Partnering to Save Lives Year 1 Annual Report

1 August 2013 – 31 July 2014

Introduction

In the year since the Partnering to Save Lives (PSL) program began in August 2013, the partnership has been established as one of the key reproductive, maternal and neonatal health (RMNH) programs in Cambodia. The three non-governmental organisations (NGOs), CARE, Marie Stopes International Cambodia (MSIC) and Save the Children, have built on their extensive capacity and experience to establish holistic RMNH capacity building and community engagement activities in the underserved north-eastern provinces and the garment factories (GFs) of Phnom Penh and Kandal, whilst continuing reproductive health training, quality improvement and activities to reduce financial barriers across 17 additional provinces. Intensive efforts have established internal coordination and harmonisation mechanisms as well as relationships with national and sub-national stakeholders to ensure that the unique PSL partnership delivers the greatest possible impact. As a result, despite a delayed start to some activities due to re-budgeting, the PSL partnership has come close to meeting or exceeding the majority of the targets set for Year 1.

Component 1: Improving Health Service Delivery

Activities and achievements

Facility assessments: To understand capacity building needs and establish a baseline for quality improvement activities, PSL NGOs worked with Ministry of Health (MoH) teams to complete 83 health facility assessments and disseminated the results to sub-national partners, including Provincial Health Departments (PHDs).
PSL organised training-of-trainers on the general MoH Level 1 facility assessment tool, facilitated by the MoH Department of Hospitals. Participants included PHD, Operational District (OD) and health facility staff, as well as PSL NGO and Coordination and Learning Unit (CLU) team members.
Teams assessed 21 health centres in the four north-eastern provinces using the Level 1 tool and 62 facilities in Battambang, Kampong Cham, Kratie, Pailin, Ratanakiri and Stung Treng, using the specific MoH comprehensive abortion care (CAC) baseline facility assessment tool.
The CLU Regional Manager, supported by the Quality Team, developed centralised spreadsheets for the partnership to collate data from the north-east on the results of facility assessments and community scorecards, as well as tracking midwife in-service training and participation in Midwifery Coordination Alliance Team (MCAT) meetings.

GF infirmary assessments[1]: One of the three key themes for PSL's Learning Agenda (LA) in Year 1 was improving access to RMNH information and services for garment factory workers (GFWs). PSL developed a GF infirmary assessment package, which focused particularly on the capacity to deliver short-term family planning (FP), based on existing MoH and MSIC tools. Following assessment of infirmaries in eight PSL-supported factories in January, the tool was reviewed and upgraded and applied in eight factories up to the end of Year 1. Assessments will be completed in the remaining factories in Year 2 and plans developed to address highlighted gaps in training and skills. A consultant was recruited towards the end of Year 1 who will advise on assessment tools for a broader range of RMNH services in some factories during Year 2.
PSL held coordination meetings with the Municipal Health Department (MHD) and OD Maternal and Child Health (MCH) focal points throughout the year to consult and update them on PSL's activities in the GFs.
During this reporting period, GF infirmaries sold 2,663 short-term FP products, 907 packs of condoms and 3,833 pregnancy test kits to GFWs.

Health facility refurbishment, equipment and materials: PSL's Quality Team compiled standards for health facility refurbishment, equipment and materials, based on the MoH Minimum Package of Activities and CAC Guidelines.
Based on the facility assessments described above, additional needs assessments, and detailed action planning with PHD and OD staff, refurbishments were completed for nine health facilities in Battambang, Pursat and Ratanakiri, and procurement initiated for refurbishment of 16 facilities in Kratie, Mondulkiri and Stung Treng.
Equipment procured and distributed during Year 1 included infection prevention sets for six facilities in Mondulkiri and Ratanakiri, non-medical equipment for 15 facilities in Kratie and Stung Treng, CAC equipment

[1] PSL's GF coverage changed during Year 1 due to changes in retailers' contracts with different factories. At the end of Year 1, PSL was working in 11 GFs. Coverage will be expanded to at least 12 in Year 2.

for 73 facilities in six provinces, and 262 kits for long-acting FP provision in Battambang, Pursat and Ratanakiri. Procurement was also initiated for additional medical equipment for 21 facilities in north-east.

Support to FP commodity security: At the community level, regular meetings with community-based distributors (CBDs) enabled health centres to re-stock CBD supplies, compile accurate reports and submit realistic commodity requests to OD/PHD stores.
In addition, meetings facilitated by PSL between representatives from the Central Medical Stores and PHDs produced commodity security plans for five provinces.

Workforce competency strengthened: Health provider capacity building is a major focus area for PSL's quality improvement (QI) interventions. Intensive efforts in the first semester 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.
In partnership with MoH at the central and PHD/OD level, PSL has supported the delivery of in-service RMNH training to around 350 health service providers in more than 12 provinces. Topics included infection prevention, CAC, long-acting and permanent FP methods (LAPM; implants, IUDs and voluntary surgical contraception), and supporting CBDs. In addition, PSL trained 12 GF infirmary service providers on comprehensive FP counselling and short-term method provision.
PSL developed six curricula for MCAT meetings during Year 1. Total MCAT attendance during the year was 276 midwives in Kratie and Stung Treng, where meetings covered antenatal care and use of the partograph, and 408 midwives in Mondulkiri and Ratanakiri, where the topics were post partum haemorrhage, pre-eclampsia/ eclampsia/use of magnesium sulphate, short term FP methods, and immediate newborn care (INC).
The PSL capacity development approach promotes a supportive, skills-building style of supervision, coaching and mentoring. Following review of the MCH supervisory checklist and orientation for PHD/OD staff, PSL supported 96 MCAT follow-up supervision visits to 21 health centres in the four north-eastern provinces and CAC QI visits to 189 trained providers in 117 facilities in 13 provinces. Feedback from the supervision visits was shared with relevant stakeholders. PSL has also supported 49 service providers from 21 health centres in the four north-eastern provinces to undertake cross-visits to other health facilities where they were able to learn from more experienced providers and practise key clinical skills.
Community engagement in the monitoring and maintenance of health service quality through the use of community scorecards is also a priority for PSL. PSL is working with two scorecard approaches, applying the results of the health-specific scorecard (obtained under another donor-funded project) to the six PSL-supported facilities in Mondulkiri and Ratanakiri, and implementing the health components of the multi-sectoral scorecard in Kratie and Stung Treng. Comparison of the two scorecard approaches will contribute to national learning and will be incorporated into PSL's LA in Year 2. NGO and PHD staff from Kratie and Stung Treng conducted cross visits to learn about the implementation of the multi-sectoral scorecard in Koh Kong and Pursat provinces and two PSL NGO staff trained as trainers on this scorecard.

Strengthening referral systems: Non-emergency RMNH referral at community and health facility levels is another key theme of PSL's LA. Learning activities in Year 1 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. Together with preliminary results from the PSL baseline survey, these informed the design of fieldwork in Ratanakiri and Stung Treng as part of PSL's Annual Review process in March 2014, which involved key informant interviews and focus group discussions with local health officials, health centre staff, local government representatives, NGOs/community-based organisations (CBOs) and community health volunteers. Recommendations to address issues of transport, financial barriers, community engagement and quality of care through actions at community, health facility and provincial/national levels were incorporated into Year 2 planning. More detail is available in the PSL Learning Update.
PSL is exploring the use of mobile technology through mHealth activities, in partnership with MEDIA One, a local NGO. Under the guidance of the PSL Content Advisory Group, four radio episodes and three public service announcements on RMNH were produced and broadcast in Year 1 on local radio in Kratie and Stung Treng. Twenty trained village health support group volunteers (VHSGs) facilitated 24 listening group sessions with 215 participants. An interactive voice response system was launched in June with four key messages covering ANC, safe delivery and PNC.
PSL also aims to improve access for GFWs to affordable, quality RMNH services through referrals to health facilities in the local community. The partners gathered and compiled details on public, private and NGO

health facilities in Phnom Penh and Kandal provinces and drafted a referral directory that will be piloted in GFs in Year 2.

Challenges and solutions

- MoH Level 1 facility assessment tools have some limitations for QI 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. Level 2 tools, which assess health provider capacity and service delivery quality in more depth, have been developed but none are yet formally approved by MoH. PSL is continuing to use Level 1 tools and, through DFAT, engaging in national dialogue regarding adoption of improved tools. A related challenge is that assessments of health facility capacity to deliver CAC are conducted separately from general Level 1 facility assessments and are not included in proposed Level 2 tools, representing a missed opportunity for efficiency and service integration.
- It was extremely difficult to recruit a suitably qualified and experienced midwife for the role of Midwife Coordinator based at the CLU Regional Office in Kratie. After multiple revisions of the job description and extensive advertising and head-hunting, a fifth round of recruitment initiated in July was successful.
- The PSL partners decided to focus on non-emergency/routine referral systems in part because UNICEF was due to lead on a review of emergency RMNH referrals. The Partnership Management Group (PMG) met with UNICEF on this in the first semester but there was no further action in Year 1. PSL is ready to contribute to this consultation as it proceeds in Year 2.
- 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.
- Three months of strikes resulted in closures for all PSL-supported GFs. PSL NGOs coordinated closely with GF management to ensure the safety of project staff and continuation of activities wherever possible.
- There is inconsistency in interpretation of the HSSP2 travel and per diem rates between PHDs, different NGOs and other development partners. A sub-decree from the Cambodian Government regarding per diem rates for public employees, issued in July, created further uncertainty. The PSL NGOs are preparing a proposed partnership-wide approach based on HSSP2 rates whilst continuing dialogue with DFAT.
- Some provinces received significantly less funding than expected under HSSP2 for 2014, which means that PHDs were unable to cover all of their commitments in 2014 Annual Operating Plans (AOPs). The PSL NGOs reallocated budget to support priority activities, such as health facility assessments and supportive supervision at health facilities and in communities, but this affected their ability to deliver some other planned activities and to achieve related targets.
- Service providers at health facilities have many demands on their time, which can affect their ability to participate in PSL program activities. With support from the CLU, the NGOs planned and coordinated with each other and with other stakeholders to streamline activities at individual facilities.

Priorities for next semester

PSL's Year 2 AOP includes a detailed month-by-month work-plan of activities. Key partnership priorities for this component in the next six months are:

- Coordinate with the Ministry of Labour and Vocational Training (MoLVT) and MoH on GF assessments and standards.
- Develop MCAT modules for the remaining topics and work with other NGOs to compile a national package of MCAT tools.
- Complete recruitment and induction of the PSL Midwife Coordinator and an international midwifery volunteer to be based in Kratie, who will then work with the Quality Team to conceptualise and support PSL's integrated capacity development approach.
- Incorporate learning from the two scorecard approaches into the LA.
- Complete development of the GF referral directory and pilot the system in PSL factories.
- Plan and implement support for MoH RMNH outreach in remote communities in the north-east.

Component 2: Community Strengthening and Engagement

Activities and achievements

Linkages with local authorities and stakeholders improved: In Year 1, the PSL NGOs 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 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, and facilitation and participation in Provincial Technical Working Group (TWG) meetings, in addition to numerous informal coordination meetings.
The PSL partners trained 149 members of Health Centre Management Committees (HCMCs) in Kratie and Stung Treng and coordinated 41 HCMC meetings in four provinces. Ten CC meetings were held in Mondulkiri and Ratanakiri.

Reducing financial barriers to access RMNH services: PSL NGOs have supported 10,546 women and men through schemes to reduce financial barriers to accessing RMNH services, complementing health equity funds. These include 125 village savings and loan associations (VSLAs), an FP voucher program at 67 health facilities, and free or subsidised LAPM services delivered through 65 referral hospitals across 23 provinces. The VSLA approach piloted in Koh Kong was expanded to health facility catchment areas in Ratanakiri.
The Year 1 annual review process highlighted financial barriers as an area where PSL partners can contribute to national learning. As a result, this was added to the LA for Year 2 and identified as a key learning topic for PSL.

Development of PSL's RMNH behaviour change communication (BCC) framework: The Program Steering Committee (PSC) directed that PSL's BCC activities should focus on particularly vulnerable groups, namely ethnic minorities in the north-east, people with disabilities and migrant GFWs, and that this framework should be a resource for all RMNH stakeholders working in Cambodia. The framework will incorporate learning from PSL partners' current and previous BCC activities. With financial and administrative support from AMNEP, PSL recruited an experienced expatriate consultant and national research assistants to develop this framework. The consultant team completed a literature review and stakeholder consultation at the national level, and started field research in the north-east. An international consultant was also recruited to develop specific BCC tools for garment factories in Year 2, based on PSL's broader BCC Framework, as part of the PSL garment factory toolkit.

Community mobilisation and engagement: VHSGs are PSL's key entry points into the community. In areas where VHSGs were lacking or dormant, PSL NGOs worked with local authorities to identify and train 551 new volunteers. In the north-east, PSL supported 45 VHSG meetings. Health promotion activities by VHSGs in the community reached around 232,000 people.
PSL also supports CBDs to provide information on FP and sell contraceptive pills and condoms in the community. The NGOs trained 240 CBDs in Year 1 and provided them with starter supplies and IEC materials, as well as training midwives to supervise them.
Peer educators conduct BCC activities in GFs under PSL. Sixty-four peer educators from four factories were trained in Year 1 and supported through 24 meetings.
Based on recommendations from the Year 1 annual review process, PSL partners initiated procurement of a non-financial motivation package for all these volunteers, including PSL-branded t-shirts, caps and bags bearing health messages. Products will be distributed early in Year 2.

Challenges and solutions

- Nationally-approved tools and guidelines do not exist for all community engagement activities. The Quality Team identified the need to develop RMNH training packages for VHSGs, CCs and HCMCs and agreed that these will be based on the existing Community Care of Mothers and Newborns (CCMN) package, with FP components adapted from the CBD training curriculum. The CLU Regional Manager prepared a draft HCMC training package which was reviewed by the Quality Team in July.
- Members of many rural communities in the north-east, particularly women from ethnic minorities, have limited literacy in Khmer. This restricts the availability of female candidates to be VHSGs and CBDs and increases the workload on the few that already exist. The PSL NGOs endeavour to identify suitable candidates and to adapt the training to make it more effective for participants with limited literacy. They also try to employ and develop the skills of staff from ethnic minorities.

Priorities for next semester

- Finalise training curriculums for HCMCs, VHSGs and CCs.
- Identify and train VHSGs, HCMCs and CBDs in new catchment areas.
- Explore partnerships with academic institutions for joint analysis on financial barriers.
- Finalise and implement PSL's BCC framework.

- Set up best practice models of community-facility referral and support systems, involving VHSGs, HCMCs and CCs, including financial support for RMNH service access through Commune Investment Program funding.
- Develop and implement improved financial barriers approaches.

Component 3: Knowledge into policy

Activities and achievements

Partnership coordination: The central CLU was established (hosted by CARE in Year 1) and fully staffed by the end of the first semester. A Regional Manager was recruited and inducted to manage the CLU Regional Office, which was established in Kratie. Recruitment is ongoing for a Midwife Coordinator for the regional office (see above).

PSL has established a planning and monitoring system to improve coordination and reduce duplication. The NGOs submit quarterly work-plans, which are compiled across the partnership by the CLU ahead of quarterly coordination meetings at the national and regional levels. The NGO partners and CLU submit monthly updates on the status of planned activities to assist in tracking and coordinating implementation.

The CLU is also responsible for coordinating PSL's governance processes. These include the PMG, which has representatives from the three NGOs and is chaired by the CLU Director. The PMG met at least once a month up until submission of the Year 2 AOP on 1st June. In addition, the CLU convened biannual PSC and TRG meetings in Phnom Penh in November and April. The April meetings formed part of the annual review and AOP process. The CLU prepared and circulated minutes for all governance meetings.

A draft Partnership Manual was circulated to all PSL NGOs by the end of Year 1. This included sections on operational systems (e.g. processes developed during Year 1 for joint procurement and recruitment), cross-cutting issues (e.g. guidance on tracking participation of women and people with disabilities in PSL activities), and program management (e.g. governance structures revised during AOP2 and agreed joint reporting timeframes).

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 met at least every month, with minutes circulated by the CLU. In Year 1 the team compiled a package of public health facility and QI assessment tools, defined standards for health facility refurbishment and equipment, developed tools for tracking correct implementation of active management of third-stage labour (AMSTL) and INC, reviewed and developed modules for MCAT meetings, set a framework for development of HCMC, CC and VHSG training packages, and made recommendations for revision of clinical quality indicators in the monitoring, evaluation, reporting and improvement (MERI) framework, all in line with MoH protocols and guidelines.

Learning activities on technical harmonisation fed into the design of fieldwork in Mondulkiri and Kratie as part of PSL's Annual Review process. This resulted in a series of recommendations (summarised in the PSL Learning Update) for implementation at the community, health facility and provincial/national level by PSL partners in Year 2, covering the priority areas of health facility assessments and capacity development of midwives and communities.

To increase recognition of the partnership, PSL developed a brand-mark (which included the logos of all five PSL partners), a suite of branded products, and branding guidelines for the partnership. PSL partner offices and vehicles display the brand and procurement is almost completed for a visibility kit for field staff, including raincoats, umbrellas, t-shirts, caps and bags, which will be distributed early in Year 2.

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. Professor Rathavy, Director of the National Reproductive Health Program and NMCHC, 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: During Year 1, PSL defined the program's specific approaches on cross-cutting issues outlined in the initial program design. A two-day mainstreaming workshop in February addressed child protection (facilitated by Save the Children), disability (facilitated by Handicap International and the CLU), environmental protection (facilitated by the CLU), and gender (facilitated by CARE). Recommendations from

this workshop were elaborated and refined during the annual review process and new recommendations developed relating to ethnic/linguistic inclusion and HIV/AIDS, which were then incorporated into AOP2. Cross-cutting issues have been mainstreamed in PSL's LA and MERI, with data disaggregated by gender, disability status and ethnic group wherever possible.
Disability has been a particular focus area in Year 1, as part of the program's emphasis on vulnerable groups. The CLU has held meetings with the Cambodian Disabled Person's Organisation (CDPO), Handicap International and DFAT national and regional disability advisors to discuss disability inclusion in PSL programming. CDPO is represented on the TRG. 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 in December, and PSL also participated in CDPO's National Workshop on Access to Information for Persons with Disabilities in July. The Washington Group questions on functional impairment/disability were included in the PSL baseline surveys – the first time these questions have been used to assess the prevalence of self-identified functional impairment in Cambodia.

Evidence base and innovation: The LA, which outlines PSL's key learning priorities, was developed through a series of meetings and submitted to the PSC in January. This includes a dissemination and communication plan. Year 1 priority themes were 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. The LA was updated during the Year 2 AOP process, with revisions to the initial three learning themes and the addition of a fourth theme looking at financial barriers.
An external review of the VSLA pilot in Sre Ambel, Koh Kong, supported replication of the approach in the north-east provinces. An external consultant was also contracted to review the FP voucher scheme and propose revisions to improve efficiency and sustainability in Year 2.

Monitoring, evaluation, reporting and improvement: After a competitive bidding process, PSL contracted the National Institute of Public Health (NIPH) to conduct the baseline survey. NIPH obtained ethical approval from the national level in December and started data collection immediately across the 10 provinces where PSL works most intensively. The CLU and NGOs provided strategic oversight and technical guidance to the development of the research protocols and tools, conducted several supportive supervision visits during data collection, and advised on data analysis. Data collection was completed at the end of January, provisional results were shared at the annual review and AOP workshops in March/April, and reports were written, revised and signed off by all partners in July. Presentations on the results were made to the PSC and TRG in April and to the national Health Partners' meeting in July. PSL is developing a partnership with Deakin University in Australia for multivariate analysis of the garment factory data set.
The PSL NGOs finalised the MERI framework for Outcomes 1-4 as part of the budget revision process. It was submitted to DFAT in 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. Revision of the MERI during the Year 2 AOP process included removal of some indicators, clarification of definitions, revision of targets and simplification of data sources and disaggregation. Revisions were based on lessons learned from the implementation and results of the baseline survey, discussions during the development of the PSL knowledge management system, and the realities of collecting some disaggregated data in the field. The revised MERI was approved in July. PSL formed an M&E Working Group, comprising M&E leads from the three NGOs and facilitated by the CLU National Coordinator. The group met regularly during the second half of Year 1 to develop a joint knowledge management system for collating data across the partnership on the MERI indicators. Technical support was provided by an MSI UK M&E specialist.
Four M&E technical staff from the CLU and NGOs attended training on geographic information systems (GIS) in Phnom Penh in late July.

External relations and communications: A communication strategy is incorporated into the LA. PSL representatives met regularly with Professor Rathavy at NMCHC and participated in national workshops and working groups, including the sub-TWG on RMNCH. PSL also met throughout the year with other stakeholders working on RMNH, including GIZ, KOICA, RHAC, UNFPA, UNICEF, URC, USAID and WHO, to ensure coordination and avoid duplication. Presentations on the PSL program were delivered to the FTIRMN Monitoring Workshop in December, the MEDiCAM RMNCH Taskforce in January and the USAID meeting of Chiefs of Party for health in July. 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.

Donor reporting: The PSL six-month report was submitted at the end of February and approved by DFAT in March.

PSL's partnership payment indicators

In addition to the outcome indicators in the MERI, the PSL NGOs agreed with DFAT the following indicators of partnership function, linked to performance-related payments:

1) The NGOs' first partnership payment was contingent on approval of the revised program design, including budget, MERI and AOP1. This involved intensive work by the NGOs and CLU during the first three months of Year 1, including a week-long AOP workshop in early October. The documents were submitted to DFAT on 31st October and subsequently approved by the PSC.
2) The second partnership payment indicator, developed during a meeting with DFAT in September, was: *Program learning is synthesised at the Year 1 sense-making workshop and presented to the PSC as part of the AOP process for Year 2*.This indicator was achieved through implementation of PSL's in-depth annual review process. This involved a week of fieldwork during which 32 participants from the three NGOs, the CLU and DFAT, worked in mixed teams to conduct field-based learning on each of the LA themes, visiting the four north-eastern provinces, Phnom Penh and Kandal. During a three-day annual review workshop in Phnom Penh involving all five partners, learning from the field visits was synthesised together with information on changes in the external context, preliminary baseline data, and technical presentations on cross-cutting themes, to produce a series of recommendations. These were presented to the PSC and TRG in April and incorporated into the Year 2 AOP, which was submitted to DFAT and MoH on 1st June and approved in July.
3) The third and final partnership payment indicator, developed and approved as part of AOP2, is: *Demonstrated change by the end of Year 2 in two areas of programming based on coordinated cross-learning building on PSL partners' strengths*.

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. In addition, 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 Regional Manager joined the team in the second semester and the CLU worked with all partners to set up streamlined planning, coordination and tracking processes.
- There was considerable turnover of senior management in the PSL NGOs in the second semester. The country directors of MSIC and Save the Children left in May and June, respectively. Also in June, CARE's PMG representative went on maternity leave and Save the Children's left for a new position. All partners and the CLU worked hard to minimise loss of institutional memory and disruption to the management and implementation of the program by: contributing to recruitment processes for replacements, reviewing and institutionalising PSL governance arrangements, inducting new staff to bring them quickly up to speed, and providing technical backstopping where needed for critical activities.

Priorities for next semester

- Apply newly-acquired GIS skills and software to develop innovative maps for program implementation, tracking and M&E purposes.
- Conduct at least one inter-agency cross-learning activity.
- Complete publication and dissemination of the PSL baseline surveys.
- Finalise and implement the PSL partnership manual.
- Continue to disseminate learning agenda outputs.
- Develop and start to implement PSL's advocacy strategy.
- Continue to strengthen coordination with USAID, GIZ and other RMNH stakeholders.
- Begin preparations for the Year 2 annual review.

Annex 1: CARE PSL Year 1 Report

August 1 2013 – July 31 2014

Summary

In the first half of Year 1, CARE focused on activities in the two north-east provinces of Ratanakiri (RTK) and Mondulkiri (MDK), especially workforce strengthening through trainings, MCAT meetings, practical learning, and supervision and coaching. In the second semester, CARE continued to support capacity building of midwives (MW) through MCAT meetings and on the job coaching, expanded CBD of FP services, training of trainers (ToT) on Level 1 facility assessments, and implementation of facility assessments by MoH at the six supported Health Centres (HC). CARE also began to plan the development of a toolkit for GFs to include strategies for RMNH BCC, improved infirmary standards, and a public/private health services referral system. Preparation has involved formative research including the PSL baseline survey, follow-on perceptions research, and establishing collaboration with the MHD, Population Services Khmer (PSK), Reproductive Health Association of Cambodia (RHAC) and PSL partner MSIC for inclusion of their clinics in the referral system.
CARE has focused on building capacity for health workers and community health volunteers in the north-east by strengthening health facilities through assessments for six HC in both provinces[1] and infrastructure and equipment support for three BEmONC health facilities[2]; and strengthening linkages between communities and health facilities through VSLA groups that reduce financial barriers to RMNH services.

Component 1: Improving Health Service Delivery

Activities and achievements

Facility assessments: CARE with MoH supported three HC in RTK and three HC in MDK to conduct Level 1 facility assessments, and presented feedback on the findings to the HC, OD and PHD teams. Facility assessment ToT was organised by CARE, facilitated by MoH, for 33 participants from six supported HC as well as from Save the Children. The improvement plan to this facility assessment will be prepared in Year 2 Q1 in both provinces.

Garment factory infirmary assessments: CARE is designing infirmary assessments for a comprehensive range of RMNH services as part of the PSL GF toolkit. The consultant has been recruited and will begin this module development in Year 2 Q1, following the PSL BCC Framework completion.

Health facility refurbishments: CARE did not plan any refurbishments for Year 1. In Year 2, CARE will support birthing room refurbishments for two HC in MDK as part of support to help them become fully functioning BEmONC facilities. In collaboration with HC/OD/PHD, CARE conducted an assessment to identify equipment needs and infrastructure upgrades to assist the two HC to provide BEmONC functions. Based on this assessment CARE will procure equipment and support refurbishments in Year 2 Q3.

Quality improvement for facilities: CARE supported three-day clinical cross visits for health staff in MDK and RTK at the Kampong Cham provincial hospital. The purpose was to increase clinical skills, especially for safe delivery, through real midwifery practice. Eighteen participants from the six target HC attended the cross visits: 12 MW and six HC Chiefs. CARE also supported newly-graduated MW from both provinces to have ten days of practice on safe delivery skills at the provincial hospital. A total of six MW from four HC attended this training and assisted with 21 deliveries. The feedback from the preceptors was for greater focus on correct use of the partograph and on proper care during labour and the immediate post-partum period. In collaboration with MoH, three modules from the infection control in-service training were provided to 63 health staff from the six HC in MDK and RTK. A set of infection control materials was provided to each HC. Four sessions for MW on CBD supervisory skills were conducted at the six HC by the PHD/OD MCH team, with 26 HC MW trained.

Support FP and Safe Motherhood commodity flow, management and distribution: CARE supported monthly CBD meetings at the HC. The meetings are coordinated with HC MW and provide an opportunity for CBDs to report back on activities and clients who have used FP services and to restock supplies (condoms and pills). HC MW ensure that CBD reports are correct. Report information is used to estimate FP supplies for the next month, thereby helping to ensure an adequate supply to reach demand.

[1] RTK Province: Ouyadav HC, Lumphat HC and Ke Chong HC, MDK Province: Keo Seima HC, KohNheik HC, and Memong HC
[2] MDK Province: Keo Seima HC and KohNheikHC ,RTK Province: Bokeo HC

Equipment and materials: A needs assessment was carried out for all six HC to support RMNH activities. In the first semester of Year 2, CARE will provide needed materials as part of support towards achieving BEmONC status. A set of infection control materials was distributed to six HC after infection control trainings.

Workforce competency strengthened: Sixteen MCAT meetings were organised quarterly in both provinces. All MW working at HC and Regional Hospitals (RH) in the two provinces were invited to attend. On average 51 MW attended MCAT meetings in each province. Meetings were split into two sessions to accommodate the number of participants. Clinical skills were reviewed during the MCAT meetings, including key lifesaving techniques for mothers and newborns, management of post-partum haemorrhage, eclampsia and pre-eclampsia, INC, correct use of partograph, and short term FP methods.
On the job mentoring and coaching took place quarterly after MCAT sessions at each of the six target HC in RTK and MDK, using the National Reproductive Health Checklist and CARE practice kits. A total of 55 female midwife participants received on the job mentoring and coaching during supervision visits. Prior to the visits, the supervision team of three PHD and OD representatives received a half-day orientation on the National Reproductive Health Checklist, with the CARE provincial team participating in both provinces.
Introduction of and monitoring through community scorecards is being funded by the Global Fund (GF) in another CARE project implemented in the north-east provinces and Koh Kong. CARE staff and partners are closely involved with both coordinating the community scorecard process and supporting HCMC to ensure that the community scorecard action plans are always on the HCMC agenda for discussion and follow up.

Referral systems strengthened: Several meetings were held with the MHD with follow up mapping of OD health facilities in Phnom Penh and Kandal. Meetings were also held with PSK and RHAC to obtain their collaboration in a referral directory for garment factories. From this series of meetings, CARE has developed a draft referral system for garment workers, in collaboration with MSIC and the above mentioned NGOs in Year 1. The referral system will be piloted in Year 2 Q1 in the PSL factories.

Challenges and solutions

- A challenge for development of BCC materials was the timing of the PSL BCC Framework, which was to be completed in Year 1 but is still underway. CARE has hired a consultant and will incorporate the PSL Framework into materials to be developed for garment factories in the first semester of Year 2.
- Inconsistency on per diem rates for government partners is a challenge for implementation of activities in the north-east. PSL partners are working to find agreeable rates and obtain approval from DFAT.
- CARE has negotiated with MDK PHD and OD to transfer PSL support from Memong HC to PouChrey HC in MDK Province for Year 2. PouChrey has a young new team and needs additional support.

Priorities for next semester

- Support refurbishments for BEmONC HC and supervise refurbishment activities.
- Support FP and Safe Motherhood commodity flow, management and distribution, and provide equipment and materials for supported HC.
- Plan with MoLVT for infirmary assessments and pilot referral directory in PSL factories.

Component 2: Community Strengthening and Engagement

Activities and achievements

Linkages with local authorities and stakeholders improved: CARE supported engagement with Commune Councils for strengthening social accountability between the health system and community through quarterly one-day meetings with CCs from five districts in both provinces with a total of 10 training sessions. Participants included CCs, village leaders and VHSGs, and facilitators from Provincial NCDD, District Advisors and CCWC focal points. Meeting topics included improvement of maternal and newborn health, roles and responsibilities of CCWC, developing and budgeting for activities in the commune social service plans that focus on maternal and new born health, and managing the budget. CARE worked to ensure that each HC supported by CARE has regular bi-monthly HCMC and VHSG meetings in accordance with the community participation policy and Minimum Package of Activities guidelines for HC. Sixteen HCMC meetings were organised in the six supported HC with an average of 12 HCMC members participating. Sixteen VHSG meetings were organised in the six supported HC with an average of 30 VHSG members participating.

Reducing financial barriers to access RMNH services: CARE piloted the VSLA model in Koh Kong Province in Year 1: 103 VSLA groups were established in 50 villages, with 1,559 registered members (90% female). VSLA

members accessed 2243 loans, of which 9% were used for accessing health services including ANC and safe delivery. The VSLA model was introduced in RTK, with 22 VSLA groups established and 328 members registered in 16 villages. CARE is adjusting the model to include more RMNH education at weekly team meetings.

A comprehensive BCC strategy developed and implemented for RMNH: CARE conducted discussions with PSL partners and several external stakeholders for GF BCC strategies in Year 1. CARE will confer with indigenous leaders for BCC strategies in the north-east once the PSL BCC Framework is completed.

Community mobilisation and engagement facilitated: CARE worked with 297 VHSG volunteers in the six target HC (46% female; 84% from minority ethnic groups). VHSGs were trained to provide health messages and referrals for RMNH services and 109 VHSGs attended a four-day training on birth preparedness.
CARE, with target HC and OD staff, expanded CBD coverage to remote villages where FP access was limited. CBD training was delivered to 82 participants from two provinces. A total of 305 clients used FP services through CBDs under the three supported HC in MDK. Information on number of clients using contraceptives from CBDs in RTK province will be reported in Year 2 after launches are completed. CBDs received 1,548 posters, 172 flipcharts, 172 referral books and 2,580 brochures to support FP services at community level. T-shirts and bags were distributed to 297 VHSGs and 82 CBDs in both provinces as motivational materials.

Challenges and solutions

- Due to language barriers in indigenous communities, distances and road conditions, supporting community engagement required extra time resources. CARE recruited some ethnic minority staff.
- Despite VSLA implementation successes in Koh Kong Province during the Year 1 pilot, scaling up VSLA activities to north-east provinces is challenging given remote geographical areas, multiple ethnic minority groups, and socio economic circumstances. In Year 2, CARE will do a smaller scale-up to RTK and MDK provinces and set up 20 VSLA teams per province. CARE will examine ways to enable indigenous women to participate and to integrate more RNMH messages and activities into the VSLA process.

Priorities for next semester

- Strengthened social accountability between health system and community.
- Development of a comprehensive BCC framework for both GF and north-east provinces.
- Community mobilisation and engagement through support for CBDs, VHSGs and functioning HCMCs.

Component 3: Knowledge into policy

Activities and achievements

Internal PSL resourcing, relations and communication: CARE participated in PMG and QT meetings, submitted monthly reports to CLU, and in Year 1 hosted the national CLU team.

Cross-cutting issues: CARE will incorporate a stronger gender focus into its work in Year 2 and has offered a gender workshop to PSL partners in Year 2 Q1. CARE is developing a new participatory curriculum for GFW that examines how gender norms influence SRH decisions as part of the BCC package for factories.

Evidence-base and innovation: CARE underwent an external review of the VSLA pilot in Koh Kong to determine feasibility of scaling up the model in NE provinces. The review indicated that PSL VSLAs save annually USD 167 per member compared to a saving of USD 54 for VSLA groups globally. CARE has defined three learning agenda topics internally for Year 2.

MERI: CARE provided support to consultant selection for the baseline evaluation, contributed to development of baseline survey questions, and provided comments on draft reports. CARE developed a PSL M&E system, including a database for relevant MoH data.

External relations and communications: CARE, in partnership with URC and RHAC, has developed guidelines for facilitation of MCAT meetings. CARE provided a presentation on guidelines at the 7th Asia Pacific Conference on SRHR**,** participated in sub-national and national level TWGs and task forces**,** and in national EmONC and Fast Track Initiative Road Map monitoring meetings.

Priorities for next semester

- Support cross cutting activities and evidence -based innovation.
- Support monitoring, evaluation, reporting and improvement of the program.

Annex 2: Marie Stopes International Cambodia (MSIC) PSL Year 1 Report

August 1 2013 – July 31 2014

Introduction

MSIC leads the PSL program's contribution to improving access to FP and CAC, addressing components three and four of the MoH's Fast Track Initiative to Reduce Maternal and Neonatal Mortality (FTIRMN). 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 long-term and permanent methods of FP and CAC services. MSIC further leverages its strengths through PSL to support the MoH to achieve components five and six 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 also benefitted from MSIC's activities. MSIC supports GF infirmaries (GFIs), peer educators (PEs) and other high quality health care providers to meet their range of sexual and reproductive health (SRH) needs.

Component 1: Improving Health Service Delivery

Activities and achievements

	Facility Assess -ment	CAC training & materials	CAC QI supervision	Implant training	IUD training	IUD QI supervision	VSC training	VSC outreach/ QI
# Providers	106	108	189	48	48	5	12	83
# Facilities	62	73	117	37	30	2	7	65
# Provinces	7	15	13	4	3	1	7	23

CAC training, QI support and services: MSIC's QI team assesses public health facilities in two areas: CAC/FP services provided and facility standards. The team visited 62 facilities, identifying 106 providers who were eligible and willing to participate in CAC training. Training was provided to 95 senior midwives, 11 doctors and two medical assistants[1], conducted by the MoH training team at NMCHC and the Phnom Penh Municipal Referral Hospital. The assessments identified nine facilities that needed and received refurbishments (painting, installing sinks and building incinerator and placenta pits) to meet minimum infection prevention standards. A set of CAC-related materials/equipment (speculum, forceps, kidney trays, etc.) was provided to all 73 facilities with newly trained providers. One hundred 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 477 CAC-trained providers; MSIC conducted QI supervision with 189 of them in Year 1. The QI visits found that providers performed well in medical vacuum aspiration (MVA) procedures and post-abortion FP (PAFP) counselling. Areas for improvement included pre-procedure assessment and counselling; and post-procedure physical assessments prior to client discharge. To address providers' training and support needs, MSIC facilitated a meeting in December to present QI findings to relevant stakeholders, including MCH, OD and PHD staff.

CAC-trained public health providers provided 6,922 CAC services; 4,706 (68%) of CAC clients received a PAFP method. PAFP uptake is a priority for PSL to reduce high rates of repeat abortions[2] in Cambodia.

Long-term FP training, support and services: Twenty-nine secondary midwives, one doctor, and 18 primary midwives received implant training; 31 senior midwives, one doctor, and 16 primary midwives received IUD training. Five providers received QI visits on IUD insertion and removal. 246 IUD insertion and removal kits were provided to 36 facilities in three provinces. Sixteen implant insertion and removal kits were distributed to eight facilities in Ratanakiri. MSIC-supported health facilities provided 2,587 implants and 1,979 IUD services.

Voluntary Surgical Contraception (VSC): One tubal ligation refresher training for 12 providers was conducted in May. This five-day training (two days of theory and three of practicum) was co-facilitated with NMCHC.

The MSIC outreach team supported trained surgical teams from 65 RHs to provide 802 voluntary tubal ligations and 13 vasectomies to clients. The team also provided 1,405 two-rod implants (Femplant) to clients who were either ineligible for VSC or who changed their mind after receiving comprehensive FP counselling.

[1] This includes providers who were identified as eligible for CAC-training under QI activities supported through both the Reducing Maternal Mortality Project (RMMP) and PSL projects.

[2] 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.

Commodity stock management: In March, MSIC facilitated a meeting with PHD and Central Medical Store (CMS) representatives from five provinces to design plans to secure the flow of FP commodity from the CMS to facilities. Since the plans were developed, there have been no reports from the facilities of commodity stock-outs. MSIC is aware, however, of an issue with current CMS Implanon stocks. As DFAT/UNFPA support the CMS with implant stock, MSIC will work closely with them to ensure ongoing monitoring and availability of supplies.

Garment factory infirmaries: The MSIC QI team piloted assessments in eight GFIs in January and again in July, using a revised and upgraded tool adapted from MoH guidelines. The assessment examines 11 components of FP service delivery. Results of the assessment categorise infirmaries into basic, intermediate or advanced levels for each component. The assessment identified gaps in provider training for short-term FP and FP counselling, out-of-date commodities and lack of a waste management plan.
Twelve GFI providers were trained on comprehensive FP counselling and short-term method service provision. GFIs sold 768 injectable contraceptive services, 1,895 packets of contraceptive pills, 907 condom packs, 10 emergency contraceptive pill packets and 3,833 pregnancy test kits to GFWs.

Challenges and solutions

- The referral hospital surgical team sometimes fails to participate in MSIC outreach VSC service delivery days and demand for VSC continues to be limited. MSIC is currently reviewing the delivery model.
- Public providers continue to be stretched to meet the demand of their client load. This can result in their inability to participate in MSIC's QI supervision visits. MSIC will continue to provide advance notice of QI visits and communicate with the facility management to manage the providers' time accordingly.
- Per diem rates for PHD, OD and MCH to attend QI visits is an ongoing issue and has resulted in some QI visits being cancelled or postponed. In February and March MSIC met with the Battambang PHD Director to discuss and resolve this issue, which should ensure all subsequent visits go ahead as planned.
- Commodity shortages affected providers' ability to provide implants in the first semester. MSIC took part in the National FP workshop in November to discuss with UNFPA and other stakeholders to resolve the issue. Blockages were identified and supplies reached the health facilities in December and January.
- None of the GFIs achieved basic standards of care for providing short-term FP. One reached 95% of the basic level; the lowest score was 68%. The assessments results have been shared with the GFI providers and HR Managers. Where possible, MSIC will support the infirmaries to improve their standards in Year 2.

Priorities for next semester

- Finalise the schedule and support the facilitation of four CAC, one IUD and two Implant trainings with NMCHC to ensure all trainings are delivered in Year 2.
- Continue to monitor and engage NMCHC, PHD and OD staff in FP commodity management to minimise the risk of future stock-outs.
- Develop action plans for at least eight GFIs to assist them to meet minimum standards of care to deliver quality short-term FP services to garment factory workers.

Component 2: Community Strengthening and Engagement

Activities and achievements

MSIC facilitated 37 HCMC meetings in two provinces and 23 provincial TWG meetings in five provinces to share PSL-related information and ensure coordination with partners and stakeholders. MSIC also conducted a large number of community-based activities in Year 1:

- 107 active VHSGs were selected and trained from five provinces.
- 3,996 small health promotion sessions were conducted by VHSGs reaching 167,682 people (88% female).
- 2,643 group discussions were conducted by VHSGs reaching 42,338 people (87% female).
- 1,652 monitoring visits were conducted to meet clients, VHSGs, and other stakeholders.
- 20 large scale community events were conducted and reached 10,959 participants (74% female).
- 13 CBD meetings were conducted in four provinces.
- 63 service promotion events were conducted.

Long-term FP voucher: The voucher program supports 67 health facilities in five provinces to provide free long term FP services. The scheme also covers transportation costs to and from the facility. MSIC works with trained VHSGs and other community stakeholders to distribute vouchers to WRA. 4,566 women received free IUDs (1,979) and implants (2,587), which correspond to a 44% redemption rate. (13,445 vouchers were distributed.)

MSIC contracted a consultant to conduct a review of the voucher scheme and propose a strategy for a more efficient and sustainable model to support families to overcome financial barriers to access long-term FP.

Demand for VSC outreach services: MSIC coordinates with HC staff, VHSGs, CBDs, partner NGOs and other community stakeholders to drive demand for VSC outreach services in their community.
MSIC also supports nine public health facilities with output based assistance (OBA). MSIC supports health facilities on a per case basis for long-term and permanent methods of contraception. In Year 1 OBA facilities conducted 682 tubal ligations and 1,191 IUD services.

Garment factory services: Only short-term FP methods are available in GFIs. MSIC supports workers to receive low cost FP and other SRH services at the MSIC Chom Chao Centre. Of 90 workers who were referred for FP services, 33 received low-cost long-term FP services at a MSIC clinical centre.
CARE and MSIC initiated the development of a formal referral directory for workers, listing public, private and NGO health facilities where there are trained, high quality providers in their locality.
As part of their training, 64 PEs from four factories received information on comprehensive FP methods and other SRH issues. MSIC collaborated with CWPD to train 80 PEs from another four factories on FP. 24 meetings were conducted with PEs to discuss their activities - a total of 5,717 GFWs were reached through PE activities.

Challenges and solutions

- The MSIC outreach team receives more requests from women for implants. Whilst this is a positive outcome, MSIC will re-evaluate the mobile outreach team's activities.
- The first half of Year 1 saw considerable disruption to GF activities as a result of worker strikes and periods of political instability. This delayed the signing of MoUs with several factories and impacted MSIC's ability to start activities.

Priorities for next semester

- Develop the protocol for an improved FP health financing model based on the FP voucher assessment conducted in Year 1.
- Finalise and implement the referral directory for garment factory workers with CARE to ensure GFWs can make informed decisions about accessing quality-assured, appropriate health care.

Component 3: Knowledge into policy

Activities and achievements

MSIC has actively contributed to all PSL cross-cutting coordination meetings and events: program launches and meetings of the PMG, GF group, Quality Team, Regional Coordination Team and M&E team.
MSIC led the review of the baseline data questionnaire for GFs, conducted a site visit during data collection in Pursat, reviewed raw data and contributed to the editing of final reports for all components.
MSIC's RME Manager, with technical assistance from MSI UK's RME Advisor and the CLU National Coordinator, developed the PSL knowledge management database.
The Year 1 annual review process identified three areas for MSIC to review strategies and increase visibility and coordination within the PSL partnership:

1. Supporting the development of MCAT modules for long-term FP and CAC.
2. Increasing coverage of the FP voucher scheme (or improved model as applicable).
3. Supporting the GFI assessments in CARE-supported garment factories.

MSIC will review project amendments, such as those listed above, with reference to pending internal assessments and reports, and with continued commitment to transparency and partner consultation.

Challenges and solutions

- The PMG and Country Directors continue to discuss issues associated with inconsistencies between partners in terms of per diem rates for government partners. The CLU Director is leading the NGOs on this discussion and a resolution is expected within the first quarter of Year 2.

Priorities for next semester

- Implement new activities identified in the annual review: development of MCAT modules in consultation with NMCHC, review of health financing geographical coverage and implementation of GFI assessments.
- Support the dissemination of baseline data reports to relevant stakeholders.

Annex 3: Save the Children PSL Year 1 Report

August 1 2013 – July 31 2014

Component 1: Improving Health Service Delivery

Activities and achievements

Facility assessments: Save the Children worked together with PSL partners and the MoH Department of Hospitals to conduct health facility assessments in 15 target health centres using the comprehensive MoH Level 1 Facility Assessment Tool. The results were disseminated at two debriefing workshops (one per PHD) for over 150 participants.

Health facility refurbishments and equipment: Based on results from the Level 1 Facility Assessment reports, mini-assessments and consultations with PHD, OD and health centre staff, Save the Children completed improvement and refurbishment plans for 15 target health centres (BEmONC and non-BEmONC) in the two provinces. Priorities for facility refurbishments focused on gaps identified for maternal and newborn services, (e.g. maternity extended rooms, delivery rooms, ANC and PNC rooms, and placenta pits). Gaps for provision of equipment were also identified during the facility assessments, through follow-up visits to each target health centre, and at the Integrated Post-Partum Follow-up Workshop organised by NMCHC and UNICEF. For phase one (seven facilities), engineering drawings, bills of quantity (BoQ) and bidding for contractors have been finalised. For phase two (seven other facilities), the engineering drawings and BoQs are under development. Most of the non-medical equipment has been procured whereas procurement of medical equipment is still in progress.

Workforce capacity strengthened: Save the Children worked with PHD and OD MCH staff to identify numbers and capacity of health centre midwives in the 15 target health centres, producing a training plan and schedule for 29 secondary midwives in BEmONC and non-BEmONC health centres, including in-service training. Save the Children has also worked with PHD and OD MCH staff to increase the capacity of health centre midwives through ongoing supportive monitoring and supervision, quarterly MCAT meetings, and by sending new midwives to have clinical delivery practice at provincial hospitals. The outputs included:

- 35 supervision sessions from PHD MCH and 40 from OD with the participation of Save the Children midwives and capacity building coordinators
- two cycles of MCAT meetings (focussing on antenatal care and use of the partograph) conducted with 275 referral hospital and health centre midwives attending each cycle
- completion of 21 days of clinical delivery practice in Kratie provincial hospital by 25 new midwives
- improvement and application of the MCAT supervisory checklist with codes, data entry sheets and analysis including report development
- training for 137 PHD, OD and HC staff on HIS.

Community scorecards: Save the Children and OD MCH staff from Kratie and Stung Treng conducted two cross visits to learn about the implementation of the community scorecard by Wathnakpheap in Pursat and HEAD in Koh Kong. Two Save the Children staff completed a five-day Social Accountability Community Scorecard training conducted by the Ministry of Interior, which will be cascaded to all Save the Children health program staff.

mHealth: Save the Children sub-contracted a local NGO, MEDIA One, from March 2014 to February 2015 to implement mHealth activities in Kratie and Stung Treng provinces. Activities implemented so far include:

- A Content Advisory Group (CAG) was established, including representatives from the PHDs and the three PSL NGOs, to give technical input on information included in radio programmes. The CAG met three times to discuss, adjust and approve the storyboard for radio episodes 1-14 and scripts for episodes 1-7.
- MEDIA One developed and produced five 30-minute episodes of the 'I Care about Mother and Child Health' radio program, covering antenatal, maternity and postnatal care. Four episodes were broadcast in Kratie (FM 98.5Mhz) and Stung Treng (FM 100.5Mhz).
- MEDIA One developed and produced four public service announcements (PSAs). Each consists of a short message about mother and child health. Three one-minute PSAs were broadcast during this reporting period.

- MEDIA One installed the interactive voice response (IVR) system and launched it in June. Four content items in Khmer were uploaded onto the system during the reporting period, receiving 81 calls from 23 unique numbers.
- MEDIA One conducted training for 20 VHSG volunteers to build their capacity to facilitate Listening and Dialogue Groups. The groups met 24 times during radio program broadcasts with a total of 215 (168 women) attendees.

Challenges and solutions

- The revision of program documents, in response to budget reductions, delayed development of final activity plans, targets and the budget. Save the Children reduced the number of staff in provincial offices and scaled back some activities, such as refurbishment of health centres.
- There are different interpretations of the application of per diem rates among PHD staff in both provinces, e.g. overnight per diem versus daily rates for some health staff. Save the Children negotiated with PHDs, ODs, and partners to standardise and clarify per diem rates.
- There was no HSSP2 funding for Kratie and Stung Treng PHDs from January 2014 for supervisory and outreach activities. Save the Children supported MCAT supervisory activities from PHD/OD to HCs as well as some outreach activities.
- Training at Kampong Cham regional training centre for midwives from non-BEmONC facilities was cancelled as they were not entitled to receive a training certificate. As a result of PSL advocacy, non-BEmONC midwives can now receive certificates from regional training centres and Save the Children will plan for the training to take place in year 2.
- The HSSP2 fee for OD/PHD trainers is low ($5/day). Some of the planned training sessions were cancelled because PHD/OD trainers gave priority to NGOs providing higher rates. Internal review of per diem rates is underway by the PSL NGOs prior to discussion with DFAT.
- There was a delay in the broadcast of PSAs 2 and 3 due to unexpected time constraints faced by the production team. PSA 1 was broadcast in their place until the program was back on track.

Priorities for next semester

- Scale up support to 11 more health centres to make a total of 26.
- Conduct Level 1 Facility Assessments in 17 target health centres in Kratie province.
- Support in-service training for midwives from both BEmONC and non-BEmONC health centres.
- Strengthen technical supervision from PHD and OD MCH staff to health centre midwives.
- Support the implementation of MCAT meetings and supervisory visits in three ODs.
- Complete refurbishment activities at 15 target health centres from Year 1 and two additional health centres in Year 2.
- Commence community scorecard process.
- Complete mHealth activities under the current contract and plan for ongoing activities after February 2015.

Component 2: Community Strengthening and Engagement

Activities and achievements

Mapping of community representatives: Save the Children worked with OD and health centre staff to update the list of community representatives including VHSGs, HCMCs, CBDs and TBAs. Two Save the Children staff members joined PSL GIS training and they will support health centre catchment area mapping.

Harmonisation of 2014 planning: Save the Children coordinated harmonisation meetings with PHDs, ODs, NGOs and UN partners to integrate activities in Kratie and Stung Treng provinces. Save the Children organised an AOP workshop in each province in early January with a total of 105 participants. All partners presented activities for RMNH activities culminating in integrated, harmonised and costed AOPs for 2014.

VHSG/HCMC/CBD trainings and meetings: In coordination with PHDs and ODs, Save the Children developed VHSG and HCMC training packages and conducted training for: 1) 335 VHSGs in RMNH with a focus on CCMN; 2) 149 HCMC members in RMNH; and 3) 158 CBD in family planning. Save the Children Programme Officers provided supportive coaching and mentoring to health centre staff to plan and facilitate the meetings. Twenty-nine VHSG meetings were conducted at 15 target health centres in Kratie and Stung Treng provinces.

Challenges and solutions

- There are no national guidelines or curricula for VHSG meetings and capacity development. Save the Children facilitated a workshop with PHD, OD, HC and PSL partners to share information and compile meeting guidelines and a training package.
- Some community representatives cannot read or write, so training is challenging. Program staff review topics multiple times during meetings and trainings, using visual aids such as flipcharts with pictures.
- Monitoring and contact mechanisms for pregnant women are not in place at target health centres. Save the Children will work with MEDIA One and a VSO volunteer to establish pilot systems.

Priorities for next semester

- Work with ODs and health centres to update lists of community representatives including VHSGs, CBDs and HCMCs in new target health centres in Kratie province.
- Continue to train VHSGs, HCMCs, CBDs in 11 target health centres.
- Train Commune Councils/Commune Committee for Women and Children in RMNH.
- Integrate RMNH services into the Commune Investment Program.
- Strengthen the monitoring of pregnant women by VHSGs.
- Support the implementation of outreach activities following the 2013 MoH guidelines.
- Commence and continue to support VHSG, HCMC and CBD meetings.

Component 3: Knowledge into Policy

Activities and achievements

Partnership coordination: With PSL partners, Save the Children launched the PSL Regional and Save the Children Kratie office in October. Recruitment for CLU Regional staff is ongoing.
Save the Children participated in PSC, PMG, quality team, M&E team, and quarterly coordination meetings.
Save the Children worked together with PSL partners, PHDs, and ODs in Kratie and Stung Treng provinces to conduct PSL start-up meetings with 111 participants (53 women) in Kratie, and 90 participants (32 women) in Stung Treng.

Evidence base and innovation: Save the Children contributed to the learning agenda, which includes a dissemination and communication plan.

MERI: Save the Children contributed to the recruitment of a baseline consulting firm, as well as the review and finalisation of protocols and tools, including the Washington Group core questions on functional disability. Save the Children helped finalise the MERI framework and conducted an internal MERI training session for 10 participants facilitated by Save the Children's M&E specialist.

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 works closely with MoH, UNICEF, UNFPA, and other NGOs to harmonise planning.

Challenges and solutions

- Coordination among five partners for planning and technical harmonisation is challenging. Save the Children worked with the CLU and the Quality Team to address key coordination issues. Technical harmonisation was a key focus during the annual review process.

Priorities for next semester

- Continue participation in partnership coordination and governance activities.
- Implement joint M&E and knowledge management systems.
- Conduct research on conditional cash transfers (CCTs), develop CCT implementation guide and commence the implementation of CCT.

Annex 4: PSL Year 1 MERI Report

Outcome Level	Performance Measures / Indicators	Target Areas	Baseline			Year One		Data Sources	Notes
			Source	Year	Value	Target	Achieved		
5 Year Outcomes									
Improved quality RMNH services for target populations	O1.1. # of health facilities offering comprehensive modern contraceptive services	Kampong Cham, Kampong Chhnang, Phnom Penh, Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville, Pailin	Reducing Maternal Mortality Project (RMMP) final report	2013	85	123	116	MSIC training reports	
	O1.2. #/% of women delivering in a health facility with a skilled birth attendant (SBA) (FTIRMN)	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Baseline survey report (HH survey) HIS	2013/14 2012	50.9% 11538/ 47% (provincial ave)	4,943 / 50%	3,681 / 9515 = 38.7%	HIS	The baseline figures on which the Year 1 target was based were the averages across all 4 provinces, including hospital deliveries. The Year 1 figure reported here is only for PSL-supported HCs where the proportion is lower. The 4-province average from HIS including hospitals was 58% for Year 1, showing considerable progress.
	O1.3. #/% of women receiving active management of third stage labour (AMTSL)	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Facility observation over year 2 using PSL-developed tool	NA	NA	NA	NA	NA	NA
	O1.4.#/% of newborns with low birthweight	Kratie, Mondulkiri, Stung Treng, Ratanakiri	HIS (provincial average) Baseline survey report (HH survey - yellow card)	2012 2013/14	875/7.2% 5.7%	2.5% decrease from baseline (i.e. 7% according to HIS)	245 / 4064 = 6.0%	HIS	
Greater equity of access to appropriate RMNH services for target populations	O2.1. #/% of target population using modern contraception (FTIRMN)	Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville	HIS (provincial average) Baseline survey report (HH survey)	2012 2013/14	16.6% 26.8%	63,730 (18%)	76,967 / 326,658 (23.6%)	HIS	
	O2.2. #/% of garment factory workers accessing RMNH services in the previous 12 months	Phnom Penh, Kandal	Baseline survey report (HH survey)	2013/14	8.6%	2,667 (10%)	NA	Facility report	Facilities are not able to provide data on RMNH client numbers, only products sold (reported in narrative). This indicator will therefore only be reported through the survey in year 3.

More responsive RMNH services meet the needs of target populations	O3.1. % of women receiving Comprehensive Abortion Care (CAC) who receive post abortion family planning (FP)	Kampong Cham, Kampong Chhnang, Phnom Penh, Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville, Pailin	RMMP report	2012	79%	80%	58%	MSIC Monitoring Information System	Baseline data from RMMP was from MSIC clinics where a package of post-abortion FP is always available. PSL data includes CAC-trained providers in public facilities where this provision is not consistent. In addition, HIS does not record uptake of FP at a separate visit from the CAC services. Strategies to improve this indicator in Year 2 include provision of condoms to all CAC clients.
	O3.2. % of women attending post natal care (PNC) who receive counselling in modern FP methods	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Baseline survey report (HH survey)	2013/14	26.3%	NA	NA	NA	NA
	O3.3. % of target population who report being highly satisfied with RMNH services provided	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Baseline survey report (HH survey)	2013/14	C1: 41.4% GF: 23.5%	NA	NA	NA	NA
Improved RMNH behaviours amongst target population	O4.1. % of women of reproductive age who can identify 5 danger signs during pregnancy	Kratie, Mondulkiri, Stung Treng, Ratanakiri Garment Factories	Baseline survey report (HH survey)	2013/14	C1: 3% GF: 1.2%	NA	NA	NA	NA
	O4.2. #/% of women attending 4 or more antenatal care (ANC) consultations (FTIRMN)	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Baseline survey report (HH survey) HIS	2013/14 2012	C1: 47% ANC2: 67% ANC4: 28%	2,966 / 30%	3987 (42%)	HIS	
	O4.3. #/% of women receiving 2 or more PNC visits	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Baseline survey report (HH survey) HIS	2013/14 2012	C1: 59% 29.6%	3,460 / 35%	3783 (40%)	HIS	
	O4.4. % of women (modern FP users) using long acting or permanent methods (LAPM) of FP	Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville	RMMP report (5 provinces) HIS Baseline survey report (HH survey)	2012 2012 2013/14	15% 14% 23.45%	17%	8.8%	HIS (plus MSIC outreach data)	Baseline and target figures used the denominator of total FP users. For this report we were only able to access total FP clients from HIS, not current users (this figure is not available until the end of the calendar year for some provinces). This overestimates short-term users (who visit multiple times) and underestimates LAPM users (who may have accessed their method before the current period).
Evidence- based innovation and learning that contributes to improved policy and practices	O5.1. Policies and guidelines developed or strengthened with PSL learning	National level	NA			Priority policies and guidelines identified	Priority issues identified in learning agenda and through annual review process	Learning agenda, learning updates, AOP2	Advocacy workshop postponed to Yr 2 Q2 due to turnover of key positions

A partnership model that demonstrates high impact, cost effective methods for achieving RMNH outcomes	O6.1. Coordination and harmonisation mechanisms are effectively supporting the program to achieve outcomes	PSL partners	NA			Coordination and harmonisation mechanisms are established	PMG, Quality Team, GF Coordination Group and M&E team established and meet regularly; System of quarterly planning and monthly updates established	Mid-term and end-term evaluation Annual review	
	O6.2. Learning and innovation enhanced through leveraging partners' strengths	PSL partners	NA			Opportunities for cross-learning and complementarity between PSL partners identified	Annual review learning on Technical Harmonisation identified opportunities and recommendations incorporated into year 2 plan	Staff appraisals Changes to systems and procedures	
Intermediate Outcomes									
Component 1: Improving Health Service Delivery. The delivery of health services in target areas is strengthened and there is improved capacity to provide equitable and quality RMNH services									
Health facilities have improved capacity and resources to deliver on FTIRMN outcomes	I1.1. #/ % of functioning BEmONC (basic emergency obstetric and newborn care) facilities (FTIRMN)	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Baseline survey report (BEmONC assessment)	2013/14	0/7	NA	NA	NA	NA
	I1.2. # of health staff who attended MoH module inservice training since program inception	Kampong Cham, Kampong Chhnang, Phnom Penh, Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville, Pailin	NA			133	330	Training reports	
	I1.3. % of newborns receiving immediate care according to MoH guidelines	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Facility observation over year 2 using PSL-developed tool	NA	NA	NA	NA	NA	NA
Client- centered, equitable RMNH services are improved at health facilities	I2.1. Total attendance at midwife coordination alliance team (MCAT) meetings in one year	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Literature review AOPs Baseline survey report (OD MCH)	2013 2013/14	0 54	1217	696	MCAT meeting record	It took time to build the capacity of MCH staff to facilitate MCATs, so only 2 rather than 4 rounds of meetings were held in Kratie and Stung Treng. There were also some absentees.
Referral system is improved for targeted populations	I3.1. # of people accessing RMNH services in previous 12 months who were referred through a community referral mechanism	22 provinces	NA			5,600	5,319	PSL NGO records	
	I3.2. # of health facilities conducting outreach as per MoH guidelines	Kratie, Mondulkiri, Stung Treng, Ratanakiri	NA			0	0	HC records	
Component 2: Community Strengthening and Engagement. Populations in target areas have strengthened capacity to actively engage with and use health care services									

Increased participation of communities and their representatives with service providers	I4.1. # of Village Health Support Group (VHSG) meetings coordinated at health centres since program inception	Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville	NA			123	97	VHSG meeting report	Some VHSGs needed training before they could start activities so there was a delayed start to the meetings.
	I4.2. #/% of Commune Investment Program (CIP) in target areas which include RMNH activites	Kratie, Mondulkiri, Stung Treng, Ratanakiri	NA			0 (0%)	0%	CIP planning document	
	I4.4. # of Health Centre Management Committee (HCMC) meetings coordinated	Kratie, Mondulkiri, Stung Treng, Ratanakiri	NA			48	41	HCMC meeting record	Some HCMCs needed training; others cancelled meetings due to time constraints.
Finanancial mechanisms enable access to RMNH services	I5.1. # /% of target population accessing RMNH services using a financial support mechanism in the previous 12 months	Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville	Baseline survey report (HH survey)	2013/14	10.20%	5750	4774	NGO Project records	Uptake of vouchers for long-term FP was lower than forecast in Ratanakiri. This will be addressed in Year 2 through implementation of the BCC framework targeting ethnic minorities and review of the FP voucher scheme.
RMNH BCC strategy developed and implemented	I6.1. # of stakeholder organisations who contributed to the development (year 1) and implementation (years 2-5) of the PSL BCC framework	Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville, Phnom Penh	NA			10	16	Verbal report from consultant	Additional organisations may also be involved in review of the draft in Year 2
	I6.2. % of target population who can identify 3 danger signs for neonatal distress	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Baseline survey report (HH survey)	2013/14	C1: 11.3% GF: 4%	NA	NA	NA	NA
	I6.3. % of women who feel empowered to discuss and use modern family planning	Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville	Baseline survey report (HH survey) - completely sure	2013/14	C1+C2: 25.3% GF: 5%	NA	NA	NA	NA
	I6.4. % of women who know that abortion is legal	Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville	Baseline survey report (HH survey)	2013/14	11.65% (C1: 13.5% C2: 9.8%)	NA	NA	NA	NA

	I6.5. % of women delivering with a SBA (FTIRMN)	Kratie, Mondulkiri, Stung Treng, Ratanakiri	HIS Baseline survey report (HH survey)	2012 2013/14	48% 58.8%	50%	40.5%	HIS	The baseline figures on which the Year 1 target was based were the averages across all 4 provinces, including hospital deliveries. The Year 1 figure reported here is only for PSL-supported HCs where the proportion is lower. The 4-province average from HIS including hospitals was 58% for Year 1, showing considerable progress.
Increased community demand for RMNH services	I7.1. # VHSG and other community health volunteers supported through PSL	Kratie, Mondulkiri, Stung Treng, Ratanakiri, Battambang, Pursat, Koh Kong, Sihanoukville	NA			1006	1,135	Community health volunteer lists from NGOs	Additional CBDs were trained in Kratie and Stung Treng which was not initially planned.
	I7.2. # of health centre catchment areas implementing community based distribution of contraceptives (FTIRMN)	Kratie, Mondulkiri, Stung Treng, Ratanakiri	Baseline survey report (OD MCH)	2013/14	37 (HC and HP across all 4 provinces)	13	20	OD MCH records	Achieved coverage in all health facilities covered by PSL in Year 1
Component 3: Knowledge into Policy. Innovation, evidence- based learning and delivery models inform policy and practices for sustained improvement in RMNH outcomes									
Program based learning agenda developed and implemented	I8.1. PSL annual plans based on learning from previous year	PSL partners	N/A	N/A	N/A	X	AOP2 based on recommendations from annual review process	PSC, annual review, annual plan documentation, AOP	
	I8.2. PSL learning disseminated to stakeholder groups as defined in the learning agenda	National, PSL program areas	N/A	N/A	N/A	X	Baseline survey results presented to donors, other NGOs; Learning updates prepared for publication	Learning agenda implementation plan, TRG minutes, TWG minutes, documentation of dissemination at community level (activity reports)	Further dissemination of baseline results and learning updates in Yr 2 Q1
Program partnerships are effectively coordinated and managed	I9.1. CLU supports and enables program coordination and harmonisation	PSL partners	N/A	N/A	N/A	Partnership manual (including mainstreaming of cross-cutting issues) completed; CLU staff and office in place and operational; MERI knowledge management system operational; technical harmonisation packages agreed	Partnership manual drafted and circulated to NGOs; CLU offices operational, 4 out of 5 staff in place, 5th recruited; MERI knowledge management system in place; Quality Team developed key harmonisation packages	Partnership manual draft; Knowledge management database; CLU workplans, KPIs and reports; Quality Team minutes	
	I9.2. Governance structures implemented in line with their Charters	PSC, PMG	N/A	N/A	N/A	Charters finalised and implemented	Charters finalised in AOP2 and implemented	AOP2; Minutes of PSC, TRG, PMG, etc.	

PSL Financial Report 1st August 2013 - 31st July 2014

Combined		Year One Budget	Expenditure to 31st July 2014	Balance remaining	% budget remaining	Notes
	Cost Category					
I	Personnel					
I.a	Headquarters Personnel	$98,378	$80,715	$17,664	18%	This line is underspent due to HQ staff changes and coverage of some HQ personnel under the Research and Learning budget.
I.b	In Country Personnel	$1,465,047	$1,322,889	$142,158	10%	The underspend in this line is due to delayed recruitment and turnover of in-country staff.
II	Technical Assistance	$115,630	$89,117	$26,513	23%	The voucher assessment was conducted in July 2014 but most of the costs will be incurred in Year 2.
III	Travel					
III.a	Headquarters Visits to Program	$28,698	$15,223	$13,475	47%	Due to delays in the start-up of some activities, some planned support and supervision visits were not required. Additional support was provided remotely.
III.b	In Country Monitoring	$161,242	$167,390	-$6,148	-4%	
IV	Equipment/ Supplies	$91,060	$73,354	$17,706	19%	Procurement of some equipment (e.g. computers) was not necessary in Year 1 so has been deferred to Year 2, pending
V	Capital Expenditure	$121,052	$117,161	$3,891	3%	
VI	Office Support Costs	$243,142	$189,352	$53,790	22%	Office support costs are allocated relative to the overall expenditure on program implementation, hence the
VII	Program Activity Costs	$1,569,492	$1,180,553	$388,939	25%	Start up and implementation of some program activities were delayed for various reasons (see individual NGO reports). These activities will be completed in Year 2, subject to approval of carrying over unspent funds from Year 1.
VIII	Sub Award Agreements	$0	$0	$0	N/A	
IX	Monitoring and Evaluation	$122,254	$60,974	$61,280	50%	Due to the delay in some program activities, M&E requirements were reduced in Year 1. Subject to approval, unspent funds will be used for M&E of these activities when they are completed in Year 2.
X	Research and Learning	$60,503	$42,296	$18,207	30%	Some research and learning activities have been deferred to Year 2 to allow full analysis of needs and priorities during Year 1.
XI	Audit	$16,563	$5,377	$11,186	68%	No program-specific audit was required in Year 1.

XII	Partnership Costs	$458,794	$275,337	$183,457	40%	The partnership budget was underspent in Year 1 due to challenges in recruiting CLU staff members and delays in joint procurement. All planned activities will be completed early in Year 2.
	Sub-total	**$4,551,855**	**$3,619,738**	**$932,117**	20%	
XIII	ICR	$455,186	$361,974	$93,212	20%	
	TOTAL	**$5,007,041**	**$3,981,711**	**$1,025,329**	20%	