MARIE STOPES INTERNATIONAL
Cambodia

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| **Name of Organisation:** | Marie Stopes International Cambodia |
| **Proposal Title:** | Reduce Maternal Mortality Project |
| **Duration** | 18 months |
| **Start** | 1 March 2011 |
| **Finish** | 31 August 2012 |

## 1.0 Context

Marie Stopes International Cambodia (MSIC) proposes a long term partnership with AusAID **to support the achievement of Millennium Development Goal (MDG) 5**, through ensuring nationwide access to high quality family planning and sexual and reproductive health (SRH) services, in particular safe abortion.

SRH services face real challenges in Cambodia. With one of the lowest health status in the South East Asia Region and 35 percent of the population living below the national poverty line, health services are often absent. Where present they are largely inconsistent and are often of inadequate quality. Coupled with a low contraceptive prevalence rate, (27 percent of married women use any modern method), and low levels of awareness of modern family planning methods, it is estimated that the current unmet need for family planning is 25 percent for married women. There has been steady progress in the family planning service delivery environment, with the legalisation of abortion in 1997. However, safe abortion services remain out of reach for most women mainly because many service providers are unaware of the changed policy and lack the necessary skills and commodities to offer these services.

In December 2010 DFID closed its program in Cambodia. DFID has been the only bi-lateral donor that has made a significant contribution to improving access to safe abortion services and long-term/permanent methods of family planning in Cambodia through the *Reduce Maternal Mortality Project (RMMP)*. The other donor that has made significant contributions to family planning in Cambodia is USAID, however due to policy restrictions they are unable to tackle the serious issue of unsafe abortion and to date their program has focussed predominantly on community based distribution of short-term family planning methods. USAID's program also has a limited impact on systems change since it is mainly administered through NGOs.

MSIC is the only NGO in Cambodia that has had a long standing commitment and impact on the provision of comprehensive SRH, especially increasing access to safe abortion and long-term family planning services. MSIC is ideally positioned to expand and scale-up the provision of safe abortion and contraceptive services in the public sector as well as the private and NGO sector across defined geographic areas of Cambodia, in line with the Ministry of Health (MoH) Maternal and Child Health (MCH) Strategy.

## 2.0 Background

In May 2010, His Excellency Mam Bun Heng, Minister of Health launched the ***Fast-Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2010 – 2015*** (FTI) which aims to scale-up evidence based interventions that will dramatically reduce maternal and newborn mortality. The strategy comprises four main components (emergency obstetrics and newborn care, skilled birth attendance, family planning and safe abortion) and three cross-cutting enabling environment components (behaviour change communication (BCC), removing financial barriers to access, and maternal death surveillance and response).

At the Consultative Meeting between the MoH and Health Partners on the implementation of the FTI, held on 14 December 2010, it was identified that the government, together with development partners, are making good progress on emergency obstetrics and newborn care, and skilled birth attendance; as well as the cross cutting components of: BCC, removing financial barriers to access, and maternal death surveillance and response. However there was concern by the MoH about slow progress and potential reversal in the areas of: family planning

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and safe abortion. In particular **safe abortion was highlighted as a major concern by the Ministry of Health** as a result of the closure on 31 December 2010 of the RMMP supported by DFID/Foundation[1].

The goal of the previous RMMP project was to increase access to high quality contraceptive and safe abortion services through: competency based training in comprehensive abortion care (CAC), quality assurance, supply of equipment, development of protocols, demand creation, and strengthening the supply of quality long-term and permanent family planning methods. The project was lead by Options Consultancy and MSIC was a major sub-contractor.

In August 2009 AusAID released *Family Planning and the Aid Program: Guiding Principles*. This document outlines AusAID's commitment to ensuring a comprehensive approach to family planning and reproductive health, which is identified as one of the most cost effective approaches to reducing maternal and child mortality. In line with this policy, at the 14 December 2010 meeting, **AusAID reiterated its commitment to the MoH to support the FTI, especially the core components of family planning and safe abortion**, with a preference to do this through the HSSP2. However, at a subsequent meeting with WHO and MoH, the political and bureaucratic impediments to mainstreaming SRH services through HSSP2 were explained and while this remains the long term objective of the MoH, there are immediate needs that can only be addressed through a project approach. The MoH and AusAID have requested that MSIC, working closely with the MoH, WHO and other health partners, develop this concept extending and expanding the work already undertaken by the previous RMMP and MSIC. This expanded project will continue to focus on the previous RMMP goal of **increasing access to high quality contraceptive and safe abortion services,** whilst also **working in partnership with the MoH,** to identify the barriers and constraints to mainstreaming the project activities into the Government system.

## 3.0 Marie Stopes International Cambodia

The MSIC program has been operating since 1998, **working in partnership with the MoH to increase access, quality, and affordability of sexual and reproductive health (SRH) services** through:

- provision of family planning services (especially long-acting and permanent methods) in MSIC clinics and outreach activities throughout the country,
- provision of comprehensive abortion care in MSIC clinics and through increasing access to quality services in MSIC's network of public/private partners,
- strategic sexual and reproductive health demand creation and behaviour change communication,
- innovations in health financing to support uptake of long-term and permanent methods of family planning in the public/private sector, and
- integration of HIV and reproductive health services.

MSIC has strong experience managing large complex donor funded projects, including budgets exceeding USD3 million, on behalf of donors such as the European Union, AusAID, Global Fund, International Labour Organisation, CIDA, Dutch Fund, and private foundations.

To support this work MSIC receives technical and strategic support from Marie Stopes International (MSI) [2] and the regional office of Marie Stopes International Australia (MSIA)[3]. The program also has close partnership with Options Consulting[4] firm, as well as other leading sexual and reproductive health global organisations such as IPAS, EngenderHealth and Population Council.

MSI, of which MSIC is a partner, is a non-profit and non-government organisation specialising in sexual and reproductive health care. Since beginning its operations in 1976, over 55 million clients have visited an MSI clinic in one of 43 countries around the world. **Two-thirds of MSI's health impact is in hard to reach communities**. MSI's commitment to improving the health outcomes of poor and marginalised people is embodied in the strategic and operational imperative to **serve the underserved**.

[1] A private foundation has also provided considerable financial support to this project
[2] Based in UK
[3] MSIA is accredited (Full) by AusAID
[4] Which is a commercial consulting firm of Marie Stopes International

In 2010 the impact[5] of MSIC's services will avert approximately:

- **342 maternal deaths**,
- **4,442 infant deaths**,
- **33,501 unsafe abortions**, and
- save approximately **USD $22 million** to families and the national healthcare system in Cambodia.

As part of the global partnership MSIC has access to, and participates in, regional and global forums to ensure continuous learning and adherence to MSI's strict quality standards. The capacity of MSIC to deliver high quality, best practice clinical care has been enhanced through annual global and regional workshops on topics such as clinical services management, family planning counselling, infection prevention and emergency preparedness, as well as the provision of annual Quality Technical Assessments and ongoing support from MSI's global Medical Development Team. This **emphasis on continuous learning and capacity enhancement is critical to the provision of quality, client centred services.**

## 4.0 Project Goal and Objectives

This project extension has the goal of **increasing access to quality long term and permanent methods of family planning and safe abortion services, and through this supporting the MoH to implement the *Fast Track Initiative Road Map to Reduce Maternal and Infant Mortality*.**

The proposed program has three core objectives:

1. To increase coverage and access to safe abortion[6] services in public and private providers through building the capacity of 160 service providers to provide quality safe abortion services. This will increase the % of safe abortion coverage from a baseline of x% to x%[7] over the duration of the Project.
2. To support efforts to increase the proportion of women and men of reproductive age using long-term and permanent family planning methods.
3. To identify and collate the barriers and enablers to integrating safe abortion and long term and permanent family planning methods into the MoH minimum package of services

The project will comprise of seven strategic interventions 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.

Objective three will be incorporated within components 1-5 and MSIC will, in partnership with the MoH, AusAID and WHO, consider what the current obstacles are to these services, training and quality assurance processes being

[5] MSI Impact Calculator

[6] The general term safe abortion covers a package of services intended to safely prevent or manage unintended pregnancy and its consequences, thereby contributing to reductions in maternal mortality.

[7] This data will be derived during the planning/set-up phase of the project. The baseline for the previous RMMP is (i) 14% (113 of a total 829) Health Centers strengthened in basic abortion care (BAC), (ii) 40% (33 out of total of 82) hospitals strengthened in BAC, and (iii) 34% (28 out of 82) hospitals strengthened in comprehensive abortion care (CAC) that is one in each Province. During the planning phase of this project, the team will map out how many facilities the 160 new providers are likely to come from to determine the contribution this project will make on increasing the coverage rate since in some cases the project may train more than one provider in each facility.

integrated within the MoH. This will include analysing what the MoH's capacity needs are, what it will cost the Ministry of Finance and what resources will be required to mainstream these activities into MoH.

The ultimate long term goal is to fully integrate components 1-5 into the routine planning and budgeting cycle of the MoH. However due to the various political, capacity, resourcing, and financing constraints it will take some time to fully integrate all these components into the Government's routine planning and budgeting cycle. This eighteen month project expansion will focus on identifying what can be easily integrated into national plans and what enablers and barriers there are to full integration. These recommendations will be a key project output and will inform the development of a multi-year program that addresses the capacity, resourcing and financing constraints identified.

## 5.0 Project Approach and Principles

This expanded project will work in partnership with the MoH, WHO and AusAID to implement the seven strategic interventions to achieve the project goal. The National Maternal and Child Health Centre (NMCHC), on behalf of the MoH, will lead the strategic direction of the RMMP and provide the policy framework for all activities implemented under the project. AusAID will mobilise resources and with WHO, provide technical guidance to the project as required. WHO provide advice on international best practice and support NMCHC in their policy dialogue within the MoH to get SRH services incorporated into mainstream service delivery practice. MSIC will provide the technical and quality assurance oversight, as well as managing the overall project, including coordinating and collaborating with other health partners, such as training institutes, government authorities, public and private sector health facilities, UN agencies (including WHO, UNICEF, UNFPA), and INGO/NGOs (including CARE, SCF, WVI, RHAC, RACHA, PSI, URC) as appropriate.

A project steering committee will be set up involving key partners (NMCHC, AusAID, WHO, MSIC HSSP Secretariat/Unit), the relevant training institutes and other partners as deemed appropriate. The steering committee will meet quarterly to review project progress, discuss barriers to integration that have become apparent during the quarter and make recommendations.

This expanded project is designed to explicitly link the provision of safe abortion services to access to quality family planning services. This will be undertaken through an emphasis on providing post-abortion family planning and improving access, affordability and quality of long-term and permanent methods of family planning. Through this project MSIC will also develop the evidence base to advocate for improved access to family planning, both post-partum and post-abortion, as these are key opportunities, that are not currently being utilised, to promote family planning..

The geographic coverage of the project will cover the whole country, based on the existing demand for training. At the outset, the project team will conduct a rapid mapping of existing RMMP trained health facilities to determine a minimum number of basic and comprehensive abortion care facilities per province. This in turn will inform the geographic focus of each component, particularly in the areas of refurbishment, BCC and strengthening access to family planning services.

## 6.0 Strategic Interventions

The project comprises seven strategic interventions:

**Component 1: Training in safe abortion and long-term and permanent family planning:** Using competency-based training and the previously developed training manuals, methods, and protocols, this project will scale-up training to new sites based on the priorities set by the MoH and the recommendations made by the previous RMMP project. The training will cover clinical technical competencies as well as counselling, infection control and waste management. Participants will learn both theory and practicum on models and live clients. As the previous RMMP identified, competency based training requires additional resources and strategic consideration given the challenges of recruiting adequate clients for the practicum, especially for safe abortion services, however these challenges are outweighed by the advantages of having confident and competent providers ready to provide services immediately after training. Unlike the previous RMMP the comprehensive abortion care training will be administered and implemented through a sub-contracting arrangement to the three already designated training sites of:

- National Maternal Child Health Center,
- Phnom Penh Municipal Hospital, and
- Kampot Hospital

This will strengthen the capacity of these Government training institutes to plan, budget, administer, and implement training programs, enabling long term capacity building of the institutes and beginning the process of embedding all the components of the RMMP into the MoH. The International Training Adviser and MSIC training team will support the institutes during this transition and will continue to monitor and provide quality assurance to the training facilities.

IUD training will be undertaken by Provincial Master Trainers in each of the Provinces.

Quality oversight of the training will be conducted by an International Clinical Adviser, supported by the MSIC clinical trainer and training coordinator. Price Waterhouse will be engaged to audit the sub-contracting arrangement on an annual basis using the existing Health Sector Support Project (HSSP) financial auditing protocols/systems. Over the duration of the Project it is anticipated that trainings will comprise the following:

- Comprehensive Abortion Care – 20 trainings at 10 days for 8 persons per training = 160 providers trained.
- IUD training - 14 trainings at 5 days by 8 persons per training = 112 providers trained.
- Implant training - 7 trainings at 5 days by 8 persons per training = 56 providers trained.
- Tubal-ligation/Vasectomy Training – 2 training at 3 weeks by 8 persons per training = 16 providers trained.

**Component 2: Quality assurance including infection control**. Two national Quality Audit Officers, who worked on the previous RMMP, will be recruited to conduct quality audit follow-up of health facilities. Quality clinical audits will be undertaken in the newly trained sites three times in the first year to ensure high quality service delivery. Audits will use existing quality audit tools developed in the previous RMMP project and will be supported by the International Clinical Adviser, along with MSIC's national Quality Assurance Officer. Provincial and District authorities will be engaged in the quality audits to strengthen capacity at the local level to provide routine supervision of clinical quality. This process will help identify the capacities, strengths and weakness at Provincial and District level in regards to feeding into Objective 3. The findings of the quality audits will be fedback to the facility in a follow-up plan for continuous improvement and collated centrally to feed into national policy and protocols. The 'no-blame' culture introduced by the previous RMMP will be re-enforced in this Project so as to create a continuous improvement cycle in the health facility.

**Component 3: Health facility refurbishment, equipment and supplies**: Facility assessments will be conducted by a Facility Assessment Team in the newly trained facilities to determine the minimum operating standards for provision of services. Based on these assessments small refurbishments will be undertaken as necessary which may include: provision of running water, air-conditioning in operating room, and essential painting of operating rooms. Essential equipments and consumables may also need to be procured to bring the facility up to the minimum standard to provide services. The project will coordinate with the HSSP2 and other projects/NGOs to ensure no duplication of refurbishment plans. This component will help identify the capacities, strengths and weakness within the MoH in regards to assessing, refurbishing and maintaining health facilities and will feed into Objective 3.

**Component 4: Behaviour change communication and advocacy**. A communication team will lead strategic community based advocacy, BCC, and demand creation in selected newly trained facilities. This will comprise a mix of: BCC materials, advocacy meetings with key decision makers and leaders, piggy-backing communication messages onto existing community based efforts by community based organisations/local NGOs, viral marketing (word of mouth through satisfied clients), strategic use of local radio, and a range of other strategic community based interventions. Key messages will include:

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

The Project will partner with the NMCHC, the National Center for Health Promotion and other relevant partners to work on health promotion activities, especially piggy backing communication messages onto existing communication efforts using village volunteer networks.

MSIC's existing hotline will be further publicised in the project area to increase awareness and access to family planning and safe abortion information. The communication messages will be underpinned from a human rights framework and through a gendered lens, actively engaging with women and men, as well as grandparents, village leaders and other key stakeholders, to create an enabling environment for women to access information and services.

**Component 5: Increasing access to long-term and permanent family planning methods through public/private partnerships**. MSIC will continue to strengthen and scale-up the work undertaken in MSIC's previous AusAID supported project implemented in Koh Kong and Svay Rieng since February 2010. The goal of this pioneering project is to increase access to long-term family planning methods using a total market project (public/private partnership), using innovative demand/supply health financing mechanisms. Over the eight month implementation period the project was able to demonstrate a 1090 percent (baseline=61 and endline= 665) increase in new acceptors to long-term family planning methods in twelve of the sixteen health facilities that participated in the project. Components of this project have already informed and influenced a reorientation of USAID's reproductive health program, as well as the soon to be launched KfW Reproductive Health Vouchers project. Through this expanded project MSIC will scale-up this pioneering approach, emphasising the tools and capacity required to fully integrate it into the national reproductive health program, supported by HSSP. This Component is expected to be continued in the existing AusAID supported sites of Koh Kong and Svay Rieng for a further 1-2 years[8] with a gradual withdrawal over the next 12 to 18 months. The evaluation and lessons learnt from this pilot will help inform the expansion of this model into new sites, based on the training schedule in Component 1 and the identified need for strengthening access to long-term family planning services.

**Component 6: Project Management, technical assistance, and organisational strengthening**. This component will cover a number of sub-components as follows:

- Quality Project Management of the design, implementation and outputs of the project will be lead by an experienced team of MSIC project managers, supported by existing head-office team members. A Senior Project Manager will be hired to oversee this project, who will manage day-to-day activities under the leadership of the Project Director (MSIC Program Director Ms Che Katz). A team of new recruits will support the Project Manager including: International Clinical Adviser, Procurement & Logistics Officer, Public/Private Partnership Officer, 2 Clinical Audit Officers, Training Coordinator/Administrator, BCC/Advocacy Officer, Monitoring and Evaluation Officer, Database Officer, Finance Officer, IT administrator, and 2 Drivers. In addition, the project team will be strongly supported by MSIC's Head Office team including: finance, clinical training and quality assurance, communication, logistics and procurement, operational research, monitoring & evaluation and administration.
- International Technical Assistance will be sought, as required, through partner organisations such as: MSI, Options, IPAS, and Engender Health. Areas of technical support could include: (i) developing training of trainer skills, (ii) strengthening the integration of safe abortion and family planning data into existing health management systems and advice on maintaining the safe abortion provider database, (iii) documenting the enablers and facilitators to full integration of project Components into the routine MoH annual planning and budgeting cycle (iv) developing a monitoring and evaluation framework to measure the performance of the project, and (v) providing other expert advice as required by the project and/or identified by the Ministry of Health.
- Capacity building of the NMCHC and other relevant departments (such as Ministry of Economics and Finance) will be undertaken through participation in relevant national and regional forums, selected study tour exchange visits and on-the job mentoring, where appropriate. This project will continue to support and strengthen MSIC's on-going capacity to provide best practice, high-quality technical assistance. This will be undertaken through MSI's global and regional technical workshops, selected exchange visits, and specialised training where required.

**Component 7: Monitoring and evaluation and identifying the barriers and enablers to integration within MoH**. At the outset of the Project a robust monitoring and evaluation (M&E) framework will be developed to assess

[8] Continuation in these sites will be dependent on the recommendations of the evaluation to be conducted in late January 2011

the performance of the project against key performance indicators using the existing government monitoring systems. The M&E framework will collect only essential data for performance assessment, to avoid unnecessary data collection that will overburden the team and the MoH. Enablers and barriers for integration of the Project components to the MoH's routine planning and budgeting cycle will be identified through this process. A final external evaluation will be undertaken to assess the overall performance of the project and make recommendation for future programming. Findings from the project will be analysed regularly and disseminated through meetings, forums, workshops and conferences.

## 7.0 Project Phases/Activities

The project will be implemented in three Phases:

**Phase I: Project Start-up:** During the first two months of the Project, the team will be recruited, inducted, and offices setup. NMCHC has given verbal commitment to provide office space to newly recruited team members, as well as one vehicle to the project, since MSIC's existing office space and vehicles are fully utilised. A rapid assessment of previous RMMP work to date will be undertaken and based on this a detailed project plan will be developed. Relevant agreements and contracts will also need to be signed with project partners. Given the short time frame of this phase, it is likely that some parts of the setup phase will necessarily roll into the implementation phase. However, as far as possible in the interests of continuing the momentum of the previous RMMP project and starting the implementation of this y interim project, the setup phase will be completed quickly so that the project can begin the training and related activities as soon as possible. All the existing headquarter team will be mobilised quickly and taken off their existing work (as much as possible) so as to ensure rapid and smooth start-up of this project as soon as the contract is signed. The project steering committee will also be set-up at this stage to facilitate smooth coordination of project partners.

**Phase II: Project Implementation:** In the third month of the project, the Project Implementation Phase will begin which will continue for fourteen months. This will involve the implementation of the six strategic interventions mentioned above (training, quality assurance, health facility refurbishment, behaviour change communication, and strengthening family planning services). Given the short duration of the project, the emphasis of this Phase will be on rapidly building capacity and increasing access, as well as identifying the facilitators and barriers for full integration of the Project activities into the MoH planning and budgeting cycle. Since the project team directly supporting this project will be as lean as possible, so as to avoid large unsustainable scale-up of the MSIC program for a short-duration project, the existing MSIC headquarters team will continue to provide significant support to this project.

**Phase III: Project Monitoring and Evaluation and Project Close:** At the outset of the project a simple but robust M&E framework will be developed along with key project performance indicators. This will be monitored throughout the project and relevant data collected and reviewed by the project team and steering committee for evidence based planning. A joint mid-term review will be undertaken by: MoH technical review team, MSI technical adviser, and AusAID adviser in the tenth month of project implementation and the findings of this review will feed into the design of the AusAID proposed five year Program. A final external project evaluation will be undertaken in month 16 of the project to assess the overall performance of the project, lessons-learnt, and recommendations for further programming.