PSL Year 4 Annual Report: 1st August 2016- 31st July 2017

Introduction

In its fourth year, Partnering to Save Lives (PSL) continued to make important progress towards improving reproductive, maternal and newborn health (RMNH) for vulnerable groups such as ethnic minorities, garment factory workers and persons with disabilities. In Year 4, PSL interventions included comprehensive RMNH in four Northeast (NE) provinces, reproductive health and family planning activities in 16 additional provinces and support to infirmaries and behaviour change communication (BCC) in 20 garment factories employing 38,440 workers (31,889 women). Up to now the PSL program has supported 374 health facilities (296 health centres (HC), 77 hospitals and one health post).

Key achievements of the partnership in Year 4 included the rolling out of the Village Health Support Group (VHSG) BCC package, the drafting of a coaching guide that is ready to be introduced at the beginning of Year 5, the strengthening of participatory approaches in the quarterly Midwifery Coordination Alliance Team (MCAT) meetings and the scale up of infirmary support and *Chat! Contraception* in garment factories. The annual review conducted in February 2017 highlighted improvement in midwives' self-confidence following on site coaching support and practical sessions during MCATs. Community members reported improved RMNH behaviours; men involved in men's club demonstrated increased levels of awareness, including increased support to their wives when pregnant. Challenges remain to convince communities of the importance of postnatal care and to reduce the practice of roasting[1] after delivery.

Regarding advocacy, PSL has contributed to the development of the Guidelines for the Establishment of Enterprise Infirmaries and the National Strategy for Reproductive and Sexual Health 2017-2020. A policy brief on the issue of transportation in the NE is being finalised by PSL partners. PSL learning has been shared through the Maternal and Child Health (MCH) sub-technical working group, provincial technical working groups for health and the PSL technical reference group.

As the program is soon coming to an end, PSL has intensified dialogue with its national and subnational partners to ensure key interventions are integrated into their annual operation plans. The PSL coaching approach is being aligned to the new MoH National Quality Enhancement Monitoring (NQEM) system.

I- Improving access and quality of RMNH services in the NE Provinces

Key results and contributions:

From our Monitoring Evaluation Reporting and Improvement (MERI) framework data[2], we observe some good achievements in year 4 compared to targets:

- The percentage of people accessing RMNH services in previous 12 months who were referred through a community referral mechanism was 69% compared to a target of 45%;
- The number of community volunteers supported by the programme was of 1,583 compared to a target of 1,477.
- The number of women delivering in a health facility with a skilled birth attendant (SBA) was 11,834 (HIS data) compared to a target of 11,977;

[1] Roasting is the practice of keeping burning charcoals under the bed of the new mother for a few days to keep her body warm and restore her energy.

[2] The MERI framework gathers all indicators used by the partnership to monitor progress against targets. For many indicators, the source of data is the Ministry of Health HIS. For some others indicators, the source is the record kept by project teams and PSL baseline and midterm evaluation.

- The number of women receiving two or more postnatal care (PNC) visits was 10,598 (HIS data) compared to a target of 10,392.
- The number of women attending four or more antenatal care (ANC) consultations in target health facilities was 10,667 (HIS data) compared to a target of 11,260;

641 health providers (95% midwives) have benefitted from capacity building support from PSL in Year 4. Our annual review in February 2017 looked at the effectiveness of coaching and MCATs in transferring skills to midwives. Interviews with midwives and Provincial Health Department (PHD) staff found that MCATs functioned well to improve their skills, especially when participatory approaches are used. They help improve relationships between HCs, hospitals, Operational Districts (ODs) and PHDs. Similarly coaching is perceived as a useful means to build self-confidence of HC midwives. PHD and OD coaches expressed a need of further training on coaching skills from the program.

The snapshot survey conducted in February-March 2017 confirmed the impact of referral mechanisms supported by PSL. The number of respondents reporting being referred by PSL supported mechanisms increased to 69% compared to 34% and 48% during surveys in February and March 2015. The survey also showed a noteworthy increase of referrals through Listening and Dialogue Groups (LDGs) in Kratie and Stung Treng and through clubs and Traditional Birth Attendants (TBA) for ethnic communities in Ratanak Kiri and Mondul Kiri. The annual review confirmed the central role of community volunteers in referrals to health facilities. It was observed that Commune Council for Women and Children (CCWC) could play a greater role.

During the annual review, community members demonstrated improved knowledge in RMNH and reported increased utilisation of RMNH services. Up take of postnatal care services continues to remain low, with most women still using the traditional practice of roasting.

Activities and achievements

Facility assessments with MOH:

PSL teams participated in some MoH NQEM assessments in Ratanak Kiri, Mondul Kiri and Stung Treng in June 2017. This was an opportunity for staff to become more familiar with the NQEM tools and to discuss with OD and PHD teams how PSL can support the process.

Health facilities' refurbishment, equipment and materials:

All refurbishment activities were completed in Year 4 in the remaining seven health centres (two in Kratie and five in Stung Treng). Five of them were supported for improvement of their water storage and access and two for maternity waiting rooms.

Quality improvement (QI) for facilities/providers:

Coaching: PSL partners continued to build the capacity of HC midwives through regular coaching visits in close collaboration with PHD and OD MCH teams.

With the support of a consultant, PSL quality team developed a practical coaching guide and set of tools to support OD teams in their role as coaches. The coaching guide focuses on coaching on RMNH care at HC level. It presents basic concepts of coaching, the role and skills of the coach, the coaching process and offers some examples of scenario and tools to be used during coaching session. The guide will be introduced to PHD and OD teams from the four NE provinces during the first semester of Year 5.

A five-day workshop was held in Mondul Kiri to further orient 40 supervisors representing the Kratie and Stung Treng PHD, OD and referral hospital (RH) on the National Clinical Management of Safe Motherhood and MCAT protocols. A three-day training on coaching was organised in Kampong Cham for 48 participants from the four NE provinces and the National Maternal and Child Health Centre (NMCHC). PHD and OD teams in the NE were introduced to the new NQEM process during an information session facilitated by DFAT in January 2017.

Across the four NE provinces, 69 HCs across the four NE provinces have received at least one coaching session including one overnight stay[3], in addition to MCAT supervision visits in 27 HCs in Mondul Kiri and Ratanak Kiri. Several senior staff monitored target HCs, finding that the midwives are more knowledgeable and confident in performing delivery and saw greater benefit from coaching than checklist-based supervision.

Attitude training: In December 2016, PSL partners and government health officers from all four NE provinces received a five-day Attitude Training of Trainer (ToT). The focus was to enhance competence of core trainers to strengthen clinical staff in terms of attitudes and behaviours towards: ethnic minorities, gender, persons with disabilities, and adolescents. Participants provided positive feedback on the training and affirmed their commitment to improve the attitude of health providers in their target provinces, including creating their own action plans for implementing and monitoring the attitude of health providers at the HCs and RHs. Two attitude trainings were conducted with 46 participants (female: 40) in Mondul Kiri and Ratanak Kiri. Several field monitoring visits with health providers in both provinces found that they have used the knowledge they learnt from the training in their work places. Some content of the training will be built into coaching sessions in Kratie and Stung Treng in Year 5.

Workforce competency strengthened:

MCATs: During this reporting period, quarterly MCAT meetings were supported by PSL with 597 participants attending. Topics included shoulder dystocia, immediate newborn care, ANC, management of post-partum shock, ruptured Ectopic pregnancy, vasovagal reaction, anaphylactic shock, haemorrhagic shock (coagulopathy), septic abortion, filling the partograph to avoid obstetrical emergency, vaginal examination to confirm diagnosis of obstructive labour, assessment of blood pressure during labour, and normal delivery with partographs.

Other training: 14 government health providers from four NE provinces and four PSL staff received one clinical skills training in October 2016 on key interventions for postpartum haemorrhage, partograph, and preventative measures for PNC. Nine midwives from nine HCs and four doctors benefitted from in-service/placement training for two weeks at Kampong Cham Referral hospital. Field monitoring of these midwives observed them to be more capable and confident in performing delivery and immediate newborn care in difficult situations.

Referral Systems Strengthened:

From the 2017 Snapshot survey results, we observed an important increase (69% compared to 34% and 48% during survey in February 2017 and March 2015) in number of respondents reporting being referred by PSL supported referral mechanisms such as women's clubs, men's clubs, LDGs, Village Loans and Saving Associations (VSLA), VHSGs, Community Based Distributors (CBDs), Commune Councils and CCWC, and community health promotion. However, we learned that transport remains the main barrier to access RMNH services. Other challenges include cost and influence from husbands and parents in decision making.

Maternity waiting room: The number of women who delivered in the 15 HCs equipped with extended maternity waiting rooms increased from 2,353 in Year 3 to 2,793 in Year 4.

Midwife-TBA alliance: 217 women from 45 villages in Ratanak Kiri and Mondul Kiri were referred for delivery at HCs (13 cases for complications) with transport provided. 253 TBAs attended the quarterly meetings, supporting them to stop performing home deliveries. Monthly supervision took place at the village level by HC midwives and PSL staff. 191 TBAs were supervised in 178 villages; 1018 women, including 269 pregnant women and 102 postpartum mothers, were reached directly during the supervision.

Strengthen linkage and social accountability between health system and community:

Engagement with the VHSGs, CBDs and HC management committees (HCMC) in Kratie and Stung Treng focused primarily on referral processes to the maternity waiting rooms. PSL partners' teams participated in HC and community score card processes facilitated under the Integrated Social Accountability Framework (ISAF) Project. Anecdotal information indicates that where PSL and ISAF implementation overlaps, health centres scores are seeing greater improvement compared to non-PSL implementation areas.

[3] This leaves enough time to conduct both real case observations and simulations and to add a small training session if there is downtime. It also provides more of a chance for coaching during real-life birth deliveries if that is a focus topic.

Reducing financial barriers to access RMNH services: 91% of respondents in the community referral snapshot surveys of February 2017 paid out-of-pocket for costs related to accessing RMNH services. Only 6% of respondents received Health Equity Fund (HEF) support compared to 10% in the August 2015 survey. This reduction may be linked to the transition period in HEF management since July 2016 and the interruption of the payment of the non-medical benefit between July 2016 and March 2017.

Village Saving and Loan Associations (VSLA): By November 2016, 90 VSLA groups remained active in saving with a total of 1,398 members (881 female). At the end of November 2016, the VSLAs were handed over to the Commune Councils who play important roles to motivate the community to continue this work. The integration of other PSL work such as community education in the VSLA forum is also supporting their sustainability.

As of the end of Year 4, 46% of the VSLAs handed over are still active with total 1,133 members (847 female), 21% of total loans were used for health purposes and the social fund was used 526 times (15,050,100 Riel) by members for health purposes.

Promotion of HEF: Information on HEF functioning during the transition of the HEF management to health facilities has been collected and shared with DFAT. Due to delays in identification of HEF promoters, PSL teams faced challenges supporting communities with clear information. The annual review found that ID Poor card holders generally had a good understanding of how the HEF works and how to get an ID Poor card while non-ID Poor card holders were lacking knowledge, especially on how to get Priority Access Cards. As HEF promoters haven't been identified yet, post ID identification process has been interrupted.

A comprehensive BCC strategy developed and implemented: The comprehensive BCC strategy implemented by PSL partners in the NE combined mass media and direct community engagement.

Village Health Promotion Events created dialogue in communities about safe and healthy RMNH practices and promoted the other BCC interventions. 67 health promotion events were held to educate parents, care givers and children on ANC, birth preparedness, danger signs during pregnancy and after delivery, delivery and PNC. A total of 1,566 community members including indigenous people attended. The key activities included RMNH audio spots, group discussions, and quiz shows.

Live radio broadcasts continued to be aired in the four NE provinces in the form of dramas, call in shows with RMNH experts and short public service announcements, as well as video in the 28 targeted HCs in Kratie and Stung Treng.

Listening and Dialogue Groups (LDG) consisted of community members gathered together by a local facilitator to listen and discuss the radio programs. Cumulatively, 11,535 participants (7,910 female) attended LDGs (in Kratie and Stung Treng) or pregnancy/men's clubs (in Ratanak Kiri and Mondul Kiri). LDGs and /or clubs covered topics including birth preparedness, ANC, delivery, danger signs for mother, PNC, danger signs for newborn, and breastfeeding. In Kratie and Stung Treng 77 new LDG facilitators, one per selected village, received a two-day training and radio set (with nine recorded radio episodes and 12 public short announcements). Eight refresher trainings on how to facilitate LDGs and use the radio spots were conducted in Ratanak Kiri and Mondul Kiri with a total of 158 participants (61 female) to strengthen technical and soft skills of facilitators.

Introduction of the VHSG BCC package: A ToT training of the new VHSG package was organized in Ratanak Kiri and Mondul Kiri and seven government officials (health promotion and MCH OD staff) and four PSL staff from both provinces attended. 250 VHSGs (120 female) received training so that they could begin using the new package and participatory approach effectively. Quarterly monitoring visits from HC midwives and PSL staff reached to 96 VHSGs in 69 villages in the two provinces.

Challenges and solutions

- *Availability and commitment of PHD facilitators:* Some facilitators were not available for MCATs due to the lack of trainer and facilitator fees provided as per the PSL per diem policy. **Solution:** Discussions are taking place with PHD and OD to prioritise MCATs in next semester and contribute government money for per diems.
- *Difficult access during rainy season* has impacted some activities such as on-site coaching and health promotion. **Solution:** Schedule has been adapted to ensure all remote villages and HCs can be visited outside rainy season.

- During the Commune Council elections, activities at the community were cancelled due to restrictions during the campaign period. **Solution:** PSL teams applied a flexible schedule by doing other activities instead, such as training and coaching at HCs.
- LDG facilitators have limited capacity in organizing health education, as well as recording and reporting. **Solution:** Support OD and HC teams to conduct supervision at village level and during LDG facilitator meetings.
- Community referrals are still challenging in certain HCs due to road conditions, lack of readily available transportation, and competing priorities in terms of traditional practices. **Solution**: PSL has increased transportation fees (TBA transport vouchers) and has intensified efforts with TBAs to promote delivery at a facility in community.
- The delays in transferring HEF management to health facilities caused some confusion around HEF benefits at community and facility. **Solution:** PSL communicated issues to DFAT and supported communication with PHD/OD, HCs and community about HEF benefits.

Priorities for next semester

- Organize a three-day training workshop on PSL coaching package for all coaches from the four NE provinces;
- Implement intensive coaching and supportive supervision in partnership with PHD/ OD, using new PSL coaching guide and safe motherhood protocol for HC;
- Participate in the implementation of the NQEM system and implementation of quality improvement plans;
- Support facilitation of MCAT meetings and plan exit and handover;
- Coordinate with I-SAF project to improve health services through social accountability;
- Continue BCC activities in rural and remote communities and plan exit and handover;
- Examine and document learnings from the TBA alliance; integrate with new government and partner referral mechanisms in preparation for exit;
- Provide technical support to PHD/OD and Commune Councils to include RMNH services into their Annual Operational Plans and commune investment plans;
- Obtain endorsement of the attitudes curriculum for health providers by National Centre for Health Promotion and promote uptake by PHD/ODs.

II- Reproductive health activities (long term family planning (FP) and comprehensive abortion care (CAC)) in 20 provinces (including NE)

Key results and contributions

Some key achievements for Year 4 in improving access to FP and sexual reproductive health in 20 provinces included:

- 63 providers have been trained in CAC including 21 MCH personnel
- 48 providers received Implant training as part of long-term FP options. All were located in the NE provinces. Additionally, 10 MCH/ODs received training in basic Implant and 11 received training in basic Intrauterine Device (IUD)
- A total of 859 tubal-ligations and eight vasectomies were provided to women and men producing 8,670 Couple Years of Protection. According to the Marie Stope International Impact 2[4], PSL's support of outreach activities including output based assistance and outreach service delivery has averted an estimated 948 unsafe abortions and 2,721 unintended pregnancies.

The CAC-related MCATs have been particularly successful. The training evaluation showed that cumulatively only 10% of participants passed the pre-test while 96% of participants passed the post-test. Participants gave

[4] Marie Stopes Impact 2 Calculator is an innovative socio-demographic mathematical model developed in partnership with health economists and demographers, and peer reviewed by the Guttmacher Institute, Population Council, EngenderHealth, Futures Institute, and UNFPA. It estimates the impact of work, and the wider social and economic benefits of offering access to family planning services.

100% satisfaction rating as part of the workshop evaluation with 57% of participants most satisfied with the clear explanation and the participatory delivery approach by the facilitators.
The annual review in February 2017 identified limitations in the implementation of CAC in public health facilities. CAC practice remains limited as CAC providers do not feel confident in their skill to perform CAC. Strong moral barriers are also reasons for midwives not to perform CAC, suggesting that values and attitude training needs to be strengthened. There is also a need to reinforce CAC supervision from PHD/OD MCH teams.

Activities and achievements

QI for facilities/providers:

CAC training and Quality Assurance (QA): In this reporting period, four CAC training sessions with 63 participants (10 from the NE provinces) have been completed. A total of 21 PHD/OD participants received one training on coaching skills which enable them to conduct CAC QA to the CAC providers and the remaining 31 participants will receive training in August 2017. 253 CAC trained providers (57 from NE) from 166 health facilities in 13 provinces received CAC QA. The providers have shown strong competency skills in *Manual vacuum aspiration* and Post-procedure management. Pre-procedure counselling has also improved from 50% to 70% from the previous semester.

Long-term FP methods training and Quality Improvement (QI): During this period, four ImplanonNXT trainings (two in Ratanak Kiri and two in Mondul Kiri) were conducted with 48 participants who are now providing this service. An additional two trainings (one IUD with 11 participants and one Implant with 10 participants) were organised to enable OD and PHD teams to appropriately use the IUD and Implant vignette used in the newly introduced NQEM process.
The sustainable transition of long-term FP QI to PHDs and ODs MCH teams was discussed with the NMCHC and the transition plan was agreed, with a provider reflection meeting arranged for February 2018 to review the progress of the transition. The long-term FP QI refresher training to the PHD/OD MCH teams in the four NE Provinces and Sihanoukville was conducted in early April 2017 with 18 participants.

Workforce competency strengthened:

MCATs: MCAT on CAC focused on skill building in 12 provinces including the four NE provinces with 1,688 participants from 409 HCs and 36 RHs (358 participants from 68 HCs and 8 RHs in the NE). This was delivered using a participatory approach based on case studies on potential CAC complications. The CAC QA found that the feedback from the health facilities' providers was that they had strongly benefited from this capacity building approach and felt it should be repeated for other colleagues who had been unable to attend.

CAC ToT: To address a lack of CAC trainers at the national level, a ToT was organised in collaboration with Sugar Palm Foundation, NMCHC and a consultant on May 21-30, 2017.

Permanent methods service delivery: A total of 363 tubal ligations and eight vasectomies (66 tubal ligations and two vasectomies in the NE) have been delivered to women and men via the Marie Stopes voluntary surgical contraception (VSC) outreach team in 15 provinces (compared to a target of 10 provinces). PSL supported the training on VSC to 15 participants from seven hospitals and provided two sets of instruments to each hospital. All seven hospitals received QI and one hospital received coaching in July 2017.

Reducing financial barriers to access RMNH services:

Permanent methods output-based assistance: In addition, a total of 496 tubal ligations (69 in the NE) have been delivered to women via PSL supply-side financing support mechanism in four provinces which is on target.

Demand Creation:

PSL delivered and set up the information, education and communication (IEC) materials on VSC services in the hospital waiting areas and also supported the information sharing to the community through VHSG. Awareness raising activities for VSC in the community in collaboration with VHSGs reached up to 9,440 people across 15 provinces.

Support to Community Based Distributers (CBDs): Direct support to CBDs has stopped in Year 4.

Challenges and solutions

- There is a limit to resources and capacity from all RHs for demand generation in communities in their coverage areas. This has subsequently impacted on the number of people accessing and taking up VSC services. **Solution**: Additional IECs materials will be provided.
- Although VSC is included in the Health Equity Fund (HEF) Benefit Package, Marie Stopes have found that there is some concern about the sustainability of RHs offering this service once the support from PSL ends as RH staff feel the HEF rate is too low for this procedure. Additionally, there is still a gap in some RHs implementing a facility patient management flow system which has resulted in not completing the necessary paperwork for reimbursement from HEF. There is also some confusion at some RHs as some administrative staff are unaware that VSC is included within HEF. This lead to concerns that post PSL clients may not receive the VSC service at RHs under HEF. **Solution:** Marie Stopes is helping support these RHs to ensure VSC is implemented sustainably after the end of the project.

Priorities for next semester

- CAC QI training to 31 MCH PHD/OD participants in August;
- MCAT in 5 provinces in September and October;
- Support MCH PHD/OD for CAC and FP QI from August;
- Monitoring the commitment of FP/CAC QI from January 2018;
- VSC financing and QI in all 12 RHs;
- Reflection/Learning workshop of VSC in October 2017;
- Reflection/Learning workshop of CAC and FP QI in December 2017.

III- PSL work in Garment Factories

Key results and contributions

PSL interventions reached 20 garment factories in Year 4 but one factory closed in December 2016, reducing the coverage of PSL to 19 factories in the second semester. The implementation of *Chat! Contraception* including the male engagement module reached 13,440 females and 262 male workers between August 2016 and July 2017.

During PSL annual review process, workers interviewed reported improved knowledge and behaviour change following *Chat!* interventions, particularly with FP methods and safe abortion. Workers also knew where to access services and information (factory infirmary, health facilities and private providers) and they had shared information with partners, colleagues, friends and relatives. This is also reflected in preliminary results from a mini-evaluation conducted in December 2016, which found that use of modern contraception had doubled and RMNH care utilisation almost tripled since project inception.
In one garment factory, the human resources manager reported decreased staff turnover from 12% to 8%, reduced staff absenteeism and productivity gain.

Activities and achievements

Garment Factory Infirmaries: At the end of Year 4 PSL supports 13 garment factory infirmaries as one closed during the reporting period. 24 garment factory infirmary providers were trained on voluntary short-term FP methods. Regular QI monitoring visits showed improved QI scores and progress from quarter to quarter, including in infection prevention. However, FP counselling does not always cover both short-term and long-term methods. In Year 4, infirmaries provided 927 pill blisters, 417 injectable contraceptives and 1,482 condoms.

Garment factory referral system: 159 garment factory workers received services through referrals to private and public facilities. The referral directory was updated and finalized with all public HCs. National Social Security Fund (NSSF) clearly marks those facilities where workers could access free services. PSL provided training to all factory infirmary staff and health educators with total 51 participants on the use of the directory to further support workers' informed choices on accessing quality contraceptive services.

A comprehensive BCC strategy implemented for RMNH:

Chat! Contraception is still being implemented using innovative approaches – small group sessions, video dramas, and a mobile quiz app. *Chat!* was rolled out to 16 factories (meeting the target), under PSL. During the reporting period, 13,440 factory workers were reached in 24 factories including 6,455 workers in 16 factories directly through PSL. For the 16 PSL factories, 4,431 workers have seen all three videos, most with guided discussion; 1,241 workers downloaded the mobile phone quiz; and 264 garment factories workers have completed all eight sessions. The male engagement component, *Chat! Contraception for Him* started implementation in Year 4 and was rolled out to all 16 PSL factories, reaching 262 male garment workers. A mini evaluation conducted in December 2016 showed that, compared to the PSL baseline in garment factories, contraception use has doubled (24.2% to 48%), RMNH service utilization has more than doubled (8.6% to 20%) and the confidence of women to discuss contraception and refuse sex with their partners has tripled.

During the reporting period the project initiated line leader meetings with 57 participants from 13 factories, with the aim of identifying successes and challenges related to Chat! implementation.

Challenges and solutions

- Factory management is still resistant to giving work hours for Chat! sessions. ***Solution:*** continue sessions over lunch and increase advocacy for work hours through relationship- and ownership-building with management.
- The mobile quiz app had some bugs that emerged late, which slowed game downloads. ***Solution:*** All bugs have now been resolved and direct engagement surrounding the game has been extended into the first semester of Year 5 to ensure maximum reach.
- Whilst garment factory infirmary providers have improved their QI standards, especially in hygiene and infection control, there are concerns expressed by both providers and garment factory human resources about the sustainability of maintaining the required QI standards without PSL support once the project ends. ***Solution:*** This is an area to focus on in Year 5 as part of the exit plan and will involve PSL working closely with Ministry of Labour and Vocational Training, Phnom Penh Municipality Health Department, human resources management and infirmary staff.

Priorities for next semester

- Phase-out and handover of *Chat!* in the garment factories through ToT trainings and support to the factory focal point on abridged versions of *Chat!* Intensify private sector approach to phase direct support of Chat! in factories;
- Continue providing QI visits in 13 garment factory infirmaries.

IV- Knowledge into policy

Key results and contributions

The PSL partnership remained strong and joint initiatives have included the finalisation of a coaching guide, a policy brief on transportation issues in the NE, a joint field visit and annual review and common identification of priorities for the Year 5.
Key learning from Year 3 have been shared and PSL continues to be consulted in the development of key policies and guidelines in the field of RMNH. Year 4 learning updates and the policy brief will be disseminated in the first quarter of Year 5. Particular attention has been paid to reinforce cross cutting components of the program.

Activities and achievements

Internal PSL Resourcing, Relations & Communication: The CLU unit team continued to facilitate the coordination of the partnership. The national coordinator resigned in April 2017 and a new Monitoring and Evaluation Coordinator joined mid-July.

During the reporting period, all coordination mechanisms within the partnership were functioning. The Partnership Management Group and Quality Team met on a monthly basis throughout the period. The Quality Team focused on the development of the coaching guide. The Partnership Steering Committee met twice in the year, firstly in December 2016 to validate the Year 3 report and the Year 4 action plan and again in March 2017 to validate the findings of the annual review and recommendations for Year 5 planning. The Technical Reference Group met in October 2016 to share various experiences around coaching and in May 2017 to discuss findings from the annual review. The updated PSL partnership manual was approved in January 2017.

Cross-cutting issues:

In February 2017, the annual review looked at our achievements and gaps in contributing to gender equity and disability inclusion within the program. The findings have highlighted the following elements:

Gender equity: Specific clubs for men and women worked well and have demonstrated the interest from men to learn about contraception and reproductive health. Men taking part into the activities have a better understanding of gender roles, and are supportive of their wives, particularly when pregnant. Community members we met during the field visit expressed that husband and wife discuss FP and make decisions together. Also, provincial authorities and CCWC have a good understanding of gender and gender-related interventions are included in commune investment plans and five-year development plans.

On the other hand, it was found that teenagers do not feel comfortable accessing health services due to shyness and privacy concerns. Unmarried women rarely receive information on sexual and reproductive health except if they attend secondary school or PSL community groups. Stigma around unmarried women accessing sexual and reproductive health services remains high.

The attitude training has helped health providers to better understand the specific needs of women, men and teenagers, but has not changed the social norm for unmarried women. Additional gender awareness at community level could be considered in collaboration with CCWC. Authorities should also play a role to convince men to participate in community awareness sessions. Specific men's clubs should be strengthened and expanded.

Disability: Most persons with disability interviewed during the field visit mentioned that they could access health services free of charge. They generally did not report discrimination from community and health service providers, but some signs of discrimination could be observed against women with disabilities. For example, most women with disability remain unmarried. Some persons with disability mentioned improvements in the attitude of health providers who have helped them access the services at HC level. The attitude training or other clients' rights/ providers duty training led to improved knowledge and behaviour of health care providers towards persons with disability as well as ethnic minorities. Provincial authorities and CCWC have some understanding of disability inclusion and have included disability issues in commune investment plans and five-year development.

The level of participation of persons with disability in PSL community-level activities remains limited. This is partly due to a lack of awareness of community volunteers on the need to include persons with disability in the community groups. This could be improved through clear information provision to volunteers and village authorities to encourage their participation. Persons with disability have very limited or no exposure to information on RMNH.

Based on these learning a partnership has been finalised with the Cambodian Disabled People's Organisation (CDPO) to support Disabled People Organisations from the NE provinces to provide some information sessions on sexual and reproductive health to members of their self-help groups and to conduct disability awareness session in some selected PSL LDGs/clubs. These activities will be implemented in the first semester of Year 5.
One staff member from each PSL partner joined a disability inclusion ToT with Light for the World in June 2017.

Environment: PSL supported improved water management and waste management in HCs and in garment factory infirmaries. Environmental risks have been assessed and managed in relation to health facilities refurbishment in line with DFAT's Environment Protection Policy for the Aid Program.

Child Protection: All three agencies have child protection policies which are DFAT compliant. Marie Stopes invited Save the Children to conduct child safeguarding training for its teams in August 2016. There was no particular safeguarding issue reported and managed during the last year.

Fraud: In August 2016, the Marie Stopes Team received full Anti-Fraud and Bribery Training provided by AAA (American Academic Associates Ltd.). The training covered policies, mandatory standards and defining fraud, bribery and zero tolerance. There was no particular fraud issue reported and managed during the last year.

Evidence-based learning and innovation:

Learning from Year 3 has been disseminated to key stakeholders. Some results from the midterm survey relevant to newborn health were presented at the national newborn care sub technical working group. A presentation of our learning on BCC was discussed during a workshop in Kratie with stakeholders from the four NE provinces in January 2017 and at national level in May 2017. Results of the midterm evaluation were also presented during provincial technical working groups on health. Findings from the financial barriers research were presented to the PSL partners in September 2016.

The annual review process was organised between February and March 2017. It has allowed the teams to reflect on their practices through workshops and field visit and has guided the development of the Year 5 AOP. For the first time, our partners from PHDs took an active role in the process.

PSL has contracted a research team to assess "comprehensive abortion care provision at health facilities". Data collection has been completed and the analysis is in progress.

MERI: The third snapshot survey was conducted by PSL staff in February-March 2017. The results show a further increase in the proportion of RMNH service users referred through PSL-supported mechanisms and confirmed the key role of community volunteers and HC staff in referrals with respectively 30% and 35% of respondents reporting being referred by them. The M&E team met on a quarterly basis to review the joint M&E system and ensure the data are collected and achievements tracked correctly.

External relations & communications: At the national level, PSL representatives met regularly with the NMCHC Director and participated in various technical working groups (TWGs) including: TWG MCH, TWG for Nutrition and TWG for Newborn Health. At the sub national level, PSL teams joined provincial technical working groups for health. Coordination remains on-going with a number of NMCH stakeholders including MoH, NIPH, UNICEF, WHO, UNFPA, ILO, Deakin University, FHI 360, GIZ, URC, Handicap International, RHAC, Enfants et Development, Light for the World, CDPO, KOFIH and Workers Health.

Donor reporting: The PSL annual Year 3 report was submitted in October 2016 and endorsed by the Partnership Steering Committee in December 2016. The six-monthly report for Year 4 was submitted in February 2017 and endorsed by the Partnership Steering Committee in March.

Challenges and solutions

- The resignation of the CLU national coordinator in April resulted in a three-month vacancy of the position. **Solution**: short-term placements from mid-April to mid-July. The new coordinator took her position in July 2017.

Priorities for next semester

- CLU will continue leading partnership coordination and represent the partnership in relevant national workshops and TWGs;
- Facilitate the implementation of the endline survey;
- Disseminate policy brief and Year 4 learning updates;
- Start developing the final learning packages.