



## Partnering to Save Lives (PSL) Year 3 Six-Month Report

August 2015 – January 2016

### Introduction

PSL has reached a pivotal stage at the midway point of the five-year program. The partnership is fully established as Cambodia's leading program addressing reproductive, maternal and newborn health (RMNH) for vulnerable groups, particularly ethnic minorities, garment factory workers (GFWs) and people living with a disability (PWDs). The program has supported marked improvements in the quality of RMNH service delivery through public health facilities in 18 provinces and in urban garment factory infirmaries (GFIs), promoted increased uptake of essential RMNH services including through the reduction of financial barriers, and made a significant contribution to national policy and protocol development based on learning from implementation. Inspired by recommendations from an external Mid-Term Review (MTR) commissioned by the Australian Department of Foreign Affairs and Trade (DFAT), and informed by intensive learning and analysis, the partners are now preparing to maximise PSL's legacy and sustainability in the second half of the program.

### Component 1: Improving Health Service Delivery

#### **Key results and contributions**

- Improvements in health service quality were observed for safe delivery at six health centres (HCs) in north-eastern (NE) provinces, for comprehensive abortion care (CAC) in 110 HCs, for long-term family planning (FP; intra-uterine devices [IUDs] and implants) at 18 HCs in Kratie (KRT) province, and for reproductive health services at eight GFIs.
- Quality improvement (QI) was achieved through: assessment visits for 202 CAC and FP providers, eight GFIs, and six HCs; infrastructure support to 15 HCs; in-service training of 32 NE HC staff; participation of all 400 NE midwives in Midwifery Coordination Alliance Teams (MCATs); strengthened supportive supervision at 56 NE HCs; 74 meetings of community-based distributors (CBDs); and establishment of a referral system for GFWs. (All activities are on track against targets except for in-service training due to facilitation fee issue – see below.)
- In PSL coverage areas, 74% of safe abortion clients received post-abortion FP (exceeding Year 3 target of 70%).

#### **Activities and achievements**

In the first half of Year 3, PSL continued to support improved quality of RMNH services delivered through public health facilities in the four NE provinces and 14 additional reproductive health provinces, as well as through GFIs in Phnom Penh and Kandal. PSL strengthened its integrated QI approach which comprises assessments, infrastructure support, in-service training, MCATs, supportive supervision, improved access to services, and effective referral systems.

A second round of **QI assessments** of safe delivery was conducted at six HCs in Mondulkiri (MKR) and Ratanakiri (RAT) to track progress and identify areas for further improvement. These six facilities are supported through monthly meetings to develop and implement action plans to improve RMNH service delivery quality. The assessments showed improvements in key areas including management of delivery, active management of third stage labour (AMTSL) and early essential newborn care but limited progress in infection control.

QI assessments of eight PSL-supported GFIs conducted during this period also showed improvements compared with baseline, especially in quality components addressed by the program through training and ongoing support.

CAC QI assessments reached 155 providers in 11 provinces (including 32 providers in three NE provinces); 47 providers in KRT participated in long-term FP QI. Both revealed strong procedural skills and the need to continue efforts to improve CAC and FP counselling.

**Infrastructure support:** PSL completed refurbishment of nine HCs (five in KRT and four in Stung Treng [STG]) and construction of maternity waiting rooms in three HCs in KRT. Responding to a request from the KRT Provincial Health Department (PHD), the newly-constructed Kampong Cham HC received essential equipment.

Delivery of **in-service training** was limited in this reporting period due to challenges with payments to facilitators outlined below. However, PSL responded to a request from STG PHD to deliver training on implants to 12 providers from 12 HCs. Eighteen HC staff from MKR and RAT received four days of attitudes training to improve the quality of care for ethnic minorities, PWDs, adolescents and other vulnerable women and men.

Facilitation of **MCATs** and skills strengthening formed the focus of internal capacity building for 26 participants including PHD and Operational District (OD) officials from MKR and RAT, and PSL NGO staff from the four NE provinces. Quarterly MCAT meetings provided networking and skills strengthening opportunities for around 400 midwives across the four provinces. This included PSL's new MCAT modules on CAC for trained and untrained midwives, endorsed by the Ministry of Health (MoH), which were delivered in STG.

There was a strong focus on **supportive supervision** in this reporting period. A three-day consultative meeting with PHD, OD and referral hospital (RH) representatives from KRT and STG produced recommendations to improve the quality of supervision. Internal capacity building sessions for PHD and OD representatives from MKR and RAT and NGO staff from all four provinces also focused on use of supervision checklists. PSL supported supervision visits for midwives in 53 HCs across the four provinces.

**Enhanced availability of FP methods:** PSL delivered 123 tubal ligations and two vasectomies in this reporting period. In the NE, this complemented support to community-based distributors (CBDs), who distribute short-term FP methods and share information in the community about the outreach schedule. HC staff in KRT and STG held 74 meetings with 278 CBDs. In PSL coverage areas, 74% of safe abortion clients received post-abortion FP.

The pilot **referral system** for GFWs was fully implemented in this reporting period. This involved training of infirmary, health facility and partner NGO staff and tracking of referrals to public and NGO health facilities. A review was conducted in December and the results will be analysed during the Year 3 Annual Review to develop recommendations for the referral system in Years 4 and 5.

### Challenges and solutions

- The results of Level 2 facility assessments, conducted by MoH in the NE provinces in mid-2015, have not yet been released. **Solution:** PSL is working with PHDs and ODs to identify gaps and track progress in the quality of RMNH services at health facilities through QI assessment processes and routine supportive supervision.
- While there has been significant improvement in RMNH service delivery, some gaps persist between midwives' knowledge/skills and their implementation (e.g. in infection control and counselling). **Solution:** This issue will be tackled by the Technical Harmonisation team during PSL's Year 3 Annual Review with a view to developing recommendations to reinforce technical skills sustainably in Years 4 and 5.
- New rules relating to payments to government officials caused significant challenges. PHD/OD/RH officials are reluctant to participate in activities within their municipal area for which they no longer receive a per diem. Facilitation and training fees are not permitted, leading many national and sub-national MoH staff to decline to conduct training. **Solution:** In line with the recommendations of the external MTR, PSL is engaged in dialogue with DFAT to reach a workable solution. At DFAT's request, PSL submits a quarterly update on the impact of the changes on activities, relationships and spending, to facilitate their discussion with other donors. In the meantime, program teams continue advocacy with officials and also adjust the locations of some activities to enable them to proceed.

### Priorities for next semester

- Continue to implement, strengthen and learn from PSL's integrated QI approach.
- Plan, through the annual review and AOP processes, for gradual transition and sustainability of key interventions throughout Years 4 and 5.
- Continue dialogue with DFAT to develop a workable solution on training and facilitation fees.

## **Component 2: Community Strengthening and Engagement**

### **Key results and contributions**

- PSL activities enabled at least 2,426 women and men to overcome financial barriers to accessing RMNH services (689 through Village Savings and Loans Associations [VSLAs], 1,310 through long-term FP supply-side financing and 427 through output-based assistance [OBA]). (Year 3 target is 5,337 which may not be achieved due to changes in some financial barriers interventions in line with MTR recommendations, as detailed below.)
- The proportion of RMNH services users at NE HCs who were referred through PSL-supported community mechanisms increased from 34% in February 2015 to 48% in August (exceeding Year 3 target of 40%). The proportion receiving formal financial support to pay for services increased from 7% to 18% over the same period.
- The above results were supported by PSL's behaviour change communication (BCC) activities, which reached at least 23,355 GFWs and more than 20,000 people in long-term FP supply-side financing catchment areas. MEDIA One BCC activities in the NE reached 12,289 people directly in addition to broader radio audiences.

### **Activities and achievements**

PSL's community strengthening and engagement approaches aim to promote healthy RMNH behaviours and facilitate uptake of quality RMNH services. This involves implementation of PSL's BCC Framework for vulnerable groups, strengthening links between communities and public health services, and interventions to reduce financial barriers to access.

In the NE, **BCC on RMNH** is largely implemented through MEDIA One across all four provinces. Radio broadcasting is central to this approach. Twenty-six radio programs and 31 public service announcements (PSAs), developed with inputs from cross-partnership Content Advisory Groups (CAGs), were broadcast during this reporting period, including six programmes and nine PSAs in three ethnic minority languages for MKR and RAT. These broadcasts form the core of discussions by 107 listening and dialogue groups (LDGs), with special groups for men and pregnant women. Forty-four new LDG facilitators were trained this semester and 44 others received refresher training. These activities were promoted through printed materials as well as nine village fairs across the four provinces, which reached more than 540 people. In KRT and STG, the approach also includes an interactive voice messaging service, which received 1,658 calls, and SMS voice messages, which were sent out 11,420 times in this period. Planning was completed for an external comparative evaluation of the MEDIA One approaches in different NE provinces in the next semester (see below).

To strengthen BCC through health facilities, 18 HCs in KRT and ten in STG received televisions with solar batteries to screen health education videos.

PSL is also finalising a BCC package for Village Health Support Group volunteers (VHSGs) to use with ethnic minorities in the NE, comprising a flipchart, audio recordings and traditional games. All use ethnic minority languages and appropriate images inclusive of minorities and PWDs.

BCC was conducted through CBDs and VHSGs to promote the availability of financial support for long-term FP services in KRT, Pursat (PUR) and Sihanoukville (SHV). Activities included health promotion sessions, large-scale community events and service promotion, and reached more than 20,000 people.

The PSL multi-media BCC package for GFWs, comprising video dramas, a smart-phone quiz application and interactive training sessions, was introduced in eight factories during this reporting period. As this new package is rolled out, PSL will phase out the peer educator approach, which reached 17,864 GFWs in this reporting period. The full package was finalised in November, followed by training of sub-grantee facilitators. Since then, more than 4,600 workers have seen episodes of the videos and 857 have attended training sessions. The quiz app, which has 24 levels which build and test worker knowledge and understanding of contraception and safe abortion, has been downloaded more than 170 times.

PSL continues to support a total of 864 VHSGs as a key **connection between communities and public health services** in the NE. PSL trained 81 new VHSGs and supported 90 meetings at health facilities. Health Centre Management Committees (HCMCs) are another key community structure and 293 HCMC members were supported through 48 meetings in KRT and STG.

PSL's learning has shown that traditional systems are at least as important as formal structures in RMNH practices in NE communities, with a strong reliance on traditional birth attendants (TBAs). This semester saw intensive preparation for roll-out of Midwife-TBA Alliances in MKR and RAT, including a baseline survey,

selection of intervention villages and training of 62 TBAs on referral of pregnant women and newborns to HCs. This approach will inform similar activities in KRT and STG in the next semester.

Responding to recommendations from the external MTR of PSL, the NGOs aimed to maximise learning from **financial barriers interventions** prior to phase-out in Years 4 and 5.

In KRT and STG, a planned conditional cash transfer (CCT) intervention has been adapted based on initial results from PSL's financial barriers research to focus on learning about mechanisms to overcome transportation cost barriers to access, together with incentives for women to attend health facilities for safe delivery. Strategies for sustainability in these two provinces also included engagement with 47 Commune Councils to promote inclusion of VHSG activities in their Commune Investment Program (CIP).

Expansion of VSLAs in MKR and RAT enabled more than 1800 members to participate. This involved training of 40 volunteer village agents (VAs). As a result of RMNH training and health education sessions for VSLA members by VAs and VHSGs, 689 (38%) members used VSLA funds to access services at HCs during this reporting period.

Preparations are underway to phase out PSL's long-term FP supply side financing approach in KRT, PUR and SHV provinces, which enabled 1,310 women to access free long-term FP methods (676 implants and 634 IUDs) during this semester. A further 427 women received services (318 tubal ligations and 109 IUDs) through OBA in Battambang (BAT), KRT, Siem Reap (SRP) and Svay Rieng (SVR).

### **Challenges and solutions**

- Delivery of the final VHSG BCC package was delayed due to the intensive reviews needed to ensure accessibility of the complex content to ethnic minorities. **Solution:** The Partnership Management Group (PMG) has streamlined technical review procedures and a new timeline submitted by the consultants forecasts delivery early in the next semester.

### **Priorities for next semester**

- Expand coverage of the PSL garment factory BCC package and evaluate its effectiveness.
- Support an evaluation of the MEDIA One approach in the NE.
- Commission a revision of the PSL BCC Framework for vulnerable groups.
- Document learning from PSL financial barriers interventions and develop plans to facilitate phase-out and sustainability in Years 4 and 5.

### **Component 3: Knowledge into policy**

#### **Key results and contributions**

- PSL's learning and advocacy directly influenced development of six key national documents, particularly GFI Prakas and guidelines, and the revised MCAT protocols.
- PSL's research is recognised at the global level, for example through two presentations at the International Conference on Family Planning (ICFP).
- Innovative partograph stamps, developed and piloted by PSL, are being scaled-up by other RMNH stakeholders in Cambodia.

#### **Activities and achievements**

PSL's partnership structure, facilitated through effective governance, planning and coordination systems, enables the partners to maximise the impact of program learning on the improvement of policy and practice. This is defined in the Learning Agenda, which has a particular emphasis on vulnerable groups. The combined strength of the five partners adds to PSL's advocacy impact at all levels.

**Governance, planning and coordination** systems functioned effectively in this reporting period. Central to this were ongoing meetings of the PMG and its sub-committees. The Quality Team focused on the development of a training package for HC staff supporting VHSGs, roll-out of the MCATs focusing on CAC in the NE, as well as technical input into development of national MoH policies and PSL's Midwife-TBA alliance approach. The VSO Clinical Quality Advisor completed her support to PSL in December with handover of reports and tools, such as clinical observations from HCs in the NE and emergency clinical training modules. The GF Group supported coordination of the pilot of PSL's new BCC approach, the review of the GFW referral system and preparation for the GF component of the mid-term survey. The BCC Working Group provided essential technical input into the development of the VHSG BCC package (see below). Finally, the M&E Team compiled Monitoring, Evaluation, Reporting and Improvement (MERI) data for the Year 2 Annual Report and gave technical input into development and implementation of data collection protocols and tools for the referral snapshot survey, financial barriers research and PSL's mid-term survey.

The Program Steering Committee (PSC) met in December to review and endorse the Year 2 Annual Report and to receive DFAT's draft management response to the external MTR. DFAT confirmed that funding for PSL will continue for Years 4 and 5 at the indicative amounts in the original Program Design Document, subject to DFAT Financial Delegation approval. The Technical Reference Group (TRG) also met in December with presentations on the broad theme of 'how to get women from remote rural areas to health facilities for RMNH services'. The TRG proposed joint strategies for further advocacy in relation to the financial barriers faced by particularly vulnerable groups.

The PSL Partnership Manual was revised to reflect changes, such as new per diem rates for government staff, as well as emerging issues, such as intellectual property and research publications, and was approved by the country directors of all three NGOs. This joined other updated partnership documents on the PSL shared drive.

To address priority **cross-cutting issues**, technical assistance from DFAT's Australia-Mekong NGO Engagement Platform (AMNEP) and Handicap International supported the Regional CLU to develop and implement a workshop in KRT to increase the capacity of 19 PSL field staff to implement effective BCC with key vulnerable groups, including ethnic minorities and PWDs. Two facilitators were PSL NGO staff from ethnic minorities. The workshop included sessions on gender and BCC, based on the internal gender training workshop held in Year 2. Products in the new VHSG BCC package are specifically aimed at ethnic minority groups (including audio materials in four minority languages) and are also inclusive for PWDs.

The referral snapshot survey, financial barriers research and PSL's mid-term survey all incorporated the Washington Group questions on functional disability.

The Year 3 **Learning Agenda** was implemented throughout this reporting period. This included a rainy season repeat of the referral snapshot survey at HCs in the NE (see below). An abstract of the study was accepted as a poster for the 8<sup>th</sup> Asia Pacific Conference on Sexual and Reproductive Health and Rights (8APCSRHR).

At the ICFP in Bali in January, PSL gave an oral presentation on the baseline survey results from the garment factories, including sub-analysis through a partnership with Deakin University, and presented a poster on qualitative research into the barriers to effective BCC with ethnic minorities, supported by AMNEP.

PSL continued its partnership with Kim Ozano, from Liverpool John Moore's University, who arrived in January to conduct a comparative evaluation of the impact of MEDIA One's activities under PSL in the NE provinces.

During this reporting period, a research team led by Tulane University conducted data collection, analysis and report-writing for PSL's financial barriers research in the NE. Initial results highlight the overwhelming association of distance from the health facility with both the uptake and the cost of accessing RMNH services. A key learning activity for all PSL partners in this reporting period was the external MTR commissioned by DFAT. The CLU and NGOs coordinated two weeks of field visits for the consultants, who were joined by representatives from the DFAT team based in Phnom Penh. Recommendations from the review, and DFAT's management response, will be incorporated into PSL's Year 3 Annual Review and plans for Years 4 and 5. Based on strengths and challenges highlighted by the MTR, the PMG is implementing an in-depth qualitative assessment of the PSL partnership, which has also been accepted as a poster at the 8APCSRHR.

Roll-out of the partograph stamps to record correct implementation of AMTSL and immediate newborn care (INC) by midwives at all PSL-supported HCs in the NE was completed to enable reporting on **MERI** indicators O1.3 and I1.3. The INC stamp has been adopted by URC for introduction in the nine provinces supported under the Quality Health Services program and the Director of the MoH's National Maternal and Child Health Centre (NMCHC) proposed its nationwide adoption at January's sub-Technical Working Group (TWG) meeting.

The second snapshot referral survey was conducted by PSL staff in August to address indicator I3.1. The results showed an increase in the proportion of RMNH service users referred through PSL-supported mechanisms and those receiving formal external financial support to access services.

Implementation of PSL's **advocacy and communication** strategies involved regular meetings with the NMCHC Director and participation in national workshops and working groups, including the MCH sub-TWG. PSL met throughout the year with other RMNH stakeholders, including Deakin University, FHI360, GIZ, Handicap International, Human Network International, ILO, NIPH, PSK, RHAC, UN Women, UNFPA, URC, VSO and WorkerHealth. PSL continued to lead the informal NGO interest group on mHealth which met in August and November to share learning and experiences.

PSL helped to coordinate a round-table session in Phnom Penh for a delegation of Australian parliamentarians in January. The full PSC attended and there were entertaining role-plays of challenging clinical situations, acted out by MoH midwives from KRT and STG, as well as PSL field and technical staff members.

PSL was actively engaged in national consultations led by MoH to develop the 3<sup>rd</sup> Health Strategic Plan (HSP3), the new Fast Track Initiative Roadmap to Reduce Maternal and Newborn Mortality (FTIRMN), the new EmONC Improvement Plan, revised MCAT protocols, and the Five Year Action Plan for Newborn Care in Cambodia. In addition, PSL has taken a leading role in national efforts, under the leadership of the Ministry of Labour and Vocational Training (MoLVT), to revise two Prakas and develop guidelines relating to GFIs. This includes acting as secretariat to a multi-sectoral working group chaired by UNFPA and USAID. PSL representatives have also contributed to the development of advocacy tools related to RMNH under the new Sustainable Development Goals, coordinated by RHAC, and provided input into consultative workshops organised by GIZ and PSK.

## Challenges and solutions

- The CLU Director will leave PSL in March 2016. **Solution:** Recruitment of her successor is underway and plans have been made to support a smooth transition.
- It has been a longstanding challenge to obtain routine service delivery data for tracking the MERI indicators, which has necessitated field staff documenting the data directly from ODs and health facilities. **Solution:** With strong advocacy support from DFAT, the PSL CLU finally received approval from MoH in January to access HIS data. This will greatly increase the efficiency and accuracy of PSL reporting and is already facilitating deeper analysis at the individual health facility level.

## Priorities for next semester

- Continue to implement the Year 3 Learning Agenda, including finalising the financial barriers research report, completing PSL's mid-term surveys, reporting on the internal partnership assessment, and conducting the comparative evaluation of MEDIA One's activities in the NE; disseminate all Learning Agenda outputs as appropriate, including publication of PSL's Year 3 Learning Updates and presentation of PSL's research at the 8APCSRHR in Myanmar in February.
- Consolidate PSL learning through the Year 3 Annual Review process, and present the recommendations to the PSC and TRG, to ensure that strategies for Years 4 and 5 and the Year 4 AOP are evidence-based.
- Continue to feed PSL learning into implementation of the Advocacy Action Plan, including through representation in development processes for key NMCHC priorities as well as the GFI guidelines.