

## Learning package 4:

# Knowledge into policy

Improving health outcomes requires strategic, evidence-informed policies and programs. Partnering to Save Lives contributed its learning to support reproductive, maternal and newborn health in Cambodia.

Supportive policy and legislative environments, combined with strategic programming, are important components of improved reproductive, maternal and newborn health (RMNH) outcomes. In Cambodia, initiatives like the *Fast-Track Initiative Road Map for Reducing Maternal and Newborn Mortality (FTIRM)* and the *National Strategy for Reproductive and Sexual Health in Cambodia 2017-20*, provide a clear direction and impetus to continue investing in the lives of women and newborns and improve the quality and utilisation of RMNH care.

To be effective, such policies and their implementation must be informed by evidence. Translating new knowledge into policy was a key component of Partnering to Save Lives (PSL). Through extensive research, learning and reflection activities, PSL produced a substantial body of evidence which it contributed to national and sub-national RMNH discussions. Over its five years, the PSL partnership became well-recognised by stakeholders for its RMNH expertise and openness in knowledge-sharing. The partnership approach helped to amplify PSL's voice in important policy and advocacy environments, nationally and sub-nationally.

This Learning Package documents PSL research and learning activities, key findings, and ongoing areas for enquiry.

## Policy and advocacy achievements of PSL

PSL contributed to the development of policies and standards including:

- National Guidelines for the Establishment of Enterprise Infirmaries;
- FTIRM, 2016-20;
- National protocols for Emergency Obstetric and Neonatal Care [EmONC], newborn care, family planning and comprehensive abortion care;
- Safe Motherhood Clinical Management Protocols;
- National protocol for Midwifery Coordination Alliance Teams [MCATs];
- National Guidelines on Youth Friendly Sexual and Reproductive Health; and
- National Strategy on Reproductive and Sexual Health in Cambodia, 2017-20.

## PSL advocacy objectives

1. Poor persons in the Northeast have increased access to Health Equity Fund (HEF) support for comprehensive RMNH services through a public health facility.
2. Guidelines for garment factory infirmaries are approved by Ministry of Labour and Vocational Training (MoLVT) and start being implemented by garment factories.
3. Coaching tools and approaches are integrated into new guidelines developed by the Ministry of Health and into field practices at health centres/posts.
4. Strategies are in place to ensure sustainability of key PSL interventions.

## Learning and advocacy

To guide the project's research and learning activities, PSL developed a Learning Agenda, which was shaped around the key themes of the project: technical harmonisation, referral systems, garment factories, and cross cutting issues such as financial barriers, disability inclusion, ethnic minorities and the partnership itself.

The Learning Agenda posed research questions, which were reviewed annually to determine what new evidence had been gathered, and identify any ongoing knowledge gaps. PSL commissioned several research studies in response to the questions raised, and conducted internal assessments and external reviews, many of which were shared publicly with stakeholders within Cambodia and at international conferences (see the list of PSL published research and learnings in the box below). PSL published and disseminated a summary of its key findings in Learning Updates each year.

The evidence gathered by PSL informed the development of annual work plans and an advocacy strategy, which outlined objectives, key messages, stakeholders and strategies to influence change nationally and sub-nationally. These included: documenting and sharing PSL learning; consulting an informal peer Technical Reference Group and developing shared advocacy messages; engaging in national consultations and bringing evidence and advocacy points to Technical Working Group meetings for maternal and child health and newborn care.

PSL advocacy efforts made significant contributions to the MCAT protocols, developed and approved by the Ministry of Health; the *National Guidelines for the Establishment of Enterprise Infirmaries*, launched by MoLVT in December 2017; and promotion of on-site coaching as an essential approach to staff capacity building in the *National Strategy on Reproductive and Sexual Health in Cambodia, 2017-20*. PSL also published and disseminated a policy brief on transport issues that impact RMNH access in the northeast.

## Research and learning prepared by PSL

Over its five years, PSL has built a significant body of knowledge and evidence. Many of the resources below are publicly available. Please contact a PSL representative to access them.

### Planning tools

- PSL RMNH behaviour change communication (BCC) framework for ethnic and indigenous minorities 2016-18 (2016)
- PSL RMNH BCC framework for garment factory workers (2016)

### Research studies

- Evaluation report: BCC activities in the northeast of Cambodia (2016)
- Assessment of the provision of comprehensive abortion care at health facilities in targeted provinces of the PSL project (2017)
- Adolescent fertility and early marriage among indigenous communities in Ratanak Kiri and Mondul Kiri (upcoming, 2018)
- Assessment of the Traditional Birth Attendant (TBA)-Midwife Alliance (upcoming, 2018)

### Internal assessments

- Learning updates (published annually to document learning in PSL focus areas)
- Community Referral Snapshot Surveys (February 2015, August 2015, May 2017)
- Partnership review and conference poster (2016)

### External evaluations

- Survey reports: PSL baseline (2014), midline (2016) and endline (2018) surveys
- PSL mid-term review (2015)
- PSL final evaluation report (2018)

## Social inclusion

PSL had a strong focus on reaching vulnerable groups including ethnic minorities, rural and remote populations, people with disabilities, garment factory workers and women who were poor, young and/or unmarried. Evidence and learning was important for better understanding the needs of these groups, reaching them with targeted programming, and advocating for their interests.

To enable this, social inclusion strategies were integrated across PSL work plans and research and learning activities, as shown in the table below.

### PSL strategies for social inclusion

Key program elements	Inclusive strategies, used by PSL	Additional recommendations
Program design	<ul style="list-style-type: none"> <li>• Program identified a clear focus on vulnerable groups;</li> <li>• Context analysis was performed for gender and disability;</li> <li>• PSL collaborated with key stakeholders with relevant expertise (e.g. disabled people's organisations [DPOs]).</li> </ul>	<ul style="list-style-type: none"> <li>• Allocate specific budget for social inclusion activities;</li> <li>• Conduct gender and disability audits of project partners.</li> </ul>
Monitoring and evaluation framework	<ul style="list-style-type: none"> <li>• Baseline, midline and endline survey data was disaggregated in for sex, age, ethnicity, disability, poverty status. The Washington Group Short Set of Questions were used to assess functional disability;</li> <li>• The final program evaluation assessed social inclusion and included participants from diverse groups;</li> <li>• External partners were involved in learning and reflection processes for shared activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Disaggregate data for all indicators in monitoring frameworks.</li> </ul>
Inception	<ul style="list-style-type: none"> <li>• Dedicated BCC frameworks were developed and revised for garment factory workers and ethnic minorities;</li> <li>• Project staff were trained in disability, gender issues and inclusiveness.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure timely roll out of BCC activities for greatest impact</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>• Attitudes training was delivered to service providers covering gender, disability, adolescents and ethnic minorities;</li> <li>• Community BCC activities included gender sensitisation and disability awareness;</li> <li>• Ethnic minority staff were recruited to PSL and materials were delivered in local languages;</li> <li>• BCC packages for garment factory workers and ethnic minorities were rolled out, including male engagement components and multimedia approaches to attract the interest of young garment factory workers;</li> <li>• BCC imagery and messages depicted vulnerable groups and promoted inclusive society;</li> <li>• PSL partnered with DPOs for joint awareness raising activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Involve relevant external partners (e.g. DPOs) in attitudes training sessions with service providers.</li> </ul>

**“People’s attitudes are changing. My situation is less difficult than before.”**

Chim Sameuth, 28, woman with a disability, Mondul Kiri province

## Partnership

Partnerships, both internal and external, were an important enabler of PSL activities. Within PSL, collaboration between the project partners (the Cambodian Ministry of Health, the Australian Department of Foreign Affairs and Trade, CARE, Marie Stopes International Cambodia and Save the Children) enabled shared learning, joint planning, harmonised approaches to selected activities and an amplified voice in policy and advocacy discussions.

Externally, PSL established an informal Technical Reference Group of non-government peers, which provided valuable advice and enabled joint advocacy on key issues. Local NGOs that were active in PSL target communities, such as DPOs, played a valuable role in aiding community engagement. Diverse community volunteers also played a substantial role in facilitating health education and awareness raising and helped to strengthen the community referral system.

PSL extends its thanks to all partners who made the program's implementation and achievements possible.

## Next steps

As PSL draws to a close, its substantial body of evidence highlights new and ongoing areas for enquiry and responsive programming. Service accessibility issues still affect the vulnerable groups that PSL sought to engage, such as ethnic minorities, rural and remote populations, poor women, people with disabilities, and young and unmarried women. PSL results have demonstrated some aspects of successful programming, and areas that require targeted responses, for example, extending RMNH education to male partners, delivering multi-lingual behaviour change communications, and the need to foster supportive workplaces and communities to improve the availability of services, such as comprehensive abortion care. Additionally, the recent spike in teenage fertility has raised a number of questions about what can be done to support safer pregnancies for young women.

With these issues still outstanding, the translation of knowledge into policy is an important strategy that must be maintained.

## Recommendations

Translating knowledge into policy is the key to long-term, systematic RMNH improvements. PSL makes the following recommendations.

Learning and advocacy:

- Maintain a focus on continuous learning. Develop dynamic research approaches that respond to, and inform understanding of, emerging issues and trends.
- Disseminate new findings and results widely. Use these to continually update the evidence base that informs strategic policy and programming decisions. Advocate for change, based on evidence, learning and experience.
- Advocate for sustainable budget and resources to maintain activities for service quality improvement and community engagement, particularly with an emphasis on reaching vulnerable groups.

Social inclusion:

- Target initiatives to reach under-served communities and vulnerable groups, including persons with disabilities, adolescents, ethnic minorities, and people in remote locations.
- Monitor emerging trends (e.g. increased teenage fertility) and develop targeted, responsive initiatives. Continue consulting widely with other technical experts (e.g. development partners and non-government organisations) to seek input into evidence-informed policy.
- Promote the involvement of Provincial Health Departments and Operational Districts in sub-national activities for service quality improvement.

Partnership:

- Incorporate partnership approaches into programs that can benefit from a stronger voice in advocacy, established networks in target communities, breadth of coverage and/or joint resourcing of research, learning and coordination functions.
- Support the development of collaborative communities of knowledge among implementing organisations.

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