MIDTERM NARRATIVE PROGRESS REPORT

July 2011- December 2012

MIDWIFERY EDUCATION PROJECT PHASE II

PROJECT PERIOD JULY 2011-JUNE 2014

Supported by: AusAID
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Executive summary

In partnership with the University of Health Science/Technical School for Medical Care (UHS/TSMC) and the Australian Volunteer International (AVI), the Midwifery Education Project Phase II has been implemented to support the immediate needs of TSMC so that midwifery students trained at the institution can graduate with the skills and knowledge to be safe practitioners. The three year project aims to meet three objectives to provide technical support to TSMC employing the capacity development principles of coaching and mentoring. The first objective is to strengthen the knowledge and skills of the TSMC midwifery educators to effectively deliver the national midwifery course to students. The second is the development of systems by TSMC Technical Bureau that effectively deliver the MW courses. Lastly, that the selected clinical site preceptors are able to effectively support TSMC Midwifery students to meet competencies. AVI has closely coordinated with TSMC and Technical Assistants (TAs) to ensure that the program is implemented smoothly. This midterm program report aims to show the progress of the project from July 2011 to Dec 2012 indicating lessons learnt and the activities plan for the next 18 months of the project’s life.

The main aim of this report is to document the progress made since the implementation of the project in July 2011 until Dec 2012. The first six months of this reporting period included the recruitment process of seven TAs and seven Project Assistants (PAs) based on the set objectives. Three of these positions provide technical support to TSCM in both the Midwifery and Technical Bureau departments while the four Preceptor Coach positions provide technical support to four selected clinical sites in Phnom Penh. Four of the TAs started their role in October 2011 and three commenced in Feb 2012 respectively. The in-country orientation program was organised for the TAs and an induction program was organised for the interpreters (PAs) before starting their roles. Two significant workshops were organised to facilitate and coordinate the assignment plans and objectives between the TAs and their counterparts to build on the understanding of the project’s commitment and capacity building plan. All TAs have developed both an assignment and activities plan to meet each of the assignment objectives which were agreed on by their counterparts at both TSMC and the respective clinical sites.

During the reporting period there has been positive progress made at the clinical sites with technical support given as per the plan. There are thirty nine (39) preceptors in the four selected clinical sites being coached by the Australian Preceptor Coaches, resulting in approximately six hundred (600) midwifery students being impacted by the project in the 2011-12 academic year. In addition, the establishment of the skills laboratory at the Khmer Soviet Friendship Hospital has developed smoothly and progressed as planned. This will enable the preceptors to practice the clinical skills before teaching and supervising the midwifery students during their rotations, as well as enabling detailed analysis and debriefing of unusual cases encountered.

At TSMC, three roles were assigned to support the Midwifery and Technical Bureau departments. Two exam reports were written by the Education Administrator Mentor at the request of the Technical Bureau Chief in order to improve the TSMC semester exam management practice. The reports were written based on practices observed during the end of semester exams with recommendations for best practice exam procedures. Nevertheless, no progress has been made for objectives supporting the midwifery teachers in the midwifery department at TSMC with the implication being that the two roles based in the midwifery department at TSMC resigned in July and October 2012 respectively. The replacements for these two positions are being discussed between AVI and UHS/TSMC reflecting the current changes and needs of the midwifery department and the TSMC.
The lack of mutual and cultural understanding and of good relationship/collaboration at an individual level presented predominant challenges during this report period. Thus key lessons learnt indicate that the strong coordination, mutual understanding and relationship building required for the coaching and mentoring approach needs to be mutually understood by both the concerned partners and participants engaged in the project to maintain its long-term impact. There is also the continual dilemma regarding the coaching of the clinical preceptors and the teaching of the students the internationally recognized MW best practices which are not consistent with the national midwifery curriculum currently being taught at TSMC. The result being that where possible and appropriate the Preceptor Coaches address both possibilities with the clinical preceptors.
1. Background

In an effort to reduce the unchanging high maternal mortality, the Royal Government of Cambodia (RGC) has developed a Fast Track Initiative (2010) and is committed to accelerating progress towards the achievement of the Millennium Development Goals (MDGs) 4 and 5, by investing in midwives.

In line with the priority of the Royal Government of Cambodia to scale-up midwifery coverage across the country, the MoH has established a High Level Midwifery Taskforce to oversee and monitor the implementation of an operational plan, for increasing equitable access to quality midwifery care and to decide on strategic actions related to midwifery. The strategic importance of strengthening midwifery education is shown in the range of government policies and strategies that support midwifery education:

- Fast Track Initiative (FTI)
- Human Resource for Health (HRH) Strategic Priority
- Quality Assurance Policy
- Master Plan for Quality Improvement in Health.
- Health Workforce Development Plan 2006-2015 Review

A midwifery education program is highly relevant in a country where maternal mortality has remained unchanged at a high level for nearly a decade. Evidence\(^1\) shows that a midwife with basic midwifery skills is a cost-effective, low technology but high impact solution, to reducing maternal and newborn deaths. Midwifery education is a priority of the MoH and fits with AusAID’s country strategy to improve maternal and newborn health care in Cambodia.

In 2006 a Midwifery Review\(^2\) found that there was an urgent need to increase the availability and capacity of midwives to deliver appropriate, quality reproductive and maternal health services and that the increase should go “hand in hand” with strengthening the capacity of midwifery training institutions to deliver quality midwifery courses.

1.1 Midwifery Education Project Phase I

UHS approached AusAID for assistance in the form of technical advice to TSMC in the management of resources, systems and processes required to establish and implement a successful midwifery program. This included assisting the TSMC Midwifery Department staff to deliver the program and improvement of midwifery preceptors.

Two volunteers were placed at TSMC from September 2009 to February 2011 to provide support to UHS/TSMC. These volunteers were placed to strengthen the skills of staff in the Midwifery Department to deliver and administer the course; strengthen the midwifery preceptors at clinical training sites to integrate the practical training program using the national curriculum, and support TSMC staff engaging in the curriculum development process.
1. **Project Goal**

To support the immediate needs of the TSMC so that midwifery students trained at the institution graduate with the skills and knowledge to be safe practitioners.

2. **Three Year Objectives:**

1. TSMC Midwife educators have knowledge and skills to effectively deliver the national midwifery course to students.

2. The TSMC technical bureau develops systems that effectively deliver the MW courses.

3. Selected clinical site preceptors are able to effectively support TSMC Midwifery students to meet competencies.

4. **Key Indicators:**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Means of verification</th>
<th>Related Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the first sitting of examinations, greater than 70% of students achieve a pass by the end of the 2014-2015 academic year.</td>
<td></td>
<td>Goal</td>
</tr>
<tr>
<td>Preceptors in supported clinical sites use MoH Curriculum Skills Checklists and Guidelines when supporting students by 2013.</td>
<td>Observed behaviour</td>
<td>Objective 3</td>
</tr>
<tr>
<td>TSMC midwifery department have produced Information Education and Communication (IEC) resources for teachers in collaboration with the CED-HP department.</td>
<td>Resources produced</td>
<td>Objective 1</td>
</tr>
<tr>
<td>60% of faculty staff using the computerised timetabling and scheduling systems installed and in use by Technical Bureau and faculty staff.</td>
<td>Faculty staff observed in attendance</td>
<td>Objective 2</td>
</tr>
<tr>
<td>Minutes of midwifery coordination meetings filed and accessible to all MW staff.</td>
<td>Files accessible on system</td>
<td>Objective 1</td>
</tr>
<tr>
<td>MW educators are observed to be using a variety of adult learning techniques with the students.</td>
<td>MW volunteers observe</td>
<td>Objective 1</td>
</tr>
<tr>
<td>MW Educators demonstrate independent skills in preparing lesson plans using resources prescribed to the course.</td>
<td>Sited by MW volunteers</td>
<td>Objective 1</td>
</tr>
<tr>
<td>Staff at MW Dept meet regularly to ensure practice and theory are coordinated and aligned</td>
<td>MW volunteers attend meetings.</td>
<td>Objective 2</td>
</tr>
<tr>
<td>Clinical and training sites meet minimum standards for Ministry of Health midwifery curriculum and ‘Monitoring Checklist for the Supervision of the Midwifery Program’</td>
<td>Evidence shown in 6 monthly volunteer reports for TSMC</td>
<td>Objective 2, 3</td>
</tr>
<tr>
<td>Teachers from the MW dept at the TSMC are routinely monitoring students on clinical rotation a minimum of four times per placement.</td>
<td>Sited at clinical sites by AVI MW preceptor coaches.</td>
<td>Objective 2, 3</td>
</tr>
</tbody>
</table>
5. PROJECT PROGRESS AGAINST PLAN

5.1 Project’s start up:

The three year period of Midwifery Education Project Phase II has started its implementation from July 2011. The first quarter of the implementation stage was spent on recruitment of local support staff and TAs. One Program Coordinator and seven PAs/interpreters were recruited between September and February 2012, four Australian TAs were recruited and started their assignments in Oct 2011 and three Australian TAs started in Feb 2012. Each assignment is contracted for a term of 2 years. The staff and TA name list is in Annex B.

There were two In Country Orientation Programs (ICOP) organised for the arrival of the two groups of Australian TAs in Oct 2011 and February 2012 respectively. The purpose of the ICOP is to provide the basic Khmer language course, survival information and country context for the Australian TAs before starting their assignment at TSMC and the respective four clinical sites.

5.2 Assignment progress:

Based on the original project design, seven Technical Assistant positions are required to contribute to the final goal and the three objectives of the project. The Terms of Reference (ToR) for each Technical Assistant position was designed. During the first three months of each assignment period, each TA designed and finalised their assignment and activities plans to be done over the assignment period. These were submitted to respective departments within TSMC. See Annex 11 for the signed off assignment plan and activities plan for each position.

<table>
<thead>
<tr>
<th>Name of Technical Assistants</th>
<th>Titles</th>
<th>Based location</th>
<th>Assignment Period</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzanne Allibone</td>
<td>Education Administrator Mentor for Technical Bureau</td>
<td>TSMC Technical Bureau</td>
<td>4 Feb 2012-3 Feb 2014</td>
<td>In progress</td>
</tr>
<tr>
<td>Dorinda Britto</td>
<td>Preceptor Coach</td>
<td>Khmer Soviet Friendship Hospital</td>
<td>20 Oct 2011-19 Oct 2013</td>
<td>In progress</td>
</tr>
<tr>
<td>Claudia Liedtke</td>
<td>Preceptor Coach</td>
<td>Municipal Referral Hospital</td>
<td>4 Feb 2012-3 Feb 2014</td>
<td>In progress</td>
</tr>
<tr>
<td>Noelene Weightman</td>
<td>Preceptor Coach</td>
<td>Calmette Hospital</td>
<td>4 Feb 12-3 Feb 14</td>
<td>In progress</td>
</tr>
</tbody>
</table>
5.2.1 Progress on Clinical Sites’ Technical Support:

Four preceptor coaches (PCs) were recruited, two PCs started in October 2011 and two started in Feb 2012. The four were assigned to support thirty nine (39) midwifery preceptors at the four hospitals to integrate the framework of the practical training program offered by TSMC. The MoH curriculum was used to build relationships between the hospital and the school to support the training of the preceptors and students in the hospital environment. The four clinical sites are Calmette Hospital, Khmer Soviet Friendship Hospital, Municipal Referral Hospital and National Centre for Maternal & Child Health. During this report period, there were approximately 600 midwifery students impacted from the project.

5.2.1.1 Skill Laboratory Set Up at Khmer Soviet Friendship Hospital (KSFH):

One of the objectives of preceptorship in clinical sites is to establish the skill laboratory to enable the preceptors to practice the clinical skills before teaching and supervising the students during rotations, and to enable detailed analysis and debriefing of any unusual cases encountered. The Khmer Soviet Friendship Hospital was originally agreed on from the project Phase I discussion to develop the clinical site’s skills laboratory. The preceptor coach at Khmer Soviet Friendship Hospital took the initiative of developing this skills lab by involving relevant key staff within the maternity ward and TSMC. There were five consultative meetings conducted to discuss the purpose, roles and responsibilities, and the equipment selection based on the recommended list recognised by the Ministry of Health. Both AVI and KSFH hospital signed off on the partnership agreement for the establishment of this skill lab. A room was allocated for the skills lab and will be equipped with educational aids by December 2012. The preceptor coach will support preceptors on how to use the teaching aids/equipment in the skills lab when teaching the midwifery students.
5.2.1.2 Clinical preceptor coaching At Khmer Soviet Friendship Hospital:

The preceptor coach has successfully built positive relationships with the counterpart and the preceptors that need to be coached based on the set objective. The trusting relationship built with the staff has been both personally and professionally enriching, enabling the fostering of positive changes within the clinical setting. As a result, during the report period:

- The initiated monthly preceptors meeting at the beginning of the project has been conducted regularly and now continues with quarterly meetings. The meetings engage the clinical teachers from TSMC who are responsible for the KSFH rotations. These meetings aim to facilitate the dialogue between the staff of TSMC and the clinical site to discuss student’s clinical practice and the meetings have been found extremely helpful for the TSMC and clinical site to have these communication opportunities which was not evident before the project started.

- The initiated Clinical Skills/ Knowledge update sessions for the staff (both midwives and the doctors) have been conducted every 2 months. These sessions were attended by invited staff only, following a close observation of staff knowledge base, their capacity to teach and guide, and their desire to in part their knowledge.

- One main objective of the preceptor coach at KSFH is the setting up of the first skill laboratory. The preceptor coach discussed and facilitated the process using a participatory approach which required a longer period than anticipated to engage the KSFH’s management team and responsible staff to understand the concept and purpose. A technical committee was finally set up and an agreement signed off to have the skill lab set up. A room was successfully secured within the Maternity Unit.

5.2.1.3. Clinical coaching At the National Center for Maternal & Child Health:

- Students were allocated to clinical areas and clinical tasks appropriate to semester objectives
- Clinical logbook is being used regularly to document student clinical experience, not always completely and correctly, but regularly
- Weekly teaching sessions for the students, facilitated by preceptor coach, often with a preceptor in attendance. The sessions were covered by following topics: breastfeeding, natural birth, partograph, infection control, pre eclampsia. Plan to encourage more participation by preceptors in future.
- Midwifery resources and teaching aids translated from English to Khmer for use in delivery ward
- Regular discussions with preceptors and teachers to try to solve the problem of student attendance and absenteeism
- Supporting TSMC teachers to organise workshops in Kampot and Battambang
5.2.1.4 Clinical preceptor coaching At Municipal Referral Hospital:

- Established a positive relationship with the eight (4 trained and 4 untrained) midwifery preceptors, the Chief of the Technical Bureau, the Hospital Director of Phnom Penh Municipal Referral Hospital and the clinical instructors from TSMC responsible for Municipal Hospital
- Identified a location (room) at the hospital where regular educational meetings with preceptors and students can be held
- Facilitated weekly visits by the clinical instructor (teacher) to the hospital to enhance the relationship between TSMC and Municipal Referral Hospital
- Networking with other organisations incl. WHO and RACHA to organise print resources and (neonatal resuscitation) equipment for Municipal Hospital.
- Capacity building activities:
  - Established monthly midwife preceptorship meetings to identify and address issues with student coaching and current midwifery practice at Municipal Referral Hospital
  - Assistance with creating appropriate student attendance list and enhancing the appropriate use of the clinical logbook by preceptors
  - Establishment and support of a continuous professional development circle on topics identified by the preceptors (incl. infection control, HIV and breastfeeding, placenta delivery), held by preceptors to preceptors, using national and international guidelines
  - Ongoing coaching of students at Municipal Referral Hospital – providing guidance to students when preceptors are unavailable and acting as a positive role model for preceptors
  - Coaching midwife preceptors (two) and clinical instructors (two) from TSMC to facilitate student orientation at the beginning of each clinical placement at Municipal Referral Hospital
  - Identified the need for Infection Control Training at Municipal Hospital and initiated the attendance of a midwife preceptor at the Train the Trainer workshop in November 2012
  - Identification of knowledge gaps and doing the ground work to initiate a workshop on “Immediate Newborn Care” in January/February 2013 for staff at Municipal Referral Hospital (which has been held in other hospitals of Phnom Penh and provinces)
  - Advisory support to the Technical Bureau of Municipal Referral Hospital to coordinate student placement within the hospital according to student learning needs

5.2.1.5 Clinical preceptor coaching at Calmette Hospital:

The preceptor coach based in Calmette commenced her roles in Feb 2012. For the first six months the preceptor coach spent time establishing relationships with midwives and doctors and identifying key preceptors to teach educational sessions to students and midwives. The regular meetings between preceptors and students were conducted as well as the regular education session with key midwives preceptors. The preceptor coach also facilitated regular meetings with preceptors to identify issues with student rotation, education sessions on roles and responsibilities of the preceptors and use of the clinical log book. At the same time, the preceptor coach has identified gaps in knowledge which the infection control was significantly addressed and the support led to the initiated infection control training for Calmette staff. Moreover, over this report period, the preceptor has also provided guidance and acted as a role model to midwives and students regarding best practice in the work place. Education sessions have been held on hand hygiene, Immediate Newborn care and the management of pre-eclampsia. Throughout the session, the Khmer reading material and education posters were provided to midwife preceptors to support their teaching to midwifery students. The preceptor coach assisted in the preparation of the Kampot workshop and initiated the need for training in Newborn care and resuscitation which will take place 2013.
Table 1: Number of Midwifery preceptors coached by the preceptor coaches at clinical sites:

<table>
<thead>
<tr>
<th>Location</th>
<th>Preceptor Coach</th>
<th>Number of Preceptor Coached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khmer Soviet Friendship Hospital</td>
<td>Dorinda Britto</td>
<td>14</td>
</tr>
<tr>
<td>National Centre for Maternal &amp; Child Health</td>
<td>Rachael Findlay</td>
<td>8</td>
</tr>
<tr>
<td>Municipal Referral Hospital</td>
<td>Claudia Liedtke</td>
<td>9</td>
</tr>
<tr>
<td>Calmette Hospital</td>
<td>Noelene Weightman</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>4</strong></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td><strong>39</strong></td>
</tr>
</tbody>
</table>

Table 2: Number of Midwifery Students attending TSMC:

<table>
<thead>
<tr>
<th>Academic Year 2011-2012</th>
<th>Number of Midwifery Students attending TSMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>200</td>
</tr>
<tr>
<td>Year 2</td>
<td>200</td>
</tr>
<tr>
<td>Year 3</td>
<td>194</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>594</strong></td>
</tr>
</tbody>
</table>
5.3 Technical support to TSMC

5.3.1 Technical support in Technical Bureau Department at TSMC

The Education Administrator Mentor for Technical Bureau was assigned in February 2012 to support the Technical Bureau Chief to develop and implement streamlined systems and processes for effective coordination of staff and students at TSMC and clinical sites, and to provide technical advice on preparation and implementation of valid student assessments. The assignment plan and activities plan that needed to be implemented over the two year period were both developed and agreed between the Chief of Technical Bureau and Education Administrator Mentor. Following this agreed plan, see below for key progress that has been made over this report period:

Two exam observation reports were written by the Education Administrator at the request of the Technical Bureau Chief in order to improve the TSMC semester exam management practice. The document reported on practices observed during the end of semester exam period with recommendations for best practice exam procedure. The key issues discussed in the initial report referred to the lack of understanding of the role of the invigilators, general organisation and management of the exam processes, classroom setup and classroom management. The intention of the report was also to bring to discussion the obvious gap between management of the end of semester exams where cheating is tolerated and ignored, vs the exiting exams which have a zero tolerance to cheating and with strict classroom management. Recommendations considered and implemented included 30 minute meetings on the first day of every exam period with compulsory attendance by all invigilators to provide training re roles and responsibilities; a reduction of student numbers/classroom; policy of 2 invigilators/20 students; strategies put in place to deal with students who are cheating and teachers who allow them to cheat.

A monitoring and evaluation follow-up report was written after 3 exam periods were observed with remarkable improvement visible and planning in place for implementation of best exam practices. This has also received support from the TSMC Director and UHS Rector. The TB chief has requested that the Education Administrator continue to support him in each of the future exam periods and has a strategy planned to maximise the opportunity of having the MEPP2 team here to help.

The support for database development for TSMC is being implemented through CDC funding. The Education Administrator Mentor is currently working to support the Technical Bureau Chief to envisage the output of the database system by assisting in the management of the project. More specifically, the TB Chief has requested assistance with researching and analysing the specific needs of TSMC for the database management regarding student registrations, transcript population, development of schedules and timetable, equipment register, and report generation.

The Education Administrator has also been working on the development of a course and subject numbering system/code which involves streamlining the curriculums across the 5 faculties in readiness for the database system. TSMC/UHS currently has no such system in place. A number of meetings have been attended with the local database designer; date of launch is yet to be set.

Together with the Midwifery Educator and Education Management Mentor, the Monitoring Checklist for Management of Midwifery Training Program was populated with updated reporting and narratives. Continued assistance is also given with development of educational administration documents as agreed with TB Chief according to the assignment plan.
5.3.2 Progress on Technical support in Midwifery Department at TSMC

Two roles, the Education Management Mentor and Midwifery Educator were recruited to support the Midwifery Department. The Education Management Mentor was assigned to support the management of the TSMC Midwifery Dept, including administration and human resources support, engagement with networks and providing coordination and technical support to the Midwifery Education Support advisory team. The Midwifery Educator was assigned to build the capacity of the TSMC midwifery educators to effectively facilitate clinical and theoretical lessons, using a variety of student-centred, adult learning methodologies. Both mentors ended their roles in July and September 2012 respectively.

However, since the two TAs discontinued their roles in the midwifery department and TSMC, the preceptor coaches have played the bridging role to link the clinical sites and the midwifery department. The preceptor coaches now sit in the Midwifery department on rotation during the week. In collaboration with the Midwifery department, the four preceptor coaches engaged and technically supported the MW teachers to prepare a workshop. The workshop was designed to strengthen the relationship between the clinical sites and train TSMC teachers on how to use the clinical log books and midwifery supervision checklist. The 3 day workshop was conducted in mid-October 2012 in Kampot and it is anticipated that a second workshop will be conducted early 2013 at Battambong. This workshop is the first initiative to have engaged both the teachers at TSMC and MEPP11 team to discuss training of students with midwifery preceptors from the key clinical sites. It contributes to the objective to link up the teachers and TSMC to discuss about the expectation between the school and clinical sites toward students’ practices.
5.4 The Midwifery Monitoring Checklist survey and Report:

One of the key indicators to reach the objective of the project is the use of the Monitoring Checklist produced by the ministry of health as a parameter to measure the minimum expectations of the Midwifery Education program and the clinical sites. All TA’s were requested to use this monitoring checklist to collect information from TSMC and the four respective clinical sites. The survey was conducted from July-September 2012 and comes with a report and recommendations for the TSMC and clinical sites according to the Ministry of Health’s monitoring checklist questionnaire. The outcome of this report will provide TSMC and the four clinical sites to observe the training and skills gaps and consider improvements recommended supporting the midwifery students. The process and the result of the report will also help the project team understand the baseline for preparing and developing a plan to assist TSMC and the four clinical sites. Refer to Annex B for the completed Monitoring Checklist Survey report.

6. Coordination and Stakeholder Engagement

The project is using the capacity development model by employing the coaching and mentoring concept to assist the counterpart and partners. The Coordinator Role is therefore extremely important to engage the key stakeholders directly involved with the project such as TSMC, clinical sites, the CHD/HP, Ministry of Health, and others stakeholders who engage in the health sector. At start up a half day project introduction workshop organised by AVI and TSMC was run on Nov 7 2011 at TSMC to introduce the project goal, objectives and expected outcomes, and each partner’s responsibility to the key stakeholders. Representatives from TSMC, the four clinical sites, Australian Technical Assistants, Project Assistants and AVI staff attended this workshop. It was also an opportunity to introduce the four roles about to start in the midwifery department and two clinical preceptor coaches who started their assignments in Oct 2011.

There were five coordination meetings between AVI and TSMC conducted to discuss the progress, challenges and solutions for the project’s implementation. These meetings were attended by the AVI’s country manager, MEP’s project coordinator, TSMC’s director, Chief of Midwifery Department and Chief of Technical Bureau.

An official visit by the Australian Minister of Foreign Affairs to the Midwifery Education Project at TSMC was organised on the 27th March 2012. It was collaboratively organised by the UHS/TSMC and AVI and hosted by the Cambodian Minister of Health.

As part of the project engagement, AVI is one of the members in the reproductive, maternal and child health working group and human resource for the health working group through MEDiCAM’s membership. AVI’s representative attends the monthly membership meetings at MEDiCAM and bi monthly meetings for the working group.

The TA team was engaged to provide input for the development of Cambodian competencies being developed for the national MW curriculum adopted from the International Competencies for Midwifery, and was invited to attend one of the meetings to give inputs. Ten of the project’s staff attended the annual national conference on nursing and midwifery in Cambodia in 2011 and 2012 respectively. The project’s activities were presented at the conference in Nov 2012.
7. Project’s Monitoring and Evaluation:

As part of the monitoring process, the MEP team meeting was conducted on a weekly basis and later on a monthly basis to manage the day to day activities and interaction between the roles of preceptor coach, mentor at TSMC, interpreters and MEP’s program coordinator. These meetings have been a good practice to keep the communication flow and progress of each member of the project up to date from each of the clinical sites and TSMC. As the design of the project does not allow AVI to directly interact, this meeting gives a platform for administrative discussions between TAs and AVI to ensure the smooth process of the project implementation. The minutes of the meeting are recorded and circulated among team members to follow up and complete each action point.

The first workshop in a series of Monitoring and Evaluation events was conducted in February 2012. AVI and TSMC have developed a joint workshop to help develop an understanding of capacity development and the benefits of investing time and planning to achieve shared outcomes and sustainability. As a result, a two day workshop was conducted in Preah Sihanouk Province from 3-4 Feb 2012 presided by the director of TSMC; twenty nine participants attended from the midwifery department of TSMC, representatives from the four hospitals, Australian TAs, and project assistants/interpreters. The workshop was co-facilitated by AVI staff and an external facilitator and conducted in Khmer language with English translation. The two day activities indicated that the workshop was a very useful forum for the participants to interact and understand each other on the common issues and goals of midwifery education, especially the communication and connection between TSMC and the clinical settings. The participants came up with a further action plan to build capacity development with the support given by the TAs based on their roles and responsibilities.

A midterm monitoring review is expected to be conducted and aims to review the progress of the project’s implementation against planned outputs and outcomes. The general purpose of the midterm review is to support TSMC and AVI to come to substantial conclusions on the feasibility of the project’s design and the implementation for reaching the stated objectives; and to make informed decisions for the second half of the envisioned project duration in terms of possible and required changes in design, management and implementation of the midwifery project. This midterm monitoring review workshop is planned to be conducted in January 2013.
8. Challenges and Key lessons:

- The project model was designed to rely on the capacity development approach employing coaching and mentoring as the core model which requires high flexibility and coordination in both the international and local contextual environment of the project. There were significant challenges faced at different levels based on the context of the placements and assignments, both in TSMC and at each of the clinical sites. Some of the challenges are concerning the broad picture of the project, which however do not reflect the individual challenges faced by each assignment in the different work placements. Further explanations of these challenges are documented in the individual assignment monitoring report. In the original design of this project’s management structure, the seven TA positions were positioned under TSMC’s management structure, even though the four preceptor coach positions are based in the clinical sites. This structure design significantly increased and overloaded the responsibility of TSMC in terms of administrative and staff management which in turn led to TSMC experiencing great difficulty in reflecting their practices and procedures toward international staff. With 2 of the TA positions sitting in the MW department these challenges resulted in a breakdown in day to day communication, relationship building and mutual understanding between the counterparts and TAs. Lack of understanding of the role and responsibility regarding these 2 positions by their counterparts consequently led to both positions resigning from their assignments after less than one year respectively. This in turn has complicated and affected the progress of the two objectives regarding the project support of the TSMC MW department. Lesson learnt is that a solid communication strategy with milestones needs to be put in place which insists on more open collaboration if the project is to succeed.

- The project was designed to address the technical support for the Associate Degree of Midwifery program (ADM) at the TSMC and this has been a main goal, however the Bachelor Science of Midwifery was recently launched to begin at TSMC from the academic year 2013-14. This immediate start presents challenges to both TSMC and the project given that both programs (ADM & BSM) lack qualified local MW teachers. This raises the issue of quantity of teachers required to run this program and quality of teaching to be provided. In response, discussion has been in progress between AVI, TSMC’s director and the UHS’s rector regarding the replacement of the TA roles to provide technical support to TSMC on the curriculum and teaching issues. The original assignment objective of these two positions needs to be discussed and adjusted in order to respond to the technical support needed at TSMC. The project’s monitoring & review in Jan 2013 will be a significant process to make informed decisions with concerned partners and AusAID.

- In the original design the project’s management structure and implementation stipulated that the preceptor coach’s positions be under the TSMC structure and responsibility. This in turn has led to significant challenges regarding the integration of the PCs into the clinical sites as they are seen as the responsibility of TSMC, not the clinical sites and therefore are not considered as valid or valued resources. As a consequence, most of the preceptor coaches have experienced difficulty in effectively integrating their roles at the clinical sites to fully involve the clinical preceptors as agreed in the assignment objectives. To address this issue, it is recommended that the preceptor coach positions should be reoriented under the structure of each clinical site to enhance the ownership by the concerned clinical sites and to reduce the overloaded responsibility of staff management encountered by TSMC. This however gives less opportunity for relationship building between the TAs and the MW dept which is critical to the success of the project so needs to be clearly thought through.
• The coordination meetings have been conducted between AVI and TSMC as appropriate to find solutions regarding program development together, rather than a quarterly meeting as agreed in the original project design. The request for an activities monthly update for each assignment position to the management of TSMC was raised to TSMC. However, only one project activities update meeting has been conducted to date between AVI, TSMC and TAs to update the progress and challenges in the program due to the time constraints of TSMC’s schedule. To address this issue, TAs have practiced the flexible day to day communication to update the progress through their counterparts. Nevertheless, this practice is not sufficient to keep the concerned staff updated on the project’s day to day implementation. The meeting between TSMC’s director, Midwifery Chief and Technical Bureau Chief and TAs are significantly important and should be conducted at least once every quarter to discuss the progress, challenges and solutions whilst maintaining the commitment to work together.

• The Midwifery teaching on the theories and clinical practices to students at TSMC and clinical sites is still limited, lacking in consistency or not in accordance with the national curriculum. Neither is the national midwifery curriculum competencies based. There is a continual dilemma regarding the coaching of the clinical preceptors and the teaching of the students the internationally recognized MW best practices which are not consistent with the national midwifery curriculum currently being taught at TSMC. The result being that Preceptor Coaches have often needed to negotiate practices being taught with clinical preceptors regardless of best practices.
9: NEXT ACTIVITIES PLAN- Jan 2012 to July 2014:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Objectives</th>
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</thead>
<tbody>
<tr>
<td>TAs continue to <em>share MoH guidelines on Roles &amp; Responsibilities of Preceptors</em> to all preceptors and to follow up with them.</td>
<td>Up to Feb 2014</td>
<td>Object 3</td>
</tr>
<tr>
<td>TAs support Technical Bureau to <em>facilitate regular meetings between Staff from MW Dept, clinical sites and TB</em> to ensure practice and theory are coordinated and aligned</td>
<td>Up to Feb 2014</td>
<td>Object 1&amp; 3</td>
</tr>
<tr>
<td>Preceptor coaches will support preceptors and key TSMC Midwifery Department staff to <em>have and understand</em> MoH clinical skill log book and guideline book. And continue to coach <em>how to use</em> clinical skills book</td>
<td>Up to Feb 2014</td>
<td>Object 3</td>
</tr>
<tr>
<td>Preceptor coaches continue to request teachers from TSMC to monitor student rotations to the clinical sites and attend related meetings with preceptors at clinical sites.</td>
<td>Up to Feb 2014</td>
<td>Object 3</td>
</tr>
<tr>
<td>Preceptor coach at KSFH supports clinical preceptors in how to teach students in skill lab room at KSFH</td>
<td>Dec 12-Oct 2013</td>
<td>Object 3</td>
</tr>
<tr>
<td>Continue to work with MW staff to identify key resources for translation</td>
<td>Up to Feb 2014</td>
<td>Object 3</td>
</tr>
<tr>
<td>Identify training needs for relevant staff for the skills for timetabling and scheduling systems and make recommendations</td>
<td>Up to Feb 2014</td>
<td>Object 3</td>
</tr>
<tr>
<td>TA in Technical Bureau in collaboration with TB Chief to analyse database needs for an educational school management system and provide TSMC with recommendations.</td>
<td>Up to Feb 2014</td>
<td>Object 3</td>
</tr>
<tr>
<td>TA supports to preceptors in clinical skill labs to use clinical log book as intended (will be mostly in the afternoon session at TSMC)</td>
<td>Up to Feb 2014</td>
<td>Object 3</td>
</tr>
<tr>
<td>TA will coordinate with MW Dept, and preceptor coaches to support MW teachers during the skill lab session based on the timetable</td>
<td>Up to Feb 2014</td>
<td>Object 1&amp;3</td>
</tr>
<tr>
<td>Continue to use the MoH monitoring checklist for supervision of midwifery program to support the implementation of the program</td>
<td>Up to Feb 2014</td>
<td>Object 1, 2 &amp; 3</td>
</tr>
<tr>
<td>In collaboration between AVI and TSMC to revise the job description for the position based in the midwifery department to current needs</td>
<td>Up to Feb 2014</td>
<td>Object 1</td>
</tr>
<tr>
<td>The monitoring workshop for the MEP project will be conducted to see the progress of the project</td>
<td>Jan 2013</td>
<td>Object 1, 2 &amp; 3</td>
</tr>
<tr>
<td>Second round recruitment for TAs to support TSMC&amp; Clinical sites</td>
<td>Feb 2013</td>
<td>Object 1</td>
</tr>
<tr>
<td>Second round TA commence their assignments</td>
<td>Apr 13-June 14</td>
<td>Object 1&amp; 3</td>
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Annex A:
Summary Progress against each project’s indicator contributed by each assignment:

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Key Baseline</th>
<th>Key Progress</th>
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| 1. Preceptors in supported clinical sites use MoH Curriculum Skills Checklists and Guidelines when supporting students by 2013. | MoH Curriculum Skills Checklists and Guidelines were not used regularly and properly by preceptors when teaching students at the clinical sites | • Role modelling preceptorship activities.  
• Education session for preceptors and MW on using clinical log book and daily access to log book by students  
• (NMCH & KSFH). Session and one on one coaching.  
• MW curriculum distributed to preceptors (KSFH)  
• Skill lab room at Khmer Soviet Friendship Hospital is setting up and plans to launch in Dec 2012 |
| 2. Clinical and training sites meet minimum standards for Ministry of Health midwifery curriculum and ‘Monitoring Checklist for the Supervision of the Midwifery Program’ | There is Monitoring Checklist for the Supervision of the Midwifery Program developed by MoH, but it has not been used by TSMC or clinical sites. | Monitoring Checklist for the Supervision of the Midwifery Program has been used by all TAs at TSMC and clinical sites as a tool to observe the progress and gaps against the minimum standard stated in the checklist. The first report was written and attach with this report. Please see annex B |
| 3. TSMC midwifery department have produced Information Education and Communication (IEC) resources for teachers in collaboration with the CED-HP department. | • No observation found the available IEC material available in MW for teachers to use when teaching  
• No LAN in TSMC  
• Most teachers completed ToT-MoH training (3weeks)  
• Library support does not reach MoH standard (e.g. enough place for students)  
• Most of teachers don’t practice how to search for resources to support their teaching | There is no progress been made for this indicator as the TA role to support on this indicate left the program |
| 4. MW Educators demonstrate independent skills in preparing lesson plans using resources prescribed to the course | - Teachers plan their individual lesson plan and teaching materials but not sharing with each other.  
- Teachers do not prepare the lesson plan together (e.g. teaching same topic, but do not discuss with each other) | There is no progress been made for this indicator as the TA role to support on this indicator left the program |
|---|---|---|
| MW educators are observed to be using a variety of adult learning techniques with the students. | MW teachers are not using available resources (e.g. poster, DVD, Model etc...) in their classroom teaching  
The clinical log book is not used to support student learning  
Most teachers completed ToT-MoH training (3weeks) | - Informal observation of teaching in class rooms & skill lab completed  
- Participation by 2 MW teachers in CED-HP Training of Trainers workshop for clinical teaching [5 days]  
- 2 day CED-HP clinical teaching workshop for 6 MW teachers and 14 preceptors (facilitated by those who participated in the ToT above)  
There is no more progress made after Sept 2012 as the TA supported for this indicator left the program. |
| 6. Staff at MW Dept meet regularly to ensure practice and theory are coordinated and aligned | - Teachers plan their individual lesson plan and teaching materials and not sharing with each other. (e.g. teaching same topic, but did not discuss with each other)  
- Most of teachers don’t practice how to search for resources to support their teaching  
- Lesson plan prepared by teachers have not been reviewed before using in teaching | - Informal observation of teaching in class rooms & skill lab completed.  
- One on one assistance given by TA as requested by teachers  
- Lesson plan workshops scheduled several times, but cancelled  
There is no more progress made after Sept 2012 as the TA supported for this indicator left the program. |
| 7. Teachers from the MW dept at the TSMC are routinely monitoring students on clinical rotation a minimum of four times per placement. | Teachers only accompany students on clinical rotation on the first day they go to the hospital. | - Positive progress at KSFH  
Responsible teacher visited and attend meeting with preceptor.  
- Other clinical sites are in |
<table>
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<tr>
<th>progress</th>
<th>8.60% of faculty staff using the computerised timetabling and scheduling systems installed and in use by technical bureau and faculty staff.</th>
<th>9. Minutes of midwifery coordination meetings filed and accessible to all MW staff.</th>
</tr>
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<tbody>
<tr>
<td>• Two exam observation reports were written by the Education Administrator</td>
<td>• There isn't appropriate computerised timetabling and scheduling systems installed</td>
<td>• TA has discussed the proposed protocol for meeting with TB chief and he welcomes the development of a protocol</td>
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<tr>
<td>• A monitoring and evaluation follow-up report was written after 3 exam periods were observed with remarkable improvement visible and planning in place for implementation of best exam practices.</td>
<td>• There is no LAN or consistent computer system. No common timetabling system between departments. Ineffective database system.</td>
<td>• TA has researched and provided guidelines for discussion in developing a protocol</td>
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<tr>
<td>• The support for database development for TSMC is being implemented through CDC funding. The Education Administrator Mentor is currently working to support the Technical Bureau Chief to envisage the output of the database system by assisting in the management of the project</td>
<td>• MW dept is using Microsoft W to prepare the time schedule</td>
<td>There is no more progress made after July 2012 as the TA supported for this indicator left the program.</td>
</tr>
<tr>
<td>• The development of a course and subject numbering system/code which involves streamlining the curriculums across the 5 faculties in readiness for the database system.</td>
<td>• There isn't appropriate computerised timetabling and scheduling systems installed</td>
<td></td>
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**9. Minutes of midwifery coordination meetings filed and accessible to all MW staff.**

- There is a guidance to have twice monthly meeting for MW dept. But no meeting conducted regularly
- The minutes have been shared with TSMC’s director only, not all MW staff
- Have no protocol for the meeting (e.g no agenda shared, no clear rule for meeting)