

Learning package: Knowledge into policy

## Sharing our results: findings from the Partnering to Save Lives final program evaluation

The Partnering to Save Lives final program evaluation shows effective programming strategies alongside ongoing areas of need.

From 2013-18, Partnering to Save Lives (PSL) sought to save the lives of women and neonates in Cambodia by improving quality, access and utilisation of reproductive, maternal and neonatal health (RMNH) services through a partnership approach. As PSL comes to an end, the PSL partners commissioned a final program evaluation to assess progress towards the program's objective and its key outcomes against the following criteria:

- 1. Relevance** of PSL activities in supporting government policies and priorities, and in adapting to the needs of target populations, in particular vulnerable groups in areas of need;
- 2. Effectiveness** of PSL in achieving its objectives;
- 3. Efficiency** of PSL in converting resources (inputs of funding and expertise) into results;
- 4. Sustainability** of the benefits of PSL after the program ends;
- 5. Impact** of PSL activities upon changes in the target population, positive or negative, intended or unintended;
- 6. Equity.** The effect of PSL activities upon making health services more available and accessible for everyone disregarding race, gender, disability, economic or social status.

The evaluation included purposively sampled qualitative interviews and focus group discussions. Participants were invited from PSL-supported health facilities and communities in the northeast (Kratie, Mondul Kiri, Ratanak Kiri, Stung Treng), as well as two additional provinces that had support for family planning and comprehensive abortion care (CAC), and two garment factories. The results were compared to quantitative data from the PSL baseline, midline and endline surveys, and its monitoring and evaluation (M&E) framework.

### Findings from focus groups

Community members who participated in focus group discussions for the PSL evaluation reported:

- More women are accessing antenatal and delivery services at health centres, and will stay 48 hours for postnatal care.
- Health centre staff have improved their attitudes and behaviours. Ethnic minority women reported experiencing less discrimination.
- Women are more aware of the dangers of home-based deliveries and modern family planning methods are well known. Husbands are more supportive of their wives' RMNH decisions.
- Traditional RMNH practices have decreased.

### Key findings

In relation to each of the six areas of enquiry, the evaluation found evidence of the following outcomes:

#### Relevance

PSL activities to strengthen RMNH service delivery were well aligned to the priorities of the Royal Government of Cambodia, particularly as they are outlined in the Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality 2010-15 and 2016-20. Activities were well targeted to reach vulnerable groups, particularly remote communities in the northeast, including ethnic minorities.

#### Effectiveness

PSL activities were effective in improving midwives' skills and confidence to provide RMNH services. Equipment and infrastructure improvements in health centres have also helped to improve quality of care.

There are ongoing challenges in the provision of CAC services, which are explored in more detail in a PSL

study that documented factors influencing service availability (see Learning Package 1: Service Quality Improvement for detail).

Community engagement activities were effective in mobilising volunteers and influencing positive behaviour changes, for example, interviewees reported that more women were accessing facility-based deliveries, and male partners had become more supportive of women's RMNH needs and decisions.

### Efficiency

The PSL partnership approach enabled some efficiency of internal resources as partners collaborated on joint implementation approaches, tools, sets of communication and training materials. At times, internal systems, for example M&E, were made more challenging by the need to coordinate inputs from all partners. The PSL Coordination and Learning Unit (CLU) played an important role in overcoming this.

### Impact

PSL's most positive impacts were upon community awareness of different RMNH services, improved clinical and communication skills among service providers, improved physical infrastructure and equipment in health facilities. There were also notable reductions in home-based deliveries by traditional birth attendants (TBAs). PSL activities overall had limited impact upon community referrals, removal of financial barriers, and social inclusion for people with disabilities, although within specific PSL interventions, partners observed successful strategies for addressing each of these areas, which could be scaled up for greater impact.

### Sustainability

During its closing months, PSL made significant effort to transition ownership of quality improvement initiatives to Provincial Health Departments/ Operational Districts (PHD/ODs) and to advocate for ongoing budget to be allocated to support these activities. Interviewees from national and sub-national authorities indicated that improvements to equipment and infrastructure at a health centre level could most easily be maintained, and improvements to midwives' skills, knowledge and attitudes would continue after PSL ends. Consistent with the results of PSL midline and endline surveys, it was noted that community members' RMNH knowledge may fade over time, which suggests the importance of creating norms of health facility use and/or continuing health education.

### Equity

There has been good progress in improving equitable access to RMNH services for ethnic minorities. Among participants, there was a perception that service providers' attitudes have improved and discrimination on the basis of ethnicity has decreased. The evaluation found that there were no significant improvements in equity of access for persons with disabilities, but this was inconsistent with the results of the PSL endline survey and would benefit from further exploration.

## Lessons learned

The evaluation identified some important lessons for future programming:

- Holistic approaches to RMNH programming are effective. Initiatives to improve service quality benefit from having concurrent community engagement activities to raise awareness and increase utilisation.
- It is feasible to have several agencies working together in a partnership model when there is a strong mechanism in place, such as the CLU. PSL's efficiency would have been enhanced if the CLU had greater authority for decision-making and holding partners accountable to their commitments.
- PSL communicated its learning and knowledge effectively at the national level but Khmer translations are needed in future to effectively communicate findings sub-nationally to PHD/OD and health facilities.

## Recommendations

Based on the evidence from PSL's final program evaluation, PSL recommends to:

- Develop programming approaches that address both the supply and demand sides of service delivery. Incorporate service quality improvement initiatives alongside concurrent behaviour change communication (BCC) activities, and prioritise remote and hard-to-reach communities.
- Build skills and ownership within PHD/OD teams to continue service quality improvement activities into the future. In particular, support the development of coaching and supervision skills.
- Continue to implement regular and continuous learning and development activities for midwives to maintain their skills and confidence.
- Design BCC activities with attention to targeted messages and approaches for different audience segments. Ensure that activities are inclusive and consider opportunities for dedicated activities to engage persons with disabilities.
- Ensure that program learning is disseminated widely and accessibly to different audiences, so that relevant evidence can be applied.

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Partnering to Save Lives

