Partnering to Save Lives (PSL) is a partnership between CARE, Marie Stopes International Cambodia, Save the Children, the Australian Government and the Cambodian Ministry of Health (MoH). PSL aims ‘to save the lives of women and neonates in Cambodia through improved quality, access and utilisation of reproductive, maternal and neonatal health (RMNH) services through a partnership approach’ in line with the objectives of the MoH’s Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality (FTIRMN).

What are the issues?
PSL aims to be a partnership that demonstrates high impact, cost-effective methods for achieving RMNH outcomes. As a joint program between the Cambodian and Australian Governments and three NGOs, PSL has a unique opportunity to identify technical approaches that are effective in improving RMNH, especially among particularly vulnerable groups with unmet need for information and services. PSL’s Quality Team, comprising technical representatives from the three NGOs, advises on technical issues, including the selection or development of guidelines, standards and protocols for health service quality improvement and for capacity development among health centre staff and community health actors. Learning in Year 2 has focused in particular on:

- newborn care at health centres
- supportive supervision at health centres by Provincial Health Department (PHD) and Operational District (OD) teams
- midwifery coordination alliance teams (MCATs)
- monitoring of correct implementation of active management of third stage labour (AMTSL) and immediate newborn care (INC) by midwives at health centres using short checklists stamped onto the partograph.

What have we learned?
Learning activities identified a number of challenges relating to Newborn Care, which are linked to a lack of opportunity for health centre midwives to gain practical experience with newborns. Areas of particular concern include:

- infection prevention
- caring for babies during delivery, including preparedness for resuscitation
- routine care for newborn babies
- kangaroo mother care for premature and low birthweight babies
- diagnosis, treatment and referral of sepsis cases
- APGAR scoring.

MCAT meetings are useful for reinforcing the capacity and confidence of midwives through sharing their experiences, practising skills together and building relationships with each other. The meetings provide an opportunity to update the skills and knowledge of health centre midwives by practising specific clinical skills. Health centre midwives report that, due to MCATs, they feel better able to refer complicated cases to Provincial and Referral Hospitals because improved relationships allow for better communication with their colleagues at the hospitals. MCATs have also improved the completion of registers, records and reports. PHD/OD officials appreciate the MCAT curriculum and would like to see more attention to improving teaching methods so that they can better support the midwives. There are also some challenges around scheduling to ensure that remote health
centres are not left without midwife coverage. Effectiveness of MCAT meetings would also be improved through the provision of resources such as equipment for simulation exercises and by linking the content of MCATs more closely to the focus of supportive supervision visits and other quality improvement activities.

Gaps in the skills and knowledge of midwives can be improved through Supportive Supervision when supervisors work with midwives to build their confidence and skills. However, time available is limited as often only one supervisor will travel to each health centre for a morning every one to three months. As a result, supervision can end up seeming like an inspection, rather than supporting skills development. PHD/OD supervisory staff are keen to receive training; targeting of these staff can maximise the effectiveness of the limited supervision time available to help to improve and streamline clinical skills and knowledge.

On-the-job coaching, including the use of simulation exercises, is a useful tool to assess midwives’ and supervisors’ skills, confidence and understanding. Adding referral hospital staff to the supervision team would support additional learning for the midwives and strengthen referral processes. The AMTSL/INC stamps are useful for tracking implementation only if they are filled in correctly. However, they have additional benefits as they not only remind midwives how to complete both procedures but also to fill in the partograph.

Learning activities also identified problems with health centres’ capacity to manage eclampsia through the use of Magnesium Sulphate (MgSO4). The supply chain is not functioning fully so MgSO4 is not always available at every health centre. In addition, a misconception that midwives are not allowed to administer MgSO4 reinforces a lack of confidence in its use.

**What are we doing about it?**

PSL’s technical harmonisation activities will focus particularly on health facility and PHD/OD staff:

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<tr>
<th>Health Facility</th>
<th>Provincial/District/National</th>
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<tr>
<td>• Continue to focus intensively on quality improvement with an increasingly systematic approach.</td>
<td>• Strengthen supportive supervision as the core of an integrated approach to quality improvement.</td>
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<td>• Strengthen an integrated system of midwife capacity development and incorporate more skills practice.</td>
<td>• Build on supportive supervision coaching by rolling out training to PSL, PHD, OD and referral hospital staff.</td>
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<td>• Integrate additional early essential newborn care (EENC) components into ongoing INC training and capacity development activities, with plenty of skills practice.</td>
<td>• Add referral hospital staff to supportive supervision teams.</td>
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<td>• Expand AMTSL and INC stamps into all PSL-supported health facilities in the north-east.</td>
<td>• Incorporate supervision skills, QI, technical areas (including EENC) and simulation exercises into supervision training.</td>
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<td>• Integrate AMTSL/INC stamps into ongoing capacity development and supportive supervision to ensure correct use.</td>
<td>• Review and procure training materials for supervisory teams.</td>
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<td>• Enhance coaching, supervision and quality improvement activities to build midwives’ skills and confidence to use MgSO4.</td>
<td>• Continue to help to communicate MgSO4 stock-outs through appropriate channels.</td>
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<td>• Contribute to national consultations to develop revised MCAT guidelines and reviews of the FTIRMN and the National EmONC Improvement Plan.</td>
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