



## PSL Year 4 six monthly Report (1<sup>st</sup> August 2016-31<sup>st</sup> January 2017)

### Introduction

During the reporting period, Partnering to Save Lives (PSL) continued to make important progress towards improving reproductive, maternal and newborn health (RMNH) for vulnerable groups, in particular ethnic minorities, garment factory workers and people 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). The PSL program has been supporting 285 health centers (HC) and 76 hospitals since it began.

A number of joint initiatives including the new village health support group (VHSG) BCC package, attitude training and the midwifery coordination alliance team (MCATs) have been completed or strengthened. A common approach to on-site coaching is being defined. Recommendations from the midterm evaluations and the DFAT midterm review have been incorporated in our work. PSL partners have finalized their advocacy plan and exit strategy and are starting their implementation.

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

#### Key results and contributions

We are on track to achieve our Year 4 targets for key RMNH indicators in the NE. During the reporting period, 6,000 women delivered in a health facility with a skilled birth attendant compared to a target of 11,977 at the end of year 4. In addition, 6,034 women attended four or more antenatal care consultations compared to end of Year 4 target of 11,260 and 5,647 women received two or more postnatal care visits for a Year 4 target of 10,392.

At the midterm of Year 4, refurbishment of remaining four facilities was completed. Two rounds of MCATs sessions have been supported technically and financially with 412 midwives attending. During PSL year 4 annual review, midwives have expressed increased confidence in performing their work following their participation to MCATs, especially if participatory approach and simulations are used during meeting. On-site coaching has used real case observation and simulation and recently extended to a two-day visit (including active overnights) per facility in Mondul Kiri and Ratanak Kiri. Coaching support is found useful as it provides hands on practice opportunity and a sense of recognition when tasks are performed well. Coaching skills of PHDs and ODs teams involved in coaching still need to be improved. Healthcare providers' capacity building has included comprehensive abortion care (CAC) training for eight providers from the NE and implant training for 24 providers. These professionals are now in capacity to perform these services. Seventeen staff from Provincial Health Department (PHD) and Operational District (OD) staff participated in a training-of-trainers (ToT) for the attitude training; 46 health care providers participated in attitude training in Mondul Kiri and Ratanak Kiri in January 2017. Our PSL Year 4 annual review demonstrated improved attitude of providers especially towards persons with disability and ethnic minorities. Healthcare providers also attended a dissemination workshop and information sessions on the safe motherhood protocol, MCATs and Health Equity Funds (HEF) and Service delivery grants (SDGs). The new VHSG BCC package has been introduced in the NE. VHSG expressed appreciation of this new material. Through the Traditional birth attendants (TBA)-Midwife alliance, 163 women were referred to health facilities for delivery.

#### Activities and achievements

**Health facility refurbishment, equipment and material:** The refurbishments specific to water storage of four remote HCs in Stung Treng and one in Kratie have been completed. In addition, the construction of maternal

waiting rooms has been completed in another two HCs in Stung Treng. No further refurbishments are planned for Year 4.

**Quality improvement for facilities/providers:** PSL partners have looked at ways to improve on-site coaching support to midwives. The technical reference group (TRG) meeting in October 2016 helped to exchange lessons with other stakeholders. The meeting also provided the opportunity to identify joint advocacy messages such as the need to “coach the coaches” and the importance to identify the right coaches. More intensive on-site coaching was initiated in Mondul Kiri and Ratanak Kiri from December 2016, reaching 26 midwives in 5 HCs. Topics included antenatal care (ANC), delivery, partograph use, immediate newborn care, newborn resuscitation, management of postpartum haemorrhage and management of pre-eclampsia including using MgSO<sub>4</sub>. Midwives continue to express satisfaction with practical on-site coaching and the use of case scenario. In addition, standard MCAT supervision visits took place in all 27 HCs each quarter in these provinces. Forty PHD and OD staff from Stung Treng and Kratie participated in a 5-day dissemination and orientation workshop on clinical management of safe motherhood for HCs and MCAT protocol. The dissemination workshop resulted in key PHDs and OD staff being able to refer properly to the new national protocol when providing on-site support and training to health centre midwives. The safe motherhood protocol will be the key reference document used during on-site coaching for clinical aspects. On-site coaching will start in February 2017 in these provinces. A consultant was recruited in late January to support development of a practical coaching guide.

In December 2016, 30 participants, including 17 government health officials from the four NE provinces and all PSL NGO partners, attended a ToT attitude training in Kampong Cham. The training built capacity among a pool of trainers in the delivery of attitude training to health care providers. The attitude training is intended to stimulate discussion and action planning in relation to behaviour towards ethnic minorities, gender, people with disabilities, and adolescents. The four-day attitude training was conducted in Ratanak Kiri and Mondul Kiri in January 2017 with 46 healthcare providers attending (40 female). PHD and OD teams co-facilitated the training with PSL teams. Specific examples of supportive attitude from providers were shared during PSL annual field review such as health providers helping persons with disability accessing the facility or being more patient with clients from ethnic groups who communicate/behave in a different way.

**Workforce competency:** PSL continued to support the organization of MCATs in the NE. PSL uses a participatory approach to enhance the quality of the meetings. For example, a capacity building session on CAC used case studies and direct practice as the main teaching technique. The training evaluation showed that cumulatively only 10% of participants passed the pre-test while 95% of participants passed the post-test. During the reporting period the Ministry of Health (MOH) launched the national MCAT protocol. PSL partners attended national orientation workshops and will implement the new protocol during Year 4 including documentation of lessons and recommendations for further improvements.

One clinical skills training was organized from 4 to 5 October for PSL teams and government health providers from the four NE provinces. Topics covered postpartum haemorrhage, partograph and postnatal care (PNC). Nine midwives and four doctors joined a two-week in-service placement and training at Kampong Cham referral hospital in collaboration with other NGOs.

**Referral systems strengthened:** 1,605 women have used extended rooms in Stung Treng and Kratie. 163 women from 45 villages in Ratanak Kiri and Mondul Kiri were referred for delivery to health facilities through the TBA-Midwife Alliance, utilizing transport vouchers. Seventy-one TBAs participated in quarterly TBA meetings during which TBAs were encouraged to raise awareness of women on the benefits to deliver in HCs and to accompany women at the time of delivery. During PSL Year 4 field review, TBA interviewed were all convinced of the benefits for women to deliver in HC. They expressed remaining challenges to referral due to distance and road conditions. VHSGs and community based distributors (CBDs) continued to promote the use of services at HCs.

**Linkages with local authorities and stakeholders:** Engagement with communes to advocate for inclusion of RMHH activities in their 2017 commune investment plans has been successful with 28 communes requesting support for health activities leading to better sustainability. 1,010 VHSG (491 women) attended VHSG meetings and 486 members (230 women) of health centre management committee (HCMC) attended HCMC meetings resulting in improved links between communities and the HCs. The PSL annual field review observed the close relationship between VHSG and the HC and the very important role volunteers are playing in referring community members to the HC. HCMC meetings also help solve issues raised by the community.

**Reducing financial barriers to accessing RMNH services:** In Ratanak Kiri and Mondul Kiri, the Village Savings and Loan Associations (VSLAs) were supported until the end of November with a total of 90 VSLAs and 1,368

members (881 women). These groups have been transitioned to the community. 2,231 Happy Newborn kits were provided to mothers who stayed at least two days and nights after delivery at the HC in Stung Treng and Kratie resulting in achievement of our overall target to distribute 4,500 kits.

**Comprehensive BCC:** The new BCC package for VHSGs was introduced in Ratanak Kiri and Mondul Kiri. The groups received orientation in how to use the various components (flip charts, cards, games and audio materials) in an interactive, participatory training. Participants in the VHSG training were positive about the new materials and believe it will support their work in the community. (see VHSG case study in annex).

Listening and dialogue groups (LDGs), including men's clubs and pregnancy clubs continued to be implemented across the four provinces. BCC interventions during the period also included the broadcast of radio dramas, call-in shows, short public service announcements (PSAs), and videos played at HCs. Information continues to focus on birth spacing, antenatal care and healthy pregnancy, safe delivery, postpartum care, newborn care, and safe abortion.

### **Challenges and solutions**

- The transition with HEFs and delays in introducing performance-based grants are delaying implementation of HEF promotion activities in communities and discussions with health authorities on the exit strategy. Solution: Information session on HEFs and SDGs was facilitated by DFAT in January 2017 and discussions initiated with PHDs and ODs.
- Access challenges and limited attendance in activities during the rainy season and harvesting time. Solution: Flexible schedule of activities and use of waiting houses and transport support.
- Per diems are still impacting attendance at meetings, with those not eligible for the rates often not attending. Solution: Participants started to encourage their peers to attend and provided positive feedback on PSL facilitated meetings.
- Capacity and turnover of volunteers remain a difficulty. Solution: Regular refreshers and identification of new volunteers.

### **Priorities for next semester**

- Development of a practical guide for coaches
- Further support to MCATs with additional participatory approaches
- Continue support the TBA-Midwife Alliance
- Roll-out the VHSG BCC package and continue support to LDGs in communities, radio broadcast and use of videos
- Support implementation of commune investment plans on RMNH

## **II- Reproductive health activities (long term family planning (FP) and CAC) in 20 provinces (including NE)**

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### **Key results and contributions**

During the reporting period, 18% of target population used modern contraception compared to a Year 4 target of 19.45% and 14% of women (modern family planning users) were using long acting or permanent methods compared to an end of Year4 target of 12.4%. In addition, 69 health facilities offer comprehensive modern contraceptive services and 167 offer CAC, compared to targets of respectively 98 and 179 at the end of Year 4.

The priority of the intervention in this field is to support the capacity development of PHD and OD teams so they can autonomously perform quality assurance for CAC and long-term family planning (LTFP) by the end of the project. Training was provided in collaboration with the National Maternal and Child Health Centre (NMCHC) to 72 healthcare providers (48 for CAC and 24 for implant insertion). In the first six months of the year, 437 tubal ligations and six vasectomies were delivered to women and men via PSL outreach teams and output based assistance. In Kratie and Stung Treng, the number of women accessing short-term contraception methods through CBDs has increased from 11,380 in Year 3 to 13,844.

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### **Activities and achievements**

**CAC training and quality assurance:** In this reporting period, four CAC training sessions with 48 participants (eight from NE provinces) were completed. They included 20 participants from PHD and OD. 145 CAC trained providers (29 from the NE) from 100 health facilities in 13 provinces received CAC quality assurance. Significant

improvements in manual vacuum aspiration and pre-procedure counselling have been observed through supervision visits.

**Long-term family planning methods training and quality improvement:** During this period, two ImplanonNXT trainings (one in Ratanak Kiri and one in Mondul Kiri) were conducted with 24 participants. Refresher training to improve the quality of LTFP will be provided to the PHD/OD Maternal and Child Health (MCH) teams in the four NE provinces and Sihanoukville in early April 2017. This will allow provincial teams to progressively carry out quality improvements for LTFP independently.

**Support family planning and safe motherhood commodity flow, management and distribution:** The mobile outreach team delivered 164 tubal ligations and six vasectomies for eligible women and men at 13 separate referral hospitals in nine provinces. Four hospitals (one in NE) were supported to provide permanent FP methods to an additional 273 clients.

**Demand creation at community level:** 411 CBDs (406 women) have been supported in remote rural communities to promote knowledge and use of short-term contraceptive methods. CBDs, VHSG and PSL teams have provided information to communities on provision of long-term and permanent family planning services.

### Challenges and solutions

- The trainer fee issue has delayed the implementation of CAC and LTFP training. Solution: Schedule has been revised and all trainings are now taking place as planned.

### Priorities for next semester

- Continue provision of training to providers on CAC quality assurance and LTFP quality improvement
- Continue facilitating MCATs on CAC
- Voluntary Surgical Contraception training for referral hospital surgeons

## III- PSL work in Garment Factories

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### Key results and contributions

In the first six months of Year 4, PSL collaborated with 20 factories. PSL conducted an assessment in four newly targeted infirmaries. Monitoring visits in infirmaries showed good quality improvement in service provision. The implementation of *Chat! Contraception* including the male engagement module reached 11,979 females and 262 male workers. A mini-evaluation of *Chat!* found that it doubled the rates of contraception (24.2% to 48%), more than doubled RMNH service utilization (8.6% to 20%) and tripled the confidence of women to discuss contraception and refuse sex with their partners compared to the PSL baseline. *Chat!* also won ScaleXDesign, CARE's global innovation challenge, leveraging \$150,000 USD of funding make the package available through a fee based service – a testament to its cutting-edge approach.

The referral directory has been updated and is about to be printed.

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### Activities and achievements

**Garment factory infirmary assessment and quality improvement:** Eleven garment factory infirmaries are supported by PSL with another three awaiting Memorandum of Understanding (MoU) approval. Assessments have been conducted in four infirmaries newly supported from January 2017. Infirmiry staff will receive training in February. Monitoring visits to seven existing infirmaries have shown good improvements including in infection prevention. 3,485 reproductive health services were provided to workers in infirmaries during the reporting period, mostly provision of short-term contraception and referral to public and private health services. During the reporting period, PSL partners supported the consultative process for the development of the draft enterprise infirmiry guidelines in collaboration with the Ministry of Labour and Vocational Training, UNFPA, USAID, and other partners, including contributing their edits and inputs into the drafts.

**Referral system:** The referral directory that provides basic information for health facilities in Phnom Penh and Kandal has been updated and is ready to be printed. Infirmiry staff and health educators will receive an orientation on how to use the directory. Referral sheets are being updated for each targeted factory.

**Comprehensive BCC:** The BCC *Chat! Contraception* module has been rolled out in 30 factories reaching 11,979 workers, including 5,629 workers in 16 PSL-targeted factories. It has also been introduced in nearby communities

in collaboration with GRET. For the PSL factories, 2,823 workers have seen all three videos, most with guided discussions; 293 workers downloaded the mobile phone quiz; and 80 garment factory workers have completed all eight training sessions. The male engagement module has also been implemented in 16 factories reaching 262 male garment factory workers. A preliminary *Chat!* mini-evaluation in three factories with 244 workers showed the use of modern contraception increase by two-fold (24.2% to 48%), an increase in confidence of women to discuss contraception with their partners and refuse sex with their partners by three times, and more than doubling of RMNH service utilization compared to the baseline (8.6% to 20%).

### **Challenges and solutions**

- Delays in getting approval to start supporting new infirmaries. Solution: Assessment and training schedule has been revised accordingly.
- Factory closures. Solution: New factories are being identified and supported by PSL to keep the scale of our programme.

### **Priorities for next semester**

- Complete assessment of all new infirmaries
- Complete infirmary staff training
- Continue implementation of Chat!
- Support finalization and field testing of infirmary guidelines in collaboration with Ministry of Labour and Vocational Training.

## **IV- Knowledge into policy**

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### **Key results and contribution**

During the reporting period, all partnership governance mechanisms were functional and a number of joint initiatives were completed. This included facilitation of MCATs on CAC in the NE provinces, the ToT for the attitude training and finalization and introduction of the new VHSG BCC package for the NE. Dissemination of the learning from Year 3 is mostly completed. An advocacy plan and exit strategy were completed. Further links were established with disability stakeholders. Gender equity and disability inclusion will be one of the themes for the annual review. PSL partners provided inputs in the draft guidelines on garment factory infirmaries and the National Reproductive and Sexual Health Strategy (2017-2020).

**Internal PSL resourcing, relations and communication:** There has been no change in the composition of the CLU team during the reporting period. Governance mechanisms have been functional: the partnership management group and the quality team met on a monthly basis. National and regional quarterly meetings have been organized as planned. The garment factory working group met as needed. The partnership internal review report has been completed and an improvement plan agreed upon between partners. The partnership manual was updated in January 2017 to reflect the newly defined Daily Subsistence Allowance (DSA) rates and includes an annex clarifying the decision-making process within the partnership. One technical reference group meeting was organized in October on the theme of coaching and was attended by the PSL quality team, URC, GIZ, RACHA, DFAT and WHO. The Partnership Steering Committee met on 19 December to review the Year 3 annual report, advocacy plan and exit strategy.

### **Cross-cutting issues:**

*Gender equity:* In January 2017, PSL in collaboration with Deakin University started a small piece of qualitative research on reproductive health practices and behaviour of girls and women aged 15-19 from ethnic communities in Ratanak Kiri. In garment factories and in Mondul Kiri and Ratanak Kiri, BCC activities specifically targeting men and women are being rolled out. In Kratie and Stung Treng, listening and dialogue groups for parents are being introduced. 48 health care providers in Mondul Kiri and Ratanak Kiri received attitude training including one module on gender, one on adolescents, one on persons with disability and one on ethnic diversity.

*Disability:* An important reflection took place during the reporting period to strengthen links with Disabled People Organizations (DPOs) and other disability stakeholders. This included meetings with the Cambodian Disabled People Organization (CDPO), Handicap International, Light for the World, the disability focal points of DFAT as well as DPOs in Ratanak Kiri and Kratie. A CDPO representative was invited to participate in the ToT for the attitude training to support facilitation of the disability module by sharing experience of disability. Representatives from DPOs from Ratanak Kiri and Mondul Kiri as well as two representatives from ethnic group

associations joined our learning workshop in Kratie in January 2017. The three partners facilitated a half-day basic information session on sexual and reproductive health rights for a group of women with disabilities from various provinces in collaboration with Light for the World. All of them were extremely interested in the topic and mentioned it was the first time they had the opportunity to learn about this. As a result, some of the participants are willing to conduct awareness sessions on sexual and reproductive health rights for other women with disability in their community. The CLU facilitated a meeting with disability stakeholders to discuss the organization of a disability inclusion workshop for the program teams. During the next semester, a partnership should be established with CDPO to further enhance disability inclusion in the programme.

*Environment:* PSL continues to support improved waste management and water management in health centres.

*Child protection & Fraud:* Partners regularly remind project teams of child protection and fraud control policies. Research by one student from Deakin University will explore the reproductive health knowledge and practice of girls and women aged 15 to 19 in the NE.

**Evidence based learning and innovation:** Most Year 3 learnings have been finalized and disseminated during the reporting period. The learning updates were approved by DFAT in October 2016. Midterm evaluation reports were finalized, printed and disseminated. Key results were presented during a newborn-care sub technical working group, the learning workshop in Kratie in January 2017 and at the provincial technical working group for health meeting in Mondul Kiri in January. Findings from the financial barriers research were presented to PSL teams and the discussion led to the decision to develop a policy brief and fact-sheets using key evidence from the report for our advocacy work. In January 2017, a learning workshop was organized in Kratie, gathering participants from PSL, PHD, ODs, HCs, VHSG and representatives from NGOs and local associations of persons with disabilities and ethnic groups to share information on successful BCC strategies in the NE. The workshop was also an opportunity to introduce new HEF and SDG mechanisms to provincial stakeholders and to receive their feedback on how PSL can link to these.

PSL partners have contributed inputs to the development of the new National Strategy on Reproductive and Sexual Health, and on the draft guidelines for garment factory infirmaries. Information on the situation of HEF in the NE during the transition period have been documented and provided to DFAT. Joint advocacy messages for on-site coaching were developed with TRG members to promote a common language on the issue.

**MERI:** In January 2017, we started preparation of our annual review. The CLU also started preparing a questionnaire and guidance for the snapshot survey. Lists of PSL targeted health facilities and garment factories have been updated and shared with DFAT. Based on recommendation from the DFAT midterm review, field-based training was facilitated on qualitative research and attended by PSL partners in December 2016.

**External relations and communications:** PSL partners are regularly attending the sub-technical working group on MCH, newborn care, and the provincial technical working group on health. The new CLU director met with the following stakeholders during her induction: GIZ, URC, WHO, UNFPA, UNICEF, Handicap International, Light for the World, CDPO, Enfants et Développement, Pop Council and the NMCHC.

**Donor reporting:** The PSL annual report for Year 3 was submitted in October 2016 and endorsed by the Partnership Steering Committee in December.

## **Challenges and solutions**

- Printing publications and reports was time consuming and has delayed dissemination of our learning

## **Priorities for next semester**

- Development of policy brief and factsheets on barriers to RMNH services in the NE
- Further dissemination of our learnings to key RMNH stakeholders
- Annual review and planning process for year 5
- Facilitate a training for PSL teams on gender and disability inclusion and one on advocacy
- Develop practical partnership with CDPO to enhance disability inclusion work