MARIE STOPES INTERNATIONAL
Cambodia

Reduction in Maternal Mortality Project

Annual Report

April - December 2011

ACRONYMS

CAC	Comprehensive Abortion Care
FP	Family Planning
MA	Medical Abortion
MoH	Ministry of Health Cambodia
MSIA	Marie Stopes International Australia
MSIC	Marie Stopes International Cambodia
MVA	Manual Vacuum Aspiration (Surgical Abortion)
NMCHC	National Maternal and Child Health Centre
RH	Referral Hospitals
RMMP	Reduction in Maternal Mortality Project
SPF	Sugar Palm Foundation
VHSG	Village Health Support Group
VSC	Voluntary Surgical Counseling

Table of Contents

TABLES

ANNEXES (separate documents)

I. EXECUTIVE SUMMARY

This report covers the project implementation period of 12 April to 31 December 2011 of the *Reduction in Maternal Mortality Project (RMMP)* implemented by Marie Stopes International Cambodia (MSIC) under the leadership of the National Maternal and Child Health Center (NMCHC) and financially supported by AusAID.
The goal of the RMMP project is to increase access to quality long term and permanent methods of family planning and safe abortion services, and through this support the Cambodian Ministry of Health (MoH) to implement the *Fast Track Initiative Road Map to Reduce Maternal and Newborn Mortality.*

The project comprises of seven strategic components as follows:

Component 1: Training in safe abortion and long-term and permanent family planning methods
Component 2: Quality assurance including infection control
Component 3: Health facility refurbishment, equipment and supplies
Component 4: Behaviour change communication and advocacy
Component 5: Increasing access to long-term and permanent family planning methods through public/private partnerships
Component 6: Project Management, technical assistance, and organisational strengthening
Component 7: Monitoring and evaluation, and identifying the barriers and enablers to integration within the MoH.

Project activities were, for the most part, carried out in accordance with the work-plan. The major achievements during this reporting period included:

Project start up:

- Staff recruitment and inductions
- Compliance training with Marie Stopes International Australia (MSIA)
- Sign contract with National Maternal and Child Health Centre (NMCHC)
- Inception workshop and coordination meeting with other RMMP (Sugar Palm Foundation (SPF) in Kampot).

Project Activities:

- Health facility and training needs assessment completed
- Refresher training of trainer in Comprehensive Abortion Care (CAC) and dissemination of revised CAC protocols
- CAC training conducted followed by Quality Assurance visits and refurbishment of health facilities
- Orientation workshops to introduce the project to relevant stakeholders conducted in Battambang, Pursat and Sihanoukville.
- Expand family planning voucher project to additional three Provinces (Battambang, Pursat and Sihanoukville) along with continuation of existing two family planning voucher Provinces (Svay Rieng and Koh Kong)[1] including implementation of outputs-based assistance, behaviour change communication and demand creation activities, and technical support.

[1] These Provinces were a continuation of the previous pilot AusAID project.

Summary Project Results:

- For comprehensive abortion care training, 164 health providers were assessed and 137 providers were selected to be trained in safe abortion services. 107 providers were trained on Comprehensive Abortion Care (surgical and medical abortion).

- For family planning training, 89 providers were selected for IUD training, 118 selected for implant training, and 12 for tubal-ligation training and training will begin in 2012.

- 6 facilities across 5 provinces had minor renovations for minimum standard for providing safe abortion and family planning services. Basic family planning and safe abortion equipment was provided to 67 facilities.

- 71 Quality Assurance follow-up visits of trained providers were completed.

- 78 Village Health Support Group (VSHG) members selected and trained in family planning and safe abortion.

- 3791 sessions of community-based events and behaviour change communication activities conducted by community based agents.

- 1,170 IUD services provided through voucher redemptions.

- 996 safe abortion provided by trained providers.

In 8 months of RMMP implementation the Project delivered

- **1170 IUDs**
- **996 safe abortion services**
- **8,427 couple years of protection**
- **Averted an estimated 1,933 unintended pregnancies**
- **Averted an estimated 5 maternal deaths.**

II. PROJECT COMPONENTS:

PROJECT START-UP

Staff Recruitment

The project was approved by AusAID on 12 April 2012 and began project team recruitment. The project sought to build on the previous RMMP/Options project and was fortunate to recruit 3 key team members from the previous project (2 Quality Assurance Officers and 1 Training Coordinator).

Other project team members recruited included:

- Senior Project Manager.
- 3 Provincial Project Coordinators (Battambang, Sihanoukville and Pursat Province) to manage family planning vouchers.

Since the RMMP/MSIC project is for a relatively short duration,MSIC sought to use its existing team members to fill additional project positions.

Compliance training

On June 19 to 25 June 2011, MSIA conducted a technical assistance, orientation, and compliance mission to MSIC to brief the MSIC project team on AusAID guidelines. This included review of finance systems, procurement, risk and mitigation strategy, and other AusAID compliance requirements. The MSIA team also provided input on the M&E framework and made recommendations to the MSIC team on how to strengthen implementation in accordance with AusAID expectations.

Inception workshop

Before project implementation began, a half day inception workshop was held on 21 June 2011 at Phnom Penh Hotel. The workshop was presided over by Dr. Rathavy, Deputy Director of NMCHC, Ms. Socheat Chi, Senior Programme Manager AusAID Cambodia and Ms. Che Katz, Program Director MSIC. The purpose of the workshop was to ensure all project partners understood the purpose and scope of the project and how it builds on previous RMMP projects. During the workshop discussion groups were held with participants to develop the project implementation plan. A total of 43 participants attended the workshop consisting of Provincial Health Directors and Operational District representatives from the five target provinces, MSI Cambodia, MSI Australia, Sugar Palm Foundation (SPF), CAC trainers and other relevant partners (refer to Annex 1 for agenda). The workshop helped create a common vision and plan for the ambitious training outcomes expected under the project. The workshop also helped to clarify how RMMP/MSIC will coordinate with RMMP/SPF[2] so the two projects build on each other.

Establishing Partnership with Project Provinces

At the outset of the project, H.E. Professor Eng Huot, Secretary of State, Ministry of Health sent a project endorsement letter to the 5 project provinces Provincial Health Departments to gain their leadership and commitment to project implementation. This helped to pave the way for strong national ownership at the provincial level and smooth project implementation and partnership.

[2] The RMMP/Sugar Palm Foundation (SPF) is a small project being implemented by Dr John Naponick in Kampot Province supported by an anonymous donor. At the time of preparing the RMMP proposal for AusAID this project had not yet been conceived so was not factored into the original RMMP/MSIC proposal design.

COMPONENT 1 – TRAINING IN SAFE ABORTION AND LONG-TERM AND PERMANENT FAMILY PLANNING METHODS

CAC protocol printing and distribution:

Under the previous RMMP/Options project CAC protocols were updated however they had not been disseminated due to time constraints. Therefore the priority for the RMMP/MSIC was to produce the revised CAC protocol and disseminate these to trained providers. In May 2011 MSIC printed and disseminated the protocols (Khmer: 1200 and English: 200).

Refresher training of trainer on CAC (MA and MVA)

A 5-day CAC Integrated Refresher Training of Trainers (ToT) on surgical and medical abortion for first trimester abortion was held from 27 June to 1 July 2011. There were 11 Doctors, 3 Medical Assistants, 14 Secondary Midwives and one Training Coordinator who attended the training. The training team comprised of: (i) Dr Swaraj Rajbhandari (who was part of the previous RMMP/Options international technical advisory team), (ii) Dr. Mita Singh (co-facilitator – international consultant) and (iii) 3 National Training facilitators from NMCHC and Municipality Hospital.

The objective of the training was to refresh and strengthen the capacity of trainers from the previous RMMP/Options project particularly in the areas of: the updated CAC protocols, infection control, and integrated safe abortion services (ie. surgical and medical abortion).

The training of trainer outcomes indicated considerable improvement in core competencies with an average increase of 42.80% in pre/post test assessment (refer to Table 1 for more details on pre/post test results).

Table 1: CAC Training Pre and Post Test Scores

No	Description	Pre-Test	Post-Test
1	Counseling	29%	96%
2	Contraceptive service	30%	100%
3	Infection Prevention	84%	100%
4	Uterine evacuation methods	64%	98%
5	Medical abortion	59%	86%
TOTAL		**53.20%**	**96%**

The Consultant also reviewed the existing CAC participant training materials and updated them for integrated surgical and medical abortion training, and trainers were inducted into the revised materials during the refresher Training of Trainers.

Comprehensive Abortion Care (CAC) (integrated Medical and Surgical Abortion training)

CAC training began in July 2011. From July to December, there were 10 integrated comprehensive abortion care training courses conducted each for 8 days with 107 providers (14 Doctors, 6 Medical Assistants and 87 Secondary Midwives). Refer to Table 2 for breakdown of providers trained by province. Note that in some of the bigger facilities more than one provider was trained so as to meet high client demand and to ensure sustainability in case one provider leaves or is away from the clinic. In addition, trainees also conducted practicum training with clients in the National Maternal Child Health Centre, Municipality Referral Hospital and MSIC clinics. A total of 846 practicum services were provided by the 107 trainees, equaling an average of 8 practicum cases per provider.

Table 2: Number of providers trained on CAC by province

Province	Numbers of providers trained in abortion Doctors	Medical Assistants	Secondary Midwives	Total Male	Female	Total Participants
Battambang	1	3	41	4	41	45
Kandal	1	**0**	2	1	2	3
Koh Kong	2	1	8	3	8	11
Kratie	0	0	1	**0**	1	1
Pailin	0	1	2	1	2	3
Phnom Penh	5	**0**	5	2	8	10
Pursat	1	**0**	14	1	14	15
Siem Reap	1	**0**	**0**	1	**0**	1
Sihanoukville	3	**0**	8	3	8	11
Svay Rieng	0	1	2	**0**	3	3
Takeo	0	0	4	**0**	4	4
TOTAL	**14**	**6**	**87**	**16**	**91**	**107**

Pre/post tests were conducted to assess participant's core competencies. On average there was a 24.18% increase in overall competencies as a result of the training and considerable variation across providers with some providers increasing their competencies by up to 46% (See Table 3. below for average scores).

Table 3: Average Pre test versus Post Test scores by topic

No	Description	Pre-Test	Post-Test
1	Comprehensive Abortion Care service	48.79%	95.43%
2	Clinical assessment	74.34%	93.10%
3	Contraceptive Counselling	73.03%	87.83%
4	Infection Prevention	59.87%	84.85%
5	Uterine Evacuation with MVA	62.33%	83.86%
6	Complications	76.53%	88.06%
7	Medical Abortion	60.26%	91.31%
TOTAL		**65.02%**	**89.20%**

IUD, Implant, and Voluntary Surgical contraception (VSC) training

The training in long-term family planning (IUD and implants) was delayed due to unforeseen circumstances including: (i) overloaded capacity of trainers, (ii) challenges of negotiating implant commodities, and (iii) protracted negotiations to identify the pilot sites for FP vouchers. However in first semester 2012, the project has agreed on an intense training schedule for IUD and implant training which will include:

- 11 implant training sessions for 118 providers and
- 9 IUD training sessions for 89 providers.

Training in VSC has also experienced unexpected delays due to: (i) lack of Trainers, (ii) limited number of participants who meet the selection criteria, and (iii) limited facilities with adequate equipment for training. As of January 2012, most of these issues have been resolved and it is anticipated that training of trainers will begin in February 2012 as follows:

- 6 experts (national/international) will review VSC training curriculum and protocols.
- 12 participants for VSC Training of Trainers will be identified and trained.
- Additional trainings will be planned in 1st Quarter 2012.

COMPONENT 2 – HEALTH FACILITY ASSESSMENT AND QUALITY ASSURANCE INCLUDING INFECTION CONTROL

Health facility assessment

From June-July 2011 health facility assessments were conducted in project provinces (Koh Kong, Sihanoukville, Pursat, Battambang, and Pailin) to determine: training needs t (family planning and safe abortion capacity), facility capacity, and motivation of providers to provide services. A total of 91 health facilities comprising of 164 providers were assessed. Refer to table 4 for details of type of facility assessed by Province and table 5 for providers selected by service category to participate in training (refer to Annex 2 for Health Facility assessment report).

Table 4: Number of health facilities assessed and selected for CAC training

Province	Types of health facilities			Total Health Facilities assessed	Total selected
	Private clinic	Operational District/Referral Hospital	Health Center		
Pursat	1	1	27	29	**25**
Battambang	0	0	46	46	**39**
Pailin	0	0	3	3	**2**
Sihanoukville	0	0	8	8	**8**
Koh Kong	0	0	5	5	**5**
TOTAL	**1**	**1**	**89**	**91**	**79**

Table 5: Number of providers assessed/selected to attend training by service category

Province	Providers Assessed	Providers selected for training by Service category			
		CAC	IUD	Implant	VSC (tubal-ligation)
Pursat	52	41	10	25	**0**
Battambang	89	74	55	46	**6**
Pailin	6	5	8	7	**0**
Sihanoukville	10	10	8	10	**0**
Koh Kong	6	6	13	14	**0**
Kampong Speu	1	1	0	0	**0**
Phnom Penh	0	0	0	16	**6**
TOTAL	**164**	**137**	**89**	**118**	**12**

Follow-up Quality Assurance Visit

Following safe abortion training each participant is expected to receive a follow-up quality assurance visit within 3 months; at the time of reporting 59 of the 107 trained providers had been visited. Providers/facilities which met minimum Quality Assurance competencies/standards were included in the Ministry of Health national directory of approved safe abortion providers. These providers were also linked into the MSI and PSI hotline referral network and other safe abortion referral pathways. If the trained provider/facility did not meet minimum standard a further support plan was developed to bring the provider/facility up to the required standard. Subsequent Quality Assurance visits were conducted on a needs basis and according to available resources. The Quality Assurance follow-up missions were conducted within a *no blame* culture to ensure that Quality Assurance missions are received positively as construction feedback of trained providers. Ideally, Quality Assurance visits were scheduled to coincide with days when high client numbers were likely to be seen, to enable observation of client care rather than a simulation.

Over the reporting period the Quality Assurance team conducted a total of 71 Quality Assurance follow-up visits; 59 follow-up visits to newly trained providers under the RMMP/MSIC, and on request of NMCHC the team also followed-up 12 previously trained providers from RMMP/Options project (refer to Table 6 for details of Quality Assurance visits over the reporting period).

Table 6: Number of quality assurance assessments of trained providers

Province	# of trained providers followed up for RMMP/MSIC	# of trained providers followed up for RMMP/Options	Total
Battambang	29	N/A	**29**
Pursat	9	N/A	**9**
Koh Kong	12	N/A	**12**
Sihanoukville	9	N/A	**9**
Siem Reap	N/A	12	**12**
TOTAL	**59**	**12**	**71**

A summary of the findings of Quality Assurance visits was as follows:

Surgical Abortion	**Counseling**	o Some providers did not adequately explain the steps of procedures to clients o Informed consent protocols were not followed in every case. o Some providers did not follow the counseling steps, for instance some providers forgot pre/post abortion family planning counseling
	Technical/procedures	o Most providers follow the steps; however, they forget some points o Some providers did not assess women's health: medical and reproductive history, check vital signs and last menstruation o Some did not select the right cannula based on uterine size o Some did not use para-cervical block o Some did not inspect tissue removed from uterus in strainer to ensure it is consistent with gestation o Some did not ask about allergies to antiseptics and anesthetics
	Infection Control	o Some did not wear protection barrier, and wash hands before and after procedure o No-touch technique is not properly applied o Some Doctors forget to disinfect instruments effectively (decontamination, cleaning and sterilization)
Medical Abortion	o Some providers did not ask clients' history, check vital signs and last menstruation o Some providers did not give proper counseling to clients, especially on side effects, warning signs and the MA administration regime including pain management o Some providers did not know when clients are able to up a family planning method after using MA. o Some providers are not clear on the schedule for follow up visit o Some providers do not know how to manage side effects o Many providers did not want to use MA because they do not have the confidence to provide the follow-up required.	

COMPONENT 3 – HEALTH FACILITY REFURBISHMENT, EQUIPMENT AND SUPPLIES

Development of procurement/refurbishment plan

Following the facility assessment (refer to Component 2) a procurement/refurbishment plan was developed to bring participating facilities up to minimum standard for safe abortion and family planning services.

Refurbishment of health facilities

During the reporting period 6 health facilities were refurbished to minimum standard and a further 23 are in the process of refurbishments which will be completed by end of 1st Quarter 2012. Types of minor refurbishment included repairs to ensure quality of care and client confidentiality. Refurbishments were prioritized for the family planning voucher partner facilities. Refer to Table 7 for status of refurbishments as of December 2011.

Table 7: Facilities refurbishment

Province	Operational District	Facilities	In progress	Completed
Battambang	Sanke	Anlung Vel HC	✓	
		Kampong Preah HC	✓	
		Ou Dombong II HC	✓	
		Peam Ek HC	✓	
		Prek Lourng HC	✓	
		Prek Norin HC	✓	
	Mong	Mong Referral Hospital	✓	
	Battambang	Kampong lpove HC	✓	
		Tasagn HC	✓	
		Chheur Teal	✓	
Sub Total		**10 Health Centers**	**10**	**0**
Sihanoukville	Sihanoukville	Steung Hav HC	✓	
		Veal Renh HC	✓	
		Sangkat I HC	✓	
		Keo Phors HC	✓	
		Ou Oknha Heng HC	✓	
		Ou Chrove HC	✓	
	Private Partners	Cabinet Man Sothy		✓
		Clinic Lik Kimdy	✓	
		Clinic Ho Sothy	✓	
		Cabinet Tep Sokunthavy		✓
		Cabinet Seng Sokunthearum		✓
Sub Total		**11 (5 Private & 6 public)**	**8**	**3**
Pursat	Sampovmeas	Watloung HC		✓
		O Tapoung HC	✓	
		Kampong Loung HC	✓	
		Prey Gni		✓

		Koh Chum		✓
		Pramouy	✓	
		Samroung HC	✓	
	Bakan	Bangbat Kandol	✓	
Sub Total		**8 Health Centers**	**5**	**3**
TOTAL		**29 Health Centers**	**23**	**6**

Equipment and Commodities

A public bidding process was undertaken according to AusAID procurement guidelines and a company was contracted to provide essential medical equipment and supplies. Based on the findings of the needs assessment, participating facilities were provided with basic equipment and commodities to bring them up to minimum standard of MoH for performing safe abortion and family planning services. As of December 2011 most of the participating facilities (67 out of 79 facilities) are equipped to minimum standard to provide safe abortion and the remaining facilities will be equipped by end of February 2012. In the reporting period, 134 CAC kits have been provided. For FP voucher partners, 18 IUD insertion and removal kits were also distributed. Other equipment provided included: infection control equipment (gas stove, pot, and autoclaves), lamps, gynecological table, counseling chair and table, and other equipment to support infection prevention. See Table 8 below for total number of IUD and CAC kits provided by province.

Table 8: Number of IUD and CAC Kits provided by Province

Province	Materials provided	
	IUD kit and other commodities	CAC kit and other commodities
Pursat	5	24
Battambang	5	62
Pailin	N/A	4
Sihanoukville	5	16
Koh Kong	3	10
Phnom Penh	N/A	2
Kandal	N/A	4
Svay Rieng	0	4
Takeo	N/A	8
Total	**18**	**134**

COMPONENT 4 – BEHAVIOUR CHANGE COMMUNICATION AND ADVOCACY

Behaviour Change Communication support materials

In the reporting period 14 behaviour change communication support materials were designed, developed, printed/reprinted and disseminated targeting health providers and women and men of reproductive age. The project is currently in the process of developing additional materials that will support community based advocacy and sexual and reproductive health rights with a focus on raising awareness of the abortion law. See Table 9 below for type and number of materials printed and distributed under the project to date.

Table 9: Behaviour change communication materials printed and distributed

Items	Unit	Quantity produced	Quantity distributed
Provider focused materials			
CAC Protocol manual (Khmer)	Book	1200	1000
CAC Protocol manual (English)	Book	200	120
Client record book	Book	550	450
Medical Abortion wheel (provider aid)	Piece	1500	0 (to be distributed in January 2012)
Family Planning Flipchart	Piece	250	150
Banner for health facility promoting family planning services	Set	32	32
Client and community based BCC materials			
Combined Family Planning brochure	Piece	25000	1000
Unwanted pregnancy leaflet	Piece	30000	1000
T-shirt for community	Piece	2000	250
Hat for community	Piece	2000	150
FP voucher branding and distribution materials			
T-shirt for voucher distributors	Piece	200	150
Bag for voucher distributors	Piece	200	150
Family Planning Vouchers	Vouchers[3]	250,000	10,850
Other promotional materials			
Wall Calendar	Set	10,000	10,000
Desk calendar	Set	1,000	1,000

[3] Vouchers are distributed in books of 50 vouchers.

Community Mobilization

To support community mobilization and behaviour change communication various activities were carried out in the community including: discussion groups, community events, community concerts, behaviour change activities, question and answer karaoke sessions, and radio spots. These mainly focused in the two continuing family planning voucher provinces (Svay Rieng and Koh Kong). The expanded FP voucher provinces will start implementing BCC activities in January 2012.

The main messages delivered during these events included:

- Awareness raising on the benefits of modern family planning methods including dispelling myths and misconceptions surrounding long-term and permanent methods of family planning
- Awareness raising on the importance of seeking safe, high quality abortion services and the serious risks of unsafe providers along with raising awareness of the abortion law
- Linking communities with quality family planning and safe abortion services
- Promoting the MSIC pregnancy advice and options hotline and the national maternal death reporting hotline

Table 10: Demand Creation Related Activities conducted and audience reached

Activity	No of Session	Audience		
		Male	Female	Total
Koh Kong				
Capacity building of behaviour change communication agents				
Training of VHSG	2	3	47	50
Training of other voucher distributors and community change agents	3	30	55	85
Quarterly meeting with VHSG	31	41	172	213
Partner meetings (NGO and government)	14	187	137	324
Community based activities				
BCC Focus Group Discussion	113	224	2,226	2,450
BCC Promotion events	5	10	137	147
Svay Rieng				
Capacity building of behaviour change communication agents				
Quarterly meeting with VHSG	34	141	435	576
Training of other voucher distributors and	1	2	17	19

community change agents				
Partner meetings (NGO and government)	2	20	51	71
Community based activities				
BCC Focus Group Discussion	1,179	2,857	11,591	14,448
BCC Promotion events	47	2,470	8392	10,862
BCC Q&A Karaoke	3	61	238	299
Radio Spot airing	2,345			Estimated reach 40,000

Village Health Support Group (VHSG)[4] members were selected and trained to disseminate information on family planning, safe abortion, and sexual and reproductive health rights (including the abortion law) at the commune level. In the reporting period a total of 78 VHSGs in four project provinces (Battambang, Sihanoukville, Koh Kong and Svay Rieng) were selected and trained. Four 3-day capacity building workshops for VHSGs were conducted in the selected provinces. The purpose of the training was to provide VHSGs with the necessary skills which will enable them to conduct awareness raising and demand creation activities at the community level. The themes introduced to VHSGs during training included:

- Family planning methods, menstruation, conception
- Communication skills and facilitating group discussions
- Roles and responsibilities and reporting systems
- IEC materials distribution and how to respond to rumors around family planning issues

Table 11 below shows the number of VSHGs disaggregated by gender selected and trained during this reporting period.

Table 11: Number of VHSG trained

Province	Date of training	No of VHSG trained		
		Male	Female	Total
Battambang	December 27-29, 2011	1	19	20
Sihanoukville	December 26-28, 2011	0	19	19
Koh Kong	December 28-29, 2011	1	21	22
Svay Rieng	September 20-21, 2011	0	17	17
Pursat	*To be trained in January 2012			
TOTAL		**2**	**76**	**78**

[4] VHSGs are comprised of members of the community, selected by the government to provide health information to other community members in their village or commune.

COMPONENT 5 – INCREASING ACCESS TO LONG-TERM AND PERMANENT FAMILY PLANNING METHODS THROUGH PUBLIC/PRIVATE PARTNERSHIPS

FP Voucher Provinces/Operational Districts identified

The Project team worked with NMCHC and Provincial Health Departments to identify underserved populations to expand the family planning voucher component of the Project (refer to Annex 3 for rapid assessment report). Building on the existing efforts in Svay Rieng and Koh Kong (supported under the previous MSIC/AusAID project and continued under this project). Three new family planning voucher project Provinces were selected (Battambang, Pursat, and Sihanoukville). Among these 3 provinces, 27 health facilities were assessed and 15 selected to participate in the family planning voucher project. Across all 5 project provinces there are currently 43 health facilities (33 public and 10 private) participating in the family planning voucher project supported by RMMP/MSIC project. The criteria for selection of facilities to participate in the family planning voucher project include:

- Interest and commitment of the health facility team to improve access to family planning for the underserved.
- Demographics of the facility catchment area (population density, poverty status, family planning up-take etc)
- Number of IUDs provided by the facility at baseline.
- No overlap with other NGOs partners and government program support

Table 12 shows the number of health facilities that were assessed and selected to participate in the family planning voucher project.

Table 12: Number of health facilities assessed and selected for voucher project

	General information of the Project Province			Facilities assessed	Facilities selected
Province	**# of Operational Districts**	**# of Referral Hospitals**	**# of Health Centers**		
Pursat	2	2	32	11	5
Battambang (Sampov Lun)	1	1	8	7	5
Sihanoukville	1	1	12	9 (private clinics)	5 (private facilities)
TOTAL	**4**	**4**	**52**	**27**	**15**

Provincial Orientation Workshops

Provincial Project orientation workshops for the Family Planning Voucher project were held in Battambang, Pursat, and Sihanoukville provinces in December 2011. The purpose of the orientation workshops were to involve project stakeholders and community agents in the development of Project design. The composition of participants included the Provincial Health Department, Referral Hospital representative, MCH representatives, health center chief, local authority representative, NGO partners, women community leaders, district and municipality governors, commune chief, police, army, other community stakeholders, and private clinic partners. A total of approximately 262 participants attended the 3 orientation workshops. The orientation workshops have paved the way for strong community ownership and participation in the project.

Table 13: Number of participants attended orientation workshops

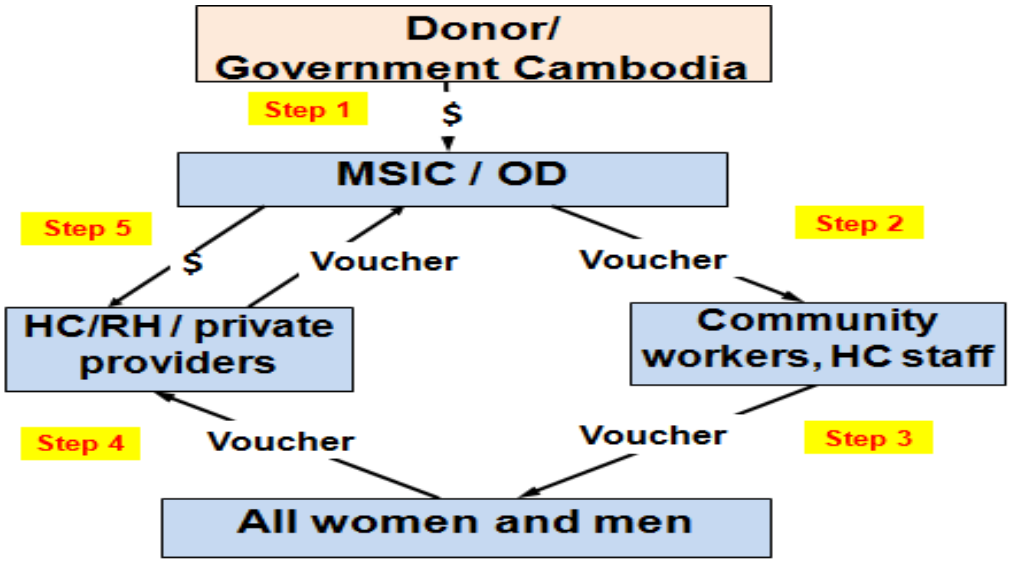
Province	Date	No of participants		
		Male	Female	Total
Battambang	December 09, 2011	30	16	48
Sampov Lun (Battambang)	December 26, 2011	45	33	78
Pursat	December 27, 2011	59	10	69
Sihanoukville	December 13, 2011	52	17	69
TOTAL		**186**	**76**	**262**

Voucher distribution

Vouchers are distributed by the various community mobilizers and educators outlined in Component 4 and above. Vouchers are not restricted to ID-poor but are mass distributed in underserved populations defined as those populations that have low access and uptake of family planning services. Over the reporting period 10,850 Family planning vouchers were distributed to a range of different community based distributors for distribution (eg. village volunteers, commune council members, women representatives, health center outreach workers, health promotion workers, community based organizations, community leaders, and other community representatives).

Implement Performance-based outputs based assistance (OBA)

On the supply side, the family planning voucher outputs-based-assistance system was set up in all participating health facilities through a memorandum of agreement and associated reporting systems between MSIC and the Provincial Health Department. This involves providing the user-fee to the facility Director who ensures that the voucher client receives a free family planning service. The project team routinely visited participating facilities to monitor performance, conduct spot checks for potential fraud, collect reports, and make payments based on performance. According to monitoring visits of clients and checks of client records, data received was mostly valid and accurate. Any errors identified have been addressed with the relevant facilities. The flow chart below summarizes the voucher protocol.



Over the reporting period 10,850 vouchers were disseminated to voucher distributors and from April to December 2011, there were 1,170 voucher services redeemed comprising 1,170 IUD services provided at partner health facilities. Most of these took place in the FP voucher Provinces of Koh Kong and Svay Rieng, but there were some also provided in new Project Provinces who started disseminating vouchers in late 2011. Refer to Table 14 below for number of IUD servoces by province. It should be noted that based on MSIC global experience, vouchers can be redeemed as late as 6-9 months after distribution, so the results indicated here are not the full picture of voucher redemption to date and it is likely that vouchers distributed up until 31 December will continue to be redeemed over the next 6-9 months.

Table 14: Number of IUD insertion under RMMP in each province

Province	# of vouchers distributed	IUD insertion from April-December 2011	% vouchers redeemed
Pursat	300	28	9.3%
Battambang	250	22	8.8%
Sihanoukville	120	13	10.8%
Koh Kong	4780	248	5.2%
Svay Rieng	5400	859	15.9%
TOTAL	**10850**	**1,170**	**11%**

COMPONENT 6 – PROJECT MANAGEMENT, TECHNICAL ASSISTANCE AND ORGANISATIONAL STRENGTHENING

Highlights under this Component include:

- Dr. Rathavy (Deputy Director NMCHC) has provided ongoing leadership and vision to the RMMP/MSIC project by supporting strategic inputs into: targeting, training, family planning vouchers and access to family planning commodities.
- Monthly project team coordination meetings. The meetings are designed to reflect on project progress and vision for strengthening of project implementation in the future particularly looking at challenges, lesson learnt, and problem solving.
- There were various technical assistance inputs over the reporting period as follows:
    - Dr Antoinette Pirie (International Health Adviser MSIC) has been providing expert leadership to the project as well as providing broader national leadership in sexual and reproductive health. From October to early 2012, Antoinette has been facilitating the development of the ***2012-2016 Reproductive and Sexual Health Strategy*** under the leadership of NMCHC and in partnership with UNFPA. She was also strategic in re-vitalizing the national Reproductive and Sexual Health Technical Working Group which now meets regularly to discuss a vision and operationalisation of reproductive and sexual health issues in Cambodia.
    - Dr Swaraj Rajbhandari (Clinical Adviser) supported the CAC refresher Training of Trainers and upgraded the integrated CAC training manual.
    - Ms Jessica Waite (Program Support Manager MSIA) and Mr Dean Garreffa supported the team to ensure AusAID compliance and develop the M&E framework.

- In the area of organizational strengthening the RMMP/MSIC project supported (directly or indirectly) various aspects of MSIC organizational strengthening and development national sexual and reproductive health leadership in the MSIC team including strengthening of: human resource systems, financing systems, risk management, clinical quality, project management, procurement systems, local and regional study tours to learn best practice and innovation, and various other organizational development activities. This organizational and leadership development has allowed MSIC to contribute to excellence in project management and building of national leadership and innovation in sexual and reproductive health in Cambodia.

COMPONENT 7 – MONITORING AND EVALUATION AND IDENTIFYING THE BARRIERS AND ENABLERS TO INTEGRATION

Monitoring and Evaluation (M&E) framework development

An M&E framework was developed at the project outset (refer to Annex 4). The emphasis of this was to:

- Align with previous RMMP indicators so that longitudinal comparisons could be made across RMMP projects.
- Integrate M&E into existing data collection systems and avoid creating unsustainable parallel M&E systems and respond to MoH requirements for M&E data.
- Create an M&E framework that is practical and easy to implement and does not overburden the small project team given the short project duration.

Data collection

A standardized data collection tool was agreed, building on previous RMMP project tools and this was circulated to participating health facilities. It was agreed that MSIC would collect data from both RMMP/MSIC trainees and (as far as possible) from previously trained providers (RMMP/Options) to support a universal data base. The table below shows the number of safe abortion cases reported[5] by trained providers.

Table 15: Number of abortion cases performed July-December 2011

Province	Jul	Aug	Sep	Oct	Nov	Dec	Total
Battambang	-	-	-	0	17	23	**40**
Sihanoukville	-	-	1	8	1	2	**13**
Svay Rieng	7	5	11	21	15	13	**72**
Pursat	-	-	0	0	2	7	**9**
Koh Kong	-	-	0	0	3	0	**3**
Paillin	-	-	0	0	0	1	**0**
Kratie	4	0	2	3	0	3	**12**

[5] Note: MSIC is aware that not all safe abortions are reported by trained providers for various reasons including workload and concern about the impact reporting may have on their private business. As such it is anticipated that the actual number of abortions provided by trained providers is much higher than captured here. Zero cases were recorded in some provinces even after training was complete due to some initial problems with data collection. Also in some provinces there was no abortion service provision due to the delay in setting the price for abortion at the Health Centre.

National Maternal and Child Health Center and Phnom Penh Municipal Referral Hospital	39	36	15	34	11	27	**162**
MSIC clinic (only during practicum)	111	133	70	147	44	179	**684**
TOTAL	**161**	**174**	**100**	**213**	**93**	**255**	**996**

Project Monitoring

Regular monitoring visits were undertaken over the reporting period to: provide technical support to the field team, follow-up the performance of facilities, troubleshoot, and monitor project performance. The project team also participated in the Provincial Technical Working Group meetings in each province to share experiences of the project and support project coordination.

Key Performance Indicator Results in the Reporting Period

Table 16: Key Performance Indicator Results

Indicator	Means of Verification	Target	Progress	% of target
# of providers trained on CAC	Training Record	160	107	67%
# of providers trained on IUD	Training Record	89	0	0%
# of providers trained on Implant	Training Record	118	0	0%
# of providers trained on VSC	Training Record	11	0	0%
All training participants pass post training assessment with at least 80% achieving score of 75% or higher prior to providing services	Training Record	80%	100%	100%
# of abortion performed by trained providers	RMMP data base system	N/A	996	N/A
% of Post-Abortion Family Planning	Client record form	65%	67%	103%
# of health facilities in target provinces brought up to minimum standards for safe abortion services, through refurbishment and provision of equipment and supplies by the end of project	Quality Assurance record	79	67	85%
# of health facilities partner in target project provinces providing Long Term and permanent FP services	Project Coordinator Monthly report	41	43	105%
# of voucher distributors trained on voucher distribution by the end of project	Project Coordinator Monthly report	100	78	78%
# of voucher printed	Project Coordinator Monthly report	250,000	250,000	100%
# of voucher distributed	Project Record	250,000	10,850	4.34%
% of voucher redeemed (# of voucher distributed to client VS actual voucher redeemed at Health Center)	Project Record	30%	10.78%	36%
# of IUD insertions	Project Coordinator Monthly report	N/A	1,170	

Barriers and Enablers to Integrating RMMP into the HSSP2/AOPs

A preliminary assessment has been undertaken of barriers and enablers to integrating the safe abortion training component of the RMMP/MSIC into Health Sector Support Project II and/or Annual Operating Plans. This will be further developed in 2012.

The key findings to date indicate:

Enablers	Barriers
Evidence of high level support for improved access to family planning and safe abortion services (ie. recent directive from HE Professor Eng Huot). Slow and steady success with getting safe abortion on the agenda greatly helped by the Fast Track Initiative which is supported by the First Lady. Dr Pen Pinnha, MP and Vice Permanent Chairman of the Cambodian Assoc of Parliamentarians for Population & Development (CAPPD) emphasized, to a group of 40 members of parliament that equitable access to safe abortion was an essential element to reducing maternal mortality.	There is not yet universal understanding and support amongst national decision and policy makers and the donor community about the importance of safe abortion and its relationship to the reduction of maternal mortality. If efforts in this area get subsumed into mainstream health system strengthening there is a real risk that it could get forgotten, lost, or at worst intentionally sidelined from national health priorities. Incorporating safe abortion into the current sector wide approach will take a significant amount of negotiation with donor partners who are already overloaded with addressing issues raised by the mid-term review. Furthermore, some of these donors have their own restricted policies on provision of safe abortion which will compromise efforts in this area. It would be more realistic to wait for the new sector programme/or its successor before these complex negotiations begin. There are many practical challenges in the current sector wide approach that will make the safe abortion training unworkable including: low training fees, delays in receiving funds etc.

III. CHALLENGES

During this period of project implementation, the project encountered some unexpected challenges however most of these have been addressed and are not expected to impact on the overall project outcomes. These include:

- Delay in setting up the expanded family planning voucher project due to additional time required to select sites, negotiate with partners, and develop FP voucher scheme. This activity is now underway and will be accelerated in 2012.
- Delay in the provision of training in long term and permanent methods of family planning; it was particularly challenging to set up the voluntary surgical contraception training due to lack of national training capacity.
- Quality assurance team overloaded with additional demands to conduct follow up Quality Assurance visits to previously trained safe abortion providers (trained under the RMMP/Options project). The Quality Assurance team has now prioritized follow-up QA

visits for both RMMP/MSIC and RMMP/Options and has developed a more realistic QA schedule for 2012.

- Limited time left for implementation the FP voucher project and experience shows the real results for this approach begin to show after 6-9 months of implementation. There is also uncertainty about the future of the RMMP project given the limited duration of the contract and the implications of this on partner/team commitment and confidence. MSIC will try to mobilize additional financial resources through AusAID or other donors to continue the RMMP activities for at least 2-3 years after September 2012 to see the maximum benefit of this intervention.

IV. LESSONS LEARNT AND RECOMMENDATIONS

During this period of project implementation, the project encountered some valuable lessons learnt. These include:

- MSIC was overly ambitious in the project proposal for the start-up of the family planning voucher component of the Project in new Project Provinces. It was thought because this was a scale-up of activities in Koh Kong and Svay Rieng that it would be easier to setup however it is now clear that this takes more time than anticipated (including government negotiations, assessments, revise tools, training etc).
- To avoid delay of future implant trainings, the training facilitators from NMCHC need to be informed at least three months in advance to allow enough time for the request for implants from government stock to be supplied.
- Provincial orientation workshops at project start-up help to build strong community ownership, participation, and cooperation among relevant stakeholders
- Sharing an office within MoH at NMCHC has helped MoH to provide strong leadership to the project and MSIC.
- Working in partnership with the MoH at the central-level has been important for supporting strategic national impact through efforts like the facilitation of the Reproductive and Sexual Health Strategic Plan and the re-vitalization of the Reproductive and Sexual Health TWG. The project has used a two way process of top-down and bottom-up, using evidence-base collected from the ground to feed into policy and protocol strengthening.
- Attitudes of health providers about safe abortion are becoming more positive, with many more health providers wanting to participate in safe abortion training compared to previous years.
- Trained providers need a lot of follow-up Quality Assurance to strengthen their capacity and confidence to provide safe abortion services. Despite providers being provided with comprehensive training, the QA team has found a number of weaknesses when they are followed up in the field.
- Counseling on post-abortion family planning needs to be strengthened.
- There remain many challenges to make safe medical abortion available in health facilities including access to safe abortion commodities and confidence of providers.
- There are operational constraints for providing safe abortion and family planning services in some facilities because there is no clear agreed price set for the services at the health facility.
- Health equity funds remain weak in addressing financial barriers for the poor to accessing safe abortion and family planning.
- Awareness and advocacy on the Abortion Law should be strengthened at the provincial and commune level, especially for law enforcement official and army and commune councils. In 2012, MSIC will work more in this area, building on the good experiences in this work in Kampot under the RMMP/SPF.

V. CASE STUDIES

Case Study 1: Khim Samon

Khim Samon, a 46-year old medical assistant from Serey Meanchey Health Centre in Sampov Loun Operational District, Battambang province, had no idea that abortion was legal in Cambodia and that there were national guidelines on how to provide *safe abortion.*

"Before I joined the training on CAC provided by Marie Stopes, I didn't know if abortion was legal or not and when we could provide abortion."

Samon also used to use methods that were outdated and potentially dangerous for clients.

"I used to use dilation and cuterrage (D&C) to perform abortion. It was more difficult and it would take a long time, sometimes up to 2 hours to complete. I used to get more complications and clients retuning to my health centre with infection. The new procedure [MVA] is much easier and quicker. Now I rarely have any problems or complaints from clients."

Since receiving support under the RMMP/MSIC project, Samon also understands more clearly about post-abortion family planning and can provide more family planning options to clients after receiving implant training as part of the project.

"I never really used to discuss post-abortion family planning with clients. I didn't know we needed to counsel clients about family planning but now I understand the national guidelines clearly I provide counselling to each client on post-abortion family planning. I already used to provide the IUD service at my health centre but now I can also provide implants."

Case Study 2: Thon Se

Thon Se, a 42-year old Medical assistant at Ta Krey Health Centre, Battambang Province in north-western rural Cambodia only received CAC training one month ago, but already he is putting his skills to use to reduce maternal mortality in Cambodia.

"Before I attended the training I had never performed any abortions. Since the training and I received equipment from Marie Stopes International Cambodia I have performed five MVAs and post-abortion family planning including three IUD insertions."

Se is also using his skills in Post-Abortion Care (PAC) for women in his community who present at his health centre with complications related to the use of unsafe, over the counter "Chinese medicines" often used to induce abortion.

"I had one 32 year old woman come into my health centre. When she arrived, she had been bleeding heavily for 5 days and was very pale and weak. She had taken Chinese medicine from the pharmacy but it had not worked. If I had not provided her with PAC and she had waited a few more days to come to the health centre she would have died."

VI. FINANCIAL ACQUITTAL

RMMP Financial Acquittal
April 2011 - Dec 2011

FX Rate USD 0.9523

Category	Total Approved Budget 2011 (AUD) 18 mths	Expenditure Apr-Dec11 (AUD)	Total Budget Balance (AUD)	% of remaining balance AUD
1.Human Resources	492,267	204,573	287,696	58%
1.1 International Staff	*263,796*	*121,521*	*142,276*	*54%*
1.2 Local Staff	*228,471*	*83,052*	*145,420*	*64%*
2. Travel	114,714	20,459	94,255	82%
3.Equipment & Supplies	129,458	73,817	55,641	43%
4. Office Cost	242,799	76,060	166,738	69%
5. Monitoring-Supervision and Evaluation	66,458	27,715	38,743	58%
6. Other cost, services	556,300	83,831	472,469	85%
7. Contractual Service	318,344	84,231	234,113	74%
Project Subtotal	**1,920,341**	**570,686**	**1,349,655**	**70%**
8. MSI Head Quarter Overhead @ 15.8	303,414	90,168	213,246	70%
Grand Total	**2,223,755**	**660,854**	**1,562,901**	**70%**