

## Evaluation Summary

<b>1. Outline of the Project</b>		
Country: the Kingdom of Cambodia		Project Title: the Project for Improving Maternal and Newborn Care through Midwifery Capacity Development
Issue/Sector: Maternal and Child Health		Cooperation Scheme: Technical Cooperation Project
Division in charge : Deputy Director, Health Team 3, Health Group 2, Human Development Department		Total Cost: JPY390 million (as of August 2014)
Period of Cooperation	(R/D): Mar/01/2011- Feb/28/2015	Partner Country's Implementing Organization: Ministry of Health, NMCHC, Kg. Cham Provincial Health Department, Kg. Cham Provincial Referral Hospital, Kg. Cham Regional Training Center
		Supporting Organization in Japan:
Other Related Projects:		
<u>Grant Aid</u>		
<ul style="list-style-type: none"> <li>- Construction of National Maternal and Child Health Center (1995-1997)</li> <li>- Improvement of Maternal and Child Health Service (1998)</li> <li>- Improvement of the Kampong Cham Referral Hospital (2006-10)</li> <li>- Expansion of National Maternal and Child Health Center (2013- )</li> </ul>		
<u>Technical Cooperation in Maternal and Child Health</u>		
<ul style="list-style-type: none"> <li>- Maternal and Child Health Project Phase I &amp; II (1995-2006)</li> <li>- Improving Maternal and Child Health Services in Rural Areas (2007-10)</li> <li>- Promotion of Medical Equipment Management System Phase I &amp; II (2006- 2015)</li> <li>- Strengthening Human Resources Development System of Co-medicals (2010-2015)</li> </ul>		
<p>1-1. Background of the Project</p> <p>In Cambodia, the number of midwives is less than what is required. This is especially so in rural areas. Furthermore, quality service in delivery care may be questionable as training for midwife is not satisfactory in quality. To tackle these issues, the Ministry of Health (MOH) in Cambodia has set up policy to increase numbers of midwives. MOH gives priority to increase in numbers of midwives in rural areas, and enhancement of the quality of in-service and pre-service training conducted by regional referral hospitals.</p> <p>In an effort to accelerate the implementation of the policy of the MOH, the Japan International Cooperation Agency (JICA) started the “Project for Improving Maternal and Newborn Care through Midwifery Capacity Development” in March 2010. The project is aimed at strengthening midwifery training system so that the quality of midwifery services focused on evidence-based quality care can be ensured. The midwifery training system is to be developed, building on experience in the four provinces in Kampong Cham (Kg. Cham) Region as the model region of the project.</p> <p>Approaching to an end of the Project in February 2015, the Terminal Evaluation Team (the Team) was organized in accordance with JICA evaluation guidelines. The Team aims to review the progress and achievement of the Project as well as to shape clear understanding of the course of the Project for the remaining project period.</p> <p>1-2. Project Overview</p> <p>(1) Overall Goal The utilization of and access to Maternal and Newborn care provided by midwives is increased.</p> <p>(2) Project Purpose The midwifery training system is strengthened for enabling provision of midwifery services with evidence-based quality care.</p>		

<p>(3) Outputs</p> <ol style="list-style-type: none"> <li>1) The capacity of midwifery trainers who are in charge of pre-service and in-service trainings is strengthened in NMCHC and in the model region.</li> <li>2) Training management for Midwifery pre-service and in-service trainings is strengthened in the Kampong Cham (Kg. Cham) Province.</li> <li>3) Training environment for midwifery pre-service and in-service trainings is improved in NMCHC and in the Kg. Cham Province.</li> <li>4) Communication and collaboration for the midwifery capacity development between NMCHC and/or the model region and other regions are strengthened.</li> <li>5) The issues and lessons learned in midwifery capacity development in the model region are identified and reflected in the national strategies/programs.</li> </ol> <p>(4) Input (as of the terminal evaluation)</p> <p><u>Japanese Side:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Long-term expert:</td> <td style="width: 30%;">3 posts, 134MM</td> <td style="width: 30%;">Equipment:</td> <td style="width: 10%;">USD 342,375-</td> </tr> <tr> <td>Short-term expert:</td> <td>19 persons, 44MM</td> <td>Equipment (by experts):</td> <td>USD 22,592-</td> </tr> <tr> <td>Training in Japan:</td> <td>21 persons, 18MM</td> <td>Local expenses:</td> <td>USD 586,336-</td> </tr> <tr> <td>Training in Brazil</td> <td>5 persons, 2.3MM</td> <td></td> <td></td> </tr> </table> <p><u>Cambodian Side:</u></p> <p>Counterparts: - Total of 59 persons (w/w NMCHC: 23, RTC 6, Kg. Cham Provincial Health Department 4, Kg. Cham Provincial Hospital 26)</p> <p>Land and Facilities: - Office space in NMCHC (3rd Fl.) and in Training Building of Kg. Cham Provincial Hospital (PH) (3rd Fl.)</p> <ul style="list-style-type: none"> <li>- Furniture in the offices (desks, chairs, shelves, etc.)</li> <li>- Parking space adjacent to the buildings</li> <li>- Utilities in offices (electricity, water, sewage)</li> <li>- Nine (9) air conditioners, thirty two (32) fans amounting to USD1,500</li> <li>- Maintenance and management fee of the above</li> </ul>				Long-term expert:	3 posts, 134MM	Equipment:	USD 342,375-	Short-term expert:	19 persons, 44MM	Equipment (by experts):	USD 22,592-	Training in Japan:	21 persons, 18MM	Local expenses:	USD 586,336-	Training in Brazil	5 persons, 2.3MM		
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<b>2. Mid-term Review Team</b>																			
Members	Ms.Saeda MAKIMOTO	Leader	Director, Health Division 3, Health Group 2, Human Development Department, JICA																
	Ms. Kyoko SAKURAI	Cooperation & Planning	Program Officer, Health Division 3, Health Group 2, Human Development Department, JICA																
	Dr. Tamotsu NAKASA	Advisor / Maternal and Child Health	Director, Technical Cooperation Center, Bureau of International Medical Cooperation, National Center for Global Health and Medicine																
	Ms. Yoko OGAWA	Evaluation Analysis	Senior Specialist in International Health, Global Link Management, Inc.																
Period of Evaluation	August 27 to September 12, 2014		Study Type: Terminal Evaluation																
<b>3. Summary of Evaluation Results</b>																			
3-1. Achievements																			
(1) Output 1																			
Output 1 is considered sufficiently achieved, as all the Output indicators shows optimal levels of achievements. Core Trainers at NMCHC together with Japanese Experts had created a training curriculum of “Woman and Baby Friendly Childbirth Care based on Evidence” and compiled its teaching material, “Guide to Individualized Midwifery Care for Normal Pregnancy and Birth.” The curriculum and the training materials are then utilized to foster further Core Trainers at NMCHC as well as at the Kg. Cham Region through a coaching program. To date, these Core Trainers trained all the Midwifery trainers, preceptors in NMCHC and in Kg. Cham Region, as well as all the midwifery trainers at the Kg. Cham Regional Training Center (RTC)																			

and one each from 3 other RTCs in the country.

With the increase of the average test results of Pre- and Post-test from 75 to 91/100, one could say that the midwifery trainers' knowledge on evidence-based midwifery care is increased. Furthermore, the training workshops by the Kg. Cham Core Trainer team produced equally stable results in pre-/post-test scores as ones by the NMCHC Trainer team, indicating the invariable quality of teaching by the Kg. Cham Core Trainers.

#### (2) Output 2

Output 2 is moderately achieved, as a good foundation has been built for “strengthening the management of pre-service and in-service training.” The establishment of TU at Kg. Cham Hospital in April 2013 itself was a breakthrough, and the Kg. Cham PH became the first PH recognized by the MOH as a training institution that could serve region-wide. The guidelines in establishing TU has been approved by the Kg. Cham Provincial Health Department (PHD), TU members have been nominated, and TU now has a Training Building with a dormitory, thanks to the Grant Assistance for Grass-roots Human Security Projects.

As for TU's capacity in managing the midwifery in-service training, it has so far provided a full administrative support to three (3) in-service training, including the JICA-supported “Woman and Baby Friendly Childbirth Care Based on Evidence” and one-month BEmONC training; becoming the first provincial-level institution in the country to host a long-term midwifery in-service training. With regards to the midwifery pre-service training, TU has yet to make any substantial contribution. It has not yet formulated an annual plan of training, a step required to secure the budget for its activities. TU could at the same time benefit further from stronger leadership and institutional support.

This limited level of achievement is mostly explained by the strategic shift towards the establishment and strengthening of TU at Kg. Cham Provincial Hospital, which only occurred in December 2013.

#### (3) Output 3

The level of achievement of Output 3 is moderate. The Project conducted mainly three sets of activities in order to improve environment where evidence-based midwifery care were to be taught in pre-service and in-service training. They were 1) distribution of delivery kits and other equipment for training to training sites in the model region, 2) facility improvement at the demonstration site (NMCHC) and, 3) provision of training to all the co-workers of midwifery trainers in the model region.

For the first aspect, one-hundred and fifty (150) delivery kits and Sphygmomanometer/ Stethoscope for evidence-based midwifery care was procured and distributed to fifty-three (53) facilities in the model region at the beginning of the Project. Of these 53 facilities, some are not direct providers of midwifery training. Of 22 facilities where midwifery training is offered, some are not included in the initial 53 facilities. Equipment related to training, mainly LCD projectors, computers and printers, are also provided each fiscal year for NMCHC, Kg. Cham Mother and Child Health (MCH) unit at PHD and all the PHs, RHs, MCH Unit at Operational Districts in the model region. The level of utilization of the above equipment could not be confirmed in a comprehensive manner during this study.

For the second, partitions and curtains at the labor room and in the Maternity Ward for privacy were installed at NMCHC, for improved privacy. In addition, the Neonatal Care Unit was renovated in 2012, which resulted in effective control and prevention of nosocomial infections.

The third sets of activities seem to have been essential in creating woman and family friendly environment: the concept/contents of the training reportedly touched and promoted attitudinal changes of service providers.

#### (4) Output 4

The Output 4 is moderately achieved. Project has made presentations on the project activities in various occasions, part of which has yielded substantive actions to expand training

opportunities for non-project partners.

The Project took a strategy to communicate its concept/contents in a form of presentations through five (5) channels: 1) periodical events on MCH, 2) academic forums/publications, 3) a professional association of midwives, 4) a potential promoter/collaborator, and 5) three (3) Regional Training Centers from non-model areas (RTC: Battambang, Kampot, Stung Treng). Out of these channels, the third and the fourth channels yielded an invitation to NMCHC to provide: 1) One-day workshop for the Battambang Chapter of the Cambodia Midwives Association (CMA) (membership of about 300); and, 2) Two-day training of maternity staff at the Phnom Penh Municipal Hospital, the Technical School for Medical Care (TMSC), the Khumer-Soviet Friendship Hospital (some planned in October 2014) funded by the Australian Volunteer International.

These positive reactions and acceptances of Project's approach are in themselves the achievement. Nevertheless, the nature of the diffusion remains *ad-hoc*. More strategic approach in engaging with other regions could have been beneficial.

(5) Output 5

The Project is highly likely to achieve this Output by the end of the Project, as the two major ideas that the Project intended to introduce in the midwifery training system in Cambodia were incorporated into either the national guidelines or the national curricula for in-service training. One is the concept and contents represented in "Guide to Individualized Midwifery Care for Normal Pregnancy and Birth," which has been introduced from the core trainers to midwifery trainers in four Provinces during the Project. The other is a model or mechanism to spread such concept/contents to regional and provincial levels in order to strengthen the midwifery training capacity at sub-national levels. For the former, the Project Counterparts and Experts at NMCHC are currently working on integrating these ideas and elements into training curricula/materials. For the latter, the establishment of TU at the Provincial Hospitals has already been incorporated into the National Guidelines on Complementary Package of Activities for Referral Hospital (a.k.a. the CPA Guidelines), which is currently in printing.

(6) Project Purpose

**Achievements of Project Purpose (As of August 2014)**

Objectively Verifiable Indicators (OVIs)	Achievements										
1. Practice of evidence-based midwifery care which is useful and should be encouraged is increased**.	Number of "useful" practices increased										
	NMCHC	Kg. Cham PH									
	8/8*	8/8*									
2. Practice of evidence-based midwifery care which is harmful and ineffective is decreased**.	Number of "harmful" practices decreased										
	NMCHC	Kg. Cham PH									
	8/12***	9/12***									
3. Proportion of women who felt themselves treated client-centered care is increased.	<table border="1"> <thead> <tr> <th>Location</th> <th>2010</th> <th>2014</th> </tr> </thead> <tbody> <tr> <td>NMCHC (n=48)</td> <td>53%</td> <td>100%</td> </tr> <tr> <td>Kg. Cham PH (n=30)</td> <td>53%</td> <td>87%</td> </tr> </tbody> </table>		Location	2010	2014	NMCHC (n=48)	53%	100%	Kg. Cham PH (n=30)	53%	87%
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NMCHC (n=48)	53%	100%									
Kg. Cham PH (n=30)	53%	87%									
4. Students' knowledge on evidence-based MW care is increased.	# of questions that had right responses of >70%	n=57 (2014) 9/12									
5. Number of Midwifery training conducted in Kg. Cham	Kg. Cham PH conducted 35 training on midwifery care; w/w three (3) was fully supported by TU.										

\* Out of 9 practices, end-line data on one indicator is missing.

\*\* Evidence-based quality care implies current best practices that are recommended by "WHO Care in Normal Birth," WHO Reproductive Health Library, or other relevant references. The words of useful and harmful and ineffective are referred to the documents as above.

\*\*\* Out of 15 practices, end-line data on one indicator is missing and two were irrelevant.

From the improvements seen in the indicators, it is clear that much improvement has been made in strengthening the capacity of midwifery training system, except the part in strengthening TU at the Kg. Cham PH. Parts of these improvements are however confirmed especially at NMCHC and at the Kg. Cham PH, but not in the entire model region of the Project due to the lack of data.

From the OVI 1 ~ 3, one could say that the ability to demonstrate exemplary “midwifery services with evidence-based quality care” at NMCHC and at Kg. Cham PH have improved; with the increase in all the “useful practices” and decrease in all the “harmful practices” and in positive feedback of the women who received care. Frequency of fetal heart beat monitoring has also increased and midwives are also reported to stay longer with clients during childbirth, indicating that more proper assessment of clients is performed by the midwives.

As for the OVI 4 regarding student’s knowledge, more than 70% of students answered correctly for nine (9) out of twelve (12) questions asked. One could say that these evidence-based practices have been communicated and understood well by pre-service students.

From OVI 5, the capacity of provincial-level institution to conduct midwifery training has been strengthened with thirty-five (35) midwifery training, nineteen (19) out of which after the establishment of TU. However, ones with substantive support by TU are so far limited to three (3).

#### (7) Overall Goal

Cambodia has made a spectacular performance in improving the access to maternal services in the past decade. The Project has commenced its activities on March 2010 in the midst of an expansive trend in access to and usage of delivery services. As such, the National Health Statistics between 2008 and 2013 shows the percentage of deliveries attended by trained health personnel have increased from 53% in 2008 to 84% in 2013, and of deliveries performed at health facilities from 35% in 2008 to 80% in 2013. Project’s Overall Goal is therefore considered as already achieved at this point in 2013.

The logic model behind the PDM is that if the quality of care and services is improved, that would contribute to the retention and/or increase in utilization of maternal services. The scope and the type of intervention under the Project have nevertheless been limited to have an impact at national level.

This expansion in access could rather be explained by many changes brought to the Cambodia maternal and child health sector over the past decade. Among them, major contributing factors include 1) promotion of facility-based deliveries through midwife incentives, 2) allocation of more midwives to health facilities, 3) improved physical access to health facilities, both in number of functional health facilities and in availability of transportation, 4) improvement in capacity to provide EmONC services at public hospitals, and 5) mass media campaign promoting safe deliveries.

### 3-2. Summary of Evaluation Results

#### (1) Relevance

Overall, the relevance of the Project is considered to be high. The Overall Goal and the Project Purpose remained as a priority agenda in the Health Strategic Plan 2008 -2015 and also coherent with the cooperation policy of the Japanese Government. With regards to the needs of the target group, strengthening the training system at provincial level was the priority at the time the Project has commenced, and the revised CPA Guidelines reiterated the importance of establishing TU at Provincial Hospital.

As for the Project’s focus on quality of midwifery care in normal delivery and promotion of the patient value, it matches the needs of the beneficiaries as well as the midwifery trainers. Through efforts to diffuse the “Guide to Individualized Midwifery Care for Normal Pregnancy

and Birth,” this Project stimulated the latent needs of the service providers and satisfies the needs of the beneficiaries, as suggested by the positive response by both the service providers and clients. Its positive reception is evident from NMCHC’s decision to incorporate its concept/contents into the standard 4-week midwifery in-service training as well as in the curriculum of BEmONC.

(2) Effectiveness

Overall, effectiveness is considered to be high, with successful promotion of “evidence-based quality midwifery care,” and good level of achievements in “strengthening training system” especially at regional and provincial levels.

In the former, the Project has been very effective in bringing about a positive attitudinal and behavior changes among midwifery trainers. In the latter, the Project has established a good foundation at the provincial level to start playing substantial roles in in-service training.

The degree to which each Outputs has contributed to this achievement varies, with strong contribution of Output 1, Output 3 and Output 5. Output 1 and 3 enhanced one another to ensure improved quality care is in place at where midwifery trainers work. Output 2 suffered by the influence caused by important assumptions: change in direction of the in-service training system. As a result, the strategy of the Output 2 had to be shifted to the establishment and development of TU, which requires further development. For Output 4, extent to which these contributed to the Project Purpose was not as direct as other Outputs.

(3) Efficiency

Efficiency of the Project is considered to be moderate, as the Project required shifting its strategies and diverting resources to additional/alternative sets of activities due to an influence by external factors. Project has however adjusted its strategies and activities fairly well to ensure attainment of Outputs.

(4) Impact

Impact of the Project is expected to be moderate, with its limited contribution to the Overall Goal and with continued benefits to the model areas to be expected. However, it is uncertain if the similar effects could be effectuated to much larger beneficiaries across the country in the near future.

Some of expected diffusive effects include: 1) establishment of Tus in other provincial hospitals following the example of the Kg. Cham PH, 2) contribution/benefits to expanded/improved training in areas other than mother and newborn care by TU at Kg. Cham PH, 3) benefits to the students and trainees as well as to mothers and babies each year by the skilled midwifery trainers and preceptors in 22 health facilities in Kg. Cham Region and NMCHC, 4) benefits to midwifery and OB/GY students in public and private medical schools by the Core Trainers in NMCHC and in Kg. Cham PH and, 5) benefits to members of CMA nation-wide (about 3,000 members).

(5) Sustainability

The sustainability of the Project is not ensured, as some of the essential factors, namely the financial and organizational aspects that require provincial-level institutions to sustain the training activities are found to be weak. However, in terms of policy support, institutional arrangement and technical capacity, the Project had achieved sufficient level for continue providing midwifery training at the Provincial level.

[Policy aspect] Maternal and child health will continue to be a high priority in Cambodia’s health sector. Additionally, with the number of midwives becoming sufficient, the quality of care and skills development will become even more important focus in the future program.

[Institutional aspect] There are several factors that support institutional sustainability, namely, 1) incorporation of parts of Project-developed teaching material in updated curricula of BEmONC as well as standard 4-week in-service training of midwives, 2) the CPA Guidelines which stipulates the establishment of TU in PHs and, 3) stability of human resources remaining

in their position. Conversely, retirement of Counterparts in higher positions could interrupt the supportive relationship which this Project has enjoyed and discontinuation of certain activities. At the same time, TU members still requires concrete skills to strengthen the institutional capacity in order to function in independent manner.

[Financial aspect] The BEmONC and four-week in-service midwifery training, when finalized, are expected to be incorporated into the national Annual Operation Plan and continued to be implemented in a course of national program financed by the HSSP funding. However, other than these courses, financial sustainability is uncertain at this moment. At the Kg. Cham PH, facility user fee of the new Training Building would help the function of TU, although concrete arrangements are yet to be made.

[Technical aspect] Thanks to intensive coaching program, Core Trainers have not only established sufficient knowledge and skills to carry on “woman and baby friendly care” founded especially on spirit of “Patient Value”, but also willingness to continue training others. As for updating research evidences on their own for continuous revision of the teaching materials at NMCHC, it would be difficult continue these efforts after the Project experts completed their assignment.

### 3-3. Factors that promoted the attainment of the Project

#### (1) Concerning the project design

- NMCHC is an organization responsible for development and revising national documents such as guidelines and curricula. Having NMCHC as a partner made it easier for the Project to suggest revision of existing national documents based on experiences and lessons learned through the Project.

#### (2) Concerning the implementation process of the Project

- Project attempted communicating a “good midwifery care” where “midwives use their clinical knowledge and skill to provide care and respect patient’s value” through workshops employing animated teaching methodologies. This approach and its contents seemed to have promoted attitudinal and behavior change among service providers and have motivated midwifery trainers to further communicate to others.

### 3-4. Factors that impeded the attainment of the Project

#### (1) Concerning the project design

- The narrative of the Project Purpose was not necessarily clear and rather new to Counterparts, which necessitated the Project to invest in time and resources (such as Counterpart training in Japan and in Brazil) to bring out mutual understanding of the core stakeholders.
- Uncertainty in securing budget from JICA caused some delay in launching activities at the provincial level.

#### (2) Concerning the implementation process of the Project

- Uncertainty in securing budget from JICA at the beginning caused some delay in launching activities at the provincial level.
- Some of the contents in the “Guide to Individualized Midwifery Care based on Evidence,” were not completely in line with the protocol, or what is taught in the school.
- There are several difficulties in realizing “good midwifery care” that exist in the health system, such as 1) an incentive scheme for 24-hour shift for midwives that could discourage supportive attitude for birthing woman, 2) the lack of adequate space to enable active birth, attendance of family members and sufficient privacy and 3) hospital workers having multiple duties imposed on them.

### 3-5. Conclusions

Despite several changes in components of the Project, the Project has attained good results in promoting quality midwifery care and in strengthening training capacity at the provincial level. The most significant output of this intervention appears to be an attitudinal and behavior changes among those who are “touched” by this approach. The actual improvement in quality of services at NMCHC and Kg. Cham PH is confirmed through the increase in the number of women who feel themselves received client centered care. As a result, the concept of woman

and baby friendly care is planned to be incorporated into 4 week in-service training and 4 week BEmOC training. After completion of the Project, this value is expected to be inherited by the in-service training and BEmONC courses and continues to be communicated to the midwives in the country through these national standardized courses. With the geographic expansion and continuation of national standardized training courses, more midwives are expected to be trained on the concept in NMCHC, Kg. Cham and other regions.

One of the significant achievements of the Project in strengthening the training system was, apart from development of the Core Trainers at the provincial level, the establishment of the first TU at the provincial hospital in Cambodia. The construction of the Training Building within the Kg. Cham PH was made possible with the fund from the Grant Assistance for Grass-roots Human Security Project. Since TU's establishment, nineteen (19) midwifery training including the long-term BEmONC training have been conducted at this facility. This is an initial step for TU, which has just started its activities in December 2013. TU requires further strengthening under the leadership of the top management of the PHD and the PH in order to expand the training capacity at the Provincial level.

After the Project's intervention at Kg. Cham PH, burden of delivery cases on the hospital has increased. While this could provide good opportunities for the midwifery students and ins-service trainees, the principles and skills presented in the "Guide to Individualized Midwifery Care for Normal Pregnancy and Birth" could be better applied at the health center level. It is hoped that in the future, the contents of the Guide will contribute to improvement of the quality of midwifery care at HC.

### 3-6. Recommendations

Activities to be completed by the end of the Project:

#### 【Output 1】

- 1) Project to complete the End-line Survey report
- 2) Core Trainers and TU of Kg. Cham PH to prepare refresher training plan for the midwifery trainers including the funding source(s)

#### 【Output 2】

- 3) Kg. Cham PHD to identify the additional support for TU based on the review meeting and lessons learned through one-month BEmONC training.
- 4) PHD and TU of Kg. Cham PH to formulate the annual training plan including midwifery training, as well as an action plan to strengthen TU including the funding source(s).
- 5) NMCHC, in consultation with other MOH Departments, to organize meetings to discuss and identify implementation structure in conducting regional training on MCH by Kg. Cham PH.

#### 【Output 3】

- 6) Project to monitor the usage of the materials and equipment provided at an earlier stage of the Project to the midwifery training facilities.

#### 【Output 4】

- 7) PHD to share the experiences of TU of the Kg. Cham PH with all the provincial hospitals in Cambodia (Appendix to the the CPA Guidelines "Guide for Training Unit"). TU to finalize a process document on establishing a training unit for sharing.

#### 【Output 5】

- 8) NMCHC to finalize the curriculum for "Training for Improving Midwifery Skill on ANC, Delivery and PNC" (4-week in-service training for midwives)
- 9) Project to assist the revision of the teaching material for the one-month BEmONC training.

Medium to Long-term recommendations:

- 1) NMCHC to utilize Core Trainers of woman and baby friendly childbirth care based on evidence, where applicable, for four-week in-service midwifery training and one-month BEmONC training planned to be held in NMCHC and in Kg. Cham PH.
- 2) In order to put TU on a stable path, Kg. Cham PHD and PH to take managerial measures to, 1) clearly delineate roles and responsibilities of each staff, 2) consider utilization of user fee



from the Training Building for proper function of TU, 3) consider increasing number of full-time staff, and also 4) conduct close monitoring of the operation.

- 3) Kg. Cham PH to conduct staff training based on the needs of its staff
- 4) NMCHC to continue technical support in training management at the occasion of MCH-related training for Kg. Cham PH.
- 5) The concept of woman and baby friendly childbirth care based on evidence is a core and important viewpoint of midwifery. Since the RTCs and the surrounding provincial hospitals are key institutions of midwifery education, it is recommended for NMCHC to conduct the midwifery trainer's training for RTCs and PHs in other three regions.
- 6) HRDD and NMCHC to take account of including the basic concept of midwifery care into the scope of midwifery, core competency of midwives and pre-service training curriculum at the occasion of the next revision.

### 3-7. Lessons Learnt

- When introducing a new idea, it is necessary to carefully assess the feasibility of its application, based on careful situation analyses and review of existing intuitional and regulatory settings, and with sufficient discussion and understanding among Counterpart organizations and relevant development partners.