabetes and hypertension. With orientation meetings and coaching and monthly mobilization support, she is now able to conduct regular outreach and guide at-risk villagers to timely care. She notes increased trust from community members and greater willingness among women and elderly people to seek screening. By empowering VHSGs like Mrs Kunthea, RESist-NCD is helping reduce barriers to care and improving continuity of treatment for vulnerable households.



Picture of a VHSG visiting the community to deliver DM & HTN education

RESIST-NCD CAMBODIA PARTNERS

Clinton Health Access Initiative (CHAI)

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