PSL Year 3 Annual Report: 1st August 2015- 31st July 2016[1]

Introduction

In its third year Partnering to Save Lives (PSL) has made important progress towards improving reproductive, maternal and newborn health (RMNH) for vulnerable groups, in particular ethnic minorities, garment factory workers and people with disabilities. In Year 3, PSL interventions included comprehensive RMNH in four Northeast (NE) provinces, reproductive health and family planning activities in 16 additional provinces and support to infirmaries and behavior change communication (BCC) in 18 garment factories employing 34,420 workers (30,039 women). The PSL program has supported 179 health centers (HC) and 40 hospitals since it began. The midterm evaluations in the NE and for garment factories workers demonstrate important improvements across most indicators. In the NE provinces in year 3, the number of women delivering in health facilities with support from skilled birth attendants rose to 71.0% against a target of 50.4% while the use of modern contraception reached 30.8% against a target of 20.8%. 7,184 community members including 5,353 women attended 603 listening and dialogue groups' (LDG) meetings. 78% of all midwives joined MCAT meetings. 2,402 volunteers, including 1,421 women were supported by PSL across all our target provinces. More than 20,000 garment factory workers were reached through peer education or BCC activities. According to the PSL midterm evaluation in the NE, the number of women using community referral mechanisms supported by PSL has also increased significantly from less than 8.5% at the 2014 baseline to nearly 24.9% at the midterm survey ($p<0.001$). Women have been empowered to discuss family planning (FP) options with their husband, and the percentage of women who felt they could refuse sex in several scenarios also increased substantially between baseline and midline in garment factories. Progress in the use of modern contraceptive methods and access to postnatal care has been observed, but remains slow according to Health Information System (HIS) data. Our learning has been expanded with a number of studies taking place this year including the research on financial barriers and the evaluation of BCC activities in the NE, review of our BCC framework for ethnic minority women and garment factories workers, as well as learning from the field and annual review. These learnings can now be mobilized for effective advocacy in Year 4 and 5.

The partnership continues to become more effective, completing joint undertakings such as the development of a new Village Health Support Group (VHSG) package for the NE, conducting joint Midwives Coordination Alliance Teams (MCATs) on Comprehensive Abortion Care (CAC) and contributing to policy development such as the Fast Track Initiative Road Map (FTIRM), Emergency Obstetric and Newborn Care (EmONC) improvement plan and the National MCATs protocol among others. Planning for the coming two years has been informed by the DFAT Mid-Term Review (November 2015), the midterm evaluation and the internal annual review (February 2016) of our work. PSL can build on this strong base to consolidate its work in Year 4 and 5 and initiate its exit strategy.

I- Improving access and quality of RMNH services in the NE Provinces

Key results and contributions:

The midterm evaluation[2] showed a number of statistically significant improvements of RMNH indicators since PSL implementation started in the NE provinces compared to baseline data including:

[1] This combined report is following a new structure that departs from the PSL Outcome structure. This was made in agreement with DFAT Cambodia to provide a clearer picture of the overall progresses of the program.

[2] The midterm evaluation was conducted between December 2015 and January 2016 and included a cross-sectional survey of women of reproductive age or women's survey (3,250 women of reproductive age interviewed; 1,663 women of reproductive age in the NE); interviews with operational district supervisors on maternal and child health; and facility-based assessment of basic emergency, obstetric and newborn care (BEmONC). Numbers presented here represent the four NE provinces only.

- An important increase in number of women delivering in health facilities with support from skilled birth attendants from 55.4% to 71.0%. (Year 3 target: 50.4%)
- An increase in number of women of reproductive age with some level of functional impairment[3] delivering in a health facility with skilled birth attendants from 56.6% to 78.2%.
- An increase in use of modern contraception from 25.8% to 30.8%. (Year 3 target: 20.8%)
- An increase of the percentage of women with a live birth in the past 24 months preceding the survey attending four or more antenatal care consultations from 47.0% to 55.4%. (Year 3 target: 55.5%)
- An increase of percentage of women of reproductive age who can identify five danger signs during pregnancy from 3.0% to 8.5%. (Year 3 target: 10%)
- An increase in the proportion of those people accessing RMNH services in the previous 12 months referred through a community referral mechanism from 8.5% to 24.9%. (Year 3 target: 40%)
- And an increase of the percentage of all newborns receiving appropriate immediate care from 36.0% to 56.9%. (Year 3 target: 10% increase from 2014 baseline)

From our Monitoring Evaluation Reporting and Improvement (MERI) framework data[4], we also observed improvements between Year 2 and Year 3, including:

- An increase in access to four or more antenatal care from 43.4% to 46.9% (HIS data). (Year 3 target: 55.5%)
- An increase in delivery in health facilities with support from skilled birth attendants from 43.6% to 46.1% (HIS data) (Year 3 target: 50%)

And access to two or more postanal care from 37.1% to 42.6% (HIS data). (Year 3 target: 47.4%)These results are further confirmed through the evaluation of the Media One activities in the NE. The evaluation noted that the most significant changes in knowledge, attitude and practice as a result of the interventions were women attending health centers (HC) for antenatal care and delivery. This means that women were making contact with health professionals and were aware of the necessity to do so. According to in depth interviews and focus group discussions during the evaluation, the least significant changes were for postanal care and unhealthy diet.

Activities and achievements

Health facilities' refurbishment, equipment and materials: In order to ensure basic level of infrastructure/equipment so that quality services are possible, PSL supported installation of water system and equipment for the Kampong Cham HC, newly included as a PSL target facility. Kampong Cham HC was prioritized given that it split the coverage area with Sambour HC, which has been a target since year one and that the facility needs were not captured in the PHD annual operation plan (AOP) process. Maintenance and any ongoing infrastructure procurement has been officially handed over to the HC, while ongoing supportive supervision checks completed with the PHD and OD aim to highlight infrastructure as an integral part of the overall quality of health services provided. Other refurbishment of HCs included the construction of three extended rooms; two placenta pits; seven power system re-installation; 10 stainless steel water tanks; five gutter systems for rain harvesting; and connection of water systems at 10 HCs. All 28 targeted HCs in Kratie and Stung Treng received televisions for educational activities, wireless amplifiers for activities at the community level, plastic boxes for post-partum haemorrhage, and solar batteries to enable power.

Quality improvement (QI) for facilities/providers:

Supportive supervision: PSL partners continued to build the capacity of HC midwives through monthly and quarterly supervision in close collaboration with Provincial Health Departments (PHD) and Operational Districts (OD) Mother and Child Health (MCH) teams. The Coordination and Learning Unit (CLU) midwife joined supportive supervision with PHD and OD MCH teams in 13 HCs with coaching focusing on immediate newborn care, baby resuscitation and post-partum haemorrhage management. In total, 170 monthly supervision visits

[3] Using the Washington Group Questions on functional impairment, we considered here persons who reported some difficulties, a lot of difficulties and total incapacity in at least one function.

[4] The MERI framework gathers all indicators used by the partnership to monitor progress against targets. For many indicators, the source of data is the Ministry of Health HIS. For some others indicators, the source is the record kept by project teams and PSL baseline and midterm evaluation. The differences between the midterm evaluation and the HIS data can be explained by the different timing of the measurement and different methodology used.

were completed and a total of 484 HC midwives/doctors received on-the-job supportive supervision. During PSL annual review, supervision was found to be an important activity in influencing midwives' implementation of their skills and knowledge. Effective supervision, however, was dependent on the 'supportiveness' and skills of the supervision team and whether the midwife was able to practice his or her skills during supervision. In addition, PSL supported 20 HC staff from Ratanakiri and Mondulkiri on a four-day attitudes training. This focused on basic BCC with modules on ethnic minorities, people with disabilities, gender and adolescents. An individual action plan was made by PHD, OD, HC and midwives after the training with clear date of action. The actions mainly focus on improving knowledge on adolescent, ethnic minority, sexual reproductive health, youth friendly services and client rights as well as people with disability at the workplace and in the community. This needs to be further followed up in Year 4 implementation.

Quality assessment (QA): In Year 3, PSL conducted a third round of QAs, in the six focus HCs in Mondulkiri and Ratanakiri. Objectives were to assess quality of maternal and newborn health in targeted HC, to observe progress since the previous round, to identify remaining challenges and be a basis for further capacity building. It was observed that care during labour and in supporting the mother before delivery was generally good, as well as active management of the third stage of labour, while delivery procedures and management of fourth stage of labour and procedures to sterilize re-usable instruments and equipments were average. Weaknesses remained in newborn routine care, hand hygiene, use of personal protective equipments and counseling/health education during postpartum. Some essential commodities (MGSo4 and Vit K) were not available in some HC. This confirms previous rounds of assessments. Improvements were seen mostly in areas that received support from PSL through training session, supportive supervision and MCAT meetings as described below.

Monthly HC coordination planning meeting: PSL supported monthly joint meetings with 34 focus HCs in the four NE provinces to develop joint work plans in order to coordinate and integrate activities among health projects and ensure outreach was scheduled for at each HC.

Workforce competency strengthened: During the reporting period, 101 PHD and OD MCH representatives attended various training sessions and /or meetings covering topics such as QI, BCC, MCAT supervision checklist, quality of service delivery at HC, newborn care, infection control, postpartum haemorrage management, partograph use, immediate postnatal care, breech delivery, and shoulder dystocia. PSL also supported six midwives on a 14-day in-service training in Kampong Cham Referral Hospital Training Centre.

During this reporting period, quarterly MCAT meetings were supported by PSL with 1,573 midwives from 69 HCs and three Referral Hospitals attending. Topics included pre-eclampsia, eclampsia, infection control, active management of third labour, correct use of the partograph, APGAR score[5], helping babies breathe, retained placenta and CAC.

Referral Systems Strengthened: Transport is generally reported as the main barrier to access RMNH services. According to community referral system 'snapshot' surveys in February and August 2015, the average distances travelled and journey durations are similar in dry and rainy seasons, but the longest/maximum journeys (in distance and duration) are considerably greater in the rainy season. Some roads are impassable in rainy season. The financial barriers research observed that distance and absence of wealth pose a double burden for accessing RMNH services for poor women. Women in the poorest asset index quintile were found to be more than four kilometres farther on average from the closest facility than women in the wealthiest quintile.

In order to improve referral systems between communities and HCs, PSL refurbished ten extended rooms to enable women to travel early and have a facility birth. Additionally, PSL worked with community health volunteers to promote Health Equity Funds (HEFs) to community members. A Midwife-Traditional Birth Attendants (TBA) alliance has been initiated in parts of Ratanakiri and Mondulkiri to encourage pregnant women from hard to reach communities with particularly high rates of home deliveries to utilize services at the HCs. Rather than conducting the deliveries at home as they would have previously, TBAs referred 132 pregnant women to use services at HCs in April-July 2016, including 127 for delivery and the remaining for complications. PSL also supported follow up of pregnant and post-partum women in communities by HC midwives, further strengthening relationships between health staff and underserved populations.

[5] The **APGAR** score was developed in 1952 by obstetric anesthesiologist, Virginia Apgar, and has become a standard tool in assessing newborn babies.

Strengthen linkage and social accountability between health system and community:

Support VHSGs: 57 VHSG meetings were organised with a total of 1,168 participants (608 women) to reinforce their roles and responsibilities, raise challenges faced by villagers, and strengthen relationships between VHSGs and HCs. VHSGs complete community education and promotion events on a regular basis in communities and with households.

Support to Health Centre Management Committees: 293 HCMC members (144 women) were reached in Kratie and Stung Treng provinces through 4-day training and 88 PSL-supported HC management committees' quarterly meetings. The 4-day training focuses on HC management, infrastructure-related issues, budget management, quality of health service delivery, and reviewing outcomes of VHSG meetings. During meetings, HC Chiefs will routinely share the results of RMNH services, provide updates on user fee collection and use, accessibility and referral of services, and any specific areas of focus such as low antenatal care and postnatal care coverage representing the period of time between meetings.

Engagement with commune councils: In Kratie and Sung Treng, PSL worked with 47 Commune Councils during the 2016 commune investment plans to encourage identification of RMNH activities including key PSL activities such as rebroadcasting the radio spots.

Reducing financial barriers to access RMNH services: 91% of respondents in the community referral snapshot surveys of February 2015 and 82% of respondents to the August 2015 survey paid out-of-pocket for costs related to accessing RMNH services. The financial barriers research also confirmed the large proportion of out-of pocket expenditure when accessing RMNH services. Women with an ID Poor card overwhelmingly paid for services out of pocket money, ranging from a high 76% for family planning to a low 41% for postnatal care.

Village Saving and Loan Associations (VSLA): By July 2016, 94 out of 117 VSLA groups remain active with a total of 1,398 members (913/65% women) in Ratanakiri and Mondulkiri, supported by 54 volunteer agents. During this reporting period, 1,306 members/cases used the loan or social fund to access health care services.

Conditional Cash Transfer (CCT): Early in Year 3, a CCT Implementation Guide was developed. Due to challenges with identifying the most cost effective and transparent means to disburse cash to eligible poor and rural women, the CCT support was not implemented. Instead, a total of 2,675 'Happy Newborn Kits' were distributed to women in 28 HCs as an incentive for women to remain in a HC for at least 48 hours post-partum.

The DFAT-commissioned external Mid-Term Review recommended that the activities being undertaken or proposed by the NGOs to address financial barriers be phased out. Existing activities will end in Year 4 and alternative strategies and advocacy be used which are better integrated with government service delivery and promotion, with a view to better scalability and sustainability.

A comprehensive BCC strategy developed and implemented: The comprehensive BCC strategy implemented by PSL partners in the NE combined mass media and direct community engagement.

Village Health Promotion Events created dialogue in communities about safe and healthy RMNH practices and to promote the other BCC interventions. 19 events/village fairs were organized with 955 (740 women) persons attending.

Live radio broadcasts were used in the form of acted dramas and call in shows with RMNH experts. The airing of bi-weekly programs on radio stations covered 17 provinces and reached roughly 422,313 listeners. In Mondulkiri and Ratanakiri six radio program episodes were broadcasted 18 times across two FM stations and nine unique public service announcements (PSAs) were broadcasted 3,090 times in the indigenous languages of Tumpoun, Phnong and Charay.

Listening and Dialogue Groups (LDG) consisted of community members gathered together by a local facilitator to listen and discuss the live radio broadcasts produced and aired by Media One. LDGs met 603 times with a total attendance of 7,184 (5,353 women), in addition to 87 pregnancy and men's clubs in Mondulkiri and Ratanakiri. The evaluation of media One BCC activities in the NE observed some "strong evidence that increased knowledge from the LDGs translated into behaviour change in most areas with the exception of postanal care and being able to follow dietary advice. (…) Men's group in Mondulkiri and Ratanakiri were effective in educating men, resulting in behaviour changes with their wife and newborn."

Seven SMS/voice messaging to community members with key RMNH messages were sent to 11,420 (1,484 unique) mobile numbers.

Interactive Voice Response system is a mobile phone system allowing listeners to hear information about maternity care, including components of pre-recorded radio program and other contents such as quiz or question. During this reporting period, 1,658 calls were received from 598 unique numbers

Development of VHSG BCC package: In June the new package of materials for VHSG to support RMNH BCC with community members in the four NE provinces was completed. The package was formally approved by the Ministry of Health (MoH) and a total of 178 VHSGs in both provinces were trained.

During Year 3, an external evaluation as well as an internal assessment was conducted on these activities, finding the LDGs in particular to be an excellent way of educating and mobilizing communities for RMNH and radio to be effective among ethnic minorities in Ratanakiri and Mondulkiri. Phone-based interventions were found unlikely to reach women who are less likely to have a phone and should be targeted for men. The evaluation also recommended that key stakeholders such as midwives and the older generation should be better integrated in BCC activities.

Challenges and solutions

- *Per diem and trainer/facilitator fees:* Some of the HC midwives refused to attend MCAT meetings if they did not receive a per diem. Some facilitators were not available for MCATs due to the lack of trainer and facilitator fees. **Solution:** Meetings have been organised outside of the OD or province and information provided to OD/PHD and donors. PSL partners are in discussion with DFAT to clarify per-diem and training fee rates. Discussions with PHD and OD will continue based on new DFAT guidance.
- *Availability and turnover of volunteers:* Competing priorities of VHSG members and LDG facilitators resulted in turnover and missed meetings by some volunteers. In addition, some volunteers quit due to seasonal migratory work. **Solution:** new VHSG are identified and trained and partners explore opportunities to retain VHSG.
- *Interruption of financial support and current transition for HEF:* VSLA sustainability is a key consideration/discussion for PSL in this reporting period. In addition, issues arising from the transition to new HEF management mechanisms create some confusion among communities and health staff regarding access to financial support for the poor in the NE. Reimbursement of transport cost has mostly been interrupted. **Solution:** CARE (independent of PSL) is seeking further funding to sustain the VSLA in the NE. The field teams are collecting information on issues in regard to access to the ID Poor card and will provide information to communities on HEF mechanisms as needed after the transition.

Priorities for next semester

- Continue to implement our BCC strategy taking into account the learning from the Media One evaluation and the review of BCC framework. Roll out the new VHSG package in ethnic minority communities (Ratanakiri and Mondulkiri).
- Reinforce our coaching/mentoring package and build capacities of PHD/OD MCH teams in adopting coaching/mentoring in their supervision visits.
- Provide information and capacity building on financing mechanisms for HFs (such as HEF and Service Deliver Grants (SDGs) and start discussing how these can be used to phase out PSL support at sub national levels.
- Continue MCAT meetings with further transfer of responsibilities to HD and OD MCH teams, and to ensure that the newly approved MCAT protocol is implemented.
- Provide technical support to PHD/OD and Commune Councils to include RMNH services into their Annual Operational Plans (AOPs) and commune investment plans.
- Work with HEF promoters and local authorities to promote Post ID card and utilisation of ID card to the communities.
- Gather information on functioning of HEF in the NE.

II- Reproductive health activities (long term FP and CAC) in 20 provinces (including NE)

Key results and contributions

The midterm evaluation showed the following improvements compared to 2014 baseline:

- The percentage of target population using modern contraception increased from 26.8% to 31.3% (eight provinces). (Year 3 target: 20.8%)

- The use of modern contraception methods increased from 33.4% to 41.4% for ethnic minority women of reproductive age
- The percentage of women (modern FP users) using long acting or permanent methods of FP also increased from 23.5% to 24.2 % (eight provinces). (Year 3 target: 17%)
- The percentage of women knowing abortion is legal increased from 11.7% to 12.2% (eight provinces). (Year 3 target: 20%)

In addition, from our MERI database we can also see progress across all 13 provinces from Year 2 to Year 3 such as:

- The number of health facilities offering CAC and/or comprehensive modern contraceptive services increased from 158 to 223 (Year 3 target: 181)
- And the percentage of safe abortion clients receiving post-abortion FP increased from 71% to 76%. (Year 3 target: 70%)

Activities and achievements

QI for facilities/providers:

CAC training and QA: in Year 3 CAC QA supervision visits were conducted in 13 provinces with 289 providers (including 103 from the four NE provinces), who all demonstrated strong clinical assessment and procedural skills. Improvement is still needed in the provision of comprehensive information before performing CAC. PSL, in collaboration with National Maternal and Child Health Centre (NMCHC), has developed the CAC QA training package to build the capacity of MCH PHD/OD to conduct CAC QA. The NMCHC provided permission to roll out these tools over a six-month period to gather and incorporate feedback before they are formally approved.

Long-term FP methods training and QI: 47 providers in Kratie participated in QI assessments, including 21 providers who performed implant insertions under supervision. Providers demonstrated strong procedural skills, though further emphasis will be placed on FP counselling for all providers in ongoing coaching activities.

Workforce competency strengthened: One CAC training, due to be delivered in Year 3, has been on hold pending resolution of CAC trainer fees. Two implant trainings were conducted in Stung Treng with 24 participants and one IUD training in Kratie was conducted with 12 participants.

Reducing financial barriers to access RMNH services:

Long-term FP methods supply-side financing (one NE and two non-NE provinces): 1,310 women were provided with a long-term FP method through PSL-supported facilities. Of these 676 chose implants (162 in NE provinces) and 634 chose IUDs (135 in NE provinces). Following the DFAT midterm review recommendations, PSL began implementing the phase-out plan for long-term FP supply side financing.

Permanent methods output-based assistance (one NE and three non-NE provinces): Surgical teams in four facilities supported by PSL delivered 600 tubal ligations (65 cases in NE province) and 109 IUDs to clients.

Demand Creation:

Support to Community Based Distributers (CBDs): CBDs continued to distribute short-term family planning commodities (pills and condoms), provided health education on RMNH, and participated in bi-monthly meetings at HC. During the reporting period, 168 bi-monthly CBD meetings have been supported by PSL, including 144 in the NE. We have seen improved skills, knowledge and understanding by the CBDs in the meetings through their participation and questions.

PSL conducted awareness raising campaigns that reached over 20,000 people (4,179 in the NE provinces) with information on FP, sexual reproductive health, and service availability in facilities. Mobile outreach team also conducted demand creation activities with active VHSGs/CBDs, HC providers and local authorities to share information on service delivery.

Challenges and solutions

- *Training fees* remained an issue and has resulted in delays in the phased transition of CAC QA from Marie Stopes's staff to PHD/ODs. **Solution:** PSL is in discussion with DFAT to seek solutions so that affected activities can be implemented during Year 4.
- *Supply of implant commodity in HFs*: Despite the HFs placing the order correctly, there is often not enough stock delivered which ultimately impacts the uptake of long-term FP services. **Solution:** PSL

will continue to assist HFs with stock forecasting and ordering of implant commodity to ODs and will advocate at the provincial and national levels.

Priorities for next semester

- Build capacity of PHD/OD supervisors on CAC QA and FP QI and progressively transfer these activities as part of our exit strategy
- Build capacities of providers on implant and CAC
- Continue to facilitate training and feedback sessions on CAC during MCATs in 9 non NE provinces and the NE provinces
- Reinforce our coaching/mentoring package and build capacities of PHD/OD MCH teams in adopting coaching/mentoring in their supervision visits
- Provide information and capacity building on financing mechanisms for HFs (such as HEF and SDGs) and start discussing how these can be used to phase out PSL support at sub national levels.

III- PSL work in Garment Factories

Key results and contributions

The midterm evaluation showed substantial progress against a number of indicators since PSL started:

- 80.0% of female garment factories workers had used the infirmary in the last 12 months (compared to 69.6% at baseline)
- 11.0% female garment factories workers used the infirmary for RMNH services (3.7% at baseline)
- 4.0% used the infirmary for short-term family planning (0.5 % at baseline)
- 80.8% female garment factories workers respondents had exposure to some or all of the PSL BCC campaign activities in the previous three months before interview
- 98.8% of women knew about contraception; the most commonly known were daily pill (98.0%), injection (98.0%), IUD (97.0%) and implant (97.0%), compared to 64.0%, 52.0%, 54.0% and 30.0% respectively at baseline
- 40.4% of sexually active respondents were currently using a modern contraceptive method (compared to 24.2% at baseline and Year 3 target of 20.8%)
- 16.5% respondents knew that abortion is legal in Cambodia (compared to 7.9% at baseline and year 3 target of 20%).

Activities and achievements

Garment Factory Infirmary assessment: PSL completed QI assessments in eight garment factories. These showed improved quality scores over the last year, especially in areas that received capacity building support through the program. Areas of improvement included infection prevention, comprehensive FP counselling and completion of client records. A total of 3,163 reproductive health services were provided to garment factories workers at the infirmary. The PSL annual review identified remaining gaps in providers' negative attitudes and privacy in the infirmaries.

Garment factory referral system: The referral directory is being used by 18 stakeholders, factories and partners. It has supported over 350 garment factories workers to access government and NGOs services around their factories. In addition, garment factory infirmaries' staff referred 205 workers to a service outside the infirmary. A review of the PSL garment factories Referral System pilot was undertaken to understand the effectiveness of this system in enabling garment factories workers to access RMNH services. The review found that in general the garment factory referral system was viewed positively and that it had provided informed choice to garment factories workers about health facilities, their location, services available, price and working hours. However, the review did note that the referral slip was often not being used as the purpose of it was unclear since it did not entitle the user to any discounts or other support. It was also highlighted that garment factories workers often prefer to seek services close to their home/accommodation rather than close to the factory, underlining the need for updating the complete referral directory rather than relying only on the summary sheet.

A comprehensive BCC strategy implemented for RMNH: The *Chat! Contraception* BCC package for garment factories workers on sexual and reproductive health was finalized in October 2015. It proposes innovative approaches such as small group training sessions, video dramas, and a mobile quiz game. The BCC package,

including all three components was rolled out to 14 factories directly and two factories through a Training of Trainer approach, with additional garment factories workers reached through leveraging partners.

For the PSL factories, 2,525 garment factories workers have seen all three video drama episodes, most with guided discussion; 664 workers downloaded the mobile phone quiz; and 732 garment factories workers have completed all eight sessions. The package has been piloted in two communes around factories and in additional communes by the NGO GRET.

The male engagement component, *Chat! Contraception for Him*, began development in Year 3, with five sessions on sexual and reproductive health, gender and consent. Sessions were field-tested with two factories with 20 male workers.

Community mobilisation and engagement: Peer educators in garment factories reached 17,864 garment factories workers with sexual reproductive health and FP information and referrals. This activity has been phased out based on recommendations from the DFAT Mid-Term Review.

Challenges and solutions

- There were difficulties to expand the BCC Chat! package in the community due to inappropriate aged audiences attending the education sessions in the urban community. The project aims to target reproductive aged women in community but only older women were available in the community during pilot implementation. **Solution:** Continue to focus training efforts inside factories.

Priorities for next semester

- Continue implementing *Chat!* package and the male engagement component in PSL targeted factories
- Update the referral directory and include information on HFs in area of garment factories workers accommodations
- Conduct training in short-term FP for garment factories infirmaries staff in selected garment factories where the *Chat!* BCC package is being rolled out
- Support increased access to RMNH services through the Marie Stopes' hotline

IV- Knowledge into policy

Key results and contributions

Halfway through PSL's five-year program, the partnership conducted an internal qualitative assessment to measure how effectively has PSL leveraged and combined the different strengths of the five partners to achieve RMNH outcomes and how could the effectiveness of the partnership be improved in the second half of the program. The assessment has indicated that:

- The partnership is built around common objectives and promotes complementarity and synergies while respecting diversity of implementation
- The partnership is well recognized at the national level but is less so at sub national level where external stakeholders are more familiar with individual NGOs
- The partnership favours technical harmonisation and exchange of practices even if opportunities for harmonisation and exchanges could be expanded
- Decision-making can be difficult and time-consuming within a partnership such as PSL, but transparency and trust have improved over time
- CLU is seen as essential to the functioning of the partnership and PSL functions better than other partnerships as a result. However, CLU has faced significant challenges in performing its role due to its limited authority
- As PSL focuses more on sustainable impact, there will need to be a greater emphasis on skills including evaluative thinking, advocacy, innovation and strategic thinking.

In relation to influencing policies, PSL partners contributed their inputs to the recently launched FTIRM, EmONC and newborn implementation plans and soon to be finalized MCAT protocol. PSL's important investment in learning in Year 3 brings good evidence to be used for our advocacy work in Year 4 and 5.

Activities and achievements

Internal PSL Resourcing, Relations & Communication: The CLU unit team has been modified during the reporting period. Following the resignation of the CLU Regional Coordinator in Q3 of Year 3, it was decided not to recruit for this position. With the focus in Year 4 and 5 being on exit and advocacy, the need of field level coordination for implementation will be reduced. The responsibilities of the regional coordinator have been shared between the CLU Director, National Coordinator, Midwife Coordinator and the NGOs' Field Managers. Job descriptions have been revised accordingly. The CLU Director resigned in March 2016 and the new CLU Director took over in June. PSL partners mobilised interim directors to cover the gap between the two Directors. The VSO Clinical Quality Advisor completed her mission in December 2015.

During the reporting period all coordination mechanisms within the partnership were functioning. The Partnership Management Group and Quality Team met on a monthly basis throughout the period. The Quality Team focused on developing the new VHSG BCC package, roll out of CAC MCAT in the NE, as well as technical inputs into policies and guidelines being developed by MOH, including FTIRM, EmONC and Newborn improvement plan, MCAT protocol and safe motherhood protocol. The garment factories Group supported the revision of the referral directory and the piloting of the new BCC approach. The Partnership Steering Committee met twice in the year, firstly in December 2015 to validate the Year 2 report and the Year 3 action plan and again in March 2016 to endorse the Year 3 six monthly report and the recommendations from the annual review. The Technical Reference Group met in December to discuss how to support women from remote rural areas to access HFs for RMNH services, and in March 2016 to discuss findings from the annual review.

The PSL partnership manual was updated in November 2015.

Cross-cutting issues: During Year 3, PSL maintained a strong focus on ensuring access to RMNH service to the most vulnerable groups with a particular focus on women from ethnic communities, ID Poor card holders, women with disabilities and adolescents.

Gender equity: In relation to gender equity and women's self-efficacy, the midterm evaluation showed some increase in the level of confidence of women to discuss family planning issues with their husband compared to baseline (from 5.0% to 24.8% for garment factories workers and from 25.3% to 32.3% for the NE). In regards to scenarios on sexual rights, more than 30.8% women of reproductive age in the NE and 26.4% of garment factories workers were confident they could refuse sex with their partner, including when threatened with violence. Among 2,042 volunteers (VHSG, Village agents, CDBs) supported through PSL, 1,421 are women (69.6%). PSL also provides incentive to TBAs when they promote and send pregnant women to deliver at health centres.

A secondary analysis of the PSL baseline survey has been undertaken to look at the situation of teenage pregnancy in the NE. It showed that 16.0% of young women aged 15-17 and 46.8% of aged 18-19 were married. Moreover, 13.2% of young women aged 15-17 and 44.0% of those aged 18-19 reported ever being pregnant. Further attention will be brought to this issue in Year 4.

An attitude training package was provided to 20 health facilities staff exploring and challenging attitudes of staff in relation to gender, ethnicity, disability, and age. Follow up activities will be conducted during first quarter of Year 4. The new VHSG BCC package incorporated gender sensitive messages, encouraging for example, men to accompany their wife to the HC, or to take care of their young children. The BCC framework review for ethnic minority women and garment factories workers have also addressed beliefs of men as key influencers and suggesting to further involve them in our BCC activities. The garment factories BCC sessions *Chat! Contraception* and *Chat! Contraception for Him* are gender specific tools, as are the men's clubs conducted in the NE. Men's group in Mondulkiri and Ratanakiri were effective in increasing men's awareness of RMNH and directly impacted the practices of the family. Men encouraged their pregnant wives to avoid carrying heavy weight and accompanied them to health centres for antenatal care. Indicators continue to be disaggregated by sex.

Disability: The midterm evaluation, snap shot survey and financial barriers survey have incorporated the Washington Group questions on disability in order to disaggregate by impairment. Even though the use of the WG questions remains difficult and brings different results in terms of percentage of the population with a disability, it is useful to illustrate impact of the program on persons with disability. The VHSG BCC package has been designed to ensure inclusiveness of people with communication impairments. It comprises visual, audio material and games. The pictures used in the package also incorporate persons with disability in their communities to promote inclusiveness and raise awareness that everyone has the right to access quality

RMNH services. The PSL BCC framework review highlighted that women with disability may be less likely to access modern contraception and reproductive health services because of a perception that these services are not for them as they are unlikely to marry. Contacts with Disabled People Organisations as well as with Handicap International have been maintained. PSL participated in a GIZ workshop presenting the findings of their study on sexual and reproductive health rights for people with disabilities. In Year 4, PSL will continue providing attitude training to health staff in the NE and will involve Disabled People Organisations in delivering the disability session.

Environment: PSL supported improved water management and waste management in HCs and in garment factories infirmaries. Environmental risk have been assessed and managed in relation to health facilities refurbishment in line with DFAT's Environment Protection Policy for the Aid Program.

Child Protection: All three agencies have a child protection policy which is DFAT compliant. Marie Stopes has reviewed its Child Protection Policy and will invite Save the Children to conduct child safeguarding training for its teams in August 2016.

Fraud: In October 2015, PSL Programme Managers from each implementing agency attended a one day fraud training at the Australian Embassy. The training organized by DFAT, covered the definition of fraud, forms of fraud and how to report when there is fraud case. In August 2016 the Marie Stopes Team will receive full Anti-Fraud and Bribery Training provided by AAA (American Academic Associates Ltd.). The training will cover policies, mandatory standards and defining fraud, bribery and zero tolerance.

Evidence-based learning and innovation: Important learning was undertaken in Year 3 with the completion of a number of studies, evaluations and other consultancies. Findings and learning from field work, MCATs, supervision visits, the annual review and specific research have been analysed and documented in the learning updates. These are being finalised and will be shared with DFAT at the end of September 2016.

Important learning in Year 3 was the research on financial barriers implemented by Tulane University. The research aimed to highlight remaining gaps in accessing ID Poor cards for poor households in the NE and looked at the main reasons eligible ID poor are not to accessing health services. These findings will be used in our advocacy work in Year 4 and 5.

Our BCC work has been informed by the evaluation of Media One work in the NE and by the review of the BCC framework for ethnic and indigenous minorities and garment factories workers. The annual review process has allowed the teams to reflect on their practices through workshops and field visit and has guided the development of the Year 4 AOP.

Exit strategy and advocacy plan have been drafted and will be completed in Q1 of Year 4.

MERI: The PSL midterm evaluation was conducted and the results show progress against indicators in the MERI. The midterm evaluation reports will be finalized and disseminated in Q1 of Year 4. The second snapshot survey was conducted by PSL staff in August 2015. The results show an increase in the proportion of RMNH service users referred through PSL-supported mechanisms and those receiving formal external financial support to access services. The MERI framework was revised and simplified and validated by DFAT with the Year 4 AOP. The M&E team met on a quarterly basis to review the joint M&E system and ensure the data are collected and achievements tracked correctly.

External relations & communications: At the national level, PSL representatives met regularly with the NMCHC Director and participated in various technical working groups (TWGs) including: TWG MCH, TWG for Nutrition and TWG for Newborn Health. At the sub national level, PSL teams joined provincial technical working groups for health. Coordination remains on-going with a number of NMCH stakeholders including MoH, NIPH, UNICEF, WHO, UNFPA, ILO, UN Women, Deakin University, FHI 360, GIZ, URC, Handicap International, Human Network International, RHAC, VSO and Workers Health.

Donor reporting: The PSL annual report for Year 2 was submitted in October 2015 and endorsed by the Partnership Steering Committee in December. The Year 3 six-month report was submitted in February and endorsed by the Partnership Steering Committee in March 2016.

Challenges and solutions

- The turnover of CLU director position and the rearrangement of regional CLU Unit have negatively affected coordination in the last quarter. **Solution**: PSL partners gap-filled the Director position. The new Director is now on board.

Priorities for next semester

- CLU will continue leading partnership coordination and governance activities with attention to advocacy and the exit strategy.
- Disseminate research, midterm evaluation results and other reports from Year 3 as well as learning updates, and feed PSL learning into implementation of the advocacy plan.
- Finalise advocacy plan and exit strategy and mobilise the team and partners for their implementation
- Continue participating in relevant national workshops and TWGs, including MCAT, SRH Strategy Dissemination, FTI workshops and garment factories Infirmaries standard group.