Belgische Technische Coöperatie nv
Coopération Technique Belge sa

FOLLOW-UP EVALUATION REPORT
PROJECT YEAR REPORT 2006

Provision of Basic Health Services in the Provinces of Siem Reap and Otdar Meanchey

Project Kam/02/007/11

BASIC INFORMATION ON THE PROJECT.

Country	: Cambodia
DAC Sector and subsector	: Health

National or regional institution in charge of the execution: Provincial Health Department of Siem Reap Province and Otdar Meanchey Province

Agencies in charge of the execution	: PMU office, co-management within the Provincial Health Departments

Number of BTC international cooperation experts : one and a half units (three persons but shared 50% with other PBHS project

Duration of the project (according to SA/SC)		: 48 months
Start date of the project:		
	according to SA/SC	: January 2004 (indicative)
	effective	: June 2004
End date of the project :		
	according to SA/SC	: December 2007
	estimate	: May 2008
Project management methods		: Co-management and Regie for internat. consultants
Project total budget		: 13.8 Million Euro (Total) 4.58 Million Euro (Belgian Contribution) 8.70 Million Euro (Cambodian Contribution)
Report covering the period		: 2006

Annexes	Yes	No
1. Results summary	X	
2. Planned activities for the year considered	X	
3. Planned activities year + 1	X	
4. Situation of receipts and expenses for the year considered	X	
5. Budgetary estimates year + 1	X	
6. Disbursement rate of the project	X	
7. Personnel of the project	X	
8. Subcontracting activities and invitations to tender	X	
9. Equipments	X	
10.Backers		X
11.List of routine project indicators	X	

PART ONE: APPRAISAL

Evaluate the relevance and the performance of the project by means of the following assessments:

***1**. - Very satisfactory* ***2**. - Satisfactory* ***3**. - Non satisfactory, in spite of some positive elements* ***4**. - Non satisfactory* ***X**. - Unfounded*

Write down your answer in the column corresponding to your function during the execution of the project.

	National execution official	**BTC execution official**
RELEVANCE[1] (cf. PRIMA, §70, p.19)		
1. Is the project relevant compared to the national development priorities?	1	1
2. Is the project relevant compared to the Belgian development policy?	2	2
3. Are the objectives of the project yet relevant?	1	1
4. Does the project meet the needs of the target groups?	1	2
5. Does the project rely on the appropriate local execution organs according to the objectives?	2	2

[1] According to the PRIMA, §70, p.19, it is a matter of «appreciating if the choices relative to the objectives, the target groups and the local execution organs remain relevant and consistent according to the general principles of a useful and efficient aid, and according to the execution of the local, regional, international and Belgian development policies and strategies».

	National execution official	BTC execution official
PERFORMANCE[2] (PRIMA, §71, pp.19-20)		
1. Did the project results contribute to the carrying out of its objectives[3] ? (efficiency)	1	2
2. Assess the quality of the intermediate results. (efficiency)	2	2
3. Are the management methods of the project appropriate? (efficiency)	2	2
4. Are the following resources appropriate (efficiency) :		
a. Financial means?	1	1
b. Human resources ?	3	3
c. Material and equipment?	3	2
5. Are the project resources effectively used and optimized in order to reach the foreseen results? (efficiency)	1	1
6. Is the project satisfactory on a cost-efficiency approach in comparison to similar interventions? (efficiency)	2	2
7. According to the execution planning, assess the speed of the execution. (respect of deadlines)	2	2

[2] According to PRIMA, §71, pp. 19-20, it is a matter of « appreciate and measure the foreseen performances agreed during the preparation traineeships according to the 4 criteria and the indicators established during the formulation ». (The 4 criteria are efficiency, suitability, respect of deadlines and quality of the personnel).
[3] See annex 1 for further information

Indicate your global evaluation concerning the project by means of the following appreciations:

***1**. - Very satisfactory* ***2**. - Satisfactory* ***3**. - Non satisfactory, in spite of some positive elements* ***4**. - Non satisfactory* ***X**. - Unfounded*

	National execution official	BTC execution official
Global evaluation of the project	2	2

Comment your evaluation, which can be broader than the strict framework of the abovementioned relevance and performance criteria and differ form the given evaluation.
(1 page max)

The main relevance of the project lays in: 1) improving/strengthening of the public health services, 2) in facilitating the access for the poor population to these services and 3) resulting in an increased utilization of the public health services.

Performance Related Contracting and Health Equity Funds are the two main components of the project. They are both health financing strategies. Both are aiming at increasing the health of the population through improving the quality and utilization of services of the public health institutions and thereby targeting mainly the poorer part of the population. At the inception of the project the utilization of these services was extremely low, mainly as a result of the low quality of the Hospital and Health Center services. The main reasons for the low quality of services were the extremely low salaries and the absence of a human resource management system which resulted in low motivation and poor performance of the public health personnel.
The performance related incentives are having a big impact on staff motivation and their behavior and thus on quality of services as perceived by the public. Together with Health Equity Funds which facilitate the access for the poor both strategies have resulted in huge increases in the utilization of the Hospital and Health Centers and both for curative and preventive services. This on its turn increases the revenue of these institutions and as such the income of the staff.

The project assists the two provincial health departments (PHD) of Siem Reap and Otdar Meanchey to develop and implement the selected strategies. These strategies are MOH strategies and they were defined in the Health Strategic Plan 2003-2007. Some of these strategies as Performance Related Contracting and Health Equity Funds are rather new to the MOH (they are being scaled up) and did not exist at provincial level before. Therefore the PHDs had neither the capacity nor the budget available to develop these activities. The project is working from within the public health system and within its hierarchy. Initially the project PMUs have taken the initiative in the development of these strategies even when many aspects are being implemented by the PHD teams. At present the project is in a phase of handing over the lead to the PHD offices, this goes paired with training and institutional capacity building.

The project also contributes to national health policy development through regular participation of its experts in different national health policy working groups where field experience is shared with central level persons.

The project started in 2004. 2005 was a deployment year. 2006 was the first harvest year: 5 Hospital HEF were established and functioning; and all health centers and hospitals were having performance based contracts. The available data show the satisfactory results of the project: increased number of poor utilizing the hospitals; considerably increased utilization and coverage rates (IPD, OPD, fully vaccinated children, ANC2, deliveries by trained health staff, etc.); and improved staff performance scores.

	Siem Reap			*Incr. %*	OMC			*Incr. %*
5 main Indicators of HC performance	**2004**	**2005**	**2006**	*2004/2006*	**2004**	**2005**	**2006**	*2004/2006*
# New consultation at HC/inhab./year	*0.46*	0.53	0.69	*50%*	0.31	0.43	0.6	*94%*
% of deliveries by trained health staff	*31*	35	45	*45%*	14	19	30	*114%*
% of pregnant women who receive at least 2 ANC	*48*	57	61	*27%*	47	60	82	*74%*
% of fully immunized by children	*79*	81	86	*9%*	93	88	90	*-3%*
% of children <1year who receive measles	*84*	83	89	*6%*	90	89	96	*7%*

This table shows significant increases in utilization from 2004 to 2006 for consultations, delivery and antenatal care services, especially in OMC province. Attained coverage in immunization of children was already high and is now very good.
For reference, the nationwide figures for 2005 are:
"New consultation at HC/inhab/year" = 0.45
"%Delivery by trained health staff" = 29.6%
"% of children < 1 received measles" = 77%

Millennium Development Goals
The results of the project contribute to the achievement of the MDG, in following ways:

Goal 1. Poverty reduction	Through the Health Equity Funds, one of the two main components of the project facilitates the access of the poor and the poorest to the hospitals and health centers. It also lessens and contains catastrophic health expenditure.
Goal 4. Reduce Child mortality	Hospital nurses and doctors have received quality training in pediatric emergency. The HC performance contracts reward financially good vaccination results ensuing in high fully immunized coverage rates.
Goal 5. Improve maternal Health	The project has supported the training of health center midwives. Through its contracting approach it encourages strongly the deliveries at HC which have consequently increased tremendously.
Goal 6. Combat HIV/AIDS, malaria and other diseases	In collaboration with MSF the project intervenes in the hospital care for HIV/AIDS patients. The project also initiated the development and still supports a hospital based peer support group. In collaboration with the national program the project support several networks of Village Malaria Workers. The HEF supports the social care for the hospitalized Tuberculosis patients.
Goal 7. Environmental sustainability	Project promotes renewable energy (solar equipments for HCs)

National execution official		BTC execution official
Dr Dy Bun Chhem **Project Director** **Provincial Health Director** **Siem Reap Province**	**Dr Ouk Kim Soun** **Project Director** **Provincial Health Director** **Otdar Meanchey Province**	**Dr Dirk Horemans** **Project Co-Director**

PART TWO: ACTIVITIES SUMMARY .

1. Based on the project Intermediate Results (IR), list the main project activities and realizations in comparison to its objectives and to the activities plan for the year considered (+ comments).

We wish to mention here that the project has prepared a comprehensive and analytical annual report 2006 for the Steering Committee meeting which was held on 2nd March 2007. This report will be emailed to you on request dirk.horemans@btcctb.org .

IR 1 Support to Consumer Rights Organizations (Budget A_01)

The Health Equity Funds (HEF) finances the direct and indirect health service cost for the poor but also represent the patients towards the hospitals and health centers.

- The project contracted the NGO CHHRA for the operation of the different HEFs. CHHRA was selected through a public tender process.
- One new HEF was established for the hospital of Kralanh. During 2006 the HEFs were covering 5 Health Center, 1 Health Center with beds and 4 hospitals.
- In 2006 the project HEF supported 6,374 hospitalized patients and more than 22,000 outpatient consultations in hospitals and the 6 Health Centers.

- Beside the support to eligible poor patients, the HEF also provides assistance in favor of targeted services of special public health concern:
  - The HEF provides support to TB patients in Siem Reap RH.
  - The HEF covers for "free-of-charge delivery" at Siem Reap RH.
- In collaboration with the MOH, the WHO and the PBHS-KC the project organized the first National Forum on Health Equity Funds. It allowed to share experiences and to generate the required political interest for the HEF issues. The Forum was attended by more than 200 person including internationals.

HEF Inpatient Beneficiaries at Referral Hospitals (Kralanh: only 9months)**:**

Yearly HEF 2006	Siem Reap RH	Kralanh RH	Sotnikum RH	Samrong RH	AnlongVeng HCwBeds	**Total**
Total IPDs	**6,815**	**1,787**	**2,694**	**2,404**	**2,516**	**16,216**
HEF-paid patients	1,819	378	1,085	1,356	1,736	**6,374**
Self-paying patients	4,996	1,409	1,609	1,048	780	**9,842**
% of HEF supports	27%	21%	40%	56%	69%	**39%**

Based on the levels of poverty assessed by the 2004 Inter-Censual survey the differential utilization rates for IPD services are estimated as follows:

2006	Poor	Non-Poor	Total
IPD /1000 cap./year in Siem Reap province	9	24	16
IPD /1000 cap./year in Odtar Meanchey province	53	25	33

IR 2 Behavioral Changes/Communication (Budget A_02)

Quarterly Health Newsletter: The objective is to share key health-related information with a target audience consisting of health staff, local authorities, health organizations, and community representatives. The Health Newsletter team established, trained and equipped in 2005 operated smoothly all along 2006 year and could meet the target of regular quarterly edition of 20 pages issues.

Road safety campaign: Road traffic accidents in Cambodia generate high costs in health care fees, human lives and disability. The project joined effort with the government and NGO's like Handicap International to improve the safety on the roads and the behavior of road users.

- The project supports the RTAVIS (Road Traffic Accident Victimized Information System) which collects hospital and HC data on RTA victims.
- Helmet Distribution. In order to promote helmet utilization, the project purchased 2,100 helmets to be distributed for free to all health staff, awarded to identified students and other target groups. This was the occasion for a highly publicized event.
- Continued mobilization. Stickers and Helmet Utilization Promotion Posters.

Marketing of public health services: The project supported the marketing of Siem Reap provincial hospital through Media advertisements, through promotion banners, etc.

Emergency preparedness activities (AI): In collaboration with the provincial Communicable Disease Control Unit, several training sessions about the basic knowledge, preventive measures, and surveillance systems of Avian Influenza, were organized for all OD health centre leaders.

Special Events: Special national or provincial events of the PHDs such as World AIDS Day, Water Festival, Candle Light, World Free Tobacco Day...etc were supported by the project.

EPI "Fixed Site Strategy" (1 health center): "Fixed site strategy" is a pilot approach to EPI of the MoH. This aims at mobilizing the families to come to the HC. The support continued in 2006.

School Health Education: This joint activity with BETT and PBHS-KC selected World Education Inc.'s to develop and implement this health education program in 138 primary and lower secondary schools in Siem Reap, Otdar Meanchey and Kampong Cham provinces. The program will be developed and implemented in the 138 schools in the 2007-08 school year.

IR 3 Strengthening Health Services Delivery through contracting (Budget A_03)

In 2006 7 HCs and one health post were included in the performance contracting scheme.

As a result all 4 Referral hospitals, 65 of the 70 HC, 4 Operational District Offices and 2 Provincial Health Departments benefited from the performance incentive schemes.

The PHD/PMU monitoring teams implemented all planned monthly and quarterly monitoring visits which are the calculation basis for the monthly performance incentives.

Two major changes to the performance contracts were introduced in the 2006 contracts: (1) suppression of the "ceiling" on bonus per facility for health centers and referral hospitals and (2) introduction of "bonus cuts" for breaches of contract by critical incidents.

From 2004 to 2006 the staff income increased in a range of 210% to 450% and reaches now almost minimal living wage level. Depending from institution, qualification and position it ranges between 62$ and 160$.

An important aspect of the contracting approach is the enforcement of a comprehensive financing system which accounts for all mobilised resources in transparency and rationality. The management tools for this system were further developed.

Results at HC: This table shows significant increases in utilization from 2004 to 2006 for consultations, delivery and antenatal care services, especially in OMC province. Attained coverage in immunization of children was already high and is now very good.

	Siem Reap			*Incr. %*	OMC			*Incr. %*
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"% of children < 1 received measles" = 77%

Results at Hospital level: Apart from Sotnikum Hospital all hospital have benefitted from a substantial increase in utilization. For most of them this was limited to the number of inpatients. For Siem Reap Provincial Hospital there was also a remarked increase in the number of operations and with a shift to more complicated operation.

The Operational District Office showed a lot of improvements which indicate a higher accountability responsibility amongst the ODO teams.

The Provincial Health Department Office improved planning, supervisions and reporting activities but little can be concluded for their overall performance.

IR 4 Quality Improvement Initiatives (Budget A_04)

A **quality assessment by MoH/URC** was conducted in Siem Reap and Samrong Provincial Hospitals respectively in December 2005 and February 2006. The findings formed the basis for the quality improvement plans. The assessment will be repeated yearly to follow up on progress.

In addition, for Siem Reap Hospital, an overall development plan with also an architectural **Masterplan** was requested from a consultant team (Cambodian-Belgian Consultancy Fund) to answer the need for the upgrading/modernization of the hospital.

The efficiency of the hospital management was enhanced by improving the managerial mechanisms and by enhancing the reliability of the data generated by the hospitals. The functioning of the Management Committee was improved by setting clearer and more adequate practices. The computerization of data was established at Siem Reap hospital

The project supported the MoH team to assess drug management and use at the 2 hospitals with recommendations.

The project supports both provincial hospitals for complementary purchase of drugs.

The Project also supported PHD to update the inventory of drugs, equipment and materials for 56 HCs.

In collaboration with the French Cooperation a urology department was developed at SR hospital. Equipment was provided by FC and Storz Ltd., the project supported the recruitment of a competent Cambodian Urologist.

Waste management and hygiene: the project covers the cost of cleaners and removal of rubbish. A concern remains on the management of biological waste.

A monthly "Surgical Department Meeting" takes place to address the current issues.

Work was done with the hospital teams to improve the quality of records and information in the "Patient Files".

The situation in the SR hospital compound improved: parking rules, security, patient orientation.

With regards to Quality standard and seal the project did not find yet the angle to develop this in a consistent manner.

Infrastructural works in Siem Reap RH (newly introduced by the Steering Committee) entered a preparation phase with the addition of an architect TA to the team to implement the initial phase of the approved Master Plan (under Cambodian-Belgian Consultancy Fund).

IR 5 Training and Capacity Building (Budget A_05)

This component is also targeting quality improvement but via human resources development. Three main approaches are proposed:

- Training/Coaching by project technical assistance
- financial support to attend locally or nationally organized training
- financial support to attend national or international academic events.

The training/coaching by the International Expert Surgery (50% time) had a positive impact on the competencies and performance of the surgical team of Siem Reap hospital. Moreover it resulted in other positive impact on: (1) generating interest from other partners such as orthopedic and urologic teams, (2) giving access to additional supports/equipment, (3) enhancing the overall reputation of the hospital, (4) stimulating the performance of related services such as "Imaging", "Laboratory", "Intensive care", "Nursing care", …

Attendance to locally or nationally organized training:

- Hospital Management Training was supported by Project, 6 hospital staffs of SRRH were sent to training. Among 6 trainees 3 supported by PBHS SR_OMC and other 3 supported by Training

Facility in Phnom Penh. The course of training is 12 months. The training is included theory and practical exercise.

- The project supported 12 staffs for 4-month midwifery training in Battambang. Follow up will spread over 2007.
- Health Information System 2-day training was organized by PHD Siem Reap with MoH, Planning Department resource persons for 8 ODO and 4 PHDO staff.
- Mental Health training, the training was organized by Mental Health Unit of PHD Siem Reap, 25 participants from HCs and training took 2 days.
- Avian Influenza Threat 1-day training for OD and HC levels: about 100 trainees.
- One day meeting was organized by AIDS secretary, for 71 participants from different departments, local authority, NGOs. The meeting shared experiences and information to enhance knowledge on HIV/AIDS in order to support PHLA and reduce the spreading of HIV/AIDS in the community.
- Computer training for Monitoring Team 3 persons. The training focused on report production.
- One day Leprosy workshop for OD Siem Reap with 59 participants from SRRH. The workshop was organized by OD Siem Reap and the facilitators from CENAT.
- Drug assessment and training was organized by PHD with facilitators from MoH. The participants were 62 and the duration of training was 2 days.

Attendance to national or international academic event.

- SRRH surgical team for participation at the yearly national academic meeting in Phnom Penh.
- A vice director of PHD Siem Reap (Dr. Kros Sarath) was sent for AIDS workshop in Toronto, Canada
- A PHD Director (Siem Reap) and a Vice-Director (Odtar Meanchey) attended a 3-day seminar on Extension of Social Health Insurance in The Philippines. A project TA also joined the seminar.

- PHD teams and PMU TAs attended a 3-day regional seminar on District Health Systems in Laos.

IR 6 Institutional Development & Management Strengthening (Budget A_06)

Planning and Monitoring :

- The project provides assistance to the PHDO for the production of Annual Operation Plans (AOP). Actually, the PHD AOP and the project AOP are developed concomitantly so the project can fill the gaps on which the PHD does not expect support or resources from the National Budget or from other organizations.
- The project assists the PHD for the organization of the yearly provincial annual congress.
- The project assists the operation of the PHD integrated supervision team
- The project assists and contribute to the Provincial TWG-Health.
- The project assists in data collection and processing.

Stakeholder Internal HMIS auditing

- A PHD + Project Monitoring team was established for the purpose of the "Output related bonus system". This operates on a monthly base over the province with on a training/coaching mode.
- The project introduced patient interviews as an auditing tool

Central level interventions (Budget A_06_05)

- Contribution to the Hospital Management Reform Committee.
- Jointly with MoH and WHO a National Forum on HEF in Phnom Penh was organized.

- Subsequently, the HEF core indicator, the reporting format, has been jointly developed and is being tested by the HEFOs under the coordination of MoH.
- Support to a MoH team to participate in the Regional Seminar on District Health Systems in Vientiane.
- Contribution to the development of the MPH curriculum
- Contribution to the National TWG-Health
- Contribution to the development of RH and PHDO assessment tools.

2. Comment, if necessary, the main project receipts and expenses influencing the abovementioned question, in comparison to the budget estimates of the year considered.

Take over the answer to question 3 of the execution report or, if there has been several reports during the year considered, make a summary of these.

The budget of BTC has been readily available. The pace of expenditures is in line with the project activities. Overall at the end of 2006, 48 % of the budget was spent.

The two main components of the project, Health Equity Funds and Performance Related Contracts are responsible for the lion share in the expenditure. In 2006 they spent respectively 313.120 Euro (22%) and 604.375 Euro (43%) of the activity budget.

The cumulative expenditure for Quality improvement initiatives has only reached 21%. In October 2006 the SC agreed to increase this budgetline by 250.000 Euro for infrastructure works to the SR provincial hospital. The implementation of these works will only start in 2007.

After the first deployment year 2006 the project has more accurate ideas of the costing of the different activities. This will allow to propose detailed budget adaptations to the next SC meeting.

Details of expenditures per expected result are presented in the table below:

Provision of Basic Health Services in Siem Reap & Otdar Meanchey
Project KAM0200711 - Budget Execution at the end of Year 2006

Figure: ***Euro***

Description	Budget	Total Expenses (2004-2005)		Expenses 2006		Total Expenses (2004-2006)	Balance	
		Amount	%	Total	%		Amount	%
A Enhance Health Sector Development by supporting Provincial plans in SR & Otdar Meanchey	3,406,700.00	674,622.21	20%	735,411.83	22%	1,410,034.04	1,996,665.96	41%
01 Strengthened Consumer Rights in communities	685,000.00	129,585.76	19%	183,533.73	27%	313,119.49	371,880.51	46%
02 Enhanced Behaviour Change & Communications	174,300.00	49,678.19	29%	22,596.69	13%	72,274.88	102,025.12	41%
03 Strengthened quality of delivery of health services through contracting	1,237,600.00	236,203.33	19%	368,171.78	30%	604,375.11	633,224.89	49%
04 Increased number of quality improvement initiatives	516,000.00	47,593.38	9%	60,858.15	12%	108,451.53	407,548.47	21%
05 Improved staff skills through capacity building	414,500.00	139,948.19	34%	36,668.34	9%	176,616.53	237,883.47	43%
06 Strengthened Institutions capacity to manage, plan, regulate, finance, monitor and evaluate	379,300.00	71,613.36	19%	63,583.14	17%	135,196.50	244,103.50	36%
B Strengthen monitoring & evaluation capacity of health system	163,500.00	32,614.38	20%	21,805.14	13%	54,419.52	109,080.48	33%
01 Enhanced monitoring & evaluation capacity	163,500.00	32,614.38	20%	21,805.14	13%	54,419.52	109,080.48	33%
Z General means	1,009,800.00	480,667.34	48%	239,170.97	24%	719,838.31	289,961.69	71%
01 General means	1,009,800.00	480,667.34	48%	239,170.97	24%	719,838.31	289,961.69	71%
REGIE	858,000.00	383,491.00	45%	170,819.43	20%	554,310.43	303,689.57	65%
COGESTION	3,722,000.00	804,412.93	22%	825,568.51	22%	1,629,981.44	2,092,018.56	44%
TOTAL	4,580,000.00	1,187,903.93	26%	996,387.94	22%	2,184,291.87	2,395,708.13	48%

The MOH budget (Cambodian Government) budget is not sufficient to allow the public health institutions to function correctly. Moreover the disbursement of this budget is often delayed. As a result in order to avoid breakdowns of the system the project has advanced funds on several intervals. This has been discussed by the SC.

3. Which are the main appropriation mechanisms and activities implemented by the project during the year considered?

The project has a co-management mode of planning, operating and reporting. Identification of the project activities was based on the National Health Strategic Plan and in collaboration with the different stakeholders (provincial and district public health institutions and local authorities).

In the Sector Wide Management approach the development of the Annual Operational Plan (AOP) of the project forms part of the wider exercise of the PHD AOP development. As a result the planned activities become part of the AOP of the PHD. This AOP is later approved by the MOH.

Since the start of the project all decisions have been made in a participatory way, with respect for the MOH hierarchical structure and always with final approval of the PHD Director. Annual and quarterly plans and reports are developed in collaboration by the PHD and PMU. Weekly planning meetings are held with the PHD in order to co-decide on daily execution issues.

Implementation of health services (curative and preventive) is done by HC and RH, most training, supervision and other activities are also implemented by the public health institutions even when they require technical and financial support from the project.
Management and administration of the new strategies such as Performance Contracting and HEF, are however mainly carried out by the TA of the PMU. One of the reasons being that the PHDs do not have these strategies in their TOR neither do they have the units or persons responsible for them. Considering the importance of ownership the project has been in discussion with the PHD and the MOH to incorporate these activities amongst the PHDO responsibilities, to create the Health Financing Unit, and to indentify the staff responsible sot that the PHDs will be able to implement the work which is now done by the TAs.

Monitoring of performance has been a PHD responsibility since the starting of the contracting. In 2006 the competencies of the monitoring teams have been enhanced through coaching.

PART THREE: COMMENTS AND ANALYSIS.

1. What are the major problems and questions influencing the project execution?

The major question remains the **project time frame**. Projects with the ambition of introducing major change to the health system, such as contracting and HEF, can not achieve sustainable results in one 4 year cycle. As the impact of the project on utilization/coverage rates and accessibility for the poor are impressive the necessity for extension of the project becomes even more adamant. Stopping the project after 4 years would result in straightforward disaster. The developed systems which are not yet mature, would most certainly collapse. This would result in frustrated staff and a complete loss of confidence by the population, probably a worse situation than before the start of the project.

The uncertainty that the project will be extended makes it very difficult to develop and start up new approaches such as Social Health Insurance, the remaining period of the project is just too short for that. Social Health Insurance would contribute to the sustainable health financing system and so to the sustainability of the project results.

The main problems and issues that challenge the project execution have been reported in the SC documents and have discussed in the SC meetings. They have been listed below:

- Government funding for the operational cost of the HCs and RHs is not adequate and not timely available resulting in severe problems for the health service delivery. This is also true for the in kind supply of drugs and medical supplies by the Central Medical Stores. This has become a more pertinent and serious issue because as a result of the project the utilization of services has increased steeply and therefore also the operational costs.
- Staff revenue sources other than the project are not increasing fast enough to assure financial sustainability in the short term. These other sources are mainly the government salaries, Priority Mission Group incentives userfees.
- Understaffing and not availability of staff in HC and RH makes it impossible to provide adequate and continuous services
- An important proportion of the staff lack knowledge and skills required for the activities under their responsibilities
- Staff behavior towards patients did improve but is far from satisfactory
- Private practice by public health providers is poorly regulated and results in important conflicts of interest.
- Amongst many government staff the culture of discipline and respect for regulations is lacking
- The increased utilization of the hospital and health centers allows identifying several problems which were hidden before. The major problem is certainly the low quality of diagnosis and therapies. This shows the need for clinical coaching and clinical training.

- Also the several resource management problems surfaced: Human Resources, Finances, Drugs, Waste, reception, etc.

Issues concerning the functioning of the PMU

- Several staff (TA and administration) changes (6 in 12) in 2006 complicated the functioning of the PMU.
- An overload of administrative and managerial work makes that most TA cannot take up their mentoring and coaching role towards the government staff. This is certainly true for the 2 International Public Health TAs who have administrative and financial workload and complain of the multitude of procedures and reporting to be implemented.
- The project itself is also technically very ambitious, it is working on 6 strategies and has a multitude of different activities. The Technical Assistant (national and international) are having difficulties to cope with the workload, both administratively and technically. Moreover it is difficult to find technical staff with the required competencies.
- Although the PHD direction is very involved in and committed to the project, the ownership of the different project strategies by the PHD team as a whole is limited. The role of the PHD team in the administrative tasks of the activities needs to be increased
- The physical distance between the PMU office and the PHD office limits the integration and the ownership by the PHD team as a whole of the different project strategies and their involvement in the administrative tasks.

2. What caused the calendar and the foreseen results to be delayed?

Overall the activities of the project progress well, certainly for the two main project components Performance Contracting and HEF.

Procurement of ambulances and solar panels did delay as a result of first because the initial procurement procedure was not well developed later because of the changes in PMU staff responsible for the procurement.

The Mid Term Review was delayed because the development of the TOR and Tender file was a lengthy process and secondly because the first Tender resulted in only one candidate and the procedure had to be repeated. The MTR will take place in first quarter of 2007.

In general project activities are often somewhat delayed because of work overload and availability of government staff.

3. How can one solve the problems identified above? Expose the recommended measure(s). Specify the person who should be in charge of it/them. Indicate, approximately, the execution time and the resources needed for these measures to be executed.

The further integration of PMU and PHD will be worked on actively during 2007 as this is regarded crucial in strengthening ownership of the new strategies by the PHD. The PHD will have to identify/develop persons and units which can take over part of the work done by the PMU TAs. Creation of a Provincial Health Financing unit is such a development under discussion and the

principal was already agreed by the SC. In Siem Reap PMU and PHD will work on physical integration (working location) of PMU and PHD teams.

The problem of TAs being overworked on administration which limits their role as mentors and coaches and with results in delays of certain activities will be addressed by reorganizing the PMUs of the 2 PBHS projects and by reviewing some of the technical and administrative procedures. The MTR will also address this issue. Possibly supplementary staff will need to be recruited.

The SC decided that the Priority Mission Group funding for staff incentive should be further developed in line with the Performance based Contracting . The PHD directors and the PMU Co-Director should follow up on this issue with the MOH in order to propose implementation guidelines. This should be completed in the first semester 2007.

Lack of knowledge and skills by the health personnel will be further addressed throughout the project. The project has a specific training component for organizing trainings, workshop and coaching.

Issue of quality of clinical services, behavior of staff and staff discipline will be addressed through integrating indicators for these aspects in the performance monitoring system, through training and coaching, through discussions with the authorities and through the development of new guidelines. This issue will be worked on over the next two years.

The limping resource management systems (Human Resources, Pharmacy, Finances, Health Information System, and their linkages) will be addressed as part of the Institutional Capacity Building component of our project. This will be done in collaboration with in collaboration with the responsible MOH departments and committees, the PHDs and the PBHS-KC.

Several of the problems mentioned above are also the result of assumptions which have not been realized as fast as expected.

All listed problems and challenges have been presented to Steering Committee. For some we were able to identify solutions which were approved by the SC. Others problems remain assumptions which are not under the project authority to deal with such as: the delayed disbursement of government funds; the inadequate government funding; the understaffing; the regulation on private sector activities of civil servants; etc.
The Chairman of the SC (Secretary of State of MOH) has noted them and informed us that the MOH is aware of these issues, that the government is working on them but that it will take time to make tangible progress on them.

In the first quarter the Mid Term Review of the project will take place which will come up with measure and solution for some of the problems listed. It will also be another opportunity to confront the MOH with their responsibilities in the field of funding, staffing and regulations.

The consolidation/extension of the project, the major question for the moment, is awaiting the development of a consolidation document by the MTR. This will be take place in the first quarter of 2007.

4. Are the start assumptions (or hypotheses) yet relevant?

Most assumptions remain valid as important conditions.

For several assumptions there were favorable developments but some have only progressed slowly. They therefore also remain risks as was mentioned already above.

- GOKC funding (salaries and operational costs) towards health sector;
- staff disciplinary systems;
- private sector regulations.

Understaffing of the public health institutions, mainly midwives and nurses, can be regarded as an important threat/risk towards the achieving of the project targets. It was previously not identified or listed as a risk. No short term mitigation measures could be identified.

5. Are the project indicators yet valid?

They are still valid. But as they are mainly outcome indicators many of them can only be measured through surveys.

The project has therefore developed a list of project routine indicators which are mainly process and output indicators. Another advantage of this list is that it links better to the present activities of the project. This list will be used as the basis for regularly measuring progress. It has been used as basis for annex 1 of this document. The list itself we attached as Annex 11.

Most of the indicators of initial list were included in the Baseline Survey. They will be reevaluated in 2008 through a follow up survey.

6. What are the factors which have influenced the project realization? Were some of them new, i.e. not foreseen beforehand and capable of modifying the whole project?

Most of these factors have been covered already above.

Most factors or not new and did already exist in 2005 and before. The understaffing and underfunding have however become much more important as the activities in hospitals and health centers have increased tremendously and thus also their needs.

- Government funding for the operational cost of the HCs and RHs is not adequate and not timely available resulting in severe problems for the health service delivery. This is also true for the in kind supply of drugs and medical supplies by the Central Medical Stores. Additionally the government financing mechanism for running cost changed (from PAP to chapter 11) which complicates severely the flexible utilization of available fuding. This is a factor that certainly threatens project results. For the moment it is mitigated by funding the most urgent needs. This was not a planned cost but so far it absorbs only a small proportion of the project budget.
- Staff revenue sources other than the project are not increasing fast enough to assure financial sustainability in the short term. These other sources are mainly the government salaries, Priority Mission Group incentives and userfees.

- Understaffing and not availability of staff in HC and RH makes it impossible to provide adequate and continuous services
- An important proportion of the staff lack knowledge and skills required for the activities under their responsibilities
- Private practice by public health providers is poorly regulated and results in important conflicts of interest.
- Amongst many government staff the culture of discipline and respect for regulations is lacking
- The absence of proper MOH resource management mechanismes
- 6 New health centres were opened. This increases the financial burden on the project mainly for the performance incentives, but without representing any financial threat.

Issues concerning the functioning of the PMU

- Several staff (TA and administration) changes (6 in 12) in 2006 complicated the functioning of the PMU.
- An overload of administrative and managerial work makes that most TA cannot take up their mentoring and coaching role towards the government staff. This is certainly true for the 2 International Public Health TAs who have administrative and financial workload and complain of the multitude of procedures and reporting to be implemented.
- The project itself is also technically very ambitious, it is working on 6 strategies and has a multitude of different activities. The Technical Assistant (national and international) are having difficulties to cope with the workload, both administratively and technically. Moreover it is difficult to find technical staff with the required competencies.
- Although the PHD direction is very involved in and committed to the project, the ownership of the different project strategies by the PHD team as a whole is limited. The role of the PHD team in the administrative tasks of the activities needs to be increased
- The physical distance between the PMU office and the PHD office limits the integration and the ownership by the PHD team as a whole of the different project strategies and their involvement in the administrative tasks.

7. What is the opinion of the target groups on the project?

The project target groups are situated at different levels. No opinion poll was organized therefore the answers listed below can only be regarded as view/impressions of the direction of the project.

Target	***Opinions, implications***
MOH, Ministry of Health	- *The authorities of the MOH often express there gratitude and appreciation for the project results and for its flexible and participative approach through the co-management system.* - *The MOH requests frequently the participation of the senior TA in the different health policy developing and consultative forums.* - *The national HEF monitoring and data collection system have been developed with active participation of the project TA and incorporates project methods and dat Many of the project* - *The MOH gave their strong support and practical collaboration for organizing the first National Forum on Health Equity Funds. They regard this forum as an important contribution towards*

	- *The MOH are planning to organize a visit to Belgium in order to request for an extension/consolidation phase.* - *Expressed strong satisfaction on project at steering committee meeting in April 06 and March 2007*
Provincial Health Departments (PHD) *Operational District Offices (ODO)* *Referral Hospitals*	- *Both provinces participate actively and often take the lead in planning and implementation of project activities.* - *The Provincial Health Direction and the Operational District Offices are very satisfied with the project and this mainly for the following reasons:* o *The good results of the project (increased utilization and coverage rates)* o *Co-management approach which assure strong participation and allows for flexibility during the process* o *They appreciate the technical support, training and equipment they receive for improving their management and clinical services.* o *The performance incentives they receive!!!* - *Some individuals are unhappy with the transparent management system which have been put in place as this reduces their income from so-called cooping mechanisms* - *Some individuals complain because they have more work than before*
Health Centers (ICHC)	- *Health Center staff are in general very happy and this mainly for the following reasons:* o *The increase in income through the performance incentives they receive!!!* o *The improved support and supervision they get from the ODOs as a result from the contracting, this allows them to function better and get better results* o *The increased utilization and coverage rates* o *The extra opportunities for training*
Patients *Poor Patients*	- *Poor patients are very happy that they can benefit from free services and financial support for indirect health service costs such as food and transport.* - *We should however be aware that both patients and poor patients are not really aware that these improvements are there because of the "Belgian" project.*

8. If the project has been evaluated, how were the recommendations taken into account?

The project as a whole was not yet evaluated. The Mid Term Review will take place in the first quarter of 2007.

A consultant from the ITMA assessed the management tools for the HEF operators. His recommendations and proposed instruments were introduced and are now being used.

The Director of the Department of Planning and Health Information (MOH) reviewed the monitoring tools for the PHD and proposed a new instrument which is now being used.

Funded by the Belgian Cambodian Consultancy Fund a team of consultants reviewed the management systems of the Siem Reap Provincial hospital. This leaded to a hospital management development plan, specific recommendations and resource management tools. After discussion in the hospital management committee most proposals were adopted and are now being introduced and further developed.

Dr. Paul Bossyns, health sector expert for BTC Brussels, visited the project and recommended the need for efforts in the field of clinical quality (diagnosis and treatment). In 2007 this will be realized by incorporating clinical quality indicators in the monitoring tool for the performance contracting and through extra trainings, bedside coaching and case review meetings.

9. What are the project main successful outcomes?

In 2006 the Performance Related Contracting has been in place in all PHDs. ODOs, RHs and in most of the HC (65/70). In simple words this means an increased income for staff (almost reaching the living wage) which is linked to their performance and measured by a performance monitoring system. The results of this system are multiple

- **Staff motivation** has increased which shows clearly in their behavior: presence during working hours, honesty towards patients, no under table payments, no external drug prescriptions, friendliness towards patients (only slight increase), respect for new hospital rules. The 24/7 opening hours policy is respected. The hygiene of the institutions has increased remarkably.
- As a result the quality of services as perceived by the public has improved which is measurable by the **increased utilization rates**.
- The staff being much more active contributed to the **increased coverage rates** for the different preventive services(vaccination, antenatal care, family planning, etc.)

All planned Health Equity Funds have been functioning throughout 2006. The results are that a big number of poor patients have been benefiting from free services and social benefit support where this same patients would not have been able to access health services before. A substantial number of them will (not measurable) have limited the out of pocket expenditure and so avoided more severe Catastrophic Health Expenditure.

- **Free access for poor and very poor patients to Hospitals and Health Centers**
    - Number of hospitalized patients in 2006: 6,374 or 39% of all hospitalizations
    - Number of outpatient consultations in hospitals 2006: 5,191 or 13% of all hospital consultations
    - Number of outpatient consultations in health centers in 2006: 17,339 or 17% of all HC consultations

In collaboration with the MOH, the WHO and the other PBHS project the **First National Forum on Health Equity Funds** was organized. This was regarded as a big success. It was well attended by all the stakeholders. In total more than 200 persons participated and amongst them several international participants. It allowed for the first time to share experiences in the field of HEF, to build consensus on several key issues and to lobby for political support for this innovative support.

The project lobbied strongly to avoid the Provincial Hospital to move to a location outside the town. The Prime Minister announced officially **that the Provincial Hospital of Siem Reap will remain** in the town amongst the population it serves.

The project organized a big **Promotion Campaign for Helmet Wearing and Safe Driving** in March 2006. More than 1000 participants attended this event in the Siem Reap Stadium. In total 2,220 helmets were distributed to different target groups (health personnel, moto-taxis, students and traffic police).

The **Quarterly Health News Letter** was produced and distributed as planned (3,600 copies). The newsletter is a medium for sharing important health events, new health guidelines and medico-scientific information to authorities and staff of the 2 provinces.

Amongst the multitude of trainings supported the most important were:

- 6 Senior management staff of the Siem Reap Provincial Hospital (including the new director) participated in the 12 month **Hospital Management Training** organized by the National Institute of Public Health.
- 12 HC nurses received a 4-month **Midwivery Training** in the Battambang Regional Training Center.
- PHD teams and PMU TA attended and actively participated (presentations) in the Regional **Health Seminar in Vientiane** on District Health Systems
- The work of the international expert surgery contributed to **local surgical capacity building** resulting in increased surgical activity (number and complexity)

Based on a MOH/URC hospital assessment and on a management consultation the Siem Reap Provincial Hospital developed a **Quality Improvement Plan** and **5-year Hospital Management Development Plan**. The Provincial Hospital of Otdar Meanchey have also developed their Quality Improvement Plan.

The **Annual Operational Plan** of the project was developed in synchronization with the Provincial Annual Operational Plan for 2007 and forms an integrated part of it.

10. What are your recommendation as for the continuation of the project?

The project had and has an impressive impact on staff motivation, health system strengthening, accessibility for the poor. There is a huge increase in utilization rates and coverage rates of health services and the accessibility for the poor has increased tremendously. From this and from all the above we can conclude that this is a **very successful project** with major impact within its project area and also on policy level. It should therefore be given the chance to consolidate the new strategies and

its results.
As explained above, stopping the project after the first four year phase without consolidation would be disastrous as it would result in final outcome worse than before its inception. Staff would become really demotivated and poor and non-poor patients would loose their all their trust in the public health system.
Ourselves, the project direction, and also the majority of all stakeholders wish the project to be extended with a **Consolidation Phase**. Nobody would be able to understand why a project like this would not be granted a consolidation phase.

The Mid Term Review in 2007 will come up with their own rating for the project. They have also been requested to produce a formulation document for the consolidation phase which might identify some new strategies and orientation.

For the moment the impression of the direction is that in the consolidation phase the project should continue with the same project strategies. That **HEF and Performance Contracting** should remain the backbone of the project but that they should be reinforced by **Social Health Insurance/Community Based health Insurance component**.
If isolated from other support the health financing strategies will only have a limited impact. Therefore the project should continue to support training, quality improvement and institutional capacity building activities. But a **better framework will be required for Training and Quality Improvement activities.**

The project activities have resulted in huge utilization rates and coverage rates. The continuation of the project should not target further increase in utilization rates but rather work on the **quality of the curative and preventive services** provided.

Since the start the project has been collecting a lot of data which need to be compiled, analyzed, interpreted. They should result in lessons learned and recommendations. The coming years the project needs to work on the **documentation and broadcasting of these lessons and recommendation**. Therefore the project needs to develop a better linkage to and representation in the national level Health Policy Forums.

National execution official		BTC execution official
Dr Dy Bun Chhem **Project Director** **Provincial Health Director** **Siem Reap Province**	**Dr Ouk Kim Soun** **Project Director** **Provincial Health Director** **Otdar Meanchey Province**	**Dr Dirk Horemans** **Project Co-Director**

PART FOUR. ANNEXES.

ANNEX 1. Results summary

ANNEX 2. Planned activities for the year considered

ANNEX 3. Activities planning year + 1

ANNEX 4. Situation of receipts and expenses for the year considered

ANNEX 5. Budget estimates year + 1

ANNEX 6. Disbursement rate of the project

ANNEX 7. Project personnel

ANNEX 8. Subcontracting and invitations to tender

ANNEX 9. Equipments

ANNEX 10. Backers interventions

ANNEX 1. Results and activities summary

Intermediate results	Indicators	Progress
IR. 1. Consumer Rights / HEF	1. Number of Hospitals with HEF established and functioning out of XX Hospitals 2. % HEF in-patient as proportion of all in-patient 3. Total number of HEF beneficiaries 4. Number of HEF in-patients per 1000 poor persons per year in the province	1. a. 3 RH with HEF are functioned out of 3 hospitals in Siem Reap and 1 RH with HEF out of 1 hospital in OMC 2. 31% HEF paid for the in-patients in SR and 64% HEF paid for in-patient in OMC 3. A. Total HEF beneficiaries is 11,425 cases for in-patient and 48,793 cases for out-patient 4. **34.7** of HEF in-patients per 1000 cap/year in OMC and **7** of HEF in-patients per 1000 cap/year in SRP
IR. 2. Behaviorial Change Communication	1. Number of RH with routine video health education system established and functioning. 2. Number of quarterly Newsletter produced and distributed 3. HEF patient exit interview score in % for staff behavior (presence, friendliness, treatment)	1. 4 referral hospitals 2. 1000 thousand Health Newsletter. 4 issues were printed 3. 70% for staff behavior is friendly and no under table payment. 3% is complaining about waiting time and 15% complaining about respond of health staff.

IR. 3. Health Service Delivery through contracting by the system	1. Number of MPA HC with a Performance contracts in place out of XX MPA HC 2. Number of RH with a Performance contracts in place out of XX 3. Number of ODOs and PHDOs with a Performance contracts in place out of the XX PHDOs/ODOs 4. Average amount increase of staff monthly income in comparison to the average income of XX$ of before the project 5. Number of monthly monitoring visits of RHs implemented in reference to the XX visits planned 6. Number of monthly monitoring visits of HCs implemented in reference to the XX visits planned 7. OPD utilization rate at HC level 8. Annual Bed Occupancy rate of the RH in the project area 9. Number of hospitalization / 1000 persons / year 10. % of deliveries in HC or RH 11. % children under 1 fully vaccinated Performance contract in place with HC	1. 55 MPA HC out of 56 HC in Siem Reap and 10 MPA HC out of 14 HC in Oddar Meanchey 2. 4 Referral hospitals 3. 4 ODOs and 2 PHDOs 4. Depends on Units. The staff regular income in monthly average increase +10% to 300% 5. 1 Visit/month/RH 6. Quarterly evaluation and monthly monitoring in HC 7. OPD utilization rate is 0.69 for SR and 0.60 for OMC province. 8. BOR is 72.6% for SR and 64.9% for OMC 9. Hospitalization/1000 persons /year is: 13.6% for SR and 29.7 for OMC 10. Deliveries in HC 45% for SR and 30% for OMC 11. Fully immunized: 86% for SR and 90% for OMC

IR. 4. Quality Improvement	1. Number of external quality assessments done 2. Number of RHs having received a yearly external quality assessment out of the XX RHs 3. Proportion of planned infrastructural works and equipment supply implemented (Cumulative and financially) 4. % of MPA HC compared to Plan	1. 2 assessments 2. 2 PRH (Samrong and SRRH) 3. Not yet applicable 4. 92% of MPA HC compared to Plan

IR. 5. Capacity building / Human Resource development	1. Number of persons trained in case-management 2. Number of persons trained in support service competencies 3. Number of persons trained in management and administration 4. Number of people supported for training (National Training and conference) 4.1. One month or Less 4.2. More than one month 5. Number of people supported for training (International Training and conference) 5.1. One month or Less 5.2. More than one month	1. 347 staffs 2. 0 staffs 3. 89 staffs 4. Number of people supported for Local Trainings: 4.1. 545 staffs (included above 1, 3 and added more for WS 109) 4.2. 15 staffs 5. Number of people supported for International trainings: 5.1. 4 staffs (3 in Philippines and 1 in Toronto) 5.2. 0 staff
IR. 6. Institutional Development and Management Strengthening	1. Number of Pro-TWH meeting out of the XX meetings planned 2. Number of DHTA meetings out of the XX meetings planned 3. Number of quarterly AoP reviews out of the 4 reviews planned 4. % of recurrent budget arriving at mid year 5. % of recurrent budget arriving at end year 6. % of HC with at lest one secondary midwife and one secondary Nurse.	1. 12/12 of Pro-TWGH monthly meetings 2. 48/48 of DHTA monthly meetings 3. 4/4 of quarterly AOP reviews 4. 40% of recurrent budget (chapter10, 11, 31) arriving at mid-year compared to AOP 5. 80% of recurrent budget (chapter10, 11, 31) arriving at end-year compared to AOP 6. 70% of HCs in OMC and 80% of HCs in SRP

Planned activities for the year considered	Activities progress	Activities proposed for next year
IR 1. Consumer Rights Organizations		
Identification of the poor	Not implemented	Not implemented
Equity client referral hospital fee: in 4 RHs and 1 HC with bed: SRP provincial hospital, SNK RH, KLN RH, Sam Rong RH, and ALV HC	39% of in-patients received support during the year 2006, in KLN Rh started to support in April	-Continue to provide financial support to the poor patient at those hospitals and 1 HC with bed - HEF assessment on its effectiveness through external institutional
Social support activities for the poor: provide financial support to in-patient: very poor, poor and near poor which covered user fee, transportation and some food allowance.	HEF in-patients were received the daily financial support. The average of support per in-patient case is $15 (ranging from $9 at ALV to $26 at SRP PH) in which $12 goes for the user fee.	Continue to support to poor for user fee, food and transport
Provide financial support to poor out-patient at RHs and HC with beds	HEF out-patient at RHs were supported an average of $1.4/patient (ranging from $0.8 in KLN RH to $1.9 in SNK RH) in which $1.2 goes to the user fee.	Continue to support the poor and review the contract with operator (CHHRA)
Provide financial support to poor at 5 HCs in Operational District SNK	HEF out-patient at 5 HCs were supported an average of $0.42/patient in which $0.26 goes for user fee and the rest for transportation.	Continue to support the poor and review the contract with operator (CHHRA)
Supplementary food support to TB patients in SRP provincial hospital	The assistance consisted of 2 meals/day/patient and one mosquito net for each new admission. 253 new TB in-patients in SRP PH were assisted in 2006	Continue to support to TB in-patients in SRP PH and extending the support to TB in-patient in OMC PH
The HEF covers for free-of-charge delivery at SRP PH	The support of 30,000 Riels/delivery started from July 2006. 41 deliveries were supported by the end of 2006	-Continue to support for free-of-charge delivery in SRP PH -Starting activities to enhance access to safe delivery by poor pregnancy through provision of voucher to cover transport and user fee expense.
Together with MSF-B involved to support for HIV/AIDS in-patients in Infectious Desease Department (IDD) at SRP PH	2 meals/patient/day are provided for an average number of 20 HIV/AIDS in-patients in IDD at SRP PH	Continue to support and review the agreement on cost sharing with MSF-B
HEF for Oncology patients in SRP RH	Transferred the specimen to do anatomo-pathology in Phnom Penh	Continue to support
IR 2. Behavioral Change Communication		
1. Health Newsletters Project	- Improve articles and distribution system. The number of printing is 1000.	Continue and conduct a survey of reader's satisfaction. Start handing over to PHD
2. Road Safety Promotion Campaign	- Organized Road Safety Education on 2	- Extend this Road Safety Education to other primary and

Road safety School Education programs Road Database **RTAVIS** Trainings	primary schools, 2 Secondary schools, 1 faculty and 200 motor-dub drivers in Siem Reap town - Under collaborated with HIB, Preventive Medicine Department of MoH, the project organized RTAVIS training to staff of referral hospital and health centers	lower secondary schools - Extend the trainings to other health centers and select more RH staff of ICU
3. Marketing on Referral Hospital - TV Advertisement on Health services - Radio Advertisement - Newspaper advertisement - Symbol Signs directing to 14 HCs (100m distance) for OMC - TV Spot or Leaflet of RH/HC in OMC - Other marketing publications (light signs for RHs of OMC & SRP)	- Urology and orthopedic campaign for SR provincial hospital on progress - Support Symbol and room sings for two health centers in Siem Reap	- Continue - Will be finished in Q1 of 2007 & published in 2007
4. Support Special Events Water Festival Days in SR & OMC World AIDs Day for Siem Reap & OMC Breast feeding day for SR & OMC Candle light Day for OMC & SRP World without Tobacco- Day for OMC & SRP	- Support both PHD of SR and OMC to have racing boat to join the Boat Racing Festival - Support Provincial AIDs Office to celebrate World AIDs Day in SR and OMC - Support PHD to celebrate Breast Feeding in SR and OMC - Support Provincial AIDs Office to celebrate Candle Ligth Day in SR and OMC - Support TB Unit of SR PHD to celebrate World-without-Tobacco-Day in SR and OMC	Continue to support
5. School Health Education School Health Education is a join-project with BETT and PBHS-KC	- Inter Sectorial Committee and provincial technical team were set up between Education and Health sector - Toolkits for primary and lower secondary schools were developed and approved by Ministry of Education Youth and Sport - World Education was selected via public tender to implement health school program. The signing contract was already done	World Education will implement this health school program form Feb to Aug 2007. Stake holder meeting will be organize soon
Training of trainers, teachers & Health workers	The training course not start yet	- will be done in May 2007
IR 3. Strengthening Health service delivery		

Project director SR-OMC and assistant	PHD directors and assistant were in the contracting scheme	Continue
Output related bonus system ODO staff and OD directors	- In 2006, DHTATs and DSMTs in SRP province have been put under contracting extended from 2005. The performance of the contracted ODs improved regarding on: management, work plans, staff attendance, supervisions ODs to HCs. These indicate a higher accountability and their responsibility of the ODO teams.	Continue
Out put elated bonus system HCs	The performance based contract implemented as planned for 60 HCs in 2 provinces. - Sotnikum: 17 HCs in Q1 till Q4 and 19 HCs inQ4 - Siem Reap: 16 HCs in Q1 till Q4 - A. Chum: 15 HCs in Q1 till Q4 - Kralanh: 7 HCs in Q1 till Q4 and 10 HC s in Q3 - OMC: 14HCs in Q1 & till Q4 - Special bonus for remote HCs: Kvav & Anglong Thom HP	Continue
Output related bonus system RH	All PRHs and RHs (Sotnikum, Siem Reap, Kralanh, OMC) of the 2 provinces are in a contract scheme since 2005, KlN RH was contracted in April 2006	Continue
Output related bonus system PHDO	- All staff of PHDO in 2 provinces were on the contracting scheme (PHDO of OMC started contracting in the early 2006)	Continue
Promotion of HBC for AIDS patients (support MMM, in English means Friend Help Friend Center)	Since March 2006 the project finances MMM to implement 3 main social activities PLWHA in SRP OD: daily care and counseling to admit patients; Micro-credit scheme for a total of $3,539.39 with a 50% return rate; emergency assistance to PLHA.	Continue and Social supports to MMM/PLWHA in OMC OD but will review according to the Standard Operating Procedures of National Center for HIV/AIDS, Dermatology and STDs.
Project monitoring team	6 Members of PHDO supervisor in SRP & OMC are being contracted for project monitoring team	Continue
School Health Inspection Program	Not implemented	

Public health support: Malaria outreach in OMC & SRP AI training for VHSG Disaster control and preparedness in SR Disaster control and Emergency preparedness in OMC	- In 2006, the project still support the operation of malaria outreach in 2 districts in OMC (ALV & Trapaing Brasat) including basic incentive and other support according to requirement by PHD. - The support is aim to apply the national policy on early diagnostic and treatment which handover in July 2007 from health staff to VHSGs.	- Continue to support in OMC - Take over from MSF-B the outreach malaria program in 2 health center (Svay Leu & Khvav) in OD SNK in SRP province.
IR 4. Quality Improvement		
Micro interventions		
Introduction of CBHI	Not yet implement	Consideration for implementation
Orthopedic surgical eqipment	Confirm with Dr. Kong Rithy	Will find sponsor from abroad by TA surgeon international
SR hospital (Urology surgical consumable)	Confirm with Dr. Hang	Purchase some from User Fee and ask some from donors
Equipment SR hospital maternity (foetal doppler)	Not yet	Will purchase in second quarter 07
Anatomo-pathology exam	A lot of sample was sent to University of Health Science, the project supports money for analysis	
Support on internal monitoring and evaluation team for SRPRH	3 persons of internal monitoring team of SR PRH. The team has been done internal evaluation then report to external evaluation.	Continue to support
Conduct hospital assessment for SNK and KRL and debriefing meeting to staffs	Not yet implemented	Continue to support Will support financially for external evaluation team (MoH, URC and AHC..) in second quarter of 2007.
Conduct workshop to develop QI plan based on assessment result	Not yet implemented	Will support financially for external evaluation team (MoH, URC and AHC..) in second quarter of 2007.
Support on hygien and waste management for SR RH	The project supports monthly for transportation fee of rubbish and also cleaners.	Continue to support unless we change an existing contract with the hospital
Conduct weekly HMC meeting and HTC	The project supports incentive for hospital staffs who attend meeting. The meeting was organized 2 times a month. Most of member of committee has been attended meeting regularly. The process of meeting has well organized with clear agenda, invitation letter, and minutes are taken and keep.	Continue to support unless we change an existing contract with the hospital
Develop and implement new micro-intervention both management and services in SR hospital	The project supported micro intervention on Post Infection Operation for SRPRH. The result is shown a decreasing of infection post operation. The result has shown a high percentage of appropriately filling in. In addition, some improvement has been supported by TA project such as consolidated financial report, drug management and other managerial issues.	Will discuss with hospital team to see real problem then can start with other possible intervention.

Develop and implement new micro-intervention both management and services in SNK hospital	Not yet implemented	Will be started in second quarter. This has to be discussed with hospital team what is priority problem which need to be urgently solve.
Develop and implement new micro-intervention both management and services in OMC hospital	In Samrong RH, it was improvement activity of filling in patient files.	Will discuss further with hospital team to identify other micro intervention.
Micro intervention on QI for Kralanh RH	Not yet implement	Will discuss with hospital team to start quality improvement. It is expecting to start in second quarter of 2007.
Support RH SR to attend meeting at MoH to discuss on the issue related to development of provincial referral hospital	Not yet implemented	Will support Dr. Pen Phalkun to join the meeting at MoH every month
Implement microintervention for Anlong Veng HC (OMC)	Not yet implemented	Will discuss with Anlong Veng HC team to start quality improvement.
Incentive for achieving qualitive indicators (Quality Standard and Seal)		
Support on reward for achieving quality indicator for 5 HCs	Not yet implemented	Will work with PHD and OD to develop standard quality indicators with technical assistant from experienced stakeholders or exploring some existing tools to use as evidence for reward.
Support on reward for achieving quality indicators for OD level	Not yet implemented	Will work with PHD and OD to develop standard quality indicators with technical assistant from experienced stakeholders or exploring some existing tools to use as evidence for reward.
Support on reward for achieving quality indicator for PHD level	Not yet implemented	Will work with PHD and OD to develop standard quality indicators with technical assistant from experienced stakeholders or exploring some existing tools to use as evidence for reward.
Support on reward for achieving quality indicator for OMC	Not yet implemented	Will work with PHD and OD to develop standard quality indicators with technical assistant from experienced stakeholders or exploring some existing tools to use as evidence for reward.
Quality improvement at RH		
Support the insufficient drug supply from CMS for SR hospital and other necessary supplies ????	Support SRPRH to purchase additional drug , material, equipment that are not sufficient from CMS.	Continue to support in a reasonable condition
Ciritical shotage in exceptional case in district referral hospital in SRP & OMC	Support SRPRH to purchase additional drug , material, equipment that are not sufficient from CMS.	Continue to support in a reasonable condition meaning that hospital try the best but can not solve.
Support referral system (ambulance repair, fuel) for OMC and SR	Not yet implemented	Consider to support if some exceptional case happen and can not be solved by health facilities
Purchase 2 ambulances for AKC & ALV	Process of bidding is already completed and purchase order has done and sent to company for supply	Will follow up and suppose to arrive in May 2007
Infrastructural works at PRH Siem Reap	Process of preparation documents is already completed.	Will open bidding and follow up works.

Renovation building in SRP RH	Preparation of documents is already completed for construction of OT and Imagery wards.	Wait for opening of bidding and will follow up works afterward.
IR 5. Improve Staff Skills through Capacity building		
TA-Surgeon International **Contracting in training / workshop**		
Clinical coaching ALV HC	Not yet implemented	Will discuss with HC to see what can be done
Support quartely review of AoP and Annual for Siem Reap province	Not yet implemented	Will support annual review and quarterly.
Support quartely review of AoP and Annual for OMC	Not yet implemented	Will support annual review and quarterly.
Support provincial AIDS Committee meeting for SR	Support one meeting with participant 71 persons form different field.	Continue
Support meeting of phamacy and clinical committee	Not done	Will be implemented according to PHD schedule.
Support monthly meeting of management team of PHDO and ODO	Not yet implemented	Will be implemented according to PHD schedule.
Contracting Out Training		
Training in Orthopedic Surgery in France Dr.Rada		Will send Dr. Doung Rada for training on Othorpedic in France
Midewifery training 10 staffs (5 for OMC and 5 for SR)-Battambong RTC	12 midwives has finished training in BB RTC and start working in their place.	Follow up in the field is planed to do by RTC BB. We plan to send more staff for midwifery training in BB RTC.
HSMT for 3 PHD staffs for OMC (NIPH)	Not yet implemented	We plan also to send 3 person from Samrong RH to join this course again at NIPH for 2007.
HSMT for 6 PHD staffs for SR (NIPH)	6 hospital staffs of SRPRH have finished the training on Hospital Management about theoretical.	Need to follow up by NIPH team for practical work which is part of final examination. We plan also to send 6 more staff to join this course again at NIPH for 2007.
Support various training and workshop participation to conference	The project has supported as following : - Leprosy workshop for OD SR. Duration was 2 days and 54 participants. - HIS training 2 days - Nursing care training for SRPRH about 4 days and 33 participants	Will support according to real need of PHD and OD request.
Training activities		
TA Surgeon	One Specialized surgeon (Urologist) is working for SRPRH	Continue to support.
SRP Hospital administrative assistance	One administrative assistant has been hired to assist hospital work.	Continue to support

Surgery training for OMC SR-KC surgical routine exchanges	Not yet implemented Confirm with Dr. Kong Rithy	Will find possible way to assist Saromg RH by sending TA surgeon or other option. Will support surgeon from SR RH to share or learn from Kg Cham RH.
Training to TBAs for SR	Not yet implemented	Will work with PHD
Mental health training to HC staffs for SR PHD	Mental health training 2 days and 33 participants	Will continue for some ODs, depending on request of PHD and OD
Computer training for SR PHD staffs	3 persons were supported	Continue to support if it is really need
Training on infection control for SRRH 80 staffs	Not yet implemented	Will work with PHD
Training on disaster management for SR province	Not yet implement	Will work with PHD
Staff retreat for review an AOP	Not yet implement	Will implement
IR. 6 Institutional Development and Management Strengthening		
- Support to the management, the development and the master plan of the provincial Hospital of Siem Reap - Feasibility study for the implementation of a health insurance Scheme for certain population of Siem Reap Short term consultancy (Dr. Ir Por)	The assessment on Financing, Management, Quality Component conducted in October by Mr. Janc Marc Thomé and Dr. Frédéric Conducted assessment on implementation HEF in SNK.	
Mid-term Review Review of Contracting	not implement Conducted in December 2006, 50 stakeholders attended the Workshop	will be done in March 2007
Supervision on the job training Develop of provincial hospital of Siem Reap master plan: short term and long term infrastructure	Surgical training in provincial hospital	Continue
Financial & administration assistance to provincial hospital of Siem Reap.	The project assisted one person to re-structure on financial and administration system in provincial hospital of Siem Reap.	Continue
Monthly PHD Integrated Supervision team	Regular monthly integrated supervision team from PHDO to ODs	Continue
Strengthening monitoring team in SRP and officers in OMC	- Project provided monthly financial support to 4 monitoring officers in SRP & OMC -	Continue
Provincial T-WGH	- Support the regular monthly meeting of Pro-TGWH conducted and participated	

Participate with MoH TWGH	- Project supported Co-project director to attend the monthly meeting at MoH - Contribution to the development of the MPH curriculum - Contribute to the development of Rh and PHDO assessment tools	Continue
Support from central level department	Project support: - The training on HIS conducted to 40 participants in Siem Reap Province - Contribution to the hospital management reform committee - Jointly with WHO & MoH organized a national forum on HEF - Support to MoH team to participate in tbe regional seminar on DHS in Vientiane	Continue
Membership Medicam	- Project pays to be member of Medicam	Continue
TA Planning and monitoring	- Project provides assistance to PHDO for the production of AOP, organized the yearly provincial annual congress	Continue

ANNEX 2: Planned Activities for the Year Considered

Activities	Month1	Month2	Month3	Month4	Month5	Month6	Month7	Month8	Month9	Month10	Month11	Month12
IR 1. Consumer Rights Organisations												
1-Implementation of HEFs in 4 referral hospitals, Anglong Veng health centre and 5 health centres in Sotnikum	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2-Strengthening 24 hour service delivery through contracting with MPA health centres	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3-Strengthening 24-hour CPA service delivery through contracting with referral hospitals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4-Strengthening and implementation of contracting with ODO/PHDO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5-Social support, follow-up of patients with chronic diseases (AIDS) ***(during hospitalisation)*** and at home (including SR Provincial Hospital)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6-Training SR provincial hospital staff on Universal Precautions?	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7-Creation of a mechanism for emergency preparedness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8-Providing early diagnosis and treatment of malaria through outreach to population in remote with high malaria incidence areas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9-Providing free access to C-sections at referral hopitals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10-Strengthening referral system HC-hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IR II. Behavioral Change Communication												
1-In collaboration with Provincial Education Department implement school health education programme	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2-Road safety and helmet utilisation promotion	✓	✓	✓	✓	✓	✓	✓	✓	✓			
3-Health newletters in SR & OMC			✓			✓			✓			✓
4-Marketing of public health services in Siem Reap and OMC	✓	✓	✓	✓	✓	✓						
5-Enlarge EPI fixed strategy in 5 HCs in town	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6-Sponsor boat racing of PHD team during Water Festival?										✓		

7-Suport World AIDS Day, TB Day, Breastfeeding Day, Non-Smoking Day										✓	✓	✓
8-Strengthening and implementation of Provider Behaviour Change Interventions (PBCI)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IR3. Strenghtening Health service delivery/Quality improvemnet												
1-Quality improvement skills development workshop for Sotnikum and Kralanh referral hospitals and 10 HCs	✓	✓	✓	✓	✓	✓	✓	✓	✓			
2-Implementations of microinterventions to improve the quality of care in referral hospitals and HCs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3-Development of qualitative indicators linked to incentives				✓	✓							
4-Spot check by the Monitoring Team of the HC/RH attendants	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5-CPA training for referral hospital staff					✓	✓						
IR 4. Training/capacity building												
1-Hospital Management Training at NIPH for hospital leaders					□	✓	✓	✓	✓	✓	✓	✓
2-Midwifery related training						✓	✓					
3-Surgery training												
4-Other training and workshops												
IR5. Institutional/ management strenghtening												
1-Setting up of a revolving fund to bridge the cash flow problem of the state budget	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2-Introduce computerized accounting system in OMC	✓	✓	✓									
3-Introduce financial and cost analysis in OMC	✓	✓	✓									
4-Strengthen management accounting, consolidated financial reporting and budget planning												
5-Development of a budget expenditure monitoring mechanism and make it functional	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6-Integrated supervision from PHD to OD and RH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7-Annual Review 2005 and Annual Operational Plan 2007 development	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8-Monthly meeting with all partners (PROCOCOM)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9-To promote participation of private sector in public health priorities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

ANNEX 3 : Planned activities year +1.

Activities	Month1	Month2	Month3	Month4	Month5	Month6	Month7	Month8	Month9	Month10	Month11	Month12
IR 1. Consumer Rights Organisations												
1-Social support activities for the poor Supplementary food support to TB patients in SRP & OMC provincial hospitals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2- Equity funds operational & direct support Implementation HEF in 4RHs, ALV HC & 5 HCs in SNK	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3- HEF supports for Oncology patients in SRP RH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IR 2. Behavioral Change Communication												
1. Health Newsletters Project in SRP & OMC			✓	✓		✓			✓			✓
2. Road Safety Promotion Campaign including in school education programmme. Road database RTAVIS training				✓	✓	✓						
3. Marketing of public health services in SRP & OMC			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. Symbol Signs directing to 14 HCs (100m distance) for OMC (light signs for RHs of OMC & SRP				✓	✓	✓						
4.TV Spot or Leaflet of RH/HC in OMC and other publication and other marketing publications (light signs for RHs of OMC & SRP)							✓	✓	✓			
5. Support Special Events: Water Festival; World AIDs Day ; Breast feeding day; Candle light Day; TB World Day for OMC & SRP;										✓	✓	✓
6. In collaboration with provincial education department implement s School Health Education			✓	✓	✓	✓	✓					
7- Strengthening Health service delivery through ODs				✓	✓							
8-Output related bonus system for 60 HCs,4RHs, ODOs & PHDOs in SRP & OMC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12-Promotion of HBC for AI DS patients & provide social supports to MMM in RHs of SRP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13-Public health support of Malaria outreach, AI training, disaster control & preparedness in SRP & OMC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IR 3. Quality Improvement												
1-Implementations of Micro interventions to improve the quality of health services in RHs & HCs of SRP & OMC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2- Provide Incentive for achieving qualitative indicators (Quality Standard and Seal)				✓	✓	✓				✓	✓	✓
3- Maintain Quality improvement at RH by supported necessary supplies, referral system in RHs of SRP & OMC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4- Infrastructural works at PRH Siem Reap, Renovation				✓	✓	✓	✓	✓	✓		✓	✓

building in SRP RH										✓		
IR 4. Improve Staff Skills through Capacity building												
1-Clinical coaching ALV HC												
2- Quarterly review of AoP2006 and AoP 2008 for SRP & OMC			✓	✓			✓	✓			✓	✓
3-Quarterly meeting of Provincial AIDS Committee meeting for SR				✓			✓			✓		✓
4-Quarterly meeting of pharmacy and clinical committee			✓			✓			✓			✓
5-Monthly meeting of management team of PHDO and ODO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6-Training in Orthopedic Surgery in France Dr.Rada		✓										
7- Midwifery training 10 staffs (5 for OMC and 5 for SR)-Battambong Regional Training Center				✓	✓							
8-Hospital management training for RHs of SNK & Samrong					✓	✓						
9-Other training and workshop participation to conference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10-Local/International Training activities to improve the quality of health services	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IR 5.- Institutional and Capacity Building												
1-Mid-term Review			✓	✓								
2-Review of Contracting				✓	✓							
3- Monthly PHD Integrated Supervision team to OD & RH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4-Strengthening monitoring team in SRP & OMC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5-Support from central level department	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6-Membership Medicam	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
IR 6. Strengthening Monitoring & Evaluation												
1-Survey									✓	✓	✓	✓
2-Steering Committee Meeting											✓	✓

ANNEX 4 : Situation of receipts and expenses for the year considered

Budget Code	Description	Task Code	Sector Code	Total Cost Belgian Contribution	Cumulated Expenses	Expenses Year Considered	Expenses Year +1
A	**ENHANCE HEALTH SECTOR DEVELOPMENT BY SUPPORTING**			**3,358,853.71**	**1,410,034.04**	**735,411.83**	**1,336,575.00**
A_01_01	TA - Social/BCC - Local	COGEST	12200	44,404.24	23,768.91	12,228.29	10,300.00
A_01_02	TA Equity/Finance - International	REGIE	12200	**33,632.76**	12,284.39	0.00	20,833.00
A_01_03	Identification of the poor	COGEST	12200	87,000.00	51,360.99	15,655.85	35,000.00
A_01_04	Social support activities for poor	COGEST	12200	27,500.00	8,630.37	6,731.17	10,500.00
A_01_05	Equity Fund - Medical Fees	COGEST	12200	487,973.95	208,924.95	140,768.54	184,811.00
A_01_06	Equity Fund - Operation Fees	COGEST	12200	8,149.88	8,149.88	8,149.88	0.00
A_01	**Strengthened Consumer Rights in Communities**			**688,660.83**	**313,119.49**	**183,533.73**	**261,444.00**
A_02_01	TA-Social/BCC-Local	COGEST	12200	41,629.30	20,260.77	9,803.63	10,300.00
A_02_02	BCC contracted out campaigns	COGEST	12200	73,570.70	49,901.10	12,793.06	14,250.00
A_02_03	School Health Education	COGEST	12200	34,100.00	2,113.01	0.00	11,000.00
A_02	**Enhanced Behavior Change & Communications**			**149,300.00**	**72,274.88**	**22,596.69**	**35,550.00**
A_03_01	Project director SR and OMC	COGEST	12200	60,071.70	35,405.03	15,885.06	14,000.00
A_03_02	Project director ODs	COGEST	12200	29,628.30	15,311.18	8,629.29	9,000.00
A_03_03	Output related bonus system HC	COGEST	12200	592,355.43	284,103.13	175,591.89	196,600.00
A_03_04	Output related bonus system RH	COGEST	12200	319,000.00	138,349.14	84,803.36	120,000.00
A_03_05	Output realted bonus system DHTAT	COGEST	12200	120,000.00	60,280.96	35,163.08	36,000.00
A_03_06	Output related bonus system PHTTAT	COGEST	12200	89,044.57	42,544.57	28,274.82	31,000.00
A_03_07	Promotion of Family Based Care	COGEST	12200	61,681.53	12,431.53	12,281.19	32,250.00
A_03_08	School health inspection program	COGEST	12200	968.50	968.50	0.00	0.00
A_03_09	Health Support	COGEST	12200	38,849.97	14,981.07	7,543.09	15,332.00
A_03	**Strenghtening Quality of Delivery of Health Service through**			**1,311,600.00**	**604,375.11**	**368,171.78**	**454,182.00**
A_04_01	TA Quality Improvement	COGEST	12200	34,200.00	11,306.42	9,356.76	10,300.00
A_04_02	Micro interventions	COGEST	12200	102,000.00	20,288.27	17,586.20	54,410.00
A_04_03	Quality standard and seal	COGEST	12200	24,000.00	0.00	0.00	3,166.00
A_04_04	Quality Improvement plans at RH	COGEST	12200	162,800.00	73,980.05	31,038.40	70,834.00
A_04_05	Infra structural Works in PRH Siem Reap	COGEST	12200	255,000.00	2,876.79	2,876.79	250,000.00
A_04	**Increased number of Quality Improvement Initiatives**			**578,000.00**	**108,451.53**	**60,858.15**	**388,710.00**
A_05_01	TA-Surgeon-International	REGIE	12200	**167,967.24**	112,657.24	187.79	55,310.00
A_05_02	Contracting in training / workshop	COGEST	12200	36,900.00	8,371.25	1,721.96	15,469.00
A_05_03	Contracting in training for teachers	COGEST	12200	5,000.00	487.49	0.00	0.00
A_05_04	Contracted out training	COGEST	12200	105,000.00	24,463.76	13,902.74	49,750.00
A_05_05	Training activities	COGEST	12200	71,000.00	30,636.79	20,855.85	22,078.00

A_05	**Improved Staff Skills through capacity buildring**			**385,867.24**	**176,616.53**	**36,668.34**	**142,607.00**
A_06_01	TA PHA	COGEST	12200	81,825.64	46,695.28	13,836.46	20,000.00
A_06_02	TA-Finance/Planning-International	REGIE	12200	**28,000.00**	17,537.15	2,931.22	10,000.00
A_06_03	Supervision / on the job training	COGEST	12200	14,600.00	8,822.98	3,753.14	1,500.00
A_06_04	Stakeholder Internal HMIS auditing	COGEST	12200	48,200.00	17,298.94	11,469.23	20,000.00
A_06_05	Central level interventions	COGEST	12200	72,800.00	44,842.15	31,593.09	2,582.00
A_06	**Strengthened Institutions Capacity to Manage, plan, regulate**			**245,425.64**	**135,196.50**	**63,583.14**	**54,082.00**
B	**STRENGHTEN MONITORING & EVALUATION CAPACITY OF HEALTH**			**158,376.17**	**54,419.52**	**21,805.14**	**25,266.00**
B_01_01	TA Social/ Planning / Finance - Local	COGEST	12200	9,000.00	2,872.73	2,838.34	3,600.00
B_01_02	TA M & E - International	REGIE	12200	**32,000.00**	10,091.00	7,683.03	20,000.00
B_01_03	External HMIS auditing	COGEST	12200	12,000.00	451.89	451.89	0.00
B_01_04	External Monitoring Quality Seal	COGEST	12200	12,000.00	0.00	0.00	0.00
B_01_05	Surveys	COGEST	12200	73,876.17	37,695.66	10,431.71	0.00
B_01_06	Steering Committee expenses	COGEST	12200	19,500.00	3,308.24	400.17	1,666.00
B_01	**Enhanced monitoring & evaluation capacity**			**158,376.17**	**54,419.52**	**21,805.14**	**25,266.00**
Z	**GENERAL MEANS**			**1,062,770.12**	**719,838.31**	**239,170.97**	**188,234.00**
Z_01_01	Secretary (2)	COGEST	12200	90,000.00	58,013.09	24,198.65	14,268.00
Z_01_02	Office Assistant / Drivers (2)	COGEST	12200	15,500.00	8,632.06	4,811.50	1,750.00
Z_01_03	Government Salaries & Allowances	COGEST	12200	0.00	0.00	0.00	0.00
Z_01_04	Team Leader - Co-director - International Expe	REGIE	12200	**596,400.00**	401,740.65	160,017.39	130,000.00
Z_01_05	Assistant Team Leader - National expert	COGEST	12200	81,800.00	35,778.98	17,826.30	20,000.00
Z_01_06	Local staff mission costs	COGEST	12200	11,900.00	7,580.19	3,100.87	2,668.00
Z_01_07	National air tickets	COGEST	12200	5,100.00	1,713.44	553.46	1,668.00
Z_01_08	Office equipment	COGEST	12200	41,275.68	41,275.68	6.50	0.00
Z_01_09	Office running costs	COGEST	12200	29,000.00	20,631.61	7,802.58	3,332.00
Z_01_10	Vehicle running costs	COGEST	12200	69,000.00	38,660.42	14,787.11	10,880.00
Z_01_11	Office furniture/supplies	COGEST	12200	22,000.00	19,079.73	2,451.32	1,668.00
Z_01_12	Moto Running costs	COGEST	12200	8,400.00	4,554.11	3,615.29	2,000.00
Z_01_13	Government Running costs	COGEST	12200	0.00	0.00	0.00	0.00
Z_01_14	Government Social interventions	COGEST	12200	0.00	0.00	0.00	0.00
Z_01_15	Vehicle purchase (co-director, assist co-direct	COGEST	12200	85,000.00	74,783.91	0.00	0.00
Z_01_16	Moto purchase (one per supervisor)	COGEST	12200	7,394.44	7,394.44	0.00	0.00
	General Means			**1,062,770.12**	**719,838.31**	**239,170.97**	**188,234.00**
	TOTAL			**4,580,000.00**	**2,184,291.87**	**996,387.94**	**1,550,075.00**
	REGIE				**554,310.43**	**170,819.43**	**236,143.00**
	COGESTION				**1,629,981.44**	**825,568.51**	**1,313,932.00**

ANNEX 5 : Budget estimates year + 1

Budget Code	Description	Task Code	Sector Code	Total Cost Belgian Contribution	Monthly Estimates Period +1											
					Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
A	**ENHANCE HEALTH SECTOR DEVELOPMENT BY SUPPORTING**			**3,358,853.71**	**91,848.33**	**146,848.33**	**131,115.33**	**106,136.33**	**106,136.33**	**106,136.33**	**103,052.33**	**103,052.33**	**103,052.33**	**113,065.67**	**113,065.67**	**113,065.67**
A_01_01	TA - Social/BCC - Local	COGEST	12200	44,404.24	833.33	833.33	833.33	883.33	883.33	883.33	833.33	833.33	833.33	883.33	883.33	883.33
A_01_02	TA Equity/Finance - International	REGIE	12200	**33,632.76**	6,944.33	6,944.33	6,944.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A_01_03	Identification of the poor	COGEST	12200	87,000.00	0.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00	5,000.00	6,666.67	6,666.67	6,666.67
A_01_04	Social support activities for poor	COGEST	12200	27,500.00	875.00	875.00	875.00	875.00	875.00	875.00	875.00	875.00	875.00	875.00	875.00	875.00
A_01_05	Equity Fund - Medical Fees	COGEST	12200	487,973.95	15,151.00	15,151.00	15,151.00	15,262.00	15,262.00	15,262.00	15,484.33	15,484.33	15,484.33	15,706.33	15,706.33	15,706.33
A_01_06	Equity Fund - Operation Fees	COGEST	12200	8,149.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A_01	**Strengthened Consumer Rights in Communities**			**688,660.83**	**23,803.67**	**23,803.67**	**23,803.67**	**17,020.33**	**17,020.33**	**17,020.33**	**22,192.67**	**22,192.67**	**22,192.67**	**24,131.33**	**24,131.33**	**24,131.33**
A_02_01	TA-Social/BCC-Local	COGEST	12200	41,629.30	833.33	833.33	833.33	883.33	883.33	883.33	833.33	833.33	833.33	883.33	883.33	883.33
A_02_02	BCC contracted out campaigns	COGEST	12200	73,570.70	805.67	805.67	805.67	1,139.00	1,139.00	1,139.00	1,611.00	1,611.00	1,611.00	1,194.33	1,194.33	1,194.33
A_02_03	School Health Education	COGEST	12200	34,100.00	0.00	0.00	0.00	0.00	0.00	0.00	1,333.33	1,333.33	1,333.33	2,333.33	2,333.33	2,333.33
A_02	**Enhanced Behavior Change & Communications**			**149,300.00**	**1,639.00**	**1,639.00**	**1,639.00**	**2,022.33**	**2,022.33**	**2,022.33**	**3,777.67**	**3,777.67**	**3,777.67**	**4,411.00**	**4,411.00**	**4,411.00**
A_03_01	Project director SR and OMC	COGEST	12200	60,071.70	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67	1,166.67
A_03_02	Project director ODs	COGEST	12200	29,628.30	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00	750.00
A_03_03	Output related bonus system HC	COGEST	12200	592,355.43	15,916.67	15,916.67	15,916.67	15,916.67	15,916.67	15,916.67	16,616.67	16,616.67	16,616.67	17,083.33	17,083.33	17,083.33
A_03_04	Output related bonus system RH	COGEST	12200	319,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
A_03_05	Output realted bonus system DHTAT	COGEST	12200	120,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
A_03_06	Output related bonus system PHTTAT	COGEST	12200	89,044.57	2,583.33	2,583.33	2,583.33	2,583.33	2,583.33	2,583.33	2,583.33	2,583.33	2,583.33	2,583.33	2,583.33	2,583.33
A_03_07	Promotion of Family Based Care	COGEST	12200	61,681.53	2,250.00	2,250.00	2,250.00	2,833.33	2,833.33	2,833.33	2,833.33	2,833.33	2,833.33	2,833.33	2,833.33	2,833.33
A_03_08	School health inspection program	COGEST	12200	968.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A_03_09	Health Support	COGEST	12200	38,849.97	1,277.67	1,277.67	1,277.67	1,277.67	1,277.67	1,277.67	1,277.67	1,277.67	1,277.67	1,277.67	1,277.67	1,277.67
A_03	**Strenghtening Quality of Delivery of Health Service through**			**1,311,600.00**	**36,944.33**	**36,944.33**	**36,944.33**	**37,527.67**	**37,527.67**	**37,527.67**	**38,227.67**	**38,227.67**	**38,227.67**	**38,694.33**	**38,694.33**	**38,694.33**
A_04_01	TA Quality Improvement	COGEST	12200	34,200.00	833.33	833.33	833.33	883.33	883.33	883.33	833.33	833.33	833.33	883.33	883.33	883.33
A_04_02	Micro interventions	COGEST	12200	102,000.00	4,705.00	4,705.00	4,705.00	5,563.33	5,563.33	5,563.33	3,594.00	3,594.00	3,594.00	4,274.33	4,274.33	4,274.33
A_04_03	Quality standard and seal	COGEST	12200	24,000.00	250.00	250.00	250.00	277.67	277.67	277.67	0.00	0.00	0.00	527.67	527.67	527.67
A_04_04	Quality Improvement plans at RH	COGEST	12200	162,800.00	1,111.00	56,111.00	1,111.00	1,389.00	1,389.00	1,389.00	1,389.00	1,389.00	1,389.00	1,389.00	1,389.00	1,389.00
A_04_05	Infra structural Works in PRH Siem Reap	COGEST	12200	255,000.00	800.00	800.00	40,067.00	22,222.33	22,222.33	22,222.33	25,000.00	25,000.00	25,000.00	22,222.33	22,222.33	22,222.33
A_04	**Increased number of Quality Improvement Initiatives**			**578,000.00**	**7,699.33**	**62,699.33**	**46,966.33**	**30,335.67**	**30,335.67**	**30,335.67**	**30,816.33**	**30,816.33**	**30,816.33**	**29,296.67**	**29,296.67**	**29,296.67**
A_05_01	TA-Surgeon-International	REGIE	12200	**167,967.24**	9,293.67	9,293.67	9,293.67	9,143.00	9,143.00	9,143.00	0.00	0.00	0.00	0.00	0.00	0.00
A_05_02	Contracting in training / workshop	COGEST	12200	36,900.00	1,671.00	1,671.00	1,671.00	421.00	421.00	421.00	1,254.33	1,254.33	1,254.33	1,810.00	1,810.00	1,810.00
A_05_03	Contracting in training for teachers	COGEST	12200	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A_05_04	Contracted out training	COGEST	12200	105,000.00	4,444.33	4,444.33	4,444.33	1,111.00	1,111.00	1,111.00	1,805.67	1,805.67	1,805.67	9,222.33	9,222.33	9,222.33
A_05_05	Training activities	COGEST	12200	71,000.00	1,950.33	1,950.33	1,950.33	1,236.00	1,236.00	1,236.00	1,825.33	1,825.33	1,825.33	2,347.33	2,347.33	2,347.33
A_05	**Improved Staff Skills through capacity buildring**			**385,867.24**	**17,359.33**	**17,359.33**	**17,359.33**	**11,911.00**	**11,911.00**	**11,911.00**	**4,885.33**	**4,885.33**	**4,885.33**	**13,379.67**	**13,379.67**	**13,379.67**
A_06_01	TA PHA	COGEST	12200	81,825.64	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	2,083.33	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00	1,250.00
A_06_02	TA-Finance/Planning-International	REGIE	12200	**28,000.00**	0.00	0.00	0.00	3,333.33	3,333.33	3,333.33	0.00	0.00	0.00	0.00	0.00	0.00
A_06_03	Supervision / on the job training	COGEST	12200	14,600.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00	125.00
A_06_04	Stakeholder Internal HMIS auditing	COGEST	12200	48,200.00	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67
A_06_05	Central level interventions	COGEST	12200	72,800.00	527.67	527.67	527.67	111.00	111.00	111.00	111.00	111.00	111.00	111.00	111.00	111.00
A_06	**Strengthened Institutions Capacity to Manage, plan, regulate**			**245,425.64**	**4,402.67**	**4,402.67**	**4,402.67**	**7,319.33**	**7,319.33**	**7,319.33**	**3,152.67**	**3,152.67**	**3,152.67**	**3,152.67**	**3,152.67**	**3,152.67**

B	STRENGHTEN MONITORING & EVALUATION CAPACITY OF HEALTH			158,376.17	300.00	300.00	1,133.00	6,966.67	6,966.67	7,799.67	300.00	300.00	300.00	300.00	300.00	300.00
B_01_01	TA Social/ Planning / Finance - Local	COGEST	12200	9,000.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00
B_01_02	TA M & E - International	REGIE	12200	**32,000.00**	0.00	0.00	0.00	6,666.67	6,666.67	6,666.67	0.00	0.00	0.00	0.00	0.00	0.00
B_01_03	External HMIS auditing	COGEST	12200	12,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B_01_04	External Monitoring Quality Seal	COGEST	12200	12,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B_01_05	Surveys	COGEST	12200	73,876.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B_01_06	Steering Committee expenses	COGEST	12200	19,500.00	0.00	0.00	833.00	0.00	0.00	833.00	0.00	0.00	0.00	0.00	0.00	0.00
B_01	**Enhanced monitoring & evaluation capacity**			**158,376.17**	**300.00**	**300.00**	**1,133.00**	**6,966.67**	**6,966.67**	**7,799.67**	**300.00**	**300.00**	**300.00**	**300.00**	**300.00**	**300.00**
Z	**GENERAL MEANS**			**1,062,770.12**	**15,617.00**	**15,617.00**	**15,617.00**	**15,755.33**	**15,755.33**	**15,755.33**	**15,617.00**	**15,617.00**	**15,617.00**	**15,755.33**	**15,755.33**	**15,755.33**
Z_01_01	Secretary (2)	COGEST	12200	90,000.00	1,180.67	1,180.67	1,180.67	1,197.33	1,197.33	1,197.33	1,180.67	1,180.67	1,180.67	1,197.33	1,197.33	1,197.33
Z_01_02	Office Assistant / Drivers (2)	COGEST	12200	15,500.00	125.00	125.00	125.00	166.67	166.67	166.67	125.00	125.00	125.00	166.67	166.67	166.67
Z_01_03	Government Salaries & Allowances	COGEST	12200	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Z_01_04	Team Leader - Co-director - International Expe	REGIE	12200	**596,400.00**	10,833.33	10,833.33	10,833.33	10,833.33	10,833.33	10,833.33	10,833.33	10,833.33	10,833.33	10,833.33	10,833.33	10,833.33
Z_01_05	Assistant Team Leader - National expert	COGEST	12200	81,800.00	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67	1,666.67
Z_01_06	Local staff mission costs	COGEST	12200	11,900.00	222.33	222.33	222.33	222.33	222.33	222.33	222.33	222.33	222.33	222.33	222.33	222.33
Z_01_07	National air tickets	COGEST	12200	5,100.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00
Z_01_08	Office equipment	COGEST	12200	41,275.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Z_01_09	Office running costs	COGEST	12200	29,000.00	277.67	277.67	277.67	277.67	277.67	277.67	277.67	277.67	277.67	277.67	277.67	277.67
Z_01_10	Vehicle running costs	COGEST	12200	69,000.00	866.67	866.67	866.67	946.67	946.67	946.67	866.67	866.67	866.67	946.67	946.67	946.67
Z_01_11	Office furniture/supplies	COGEST	12200	22,000.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00	139.00
Z_01_12	Moto Running costs	COGEST	12200	8,400.00	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67	166.67
Z_01_13	Government Running costs	COGEST	12200	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Z_01_14	Government Social interventions	COGEST	12200	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Z_01_15	Vehicle purchase (co-director, assist co-direct	COGEST	12200	85,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Z_01_16	Moto purchase (one per supervisor)	COGEST	12200	7,394.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	General Means			**1,062,770.12**	**15,617.00**	**15,617.00**	**15,617.00**	**15,755.33**	**15,755.33**	**15,755.33**	**15,617.00**	**15,617.00**	**15,617.00**	**15,755.33**	**15,755.33**	**15,755.33**
	GRAND TOTAL			**4,580,000.00**	**107,765.33**	**162,765.33**	**147,865.33**	**128,858.33**	**128,858.33**	**129,691.33**	**118,969.33**	**118,969.33**	**118,969.33**	**129,121.00**	**129,121.00**	**129,121.00**

ANNEX 6. Disbursement rate of the project

FINANCIAL SUMMARY IN EURO						
Source of financing	Budget estimates (year)	Cumulated budget	Real expenses (year)	Real cumulated expenses	Disbursement rate (year)	Disbursement rate (cumulated)
Direct Belgian Contribution	1,110,950	2,298,854	996,387	2,184,291	89.69%	95.02%
Partner Country Contribution	N/A	N/A	N/A	N/A	N/A	N/A
Counterpart Funds Contribution	Does not exist					
Other source	Does not exist					

ANNEX 7. Project personnel

Personnel type (title, name and gender)	**Duration of recruitment (start and end dates)**	**Comments (recruitment period, profile relevance …)**
1. National personnel put at disposal by the Partner Country		
1. Dr. Dy BunChhem	June 2004-	National Project director-SR
2. Dr. Ouk Kimsoeun	June 2004-	National Project director-OMC
2. Support personnel, locally recruited		
1.Dr. Nguon Sokoma	1.01 Aug 04-	1. Assistant to project co-director-OMC
2.Dr. Slot Rida	2.1 Sept 04-	2. BCC & Contracting TA
3.Dr. Kros Sarath	3.1 Sept 07 – 30 Apr 08	3. Provincial Health Advisor
4.Dr. Tuot Bunnareth	4.17 Apr 06 – 16 Apr 07	4. Quality Improvement TA
5.Mr. Kong Chheng Lee	5.24 Jan 05-	5. Health Equity Fund TA
6.Ms. Khoun Lina	6.15 Aug 04-	6. Project administrator
7.Ms. Ouk Raty	7.31 June 06-30 June 07	7. Senior Financial Officer
8.Mr. Phal Neang	8.01 Aug 06 – 30 July 07	8. Oddar Meanchey Office Assistant
9.Mr. Ping Tokla	9.01 Sept 04 – 30 Jun 06	9. Senior Financial Officer (Dismissed)
10.Mr. Oun Hemarin	10. 15 Oct 04 - 14 Dec 05	10. Quality Improvement TA (Resigned)
11.Dr. Chhim Sarath	11. 01 Feb 05 – 31 Jan 06	11. Health Economic and QI TA (ended)
12.Mr. Chhim Phet	12. 01 Nov 06- 31 Oct 07	12. Architect for Kcham, SR & OMC
13.Mr. Lek Ramonith	13. 01 Jun 04 – 31 Oct 06	13. Program Officer (Ended)
14.Dr. Ir Por	14. 14 July 04- 13 July 06	14. Provincial Health Advisor (Ended)
15.Mr. Pea Sokhorn	15. 27 Sept 04-	15. Driver
16.Mr. Ouk Pheaktra	16. 01 Oct 04-	16. Driver
17.Mr. Tith Borey	17. 01 Nov 04-30 Nov 04	17. Driver
18.Mr. Ly Sarith	18. 01 Oct 04-	18. Driver
19.Mr. Chhoun BunLeng	19. 01 Dec 04-	19. Driver
20.Ms. Keo Sokhea	20. 01 Nov 04-	20. Cleaner
21.Mr. Kat Kiet	21. 22 Oct 04-	21. Part time guard
22.Mr. Oukdom Ratanak	22. 22 Oct 04-	22. Part time guard
23.Mr. Chan Pen	23. 21 Apr 05-	23. Cleaner and guard
3. Training personnel, locally recruited		
1. Dr. Kong Rithy	1. 26 Jan – 12 Feb 2006	1. Siem Reap Surgeon
2. Dr. Doung Rada	2. 24 Jan – 12 Feb 2007	2. Siem Reap Surgeon
4. International personnel (outside BTC)		

5. Expert in International Cooperation (BTC) 1. Dr. Georges Dallemange 2. Dr. Dirk Horemans 3. Dr. Frederic BONNET 4. René BRAHY	 1.June 2004- 01 Jun 06 2.1 June 06 – 3.10 Sept 07-9 Sept 08 4. 16 Jun 04-	 1- International Project co-director 2- International Project co-director 3- Public Health Expert 4- International Surgeon

ANNEX 8. Subcontracting and invitations to tender
(one form for each new subcontracting contract during the year considered)

ANNEX 8.1 Contracting for Consulting Services

(Note: numbering of items is consecutive to numbering in the start of the project until now)

Item 1.1. PBHSROM-HE 059-05 Economics & Financing Expert

Tendering mode	: Contact and negotiated procedure directly with consultancy.
Date of the invitation to tender	: e-mail call for proposal November 2005
Start date of the subcontracting contract	: Nov 05
Name of the subcontractor (or of the company)	: Mr. Jean Marc THOME
Subject of the contract	Health Economics and Financing
Cost of the contract	: **2,867 EURO**
Duration of the contract	: 21-26 November 2006

Results obtained during the year considered:
Comments/recommendations :

Item 1.2 BETT STC-27 Amendment to contract Financial And Administrative support

Tendering mode	:Contact and negotiated procedure directly with consultancy after the previous procedure.
Date of the invitation to tender	: 3 Feb 2005
Start date of the subcontracting contract	: 03 Feb 2006
Name of the subcontractor (or of the company)	: Ms. Joke Scheldeman
Subject of the contract	Strengthening Financial and Administrative support
Cost of the contract	: **1,920 USD**
Duration of the contract	: 05days start from April 2006

Results obtained during the year considered:
Comments/recommendations :

Item 1.3 PBHSROM-010-06 Short Term Consultancy-Technical Assistant for PBHS-Health Project

Tendering mode	:After finished the two year contract working PBHSROM's full time staff then was agree by Steering Committee Meeting to keep him as Project Consultant.
Date of the invitation to tender	: No invitation
Start date of the subcontracting contract	: July – December 2006
Name of the subcontractor (or of the company)	: Dr. Ir Por
Subject of the contract	Short Term Consultancy-Technical Assistant for PBHS-Health
Cost of the contract	: **2900 USD**
Duration of the contract	: 6 months (depend on the schedule)

Results obtained during the year considered:
Comments/recommendations :

Item 2 Emergency building Renovation for Siem Reap Hospital

Tendering mode	: Negotiated procedure with publicity in Newspaper. Published in Cambodia Daily Newspaper in 15 Aug 2005
Date of the invitation to tender	: January 2006
Start date of the subcontracting contract	: 20 Jan 2006
Name of the subcontractor (or of the company)	: CBT
Subject of the contract	Renovation Emergency Department for Siem Reap Hospital
Cost of the contract	: **14,360.84 USD (The 10% amount of money of complete work, will be paid by this March 2007)**
Duration of the contract	: 1month

Results obtained during the year considered:
Comments/recommendations :

ANNEX 9. Equipments

Equipment type	Cost		Delivery date		Remarks
	Budget	Real	Planned	Real	
1. SN DSC W70 digital camera & Memory Stick 512		1. 305$	1- 29/11/2006	a. 29/11/2006	a. PBHS office
2. Hand phone		2. 98$	2- 10/1/2006	2. 10/1/2006	b. PBHS office
3. SUZUKI Shogun		3. 1100$	3- 12/6/2006	3. 12/6/2006	c. PBHS monitoring
4. Cabinet		4. 616$	4- 12/6/2006	4. 12/6/2006	d. PBHS-SR/OMC
5. Digital Copy machine 5320		5. 1675$	5- 9/1/2006	5. 9/1/2006	e. PBHS OMC
6. LCD projector		6. 1380$	6- 9/1/2006	6. 9/1/2006	f. PBHS-SR
7. 2set of Desktop for SNK		7. 2550$	7- 22/2/2006	7. 22/2/2006	g. SNK OD
8. Laptop		8. 1585$	8- 9/1/2006	8. 9/1/2006	h. PBHS-Architect
9. A set of Computer and Printer		9. 955$	9- 7/17/2006	9. 7/17/2006	i. RH OMC
10. Photo Copy machine		10. 1430$	10- 7/17/2006	10. 7/17/2006	j. RH-OMC
11. A Set of Disk top		11. 655$	11- 12/6/2006	11. 12/6/2006	k. RH-OMC
12. Desktop computer (Monitor, CPU, Power Tree, Keyboard, Mounse)		12. 655$	12- 12/6/2006	12. 12/6/2006	l. Loan to CHHRA
13. Sharp Digital copy machine		13. 1430$	13- 12/6/2006	13. 12/6/2006	m. Loan to CHHRA
14. 5Laminator Machine		14. 275$	14- 12/6/2006	14. 12/6/2006	n. Loan to CHHRA
15. 2HP Laserjet 1010		15. 320$	15- 12/6/2006	15. 12/6/2006	o. Loan to CHHRA
16. Office equipment		16. 2927$	16- 10/6/2006	16. 10/6/2006	p. Loan to CHHRA
17. 3 Motor bike (Shogun 125)		17. 3330$	17- 12/6/2006	17. 12/6/2006	q. Loan to CHHRA
18. 2 SUZUki FD110X		18. 2090$	18- 6/4/2006	18. 6/4/2006	r. Loan to CHHRA

ANNEX 10. Backers interventions

Interventions of other backers for the same project or for project pursuing the same specific objective.

Backers playing a part in the same project				
Backers	Intervention name	Budget	Main objectives	Comments
Backers contributing to a similar specific objective				
Backers	Intervention name	Budget	Main objectives	Comments

ANNE 11: List of Project Routine Indicators

Intermediate results	Indicators
IR. 1. Consumer Rights / HEF	5. Number of Hospitals with HEF established and functioning out of XX Hospitals 6. % HEF in-patient as proportion of all in-patient 7. Total number of HEF beneficiaries 8. Number of HEF in-patients per 1000 poor persons per year in the province
IR. 2. Behaviorial Change Communication	1. Number of RHs with routine video health education system established and functioning out of XX Hospitals 2. Number of quarterly Newsletter produced and distributed 3. HEF patient exit interview score in % for staff behavior (presence, friendliness, treatment)
IR. 3. Health Service Delivery through contracting by the system	1. Number of MPA HC with a Performance contracts in place out of XX MPA HC 2. Number of RH with a Performance contracts in place out of XX 3. Number of ODOs and PHDOs with a Performance contracts in place out of the XX PHDOs/ODOs 4. Average amount increase of staff monthly income in comparison to the average income of XX$ of before the project 5. Number of monthly monitoring visits of RHs implemented in reference to the XX visits planned 6. Number of monthly monitoring visits of HCs implemented in reference to the XX visits planned 7. OPD utilization rate at HC level 8. Annual Bed Occupancy rate of the RH in the project area 9. Number of hospitalization / 1000 persons / year 10. % of deliveries in HC or RH 11. % children under 1 fully vaccinated
IR. 4. Quality Improvement	5. Number of external quality assessments done 6. Number of RHs having received a yearly external quality assessment out of the XX RHs 7. Proportion of planned infrastructural works and equipment supply implemented (Cumulative and financially) 8. % of MPA HC compared to Plan
IR. 5. Capacity building / Human Resource development	6. Number of persons trained in case-management 7. Number of persons trained in support service competencies 8. Number of persons trained in management and administration 9. Number of people supported for training (National Training and conference) 9.1. One month or Less 9.2. More than one month 10. Number of people supported for training (International Training and conference) 10.1. One month or Less 10.2. More than one month
IR. 6. Institutional Development and Management Strengthening	1. Number of Pro-TWGH meetings out of the XX meetings planned 2. Number of DHTAT meetings out of the XX meetings planned 3. Number of quarterly AOP reviews out of the 4 reviews planned 4. % of the GOC recurrent budget arriving at mid year 5. % of the GOC recurrent budget arriving at end year

	6. % of HC with at least one secondary midwife and one secondary Nurse

The period of reporting would be the completion during the year under consideration, or the status at end of the year.
Only indicator 4 of IR 4 will be expressed as the proportion of the cumulative amount of money spent on the planned infrastructure works and purchase of equipment for RHs and HCs since the start of the project.