PSL Year 2 Six Month Report

1st August 2014 – 31st January 2015

Introduction

In this reporting period, PSL has continued to implement reproductive, maternal and neonatal health (RMNH) quality improvement (QI), capacity building, community engagement and mobilisation, partnership coordination and learning activities and systems established in Year 1. Additionally, attention has increasingly focused on PSL's unique strengths as a partnership, by developing, piloting and/or assessing innovative, harmonised approaches to health worker and community capacity development, behaviour change communication (BCC), referrals, and financial barriers, as well as intensifying cross-learning and advocacy activities. PSL's coverage during this period reached 11 garment factories (GFs) in Phnom Penh and Kandal, and 235 health centres (HCs) and 89 referral hospitals (RHs) across 19 provinces, with a holistic focus on RMNH service quality, access and utilisation in 32 HCs in the four north-eastern provinces of Kratie (KRT), Mondulkiri (MKR), Ratanakiri (RAT) and Stung Treng (STG).

Component 1: Improving Health Service Delivery

Activities and achievements

Facility assessments: Facility assessments are the basis for planning and monitoring of improvements in RMNH service delivery. During this reporting period, Level 1 assessments were discontinued, following approval by the Ministry of Health (MoH) of Level 2 tools, which focus more on service quality, and will be implemented later in 2015. In the interim, PSL partners used the results of previous Level 1 assessments and consultations with Provincial Health Departments (PHDs) and Operational Districts (ODs) to develop QI plans for 32 PSL-supported HCs in the north-east (three each in MKR and RAT, 17 in KRT and nine in STG). Additionally, 13 facilities in four provinces (Kampong Cham, Koh Kong [KKG], Pailin and Pursat [PUR]) were assessed for their capacity to deliver comprehensive abortion care (CAC) using MoH standard tools.
Assessments were also completed for infirmaries in 11 PSL-supported GFs, with QI plans underway. Following advocacy by PSL, UNFPA and MoH have recognised the importance of improving the quality of health services delivered through GF infirmaries and have agreed to support national efforts to develop guidelines for RMNH services in infirmaries, which are overseen by the Ministry of Labour and Vocational Training (MoLVT). This activity is in the National Maternal and Child Health Centre (NMCHC) development plan for 2015.

Health facility refurbishment, equipment and materials: Based on QI plans, construction and refurbishment activities are at various stages for 15 HCs in KRT, two in MKR and nine in STG, and should be completed within Year 2. PSL distributed medical and non-medical equipment kits to 26 facilities in KRT and STG and eight GF infirmaries, safe delivery kits to six HCs in MKR and RAT, and CAC equipment to 11 facilities in four provinces.

Quality improvement for facilities/providers: PSL partners have worked with PHD/ODs to implement improved QI approaches, including a safe delivery assessment tool in MKR and RAT and processes for consolidating and analysing MCAT results in KRT and STG. QI visits were completed with 183 CAC-trained providers in 12 provinces, and almost 2600 CAC services were delivered by trained providers this semester.

Support family planning (FP) and safe motherhood commodity flow, management and distribution: PSL supports a total of 532 community-based distributors (CBDs) in six provinces, through training and regular meetings, which include re-stocking their supplies of condoms and contraceptive pills. PSL also supports OD and HC staff to monitor and order all FP commodities to avoid stock-outs. GF infirmaries sold 1,183 short-term FP products and 1,292 pregnancy testing kits during this period.

Workforce competency strengthened: In this reporting period, PSL has continued to strengthen and implement a multi-component approach to capacity development for HC midwives and GF infirmary staff. This included in-service training for a total of 285 service providers, on topics such as: the 2013 outreach guidelines; infection prevention; inter-uterine device (IUD) insertion/removal; comprehensive FP counselling, short-term FP methods and supporting CBDs; and immediate newborn care (INC). Forty-five inexperienced midwives were supported to attend 21 days of clinical delivery practice at two provincial hospitals.
The impact of training is assessed and reinforced through ongoing on-the-job capacity develop approaches, including Midwifery Coordination Alliance Teams (MCATs) and CAC QI. PSL's Quality Team developed MCAT

curricula on INC, active management of third stage labour (AMTSL), care of the sick newborn, and safe abortion (in collaboration with NMCHC). PSL NGOs supported two cycles of MCAT meetings in all four north-eastern provinces in this reporting period, reaching a total of 405 midwives in each cycle. PSL also conducted quarterly trainings on MCAT facilitation and topics for PSL and PHD/OD staff, to ensure that they are best able to support the development of midwives' capacity.
Skills-building is reinforced through supportive supervision, which is conducted by PHD/OD supervisors with support from PSL staff on a quarterly basis. The Quality Team, supported by the Regional Coordination and Learning Unit (CLU) and the Voluntary Services Overseas (VSO) Public Health Advisor, developed and delivered training for PSL staff on assisting PHD/OD teams to conduct supportive supervision visits. Advocacy by PSL ensured that the development of national guidelines for MCAT meetings and supervision is on the 2015 agenda for both NMCHC and UNFPA (see Component 3).
Based on learning from Year 1, in this reporting period PSL NGOs initiated support to MoH outreach services to remote villages in KRT. The voluntary surgical contraceptive (VSC) outreach team supported the delivery of long-acting and permanent FP methods (LAPM) to 706 women and men in 65 RHs in 19 provinces.

Referral systems strengthened: The GF Coordination Group designed and developed a referral system to enable garment factory workers (GFWs) to access quality affordable RMNH services in their communities. This involved consultative meetings with public, private and NGO service providers, geographic information system (GIS) mapping of facilities, design and production of a directory and promotional materials, and orientation sessions for GF managers and health service providers. This will be implemented as a six-month pilot starting in the next semester.

Challenges and solutions

- Per diems are an ongoing challenge. Government and community partners are often dissatisfied with rates paid under HSSP2 and prioritise activities with organisations offering higher rates. The Government's declaration on per diem rates in 2014 created confusion and further demand for increased payments. The donors' efforts to agree a harmonised rate were therefore welcome. However, the new rate is being implemented at different times by development partners. In addition, PSL's joint proposal to DFAT for revised harmonised rates for other payments to stakeholders, reflecting actual costs and rates paid by other agencies in PSL coverage areas, was not approved. Reduced stakeholder participation in PSL activities as a result of dissatisfaction with per diem rates may mean some Year 2 targets could be missed. **Solution:** Letters from DFAT and the CLU mandating 1st August 2015 as the start date for the new unified rate for government employees and re-emphasising the application of HSSP2 rates for all other payments will be shared with PSL field staff and government and community stakeholders to attempt to minimise conflict over per diems.
- The US dollar has strengthened considerably against the Australian dollar in recent months, reducing the funds available in-country for implementation of PSL activities. This may also affect PSL partners' ability to meet some Year 2 targets. **Solution:** PSL NGOs will continue to monitor the situation and will reallocate unspent funds where necessary and when available from activities which have been delayed due to challenges outlined in this report.

Priorities for next semester

- Provide technical input into the development of national protocols and guidelines for GF infirmaries and MCATs, as well as other NMCHC priorities, including the follow-on to the Fast-Track Initiative Roadmap to Reduce Maternal and Newborn Mortality (FTIRMN) and the Emergency Obstetric and Neonatal Care (EmONC) Improvement Plan.
- Intensify efforts to develop a harmonised integrated capacity development and QI package for RMNH services across the partnership.
- Support and monitor implementation of the pilot GF referral system in 11 PSL-supported factories.
- Expand program implementation to at least one more GF to reach 12 in total.

Component 2: Community Strengthening and Engagement

Activities

Linkages with local authorities and stakeholders improved: PSL has continued to engage with communities through a variety of local structures. The Quality Team, coordinated by the Regional CLU, developed a training

package for Health Centre Management Committees (HCMCs), based on the Community Care of Mothers and Newborns (CCMN) and CBD curricula, and conducted an initial orientation session for PHD/OD and PSL staff. Sixty-one HCMC members received training and HCMC meetings were held at 32 HCs in the north-east. PSL NGOs worked with Commune Councils to integrate RMNH activities into the Commune Investment Program (CIP) plans and with Commune Councils for Women and Children (CCWCs) to increase understanding of their role in RMNH in the community. Health-specific community scorecard (CSC) activities continued in MKR and RAT, whilst preparations continued for piloting the multi-sectoral CSC in KRT and STG.

Reducing financial barriers to access RMNH services: The PSL partners have been through a transitional period with regards to complementary approaches to reducing financial barriers. The Village Savings and Loans Association (VSLA) approach has been expanded in KKG and RAT, with preparations underway to replicate the model in MKR. Efforts have intensified to promote the use of funds for RMNH purposes. A consultant has conducted field research and a stakeholder consultation workshop to develop an implementation guide for conditional cash transfers (CCTs). The review of the FP voucher scheme was also finalised, resulting in a transition to a supply-side financing approach in new priority locations, supporting 89 health facilities in Battambang (BTB), KRT, PUR and Sihanoukville (SHV). Prior to the transition, the FP voucher scheme supported 2,877 long-term FP services across five provinces this semester. Through output-based assistance (OBA) at nine public health facilities, PSL delivered free LAPM services to 1,737 women in this reporting period.

A comprehensive BCC strategy developed and implemented for RMNH: With technical and logistical support from AMNEP, PSL's BCC Framework was completed with the delivery of a literature review, barrier analyses for vulnerable groups and a framework outline. The draft framework was presented at a workshop attended by almost 30 representatives from 18 stakeholder organisations. It was revised with their input, reviewed by the National Centre for Health Promotion, and endorsed by the PSL Program Steering Committee (PSC), including NMCHC on behalf of MoH. The CLU has convened a BCC Working Group, involving all NGO partners, to oversee implementation of the framework.

In the north-east, this includes a combination of radio broadcasts, mHealth technology and listening and dialogue groups, through an ongoing contract with MEDIA One in KRT and STG and a new partnership applying indigenous languages in MKR and RAT. In addition, the BCC Working Group has drafted terms of reference (ToR) for a consultant to develop a package of innovative inclusive BCC products for use by VHSGs with people from ethnic minorities.

Demand creation for LAPM has been revitalised and has reached more than 68,000 people this semester through community activities in 19 provinces, as well as through radio and PSL's community networks.

There has also been intensive effort to develop an innovative BCC package for GFWs in line with the PSL BCC Framework. This focuses on contraception and safe abortion and particularly targets unmarried women through a peer training curriculum, videos and a smart-phone quiz app. The products will be finalised and implemented in the next semester.

Community mobilisation and engagement: Village health support group (VHSG) members and CBDs are PSL's primary channels for community mobilisation in rural areas. All volunteers have received a PSL-branded non-financial motivation kit. The Quality Team, coordinated by the Regional CLU, has drafted a harmonised training curriculum for VHSGs, based on the CCMN and CBD curricula. This will be finalised in the next reporting period. PSL supports 900 VHSGs through regular meetings at HCs in eight provinces; 276 received training in this reporting period. In addition, pregnancy and men's clubs have been established linked to three health centres in MKR and RAT.

Mobilisation of GFWs is primarily through peer educators (PEs). Fifty-five PEs received refresher training in this period. PSL also distributed non-financial motivation kits and conducted coordination meetings with PEs.

Challenges and solutions

- (See Component 1 above.)

Priorities for next semester

- Complete development of BCC approaches under the PSL BCC Framework and implement these in all PSL target areas.
- Finalise implementation of PSL financial barriers approaches.

Component 3: Knowledge into policy

Activities and achievements

Internal PSL resourcing, relations and communication: The PSL Regional Office is now at full strength. The Midwife Coordinator took up her position in August. From September, through an agreement with Save the Children, PSL was supported by a public health advisor from VSO based in Kratie, fully-funded for six months. Also during this reporting period, recruitment was completed for a VSO Clinical Quality Advisor, through an agreement with CARE. She arrived in mid-December and has completed induction with CARE and PSL. She will support the work of the Midwife Coordinator and the Quality Team.

Coordination mechanisms established in Year 1 were fully implemented in this reporting period. NGOs produced quarterly plans, which were compiled by the CLU and reviewed at national quarterly planning meetings to identify opportunities for collaboration and efficiencies. Plans were updated by all partners each month. Regional quarterly coordination meetings were also held in KRT. Results included improved coordination linking FP service delivery to established community mobilisation networks.

The PSC met in November to review and endorse the Year 1 Annual Report and the BCC Framework. The Technical Reference Group (TRG) also met in November, to share experiences on implementing MCATs. Despite challenges due to staff turnover, the PMG met five times during this reporting period. The Quality Team continued to meet on a monthly basis and several GF coordination meetings were held.

The PSL Partnership Manual, which outlines agreed processes for administration, cross-cutting issues and program management, was approved and signed by the country directors (CDs), and distributed to all NGOs.

The CLU Director escorted the three PSL CDs, the Head of the Australian Government's Aid Program in Cambodia, WHO's Maternal and Child Health (MCH) Team Leader for Cambodia, and CARE Australia's Head of International Programs on a four-day field visit to RAT and KRT. The team observed many PSL activities and the joint trip report identified opportunities for learning and innovation, including strategic discussion and communications on the equity component of PSL, and the need to assess realistically the brake effect of external challenges, such as transport infrastructure, on the impact of PSL's activities.

Cross-cutting issues: Child protection: PSL NGOs continued to implement internal child protection policies.

Gender: PSL national and field managers and a DFAT representative attended a two-day gender workshop in Phnom Penh in September, facilitated by regional gender specialists from CARE. Learning will be mainstreamed into planned attitudes training for health service providers. The CLU Director attended the AMNEP Regional Forum in Hanoi in August on the subject of Women's Economic Empowerment.

Disability: The gender workshop coincided with the International Week of the Deaf, so a lunchtime session was added which included a fun introduction to Khmer sign language, facilitated by Cambodian NGO, Deaf Development Project. The CLU Director was a member of a working group convened by Handicap International to develop signboards for communication with hearing impaired parents of sick children, which will be piloted by PSL in the north-east. PSL joined the Cambodia Initiative for Disability Inclusion (CIDI) Forum, coordinated by the Australian Red Cross, and took part in their quarterly partners' meeting in December. PSL also participated in two national consultative workshops on disability facilitated by CDPO and Handicap International, respectively. Disability is addressed as a cross-cutting theme in the BCC Framework.

Evidence-based learning and innovation: PSL completed design and approval of update briefings on the three learning agenda themes for Year 1. These have been printed and shared with stakeholders as appropriate.

The CLU and NGO field staff completed GIS mapping of all GFs and north-east health facilities supported by PSL. These data were used to establish accurate information on distances between GFs and health facilities for the GF referral directory.

Centralised spreadsheets for tracking facility assessment and scorecard results as well as midwife training and MCAT attendance were finalised and set up for all PSL-supported health facilities in the north-east.

Design and printing was completed for the PSL baseline surveys. Nearly 400 hard copies of the reports have been distributed. Soft copy versions of the full reports and executive summaries (in English and Khmer) have been developed and distributed. The results were presented by CLU staff to the MOH's TWGH, the sub-TWGH on RMNCH, URC, GIZ, the CIDI Forum, and the PHDs of Kratie, Mondulkiri and Ratanakiri. PSL has submitted abstracts on the baseline results to two international conferences.

PSL has signed an agreement with Deakin University for an MSc student to do sub-analysis of the GF baseline survey data to look for associations between RMNH practices and demographics such as age, marital status, education level and income, with the CLU Director as co-supervisor. PSL is also a partner in Deakin University's own SRH research program in Cambodia, which includes a cohort of GFWs.

PSL has also formed a partnership with a PhD student at Liverpool John Moores University who is supporting MEDIA One to evaluate the impact of their mHealth approach under PSL in KRT. The analysis will be used to improve delivery of the approach in the rest of Year 2 and into Year 3.
Learning agenda theme 4, and PSL's research priority for Year 2, is financial barriers. The CLU has consulted with a number of potential academic partners for this research. The PMG has developed ToR for a consultant to assess costs of accessing services in the north-east and the extent of exclusion of vulnerable groups from the Health Equity Fund (HEF) system.

MERI (Monitoring, evaluation, reporting and improvement): In order to report on MERI indicators O1.3 and I1.3 on AMTSL and INC, respectively, the Quality Team designed and developed stamps to be used on partographs together with a monthly reporting format to track correct AMTSL and INC implementation. The approach was approved by NMCHC for a trial period at BEmONC facilities support by PSL in the north-east and rolled out by PSL field staff with basic training on its use. It will be assessed during the annual review and recommendations made regarding roll out to other facilities.
For indicator I3.1, regarding community referrals, the PSL partners have decided to implement a snapshot exit interview survey at health facilities in the north-east. Preparations are underway for this survey, which will be conducted in February, with results feeding into the annual review in March.
The M&E team met quarterly to review the joint knowledge management system to ensure data quality and track progress towards annual targets. This will be presented at the Year 2 Annual Review Workshop.

External relations and communications: PSL produced a one-page factsheet about the program for sharing with partners and stakeholders.
Advocacy is the link between learning and policy change. A workshop to develop PSL's advocacy strategy was held over two days in November, with a follow-up session in January. Eight key advocacy priorities were identified for the rest of Years 2 and 3, and a detailed action plan developed.
One of PSL's advocacy priorities is for development of national guidelines for MCATs. This received support at a joint meeting with URC and GIZ and was then the core agenda item for PSL's TRG meeting in November. At that meeting, UNFPA agreed to support a national consultation process, facilitated by NMCHC. This activity is now on NMCHC's Development Plan for 2015.
PSL representatives were heavily involved in the first National FP Conference in November, chairing and presenting in plenary and group sessions and distributing materials at a booth in the display area.
PSL participated in the USAID MN/FP partners' group meeting in December.

Donor reporting: The PSL annual report for Year 1 was submitted on 2nd October and endorsed by the Steering Committee in November/December.

Challenges and solutions

- Disability inclusion for RMNH information and services in remote rural areas is extremely challenging and costly. **Solution:** PSL constantly seeks opportunities to work with disabled people's organisations and other partners specialising in disability inclusion, e.g. Handicap International and the CIDI Forum.

Priorities for next semester

- Finalise and submit six month report to DFAT.
- Complete data collection, entry and analysis for the community referral snapshot survey and incorporate results into the annual review workshop.
- Complete the annual review and Year 3 annual operating plan (AOP3) process, including annual review fieldwork and workshop, presentation of recommendations to the PSC and TRG, AOP3 workshop, and development and submission of Year 3 implementation plan, budget, MERI and learning agenda.
- Conduct cross-cutting sessions on child protection and ethnic minorities in the annual review workshop.
- Complete presentation of the baseline results in all surveyed provinces and at international conferences (if accepted).
- Commission research into financial barriers to accessing RMNH services in the north-east.
- Complete review of INC and AMTSL stamps and facilitate roll out to all PSL-supported health facilities in the north-east, if approved.
- Implement PSL Advocacy Action Plan.
- Publish Year 2 Learning Updates on the four learning agenda themes: technical harmonisation, community referral systems, garment factories and financial barriers.

Annex 1: CARE PSL Year 2 Six Month Report

1st August 2014 – 31st January 2015

Introduction

Over the past six months, CARE focused quality improvement efforts on the six targeted HCs in RAT and MKR along with the development of BCC materials for GFs in Phnom Penh. In the north-east, focus was on support to MCAT meetings and integration of scorecard results into PSL activities. With regards to MCAT supervision, CARE decided to support all 22 HCs in both provinces, since MCATs reach all midwives. Capacity development included in-service trainings, as well as orientation on new outreach guidelines. At the community level, CBD, VHSG and HCMC activities continued along with the establishment of VSLAs in KKG, RAT and MKR, and pregnancy and men's clubs. Within the factories, the referral system was developed, BCC activities began to be developed, and consultations took place for the development of the infirmary standards. Learning was achieved through participation in national conferences, workshops and MoH technical working groups.

Component 1: Improving Health Service Delivery

Activities and achievements

Health facility assessments: Following the completion of the facility assessments at the end of Year 1, plans were developed with PHDs, ODs and each HC in MKR and RAT. Areas for improvement included infection control, saving newborns and infrastructure for safe deliveries. Progress is monitored by the HC, OD and CARE. CARE, in collaboration with MSIC, completed GF infirmary assessments in the remaining three out of 11 factories. Results will be presented once they are compiled. Consultations were completed with the UNFPA, MoLVT and NMCHC to move on standardising infirmary standards.

Health facility refurbishments: Based on the outcomes of the facility assessments, CARE began renovations for a maternity waiting room at one HC in MKR to improve BEmONC standards. CARE is also building an incinerator and placenta pit at Pou Chrey HC in MKR.

Quality improvement for facilities/providers: CARE, following on from the facility assessments, developed a quality assessment tool with the aim of improving safe deliveries. The tool identifies challenges and gaps the HC midwives face and supports developing a plan for improvement. All of CARE's clinical staff were trained and have completed assessments in four of the six HCs. Outcomes are being analysed.

Support FP commodity flow, management and distribution: CBDs sell short-term FP methods to community members. CARE supported 18 meetings at six HCs reaching 156 participants (130 females). The meetings are held with midwives and allow CBDs to report on clients who are using FP and to restock supplies (condoms and pills). A CBD launch was held in Kechong HC in RAT with eight CBDs and 153 villagers (125 female).

Equipment and materials: Based on the outcomes of the facility assessments completed in Year 1, safe delivery materials were distributed to six HCs. Materials included one ambo bag, five dopplers, four delivery kits, one baby scale, one aspirator and one autoclave.

Workforce competency strengthened: CARE, as a means to ensure appropriate mentoring and coaching of MoH counterparts, facilitates quarterly capacity building and coaching sessions for CARE and PSL midwives. Sessions focused on quality assessment for safe delivery and MCAT supervision. A total of 22 representatives from all the NGOs participated. In Year 2, CARE is continuing to support MCAT meetings with four completed and a total of 261 participants (251 females) or 130 per quarter representing both provinces. Clinical practice topics included ANC and breast feeding. Topics were identified in consultation with the PHD and OD Advisors. At the request of these Advisors, three curricula were also developed to cover care of sick newborn, INC and AMTSL. Follow-on MCAT supervision was completed by three PHD and OD representatives with one CARE staff reaching 90 health staff (84 females) in 22 HCs. Supervision focused on the midwives' ability to utilise skills attained during the MCAT sessions. Prior to the visits, an orientation on the national RMNH supervision and MCAT checklists was completed with CARE developing the MCAT supervision orientation.
Various trainings were held to support improving the quality of RMNH services. Four in-service training sessions on infection control were completed in six HCs. Sessions covered environmental cleaning, waste management, safe injection practices and appropriate handling of medical equipment, and reached 81 participants (35 female). In addition, nine midwives from three HCs in MKR attended training on FP counselling, emergency contraceptives and CBD supervision. Two trainings were held on INC and reached 12 midwives from three HCs in RAT.

A two-day orientation on the recently revised outreach guidelines for HCs was completed in MKR with 15 participants (nine female). Focus was on improving vaccination coverage, out-patient services, ANC, PNC, tetanus toxoid and health education for remote and low coverage villages. Support to facilitate outreach sessions has not been required by the PHD and OD in either province, but CARE is exploring supporting spot checks in the second half of Year 2.

Referral systems strengthened: In consultation with the Municipal Health Department, private sector, MSIC and the CLU, CARE developed a PSL referral system for GFWs. The referral system provides resources for workers to identify the location and cost of their preferred health service. A pilot of the PSL referral system will begin in 11 factories with a local partner: Cambodian Women for Peace and Development. Orientations for the referral system were completed with 11 GF managers and 25 public and private clinic representatives. At the community level through VSLAs in KKG, one village has been identified to pilot improving linkages between existing transportation mechanisms, HEFs and the VSLA group to improve RMNH referrals. This activity will be piloted in the north-east later in Year 2.

Challenges and solutions

- Per diems for government counterparts are inconsistent between boundary partners in the north-east. (See also 'Challenges and solutions' under Component 1 of the joint report.)
- The referral system pilot was delayed due to it taking longer than anticipated to receive pertinent information on pricing of services, agreement on design and printing.
- Health centres in RAT and MKR are not always able to meet the commodity demands of CBDs. CARE is using opportunities it can with the MoH at different levels to address these concerns.

Priorities for next semester

- Complete refurbishments in Keo Seima and Pou Chrey HC.
- Continue to support midwife capacity building through training and on-the-job coaching and supervision.
- Continue to support the preparation of MCATs to all 22 HCs in both provinces.
- Pilot referral directory guide in PSL factories.

Component 2: Community Strengthening and Engagement

Activities and achievements

Linkages with local authorities and stakeholders improved: Meetings with administrative districts in RAT were organised as a means to increase the understanding of the role of CCWC members in RMNH. Six meetings were organised with 110 participants (41 female) representing commune councils, village leaders and VHSGs. HCMC meetings focus on improving HC services and were organised with all six HCs (total of 12) with 209 participants (75 female). VHSG meetings allow members to give updates and receive feedback from the HC; a total of 464 VHSG members participated. Community scorecard interface meetings were completed in four HCs in the north-east under the Global Fund. Outcomes relevant to PSL programming indicate that the proportion of women accessing four ANC visits in the targeted six HCs increased from 47% in the PSL baseline to 51% through increases in outreach activities and greater HC commitment to providing timely services.

Reducing financial barriers to access RMNH services through VSLAs: CARE continues to support VSLAs. In Sre Ambel, KKG, there are 103 groups with 1,545 members, which are being monitored by CARE on a bi-monthly basis to determine sustainability. A further 41 groups have been established in Botum Sakor with 546 members. Health education has reached 381 members and 145 have used their savings to access RMNH services. In RAT, there are a total of 44 groups with 738 members of whom 101 used savings to access RMNH services and 129 received health education. Health education has not reached all the participants as it begins three months after the groups form. In MKR, staff have been recruited and groups will begin forming soon.

A comprehensive BCC strategy developed and implemented for RMNH: CARE in the GFs is developing a BCC package which will include training, videos and mobile game. This package is intended to complement the referral system and infirmary standards by being the mechanism by which factory workers receive knowledge and information to make informed decisions about their contraceptive choice. They can then use the referral system to identify where to get services including factory infirmaries. The package will be rolled out in 12 factories before the end of Year 2 and will include a quality improvement monitoring plan.
In the north-east, CARE is working with MEDIA One to develop six radio programs in two indigenous languages (Phnong and Tumpoun) and nine PSAs. The radio programs aim to strengthen communication and linkages

between HC staff and community members through pregnancy and men's listening and dialogue groups. Radio programs and PSAs will begin airing later in Year 2.
A PSL VHSG package will be developed in consultation with all PSL partners later in Year 2 with support from CARE. The package will include a variety of tools that VHSGs can use to reach all members of their intended audience including ethnic minorities and people living with disabilities.

Community mobilisation and engagement: CARE supports VHSGs and CBDs, who provide community education and some health services - by providing capacity development through trainings, mentoring and coaching. Currently, CARE supports 275 VHSGs (128 female) members and 73 CBDs (60 female) across six HCs. In total 90 VHSGs (32 female) participated in training on birth preparedness. Additionally, 17 new CBDs from HCs in MKR were trained following the MoH CBD curriculum. Based on the recommendations made in the PSL BCC framework, CARE has established pregnancy and men's club in three HCs as a means to increase demand for facility based ANC, delivery and PNC services.

Challenges and solutions

- Women's involvement in different activities in the north-east is limited compared to similar activities in other provinces. CARE will work with communities in the coming months to address this issue with particular attention to language.

Priorities for next semester

- Complete development of the BCC package for GFs and begin activities.
- Support the scale up of VSLA to MKR.
- Develop a comprehensive BCC package for VHSGs in the north-east.
- Commence BCC activities with MEDIA One in RAT and MKR.
- Continue to support CBDs, VHSGs and HCMCs.

Component 3: Knowledge into Policy

Activities and achievements

Internal PSL Resourcing, Relations & Communication: CARE participated in PMG, PSC, Quality Team, BCC, M&E and regional coordination meetings, and submitted monthly reports.

Cross-cutting issues: CARE conducted a three-day workshop to increase staff sensitivity to ethnic minority needs in the north-east. There were a total of 29 participants (12 female) in the training.

Evidence-based learning and innovation: CARE participated in the Country Director cross visit, learning agenda and advocacy workshops. In addition, CARE has been reviewing the VSLA model to make more deliberate linkages to HEFs and community referrals for RMNH services.

MERI: CARE has participated in the planning of the up-coming snapshot survey to gather data for MERI indicator I3.1 and will support gathering data.

External relations & communications: CARE led group discussions in the MoH's National FP Conference, has participated in 24 technical working groups chaired by the MoH at the national and sub-national level, and has supported dissemination of the PSL baseline through our website and stakeholder meetings. Due to consultations with the MoH, developing GF infirmary standards and national MCAT guidelines, including curricula and supervision guidelines developed by CARE under PSL, are a priority for the MoH in 2015.

Challenges and solutions

- Coordination issues exist with the PHDs and other NGOs including PSL partners. When activities overlap PHDs are selecting their preferred partner to implement the activity.

Priorities for next semester

- Continue to participate in relevant PSL meetings and sub-working groups.
- Conduct a snapshot survey to assess the MERI indicator I3.1.
- Participate in the Annual Review and Year 3 planning activities.

Annex 2: Marie Stopes International Cambodia (MSIC) PSL Year 2 Six Month Report

1st August 2014 – 31st January 2015

Introduction

MSIC leads the PSL program's contribution to improving access to FP and CAC, addressing Components 3 and 4 of the MoH's FTIRMN. MSIC works across 19 provinces in 89 RHs and 206 HCs. MSIC provides on-the-job technical assistance and follow-up QI supervision and support to ensure public service providers have the skills and confidence to provide high-quality, client-centred LAPM and CAC services. MSIC further leverages its strengths through PSL to support the MoH to achieve Components 5 and 6 of the FTIRMN, which focus on BCC and reducing financial barriers to access health information and services. GFWs, who have high unmet needs for high quality FP and CAC services, have been a priority this semester with a focus on improved GF infirmary standards, and the development of a network of high quality FP providers in the community.

Component 1: Improving Health Service Delivery

Activities and achievements

	Facility Assessments	CAC training & materials	CAC QI supervision	IUD training	VSC outreach
# Providers	21	12	183	12	N/A
# Facilities	13	11	124	12	65
# Provinces	4	4	12	1	19

CAC training, QI support and services: MSIC's QI team assesses public health facilities on CAC services provided and facility standards. The team visited 13 facilities, identifying 21 providers who were eligible and willing to participate in CAC training (they will receive training next semester). Training was provided to ten senior midwives and two doctors, who were identified during previous facility assessments, and was conducted by the MoH training team at NMCHC and the Phnom Penh Municipal RH, using the revised CAC-training curriculum which MSIC contributed to. A set of CAC-related materials/equipment (speculum, forceps, kidney trays, etc.) were provided to all seven facilities with newly trained providers. Sixteen manual vacuum aspiration (MVA) kits were also distributed to replace broken equipment.
The MSIC team conducts regular QI supervision visits to CAC-trained providers. To date there are 526 CAC-trained providers; MSIC conducted QI supervision with 183 of them this semester. The QI visits found that providers performed well in FP counselling, MVA preparation and post-procedure management. Areas for improvement included MVA counselling, inspection of product of conception and physical assessment of client before discharge.
Service delivery: CAC-trained public health providers conducted 2,597 CAC services and 1,552 (60%) of clients received a post-abortion FP (PAFP) method. PAFP uptake is a priority for PSL to reduce high rates of repeat abortions[1] in Cambodia.

Long-term FP training, support and services: Twelve midwives received IUD training. No QI activities were conducted this semester as priority was given to CAC-related QI for PSL. Furthermore, PSL-trained FP providers are receiving comprehensive QI support in BAT and PUR from the USAID-funded Quality Health Services project (MSIC leads the FP component).
Service delivery: 74 MSIC-supported health facilities provided 1,973 implants and 904 IUD services.

Voluntary surgical contraception: The VSC team received refresher training on infection prevention and 'vocal local' (talking and supporting the client through the process during the VSC procedure). In November, MSI's Medical Development Team conducted a quality technical assurance audit on VSC service provision; the team received a score of 94%, confirming their high quality standards of care.
Service delivery: The MSIC outreach team supported surgical teams from 65 RHs to provide 344 voluntary tubal ligations and one vasectomy. The team also provided 361 two-rod implants (Femplant) to clients who were either ineligible for VSC or who had changed their mind after receiving comprehensive FP counselling.

Commodity stock management: MSIC continues to work with HCs and OD staff to monitor commodity stock levels and place orders accordingly. There have been no reports from the facilities of commodity stock-outs.

[1] The 2010 Cambodia Demographic Health Survey revealed that 5% of women aged 15-49 had an abortion in the preceding five years, of whom 26% had more than one.

MSIC will continue to monitor stock issues carefully – particularly contraceptive implants – as the CMS switches over to the next generation of one rod implant, Implanon NXT.

Garment factory infirmaries: The MSIC QI team completed the assessments of 11 PSL-supported GFIs. The assessment examines 11 components of FP service delivery and categorises infirmaries into basic, intermediate or advanced levels for each component. The assessment identified gaps in FP counselling, waste management and client record completion. MSIC has provided feedback to the infirmary staff and GF management and advised on improvement plans. As a result, select GFs have responded with improved waste management plans and materials, and consistent GFI staffing hours. MSIC also supported eight infirmaries with needle safety boxes, a confidential client filing cupboard and a pricelist/opening hours signboard. Seventeen GFI providers were trained on comprehensive FP counselling and short-term FP service provision.

Infirmaries provided 226 injectable contraceptive services and sold 566 packets of contraceptive pills, four emergency contraceptive pill services, 391 condom packs and 1,292 pregnancy test kits to GFWs. Seventeen women received implant services and two received IUD services at nearby health facilities, referred from the GFI.

MSIC, CARE and the CLU worked together to develop a referral directory for GFWs to access quality health service providers in their community. PSL used GIS mapping techniques to identify the GF and health facilities in their catchment area for inclusion in the directory. Only providers/facilities which have received certified training and QI were selected for inclusion upon their approval. The directory materials, which comprise comprehensive referral booklets, referral slips, posters, have been finalised and printed, ready to conduct a pilot next semester in all 11 GFs.

Challenges and solutions

- There is high demand for MSIC/NMCHC to conduct long-term FP training to public health providers. However, MSIC is currently unable to meet this growing demand. **Solution:** MSIC will prioritise one of the PSL-focus provinces, KRT, for trainings next semester, where the number of trained providers is low.
- Providers advise that they are being stretched to meet the demands of their client load. This can result in their inability to participate in MSIC's QI supervision visits. **Solution:** MSIC will develop an improved plan to assist providers with their understanding about the benefits of, and therefore prioritise, QI visits.

Priorities for next semester

- One IUD and one implant training will be conducted next semester for providers in KRT. QI visits will follow.
- Three CAC trainings will be delivered next semester.
- QI activities will be conducted in SHV and KRT for long-term FP-trained providers.
- Follow-up QI visits will monitor improvements in all GFIs.

Component 2: Community Strengthening and Engagement

Activities and achievements

Community mobilisation and engagement facilitated: MSIC facilitated 17 provincial TWG meetings in 11 provinces to share PSL-related information and ensure coordination with partners and stakeholders. MSIC also conducted a large number of community-based activities this semester:

- 1,465 small health promotion sessions were conducted by VHSGs reaching 49,247 people (86% female).
- 943 group discussions were conducted by VHSGs reaching 18,010 people (85% female).
- 797 monitoring visits were conducted to meet clients, VHSGs, and other stakeholders.
- Two large scale community events were conducted and reached 854 participants (98% female).
- Five CBD meetings with 247 CBDs were conducted in two provinces (BAT and PUR).
- Twenty-nine service promotion events were conducted in five provinces.

MSIC coordinates with HC staff, VHSGs, CBDs, partner NGOs and other community stakeholders to drive demand for VSC outreach services in their community. Radio announcements are also employed to increase awareness and drive demand.

Fifty-five GFW peer educators (96% female) received refresher training on comprehensive FP methods and other SRH issues and six meetings were conducted with to discuss PE activities. PEs were supplied with FP promotional materials (t-shirts, caps, bags, leaflets). A total of 4,992 GFWs were reached through PE activities.

MSIC actively participated in development of the PSL BCC framework and messaging/material design for both GFW and the wider community.

Reducing financial barriers to access RMNH services: During this semester MSIC completed a review and evaluation of the FP voucher scheme. The final, approved recommendation was to implement a supply-side health financing model, moving towards systems implemented by the Government for health financing. In addition, the review reflected a need to move towards efficiency improvements for FP health financing. As a result RAT and KKG voucher services were phased out and relocated to KRT where there is higher demand. As a result all women are able to access free IUD and implant services through 83 HCs in BAT, PUR, SHV and KRT.
During this semester, MSIC supported 904 women to access free IUD services and 1,973 women to access free implant services.
MSIC also supports nine public health facilities with Output Based Assistance (OBA) on a per case basis for LAPM of contraception as current government reimbursement rates do not adequately cover costs incurred. This semester OBA facilities conducted 331 tubal ligations, 703 two-rod (Femplant) implant services and 703 IUD services.
MSIC supports GFWs to receive low cost FP and other SRH services at the MSIC clinical centre, since only short-term FP methods are available in GF infirmaries.

Challenges and solutions

- The demand for tubal ligation and vasectomy services is still low. Despite increased efforts to raise awareness of the outreach teams' visits and generate demand for the services, client numbers are small. **Solution:** MSIC will improve timing and quality of awareness raising initiatives and continue to schedule VSC visits carefully, in response to demand.
- BCC messages and IEC materials are dated. **Solution:** MSIC is keen to update these materials however a decision was made to wait until materials resulting from the new PSL BCC Framework have been developed and printed. The new materials will be used in key communities to improve knowledge about FP choices and generate demand for quality-assured services.

Priorities for next semester

- Update VSC awareness-raising IEC materials.
- Review and schedule VSC outreach visits in response to anticipated demand.

Component 3: Knowledge into Policy

Activities and achievements

Internal PSL resourcing, relations and communication: MSIC has actively contributed to all PSL cross-cutting coordination meetings and events. MSIC has representatives in the PSLPMG, GF Team, Quality Team, Regional Coordination Team and M&E Team. MSIC also participated in the advocacy workshops which were conducted in November and January.
MSIC, with support from the CLU, has been leading on the integration of safe abortion modules into the revised MCAT curriculum, has supported the VHSG/HCMC curricula development, and made significant contributions to the GFI standards review process.

Evidence-based learning and innovation: The consultant-led review of and subsequent recommendations for MSIC's FP voucher programme led to the decision to move to a health financing model with improved efficiency which is more in-line with the Government's health financing systems. Whilst MSIC will still reimburse the HC/RH for long-term methods of FP provided, it will no longer be linked with a voucher. This strategy should also improve access and choice for all women in the HC/RH catchment area or surroundings. The new system will be closely monitored.

Priorities for next semester

- Finalise and submit a six month report to DFAT.
- Complete data collection, entry and analysis for the community referral snapshot survey.
- Complete the annual review and Year 3 AOP process.

Annex 3: Save the Children PSL Year 2 Six Month Report

1st August 2014 – 31st January 2015

Component 1: Improving Health Service Delivery

Activities and achievements

Facility assessments: In Year 2, Level 1 health facility assessments were completed by the PHD in STG under the Special Operating Agency (SOA) workplan. In KRT, the plan to conduct second assessments at ten HCs and first assessments at seven HCs was cancelled due to the introduction of Level 2 assessment tools nationally, which focus more on service delivery quality and will be implemented in late 2015 by MoH.

Health facility refurbishment, equipment and materials: Based on the facility assessment results, QI plans focused on improving maternal and newborn care services. Refurbishment included extension of maternity, delivery and ANC/PNC rooms, placenta pits, and water and light systems. Save the Children's construction team with PHDs/ODs in KRT and STG conducted assessments in 11 HCs (bringing the total assessed to 26 - 17 in KRT and nine in STG). Based on the assessments, there will be three phases of refurbishment: six HCs in Phase I, activities commenced in December 2014 and will be completed by March 2015; six HCs in Phase II, for which engineering drawings and bills of quantity (BoQs) have been completed; and 12 HCs in Phase III, for which drawings and BoQs are under development.
Sets of equipment and materials were provided to the 26 supported HCs. Non-medical equipment included two sets of solar power panels, seven solar batteries, 800 plastic chairs, 22 metal office desks, two diesel 5-KWA generators, 25 meeting tables, 25 metal bookcases with glass doors, 52 white boards, 26 stadiometers for women, 26 adult scales and 26 baby scales. Medical equipment included 78 delivery kits, six small oxygen tanks, 26 sphygmomanometers with stethoscopes for adults, 52 plastic aprons, 34 bed pans, 26 pressure sterilisers, 51 eye glasses, 51 sterilising drums, 26 dressing carts and 52 dopplers.

Quality improvement for facilities/providers: Save the Children coordinated with PHDs/ODs to harmonise annual plans to ensure effective use of resources, as well as to review and develop monthly implementation plans. Save the Children worked with PHD/OD supervisors and developed codes for checklists and spreadsheets for consolidating MCAT supervision results to generate overall reports of key variables. Save the Children supported two quarterly M&E meetings in STG to review progress and plans for the next quarter.

Support family planning: In remote villages within the catchment areas, Save the Children worked with PHD/OD MCH focal points and target HCs to support the distribution of short-term FP commodities (pills and condoms) through CBDs according to MoH guidelines. A five-day training course was conducted for 54 CBDs (15 KRT and 39 STG) bringing the total trained and supported to date to 212 (KRT 125 & STG 87). Bi-monthly meetings were conducted at each HC with a focus on commodity distribution, follow-up with FP users, tracking and monitoring the implementation of activities, and providing CBDs opportunities to increase knowledge and skills in FP and maternal and newborn health. CBDs refilled commodities at these bi-monthly meetings and at HCs. Information on provision of permanent FP methods was disseminated though VHSGs and CBDs.

Workforce competency strengthened: Save the Children worked with PHD and OD MCH staff to identify numbers and capacity of midwives in the 26 target HCs and to develop capacity building plans and schedules for midwives and other health staff. Activities included in-service training, clinical delivery practice at provincial hospitals, ongoing supportive monitoring and supervision, and quarterly MCAT meetings. The outputs included: 45 newly-graduated midwives (KRT 31 and STG 14) completed a 21-day clinical delivery practice at KRT and STG provincial hospitals; 61 midwives from 12 HCs in STG were trained in infection control; 78 midwives (KRT 45 and STG 33) from 26 HCs were trained in INC; two cycles of MCAT quarterly meetings were conducted (eight meetings per cycle), with an average attendance of 275 midwives from all 41 HCs in KRT and STG. Quarterly coaching/supportive supervision by PHD/OD MCH Supervisors to midwives was also supported.

Challenges and solutions

- Decreasing willingness of PHD/OD trainers and midwives to participate due to the HSSP2 per diem rate has resulted in the cancellation of two training courses. (See also 'Challenges and solutions' under Component 1 of the joint report.)
- Despite ongoing advocacy from PSL at the highest levels, MoH is not willing to provide certificates to midwives from non-BEmONC facilities for training at regional training centres. Training on post-partum haemorrhage and manual vacuum extraction has therefore been cancelled.

- HC refurbishment activities were delayed due to the complex comprehensive procurement process. Announcements for bidders were made three times for the first six health centres.
- The Health Information System (HIS) does not record deliveries attended by skilled birth attendants (SBAs) at home or in private clinics, resulting in under-reporting. Save the Children will work with PHDs/ODs to find ways to collect and record these data in HIS.
- The capacity of PHD and OD MCHs supervisors to coach HC midwives and facilitate trainings/meetings with community health volunteers is variable. Save the Children will work with PHD MCH chiefs to address this gap and to conduct training on supportive supervision to all teams in the next quarter.

Priorities for next semester

- Complete refurbishment activities for 26 HCs.
- Improve the arrangement of rooms in HCs to streamline transitions between different RMNH services.
- Strengthen technical supervision and improve the quality of quarterly MCAT meetings.
- Continue to support monthly coaching/supervision from OD/PHD MCH supervisory teams to HC midwives.
- Support newly graduated midwives to attend 21-day clinical delivery training at provincial hospitals.
- Train HC midwives in infection control (KRT).
- Strengthen FP commodity distribution through CBDs, via meetings at HCs and joint supportive supervision.

Component 2: Community Strengthening and Engagement

Activities and achievements

Links with local authorities and stakeholders improved: Save the Children integrated PSL's key activities into 2015 CIP plans at communes within 26 HC catchment areas. Two Save the Children staff completed a five-day training workshop conducted by the Ministry of the Interior on Implementation of Social Accountability Framework, including the multi-sectoral Community Scorecard. The training will be cascaded to all Save the Children health program and partner staff.

Reducing financial barriers to access RMNH services: A consultant was engaged to conduct research on CCTs and to develop a CCT implementation guide specifically to complement the HEF system for RMNH services. The report is being finalised. The process included a consultative workshop in KRT PHD, with 27 participants from PHD/OD/MCHs (two from STG), Commune Council members and NGO partners.

A comprehensive BCC strategy developed and implemented: Save the Children contributed to the development of the PSL BCC Framework, and continued to work with MEDIA One to implement BCC and mHealth activities in KRT and STG. Activities implemented during the reporting period include:

- **Content Advisory Group (CAG) meetings**: Two CAG meetings were held to provide technical input and comments on the accuracy of information included in radio programs.
- **Radio program and PSA production and broadcasts**: Nine episodes of the "I Care about Mother and Child Health" radio program were developed and three PSAs produced, covering various RMNH topics. Ten episodes of the radio program were broadcast bi-weekly and four one-minute PSAs were broadcast 327 times on two local radio stations.
- **Interactive voice response (IVR) system**: Seven contents in Khmer language were uploaded into the IVR system, which received 55 calls from 24 unique numbers. Call length averaged 1.15 minutes. Nine hundred leaflets were produced, printed and distributed to promote the IVR system phone numbers.
- **SMS system**: An SMS system, developed to store pregnancy-related information collected from the community by Listening and Dialogue Groups, provided relevant health reminders to radio listeners and sent mass SMS messages to audiences. Recipients could text comments, feedback and reports. Listeners sent 125 SMS messages in response to questions raised during the radio quiz segment. 91% of SMS senders gave the correct answers. Also, 24 SMS messages were sent out a total of 1,651 times to 189 numbers.
- **Listening and dialogue groups**: The groups met 43 times during radio broadcasts with a total attendance of 309 (80% women). Facilitators led discussions about each topic and completed a feedback form.
- **Impact survey**: MEDIA One, with technical support from a PhD student from John Moores University, Liverpool, conducted a public awareness, recall and behaviour change survey in November in Sambo District, KRT. The results and user data reported above will be used to improve implementation in the second phase.

Community mobilisation and engagement facilitated: Linkages between communities and the 26 HCs were maintained through capacity development, regular contact mechanisms, and bi-monthly and quarterly meetings. Activities included:

- 186 VHSGs (116 female) attended four-day training on CCMN. A total of 526 VHSGs (346 female) were supported under PSL in KRT and STG.
- Each VHSG member received a PSL t-shirt, bag and raincoat as an incentive and for awareness-raising.
- 61 HCMCs members (25 female) received three days of training in RMNH. A total of 210 HCMC members (94 female) are supported under PSL.
- Up to three VHSG sharing and learning meetings were conducted at each HC during this period.
- Up to two HCMC meetings were also conducted at the HCs, aiming to strengthen HC management.
- Outreach activities were supported to remote villages in KRT following MoH 2013 guidelines.

Challenges and solutions

- Flooding in September delayed the implementation of some activities, including VHSG, CBD and HCMC training, meetings and outreach. These activities were carried out in Quarter 2.
- Attendance of VHSGs, CBDs and HCMC members was reduced as they were busy farming after the floods.
- There was some drop-out of VHSGs, CBDs and HCMC members. Save the Children will work with HC staff and OD teams to select and provide training to replacements.
- In KRT, some activities and target areas overlap with UNICEF. Save the Children has worked with HC staff and OD teams to avoid duplication of effort.
- Utilisation of the IVR and SMS systems was low. MEDIA One has increased promotion of the systems on the radio programs, encouraging the audience to interact.

Priorities for next semester

- Extend sub-award agreement with MEDIA One for another year (Mar 2015 – Feb 2016).
- Commence implementation of multi-sectoral community scorecards in selected communes.
- Build capacity of CCs/CCWCs to include RMNH activities within CIPs and to implement them.
- Finalise the CCT research report, develop CCT implementation guide and begin to implement the scheme.
- Complete training for HCMCs and CBDs in five Year 2 target HCs.
- Support, strengthen and improve the quality of VHSG, CBD and HCMC meetings.
- Strengthen contact mechanism between VHSG/HC midwives and pregnant women.
- Continue to support the implementation of outreach activities in KRT.

Component 3: Knowledge into Policy

Activities and achievements

Partnership coordination: Save the Children attended PSC, PMG, Quality Team, M&E, quarterly coordination and regional meetings as scheduled, as well as other meetings and workshops including BCC and advocacy.

Evidence base and innovation: Save the Children is in the process of finalising the CCT research report and developing an implementation guide. Additionally, under the work of Sabrina Pillay (VSO public health advisor), Save the Children will be able identify barriers of indigenous people accessing RMNH services.

MERI: Save the Children contributed to finalising and translating the MERI into Khmer for use by field staff.

External relations and communications: Save the Children participated in meetings with key RMNH stakeholders at the national level. At the sub-national level, Save the Children worked closely with the MoH, UNICEF, UNFPA, and other NGOs to harmonise planning and implementation of project activities, including midwife training and supportive supervision.

Challenges and solutions

- The absence of Save the Children's Health and Nutrition Specialist responsible for 'Knowledge into policy' at the national level has been a major challenge. This position has been advertised several times and many candidates interviewed. A part-time consultant has provided some technical support in the meantime.

Priorities for next semester

- Continue participation in partnership coordination and governance activities.
- Continue recruitment for Health and Nutrition Specialist.

PSL Financial Report 1st August 2014 - 31st January 2015

	CARE	Funds carried over from Year 1	Year 2 Budget	Total Available Budget	Revised budget (including inception carry-over), approved 4/2/15	Expenditure to 31st Jan 2015	Balance remaining	% budget remaining	Notes
	Cost Category								
I	Personnel								
I.a	Headquarters Personnel	$822	$15,098	$15,920	$14,821	$5,842	$8,979	61%	
I.b	In Country Personnel	$24,073	$457,528	$481,601	$513,518	$183,096	$330,422	64%	This budget line covers direct and indirect staff cost. The indirect staff cost is based on a percentage charged to the total project expenditure. The line item is underspent some due to some turn over of staff specifically the Program Manager and some project officers in the Provinces.
II	Technical Assistance	$2,177	$55,723	$57,900	$54,701	$26,766	$27,935	51%	This is on track for the next 6 months expenditure as it will cover MCH Advisor position.
III	Travel								
III.a	Headquarters Visits to Program	$2,373	$4,585	$6,958	$6,831	$0	$6,831	100%	There is no charged from headquarters in the first six months. This will be planed by HQs team during Q.3 to attend AOP year 3 and support monitoring of the project in the community.
III.b	In Country Monitoring	-$548	$11,637	$11,089	$11,424	$2,734	$8,690	76%	Due to transitions in the senior management and advisory teams with maternity leaves and new roles being assumed, not as many people were traveling to the field in the first half of the year. All staff are back and travel has increased. This will continue with more supervision and spot checks of activities being completed in Q3 and Q4.
IV	Equipment/ Supplies	$3,405	$3,231	$6,636	$13,442	$5,239	$8,203	61%	Given that the year two budget revisions were only recently approved, not all of the equipment has been procured.
V	Capital Expenditure	-$477	$0	-$477	$0	$0	$0	N/A	
VI	Office Support Costs	$9,583	$71,986	$81,569	$79,367	$32,279	$47,088	59%	The office support cost will be increased in the coming Q3 and Q4 with the new sub office set up in Keo Seima District in Mondul Kiri Province.
VII	Program Activity Costs	$147,563	$333,907	$481,470	$458,112	$107,291	$350,821	77%	Project activities in the northeast and in factories are underway. The BCC pakcage for garment factory workers is still being developed, while the referral directory has been completed but the pilot has not begun. Payyments to consultants and for implementation will be made within Q.3 and Q.4. Refurbishment activities have been delayed to Q3 due to the need to ensure the standardization of refurbishments based on MOH criteria. Other activities have faced various delays due to the realities of commitments with key partners such as the PHD and OD.
VIII	Sub Award Agreements	$0	$0	$0	$48,543	$0	$48,543	100%	The sub-grant for BCC implementation in factory has been in the process of negotiation. The decision will be made early in Q3 and activities will commence shortly thereafter.
IX	Monitoring and Evaluation	$39,901	$75,321	$115,222	$119,291	$23,981	$95,311	80%	The monitoring of ongoing activity is in progress. However, due to approval of the Level II Quality Assessment tool, some resources will need to be reallocated for other activities.
X	Research and Learning	-$1	$0	-$1	$6,472	$0	$6,472	100%	The research and learning activities will be carried out in Q3 and Q4. This will include better understanding perceptions around saving and accessing social financing mechanisms for taret populations in Koh Kong and the NE.
XI	Audit	$5,463	$5,495	$10,958	$5,394	$0	$5,394	100%	The audit fee will not be used as confirmed by DFAT. This budget line item will be used for project activities in Q3 and Q4.
XII	Partnership Costs	$77,902	$130,320	$208,222	$161,542	$27,745	$133,797	83%	Activities are under way within the PSL partnership to complete the development of IEC and BCC materials for the NE and garment factories. Additional research on financial barriers has been advertised and will commence in Q3.
	Sub-total	**$312,236**	**$1,164,832**	**$1,477,067**	**$1,493,459**	**$414,972**	**$1,078,487**	72%	
XIII	ICR	$31,224	$116,483	$147,707	$149,346	$41,497	$107,849	72%	
	TOTAL	**$343,460**	**$1,281,316**	**$1,624,774**	**$1,642,805**	**$456,469**	**$1,186,336**	72%	

PSL Financial Report 1st August 2014 - 31st January 2015

Marie Stopes International Cambodia		Funds carried over from Year 1	Year 2 Budget	Total Available Budget	Expenditure to 31st Jan 2015	Balance remaining	% budget remaining	Notes
	Cost Category							
I	Personnel							
I.a	Headquarters Personnel	$7,367	$65,386	$72,753	$25,717	$47,037	65%	
I.b	In Country Personnel	$16,044	$591,078	$607,122	$282,486	$324,636	53%	
II	Technical Assistance	$13,397	$26,220	$39,617	$11,885	$27,732	70%	MSIC will look to contract an international technical advisor to support improvements in CAC/FP QA, the transition of QA to MCH government staff, and the development of the Garment Factory Infirmary QA tool
III	Travel							
III.a	Headquarters Visits to Program	$6,563	$6,186	$12,749	$1,702	$11,047	87%	MSIC is scheduled to receive one TA visit from the MSIA head office; and one MSIC staff will travel to Australia on an advocacy and head office networking mission
III.b	In Country Monitoring	$1,941	$61,925	$63,866	$38,465	$25,401	40%	
IV	Equipment/ Supplies	$11,636	$0	$11,636	$1,305	$10,331	89%	MSIC upgraded the Finance Sofware (Sun 6 Software) in January 2015 - costs will be incurred in the next semester report.
V	Capital Expenditure	$0	$0	$0	$0	$0	N/A	
VI	Office Support Costs	$35,994	$125,169	$161,163	$62,167	$98,996	61%	
VII	Program Activity Costs	$31,680	$641,964	$673,644	$356,485	$317,159	47%	
VIII	Sub Award Agreements	$0	$0	$0	$0	$0	N/A	
IX	Monitoring and Evaluation	$1,399	$18,833	$20,232	$10,700	$9,532	47%	
X	Research and Learning	-$1,995	$20,520	$18,526	$1,394	$17,131	92%	MSIC has planned to utilise this budget line in the next semester for MSIC organisational development projects.
XI	Audit	$173	$5,472	$5,645	$3,490	$2,155	38%	
XII	Partnership Costs	$59,599	$179,057	$238,656	$81,870	$156,786	66%	
	Sub-total	**$183,799**	**$1,741,808**	**$1,925,609**	**$877,665**	**$1,047,944**	54%	
XIII	ICR	$18,380	$174,181	$192,561	$87,766	$104,794	54%	
	TOTAL	**$202,179**	**$1,915,989**	**$2,118,170**	**$965,431**	**$1,152,739**	54%	

PSL Financial Report 1st August 2014 - 31st January 2015

Save the Children		Funds carried over from Year 1	Year 2 Budget	Total Available Budget	Expenditure to 31st Jan 2015	Balance remaining	% budget remaining	Notes
	Cost Category							
I	Personnel							
I.a	Headquarters Personnel	$9,474	$22,879	$32,353	$19,404	$12,949	40%	To be fully expended.
I.b	In Country Personnel	$102,041	$483,041	$585,082	$190,663	$394,419	67%	This underspend is due to: 1) Vacant Health and Nutrition Specialist role (since May 2014) - a short-term and part-time consultant has been hired to take over some responsibility from mid January 2015. 2) Vacant Health and Capacity Building Coordinator (HCBC) role, which will now be replaced with the 'Health Program Coordinator'role. 3) No replacement of a Health Program Officer (HPO) in Kratie who resigned in December 2014 but there will be a new position 'Health M&E Officer'to be recruited and the cost will be covered from the HPO. 4) A delay in getting Finance and Administrative Assistants in Kratie and Stung Treng. These roles are now filled and personnel in place. 5) 7 PSL staff in Kratie had their salary and benefits shared with Save the Children Australia funded nutrition project in Kratie during the reporting period. 6) Save the Children will request to reallocate $102,041 remaining funds from Year 1 to cover the shortfall of the Health and Nutrition specialist position in Year 3 when the biggest shortfall will be, based on the approved budget. Given the newly filled/appointed roles, it is expected that this line will be fully expended.
II	Technical Assistance	$10,939	$10,600	$21,539	$180	$21,359	99%	Year 2 budget of $10,600 includes $2,775 for HQ budget. HQ expect to fully expend this line. For the remaining period, the development of the CCT Implementation Guidelines and the cost for the short-term part-time consultant will be charged against this line. However, it is likely that there will be an underspend in this line and Save the Children will submit a request to DFAT to reallocate these funds to VII-Program Activity Costs.
III	Travel							
III.a	Headquarters Visits to Program	$4,539	$6,731	$11,270	$95	$11,175	99%	Headquarters have planned 3 visits in Year 2 and expect to expend this line in full.
III.b	In Country Monitoring	-$7,541	$46,536	$38,995	$19,850	$19,145	49%	On track.
IV	Equipment/ Supplies	$2,665	$2,756	$5,421	$361	$5,060	93%	This underspend is due to lack of clarity regarding the exact items required at the provincial offices. This has since been clarified and it is expected that the remaining funds will be used for IT equipment - 3 laptops.
V	Capital Expenditure	$4,368	$0	$4,368	$422	$3,946	90%	Underspending due to the cost of purchasing two vehicles smaller than the available budget. The remaining balance will be used to purchase 2 laptops and Save the Children will propose to reallocate these funds to IV - Equipment/Supplies
VI	Office Support Costs	$8,213	$63,252	$71,465	$28,760	$42,705	60%	Underspend due to: 1) Increased shared cost with other sources of funds in Kratie. 2) Renovation cost of sub-office in Chhlong not yet paid.
VII	Program Activity Costs	$209,696	$407,528	$617,224	$205,472	$411,752	67%	Underspend due to delays in: 1) Refurbishment activities at 26 targeted HCs in Kratie and Stung Treng. This corresponds to approximately 2/3 of the remaining budget. It is expected that this activity will be completed before the end of Year 2. 2) Training and meeting activities with volunteers at 11 HCs targeted in Year 2.
VIII	Sub Award Agreements	$0	$37,100	$37,100	$26,754	$10,346	28%	On track.
IX	Monitoring and Evaluation	$19,980	$0	$19,980	$6,704	$13,276	66%	On track.
X	Research and Learning	$20,202	$15,900	$36,102	$11,717	$24,385	68%	The underspend is due to a delay in final payments for consultants and the commencement of PSL's financial barriers research. It is expected that this line will be spent.
XI	Audit	$5,550	$0	$5,550	$0	$5,550	100%	DFAT has not requested a project-specific audit for Year 2 and Save the Children will request to reallocate the funds to VII Program Activity Costs.
XII	Partnership Costs	$45,956	$121,479	$167,435	$63,408	$104,027	62%	Underspend due to: 1) A delay in the recruitment of key CLU staff from year 1 and cancellation of one key position. 2) A delay in expenses of some activities. 3) Save the Children will request to reallocate $30,000 remaining from Year 1 to cover the shortfall on the Health and Nutrition Specialist.
	Sub-total	**$436,082**	**$1,217,802**	**$1,653,884**	**$573,790**	**$1,080,094**	65%	
XIII	ICR	$43,608	$121,780	$165,388	$57,379	$108,009	65%	
	TOTAL	**$479,691**	**$1,339,582**	**$1,819,273**	**$631,169**	**$1,188,104**	65%	

PSL Financial Report 1st August 2014 - 31st January 2015

Combined		Funds carried over from Year 1	Year 2 Budget	Total Available Budget	Revised Total Budget (approved 4/2/15)	Expenditure to 31st Jan 2015	Balance remaining	% budget remaining	Notes
	Cost Category								
I	Personnel								
I.a	Headquarters Personnel	$17,664	$103,363	$121,027	$119,928	$50,963	$68,965	58%	
I.b	In Country Personnel	$142,158	$1,531,647	$1,673,805	$1,705,722	$656,245	$1,049,478	62%	Underspending on this line is in part due to turnover/vacancies in some staff positions.
II	Technical Assistance	$26,513	$92,543	$119,056	$115,857	$38,831	$77,026	66%	Spending will accelerate on this line in the next semester with the contracting of specific advisors.
III	Travel								
III.a	Headquarters Visits to Program	$13,475	$17,502	$30,977	$30,850	$1,797	$29,053	94%	TA visits are planned for all three NGOs in the next semester.
III.b	In Country Monitoring	-$6,148	$120,098	$113,950	$114,285	$61,049	$53,236	47%	
IV	Equipment/ Supplies	$17,706	$5,987	$23,693	$30,499	$6,905	$23,594	77%	The majority of equipment and supplies costs will be incurred in the next reporting period.
V	Capital Expenditure	$3,891	$0	$3,891	$4,368	$422	$3,946	90%	Reallocation of this underspend may be requested.
VI	Office Support Costs	$53,790	$260,407	$314,197	$311,995	$123,205	$188,789	61%	Spending on this line will accelerate in the next reporting period with the opening of new sub-offices.
VII	Program Activity Costs	$388,939	$1,383,399	$1,772,338	$1,748,980	$669,248	$1,079,732	62%	A significant proportion of costs for activities initiated in this semester will be incurred in the next reporting period.
VIII	Sub Award Agreements	$0	$37,100	$37,100	$85,643	$26,754	$58,889	69%	The sub-award for GF BCC implementation will be awarded in the next reporting period.
IX	Monitoring and Evaluation	$61,280	$94,154	$155,434	$159,503	$41,385	$118,118	74%	Some spending under this line was on-hold pending decision-making about MoH facility assessments.
X	Research and Learning	$18,207	$36,420	$54,627	$61,100	$13,111	$47,988	79%	Year 2 research and learning activities are scheduled for implementation in quarters 3 and 4.
XI	Audit	$11,186	$10,967	$22,153	$16,589	$3,490	$13,099	79%	No project-specific audit has been requested for Year 2. Unspent funds will be reallocated to statutory audit costs or project activities.
XII	Partnership Costs	$183,457	$430,856	$614,313	$567,633	$173,023	$394,610	70%	Substantial expenditure is expected under this budget line in the next 6 months, including on financial barriers research, the annual review and AOP, and IEC/BCC products. Some reallocation may be requested.
	Sub-total	**$932,117**	**$4,124,442**	**$5,056,560**	**$5,072,951**	**$1,866,427**	**$3,206,525**	63%	
XIII	ICR	$93,212	$412,444	$505,656	$507,295	$186,643	$320,652	63%	
	TOTAL	**$1,025,329**	**$4,536,887**	**$5,562,216**	**$5,580,247**	**$2,053,069**	**$3,527,177**	63%	