

Executive Summary

The tragic legacy of the Khmer Rouge regime continues to trouble Cambodia. With the highest rates of TB infection in the world, Cambodia has a weak healthcare system that is unable to adequately cope with the TB crisis. Operation ASHA already provides innovative TB treatment, but seeks to capitalize on this foundation by expanding its service offerings to fields such as maternal and child health care.

Our research focused on what makes Operation ASHA's TB treatment program elite and what new services it could provide with its last-mile delivery model. Our research consisted of field visits with Operation ASHA field supervisors and surveys of more than 50 community members in the health districts where it operates. Our conclusion is that Operation ASHA has the ability to provide needed deliverables.

We conducted additional research on best practices for using animated videos to raise disease awareness in areas populated by indigenous people. We made a field visit to the rural province of Mondulkiri and met with five Southeast Asian film studios. Then we used our research to create a tender offer packet to be used to solicit bids for a series of TB education videos. The packet contains the first draft of the script, an overview of best practices for targeting indigenous populations, the evaluation criteria for bids, and an FAQ section.

We found that Operation ASHA demonstrated superiority in treating and diagnosing TB when compared to other programs. It leveraged its unique community relations capability to find hard-to-reach TB patients and diagnosed them more rapidly than other programs. Operation ASHA also ensured that patients do not have to pay fees to go to a health center or receive diagnostic services. We used our findings to construct an infographic that showcases how Operation ASHA makes treatment free and convenient for its beneficiaries, while eliminating situations that take advantage of patients.

Through surveys we determined that several other health services – most notably maternal health care – are critically needed in rural Phnom Penh Province. Operation ASHA could provide maternal health care services in these communities through its hard-won community influence and the trust accorded to it. We recommend that Operation ASHA use the maternal healthcare survey results to continue exploring additional services. We wrote a Letter of Intent for a grant that would fund a pilot for a maternal health care service and located one more grant with a rolling application deadline that could fund such a pilot. We view Operation ASHA's community connections both as one-of-a-kind and an exciting opportunity for horizontal expansion of its approach. These factors could not only provide a deeper social impact, but also could strengthen the ties Operation ASHA has to community members, thereby making it easier to find and treat TB cases.