

**A Documentation and Assessment
of the Reproductive and Child Health Alliance
(RACHA) Program**

-- An External Assessment --

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Executive Summary

The objective of this report is to provide RACHA and USAID with a documentation and assessment of how well the initial expectation of USAID are being met, and most important, how well RACHA appears to be contributing to USAID's current results framework. The scope of work specified four sets of activities to realize this objective:

- 1) a documentation of the evolution of the results framework and RACHA's use of USAID IRs for program monitoring;
- 2) USAID's assessment of RACHA's program in terms of its expectations;
- 3) MoH central, provincial, district and health center assessment of RACHA's program in relation to their needs and expectations; and
- 4) an assessment of how well RACHA Units and community activities/interventions are contributing to the USAID/Cambodia results framework.

A review of USAID and RACHA reports and documents relating to the evolution of the results framework was conducted to address the first activity. Interviews with key informants from USAID, the Ministry of Health, at all levels and RACHA, provided the information for the remaining activities.

The review of the results framework and RACHA's use of IRs for program monitoring, found that RACHA reports to USAID on only three of the nine indicators of the IRs. RACHA generates data for most of the indicators from their monitoring system, and can provide this information to USAID in its semi-annual reports.

By all accounts RACHA's program is contributing to USAID's current results framework of expanding the supply of, demand for and access to reproductive and child health services in Cambodia. USAID staff report that RACHA's program is meeting all of their expectations. MoH staff -- from every level of the health system (central, provincial, district, health center) -- maintain that indicators for all of their reproductive and child health activities supported by RACHA have increased in the past year.

The facilitative and open management style of RACHA's leadership, and the effective conduct of capacity building and community-based activities/interventions are cited by both USAID and the MoH as major factors that produced these outcomes. The overwhelming support for RACHA's leadership and activities by the MoH provides the ideal base for continued success, and expansion of activities in new and innovative ways through a public-private partnership supported by funds from the Packard Foundation.

Introduction

Scope of Work

Background

This scope of work covers the requirements to complete a documentation and assessment of The Reproductive and Child Health Alliance (RACHA) program. This is USAID's major reproductive and child health program in Cambodia. It began in late 1996 and early 1997 by placing USAID/Cambodia mission funds into existing Washington based projects. There was a hiatus in program activities as a result of the "event" of July 1997. All USAID supported international staff were requested to leave Cambodia and did not return until the beginning of 1998.

- ⌘ The BASICS project initially provided two advisors, one in child health and one in community- based services. BASICS also provided a third advisor by hiring a person already working in-country to work at capacity-building efforts with the MoH.
- ⌘ The SEATS project initially provided two advisors, one in logistics and one in safe motherhood (this position was not filled with a permanent advisor until January 1998).
- ⌘ AVSC International initially provided an advisor in voluntary surgical contraception (VSC). In mid 1998, a technical, managerial person joined RACHA as the program manager. In the beginning of 1999 the VSC advisor was replaced by an advisor responsible for birth spacing and quality improvement through the COPE tool.

By the end of 1998, USAID funding was significantly reduced and reductions were made in the program by ending the services of one technical advisor from BASICS. The BASICS program actually came to an end at that time and the two remaining BASICS staff were moved into a TASC agreement (TASC was one of the programs that followed from the initial BASICS' project). In early 1999 the SEATS logistics advisor assumed responsibilities guiding RACHA studies (research) and an in-country person hired initially to guide private sector activities, became the logistics advisor. By the end of 1999, SEATS too came to an end and the advisor responsible initially for logistics and then studies left, as did the community advisor, working under TASC. It should be noted that the community advisor's activities have played a major role in shaping much of the direction and success of RACHA.

With the periodic ending of Washington-based programs and the accompanying departure of staff, USAID/Cambodia decided to reduce its management responsibilities by having all RACHA activities fall under its agreement with AVSC. AVSC proposed and then implemented a sub contract to maintain the services of the safe motherhood advisor. The capacity building advisor, initially hired in-country by BASICS then moved to TASC, became an AVSC employee and deputy to the RACHA program.

During 1999 RACHA made two other important organization and program decisions. Two advisors were hired in-country. One initially assisted with studies that were underway and eventually

became the advisor to the RACHA's studies and program development unit and the second person is the advisor to the IEC unit – a unit not initially included in the design of RACHA, but determined to be essential as program activities evolved.

In 2000 RACHA is composed of:

- ✍ a community and capacity building unit,
- ✍ a studies and program development unit,
- ✍ a logistics unit,
- ✍ a safe motherhood unit,
- ✍ an IEC unit, and
- ✍ a birth spacing and quality improvement unit.

In addition, there are two main support units,

- ✍ the information systems unit and
- ✍ the finance and administration unit.

Objectives

The objectives of this report are to provide RACHA and USAID with a documentation and assessment of how well the initial expectations of USAID are being met, and most important, how well RACHA appears to be contributing to USAID's current results framework. The scope of work specified four sets of activities to realize this objective: 1) a documentation of the evolution of the results framework and RACHA's use of USAID IRs for program monitoring; 2) a USAID assessment of RACHA's program in terms of its expectations; 3) a MoH central, provincial, district and health center assessment of RACHA's program in relation to their needs and expectations; and 4) an assessment of how well RACHA's Units' activities, and community activities/interventions are contributing to the USAID/Cambodia results framework.

Methodology

The documentation of the evolution of the results framework was conducted by a review of USAID and RACHA reports relating to the framework that were prepared during the period 1996-2000. RACHA's use of USAID IRs for program monitoring was assessed by comparing the nine indicators of the IRs that RACHA is expected to report on to USAID, with the indicators that RACHA actually provided information on to USAID.

The USAID assessment of RACHA's program is based on the results of key informant interviews with the Chief, Office of Public Health, USAID and the MCH Advisor of USAID. The interviews included questions (see Appendix 1) about USAID's expectations for RACHA's program; activities conducted by RACHA to realize the expectations and additional activities that should be conducted; RACHA's responsiveness to USAID's needs for information on the IRs; suggestions for improving how RACHA works with USAID; and the major strengths and weaknesses of RACHA's program.

The MoH assessment of RACHA's program is based on the results of key informant interviews with fourteen MoH staff - three each at the central and provincial level, two at the district level, and six at the health center level (see Appendix 2 for list of informants). The interviews included questions (see Appendix 3) on MoH staff expectations and needs from RACHA's program; the impact of RACHA's activities, and additional activities that RACHA should conduct to meet MoH needs; working with RACHA in comparison to other organizations; suggestions for improving how RACHA works with the MoH; and the major strengths and weaknesses of RACHA's program.

The assessment of how well RACHA's Units' activities are contributing to USAID's results framework is based on interviews (see Appendix 4 for questions) conducted with the advisors of each of the Units. The advisors (see Appendix 2 for list of advisors) were asked about the most important achievements of their Unit and the IRs these achievements affected; the major constraints/problems the Unit faces in meeting the IRs; and the most important current or new strategies/activities to meet the end of project (EOP) targets.

All of the interviews of USAID and RACHA staff were conducted by the consultant. The interviews of MoH staff were conducted by the consultant through a translator. Every effort was made to put the respondents at ease and all staff were encouraged to respond to questions in an open and frank manner.

The assessment of the community activities/interventions was conducted by a review and documentation of the activities. This was followed by an appraisal of their potential for an impact on the IRs, and for sustainability, and expansion to other areas of the country.

Results and Discussion

I. Evolution of the Results Framework and RACHA's Use of USAID IRs for Program Monitoring

This section documents the evolution of the results framework used by RACHA and USAID. It also assesses the adherence of RACHA to USAID's perspective on reproductive and child health activities by examining the extent to which RACHA uses USAID's intermediate results for monitoring their activities.

The maternal and child health strategy for Cambodia was initially developed by USAID in 1996, and directly supported USAID/Cambodia's strategic objective of improved maternal and child health. The implementation of this strategy was intended to strengthen the capacity and sustainability of the public and private sectors to deliver quality reproductive health and child survival services.

USAID identified support for five "technical areas" within which interventions should be conducted : birth spacing; STD/HIV prevention, and STD diagnosis and treatment; safe motherhood; childhood diarrhoeal diseases (CDD) and ARI; and micronutrient deficiencies. Three key intermediate results (IRs) were identified within these areas that respond to the strategy and contribute to the achievement of the strategic objective: (1) leadership role for quality MCH care assumed by the public sector; (2) improved human resource capacity in the MCH sector; and (3) improved MCH commodity accessibility and management.

The evolution of these IRs from their inception to the present is shown in Diagram 1. Between 1996 and 1998 IR2, "improved human resource capacity in MCH sector," was changed to "improved service delivery in public and private sectors," while the other two IRs remained unchanged during the period. USAID and RACHA had ongoing discussions that recognized that the initial IRs were not reflecting what USAID sponsored activities were accomplishing. The major

change in the IRs occurred in 1999 when RACHA proposed a new results framework. Concurrently USAID revised their performance monitoring plans for the strategic objective of improved maternal and child health after a series of meetings and workshops with implementing partners (including RACHA) in July and August of the same year. The changes proposed by RACHA were based upon concerns that the IRs were not clearly linked to one another and did not represent the activities that RACHA was conducting. USAID's revision grew out of concerns that the original indicators articulated in the 1996 strategic assessment no longer represented the realities of its program in 1999.

The convergence of RACHA's and USAID's perspective on the intermediate factors (results) that will produce an improvement in reproductive and child health is illustrated by the revised IRs that were agreed upon. The first IR, "leadership role for quality MCH care assumed by public sector" was changed to "expanded supply of RCH services." The remaining two IRs, "improved service delivery in the public and private sector" and "improved MCH commodity accessibility and management," were changed to "strengthened demand for and increased access to reproductive and child health (RCH) services," respectively (See Diagram 1).

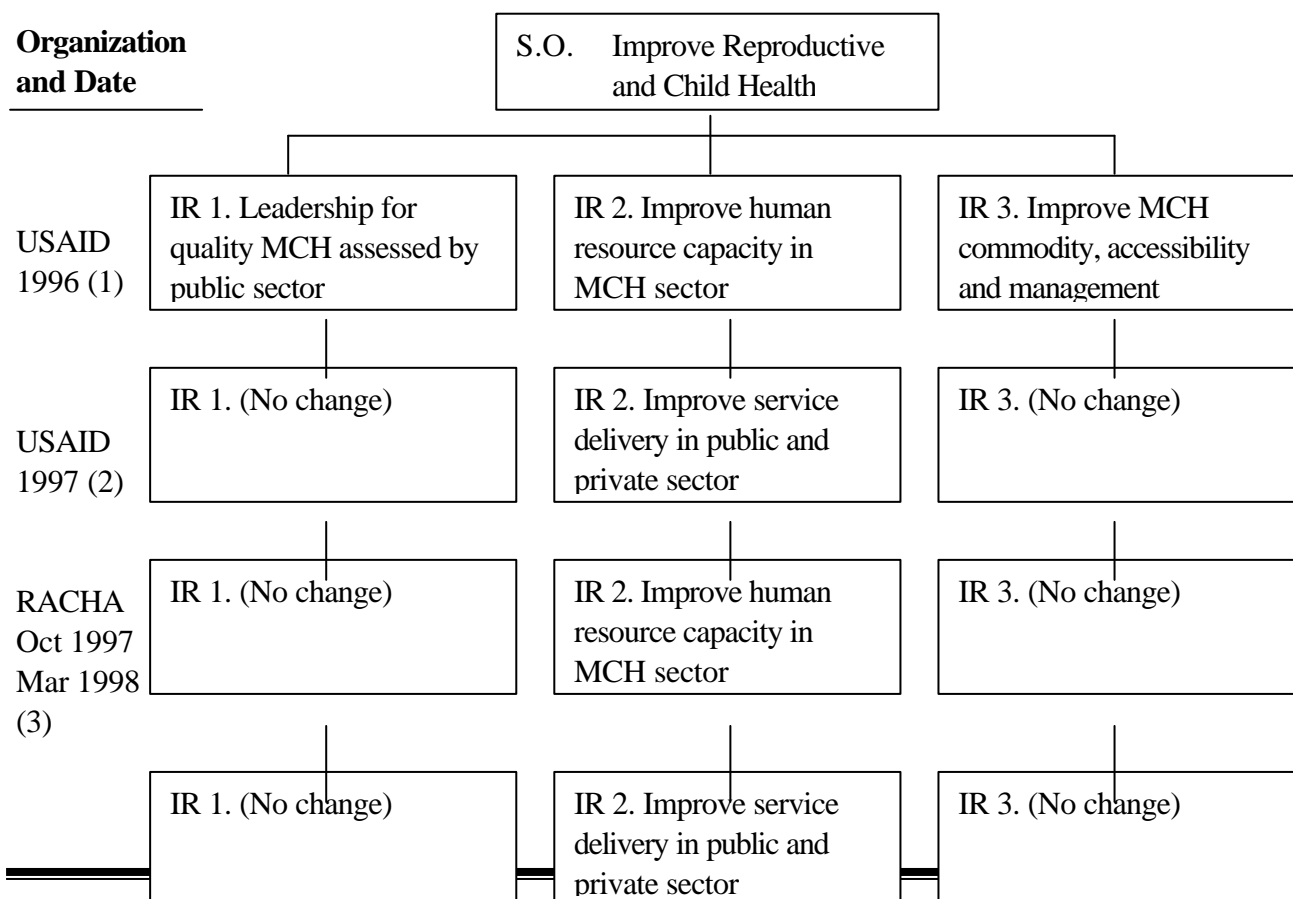
Thus, improved RCH (and use of services) can only be achieved by expanding the supply of, demand for, and access to RCH services. The three factors are interrelated and changes in any one of them will affect the other two. These revisions represent a substantial departure from the original IRs, and address directly RACHA's concerns regarding their linkages, and USAID's concerns regarding relevance to its current program. The agreement

reached by USAID and RACHA on the IRs and the process used to obtain this consensus is a laudable achievement. It provides an example of how a co-operative partnership can directly benefit a program by providing greater clarity and specification of the factors that will contribute to improving RCH in Cambodia.

Table 1 presents a list of the indicators for each of the IRs upon which USAID participating partners are to report. The table shows the indicators for which RACHA actually provided information in their last semi-annual report. The table was developed by USAID as "a work in progress" and an attempt to have the different supported partners in Cambodia collectively contribute to all of the indicators. USAID has requested each partner at each reporting period to report on selected indicators. Although RACHA's reports contain information on a host of indicators for each of the IRs that are used to monitor and evaluate their activities/interventions, they provided information on only three of the nine indicators in the most recent semi annual report (January through June 2000).

Clearly, RACHA can provide information to USAID on all of the indicators, proposed thus far. This should not be a problem because the data for calculating most of the indicators are already available or could easily be obtained. The only exception is one of the indicators for strengthened demand - the percentage of mothers correctly citing key preventive health measures. Data for this indicator will have to be obtained from a sample survey of mothers located in the focal provinces of RACHA.

Diagram 1. Evolution of the Results Framework 1996 - 2000



RACHA
Apr-Dec
1998 (4)

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RACHA
1999 (5)

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USAID
2000 (6)

- (1) USAID Cambodia, Results Review and Resource Request, March, 1996
- (2) USAID Cambodia, Results Review and Resource Request, March, 1997
- (3) RACHA, Semi Annual Report #2, 1 Oct 1997
- (4) RACHA, Semi Annual Report #3, April through December 1998
- (5) RACHA, Semi Annual Report #5, Second Half of 1999
- (6) USAID Cambodia, Performance Monitoring Plans for RCH and HIV, May, 2000

Table 1. Comparison of USAID Indicators and the Indicators for which RACHA Provided Information in Its Last Semi Annual Report

USAID Indicators for Which RACHA is Expected to Provide Information ¹	Indicators for Which RACHA Provided Information*	
	Yes	No

<p>IR 1. Expanded Supply of RCH Services</p> <p>(1) Percentage of providers in target areas assessed as competent in providing birth spacing services</p> <p>(2) Percentage of health centers with satisfactory stock on hand</p> <p>(3) Policies, standards, guidelines, protocols adopted or used by other organizations</p> <p>IR 2. Strengthened Demand for RCH Services (1) Couple years of protection (CYP)</p> <p>(2) Utilization rate in partner supported health facilities</p> <p>(3) Percentage of mothers correctly citing key preventive health measures</p> <p>(4) Percentage of functioning health center feedback committees and/or village development committees in target areas</p> <p>IR 3. Increased Access to RCH Services</p> <p>(1) Percentage of target population with access to safe water</p> <p>(2) Availability of RCH services in target area</p>	<p></p> <p>X</p> <p></p> <p>X</p> <p></p> <p>X</p> <p></p> <p></p> <p></p> <p></p> <p>X</p>	<p>X</p> <p></p> <p>X</p> <p></p> <p></p> <p>X</p> <p>X</p> <p>X</p> <p></p> <p>X</p> <p>X</p>
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¹ Office of Health and Humanitarian Assistance, USAID Cambodia, Results Framework and Performance Monitoring Plan, Strategic Objective Two : Improved Reproductive and Child Health, October 1999.

* Refers to RACHA Semi-Annual Report #6, First Half of 2000.

II. Assessment of the RACHA Program by USAID and the Ministry of Health

USAID Assessment

RACHA's Activities and USAID's Expectations

The Chief, Office of Public Health commented that all of the activities of RACHA were "exciting and appropriate and met USAID expectations." He said he didn't have any suggestions for additional activities that RACHA should conduct to meet USAID needs.

The MCH Program Officer said that RACHA was meeting all expectations for R4, improved reproductive and child health in Cambodia. However, "RACHA has a complex and diverse portfolio" and he is not clear about what RACHA is supposed to achieve at the end of the project. He believes the "original IRs are okay," particularly working with the MoH on policy guidelines, and that "RACHA is doing tremendous work and has done as well as could be expected with all of the constraints".

RACHA's Responsiveness to USAID Information Needs

The Chief, Office of Public Health and the MCH Program Officer reported that RACHA was very responsive to requests for information. They said the Program Manager of RACHA sent information to USAID on program activities, and publications on a regular basis. The Program Officer of USAID said that RACHA was "good at sharing information" and that with the creation of the RACHA website, they were "getting all the information they needed".

Strengths of RACHA's Program

According to the Chief, Office of Public Health the primary strength of RACHA is in its leadership. He said the management of RACHA "works closely with the public-health sector, their work is quite visible and it is lauded by the Ministry of Health, particularly the training in life saving skills for midwives and the quality improvement interventions." He commented further that "the leadership of RACHA is of exceptional quality and he has the "utmost confidence in the seasoned professionals".

The MCH Program Officer cited three strengths of RACHA. First, RACHA is well known, highly visible, and has strong support from the MoH. He said, "the Director General of the MoH is very happy with RACHA, supports their good work, and says that RACHA is better than "some other" programs, because the latter organizations only do their own work and implement their own projects."

Second, RACHA's program activities are very good, particularly logistics and safe motherhood. They are perceived positively by both the MoH and the NGO community.

And third, RACHA's leadership is a real asset. The Program Officer commented that in addition to how well the organization is run, the leadership understands USAID and its personnel and there is good and sincere communication between them.

Suggestions for Improving RACHA's Program

The Chief, Office of Public Health commented that "RACHA might be spread too thin" and that he was "not sure if they were doing too much". He said there was a need to be more focussed on goals, and raised several questions in this regard. "Does the vision of RACHA and its goals match up with the output of the program? Does the impact and benefits of the program reach the lowest level of the health systems, i.e., "quality health centers up and functioning?" How do we

know if program inputs result in a change over time or impact on beneficiaries? Are some activities like the development of a clean water supply beyond the provision of the RACHA program? How does it all come together in the end?"

According to the Program Officer, RACHA needs more focus. He said RACHA's targets are more at the health center level, but other levels are also important. He sees the need for all of the approaches being used by RACHA, but suggests a re-examination of their emphasis. That is, should RACHA be taking on everything, or focus only on a few key interventions, or a specific area like logistics management?

Ministry of Health Assessment

Impact of RACHA's Program

Central Level -- The Director General of Health said that RACHA's activities, particularly staff training, have had an impact on health sector reform. Although the movement toward reform started in 1996, all of the targets have not been achieved. However, "RACHA is . . . one organization that has effectively supported health sector reform and has had a direct impact on communities at the health center level."

The Director of the National Maternal and Child Health Center commented that RACHA was providing "excellent support" for the health system at the provincial, district and health center levels. Although RACHA does not implement activities at the National level, RACHA staff participates in the bimonthly meeting of the Sub-Co-ordination Committee for Maternal and Child Health. He said this participation was quite valuable because it included goal setting, and the provision of information that prevented overlap with the activities of other NGOs.

The Clinical Pharmacist of the Department of Drugs and Food, MoH, said that he appreciated the training provided at the different levels of the health system on logistics. He said that the training, and the survey on stock status conducted by RACHA had greatly improved logistics, and that his department could not have accomplished this without RACHA's help.

Provincial Level -- The Provincial Health Director from Kampot reported that all of RACHA's activities have had an impact in his area. COPE continues to strengthen the ability of government staff to provide improved services, and indicators for birth spacing, ANC, and NNT activities have risen. Deaths to married women of reproductive age have fallen, and the number of deliveries assisted by trained health staff has increased. Earlier data on deaths and deliveries were not accurate. However, the current data were collected by the HIS, which has provided the first reliable information on health indicators. The Director said that, "until we used the HIS [assisted in its development and use by RACHA] we didn't really know what was going on in our area."

The Pursat Provincial Health Director said that all of RACHA's activities have had some success, and that this was mainly due to the health promotion efforts, using nuns and wat grannies, contests, the SIS mobile teams and (feed-back committees) FBC's. These activities impacted at the community level and figures from last year to this year have increased for all indicators. "Although our goal has not been reached the fact that increases have occurred shows evidence of an impact." Further, a qualitative assessment by the Director (the anemia prevention program assisted by RACHA) found that pregnant women who take iron tablets reported that they felt more comfortable during delivery and believed strongly in the health services.

Operating District Level -- The Director of Ankor Chey OD in Kampot reported that RACHA's activities had achieved an 80% impact on improving ANC, deliveries of births and birth spacing and in reducing neonatal tetanus. He attributed this impact to the linking of MCH to community health activities through the feedback committees (FBCs), which had been strengthened through training by RACHA. "The FBCs now bring information to the MCH staff at the HCs on deliveries and outbreaks of diseases that can be acted upon immediately. The efficiency of the FBCs was improved by the post training follow-up of RACHA to insure that the trainees were performing their duties."

The reason given for not attaining a 100% impact by RACHA's activities was a lack of human resources. The Director said that, for example, RACHA provided training on LSS in

Batambang. He was only able to send staff from the OD and could not find adequately skilled staff from the HC level to attend the course. The availability of trained staff to conduct health activities at the community level is severely limited.

In Siem Reap the Assistant Director of the OD reported that before RACHA was working with them they could not find a way to reach their goals. However, after working with RACHA, ANC, birth spacing and the distribution of iron tablets is up and they have "nearly" reached the MoH goals. The reason for this success is that RACHA has made it easier for them to carry out the MoH policy and guidelines through their capacity building activities. Health staff at the HC level did not understand MoH policy or goals, and staff at both OD and HC levels didn't know anything about indicators, developing work plans or following up on activities. RACHA's training activities and the implementation of the HIS addressed these issues directly. Health center staff now understand the policies and goals of MoH and have begun to work "more independently". Midwives who previously knew they had to provide iron supplementation but did not know the dosage were trained by RACHA and now can provide the right dosage. The training on the HIS and the use of the indicators generated by the system provided the data for developing work plans and targets for health activities of the MoH. The Assistant Director also stated that although other organizations¹ provide budget support directly to two other ODs in the province, his OD supported by RACHA showed a greater impact of reproductive and child health activities.

Health Center Level -- MoH staff from the four health centers in Siem Reap gave a positive assessment about the impact of health activities conducted in their area. The Director of the Kandek HC reported that the goal for ANC has already been reached, and the number of women using birth spacing (particularly the pill) and seeking counselling on side effects has increased. The work of the Feedback Committee (FBC) is given credit for the increase in ANC. Following their community-based training on danger signs for pregnant women, the committee created a "greater awareness of these signs for pregnant women in their communities and among health center staff."

The MCH Director of Kandek health center indicated that many of the HC's maternal and child health activities have shown improvement because of the "training and material support provided by RACHA." The number of immunizations, especially for neonatal tetanus, has gone up, as well as the number of deliveries performed in the health center, and the number of women who request health center staff to help with their home delivery. Although the number of deliveries do not represent a "big increase," the Director said that "previously women never came to the center for their deliveries or sought help from center staff for their deliveries at home."

The Puork health center, which is a former district hospital, does not have a feedback committee or community based activities. However, the Director of the center reported that the "quality" of services has improved because of the health information system; the dispensing of drugs and the reduction of out of stock commodities has improved because of the logistics system; and the self improvement system (SIS) has increased the staff's ability to identify, follow-up and solve problems.

The MCH Director from the Pourk health center indicated that prior to RACHA's training program, ANC had been provided in a "careless way." However, after training, ANC had been given according to the established guidelines. Women were given iron supplements and

¹ When the names of other organizations were mentioned by respondents, the term "organizations" has been inserted in this report. It is not the intent to reflect any type of assessment of organizations other than RACHA.

ANC attendance increased. Further, the overall number of women obtaining services at the health center increased because of the SIS, EPI and health education activities, and the work of the FBC. The SIS increased awareness of danger signs, and the EPI used the FBC to inform women and recruit them for immunizations. The health center staff used the FBC to obtain information on problems, such as complicated pregnancies and emergencies, so they could "take action quickly" and provide solutions.

As in Siem Reap, the MoH staff in the two health centers of Pursat maintained that RACHA's activities had a positive effect in their areas. The Director of the Prey Ngi health center reported that "more women than ever before" came to the center for ANC, postnatal care, and birth spacing services (pills, condoms and injectables). He attributed these changes to the FBC training that RACHA conducted. Upon completion of training, committee members educate women about danger signs to women and children's health at monthly meetings. They also provide information to center staff on problems the women in their communities have told them about. This allows the staff to "intervene immediately, particularly in emergency cases."

The MCH Director of the Prey Ngi health center said that health promotion activities, particularly contests raised awareness among women and increased the number of their visits to the center. For example, before these activities women did not want to take iron tablets. However, after the health promotion activities, increasing numbers collect their tablets regularly from the health center. In addition, the number of women exclusively breast-feeding and the number of ANC visits have increased.

Life saving skills (LSS) training on safe delivery received by the MCH Director of the center has increased the number of deliveries she performs both in the home and at the center. The Director said that she can now manage complicated deliveries, and that increasing numbers of women ask her to assist with their deliveries.

Suggestions for Additional Program Activities

Central Level -- The Director General of Health would like RACHA to continue with their current activities, and to initiate additional training activities in both the public and private sector. He said he appreciated the annual workshop for his staff organized by RACHA in which each Provincial Health Director was asked to share his experience, and awards (trophy) were given for the highest performing district. "The creation of awards based on provincial performance is a good idea and served to motivate the staff. In the past we could not have free discussions, staff could not speak out. other organizations tried to organize workshops where staff could participate freely, but RACHA is the only organization that can do it."

The Director of the National Maternal and Child Health Centre said that he would like RACHA to continue their activities at all levels of the health system. This would include the national level where RACHA could provide assistance to the NMCHC in the preparation of guidelines and protocols for maternal and child health.

The Clinical Pharmacist of the Department of Drugs and Food, MoH requested that RACHA provide assistance with the development of a feasibility study for a centralized purchasing center for drugs. He said he would like RACHA to become involved in changing current policy and assist him with the preparation of guidelines for field testing at the provincial level in 2001. He would also like RACHA's assistance with the development and testing of a health financing program and a revolving drug fund.

Provincial Level -- The Provincial MCH Director from Kampot would like RACHA to implement credit and clean water programs at the village level, and a training program for TBAs on LSS and health promotion because, "the villagers use TBAs more than the nurse - midwives." He is very much aware of the successes of the credit and clean water program in Pursat, and believes that Kampot would benefit greatly from them. He also expressed concern that the FBCs will cease to function, because there is no incentive or support for them to continue their activities, and would like RACHA to respond to this program need.

The Provincial Health Director for Kampot would like RACHA to collect data on maternal health and birth spacing from the private sector to determine the difference in coverage of these activities from the public sector. He maintains that public health workers visit homes after hours to give injectable contraceptives, and provide ANC for pregnant women. These activities are not recorded by the program, and the actual level of coverage in the province is underestimated.

The Health Director also expressed the need for training new health workers. Specifically, he would like RACHA to provide six months training for 70 health staff who returned from border areas after the election. These staff would be assigned to health centers, but currently they only hold elementary certificates and are not qualified to work in the centers.

The Provincial MCH Director of Pursat requested that RACHA expand their activities into all health centers of the province. She said RACHA is currently operating in only two ODs, one with SIS and health promotion activities, and the other with HIS and COPE. She also would like RACHA's assistance with identifying ways to improve the work of the FBCs. She believes "they are very important because of the information they provide to health staff on women's and children's illnesses."

Operating District Level -- The Director of the OD in Kampot would like RACHA to implement a credit program and to extend MCH and community activities to the district hospital. He also indicated that there is a need to improve treatment of ARI and to establish a program to manage diarrhoeal illness.

In Siem Reap the Assistant Director of the Operating District said that RACHA should continue to provide technical assistance for health staff, and to support the HIS, SIS and other community-based activities. He also indicated that he would like RACHA to assist him in the preparation of an annual workplan for the district.

Health Center Level -- The Director of the Kandek Center, Siem Reap would like RACHA to strengthen the birth spacing program through training of the FBC. He said committee members have had no training in this area. He believes this is extremely important because women do not believe in birth spacing. His health staff have provided education on birth spacing but women are still reluctant to practice it.

The Director also requested support from RACHA to achieve a higher goal for ANC coverage. He said that since they have already achieved their goal of 52%, they should raise the goal to 80%, and they would need additional assistance to reach this level.

The MCH Director of Kandek Health Center, requested that RACHA provide training on ANC, birth spacing and safe delivery for midwives. She said that training in the latter area is most important because midwives don't know how to solve problems of complicated labour

The Director of the Pourk Health Center expressed a need to expand health education activities at the village level on the importance of women having their births delivered at health centers or at home with the assistance of trained midwives. He said activities in this area are too small. He requested that, the home birth kits be made available to all health centers in the district, not just in one health center which is currently the case.

The Director also expressed concern (based on his visits with village women) that there are too many indicators (danger signs) for women to learn and remember regarding pregnancy and ARI. He believes RACHA needs to simplify these indicators into "only the key points" so women can more easily remember them.

The MCH Director of the Health Center identified several areas where additional training of health staff by RACHA is required. These included, birth spacing, safe delivery, and the management of ARI and diarrhoeal disease.

The Director of the Prey Ngi Health Center in Pursat indicated that the work of the FBC was important for the success of their activities. He would like RACHA to develop some way to facilitate their work. Without this support he believes the FBC will eventually become ineffective. He suggested that RACHA provide identification cards and a bicycle for the FBC. Committee members have already said they would like to have the cards to show during their education activities, because it verifies their membership in the committee; and a bicycle would allow them to cover a larger area and provide health education to more women.

The MCH Director of the Prey Ngi Center would like to have staff from the health center trained by RACHA as trainers in health education for the feedback committee members. This would provide a local capacity for training of new members of the committee. There is also a need for RACHA to initiate birth spacing activities in some of the more remote areas, because "the women there don't believe in spacing and it is most difficult to explain the pill and injection to them."

The Director requested that RACHA provide her with home birth kits (HBKs) that they could be sold in her area. She maintained that almost all births are delivered by TBAs, and that the women with problems are referred to her. She believes that the problems and hence the referrals would be reduced if the home birth kits were used.

Strengths of RACHA's Program

Central Level -- According to the Director General for Health, the strength of RACHA is its leadership and management. He said he is in constant contact with the Program Manager and appreciates the extensive discussions with him on ideas before decisions are made. "Some organizations do everything by themselves and do not follow the policy or strategy of the MoH. RACHA follows the policy 100% while other organizations have their own system."

The Director of the National Maternal and Child Health Center said that RACHA is a "good counterpart" and informs and co-ordinates with his centre regularly on MCH activities. He said he likes RACHA's management style. "They don't try to implement by themselves but work through the MoH."

The Clinical Pharmacist of the Department of Drugs and Food said RACHA's strengths were in training and systems development. Specifically he cited the achievements of the "lower level training" (health center staff) for the logistics system, and the current development of a software system at the district level that will forecast stock needs.

Provincial Level -- The Provincial MCH Director of Kampot reported the major strength of RACHA is that it works through the MoH. RACHA provides technical core support and budget, and their reproductive and child health activities are carried out by government staff. The Director maintains that RACHA is different in this regard from other organizations. For example, other organizations provide direct payments for health activities and do not work through his staff. He says that, "his staff gains more knowledge and experience from RACHA, and when RACHA leaves, they can continue to work."

The Provincial Health Director of Kampot said that, "RACHA staff visit every day and work hard and long hours. They train district level staff frequently and during workshops RACHA always let people (his staff) express their own ideas and will."

In Pursat the Provincial MCH Director said that she is able to deal with RACHA more directly than other organizations because they are so close, and that any issues that arise can be discussed with them immediately. She believes that a strength of RACHA is their ability to consistently follow-up on their activities. If follow-up is not done then their activities will fail. She mentioned that the performance-based contract on the use and maintenance of a motorbike that RACHA provides to the operating district resulted in better work with the OD because of follow-up. Another strength of RACHA was the support of "unusual" well-digging activities (clean water) and credit programs that she believes contribute greatly to health promotion.

Operating District Level -- The Director of the OD in Kampot said that the strength of RACHA was in the technical support, and follow-up given to his staff. Training was conducted at the OD and health center level with regular follow-up, and a clear schedule of activities for him and his program. He said that RACHA let them do the work by themselves. This was in contrast to GTZ who did their own work, and did not provide the kind of technical support and training that allowed his staff to work independently.

In Siem Reap the Assistance Director of the OD reported that RACHA works in co-operation with the entire system of the MoH to achieve the target of the MoH. The difference from other organizations (e.g. UNICEF) is that RACHA always stays with the MoH staff to help with indicators, follow-up with activities and prepare reports. "RACHA has a strategy not an order, listens to ideas from (MoH) staff and then acts on them."

Health Center Level -- The Director of the Kandek Health Center in Siem Reap said that, "RACHA is different from other NGOs. RACHA trains, supports, and works with us. other organizations . . . , but RACHA joins hands with us". Further, he said that RACHA always follows-up activities with his staff and they can ask RACHA to assist them with problem solving. RACHA designs and prepares graphs to monitor activities and identify areas that need additional inputs to reach health center goals.

The MCH Director of Kandek Health Center in Siem Reap OD said that they work with other organizations that provide equipment, etc., but nothing more. In contrast, "RACHA works closely with us, gives ideas and advice but never interferes or blames. With RACHA there is no status discrimination."

The Director of the Pourk Health Center stated that RACHA has kept their maternal and child health activities sustainable. "RACHA provides continual support and follows through on all activities. Staff work closely (with him) and there are no personal problems".

The MCH Director of the Center expressed a view similar to the Director of the Center.

"RACHA has made the MCH activities strong and firm and its staff follow-up on every activity."

The Prey Ngi Health Center Director in Pursat said the major strength of RACHA was the training they gave to him and his staff, and the feedback committee. He said he did not know how to utilize the committee until RACHA provided the training.

The MCH Director of the Prey Ngi Health Center reported that the work RACHA conducts is more straightforward than other NGOs. "RACHA conducts follow-up activities and creates indicators to measure progress." She said "working with RACHA has improved my skills to provide service. ANC used to be done in a careless way, but now I can give the service in a technical way."

Suggestions for RACHA Program Strengthening

Central Level -- The Director General for Health said that he didn't have any suggestions for improving RACHA's program. In his opinion, "there are no weaknesses in RACHA." He did say that he would like RACHA to initiate the activities for the public/private partnership funded in the Packard Foundation within a reasonable time. He views this activity as extremely important for the future of reproductive health and family planning in Cambodia.

The Director of the National Maternal and Child Health Center did not have any suggestions for improving RACHA's program. His only comment was that RACHA sends him all of their reports and publications, and they are usually too long for him to read in their entirety. He suggested that RACHA initially send him executive summaries, and then he could request the reports or documents that he wanted to read in full.

Provincial Level -- The Provincial MCH Director of Kampot is satisfied with RACHA and does not have any suggestions for program strengthening. The Health Director of the province suggested that RACHA pay per diem to commune health staff (like other organizations) for EPI and health education activities at the village level. He would also like RACHA staff to have closer relations with the provincial health department staff. Meetings of longer duration than are presently conducted should be held between RACHA staff and the Director and Vice Director of the department.

In Pursat the Provincial MCH Director said that she would like to have more detailed discussions with RACHA staff on issues before decisions are made. For example, three health centers were agreed upon for management follow-up for the HIS in her province, but RACHA decided to conduct the follow-up in two of the centers. She said that before this decision was made, it should have been discussed with her.

Operating District Level -- The Director of the Ang Kor Chey OD in Kampot is concerned that RACHA blames his staff if goals are not reached. He says RACHA should bring all problems directly to him, because his staff will only listen to him. The Director also expressed concern that RACHA always tries to find a surprise in their (the ODs) invoices, and wants to control the prices of all materials that are bought. He says that once they have agreed on a proposal and the cost of items in the budget, there is no need for RACHA to check up on the expenditures.

In Siem Reap the Assistant Director of the OD would like RACHA to help provide materials that the OD and Provincial Health Department cannot afford. This includes stethoscopes, and scales for outreach activities conducted by the health centers.

Health Center Level -- The Director of the Kandek Health Center said that "RACHA is always there to help" and has no suggestions for improvement. The MCH Director also had no suggestions for improvement, and expressed her desire that RACHA just continue to support the center's mother and child health activities.

The Director of the Pourk Health Center in Siem Reap said that since the center is a former district hospital, it has more clients than other centers, and requires more material assistance. However, the government has not been able to provide this assistance and he would like RACHA to "fill the gap." This would include the provision of scales for weighing infants, and instruments and materials for deliveries of births.

The MCH Director of the Pourk Health Center said that she and her staff have good relations with RACHA and they work well together. Her only concern is that RACHA asks too many questions on indicators at the village level. Villagers cannot remember the answers to all of them and she believes the number of questions should be reduced. She would also like RACHA to strengthen MCH activities through the provision of health education materials. Specifically, she requested wall charts on exclusive breast-feeding, and the importance of iron supplements for pregnant women.

In Pursat the Director of the Prey Ngi health center said he was satisfied with RACHA's program and did not have any suggestions for improvement. The MCH Director of the Center expressed similar concerns to the MCH Director of the Pourk Health Center in Siem Reap. That is, there are too many questions asked of village women about health indicators and "the less educated (women) get tired and bored with them." She said this affects the quality of the indicators and they should be reduced.

III. Assessment of RACHA's Program Units

Capacity Building and Community Unit

Most Important Achievements

The Advisor of the Unit reported that there are four important achievements:

1) The implementation of the Health Information System (HIS) and the utilization of the data generated from the system by the Ministry of Health. The system provides data on health indicators at the provincial, operating district and health center levels that the MoH uses to monitor and make planning decisions.

2) The implementation of the Self Improvement System (SIS) which has been used successfully to identify gaps between what health personnel are doing and what they are expected to do under national policy. This allows health staff to develop achievable objectives based on the gaps, and to identify the activities to realize these objectives using the available resources in their area.

3) The implementation of community based services (CBS) where outreach is too weak to expand the supply of birth spacing commodities. This includes the strengthening of feedback committee (FBC) and using their members as distributors of contraceptives. The FBC members are allowed to keep a small amount of the proceeds from their sales as an incentive for them to continue their distribution activities.

4) The implementation of performance-based contracts between health centers and ODs. The contract consists of provisions about the use of a motorbike by the health center that RACHA provides to the OD, and specifies that continued use is contingent upon the center meeting service delivery targets in their catchment area.

Constraints/Problems in Meeting IRs

Three constraints were mentioned by the Unit Advisor that could affect its ability to meet the IRs. First, the skills and experience of the lower level MoH staff are limited, their salary is extremely low and they lack motivation. Frequently, they are unable to work appropriately with the villagers, and just blame them (the villagers) when they don't respond to MoH health activities.

Second, there is a problem of security in some areas. This restricts RACHA's ability to conduct its activities, and limits the type and scope of interventions that can be implemented.

And third, RACHA staff need to improve its communication skills and tolerance level to establish good relations with communities. Currently there is too much confrontation related to community activities. The idea of community self help is new in the country, and activities based on this approach will take time. It is difficult for some RACHA staff to understand this. They need to develop a more supportive and tolerant approach if the activities are to be successful.

Current or New Strategies to Achieve the IRs

The Unit Advisor believes that the current provision of community-based services of high

quality is the key to meeting the IRs. This is only possible if there is mutual support between the Health Center and the community. For example, the FBCs need the support of

the Health Center if there is to be easy access to services for members of the community. This interdependence must be fostered if the strategy is to succeed.

Birth Spacing and Quality Improvement Unit

Most Important Achievements

The Head of the Birth Spacing Unit cited COPE as one of their important achievements. The training of 75 supervisors in COPE has been completed and COPE is used regularly in 39 health centers. Follow up is usually done during a supervision visit to the center where problems are identified and an action plan is developed to solve them. The plan is posted in the health center and used to monitor whether problems have been resolved or are in process. Currently, about 80% of the problems are being solved.

Another achievement of the Unit is increased syphilis screening of pregnant women who came for their first ANC visit. (Syphilis testing during pregnancy is considered a cost-effective public health procedure and is part of the guidelines for the National Safe Motherhood Program).² Coverage rates increased in two of the three health centers where screening is conducted, and anecdotal evidence from the midwives at the centers suggest that the screening itself is attracting women to the health centers.

Counselling training for birth spacing is another activity that was mentioned as an achievement. The Head of the Unit indicated that the unit works closely with the IEC Unit in the training process. They have developed a counselling cue card that was field-tested and will be distributed to all of the health centers in Cambodia to improve the quality of birth spacing services.

Constraints/Problems in Meeting IRs

A number of constraints were cited that could affect the ability of the Unit to meet the IRs. These included the following:

1. Birth spacing is a young program and there is a need to change the philosophy from prenatal to one of family planning. The skill level and motivation of health center staff is too low for a new program, and birth spacing still is not a high enough priority.
2. The salary of health staff is very low and many work in their private practice when they should be providing services in the public sector.
3. Health center staff view RACHA as asking them to do work as if RACHA was their employer. There is a lack of understanding that RACHA is facilitating and supporting the activities of the MoH.
4. The planning and co-ordinating of activities between the Units in RACHA needs to be improved. Frequently, activities that require the participation of the same health staff are conducted simultaneously by different Units. This has created confusion in the past and restricted some activities. This problem, however, has been reduced through improved co-

² RACHA, Semi Annual Report #6 : First Half of 2000 Semi Annual Report, pg.8

ordination. A calendar of meetings and activities is prepared regularly and shared between the Units to avoid overlap of activities and scheduling conflicts.

Current or New Strategies to Achieve the IRs

Several areas of new or expanded activities were mentioned by the Head of the Unit that would assist in achieving the IRs. He believes activities on men as partners and post-abortion care should be added to the program. IUD and infection prevention activities should be expanded to the private sector under Packard Foundation funding. Recognitions of side effects and their management should be emphasized in the counselling training, and syphilis testing should be expanded to centers in line with their existing resources. Related to this latter activity is the need to become involved in policy development for STDs at the central level of the MoH.

Studies and Program Development Unit

Most Important Achievements

The Unit provides a support function for all of the other Units in RACHA. According to the Head of the Unit all of their activities have resulted in important achievements. These include assessments of the performance-based contracts between the OD and the health center on the use and maintenance of a motorbike. Surveys are conducted at the end of each six month period that assess the level of service coverage to determine if the center is allowed to keep using the motorbike.

Two other assessment studies were conducted. One utilized client exit interviews to assess the effectiveness of COPE (two per round of COPE). The other used interviews with mothers who purchased home birth kits (HBKs) and interviews with TBAs who attended the deliveries. This information will be used to design strategies for the future production, distribution and sustainability of the kits for expanded activities nation-wide.

The Unit also completed a health facility survey of 106 health centers in 1998. More recently they completed a birth spacing discontinuation study of drop outs, and women who were late for scheduled appointments with providers in Seim Reap.

Constraints/Problems in Meeting IRs

Several constraints were identified by the Head of the Unit that could affect the conduct of activities and the attainment of the IRs.

1. The attitudes of some of the RACHA staff working in the contract performance studies were not up to standard. They did not appreciate the importance of obtaining quality data and had to be fired.
2. There will be insufficient time to complete all of the regular assessments conducted by the Unit if community programs expand and the Unit continues to lose staff. The Unit Head indicated that he would be unable to complete the write up of the studies and the preparation of the semi-annual reports with the current number of qualified staff.
3. There will be problems with some of the private sector IUD and ORS activities planned under the Packard Foundation funding, i.e., the bureaucracy of the NGOs will interfere with them. Further, the funds from Packard are insufficient to support the large number of NGOs who have vested interests in obtaining funds for their activities.

4. Currently, RACHA projects are managed from the central level where costs are higher and transportation to project sites is time consuming. The management of projects should be shifted from the central level to the provincial level to reduce cost and time constraints.

Current and/or New Strategies to Achieve the IRs

The Head of the Unit maintained that the distribution of the HBKs, the health promotion activities of the nuns and wat grannies and the selling of ORs by village shopkeepers should be expanded. In addition, efforts should move ahead to establish an accredited center of excellence for IUD insertion; TBA training and LSS should be accelerated; and the proposed democracy for health initiative should be carried out.

IEC Unit

Most Important Achievements

The activities of the IEC Unit cut across the activities of all of the other Units in RACHA. The aim of the Unit is to ensure that all of RACHA's activities are supported by technically sound and effective IEC educational and promotional efforts that contribute to raising demand for reproductive and child health services.

The Head of the Unit reported that their most important achievements are the production of materials for a range of health topics requested from other Units in RACHA. These topics and some of the materials produced are:

1. **VSC** -- Educational videos that include client testimonials were made to raise awareness of service availability, and decrease social barriers. The videos are played in hospital waiting rooms, on local TV stations and in cafes. Promotional and informational leaflets were produced to encourage people to seek information from the health center, and to provide prospective clients with more information on VSC, respectively. The video and leaflets were produced in partnership with RHAC.
2. **Breastfeeding** -- A simple exploratory flyer that raises awareness of exclusive breastfeeding was produced for mass distribution during campaigns and for the nuns and wat grannies program. T-shirts and caps bearing the same message were also distributed during campaigns.
3. **Home Birth Kits** -- An instruction sheet explaining how to use the kit, and a TT-message sheet encouraging women to go for immunization were prepared and included in the kit. A poster was also prepared on the availability and price of the kit, that sellers of the kit put on the front of their houses.
4. **Logistics, Essential Drugs** -- A wallchart was prepared for health center dispensaries that is a quick reference guide to monthly drug ordering formulae.
5. **Community Health Education** -- Pictures to illustrate health messages on breastfeeding, CDD, and tetanus were prepared for use in health education sessions. A flipchart was developed to educate ANC clients on anaemia, early breastfeeding and tetanus.
6. **ORS** -- A simple pictorial leaflet explaining how ORS is mixed

was prepared for clients who buy ORS for use at home. Educational cards were made to help sellers explain danger signs and how to mix and take ORS. Training cards with the same information were used to train wat grannies.

Constraints/Problems in Meeting IRs

A number of problems were cited by the Head of the Unit that impede the effectiveness of IEC activities and ultimately the potential for other Units to meet IRs. These include the following:

1. The National Center for Health Promotion (NCHP) does not distribute a sufficient number of materials through the provinces' health promotion units. This obviously limits the availability of materials that reach the lower levels of the health system.
2. Although the IEC Unit has recruited additional staff, including two interns, the number of activities and requests for IEC support from other units, particularly on training and counselling, has also increased. These increased demands often occur simultaneously and result in severe time constraints for producing the needed materials.
3. UNICEF, the NCHP and other organizations produce IEC materials on reproductive and child health, and there may be overlap with the materials that RACHA produces. There should be increased co-ordinated effort between the organizations to review the materials being produced to avoid any duplication.
4. There is a lack of local capacity to produce IEC materials, e.g. graphics. This limits the ability of the IEC Unit to contract out selected activities. Most of the production has to be done in-house that results in time constraints on other activities of the Unit.
5. Monitoring of IEC materials that have been distributed and used is insufficient. A system of receipts for materials received has been introduced, but other approaches to tracking the use of materials need to be developed.

Current or New Strategies to Achieve the IRs

Several strategies were suggested by the Head of the Unit that would facilitate the production and distribution of IEC materials. First, health promotion staff of the NCHP at the provincial level should be trained as trainers for staff at the health center level. The aim of the training would be to strengthen staff capacity to conduct pretesting and distributing of materials at the local level.

Second, strengthen the links with the National IEC Working Group of the NCHP to improve access to and knowledge of the IEC materials being produced by the MoH and other organizations. This would greatly reduce the duplication of efforts in the country.

And third, request all RACHA units that use IEC materials to provide the IEC Unit with a copy of their workplans and future IEC requirements. This would allow the Unit to plan ahead, and prepare a production schedule that would provide materials in a timely manner to the units.

Logistics Unit

Most Important Achievements

The most important achievement of the Unit is the establishment of the national logistics system, and its continued efforts to further refine the system. According to the Head of the Unit these efforts include:

1. The design of the curriculum and the preparation of manuals for training pharmacists and store keepers at the health center level on logistics management. More than 1,500 participants nation-wide have received this training.
2. The conduct of surveys in RACHA's three focus provinces to follow-up and assess the impact of the training program.
3. The introduction of facilitative supervision in the three focus provinces with the aim of assisting the MoH to improve the operation of the logistics system at the grass roots level.
4. The introduction of an incentive scheme in a limited number of ODs to motivate OD pharmacists to achieve performance targets. A motorbike is loaned to each OD pharmacist so they can conduct regular supervision visits to health facilities under their jurisdiction to monitor staff on correct logistics management. If they are able to meet their performance targets the OD is allowed to retain the motorbike. Failure to meet the targets results in the OD losing the motorbike.

Constraints/Problems in Meeting IRs

Several problems were identified by the Head of the Unit that could affect the attainment of the IR on increasing the supply of reproductive and child health services. First, there is a substantial number of fake prescriptions that are filled at the health-center level that involves the collusion of the center staff with the presenter of the prescription. There is no way within the logistics system to control or check on the presenters. The national average of selected prescription drugs can be used as a stop-gap to identify those centers that greatly exceed the average.

There is a lack of will by the MoH to take decisions that would improve the procurement side of the logistics system. The central warehouse is pushing stocks that have a limited shelf life, and by the time they reach the service delivery point they have almost expired. A retrieval of these supplies for shipment back to the warehouse is not cost-effective. The MoH needs to encourage the suppliers to provide stock in a timely manner and to improve their management of expired drugs.

A third constraint is that the follow-up of the national training on facilitative supervision conducted in the three focus provinces of RACHA does not provide a true picture of the success of the training for the whole country. RACHA does not have the capacity to conduct a nation-wide assessment that would be required to determine if facilitative supervision is cost effective for the country.

Current or New Strategies to Achieve the IRs

The Head of the Unit cited two strategies/activities that would contribute to help achieve the IRs. Refresher training should be conducted for staff of ODs that will enable them to solve problems on the basis of data. Previous training focussed on procedures, but now it is necessary to focus on being more proactive. An ability to set targets analyse data and identify problems of stockouts before they happen is the objective of the refresher training.

The logistics system from the OD level to the health center level needs to be computerized. This will change the way the OD works and allow them to identify the effectiveness of the facilities under their control, the left stock, and to prepare the logistics report for aggregation at the national level. It will also allow more time for supervision at the health center level.

Safe Motherhood Unit

Most Important Achievements

A number of achievements were reported by the staff of the Unit. Since 1998, the Unit has been training midwives from the provincial level on basic life saving skills (LSS). Of particular note is the extent to which the Unit follows up the midwives after their training to ensure they are providing services of high quality. Technical and support follow-up is conducted by the trainers through site visits in the community, and the midwives skills are further strengthened through continuing education meetings held at two and six month intervals. In addition, the midwives are required to maintain a data collection form and record the services they have provided. This information is entered into a data base and monitored. Information on complicated deliveries is used as case studies in group discussions with the midwives and in their training course. The data indicate that midwives trained in LSS are making excellent use of their skills and are active in providing services in both their government jobs and in private practice.

Another achievement of the Unit is the renovation of the maternity ward of the Pursat referral hospital, which included improvements in water, toilet and sanitation facilities. The hospital Director with modest funding from RACHA initiated a televised advertisement campaign to promote the use of the new hospital facilities. This has resulted in an increase in the number of deliveries at the hospital, and the numbers are expected to increase further.

A third achievement of the Unit is the ANC Clinical Training Program, a separate one-week ANC skills upgrading program for health center midwives. This program was developed to meet the needs of pregnant women at the health center level and during village outreach. Quality control and follow-up of the trainees is the same as that used in the LSS Training Program. Midwives who do not perform at the expected level by the end of the course are given frequent follow-up supervision and support in their place of work by the Unit's safe motherhood team.

Constraints/Problems in Meeting IRs

Staff of the Unit indicated that there were several problems that could affect their ability to reach the IR of increased supply of reproductive and child health services. Midwives still spend more time in their private practice than they do in their public sector practice. This reduces the number of safe deliveries that could be conducted in health facilities.

There is a limited availability of skilled health staff. Staff that are available are often unwilling to learn, and to be team players in their work. The existing status structure in the health system and the accompanying "hierarchical attitudes" make it difficult for Unit staff to interact constructively with some of the health personnel. Further, the issue of per diem and payments to MoH staff persists. If payments are not made staff will not cooperate with the Unit. For example, the Unit's request for participants for one of their training courses was not honoured, because the official responsible did not receive a payment.

Current and/or New Strategies to Achieve the IRs

In addition to continuing with the current training activities, staff of the Unit mentioned two new initiatives that would assist them with achieving the IRs. A center for the training of trainers who would provide training to midwives should be established. This would be a more efficient use of human resources, and teams trained at the center could be mobilized to conduct training for larger numbers of midwives in the provinces.

TBAs and midwives should be "linked up" to promote service quality. TBAs would be responsible for providing information to communities on the availability of midwives for performing deliveries, and to the midwives on pregnant women. The objective is to reduce the number of deliveries by the TBAs and to increase the number delivered by midwives.

Information Systems Unit

Most Important Achievements

The Information Systems Unit provides services to all of the Units in RACHA. The Unit's achievements as reported by the Unit Head include the following:

1. **Support Services for Computer Users.** The Unit provides assistance to staff who have problems with software, hardware, printing, e-mail, graphics, formatting and file preparation. The number of problems for which assistance is requested has declined over the past year, reflecting increased staff familiarity with the use of computers and the quality of the services provided by the Unit.
2. **Data Management and Analysis.** The Unit responds to requests on a regular basis from the Studies Unit, Safe Motherhood Unit, and the Research Team for data entry, editing, data base development, tabulations and graphics. The results of their work appears in the reports prepared by the Units.
3. **Systems Development.** This includes systems to store and manage data for the long-term. These were developed at the request of the Logistics and Studies Units. The Information Unit has also developed the system for the EDB logistics monitoring of drugs for distribution from the Central to the OD and Health Center levels. This included a systems analysis for the extension of the logistics management information system (LMIS) down to the OD level.
4. **Computer Skills Training.** The training focuses on developing the skills of RACHA staff on the use of software – Word, Excel, PowerPoint, etc.
5. **System Maintenance.** The Unit provides maintenance for the 60 computers of the RACHA office, as well as for the seven computers of the EDB (all one network), and the two PCs of the NMCHC connected to RACHA.

Problems/Constraints

The major problem is the limited staff time available for responding to the requests of the various Units. The Unit Head said that it is difficult to respond quickly given the current workload, particularly if the requests involve problems with viruses that take a great deal of time. If the current level of requests is maintained then additional staff will have to be hired.

IV. Assessment of RACHA's Community Activities/Interventions

This section addresses the remaining question posed for the assessment: How well are RACHA's community activities/interventions contributing to the USAID/ Cambodia results framework? The contribution of each activity/intervention is assessed against three criteria: the impact or potential impact on an IR; the potential for sustainability; and the potential for expansion or scaling-up.

Feedback Committees (FBCs) as Distributors of Contraceptives

As a component of a community-based services program in Ankor Chey OD, Kampot, RACHA has engaged FBC members as distributors of contraceptives for the purpose of expanding the supply of birth spacing commodities at the village level. The FBC members retain a small portion of the proceeds from their sales as incentive to continue their distribution activities.

The FBC intervention should directly affect the IRs of expanded supply of and access to contraceptives at the village level. The impact of the intervention on the IRs cannot be assessed until a follow-up to a baseline survey is conducted. However, the potential impact of the interventions on the IRs is considerable for rather obvious reasons. The change agent (FBC) is located within its constituency (village) that maximizes access to the supply of contraceptives; and since the FBC members retain a portion of their sales, they have a vested interest in increasing the numbers of commodities distributed. A question that will have to be addressed in the evaluation remains, is the amount retained by the FBC from their sales sufficient enough for them to maintain their interest and ultimately their performance level?

The answer to the above question has implications for the potential sustainability of the intervention. That is, if the incentive is sufficient to maintain the work level of the FBC, then this would contribute to its potential sustainability.

The potential for expanding or scaling-up the intervention is also high. The creation of FBCs is an MoH activity designed to establish close relations between community leadership and health center staff. Within the near future the MoH expects to have two FBC members in every village in the country. FBCs are present in most of the communities in which RACHA conducts their activities. Hence, if the present FBC intervention is successful then it could easily be implemented in other communities.

FBCs as Links Between the Community and Health Centers

RACHA's training of FBCs begins with sessions on the purposes the committees serve as a link between the health center and their village, and responsibilities and tasks they will perform. This includes a registration (updated monthly) of all women of reproductive age in their village, which provides the information for them to monitor women who are pregnant, women with children under five, births and infant deaths. After the FBCs assume their duties RACHA also provides training on

ANC check-up, and health care and danger signs during pregnancy. The FBCs use their information in their health promotion activities that are expected to generate demand for health services within their communities.

The potential for the impact of these FBC activities on demand for health services, and their sustainability and expansion is high for the same reasons discussed above on FBCs as distributors of contraceptives. However, concerns were expressed by several health center Directors in section II above, that for the FBCs to maintain their effectiveness they would

need some kind of support and facilitation of their activities from RACHA. The Directors believe that without this support the FBCs will eventually cease their health promotion activities.

Community-Based Health Promotion and Health Education Activities

A number of health promotion activities are supported by RACHA to create demand for RCH services among rural women. These activities and a discussion of their potential impact, sustainability, and expansion follows:

1. Training was conducted for health center staff from Tasas, Chhouk Meas and Prey Ngi on CDD home care and prevention, which they used to educate women during their routine outreach visits.

The potential impact of outreach visits by health workers on women's demand for health services is generally high. One on one interaction allows the women to obtain knowledge, and answers and clarifications to their questions. A post-test follow-up indicated that some progress had been made among women toward correctly recognizing diarrhoea, correct feeding during diarrhoea, and mixing ORS.

The potential for sustainability and expansion of the activity is also high. Capacity built through training remains, and expansion is viable because the activity is conducted among staff within the existing health system.

2. Contests were held among village women from Koh Chums and Tasas catchment areas, who received health education about ANC check-ups, TT immunization, and proper health care during pregnancy. Contestants received points for having had ANC check-ups and TT injections, and for correctly answering questions based on the health promotion messages. The objective of the contests was to reinforce health messages and to make health education fun and interesting.

The potential for increasing knowledge and ultimately demand for services among women through contests is high. The high level of participation (on average almost three-quarters of pregnant women participated) and the high proportion of women scoring enough points to receive a prize, reflect the potential for increased demand. The potential for sustainability is also high.

The contest was paid for by the interest generated by a RACHA initiated village credit program discussed below. Hence, the continued success of the credit program would contribute to the sustainability of contests for health promotion. Expansion of the activity would also depend upon the performance of the credit program unless alternative sources of support are identified.

3. RACHA worked with the national EPI program on NNT reduction in Kampot province. Education campaigns on the causes and prevention of NNT were conducted in villages

where a confirmed case of NNT has occurred. Pre- and post-campaign measures of knowledge about NNT were conducted to assess impact.

The results showed the high potential for impact on the demand for services. Major increases in the proportion of correct answers to questions on the causes and prevention of NNT were found between the pre and post-test.

The potential for sustainability and expansion is also high. The activity is conducted within the MoH EPI program with government staff, and can be expanded accordingly through MoH directives. Costs, however, if expansion takes place will be a concern.

4. Nuns and wat grannies were trained as village communicators/motivators to promote breastfeeding in Pursat town, and later in their own villages through household visits. RACHA staff followed up on the effectiveness of their activities by asking women in the households to repeat the messages they could remember.

The use of local level religious leaders is an extremely innovative approach to health promotion, and holds great potential for impacting upon village women's demand for health services. Collectively they represent an important social group that can greatly influence the beliefs, attitudes and behavior of the general public. The use of nuns and wat grannies set a precedent, demonstrating that religious leaders are willing and enthusiastic about promoting appropriate health practices in their communities.

The potential sustainability of mobilizing nuns and wat grannies for health promotion is high. Their demonstrated level of enthusiasm, commitment, and duty for doing good deeds within the tenants of Buddhism contributes to the likelihood that they would continue their health promotion activities. Expansion is also of high potential given that Buddhism remains the single most unifying structure in Cambodian society, and clergy could be mobilized in any part of the country.

Capacity Building Community-Based Programs

Several capacity building community-based programs were implemented to increase access to RCH services. These programs and their potential for impact, sustainability and expansion are discussed below.

Performance-Based Contracts. These contracts were initiated to facilitate outreach visits by health center staff in 12 health centers - six in Pursat, two in Kampot, and four in Siem Reap. As mentioned in section III above, the health center and the OD agree on a performance-based contract of basic provisions about the use and maintenance of a motorbike that RACHA provides to the OD. The use of the motorbike is contingent upon the achievement of service delivery targets in the catchment area. Achievement of these targets for two six-month periods results in the health center permanently retaining the motorbike. If these targets are not achieved, then the OD takes the motorbike back.

Health center performance is measured by sample surveys conducted at the end of each six month period. The level of service coverage in the catchment area is assessed on the basis of "people level indicators" that directly or indirectly result from the services that the health centers are expected to provide.

The potential for the impact of performance-based contracts on access to services through outreach by health center staff would appear to be high. An initial assessment conducted for Chhouk Meas health center found that the center either met or exceeded its performance targets

with only one exception.

The potential for sustaining and expanding the program is contingent upon the provision of motorbikes. If RACHA ended work in Cambodia either the MoH or another NGO would have to provide the motorbikes.

Credit. A micro-lending program offering loans not exceeding \$50 at an interest rate of 4% was implemented in four villages in Pursat province. This program has enabled RACHA to establish strong relationships with villagers by responding to their critical need for credit. These linkages and the resulting trust are being used to gain villagers support for basic RCH services.

The program is similar to other successful projects that have used small rural micro-lending institutions that help people access capital, teach fiscal responsibility and, through the interest generated, pay for themselves. The program has also ensured that women, who have found it traditionally difficult to obtain loans, will have access to capital. Fifty-one percent of the 252 first loans that were given were granted to females.

Villagers have used the loans for a variety of productive pursuits. These include mechanized land preparation, the purchase of livestock and poultry for commercial production, and for developing micro-enterprises.

The lending program is offering villagers a better quality of life. With increased and more dispensable incomes, villagers are better able to afford a healthy diet with protein rich foods and to afford health care for themselves and their children.

The potential for program impact on access to services gained through additional income is high. It is rather remarkable that for all of the 252 loans given in the four villages, the loan and interest repayment rates were 100 percent, and all on schedule. The money earned from the interest payments exceeded expectation and is used to finance the health promotion contests discussed above.

The potential for sustainability is obviously quite high because the program actually pays for itself. However, the potential for expansion is again contingent upon RACHA's ability to provide the initial capital required to start the program in other areas. In the absence of RACHA the MoH or another organizations would have to provide the funding.

Water Source Development. This program is aimed at responding to and implementing village priorities for sufficient and safe water. Village committees in Pursat identified water as their first priority. As a response to this need a total of 47 wells and pumps have been constructed, and are used by approximately 2,180 villagers.

An important part of this activity is to help organize and train well drilling teams, village safe water committees, and group well chairmen and deputies who are responsible for pump repairs. Users of the wells are also taught about proper care of the well and general household and personal hygiene.

The potential for the impact of water source development on the health of villagers is direct. Clean and safe water combined with appropriate hygienic handling practices can greatly reduce the incidence of diarrhoeal and other diseases associated with contaminated water supplies.

An assessment conducted by RACHA indicated that the wells could be maintained by the villagers which contributes to the sustainability of the program. However, the start-up money for construction of the wells, although a relatively small amount, would still have to be provided by

RACHA or another source if expansion of the program is to continue.

Home Birth Kits (HBK). The large majority of rural women in Cambodia deliver their babies at home under less than hygienic conditions. RACHA initiated a new HBK program in coordination with the MoH and UNICEF to improve these conditions.

A basic kit is sold for R3,000 in RACHA's three focus provinces at four health centers - Chhouk Meas and Tasas in Pursat, Don Koe in Siem Reap, and Ang Phnom Touch in Kampot. The kit contains a plastic sheet, soap and scrub brush, rubber gloves string for tying the cord, a sterile blade, gauze, and a small bottle of gentian violet.

The initial phase of the program began with a market test of the kit in RACHA's three provinces, with UNICEF supporting the activity in Battambang, though they are using a different implementation approach than RACHA's. In RACHA's test areas, kits are being sold by health center midwives and FBCs in the villages after they receive an orientation briefing about how the program works. Monitors based in the provinces were hired for each health center catchment area and are responsible for tracking sales and conducting follow-up interviews with mothers and their attendants to obtain their appraisal of the kit. The monitors collect R2,500 for each kit sold while the seller retains R500 per sale.

Preliminary results from the follow-up interviews conducted for the market test provide consistently positive information about the kit. That is, it is complete, affordable and most importantly aids in a safer home delivery.

The potential impact of the HBK on increasing the number of safe home deliveries is high. However, the question of impact will have to await the answers provided by a follow-up assessment of the kit, which will determine if any mother or her baby who used the entire kit correctly contracted tetanus.

The potential for sustainability and expansion is also high. The cost of the kit is minimal and cost recovery is substantial. The kit is sold and distributed by health center midwives, which makes expansion to other health centers rather straightforward.

Summary and Conclusions

The objective of this report is to provide RACHA and USAID with a documentation and assessment of how well the initial expectations of USAID are being met, and how well RACHA appears to be contributing to USAID's current results framework. The scope of work specified four sets of activities to realize this objective:

- 1) a documentation of the evolution of the results framework and RACHA's use of USAID IRs for program monitoring;
- 2) a USAID assessment of RACHA's program in terms of its expectations;
- 3) a MoH central, provincial, district and health center assessment of RACHA's program in relation to their needs and expectations; and
- 4) an assessment of how well RACHA's Units' activities, and community activities/interventions are contributing to the USAID/Cambodia results framework.

A summary of the results, and conclusions including recommendations drawn from these activities, is presented in the sections that follow.

Evolution of the Results Framework and Use of USAID's IRs for Program Monitoring

The initial results framework developed by USAID in 1996 focussed upon three IRs through which programs could improve maternal and child health in Cambodia - 1) leadership role for quality MCH care assumed by the public sector; 2) improved human resource capacity in the MCH sector; and 3) improved MCH commodity accessibility and management. These IRs underwent a major revision in 1999 based on concerns by RACHA and USAID respectively, that they were not clearly linked to one another, and did not reflect the current program realities. Following a series of meetings between USAID and implementing partners including RACHA, a consensus was reached on the new IRs. Improved RCH can only be achieved through the IRs of expanding the supply of, demand for and access to RCH services.

This consensus is a laudable achievement and illustrates how a co-operative partnership can benefit a program by providing greater clarity and specification of the factors that can contribute to improving RCH in Cambodia.

A comparison between the nine indicators of the IRs that RACHA was asked to report on to USAID, and the indicators that RACHA actually reported on in its semi annual report, found that RACHA provided information on only three of the indicators.

Recommendation: RACHA needs to check with USAID regarding the annual report and continued reporting and provide whatever information USAID believes is necessary. Regarding information on the initially suggested nine indicators, five of the six that were not included in the semi annual report can be calculated from the data already collected through RACHA's monitoring and follow-up activities, and logistics system.

USAID Assessment of RACHA Program

USIAD staff reported that all of RACHA's program activities are meeting their expectations, and that RACHA is very responsive to their requests for additional information. They maintained that a strength of RACHA is in its leadership. The Chief, Office of Public Health said that "the

leadership of RACHA is of exceptional quality" and that he has the "utmost confidence in the Program Manager who is a seasoned professional". The MCH Program Officer said that the leadership understands USAID and its personnel, and there is good and sincere communication between them.

Although USAID staff are very positive about RACHA's program, they expressed some concern that the program may need more focus. The Chief, Office of Public Health said he was not sure if RACHA was doing too much and that there was a need to be more focussed on goals. His central questions are, "how does it all come together in the end?"; and "how do we know if program inputs result in a change over time or impact on beneficiaries?" These questions however, cannot be answered conclusively until an evaluation of the impact of RACHA's program on the supply of demand for, and access to RCH services is conducted in the future. Preliminary answers however, can be obtained through the monitoring and tracking of RACHA's performance on the IRs.

The MCH Program Officer said he sees the need for all of RACHA's approaches, but suggests a re-examination of its emphasis. Should RACHA take on everything, or focus only on a few key interventions, or a specific area like logistics management?

MoH Assessment of RACHA's Program

Impact of RACHA's Program

MoH staff from all levels of the health system - central, provincial, district, health center - overwhelmingly reported that RACHA's program is having an impact. The Director General of Health, MoH said that RACHA's activities, particularly staff training, have had an impact on health sector reform. "RACHA is the one organization that has effectively supported health sector reform and has had a direct impact on communities at the health center level".

The Director of the National Maternal and Child Health Center, and the Clinical Pharmacist of the Department of Drugs and Food, MoH also expressed positive views regarding the impact of RACHA's program. The Director said that RACHA was providing excellent support to all levels of the health system. The Clinical Pharmacist said that the training and survey on stock status conducted by RACHA had greatly improved logistics, and that his Department "could not have accomplished this without RACHA's help."

MoH provincial staff from Kampot and Pursat reported that all of RACHA's activities in their areas have had an impact. They based their assertion on the positive changes that have occurred in the health indicators. For example, in Kampot indicators for birth spacing, ANC and NNT, and assisted deliveries by trained health staff have risen, while the number of deaths to married women of reproductive age has fallen. COPE is given credit for strengthening the ability of government staff to provide the improved services, and the HIS is said to provide the first reliable information on the health indicators.

In Pursat, increases in all of the health indicators were reported by the health staff. They attributed this result to the health promotion efforts (nuns/wat grannies and contests), the SIS, mobile teams and the work of the Feedback Committees (FBCs).

MoH district staff from Kampot gave a response similar to that given by the provincial staff regarding the impact of RACHA activities, i.e., all of the indicators in the operating district have shown improvement. This result however, was attributed solely to the FBCs that had been strengthened by training from RACHA, and their improved efficiency from the post-training follow-

up conducted to ensure that the trainees were performing their duties appropriately.

In Siem Reap, MoH staff reported that indicators for ANC, birth spacing and iron tablet distribution have nearly reached the MoH goal. Staff attribute this outcome to the capacity building activities of RACHA which made it easier for them to implement MoH policy and guidelines. Prior to RACHA's involvement, staff knew nothing about developing work plans or following up on activities. The training provided by RACHA and the implementation of the HIS solved these problems.

The overall success of RACHA's activities in the operating district was highlighted further by the Assistant Director of the district. He said that his district supported by RACHA, has shown a greater impact of reproductive and child health activities than two other districts in the province that received budget support directly from "other organizations."

MoH staff from the health centers in Siem Reap and Pursat also gave a positive assessment about the impact of RACHA's activities in their area ANC visits, birth spacing, the number of women seeking counselling on side effects, NNT immunizations, deliveries in health centers, and requests for home deliveries by HC staff increased in Kandek health center. The work of the FBCs, and the training and material support received from RACHA were cited by health center staff as responsible for these outcomes.

In Puork health center the quality of service, and the staff's ability to solve problems increased as a result of the HIS and SIS, respectively. The logistics system was responsible for increasing the dispensing of drugs and reducing the number of out-of-stock drugs. Training increased the number of ANC visits, and the number of women seeking services increased because of SIS, FBC, EPI and health education activities.

ANC and PNC visits, and birth spacing increased reportedly because of improved FBC performance in Prey Ngi health center. Health promotion contests were cited as responsible for an increase in the number of women seeking health services and exclusively breastfeeding. An increase in the number of deliveries in the health center and attended at home by center staff was attributed to the LSS training provided by RACHA.

Additional Program Activities

MoH staff interviewed at all levels indicated that they would like RACHA to continue their current activities. However, they also had a number of suggestions for additional activities they would like RACHA to conduct. These activities and the level of the MoH staff that suggested them are as follows:

- | | |
|-------------------|---|
| Central | <ul style="list-style-type: none"> - additional training activities in both public and private sectors - assistance to the NMCHC for preparation of MCH guidelines and protocols - feasibility study on centralized purchasing center for drugs |
| Provincial | <ul style="list-style-type: none"> - credit and clean water program - training for TBAs on LSS - support for work of FBCs - collect data from private sector on maternal health and birth spacing - training of additional health workers - expansion of RACHA's activities to all health centers in Pursat |
| District | <ul style="list-style-type: none"> - credit program - extend MCH and community activities to district hospital, Kampot - ARI and CDD program |

- assistance for preparation of annual workplan, Siem Reap

Health Center- strengthen birth spacing through training of FBCs

- training of trainers at health center level for FBCs
- facilitate and support work of FBCs, e.g., issue ID cards for members
- additional training for midwives on ANC, birth spacing and safe delivery
- health education in the community on important of health center deliveries and deliveries at home by center staff
- simplify indicators on danger signs for pregnant women
- home birth kit program

All of the additional program activities suggested by MoH staff are important and deserve to be considered by RACHA. However, the most important activities suggested concern facilitating and supporting the work of the FBCs. Admittedly, the performance of FBCs is mixed, but their work is critical for linking the community to services at the health center level. Because committee members are volunteers, it is highly unlikely that their activities can be sustained without some form of incentive.

Recommendation: RACHA should develop and test options and/or approaches that could be used to further support and facilitate the work of the FBCs. This may include giving commissions for the sale of contraceptives or other commodities by FBC members.

Strengths of RACHA's Program

At the central level the Director General of Health, and the Director of the NMCHC cited the leadership and management style as the major strength of RACHA. The Director General said, "I am in constant contact with the Program Manager and appreciate the extensive discussions with him on ideas before decisions are made. Most organizations do everything by themselves and don't follow the policy or strategy of the MoH. RACHA follows the policy 100% while other organizations have their own system".

The NMCHC Director commented, "RACHA is a good counterpart. They inform me and co-ordinate regularly on MCH activities. I like RACHA's management style. They don't try to implement by themselves but work through the MoH".

Similar views were expressed from staff at the provincial, operating district and health center levels. The MCH Director, Kampot province said, "RACHA's strength is that it works through the MoH... its activities are carried out by government staff unlike other organizations, who give direct payments for health activities and don't work through MoH staff."

The Assistant Director of the operating district in Siem Reap commented that, RACHA works with the entire system of the MoH to achieve the targets of the MoH, which is different from other organizations. Further, the Director of the Kandek health center in Siem Reap maintained that, "RACHA is different from other NGOs. RACHA trains, supports and works with us. . . . RACHA joins hands with us".

Another strength of RACHA reported by staff at the provincial, district and most often at the health center level is the amount of follow-up conducted on all of RACHA's activities. The Provincial MCH Director in Pursat expressed her belief in the importance of this factor by saying that without follow-up their activities would fail. She cited as an example, the performance based contract on the use and maintenance of a motorbike, that resulted in better work in the OD of Pursat because of the follow-up conducted by RACHA. The Director of the OD in Kampot said that the

strength of RACHA was in the technical support and regular follow-up given to his staff after training.

Most of the MoH staff from the three health centers cited RACHA's ability to provide continual follow-up as a major strength. For example, according to the Director and the MCH Director of the Pourk health center, and the MCH Director of the Prey Ngi center, RACHA provides continual support and follow-up on all of their activities which results in the strengthening of these activities.

Suggestions for RACHA Program Strengthening

The Director General, MoH stated that there are no weaknesses in the RACHA program, and he had no suggestions for improving it. His only comment was that he would like the activities under the public/private partnership funded by the Packard Foundation to begin as soon as possible.

Both the Director, NMCHC at the central level and the Provincial MCH Director, Kampot stated they were satisfied with RACHA's program and had no suggestions for strengthening. The Provincial Health Director, Kampot would like RACHA to pay per diem to health center staff for EPI and health education activities at the village level, and to have a closer relation with the provincial health department. The provincial MCH Director in Siem Reap would like more involvement with RACHA on decision making.

At the operating district level, the Director of Angor Chey in Kampot wants RACHA to bring all problems to him instead of raising them with his staff. The Assistant Director of the Siem Reap operating district would like RACHA to provide stethoscopes and scales for their outreach activities at health centers.

The Director, and MCH Director of the Kandek health center were satisfied with RACHA, and their only suggestion was for RACHA to continue their RCH activities. The Director of the Pourk health center, Siem Reap would like RACHA to provide scales, and instruments and materials for delivery of births. The MCH Director of the center is satisfied with RACHA, but would like a reduction in the number of questions on danger signs for pregnant women, and more health education materials on breast-feeding and iron supplementation. The Director of the Prey Ngi health center, Pursat expressed his satisfaction with RACHA's program, while the MCH Director of the center expressed the same view as the MCH Director of the Pourk health center, that is, to reduce the number of questions on danger signs for pregnant women.

Recommendations: 1) RACHA should explore possibilities, either through its own or other organizations, for the provision of scales and stethoscopes at the health center level. 2) A review of the questions used on the danger signs for pregnant women should be conducted. If it is determined that the questions are indeed too difficult and/or too many, then they should be reduced accordingly.

Assessment of RACHA's Program Units

Unit Advisors were asked to provide information on their units' achievements, the problems/constraints that could affect their ability to meet the IRs, and the strategies (current and/or new) to meet their end of project objectives. This information is summarized for each of the units in the discussion that follows.

Capacity Building Unit

The major achievements of the Unit include the implementation of the Health Information System (HIS), Self-Improvement System (SIS), community-based services, and performance based contracts between health centers and operating districts.

It should be noted that the acceptance and utilization of the HIS system by the MoH is a major achievement in itself. Initially such systems are viewed by governments as threatening, because they provide data upon which program evaluations can be made, and these evaluations can have negative results. The efforts conducted by the staff of the unit to allay these concerns, and to work with MoH personnel to facilitate the use of the data is a significant accomplishment.

Constraints to meeting the IRs include, the lack of skills and experience of MoH staff to work effectively at the village level; the lack of security in some areas that restricts the implementation of Unit activities; and the lack of appropriate communication skills of some RACHA staff to establish good relations and work effectively with communities. The current provision of high quality community-based services is a strategy that will enable the Unit to meet the end of project objectives.

Birth Spacing Unit

The expanded implementation of COPE, counselling training for birth spacing, and increased syphilis screening for pregnant women are the achievements reported for the Unit.

The success of COPE and counselling training is highlighted by the recognition of its value from the MoH and other organizations. COPE training has been requested by the MoH for provinces outside of RACHA's focal areas, and CARE has asked to use COPE and receive training for health staff in Kampong Chhang and Sisophon. Partners for development learned of RACHA's staff skills in counselling, and requested assistance in Kratie where training was conducted for 24 CBS agents in counselling.

Coverage rates for syphilis screening increased in two of the three health centers where screening is conducted. Anecdotal evidence from the midwives at the centers suggests that the screening itself is attracting women to the health center. Apparently, they perceive the testing as an improvement in service quality.

Recommendation: These assertions should be investigated by comparing attendance rates between centers with and without syphilis screening, and through interviews of pregnant women in these centers regarding their perceptions of screening and service quality. If screening does prove to be related to increased attendance, then this would provide the basis for further expansion of screening to other health centers that could contribute to increased utilization of RH services. If however, these assertions are not supported, then the question of whether or not RACHA should continue to support expanded screening must be addressed against the program's staff capacity and financial resources; and the capability of other organizations to conduct this activity.

Problems faced by the Unit include the following: birth spacing is still not a high enough priority of the MoH; staff of the MoH work more in their private practice when they should be providing services in the public sector; and there is a need to improve the planning and co-ordination of activities between the Units in RACHA, because sometimes Unit's attempt to utilize the same health center staff at the same time and this creates confusion and restricts activities.

New or expanded activities that will assist the Unit in meeting its objectives include, activities directed at males as partners in birth spacing; post-abortion care; expansion of IUD and infection prevention activities to the private sector; an emphasis on recognition of side effects and their management in counselling training; the expansion of syphilis testing; and involvement in developing policy on STDs at the central level of MoH.

Studies and Program Development Unit

The achievements of the Unit include, an assessment of the performance based contracts and effectiveness of COPE, evaluation of the introduction of home birth kits, a health facility survey and a study of birth spacing discontinuation.

Constraints to meeting the IRs are the following: there is an insufficient number of qualified staff to complete the required studies of the Unit if community programs expand; the bureaucracy of the NGOs will make it difficult to conduct some of the activities planned, e.g. IUD and ORS promotion, for the private sector; and the current management of projects from the central level is less cost-effective than managing them at the provincial level.

Strategies to meet objectives include the expansion of the distribution of home birth kits, health promotion activities of nuns and wat grannies, and the sale of ORS by village shopkeepers. Efforts should also be made to establish an accredited center of excellence for IUD insertion, to provide training for TBAs on LSS, and to carry out the proposed democracy for health initiative.

IEC Unit

The most important achievements of the Unit are the production of materials for a number of health topics requested from the other Units in RACHA. These include videos and promotional leaflets for VSC; flyers, T-shirts and caps with messages on exclusive breastfeeding; instruction sheets for home birth kits; a wallchart for health center dispensaries on how to order drugs; pictures used for health education on breastfeeding, CDD and tetanus; and a pictorial leaflet explaining how ORS is mixed.

Problems/constraints affecting the Unit's work are: an insufficient number of IEC materials are distributed by the National Center for Health Promotion through provincial health promotion units; severe time constraints for material production occur from an increase in simultaneous demands (for materials) from the other Units; there may be overlap between the IEC materials produced by RACHA and other organizations; there is a lack of local capacity to produce IEC materials; and the monitoring of materials distributed is insufficient.

Strategies to facilitate the production and distribution of materials that will contribute to RACHA's meeting objectives are: a training of trainers for provincial staff to train health center staff on pretesting and distribution of materials; strengthen links with the National IEC working group of the NCHP to reduce duplication of IEC efforts; and request all RACHA Units to provide the IEC Unit with a copy of workplans and future IEC requirements in order to meet the demand for materials on time.

Logistics Unit

The establishment of the national logistics monitoring system is the primary achievement of the Unit. Additional achievements include the curriculum design and preparation of training manuals for pharmacists and store-keepers at the health center level, follow-up surveys on training program impact, facilitative supervision to improve the operation of the logistics system, and the introduction of performance-based contracts to motivate OD pharmacists to achieve their targets.

Two problems were identified that could affect the attainment of the IR on increasing the supply of RCH services. There are a substantial number of fake prescriptions filled at the health center level that involves the collusion of center staff with the presenter of the prescription, and there is a lack of will by the MoH to improve the procurement component of the logistics system so that management of expired drugs could be done more effectively.

Strategies to meet project objectives are refresher training for OD staff on problem solving based on analysis of data, and the computerization of the logistics system from the OD to the health center level.

Safe Motherhood Unit

Among the achievements of the Unit are the basic LSS training for provincial level midwives that has improved service provision in their government jobs and private practice; the renovation of the maternity ward of Pursat referral hospital that has contributed to an increase in the number of deliveries at the hospital; and the ANC clinical training program that upgrades the skills of health center midwives to meet the needs of pregnant women during their outreach activities.

The success of the training conducted by the Unit is illustrated by the recognition of its value from other organizations. The curriculum used in the LSS and ANC training programs (for the first time in Cambodia) has been adapted by JICA and the Training Director of the NMCHC for their national level training programs. In addition, the Director of the Regional Training Center (RTC) in Battambang has integrated the curriculum into the workshops conducted by the center.

The ability of the Unit to reach the IR of increased supply of RCH services is constrained by midwives working more in their private than government practice, a limited availability of MoH staff who are willing to learn and to be team players, and the lack of co-operation of MoH personnel with RACHA staff if they don't receive any remuneration.

In addition to current training activities, two new initiatives will contribute to meeting project objectives: the establishment of a center for training of trainers who would provide training for midwives in the provinces, and a linking of activities between TBAs and midwives in which the number of deliveries by TBAs decreases and the number of deliveries by midwives increases.

Information Systems Unit

The achievements of the Information Systems Unit reflect the extensive supporting role the Unit plays for the other Units in RACHA. These include computer support services and problem solving for staff, management and analysis of data generated for monitoring and assessing RACHA's activities, systems development for both RACHA and EDB logistics monitoring, computer skills training and system maintenance. Limited staff time to perform all of these activities is the major problem faced by the Unit. If the demand for their services continues to increase then the Unit will have to hire additional staff to solve the problem.

Community Activities/Interventions

As seen in Table 3 the majority of the community-based activities/interventions were assessed as having a high potential impact on a specific IR, and a high potential for sustainability and expansion or scaling up. However, the potential for sustainability and expansion of the community-based programs on performance-based contracts was found to be contingent on the provision of motorbikes. The potential for expansion of the credit and water source development programs was contingent upon the availability of funds for starting the programs, i.e., capital for loans and funds for well construction, respectively.

Of particular note is the apparent lack of potential impact of the water source development program on any of the IRs. The question that needs to be answered is, how can the availability of a clean water supply affect the supply of, demand for and access to RCH services? This is essentially

the same concern that was expressed by USAID staff in their assessment of RACHA's program, i.e., is the development of a clean water supply beyond the purview of RACHA, and does it come together with other activities in the end?

The water source development program can contribute to the IR of increasing the demand for health services through the linkage of health promotion and health education activities with the program. These activities could be integrated into the training the well users receive on the care of the well, and general and personal hygiene. This would include the importance of boiling drinking water, the preparation of ORS, the management of diarrhoeal diseases and the health services available in their area.

The importance of a safe water supply for the attainment of the strategic objective (SO) of improved RCH cannot be overemphasized. It directly affects the infant and child mortality indicators of the SO through a reduction in deaths caused by diarrhoeal diseases.

Recommendation: As long as RACHA has the resources to continue to develop safe water supply as a priority determined by the villagers, then it should continue to develop and expand this program.

Table 2. Summary of the Assessment of Community-Based Activities /Interventions and Their Potential for Impact on IRs, and their Potential for Sustainability and Expansion

Activities/Interventions	Potential Impact on Intermediate Results (IRs)			Potential for Sustainability	Potential for Expansion
	Supply	Demand	Access		
1) FBCs as distributors of contraceptives	Hi	-	Hi	Hi	Hi
2) FBCs as links between community and HCs	-	Hi	-	Hi	Hi
3) Health promotion/ education					
a) HC staff training on CDD	-	Hi	-	Hi	Hi
b) Contests on health education	-	Hi	-	Hi	Hi
c) Campaigns on NNT reduction	-	Hi	-	Hi	Hi
d) Nuns/wat grannies as motivators/ communicators	-	Hi	-	Hi	Hi
4) Community-Based Programs					
a) Performance-based contracts	-	-	Hi	^{1/}	^{1/}
b) Credit	-	-	Hi	Hi	^{2/}
c) Water source development	-	-	-	Hi	^{3/}
d) Home birth kits	-	-	Hi	Hi	Hi

^{1/} Contingent upon provision of motorbike

^{2/} Contingent upon initial capital required to initiate program

^{3/} Contingent upon provision of funds for construction of wells

Concluding Observations

The organizational structure of RACHA is dynamic. The Units do not operate as vertical entities unto themselves, but interface and provide support where appropriate. The Studies, IEC, and Information Systems Units provide a service function to the other Units where activities are conducted co-operatively with each other. According to RACHA staff the structure is now more open with a great deal of constructive interaction occurring between the Units. This contributes to the operating effectiveness of the organization, and to facilitating their activities.

The importance of the relations that have been established between the leadership/management of RACHA and colleagues at USAID and the MoH cannot be overemphasized. These relations contribute to timely decisions which allows the program to implement their activities with USAID support, and the total co-operation of MoH staff at all levels. Very often programs literally stagnate or become ineffective as a result of poor relations between the implementing organization and the funding organization, and/or the host country government.

By all accounts RACHA's program is contributing to USAID's current results framework of expanding the supply of, demand for and access to reproductive and child health services in Cambodia. USAID staff report that RACHA's program is meeting all of their expectations. MoH staff from every level of the health system (central, provincial, district, health center) maintain that indicators for all of their reproductive and child health activities supported by RACHA have increased in the past year. The facilitative and open management style of RACHA's leadership, and the effective conduct of capacity building and community-based activities/interventions are cited by both USAID and the MoH as a major factor producing this outcome. The overwhelming support for RACHA's leadership and activities by the MoH provides the ideal base for continued success from USAID support, and expansion of activities in new and innovative ways through a public/private partnership supported by funds from the Packard Foundation.

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Appendix 1

Interview Questions for USAID

1. What are USAID's expectations for the RACHA program, i.e., what do you expect the program to deliver/accomplish?
2. Has RACHA conducted the appropriate activities to realize these expectations?
 - 2.1 If yes, what are they?
 - 2.1.1 Are there any other activities that RACHA could conduct that would further strengthen their ability to meet your expectations?
 - 2.2 If no, what activities should be conducted?
 - 2.2.1 Are there any activities currently being conducted that could be modified to further strengthen the ability to meet your expectations?
3. Is the current organizational structure of RACHA (mention the units) adequate for meeting USAID's expectations of the program?
 - 3.1 If yes, are there any improvements in the structure that could be made to further RACHA's ability to meet your expectations?
 - 3.2 If no, what changes in the structure would you suggest to improve RACHA's ability to meet your expectations?
4. Has RACHA been responsive to USAID's needs by providing adequate and timely information on all of the IRs?
 - 4.1 Yes
 - 4.2 If no, please give examples.
5. Does RACHA respond to USAID's suggestions or requests for more information on the program in a collegial and timely manner?
 - 5.1 Yes
 - 5.2 If no, please give examples
6. Do you have any suggestions for improving how RACHA works with USAID?
7. What would you say are the major strengths of the RACHA program?
8. What would you say are the major weaknesses of the RACHA program?
9. Do you have any other comments or observations regarding the RACHA program?

Appendix 2

List of Key Informants Interviewed from MoH and USAID

Dr. Eng Huot, Director General for Health, MoH
Dr. Koum Kanal, Director, National Maternal and Child Health Center, MoH
Mr. Chroeng Sokhan, Clinical Pharmacist, Dept of Drugs and Food, MoH
Dr. Khek Vantho, Director, Angkor Chey OD
Dr. Sol Savath, Provincial MCH Director, Kampot
Dr. Lim Kang Eang, Provincial Health Director, Kampot
Mr. It Sakhoeun, Assistant Director, Siem Reap OD
Mr. Or Phea, Director, Kandek Health Center
Ms. Pen Mony Roth, MCH Director, Kandek Health Center
Mr. Chong Vanthoeun, Director, Puork Health Center
Ms. Mey Chhouk, MCH Director, Pourk Health Center
Ms. Pala In, Provincial Health Director, Pursat
Mr. Hun Koeun, Director, Prey Ngi Health Center
Ms. Meas Sophy, MCH Director, Prey Ngi Health Center
Dr. Jeff Ashley, Chief, Office of Public Health, USAID, Cambodia
Mr. Ngudup Paljor, Advisor for MCH

Appendix 3 Interview Questions for MoH Staff

1. What are your expectations and needs from the RACHA program, i.e., what do you want RACHA to do for you? (list needs)
2. Has RACHA conducted activities to meet each of these needs?
 - 2.1 If yes, what are they?
 - 2.1.1 Have the activities conducted by RACHA had an impact in your (province, district, health center?)
If yes, please explain
If no, please explain
 - 2.1.2 Are there any other activities that RACHA could conduct to further meet your needs?
If yes, please explain
 - 2.2 If no, what activities should RACHA conduct to meet your needs?
3. How does working with RACHA compare to working with other organizations on health activities?
4. Do you have any suggestions for improving how RACHA works with you?
5. What would you say are the strengths of the RACHA program?
6. What would you say are the weaknesses of the RACHA program?
7. Do you have any other comments or observations regarding the RACHA program?

Appendix 4

Interview Questions for Unit Advisors

1. What are the most important achievements of your Unit since the beginning of the program?
2. Which of the IRs have these achievements affected either directly or indirectly? Please explain.
3. What are the major constraints or problems your Unit faces in meeting the IRs?
4. What are the most important strategies/activities (current and/or new) that your Unit needs to focus on to meet project objectives (IRs)?