Partnering to Save Lives (PSL)
Six-Month Report
Year 1, Quarters 1 and 2: 1 August 2013 – 31 January 2014

Introduction

As a result of extensive relationship-building at the national and sub-national levels and demonstrated capacity to deliver on the program objectives during these first six months, the PSL partnership is now fully established as one of the key reproductive, maternal and neonatal health (RMNH) stakeholders in Cambodia. Delivery of pre-existing training and quality improvement activities has continued, while the NGO partners have also focused on laying the groundwork for holistic RMNH capacity building and community engagement in the underserved north-eastern provinces and the garment factories of Phnom Penh and Kandal. Intensive efforts have also established the internal coordination and harmonisation mechanisms that will ensure that the unique PSL partnership delivers the greatest possible impact.

Component 1: Improving Health Service Delivery

Activities

Facility assessments: To understand capacity building needs and establish a baseline for quality improvement activities, PSL NGOs have worked with Ministry of Health (MoH) teams to complete 63 health facility assessments and disseminated the results to sub-national partners, including Provincial Health Departments (PHDs). Teams assessed 15 health centres in Kratie and Stung Treng using the general MoH Level 1 facility assessment tool[1] and 48 facilities in Battambang, Kampong Cham, Kratie, Pailin, Ratanakiri and Stung Treng, using the specific MoH comprehensive abortion care (CAC) baseline facility assessment tool. PSL partners have developed plans to conduct Level 1 assessments in target health facilities in Mondulkiri and Ratanakiri, and CAC assessments in Basic Emergency Obstetric and Neonatal Care health facilities across 12 provinces in Quarters 3 and 4.

Garment factory (GF) infirmary assessments: One of the three key themes for PSL's Learning Agenda (LA) is improving access to RMNH information and services for garment factory workers (GFWs). PSL mapped the program's coverage of 12 GFs in Phnom Penh and Kandal, and held coordination meetings with the Municipal Health Department (MHD) and Operational District (OD) Maternal and Child Health (MCH) focal points. PSL adapted a GF infirmary assessment package from existing MoH and MSIC tools and assessed infirmaries in eight PSL-supported factories in January. Planning is underway to complete facility assessments in the remaining four factories in Quarters 3 and 4. During this reporting period, GF infirmaries sold 1,896 short-term family planning (FP) products and 1,545 pregnancy test kits to GFWs.

Health facility refurbishment, equipment and materials: PSL's Quality Team has compiled standards for health facility refurbishment, equipment and materials, based on the MoH Minimum Package of Activities and CAC Guidelines. Based on health facility assessment results, and in consultation with PHD, OD and health centre staff, PSL: completed minor refurbishments in eight health facilities during this reporting period, in Battambang (one), Pursat (two) and Kampong Cham (five), including repairs to water systems, ceilings and windows; provided CAC-related materials/equipment to 31 facilities; and developed refurbishment and procurement plans for 15 health centres in Kratie and Stung Treng.

Workforce competency strengthened: Health provider capacity building is a major focus area for PSL's quality improvement (QI) interventions. Intensive efforts during this reporting period have focused on assessing capacity development needs in target provinces, developing detailed capacity development and training plans based on needs, compiling appropriate QI tools, building the facilitation and coaching skills of PSL and PHD/OD staff members, and planning for delivery of QI activities. PSL developed four curricula for Midwifery Coordination Alliance Team (MCAT) meetings, covering post partum haemorrhage (PPH); pre-eclampsia, eclampsia and the use of magnesium sulphate; short term FP methods; and immediate newborn care (INC). In partnership with MoH at the central and provincial/district level, PSL has supported the delivery of in-service RMNH training to 48 health service providers, and reached 444 service providers through on-the-job quality improvement activities, including provision of quality technical assurance to CAC-trained providers and facilitation of MCAT meetings. Clinical skills areas covered included CAC, INC, long-term FP, and PPH. Community engagement in the monitoring and maintenance of health service quality through the use of

[1] Copies of all tools, guidelines and reports are available on request.

community scorecards is also a priority for PSL. Scorecard exercises in Mondulkiri and Ratanakiri in this period revealed increased uptake of two antenatal care appointments (ANC2) but fewer at ANC4, greater awareness among health centre staff of how their attitudes affect clients' desire to seek services, and increased acceptance of health centre management committee (HCMC) meetings as a means to enforce quality of care improvements. NGO and PHD staff from Kratie and Stung Treng conducted cross visits to learn about the implementation of scorecards in Koh Kong and Pursat provinces.

Referral systems strengthened: Non-emergency RMNH referral at the community and health facility levels is another key theme of PSL's LA. Learning activities so far have included discussion of the current situation and gaps at the PSL Technical Reference Group (TRG) meeting in November and with the MEDiCAM RMNH Task Force in January. PSL partners are exploring the use of mobile technology through mHealth activities, planned in partnership with Media One, which will start in Kratie and Stung Treng in Quarter 3. PSL has also met and is coordinating with UNICEF on its mapping of emergency RMNH referral pathways at the health facility level.

Challenges and Solutions

- Revision of program documentation in response to budget reductions meant that final activity plans, targets and budget details were not agreed until the end of October. Implementation of some activities was delayed as a result.
- MoH Level 1 facility assessment tools have some limitations for quality improvement activities, in part because they focus primarily on material and institutional infrastructure. This means that health facilities can achieve high scores, even if the quality of service delivery is poor. Ten of the eleven health facilities in Kratie identified as PSL priorities for Year 1 scored higher than 70% in Level 1 assessments. Level 2 tools, which assess health provider capacity and service delivery quality in more depth, have been developed but none are formally approved by the MoH. PSL is consulting with MoH, URC and WHO to determine the most suitable package of tools to apply.
- Three months of strikes resulted in closures for all PSL-supported GFs. PSL NGOs have coordinated closely with GF management to ensure the safety of project staff and continuation of activities wherever possible.
- Some provinces received significantly less funding than expected under HSSP2 for 2014, which means that they are unable to cover all of their commitments in 2014 Annual Operating Plans (AOPs). The PSL NGOs are reallocating budget to support priority activities, such as health facility assessments and supportive supervision at health facilities and in communities, but this will have an impact on their ability to deliver some other planned activities and to achieve related targets.
- There is inconsistency in interpretation of the HSSP2 travel and per diem rates between PHDs, different NGOs and other development partners. The PSL NGOs are working to agree on a consistent approach internally and will coordinate with external partners to avoid confusion at the provincial level.
- Public health service providers often have busy schedules, so PSL partners coordinate closely with PHD, OD and health facility management to minimise any additional burden from PSL activities.

Priorities for Quarters 3 and 4

- Conduct and analyse further facility and staff capacity assessments of health facilities and GF infirmaries and refine or adapt assessment tools as needed.
- Procure health facility refurbishment and equipment based on identified needs.
- Continue to monitor and engage Central Medical Stores and OD/health facility staff in management of FP and MCH commodities.
- Support in-service trainings, MCAT meetings and on the job mentoring and coaching for health facility staff.
- Expand community scorecard processes.
- Complete the situation analysis of non-emergency RMNH referral systems through the annual review process and plan for PSL's interventions to strengthen referral systems in AOP2.
- Begin mHealth activities in selected health centre catchment areas in partnership with Media One.
- Strengthen referral systems for long-term FP and other reproductive health services for GFWs.

Component 2: Community Strengthening and Engagement

Activities

Linkages with local authorities and stakeholders improved: In the first six months of the program, the PSL NGOs have developed and strengthened working relationships with PHD, OD and health centre teams, Commune Councils (CCs) and other RMNH stakeholders, particularly in focus provinces in the north-east where they have not all previously had a presence. Activities have included provincial sensitisation and AOP workshops in Mondulkiri and Ratanakiri, harmonisation meetings and a three-day AOP 2014 development workshop in Kratie and Stung Treng, participation in Technical Working Group meetings, and facilitation of HCMC meetings, in addition to numerous informal coordination meetings.

Reducing financial barriers to access RMNH services: PSL NGOs have supported 5,423 women and men through schemes to reduce financial barriers to accessing RMNH services, complementing health equity funds. These include 92 village savings and loan associations (VSLAs) in Koh Kong, an FP voucher program at 67 health facilities, and free or subsidised long-acting and permanent FP services delivered through 62 referral hospitals across 18 provinces.

A comprehensive behaviour change communication (BCC) strategy developed and implemented for RMNH: The Program Steering Committee (PSC) directed that PSL's BCC activities should focus on particular vulnerable groups, namely ethnic minorities in the northeast, people with disabilities and migrant GFWs, and that this framework should be a resource for all RMNH stakeholders working in Cambodia. PSL's Coordination and Learning Unit (CLU) Director met with a representative of the National Centre for Health Promotion to ensure coordination with national protocols. AMNEP has agreed to support the development of this framework and has worked with PSL to develop terms of reference for the consultancy. This will incorporate learning from planned mHealth activities described above.

Community mobilisation and engagement facilitated: Village Health Support Groups (VHSGs) are PSL's key entry points into the community. In areas where VHSGs are already identified and active, PSL has supported their monthly meetings at health facilities and their delivery of health promotion activities in the community, reaching more than 120,000 people. In other areas, where VHSGs are lacking or dormant, PSL NGOs have worked with local authorities to identify and train new volunteers.

PSL is developing a toolkit that can be used by all stakeholders to guide interventions to promote RMNH in garment factories. Preparatory work in this reporting period included a stakeholder assessment meeting involving representatives from MHD, Ministry of Labour and local NGOs, followed by the completion of an external stakeholder mapping and consultation outline for the development of the toolkit.

Challenges and Solutions

- Nationally-approved tools and guidelines do not exist for all community engagement activities (e.g. VHSG meetings). PSL NGOs, together with boundary partners where appropriate, will develop or adapt tools as needed, and will explore these gaps and opportunities more in the Year 1 Annual Review.

Priorities for Quarters 3 and 4

- Support recruitment, training, meetings, and mentoring and coaching for CCs, HCMCs, VHSGs and CBDs.
- Scale up VSLAs to Ratanakiri.
- Work with AMNEP to engage a consultant to lead development of the BCC framework. This will involve a literature review and consultations with representatives of vulnerable groups and other key stakeholders at national and sub-national levels.
- Conduct Community Health Forums in target health centre catchment areas.
- Develop the garment factory toolkit.

Component 3: Knowledge into policy

Activities

Partnership coordination: The central CLU is fully staffed, with an expatriate Director, a Cambodian National Coordinator and an Admin Officer. Recruitment has been ongoing for CLU staff at the Regional Office (RO), which has been established in Kratie. The CLU is responsible for coordinating PSL's governance processes. These include the Program Management Group (PMG), which has representatives from the three NGOs and is chaired by the CLU Director. The PMG has met at least once a month throughout this period, and more often in the first three months to revise program documentation. In addition, the CLU convened the first biannual PSC and TRG meetings in Phnom Penh in November. The Cambodian Disabled Person's Organisation (CDPO) is represented on the TRG. The CLU prepared and circulated minutes for all governance meetings.

Technical harmonisation is the final key theme in PSL's LA. The Quality Team was established in November, including technical representatives from the three NGOs, to develop harmonised approaches for the partnership. The team has met at least every month, with minutes circulated by the CLU. So far the team has compiled a package of public health facility and QI assessment tools, as well as standards for health facility refurbishment and equipment, in line with MOH protocols. The team is also finalising definitions and data collection methods for program indicators relating to clinical quality. A sub-group is working on quality issues and coordination for GF work. Harmonised approaches will be collated in a PSL Partnership Manual, to be completed by the end of Year 1.

DFAT's Margot Morris addresses the high table at PSL's national launch

To increase recognition of the partnership, a PSL brand-mark has been developed and approved by all five partners. The CLU is working with a graphic designer on a suite of branded products, and has developed draft branding guidelines for the partnership. Awareness about PSL was raised through eight Start-up Workshops in September and October, which were held in all four north-eastern provinces, as well as Battambang, Koh Kong, Pailin and Pursat, with participation from all three NGOs, and provincial and district authorities. Prof Rathavy expressed MoH support for PSL in her speech during one of the first start-up workshops, held in Mondulkiri. All start-up workshops received local media coverage. The Australian Embassy hosted PSL's national launch event on 9th December, with the participation of the Secretary of State for Health, the Australian Ambassador and the Country Directors of the three NGOs. The launch received coverage in the national press and by ABC Khmer language radio.

Cross-cutting issues: People with disabilities have emerged as a key constituency lacking equitable access to RMNH information and services. The CLU has held meetings with CDPO, Handicap International and DFAT disability advisors in Phnom Penh and Canberra, to seek advice on disability inclusion in PSL programming. The CLU Director gave a presentation on 'Improving access to healthcare for people with disabilities in Cambodia' at the national Review Workshop on Disability Inclusion and Progress on the Implementation of the Cambodian Millennium Development Goals', organised by CDPO and involving representatives from several government ministries. Cross-cutting issues have been mainstreamed in PSL's LA.

Evidence base and innovation: The LA, which outlines PSL's key initial learning priorities, was developed through a series of meetings and submitted to the PSC in January. This includes a dissemination and communication plan. Priority themes are technical harmonisation across the PSL partnership, non-emergency referral systems at the community/health facility level, and improving access to RMNH information and services for GFWs. In addition, a review of the VSLA pilot in Sre Ambel, Koh Kong, was conducted with an external consultant.

Monitoring, evaluation, reporting and improvement (MERI): After a competitive bidding process, PSL contracted the National Institute of Public Health (NIPH) to conduct the baseline survey. The CLU and NGOs provided strategic oversight and technical guidance to the development of the research protocols and tools.

The Washington Group core questions on functional disability[2] were included in the survey. NIPH obtained ethical approval from the national level in December and started data collection immediately across the ten provinces where PSL works most intensively. The CLU and NGOs conducted several supportive supervision visits during data collection, which was completed at the end of January. Preliminary results are expected in March 2014.

The PSL NGOs finalised the MERI framework for Outcomes 1-4 as part of the budget revision process. It was submitted to DFAT on 31st October and subsequently approved. The MERI was completed for Outcomes 5-6 during PSL's two-day Partnership Workshop in November, which was supported by AMNEP. The NGOs agreed the trigger indicator for the NGOs' Year 2 partnership payment during a meeting with DFAT in September. Tracking of implementation of cross-cutting issues is integrated into the MERI through the commitment to disaggregate reporting wherever possible. The CLU is working with M&E teams in the three NGOs to coordinate and strengthen internal data collection systems and to develop a unified knowledge management system.

External relations and communications: PSL has held meetings with other stakeholders working on RMNH, including GIZ, KOICA, RHAC, UNFPA, UNICEF, URC and WHO to ensure coordination and avoid duplication. MSIC and the CLU have an office at the National Maternal and Child Health Centre to facilitate coordination and partnership with MoH. Other external communication included CARE's oral presentation on their work with URC and RHAC to develop guidelines for the facilitation of MCATs at the 7th Asia Pacific Conference on Sexual and Reproductive Health and Rights in January in Manila, Philippines.

Challenges and Solutions

- Finding suitably skilled and experienced CLU staff for the Kratie RO has been difficult, making coordination at the sub-national level in the north-east particularly challenging. The Clinical Quality Coordinator, expected to be an experienced midwife who will travel extensively in the four north-eastern provinces, was advertised twice but no suitable candidate has applied. The PMG is reviewing this role and considering alternative options, including technical support from consultants and qualified/experienced expatriate volunteers.
- The CLU piloted a format in Quarter 2 for quarterly activity planning and coordination across all three NGOs. Based on feedback from the pilot, the format has been streamlined. All NGOs and the CLU completed this template for Quarter 3 on time.
- Procurement of the consultancy for the baseline survey revealed some challenges for PSL joint purchasing. A mechanism has now been developed to facilitate payments between the NGOs. This and other joint processes elaborated during Year 1 of the program will be included in the PSL Partnership Manual.
- The development of PSL's knowledge management system has been delayed whilst waiting for the CLU's National Coordinator to take up his position. Preparatory work has included meetings with M&E leads at the three NGOs and sourcing technical assistance through MSIA.
- Coordination across five partners requires additional time commitments from management staff at all levels. This can slip down the priority list when other urgent matters arise. The CLU is working with all partners to agree on streamlined planning, coordination and tracking processes.

Priorities for Quarters 3 and 4

- Complete recruitment and induction of CLU RO staff to promote improved coordination of PSL activities at the sub-national level and ensure clinical technical support needs can be met.
- Continue to develop and implement harmonised technical approaches, documented in a Partnership Manual.
- Fully implement the PSL brand and guidelines.
- Conduct a mainstreaming workshop to operationalise PSL's approaches to child protection, gender, disability and environmental protection.
- Complete the annual review and AOP2 processes, including PSC and TRG meetings, and implementation of the LA and all cross-cutting themes.
- Complete the baseline survey and publish and disseminate the report.
- Conduct the FP voucher evaluation and conditional cash transfer assessment and disseminate the results.
- Set up and implement joint M&E and knowledge management systems.

[2] http://www.cdc.gov/nchs/washington_group/wg_questions.htm