in March 2014, which involved key informant interviews and focus group discussions with factory management, local health officials, staff in factory infirmaries and external public and private clinics, and peer health educators in the factories
• experiences and testimony from PSL field managers and implement- ing staff during the Annual Review Workshop in March 2014
• consultations and feedback meetings with key stakeholders between February and April 2014.

What have we learned so far?
Infirmaries in PSL Garment Factories have medical staff, but the quality of their clinical skills is variable and they rarely engage in health promotion activities. Some infirmaries offer short-term family planning methods but other RMNH services are limited and there are no national standards in place for provision of RMNH services within GFs.
RMNH services are available from Public and Private Facilities in the communities where GFWs live and work, but workers’ access to services is limited by affordability, convenience, and the quality of services and customer care.
Referral Systems between infirmaries and other health service providers are weak and there is minimal follow-up. Although some financial support mechanisms are available for RMNH services, few GFWs are utilising them and so health expenditures are high. Mean total costs of services, including transport, represent about 34%, 51% and 58% of their average monthly income for abortion, safe delivery and post-natal care, respectively.
Peer educators are active in PSL factories. They have knowledge and promotional materials on reproductive health and GFWs engage actively in their educational sessions. However, GFWs’ Knowledge on Some RMNH Issues is low and does not always translate into positive behaviour change.

What are we doing about it?
PSL is leveraging the strengths of all five partners and consulting with other key stakeholders to develop a range of tools that can be used by stakeholders wishing to implement RMNH activities with GFWs. These include:
• standards and assessment tools for GF infirmaries based on national guidelines and protocols
• referral systems for GFWs to access more easily affordable public, private and NGO RMNH services
• proven, effective and innovative BCC approaches, based on PSL’s BCC Framework.
PSL will also work with relevant stakeholders to advocate for endorsement of key tools and standards at the national level.

What is PSL?
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.

What are the issues?
Up to half a million people are employed in Cambodia’s growing garment sector and many of these workers are young women who have migrated from rural areas to work in factories in Phnom Penh and other large towns. PSLs baseline survey showed that around one third are married and a similar proportion has children. Garment factory workers (GFWs) are particularly vulnerable with regard to RMNH for a variety of reasons, including isolation from their family and community support networks. There is also substantial movement back and forth between urban and rural areas (e.g. GFWs returning to their village to give birth), highlighting the importance of an integrated approach to RMNH awareness-raising and service delivery that is consistent with MoH protocols.
The PSL program aims to increase access to RMNH information and services for GFWs by:
• improving the capacity of garment factory infirmaries to deliver a wider range of high quality RMNH services
• promoting positive RMNH behaviours through innovative means as part of the PSL’s Behaviour Change Communication (BCC) Framework
• strengthening systems for referral of GFWs to affordable quality services from public and private providers in the factory catchment areas.
Successful implementation requires an in-depth understanding of GFWs’ RMNH knowledge, attitudes and practices, and their opportunities for accessing and using health services. Advocacy for greater engagement by garment factory management in RMNH issues depends on the ability to link workers’ improved RMNH status with the industry’s ‘bottom line’.

What learning approaches have we used?
PSL has used a mix of quantitative and qualitative methods to learn more about these issues, including:
• a baseline survey conducted among 909 workers at four of PSLs target garment factories in Phnom Penh and Kandal (December 2013 – January 2014)
• fieldwork in Phnom Penh as part of PSL’s Annual Review process