PSL Year 2 Annual Report: 1st August 2014 – 31st July 2015

Introduction

Throughout its second year, the Partnering to Save Lives (PSL) program has built on the strong foundations laid in Year 1, implementing high-quality, evidence-based interventions to improve reproductive, maternal and neonatal health (RMNH) for some of the most vulnerable women and babies in Cambodia. As a result, PSL has achieved or exceeded around three quarters of the Monitoring, Evaluation, Reporting and Improvement (MERI) framework targets. Notable year-on-year achievements include expansion by two-thirds of the number of health staff completing Ministry of Health (MoH) approved training (670 in Year 2), more than doubling of the number of midwives attending Midwifery Coordination Alliance Team (MCAT) meetings (total 1502 in Year 2), an increase in the uptake of post-abortion family planning (FP) from 58% to 71%, and a total of 8118 women accessing PSL-supported mechanisms to overcome financial barriers to RMNH services.

PSL's integrated capacity building and quality improvement (QI) approach for health workers, which includes needs assessments, training, MCATs, coaching and supportive supervision, has been revised based on Year 1 learning and is implemented in partnership with the MoH's National Maternal and Child Health Centre (NMCHC), Provincial Health Departments (PHDs) and Operational Districts (ODs). Year 2 saw completion of PSL's Behaviour Change Communication (BCC) Framework for vulnerable groups and the subsequent development of innovative multimedia BCC packages for garment factory workers (GFWs), ethnic minorities and other rural communities, combined with strengthening of community referrals to public health facilities and development of a referral system for GFWs. Financial barriers to RMNH services continued to be an important focus for learning and innovation for PSL in Year 2, with significant effort made to improve the health impact of PSL's supply-side FP financing, village savings and loans associations (VSLAs) and conditional cash transfer (CCT) approaches, and to maximise their complementarity with the Health Equity Fund (HEF) system. The status and strength of the partnership continued to grow, and dissemination of PSL's learning resulted in significant advocacy successes, including the planned development of a new National MCAT Protocol by MoH and garment factory infirmary (GFI) guidelines by the Ministry of Labour and Vocational Training (MoLVT). As PSL approaches its mid-point, the partnership is in a strong position to deliver increasing impact in Year 3 and beyond.

Component 1: Improving Health Service Delivery

Activities and achievements

Facility and quality assessments: PSL's approach to improving health service delivery depends on a thorough understanding of existing quality and capacity. In Year 2, Stung Treng (STG) PHD completed Level 1 facility assessments, prior to the national transition to the Level 2 assessment package. The MoH conducted Level 2 assessments in all four north-east (NE) provinces as part of a pilot supported by HSSP2 and the results are expected by the end of 2015. In addition, PSL conducted assessments of midwives' skills through direct observation of deliveries at six health centres (HCs) in Mondulkiri (MKR) and Ratanakiri (RAT), and collected qualitative data on midwives' confidence in performing essential obstetric and neonatal care in 14 HCs across the NE. Facility assessments were also completed and improvement plans developed for infirmaries in 11 garment factories (GFs), with a particular focus on provision of short-term FP services and referrals. Capacity and skills gaps identified through all assessments form the focus for intensified capacity building activities.

Health facility refurbishments, equipment and materials: Based on facility assessments and QI plans, PSL supported the refurbishment of 29 health facilities (17 in Kratie [KRT], two in MKR and 10 in STG). Infrastructure improvements focused on infection control (placenta pits, incinerators and water and sanitation systems) and improving access to services (maternity waiting rooms and lighting systems to enable deliveries at night). Essential medical equipment was provided as needed, as well as items to enable meetings within the health facilities. Eighteen facilities in six provinces received comprehensive abortion care (CAC) equipment. Eight GFIs received infection control and data management equipment.

Quality improvement activities for facilities/providers: Ongoing monitoring and support are essential for maintaining quality in RMNH service delivery, so supportive supervision is a key component of PSL's QI package. However, supervisory capacity is variable among PHD and OD staff. Recognising this gap, PSL's Quality Team (which brings together technical representatives from all PSL NGOs and the Coordination and

Learning Unit [CLU]) developed a training package on supportive supervision. This was delivered to PHD and OD staff in Kratie Province in June. PHD/OD teams in the four NE provinces, supported by PSL staff, have followed up MCAT meetings with quarterly supportive supervision visits to all HCs across the four provinces in Year 2. In addition, 318 providers across 13 provinces received CAC QI visits and 59 providers in KRT and Preah Sihanouk (SHV) received QI visits on long-acting FP service delivery. The results from all supportive supervision and QI visits were used to target further capacity building and QI support.
PSL has also supported improved planning and coordination by PHDs, ODs and HCs in the NE, supporting annual and quarterly review and planning meetings at the PHD/OD level and monthly HC meetings. This has enabled the development and monitoring of harmonised workplans across each OD.

Support commodity flow, management and distribution: Effective RMNH services cannot be delivered without a reliable supply of quality commodities. PSL supports a total of 357 community-based distributors (CBDs) to sell short-term FP methods (pills and condoms) and conducted 168 meetings at PSL-supported HCs in the NE where CBDs reported on commodity distribution and received new supplies. A further 18 meetings were held with CBDs to support implementation of PSL's supply side FP financing approach. GFIs supported by PSL sold 2,104 short-term FP products and 4,607 pregnancy-testing kits during this period. PSL worked with HCs and OD staff to monitor stock levels of all FP commodities and place orders accordingly, and with UNFPA and NMCHC to track FP supplies nationally. PSL also collected data from 14 facilities across the NE regarding stocks of all essential medicines for RMNH services. Further information is included in Challenges and Solutions below.

Workforce competency strengthened: Service providers are the most important component of quality RMNH service delivery. PSL's integrated capacity development package combines in-service training, midwife placements and MCATs backed up by the supportive supervision and QI activities described above. Coordinated capacity building is facilitated in the NE by documenting all outputs in centralised spreadsheets maintained by the Regional CLU, to help identify further capacity building needs for individual facilities and midwives. Coordination is also facilitated through the Quality Team, which provides opportunities for integration and sharing of capacity building activities.
During Year 2, PSL supported in-service trainings for midwives across all four NE provinces on the critical focus areas of infection control (238 participants) and immediate newborn care (INC; 125 participants), and for 60 providers from six provinces (including KRT and STG) on CAC. There was also training in the NE on the 2013 MoH Outreach Guidelines (15 participants, MKR), FP counselling/CBD supervision (14 participants, MKR and RAT), contraceptive implants (24 participants, KRT) and inter-uterine devices (IUDs; 12 participants, KRT), and attitudes towards service users, delivered in partnership with the National Centre for Health Promotion (NCHP; 78 participants in MKR and RAT). Women made up 90% of all participants in MoH module in-service training. In addition, 17 GFI service providers received training on FP counselling and short-term FP methods.
Midwife placements enable inexperienced midwives to spend time in busy referral hospitals to learn from more experienced midwives and gain confidence in their skills. PSL supported placements ranging from five to 21 days at Kampong Cham (KPC) Referral Hospital for 79 midwives from the NE provinces.
MCAT meetings bring together all midwives in a province on a quarterly basis to strengthen referral linkages, review critical cases, and reinforce skills and confidence on specific technical areas. Based on skills gaps identified with PHD/OD teams through supervision/QI activities, the PSL Quality Team has developed several targeted MCAT modules, including one on CAC tailored for trained and untrained providers (developed with input from NMCHC). PSL has also led advocacy on revision of national MCAT guidelines (see Component 3 below). The PSL partners supported MCAT meetings and associated preparation and PHD/OD capacity building every quarter in all four NE provinces in Year 2, reaching an average of 390 midwives each quarter. More than 98% of participants were female.

Referral systems strengthened: A functioning referral system is essential to facilitate informed choice and access to the full range of necessary RMNH services. This is particularly true for GF infirmaries, where the range of available services may not meet all the RMNH needs of workers. In Year 2 PSL developed a paper-based referral system for GFWs, which is being piloted at 11 factories. Development involved GPS mapping and data collection from public, private and NGO facilities in Phnom Penh and Kandal, design and publication of the directory, sensitisation of service providers, factory management and GFI staff, and awareness-raising among more than 1000 GFWs. PSL's GF Coordination Group is monitoring implementation of the system and planning for a review of the pilot in Year 3.
In the NE provinces, PSL is working to strengthen existing referral systems, both formal (through VHSGs and outreach RMNH health services) and informal (through community networks). PSL developed and conducted

an exit interview survey which provided more information on community referral pathways (for more details, see Component 3 below).

Challenges and solutions

- Per diems were an ongoing challenge in Year 2. Government and community partners were often dissatisfied with per diems and other payments under HSSP2 and prioritised activities with organisations offering higher rates. The Government's declaration on per diem rates in 2014 created confusion and further demand for increased payments, which affected working relationships with government stakeholders at the sub-national level. **Solution:** The Australian Department of Foreign Affairs and Trade (DFAT) and the PSL NGOs communicated regularly on this issue, as the donors reached agreement on a harmonised per diem rate for all government employees. The PMG held several meetings internally and with government partners to prepare for introduction of the new rate and also consulted with other stakeholders in the sector. Letters from DFAT and the CLU mandating 1st August 2015 as the start date for the new unified rate were shared with PSL field staff and government and community stakeholders to attempt to minimise future challenges relating to per diems.
- The US dollar strengthened by more than 25 percent against the Australian dollar over the course of Year 2, reducing the funds available in-country for implementation of PSL activities. **Solution:** PSL NGOs monitored the situation and reallocated unspent funds where necessary and when available from activities delayed due to other challenges outlined in this report. However, some impact on coverage was unavoidable. This included the cancellation of construction of six extended maternity waiting rooms in KRT and STG, and the phase out of supply side FP financing from Koh Kong (KKG) province in January, affecting 13 health facilities with a catchment population of more than 29,000 women of reproductive age (WRA). The implications of reduced availability of in-country funds were also taken into account in the planning processes for Year 3.
- Weaknesses in the RMNH commodity supply chain have hampered the full delivery of quality services supported by PSL in Year 2. HCs are not always able to meet the commodity needs of CBDs in the community and there are continued reports of stock-outs of essential medicines, such as magnesium sulphate, at the health facility level. The transition to the ImplanonNXT contraceptive implant has produced a gap in the delivery of implants to women due to a lack of providers trained to insert this new contraceptive. **Solution:** PSL is taking every opportunity to advocate on these issues, through the national Sub-Technical Working Group (Sub-TWG) on RMNCH and individual meetings with MoH officials and donors. In Year 3, PSL will train 12 providers in KRT on delivery of ImplanonNXT. However, a lack of trained providers will continue to be a challenge in Year 3 with the potential for larger impact on supply-side FP financing in all supported provinces. PSL will continue to communicate with MoH and DFAT on this issue. (For more information, see Annex 2.)

Priorities for next semester

- Continue to strengthen and implement PSL's integrated capacity building approach for RMNH service providers, combining in-service training, midwife placements and MCATs.
- At the same time, continue to support and build the capacity of PHD and OD staff to reinforce the skills and confidence of health centre providers through supportive supervision, including preparation for integration of CAC QI into routine supervision.
- Conduct a review of the GF referral system pilot and develop and implement an action plan based on the learning.
- Continue to work with DFAT to monitor and seek solutions to challenges linked to the exchange rate and payments to government partners.

Component 2: Community Strengthening and Engagement

Activities and achievements

Linkages with local authorities and stakeholders improved: Local ownership is critical for achievement of PSL's objectives and PSL has engaged with authorities at multiple levels throughout Year 2. NGO and CLU representatives participated in at least 38 Provincial Technical Working Group on Health (ProTWGH) meetings across 14 provinces to ensure coordination with other stakeholders. Continued engagement with PHD/OD, CCs and health centre managers has enabled FP commodity forecasting in six provinces (Battambang [BAT], KKG, KRT, Pursat [PUR], RAT, and SHV) and has provided a forum for joint planning of community events and FP and

CAC training for providers. Six meetings with administrative districts in RAT highlighted the role of the Commune Councils for Women and Children (CCWCs) in RMNH, while PSL worked with Commune Councils (CCs) in 27 HC catchment areas in KRT and STG to promote incorporation of RMNH into Commune Investment Programs (CIPs). In addition, 90 Health Centre Management Committee (HCMC) meetings were supported across the four NE provinces to increase community oversight of health service delivery. PSL has also been preparing to implement the Ministry of Interior's Implementation of Social Accountability Framework (I-SAF), with 13 NGO staff members receiving related training.

Reducing financial barriers to access RMNH services: The PSL partners implement a range of activities to complement the national HEF program in order to overcome the financial barriers that women face in accessing RMNH services.

Based on learning from an external assessment, PSL's support to long-acting FP methods transitioned from vouchers to supply-side financing. This complemented other approaches to reducing financial barriers to accessing long-acting and permanent FP (LAPM), including output-based assistance (OBA) and outreach, with the combined results of providing free services to 7492 women and men (1049 voluntary surgical contraception [VSC], 2333 IUDs and 4110 implants) across 20 provinces.

VSLAs enable women to access funds to cover direct and indirect costs not covered by HEFs or PSL's FP financing approaches. By the end of Year 2, PSL had established a total of 229 groups involving 3620 members in KKG, MKR and RAT. Intensive BCC with the groups by village health support group volunteers (VHSGs) has increased the proportion of funds spent directly on accessing health services to nearly one quarter.

Also in Year 2, PSL completed a detailed feasibility study on CCTs, another approach that provides funds directly to women to cover the costs of accessing RMNH services. This approach will be piloted in Year 3 in particularly vulnerable communities in KRT and STG.

PSL has coordinated with stakeholders involved in the implementation of HEFs both at the national level (through participation in the quarterly USAID Social Health Protection partners' meetings) and in the provinces. Meetings were held with the HEF Operators in the four NE provinces to maximise coordination and complementarity between the HEFs and PSL's financial barriers approaches.

Financial barriers are one of PSL's four Learning Agenda themes – see details under Component 3 below. To contribute to this learning, towards the end of Year 2, the PSL partners developed plans to pilot an innovative integrated health financing model, combining all three PSL financial barriers approaches alongside HEFs at a single health centre in the NE, supported by coordinated RMNH service quality improvement, BCC and community engagement activities. This pilot project will be implemented and reviewed in Year 3.

A comprehensive BCC strategy implemented for RMNH: With technical and logistical support from DFAT's Australia Mekong NGO Engagement Platform (AMNEP), and in consultation with a wide range of stakeholders, PSL's BCC Framework for Vulnerable Groups was completed in the first quarter of Year 2 and endorsed by NCHP and the Program Steering Committee (PSC). Existing BCC activities were revised and new approaches developed in line with the messages and methods outlined in the Framework. PSL's cross-partnership BCC Working Group identified gaps in internal capacity for implementing the Framework and in July, supported by technical assistance from NCHP and AMNEP, delivered a three-day BCC capacity building workshop for NGO and partner staff. This aimed to improve integration of communication activities into broader interventions to develop an enabling environment for behaviour change.

PSL's community-based BCC activities on FP, implemented through CBDs and VHSGs, reached close to 100,000 people in BAT, KKG, KRT, PST, RAT and SHV provinces, complementing the financial support for LAPM described above. Coordination between the PSL NGOs in the NE increased awareness of LAPM service availability. FP is also the main focus for a new innovative BCC package that PSL has developed for GFWs, which integrates video dramas, a mobile phone quiz application and eight interactive training sessions, which will be fully implemented in Year 3.

PSL's RMNH BCC approach in the NE integrates radio broadcasts, mHealth technology and listening and dialogue groups (LDGs), through an ongoing contract with MEDIA One in KRT and STG and a new partnership applying indigenous languages in MKR and RAT. (See also Partnership Payment Indicator box below.) Twenty thirty-minute radio programs were recorded and broadcast, and thirty-second public service announcements (PSAs) were broadcast more than 2000 times. LDGs, which are facilitated by trained VHSGs, reached more than 5000 women and men across the four provinces in Year 2. A variety of printed materials (totalling nearly 7,500 copies) were distributed to support the BCC. In addition, PSL's BCC Working Group is overseeing a consultancy team that is developing a complementary package of innovative inclusive BCC products for use by VHSGs with people from ethnic minorities.

Community mobilisation and engagement facilitated: VHSGs and CBDs are PSL's primary channels for community mobilisation in rural areas. All volunteers have received a PSL-branded non-financial motivation kit. The Quality Team developed a harmonised training curriculum for VHSGs, with coordination by the Regional CLU, based on the Community Care of Mothers and Newborns (CCMN) and CBD curricula. In Year 2, PSL supported 1,006 VHSGs and 602 CBDs across 8 provinces (64% female). A total of 742 VHSGs and 287 CBDs received training during this reporting period and 184 VHSG meetings were supported at health centres.
Mobilisation of GFWs is primarily through peer educators (PEs). A total of 15,168 GFWs were reached through PE activities, with 64 GFW PEs receiving refresher training on comprehensive FP methods and other sexual and reproductive health issues.

Challenges and solutions

- The NE provinces continue to provide a challenging environment, both for PSL staff conducting program activities and for community members wishing to access RMNH information and services. Bad weather combined with poor roads delayed some activities in Year 2 and form major barriers to accessing services. **Solution:** Delayed activities were rescheduled. PSL's financial barriers approaches are promoted to enable community members to cover the additional costs of transport to health services from remote rural areas, particularly in the rainy season. PSL-supported VHSGs encourage pregnant women and their partners to plan for transport and related costs for safe delivery, especially in the rainy season.
- The development of the GF BCC package was delayed due to difficulty in finding suitable consultants. **Solution:** Different consultants were hired to complete this contract and the work was almost finalised at the end of Year 2.
- PSL's learning has highlighted the need to engage men positively in BCC, to support women's access to RMNH information and services. Plans for adding components targeting men to BCC packages both for GFWs and in rural provinces have not implemented due to lack of funds as a result of the exchange rate changes. **Solution:** The PSL partners are actively exploring how to integrate male engagement further into BCC activities in Year 3.

Priorities for next semester

- Complete development and production of the VHSG BCC package for ethnic minorities and integrate this into existing multi-media BCC approaches in the NE; implement fully the new BCC package for GFWs; continue to review and revise all BCC approaches in line with the PSL BCC Framework, based on learning from implementation.
- Initiate CCTs; continue to refine VSLA and supply-side FP financing approaches based on learning from implementation and the results of PSL's current financial barriers research; strengthen coordination with HEFs at the national and local level; implement the integrated health financing pilot project.
- Strengthen the accountability of the health system to communities through initiation of I-SAF, greater involvement of CCs and CCWCs in RMNH, and improved engagement with VHSGs, HCMCs and CBDs.

Component 3: Knowledge into policy

Activities and achievements

Internal PSL resourcing, relations and communication: The Central and Regional CLU offices have been at full strength throughout the year, since the Midwife Coordinator took up her position in August 2014. From September 2014 to March 2015, PSL was supported by a public health advisor based in Kratie, fully-funded by VSO. The VSO Clinical Quality Advisor arrived in December and is supporting the work of the Midwife Coordinator and the Quality Team for one year.
Coordination mechanisms established in Year 1 were fully implemented throughout Year 2. These included the development and monthly updating of quarterly plans, and national and regional quarterly planning meetings to identify opportunities for collaboration and efficiencies. Results of improved planning included greater coordination linking FP service delivery to established community mobilisation networks.
The PSC met in November to review and endorse the Year 1 Annual Report and the BCC Framework and in March to review and endorse the Year 2 Six-month Report and recommendations from the Year 2 Annual Review process. The Technical Reference Group (TRG) also met in November, to share experiences on implementing MCATs, and in March, to give technical feedback on the Year 2 Annual Review recommendations.

Cross-partnership coordination made significant contributions to program quality during this reporting period. Despite challenges due to staff turnover, the Partnership Management Group (PMG) met ten times during Year 2 and continued to provide strong leadership to the NGOs on learning, advocacy, reporting, coordination and external representation. The Quality Team continued to meet on a monthly basis and produced several key resources for the partnership, including VHSG and supportive supervision training packages, and MCAT curricula. Several GF coordination meetings were held, with a particular focus on development and piloting of the Referral Directory. The M&E team met quarterly to review MERI data and to give technical input into the financial barriers research and other learning activities. The BCC team was closely involved in delivering the internal BCC capacity building workshop and recruiting and supporting the consultants who are developing the VHSG BCC package. The PSL shared drive enables easy exchange of resources among partners.

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

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

Cross-cutting issues: Inclusion of vulnerable groups requires a harmonised approach to cross-cutting issues.

Child protection: PSL NGOs continued to implement internal child protection policies. A video-based child protection session was included in the Annual Review workshop.

Environment: Improvements to water and sanitation systems and medical waste disposal at PSL-supported facilities have reduced the negative environmental impact of RMNH service provision and improved occupational health and safety for service providers.

Gender: PSL attended the AMNEP Regional Fora in Hanoi in August (on the subject of Women's Economic Empowerment) and in Bangkok in February (Women's Labour Mobility) and in June (Inclusive Business). In February, PSL hosted a visit to GFs by Australia's Ambassador for Women and Girls, Natasha Stott Despoja, during which she discussed a range of gender empowerment issues with PSL staff and partners, and GF management and workers.

PSL national and field managers and a DFAT representative attended a two-day gender workshop in Phnom Penh in September, facilitated by regional gender specialists from CARE. Learning will be mainstreamed into planned attitudes training modules for health service providers. The impact of gender inequality on access to FP and safe abortion services for unmarried women is being addressed through innovative BCC products both in GFs and rural provinces.

Disability: The gender workshop coincided with the International Week of the Deaf, so a lunchtime session was added which included a fun introduction to Khmer sign language, facilitated by Cambodian NGO, Deaf Development Project. PSL was a member of a working group convened by Handicap International to develop signboards for communication with hearing impaired parents of sick children, which will be piloted by PSL in the NE. PSL's BCC package for VHSGs in the NE will include audio and pictorial materials suitable for people with vision and hearing impairments, respectively, and will show positive images of women with disabilities accessing RMNH services.

PSL joined the Cambodia Initiative for Disability Inclusion (CIDI) Forum, coordinated by the Australian Red Cross, and took part in their quarterly partners' meeting in December. PSL also participated in three national consultative workshops on disability facilitated by the Cambodian Disabled Persons Organisation, Handicap International, and GIZ, respectively. Disability is addressed as a cross-cutting theme in the BCC Framework and Learning Agenda and the Washington Group questions on functional disability were included in the Snapshot Survey on Community Referrals.

Ethnic and linguistic inclusion: The Annual Review workshop included presentations on ethnic minorities by Health Poverty Action and on the results of qualitative research into cultural barriers to RNMH service uptake by ethnic minorities conducted by the VSO Public Health Advisor. Ethnic minority participants in the internal BCC capacity building workshop facilitated a session on cultural barriers to behaviour change. The new VHSG BCC package is specifically targeted at ethnic minorities and MEDIA One's radio broadcasting is in ethnic minority languages in MKR and RAT provinces where the majority of ethnic minorities live.

Evidence-based learning and innovation: The Learning Agenda outlines PSL's key learning priorities and was fully implemented in Year 2. All program learning is consolidated in PSL's intensive Annual Review process, which was conducted in March and included cross-partnership field visits and a three-day workshop.

Recommendations from the Annual Review were reviewed by the TRG and endorsed by the PSC and then fed into the development of the Year 3 annual operating plan (AOP3), which involved a four-day workshop in April.
PSL completed design and production of update briefings on the three Learning Agenda themes for Year 1 and four updates for Year 2. These have been shared with stakeholders as appropriate. The Learning Agenda was updated during the Year 3 AOP process to reflect the current level of understanding on the four key themes and to incorporate mid-term review priorities for Year 3.
The CLU and NGO field staff completed GIS mapping of all GFs and NE health facilities supported by PSL. These data were used to establish accurate information on distances between GFs and health facilities for the GF referral directory.
More than 400 hard copies of the PSL baseline survey reports have been distributed and soft copy versions of the full reports and executive summaries (in English and Khmer) have been developed and distributed. The results were presented by CLU staff to the MoH's TWGH, the sub-TWGH on RMNCH, URC, GIZ, the CIDI Forum, the AMNEP Regional Forum, students and staff from Deakin University, and the ProTWGs of BAT, KRT, MKR, SHV, RAT and STG. PSL gave oral presentations on both baseline surveys at the International Congress of Midwives Asia-Pacific Regional Conference in Yokohama in July 2015 and an abstract on the FP components of the GF baseline survey has been accepted for oral presentation at the International FP Conference in November 2015. Both GF conference abstracts include data generated from a sub-analysis of the GF baseline survey data by an MSc student under an agreement with Deakin University. PSL is also a partner in Deakin University's own sexual and reproductive health research program in Cambodia, which includes a cohort of GFWs. The baseline survey results continue to inform PSL's program implementation and advocacy activities.
PSL formed another partnership with a PhD student at Liverpool John Moores University who supported MEDIA One to evaluate the impact of their mHealth approach under PSL in KRT. (See Partnership Payment Indicators box below.)
Learning Agenda theme 4, and PSL's research priority for Year 2, is financial barriers. PSL has contracted a high quality team of international and national academic consultants to assess costs of accessing services in the NE and the extent and causes of exclusion of vulnerable groups from RMNH services and the HEF system. Development of research protocols and preparation for ethical approval is underway.

MERI: In order to report on MERI indicators O1.3 and I1.3 on active management of third stage labour (AMTSL) and INC, respectively, the Quality Team designed and developed stamps to be used on partographs together with a monthly reporting format to track correct AMTSL and INC implementation. The approach was approved by NMCHC for a trial period at Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities supported by PSL in the NE and rolled out by PSL field staff with training on its use. Learning from the Annual Review process produced the recommendation, endorsed by the PSC, to scale the stamps up across all PSL-supported facilities in the four NE provinces and this roll-out is underway.
For indicator I3.1, regarding community referrals, the PSL partners developed and implemented a snapshot exit interview survey at health facilities in the NE. This survey was conducted in February by PSL field staff across all three NGOs and the CLU, with results feeding into the Annual Review in March. It showed that PSL-supported community referral mechanisms influenced RMNH service uptake by around one third of users and highlighted the importance of health workers in promoting service utilisation, including through outreach. The survey will be repeated in August 2015 to compare the situation in dry and rainy seasons.
The M&E team met quarterly to review the joint knowledge management system to ensure data quality and track progress towards targets. The team presented progress against MERI indicators at the Year 2 Annual Review Workshop and led the updating of the MERI during AOP3, based on practical experience of collection of relevant data, including successful application of the AMTSL/INC stamps and snapshot referral survey.

External relations and communications: PSL produced a one-page factsheet about the program for sharing with partners and stakeholders. PSL representatives met regularly with the NMCHC Director and participated in national workshops and working groups, including the sub-TWG on RMNCH and USAID partner coordination groups on maternal and newborn health/FP and social health protection. PSL met throughout the year with other stakeholders working on issues relating to RMNH, including Australian Red Cross, the Cambodian Midwives Association, Deakin University, Enfants et Developpement, GIZ, Handicap International, InSTEDD, KOFIH, NCHP, the Nossal Institute, People in Need, Sipar, UNFPA, URC, WHO and World Renew. Recognising the increasing potential and interest in mobile technology for health (mHealth) in Cambodia, PSL took the lead in forming and coordinating an informal NGO mHealth Sharing Group. This group (currently 13 NGOs) met in February and April to share information and resources, including technologies currently available in-country.

Advocacy is the link between learning and policy change. A workshop to develop PSL's advocacy strategy was held over two days in November, with a follow-up session in January. Eight key advocacy priorities were identified for Years 2 and 3, and a detailed action plan developed and implemented.
One of PSL's advocacy priorities is for development of national guidelines for MCATs. This received support at a joint meeting with URC and GIZ and was then the core agenda item for PSL's TRG meeting in November. At that meeting, UNFPA agreed to support financially a national consultation process, facilitated by NMCHC. This activity is on NMCHC's Development Plan for 2015. PSL is actively engaged in the consultation and MSIC and Save the Children are contributing financially.
PSL is actively involved in NMCHC's four other development priorities for 2015. PMG members have held several consultative meetings with MoLVT, MoH, UNFPA and USAID regarding the development of national guidelines for GFIs. PSL is on the Selection Committee for the consultant who will develop the new EmONC Improvement Plan, and is on working groups for the new FTIRMN and FP commodity forecasting.
PSL representatives were heavily involved in the first National FP Conference in November, chairing and presenting in plenary and group sessions and distributing materials at a booth in the display area.

Donor reporting: The PSL annual report for Year 1 was submitted on 2nd October and endorsed by the PSC in November/December. The Year 2 six-month report was submitted on 27th February and endorsed by the PSC at the end of March.

PSL's Year 3 partnership payment indicator

In addition to the outcome indicators in the MERI, the PSL NGOs agreed with DFAT the following indicator of partnership function, linked to a performance-related payment in Year 3: *Demonstrated change by the end of Year 2 in two areas of programming based on coordinated cross-learning building on PSL partners' strengths*. Relevant demonstrated changes include:

1. In Year 1, Save the Children initiated a partnership with MEDIA One, using radio, LDGs, interactive voice response (IVR) and SMS messages to promote positive RMNH behaviours and service uptake in KRT and STG provinces. This continued in Year 2, while CARE expanded MEDIA One activities into MKR and RAT. Based on results of an assessment of the work in Kratie, conducted in Year 2 with support from Liverpool John Moores University, and learning from the development of the BCC Framework supported by AMNEP, the MEDIA One activities in MKR and RAT involve radio and LDG activities only, and have been expanded to use two ethnic minority languages. Learning from the implementation across all four provinces is ongoing, with technical harmonisation ensured through the contributions of all three NGOs and the PHDs into the Content Advisory Groups (CAGs).
2. There has been substantial cross-learning on MCATs within the partnership. MCATs are supported by CARE in MKR and RAT and by Save the Children in KRT and STG, with technical input from MSIC on FP and CAC. Based on skills-building needs identified through CAC QI conducted jointly by MSIC and NMCHC, MSIC has led the development of two MCAT modules on CAC (one for CAC-trained secondary midwives; the other for non-CAC-trained secondary and primary midwives), which have been reviewed by PSL's cross-partnership Quality Team and reviewed and approved by Prof Rathavy for implementation in Year 3. Other RMNH MCAT modules have been developed by the Quality Team, led by CARE and the Regional CLU, and disseminated throughout the partnership through quarterly internal capacity building sessions.

Challenges and solutions

- Turnover of key technical personnel in the PSL NGOs, particularly at the PMG level, led to some challenges. **Solution:** 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, inducting new staff to bring them quickly up to speed, and providing technical backstopping where needed for critical activities.

Priorities for next semester

- Support the implementation of DFAT's external mid-term review of PSL.
- Implement the Year 3 Learning Agenda, including completion of the financial barriers research, procurement and data collection for the mid-term survey and evaluation, and repetition of the snapshot referral survey in August; continue to disseminate all LA outputs as appropriate, including

presentations at the International FP Conference and submission to the 8th Asia-Pacific Conference on Reproductive and Sexual Health and Rights.

- Continue to feed PSL learning into implementation of the Advocacy Action Plan, including through representation in development processes for key NMCHC priorities, particularly the national MCAT protocol and GFI guidelines.
- Prepare for the consolidation of PSL learning through the Year 3 Annual Review process.