	Provision of Basic Health Services in Siem Reap & Otdar Meanchey Province **KAM 0200711**	

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PBHS
Siem Reap
Otdar Meanchey

Preparatory Document for the 8th Steering Committee Meeting

2008 Activity Result, Expenditure and Progress Report

&

Action and Financial Plan for 2009

Note: This report assumes the reader already knows the project features and progresses till 2008. The attached "PBHS General Presentation" facilitates reference to project basic information.

Prepared by the Project Management Unit

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ABBREVIATIONS AND ACRONYMS

AOP	Annual Operation Plan
BCC	Behavioral Change Communication
BTC	Belgian Technical Cooperation
CAR	Council of Administrative Reform
CB	Capacity Building
CBHI	Communtiy Based Health Insurance
CDC	Communicable Diseases Control
CHHRA	Cambodian Health and Human Rights Alliance
CMS	Central Medical Store
CPA	Complementary Package of Activities (Referral Hospital)
CRO	Consumer Rights Organization
DGDC	Directorate General of Development Cooperation (Belgium)
DHTAT	District Health Technical Advisory Team
DRH	District Referral Hospital
GAVI	Global Alliance for Vaccine and Immunization
GIS	Geographical Information System
GOC	Government Of Cambodia
HC	Health Centre
HCMC	Health Centre Management Committee (HC community structure)
HEF	Health Equity Fund
HEFO	Health Equity Fund Operator
HFS	Health Financing Scheme (user fee)
HFU	Health Financing Unit
HIB	Handicap International Belgium
HIS	Health Information System
HMIS	Health Management Information System
IEC	Information Education Communication (Health Promotion)
IPD	In Patient Department
JLCB	Joint Local Consultative Body
KC	Kampong Cham
MBPI	Merit Based Performance Initiative
MEF	Ministry of Economy and Finance
MOEYS	Ministry Of Education Youth and Sports
MOH	Ministry Of Health
MPA	Minimum Package of Activities (HC activities)
MSF-B	Médecins Sans Frontières Belgique
NCHP	National Centre for Health Promotion
NGO	Non Governmental Organization
NHS	National Health Survey WB/ADB
NIPH	National Institute of Public Health
OD(O)	Operational District (Office)
OI	Opportunistic Infection
OMC	Otdar Meanchey
OPD	Out Patient Department
PAP	Priority Action Program (financial disbursement system running costs)
PBHS-SROM	PBHS in the provinces of Siem Reap and Otdar Meanchey
PHA	Provincial Health Advisor
PHD (O)	Provincial Health Department (Office)
PHTAT	Provincial Health Technical Advisory Team
PMG	Priority Mission Group
PMU	Project Management Unit
PRH	Provincial Referral Hospital
PTAC	Project Technical Advisory Committee
QI	Quality Improvement
QIP	Quality Improvement Plan
RH	Referral Hospital
SHI	Social Health Insurance
SMT	Senior Management Team
SOA	Special Operating Agency
SR	Siem Reap
SWiM	Sector Wide Management
TA	Technical Assistant
TASC	Technical Advisory Sub Committee
TFF	Technical & Financial File
TOR	Terms of Reference

1. EXECUTIVE SUMMARY

The Provision of Basic Health Care (PBHS) Project is a provincial SWiM/Boosting project covering 2 PHDOs, 5 ODOs, 55HCs and 2 Provincial hospitals with total direct beneficiaries of 977 health staff and indirect beneficiaries of 1,081,752 population in Siem Reap and Otdor Meanchey provinces. The 2 main project components are Contracting and HEF with complementary inputs to address other aspects of service delivery such as quality, behavioral changes and management.

The project started by end-2004. Year 2005 was a deployment year. Early 2006 all planned systems got established, although in early development the introduced systems produced already remarkable increases in utilization and coverage. 2007 was a year of synergistic effects between project components. While continuing almost all of the previously introduced activities 2008 focused on preparations for the consolidation phase, a quite absorbing undertaking.

The report presents and comments data covering the project activities and parameters, its implementation, the obtained results and main costing indicators. "Project General Information", a separate document describes the main project outlines.

Amongst the influential events of 2008, the most noticeable are, (1) the finalization and distribution of the second National Health Strategic Plan 2008-2015, (2) the intensive preparation of the Second Health Sector Support, (3) the preparation of consolidation phase of the PBHS projects (4) the Common Principle for the establishing and functioning Special Operating Agency and the introduction of. Anukret 29 (Sub-decree) defining MBPI as sole salary supplement scheme (5) Cambodian General election in July resulted in the 4th mandate of the government, ministers and some members of government have been changed, including the minister of health (6) the pre-identification exercise of poor families by MoP/GTZ and distribution of related Equity Access Cards, (7) the devaluation of the Euro against the US dollar in an year of already steep USD price inflations, (8) the closure of the office of the BTC Resident Representative and (9) the departure of several staff in the context of the closing of the first phase of the project.

Project activity implementation in 2008 was hindered by uncertainties concerning the content and the starting date of the Consolidation Phase and important fluctuations in Euro versus US dollar rate requiring several reviews of planning and budget modifications.

During the 2nd semester of 2008 the MOH, PHDs and ODs has been very involved in the preparation of new schemes such as the MBPI and Special Operating Agencies and also with the Development of realistic Annual Operational Plans for 2008 was another important preoccupation. Both should have an important impact on the development of the Cambodian Public Health System.

The Follow-up Household Survey documented and analyzed the project strategies and results.

Nurturing ownership and capacity building of PHD and ODO teams for the newly introduced approaches remained very high on the agenda. Similarly as in 2007 managerial aspects of the Contracting approach continue to show some weaknesses. At PHDO level ownership improved but remains limited. Monitoring requires higher attention/commitment and possibly some exemplary decisions, the more because the system also sets the incentives for "new generation coping mechanisms".

Staff income continues to rise and this mainly a result of increased government salaries and allowances. In the provincial hospital of Siem Reap there is also a pronounced increase

proportion coming from their userfee. On the contrary the big rise in staff income in Sotnikum RH is coming from the increased government salary and allowances only as their userfee revenue and performance incentive continue to decrease because of poor performance.

Some infrastructure works, new construction and rehabilitation were completed during 2008. They include major rehabilitation works including new structure in the Provincial Hospital of Siem Reap as well as the construction of waiting house of pregnancy women at 1 remote HC in Angkor Chum OD.
Based on an equipment and furniture need assessments, focusing on child and maternal services, missing or defunct items were provided or replaced in all health centers and referral hospitals.

The project continued to increase it's role and presence in the different health strategy/policy formulating forums, mainly around Health Financing and Institutional Development and based on it's appreciated field experience.

After 4 years of intensive surgical capacity building support Dr. René Brahy, the International Technical Assistant Surgery ended his contract. His support contributed substantially to the development of the surgical departments of the Provincial Hospitals of Kampong Cham and of Siem Reap which have become very active and advanced CPA3 surgical departments.

The International Technical Assistant Public Health, Dr. Frederic Bonnet, left the project early September resulting in two important gaps, public health capacity building and project administration/procurement.

Project expenditures: By the end of 2008, and given an increased budget due to a transfer in of Euro 207,000 coming from KAM0300911 the budget execution reaches 97% with the total expenditure at Euro 4,634,150.

Costing-wise, the main indicators are in range with the financial plans: Contracting at **$0.38/cap./year** in Siem Reap province and at **$0.40/cap./year** and HEF at **about $0.35 /cap./year** in both provinces.

The project components continued to interact synergistically towards high coverage and utilization. In 2008 in the project area institutional deliveries increased significantly mainly at HC level (116%) but also at the Siem Reap provincial hospital probably as the improvement of management structure and the government incentive for deliveries. The full vaccination coverage rates increases further and reached between 89% and 96%. The outpatient consultation utilization rates decreased slightly following the provincial and national trend. And equally the numbers of hospitalization dropped everywhere in comparison to 2007 which was strongly influenced by a major Dengue Outbreak.,
The table with the 2008 results for the Routine Project Indicators is found in annex.

Similarly to 2007 the synthetic conclusion stresses that the PBHS concept continues to encounter serious limitations because of reduced and delayed access to government resources for operational costs and service delivery, such as National Health Budget and adequate staffing. The previously reported inadequate drug supplies seem to be less of a problem in 2008.
Dual practice (in public and private) by government health staff creates huge conflicts of interest which will certainly impede further sustainable development of hospitals and health centers.

Sustainability remains a concern. Financing-wise, 2 main determinants at this stage are (1) access to rational government resources, as just mentioned, and (2) rational expansion of government salary supplements initiatives. Staff income continues to increase but is still subsidized by the contracting component and by the HEF userfee revenue for a variable part. Their progressive replacement by domestic resources (National Health Budget and User fees (self-paid)) remains a challenge. An important step to be taken is the ratification of the proposed increase in userfees for the provincial hospital which now has been delayed by more than two years.

Further progress and even the maintaining of the present results will depend very much on resolving the above mentioned issues. These issues require involvement of central level authorities and possibly even policy decisions. Therefore the project proposes to organize discussions with the concerned authorities on the following topics: drug supplies, adequacy and disbursement of government budget, staffing, dual practice by government staff, improved coordination for the different performance mechanisms (PMG, SOA , GAVI-HSS, PBHS), etc..

By Mid-December 2008 the “Exchange of Letters” between the Cambodian and the Belgian governments validated the changes to the Specific Agreement of KAM0200711 including the associated Technical and Financial File as such approving the Consolidation Phase of the two existing PBHS projects. The consolidation phase is named “Provision of Basic Health Services in the provinces of Siem Reap, Otdar Meanchey and Kampong Cham” (PBHS2).
The Belgian contribution to PBHS2 will be 3 Million Euro.
In the context of PBHS2 BTC is a signatory to the Joint Partnership Arrangement and will be a partner to the Second Health System Support Program (HSSP2) contributing through a discrete account.
This means that the major part of PBHS2 will be executed through National Execution and not through co-management modalities as presently. We expect that this change in functioning will result in major challenges during the transition period.
As from 1st January 2009 the activities planned for in the consolidation phase TFF will be financed from the new budget while the balance of the old budget in cogestion will be used to finance the running costs of the PMU during the transition phase.

The HSSP2 Pooled Fund and related Cambodian Government counterpart funding will contribute substantial funding for the project activities through Service Delivery Grants and for the HEF direct benefit expenses. As such medium term sustainability for Internal Contracting and for HEFs is more or less assured.

2. MONITORING OF EXPECTED CORNERSTONES

The PBHS Provincial Boosting concept intends to fill most functional and financial gaps in a global approach. It creates synergies between the various folds of the public health services. This combination of several dynamics will result in a functional, rational and sustainable health system. In this process, the following chronology of cornerstones is essential to the consistency of the approach:

Period	Development	Cornerstones by end of period	Status 01/2009
6 months	Project Installation. Introduction of the various components with a stress on contracting and HEF	The project operates	**Reached and sustained**
1 year 2005	Geographical expansion of contracting and HEF	The project area is covered for contracting and HEF	**Reached and sustained**
	Initial Survey	Baseline data	**Done**
	Structuring of the other components	A quality improvement policy is approved and initiated	**Partially**
		Communication with users is addressed	**Partially**
		PHDO/ODOs get on board	**Partially**
1 year 2006	Contracting and HEF operate at full range. Suppression of unethical/unprofessional practices, enhanced access for the poor	Utilisation and coverage substantially increased	**Reached but Uneven**
		Staff income reaches at least basic living wages	**Uneven**
	Global financing and accounting addressed	Single financing system. Transparency	**Slight Improvement**
	Quality improvement policy is implemented	Main quality issues receive attention	**Partially**
	PHDO & ODO leaders take responsibilities in the management of the new systems	Ownership amongst PHDO/ODO leaders	**Partially**
1 year 2007	Contracting + BCC + Quality + introduction of SHI/CBHI	self-paid user fee revenue starts to increase	**Uneven**
	HEF: Pre-identification	Real access for the poor ones	**Postponed to 2008**
	GoC commitments	National Health Budget, payroll and incentives increased	**Some sustained increase on the payroll.**
		CAR/other initiatives introduced	**Just starting, Lack of coordination**
		National Health Budget	**Low budget/cap. In SR**
		CMS drug supply	**insufficient in quantity**
		Staffing	**Staff shortage**
	Quality improvement policy is implemented+linkage to bonus	Assessed quality improvement	**Late**
	National policy on private sector enforced	private sector better regulated	**Slight Improvement**
	Structural re-organization to cope with new managerial systems	Provincial Health Financing Unit	**Adjustments only**
	Revision of user-fees	adequate user-fees	**Yes at some HC**
	Enhanced involvement of PHDO/ODO leaders in new managerial systems	Marked ownership amongst leaders	**Not yet**
	Provincial Health Financing Unit	Inception	**Operational**
1 year 2008	HEF Pre-identification	Covers all project area	**Done**
	As a result of above	project decreases inputs in the bonus system	**Slight decrease about 10%**
	Follow-up survey	Monitoring of main indicators	**Done**
	Pre-payment mechanisms + HEF: boosting of Consumer Right Organisations	Growing SHI/CBHI + HEF	**HEF expansion but no CBHI inititative**
	Quality improvement policy is implemented	A culture of quality takes place	**Most hospitals**
	Provincial Health Financing Unit	Effective Planning/Coordination/Monitoring	**Functional but needs structural adjustment**
3 years 2009 to 2011	Focus on Health Financing, Systems and Human Resources Management + upgrading of the health services	The establisheed systems are consolidated	

3. INFLUENTIAL CONTEXT AND EVENTS IN 2008

- January: The approved Government budget of the Siem Reap province has increased about 10% from 4229 Million Riel in 2007 to 4629 Million Riel in 2008, this will be challenged to Ministry of Economy and Finance for next year. In Otdar Meanchey province the approved budget has increased 39% from 2,202 Million Riel in 2007 to 3,061 Million Riel in 2008. The mobilization of government budget remains under the classic "Chapter system" with a reformed chart of account in preparation of the future Program-Based Budgeting.
- January (21): Confirmation of decision of H.E. Mr. Charles Michel, Belgian Minister of Development Cooperation for Belgian contribution of 3 Million Euro to PBHS2 but conditional to supplementary funding by other partners. This was followed by a period of prospection for possible contributors to PBHS2
- Steep inflation increased prices of most items in the country. As a result PBHS had to increase rates of food and transport for HEF patients, of performance incentive contracts as well as the contract cost of some construction contracts.
- February (1st week): Visit of Siem Reap projects site by Belgian Ambassador
- February: Annual Provincial Health Review meeting in Siem Reap
- February: Annual Provincial Health Review meeting in Otdar Meanchey
- February-May: Follow-up Household Survey for both PBHS projects
- March (3rd): 6th Steering Committee Meeting for both PBHS projects, 207,000 Euro is transferred from Kam0300911 to KAM0200711
- March 28: Signing of the Royal Decree of NS/RKT/0308/346 on The Common Principle of the Establishing and Functioning Special Operating Agency by Preah Karona Preah Bath Samdech Boromneat Sihamoni Preah Chau Krong Kampuchea Thipdey.
- March (last week): Joint Annual Performance Review meeting in Phnom Penh with launching of Second National Health Strategic Plan 2008-2015
- April (2): Signing of Sub-decree N° 29/Ank/Bk on The implementation of Merit Based Performance Incentive singed by Samdech Akkak Moha Sena Padei Techo HUN SEN Prime Minister of Cambodia,
- May (1-6): Visit by Delegation Inter-Parliamentary Union of Belgian (2 members of Parliament and 2 Senators)
- May (20): Joint Inauguration Ceremony with the BETT project for the official reception of project results
- June (15): Departure of the International Technical Assistant Surgery, Dr. René Brahy
- June-September: Formulation Mission for the Consolidation Phase
- July: Dissemination workshop in Kampong Cham on findings of second HEF evaluation and Bed census comparative results
- July: Closure of the Resident Representative Offices in Phnom Penh and the departure of Nathalie Borremans.
- July (27): Government and Parliamentary Elections
- Decree on keeping hospitals and health centers (and schools) at their current location

- August: several meetings on development of MBPI for provinces
- August: Consultation meeting on advanced draft of TFF with MOH officials and stakeholders
- August (3rd week): First visit to Cambodia and of the project sites by Mr. Guido Schueremans (DGDC) accompanied by Mr. Dirk Heuts.
- September: Mr. Tep Chenda starts work as Senior Administrator, Procurement Specialist for both PBHS projects
- September: A sudden steep decrease in the Euro/USD exchange rate decreased the value of the remaining available budget of the project by more than 25%.
- September-October: Evaluation of Performance Contracting by Consultancy team:
- September (11): The departure of Dr. Frederic Bonnet, International Technical Assistant leaves a big gap.
- September: Ad hoc Steering Committee for the approval of the TFF for the consolidation phase. The same week the CCQ equally approves the TFF.
- September: Establishment of new Cambodian royal government (4th mandate) with Samdach Akak Moha Sena Pakdei HUN SEN as Prime Minister after the election of 27th July 2008 (CPP got 90 seats of 123 seats). Most ministers and government members changed. H.E. Dr. Mam Bun Heng, former Secretary of State of MoH, becomes Minister of MoH with7 Secretaries of State and 7 Under-Secretaries. Professor Eng Huot, chairman of the PBHS SC, remains Secretary of State.
- October to January 2009: Distribution of the Equity Access Cards finalized (end of Pre-Identifcation exercise by Ministry of Planning)
- October 27- November 4: HSSP2 Mini-Mission
- October (25th): 7th Steering Committee of the two PBHS projects to discuss closing and transition issues
- October: MOH Joint Annual Plan Appraisal (JAPA) meeting
- November-December: Finalization of different HSSP2 manuals (effectiveness and disbursement conditions
- December (17): Presentation on PBHS experience by Dr. Karel Gyselinck at the Performance Based Financing International Workshop in Antwerp, Belgium.
- December (18): Signing of Joint Partnership Arrangement
- December: Exchange of letters between the Cambodian and Belgian Government approving the Consolidation Phase (PBHS2) as an extension of the PBHS-Siem Reap (KAM0200711)

4. BACKGROUND

PBHSROM project is a SWiM-kind project based on the Provincial Boosting concept developed by MOH/WHO in 2001-2 aiming to provide a framework for partners to accelerate the implementation of the Health Sector Reform. (see Annex 1 Project Profile)
The project started in June 2004 and is covering the 2 PHDOs, 4 ODOs, 2 Provincial hospitals and 55 HCs of Siem Reap and the Otdor Meanchey provinces. It uses co-management mechanisms that leave the practical management of the project to the PHDO in coordination with a Co-Director appointed by BTC and with the support of a technical/administrative team.

The project Director, Co-Director and the support team form a PMU that is in direct work relationship with the PHDO. (see Annex 2: Organizational Chart).

In line with the Boosting approach, the project works horizontally across the Provincial Public Health Systems, within its hierarchy. The main strategic objective is to enhance the performance of the public health services in utilization, coverage and quality.
Based on the initial assessment, the project introduces 2 main new systems: the “Contracting of the health units” towards dedication and performance of the staff and the “Health Equity Fund” to facilitate access for the poorest ones to the services. In addition, the project gives provision for specific supports to fill technical, managerial and financial gaps towards consistency of the overall resources allocation to health in the 4 ODs and 2 provincial hospitals. These address a range of issues under: (1) communication and behavior, (2) various aspects of the quality of services, (3) training and capacity building and (4) institutional strengthening.
All project activities fall within the 6 components of the National Strategic Plan of the MoH and aim at developing the local capacity at managing the newly introduced approaches without technical support.
Budget wise, the project input comes as a co-financing to initiate and boost the proposed approaches with a progressive replacement by domestic resources (National Health Budget and the financial contribution of the beneficiaries) over the length of the project. However, the HEF is expected to remain externally financed until national social institutions have the capacity to undertake it and/or address poverty in a wider manner.

5. PROGRESSES BY COMPONENT

The HEF and the performance contracting activities continued during the whole of 2008 as planned and already established. The HEF component expanded to Angkor Chum OD in collaboration with RHAC. Pre-Identification exercise and the introduction of the new HEF database were the also important HEF development.
Other components saw their activities decrease gradually towards the end of the year in preparation of the end of the first phase of the project.
The contracting TA team was very involved with preparation activities for the new salary supplement and contracting schemes: Merit Based Payment Incentives, Special Operating Agencies and Service Delivery Grants.

The table with the 2008 results for the Routine Project Indicators is found in annex 6.

The Follow-up Household Survey of both PBHS projects took place during the first half of 2008. It compared the 2008 results for several key indicators with the results of the Baseline Survey conducted in 2005.
The summary of this report has been put as annex 3.

The following 6 paragraphs will describe the developments and results specific to each of the 6 components. While chapter 6 and 7 will describe respectively the results and trends in utilization and coverage rates and the health financing results which both should be regarded as the combined output results of the 6 components.

Just as last year’s report this year’s report has brought the background information and strategical logic of each component together in a document “General Presentation” (see attachment).

5.1. Support to Consumer Rights Organizations

(Budget A_01) $ 425, 433

Progresses

- By the beginning of the year, HEFs in Siem Reap and Otdar Meanchey were operated by CHHRA under 3 separate contracts.
- The 3 contracts with CHHRA started in July 2007 came to an end by June 2008 and were extended till end of December 2008.
- By the 3rd quarter 2008, the Pre Identification could be completed in Siem Reap and Otdar Meanchey provinces by the Ministry of Planning, technically and financially supported by the GTZ. The MoP issued Equity Access Cards (EAC) to all pre-identified poor families in the provinces. The distribution completed in the 4th quarter 2008.
- Based on URC database, the HEF database based on the EAC was then developed to administer the HEF data for analysis and reporting.
- Identification of the poor now mainly relies on the Equity Access Cards and the database.
- Post identification still avails for those from outside the provinces and those from the urban areas of Siem Reap town where the Pre Identification was not conducted.
- In April 2008, the PBHS-SROM HEF scheme joined the voucher-based HEF scheme for reproductive health services in Angkor Chum and Pouk health centers with beds in Angkor Chum OD/Siem Reap province initially launched by the Reproductive Health Association for Cambodia (RHAC) through a temporary cooperation agreement.
- With the availability of the Equity Access Cards, the PBHS-SROM takes this opportunity to expand a simplified HEF scheme to Srey Snam health center with beds in Kralanh OD/SRP province from October 2008 to provide general in-patient services to the pre-identified poor patients covered by its catchments. The scheme is managed by the HC staff and only admission fee of the EAC holders will be covered by the HEF benefit.
- HEFs at 5 Health Centers in Sotnikum OD/SRP province was ended mid 2008 due to the fact that all EAC cardholders will be already exempted by the HC's services.
- HEF continue to support free delivery in Siem Reap Referral Hospital by paying off the UF for the patients at $7.5/delivery to the hospital.
- HEF support to TB patients in Siem Reap provincial hospital continues.
- HEF support to other disadvantaged groups such as HIV/AIDS patients in Siem Reap ended in August 2008 and home based care for People Living with Hiv/Aids in Otdar Meanchey ended in October 2008.
- As for previous years, CHHRA plays an important third-party role in advocating for quality care, as a key informant for monitoring work, as a stakeholder for appropriate services.

Results

Table 1
HEF Inpatient Beneficiaries at Referral Hospitals:

RH	HEF-Paid Patients			Self-Paid Patients			% of HEF Supports		
	2006	*2007*	*2008*	*2006*	*2007*	*2008*	*2006*	*2007*	*2008*
Siem Reap RH	1,819	1,957	2,289	4,996	7,909	9,083	27%	20%	20%
Sotnikum RH	1,085	1,224	1,282	1,609	1,505	1,368	40%	45%	48%
Kralanh RH	378	1,030	1,003	1,409	1,515	1,405	21%	40%	42%
A.Chum HCwBeds: *Apr-Dec 08*			370			1,334			22%
Pouk HCwBeds: *Apr-Dec 08*			427			1,291			25%
S.Snam HCwBeds: *Oct-Dec 08*			31			211			13%
Subtotal for SRP	**3,282**	**4,211**	**5,402**	**8,014**	**10,929**	**14,692**	**29%**	**28%**	**27%**
Samrong RH	1,356	1,262	1,007	1,043	1,657	1,444	57%	43%	41%
A.Veng HCwBeds	1,736	1,587	1,189	780	1,117	1,503	69%	59%	44%
Subtotal for OMC	**3,092**	**2,849**	**2,196**	**1,823**	**2,774**	**2,947**	**63%**	**51%**	**43%**
Grand Total	**6,374**	**7,060**	**7,598**	**9,837**	**13,703**	**17,639**	**39%**	**34%**	**30%**

The increase of HEF patients in Siem Reap provincial hospital is mainly in relation with the better function of the hospital. In Samrong and Anlong Veng the number of HEF cases decreased.

Table 2
Summary Results of Pre Identification in SRP and OMC: These figures are used to calculate annual report 2008.

	SRP OD	STNK OD	KRL OD	ACM OD	**Total/SRP**	SR OD	**Total/OMC**	**Total**
Total Population	165,494	255,847	101,597	208,171	**731,109**	173,866	**173,866**	**904,975**
Number of Poor 1	16,862	35,224	11,345	24,323	**87,754**	21,249	**21,249**	**109,003**
Number of Poor 2	16,235	33,800	14,810	23,105	**87,950**	23,255	**23,255**	**111,205**
Total Poor 1 and Poor 2	33,097	69,024	26,155	47,428	**175,704**	44,504	**44,504**	**220,208**
% of Poor to Total Population	20%	27%	26%	23%	**24%**	26%	**26%**	**24%**

Different from Otdar Meanchey where the Pre ID was conducted throughout the province, Siem Reap was only conducted in the rural areas where the urban areas (4 communes in SRP town) were exclusive from the activities. The level of poverty for Siem Reap is 24% and 26% for Otdar Meanchey. Based on the Inter-Censual Survey conducted in 2004, the poverty rate for Siem Reap was 54% and 39% for Otdar Meanchey. The PBHS-SROM project supported the Pre ID by taking part of the photography component of the Pre ID project. CHHRA was contracted for the photography to take pictures of the pre-identified poor families. The MoP issued Equity Access Cards (EAC) to all pre-identified poor families in the provinces. The distribution was completed in the 4th quarter 2008. The Provincial Departments of Health of Siem Reap and Otdar Meanchey recognize the EAC and urged all Health Centers to respect the result and the exemption policy by providing free health care services to all EAC patients.

Table 3
Based on the levels of poverty resulted from the Pre Identification 2008 by the MoP/GTZ the differential utilization rates 2008 for IPD services are estimated as follows:

Utilization of IPD services/1000cap/year	Poor			Non-Poor			Total		
	2006	2007	2008	2006	2007	2008	2006	2007	2008
SRP RH, CPA3	15	15	48	47	72	47	29	41	47
STNK RH, CPA2	9	10	22	16	14	9	12	12	46
KRL RH, CPA 2	6	19	47	27	33	26	16	26	28
ACM+Pouk HC WBeds, CPA1	0	0	20	0	0	20	0	0	20
Total/SRP	**7**	**11**	**34**	**22**	**30**	**25**	**14**	**20**	**35**
SR RH+A.Veng HC WBeds, CPA2	54	46	49	20	29	23	33	36	30
Total/OMC	**54**	**46**	**49**	**20**	**29**	**23**	**33**	**36**	**30**

Note:
1) Total population for Siem Reap is 896,309 and for OMC is 185,443 based on General Population Census of Cambodia 2008 implemented by National Institute of Statistics, Ministry of Planning of Cambodia. These figures are based for the calculation for this annual report.
2) Siem Reap data was adjusted by an estimated 20% to compensate for the fact that most pediatric and a good part of maternity cases go to the local non-for-profit private hospitals. For reference, the nationwide utilization rate in 2005 was 21/1000/year.
3) The HEF still monitor the level of poverty of beneficiaries in 3 categories: Very Poor, Poor and Near Poor. Nearly same as last year the number of the IPD beneficiaries is in the Very Poor category. Increasing from 56% to 61% for the category of Very Poor, decreasing from 22% to 11% for Poor and increase from 22% to 28% for Near Poor.

Table 4
HEF Outpatient Beneficiaries at Referral Hospitals:
Beside the Inpatient beneficiaries, the HEFs also provides support to the Outpatient beneficiaries who are in critical condition in most of the facilities except for 3 Health Centers with beds of Angkor Chum, Pouk, and Srey Snam. The total number of HEF beneficiaries for outpatient services did not vary much as compared to 2007 and remains a quite low % of the activity, apart from at Sotnikum RH where HEF covers the patients of the Chronic Disease Clinic. Almost all HEF-paid OPD beneficiaries belong to the Very Poor group (90%).

RH	HEF-Paid Patients			Self-Paid Patients			% of HEF Supports		
	2006	*2007*	*2008*	*2006*	*2007*	*2008*	*2006*	*2007*	*2008*
Siem Reap RH	122	175	180	9,822	14,516	28,170	1%	1%	1%
Sotnikum RH	4,019	4,569	4,958	9,766	5,484	8,495	29%	45%	37%
Kralanh RH	24	46	108	540	616	409	4%	7%	21%
Subtotal for SRP	**4,165**	**4,790**	**5,246**	**20,128**	**20,616**	**37,074**	**17%**	**19%**	**12%**
Samrong RH	711	428	289	2,830	2,834	2,924	20%	13%	9%
A.Veng HCwBeds	315	76	61	12,453	13,325	11,969	2%	1%	1%
Subtotal for OMC	**1,026**	**504**	**350**	**15,283**	**16,159**	**14,893**	**6%**	**3%**	**2%**
Grand Total	**5,191**	**5,294**	**5,596**	**35,411**	**36,775**	**51,967**	**13%**	**13%**	**10%**

Table 5
HEF Outpatients at HC levels (5HCs):
Both for the data of HEF-Paid Patients and Self-Paid Patients of 2008 is of 6 months only as the HEF support to the 5 HCs ended by end June 2008. So the data of % of HEF support 2008 is calculated based on this six month data.

HCs	HEF-Paid Patients			Self-Paid Patients			% of HEF Supports		
	2006	*2007*	*2008*	*2006*	*2007*	*2008*	*2006*	*2007*	*2008*
Samrong HC	4,349	1,450	858	35,158	29,165	8,799	11%	5%	9%
Popel HC	3,278	2,623	967	12,379	10,487	3,258	21%	20%	23%
Chansor HC	2,972	1,990	727	7,355	6,664	2,699	29%	23%	21%
Svaylue HC	3,547	1,878	830	15,852	10,803	4,072	18%	15%	17%
Kvav HC	3,293	2,292	631	11,953	7,715	2,628	22%	23%	19%
Total	**17,439**	**10,233**	**4,013**	**82,697**	**64,834**	**21,456**	**17%**	**14%**	**16%**

The utilization of these 5 HCs by the HEF beneficiaries and non-HEF beneficiaries remain decreasing substantially since 2006 and 2007.

Table 6

Estimated utilization rates for 5 HCs in Sotnikum OD (Total pop: 70,749; 27% poverty rate). The data of 2008 is calculated based on a 12 months extrapolation.

Estimated OPD contacts/cap/year at 5 HCs in Sotnikum	Poor			Non-Poor			Total		
	2006	2007	2008	2006	2007	2008	2006	2007	2008
	1.1	0.8	0.4	1.2	1.2	0.8	1.2	1.2	0.7

Note: Poor cards to access HEF benefits at these 5 HCs were delivered by MSF 5 years ago and in April 2008 they are replaced by the Equity Access Cards issued by the MoP/GTZ.

Beside these general supports to poor patients, the HEF also provides assistance in favor of targeted services of special public health concerns:

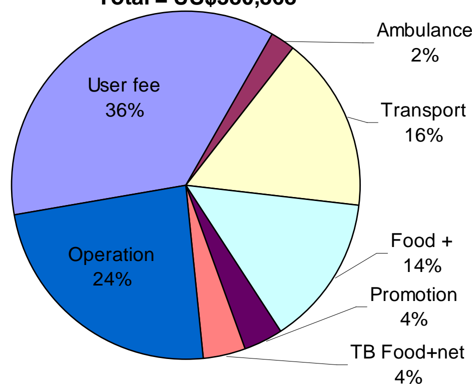
1- 328 TB new admissions (32% increases from 2007) at Siem Reap RH receive 2meals/day/patient and one mosquito net. Average value of benefit per TB patient is $54
2- 911 "Free-of-charge delivery" at Siem Reap RH (254% increase from 2007 “257 deliveries”), 30,000R (=$7.5)/case paid to the hospital.

<u>HEF Component Costing:</u>

The overall annual expenditure for HEF component during 2008 is $425,433. This total expenditure is breaking down as below:

a. The expense for HEFs is $380,868, 39% increase as compared to 2007 of which 38% is user-fees for services, which makes a 0.35$/cap/year, in line with plan.
b. PLHA activities in Siem Reap Provincial Referral Hospital implemented by MMM Jan – Aug 2008 is $3,577
c. PLHA home base care in Otdar Meanchey province implemented by Women Jan - Oct 2008 is $19,270
d. Pre Identification in Siem Reap and Otdar Meanchey provinces implemented by MoP/GTZ is $21,718

Figure 1



Notes:

- "Food+" includes: cremation, small supplies, TB food at SRRH.
- "Ambulance" is also paid to the RHs as user fee
- The costing increase (39%) correspond to:
  1. the voucher system for PLHA in Otdar Meanchey province
  2. the expansion of HEF schemes to Angkor Chum and Pouk HC with beds in SRP
  3. increased IPD beneficiaries (+8%)
  4. increased price of travel and food benefits for HEF patients

Table 7
The analytic data presented below splits the HEF expenditures at RH level from the ones at HC level. However, all operation costs are put on the RHs. Anlong Veng operation is covered by Samrong RH and Kralanh covered by Siem Reap RH. Operation for Voucher System is partially covered by HEF, WOMEN and AHC.

Average value of user-fee benefit per IPD and OPD case at RH and HC with Beds levels:

RH	IPD			OPD		
	2006	*2007*	*2008*	*2006*	*2007*	*2008*
Siem Reap RH	$23	$30	$32	$2	$4	$2
Sotnikum RH	$14	$16	$14	$1	$1	$1
Kralanh RH	$12	$12	$12	$1	$1	$1
Angkor Chum HCwBeds: *Apr-Dec 08*			$9			
Pouk HCwBeds: *Apr-Dec 08*			$8			
Srey Snam HCwBeds: *Oct-Dec 08*			$4			
Samrong RH	$9	$11	$12	$1	$1	$1
Anlong Veng HCwBeds	$7	$8	$8	$1	$1	$1

Note: due to shortage of funding during the 4th quarter, the project decided to pay only partially the monthly User Fee for the HEF beneficiaries to all facilities for 3 months October, November and December 2008. The partial payment is paid according to Pro-Rata calculation based on the monthly total invoice for HEF beneficiaries of each of the RHs and HCs accordingly; 58% of total invoice paid for October, 65% for November and December is 79%. The deducted amount is not accounted for the calculation for the average value of the user-fee benefit per IPD and OPD above.

Table 8
The average value of user-fee benefit per OPD case at 5 HCs in Sotnikum OD:

HCs	Average Cost/OPD		
	2006	*2007*	*2008*
Samrong HC	$0.18	$0.30	$0.54
Popel HC	$0.21	$0.31	$0.51
Chansor HC	$0.20	$0.20	$0.23
Svaylue HC	$0.42	$0.42	$0.35
Kvav HC	$0.30	$0.37	$0.26
Total	**$0.26**	**$0.32**	**$0.38**

(Note: average cost/OPD 2008 = 6 months data: from January to June)

Discussion and Perspective

3 Important trends appear in the 2008 data:

- Sharply increased utilization of self-paying IPD patients in Siem Reap provincial RH, with also an overall increase in number of HEF beneficiaries.
- Increased utilization of self-paying IPD patients in Otdar Meanchey and Anlong Veng, but decrease in number of HEF Beneficiaries.
- Decreased utilization of self-paying IPD patients in Sotnikum RH but remain very much the same in number of HEF beneficiaries.

Following HEF geographical expansion, the project is now working on refining it:

- With the introduction of Equity Access Card (poor card by MoP/GTZ) the HEF will take in 2009 a very important turn. This will remove the unpredictability of access to benefits, hence enhance and better focus the impact of HEF on the poorest section of the population.
- Another important move is the introduction and adaptation of a developed database based on URC and MoH database that will facilitate the management, analysis and reporting work with also harmonization with the other main HEF implementers in the country. Finally this should also facilitate the articulation of HEF with the CBHI schemes to come, especially in OMC province.
- Possible expansion of the IPD benefits to the HCs with beds in Siem Reap and the OPD benefits to some HCs without beds in SRP and OMC where its catchments prove high poverty rate, as resulted from the Pre-ID implementation of the MoP/GTZ.

5.2. Behavioral Changes/Communication

(Budget A_02): $31,878

Processes

2008 activities under this component were kept at minimum as Project focused its support to three main priority components of HEF, Performance Contracting and QI.

Results

2.1. BCC contracted out campaigns (Budget A_02_02)

Quarterly Health Newsletter

2 issues were published for first and second quarter this year. The activity was discontinued for the remaining half year.

Road safety campaign

No activity is planned for this component.

Marketing of public health services

No activity is planned for this component.

Emergency preparedness activities

No activity is planned for this component.

Special Events

No activity is planned for this component.

Malaria Community-based Support

Project continued to support the Malaria Community based plan for 2008.

Siem Reap PHD: In collaboration with Siem Reap PHD and provincial malaria program, Project provided financial and technical support to malaria community based plan for the whole year of 2008 through PHD, OD and HC staff in the catchment areas of two health centers (Svay Leu and Kvav) of Sotnikum Operational District. Main activities are to support prevention, treatment and referral by village malaria volunteers in 18 malaria endemic villages (11 in Svay Leu and 7 in Kvav). As a result, 1020 people were tested for malaria of whom 608 were diagnosed of falciparum malaria through malaria dipstick checks and treated on time by village malaria volunteers.

Otdarmeanchey PHD: Continued from previous year the project support supervision on the activities of 40 volunteers selected from 20 high risk malaria villages in Anlong Veng and Trapaing Prasat (2 volunteers per village). The volunteers conduct in their villages consultation and testing the malaria suspected and provided treatment for positive cases. They

also refer the severe cases to HC and RH. Routinely, the HC staff and occasionally the PHD malaria supervisor do supervision and monitoring on these volunteers so that on the job training are done to improve the practices of the volunteers. The volunteers involve also in the promotion activities, net distribution and impregnation. As a result 372 cases were identified by the volunteers as malaria positive cases 57 cases were referred to HCs.

2.2. School Health Education (Budget A_02_03)
Coordination with the BETT project, the project contributes to the development of on health education curriculum and materials for primary/lower-secondary schools (sub-contracted to World Education). In 2008 Project continued only technical support as necessary to BETT.

Discussion and Perspective

These attempts to establish/strengthen communication between the public health authorities and the population and its representatives are very important to foster the "positive interaction between users and providers" motto of the project.
Although, the direct impact of such activities/events is difficult to assess, the generated emulation is assumed to contribute to the mobilization for health in both users and providers sides.

5.3. Strengthening Health Services Delivery

(Budget A_03) $325, 410

Processes

In 2008 Project was able to take a full effect of the 2007 contract revision framework emphasizing on three general issues from Midterm review's recommendations for ownership, quality and sustainability at all levels.

1. Ownership:
    - PHD: 3 linked functions of contract management unit, health financing unit and integrated supervision are established. Contracting management unit is structured as a PHD vice director to be a chief responsible for managing and coordinating all incentive schemes and a monitoring team of 3 members as a PHD representative team to work on monitoring PBHS contracts and provide feedback to chief of contracting management unit who is in turn provide feedback and follow up the actions to be taken by all concerning levels esp. integrated supervision team of PHD, OD management team and PRH director.
    - OD: sub-contracting is made with ODO, RH and HCs through quarterly based planning (targets and outputs based) and quarterly performance monitoring & evaluation are managed by OD management team.
    - PRH: PRH is directly under the control of PHD from January 2008. It is given more autonomous when director of PRH is responsible for managing performance contracts with his own staff.
    - Critical decision/initiatives to improve the performance of the organization or units are planned, implemented and presented at every quarter ownership meeting by PHDO, ODs and RHs.
2. Quality:
    - In the context of MPA/CPA, issues of quality has been introduced and linked to performance indicators of RH and HC

- Respect of golden rules, process of service provision and patient's satisfaction are enforced through giving more weight to the scoring by monitoring team

3. Sustainability:
   - Ceiling has been introduced at all levels since July 2007. Note that due to high inflation, ceiling was increased 10% from July 2008.
   - User fee is used as performance bonus indicators of RH and HCs and the link of user fee outputs to performance output indicators of ODs.
   - Deduct the PBHS incentive support from where other incentive schemes are available and follow up the increased financial support/initiatives from GOC such as PMG, incentive delivery, etc.

Units under contract:

2 newly established/staffed health centers were integrated in the system:
- 2 HCs in Siem Reap province, covering 15,930 inhabitants
- In OMC, continued only with the contracted facilities from 2007

This makes the total units under contract as follows:

Table 2

Covered:	Siem Reap	Otdar Meanchey	Total
Prov. Health Dpt Office	1	1	2
Operational District Office	4		4
Prov. Referral Hospital	1 CPA[3]	1 CPA[2]	2
District Referral Hospital	2 CPA[2]	1CPA[1]	3
Health Centre	41	14	55
Total Health Staff	604	263	867

Other Contract Initiatives in the project area:

- From October 2007, all health centers of Angkor Chum OD (as units) with also one OD staff and one PHD staff (as individuals) were put under a GAVI/HSS contract scheme focusing on MCH services. However, due to overlapping with PMG scheme, only 9 out of total 16 health centers of Angkor Chum have been under GAVI and 7 under PMG.
- PMG contract (individuals), a CAR initiative was declared for:
  - 2007:
    - In Siem Reap: 59 staff of 10 health centers of which 6 in Angkor Chum OD and 4 in Siem Reap OD and it also includes 2 PHD staff and 2 OD staff.
    - In Otdar Meanchey: 26 staff in 4 HCs and 1 health post with also 1 OD/PHD staff.
  - End of 2008:
    - In Siem Reap: 86 staff of health centers of which 9 in Angkor Chum OD and 7 in Siem Reap OD
    - In Otdar Meanchey: 57 staff (Including 26 staff of 2007) were declared as PMG. Among these staff 2 are the PHD staff and 55 from 10 HCs.
- Units under GAVI contracting and PMG have no more access to PBHS bonus.
- Either with GAVI/HSS or with PMG, the PHD monitoring/supervision system developed with PBHS remains and results are feed backed for action taking as appropriate.

- The introduction of the GAVI/HSS and PMG schemes were not sufficiently coordinated amongst themselves and with the PBHS project. PMG was launched with very short notice. As a result, on Angkor Chum OD, some undesirable overlapping is occurring. PBHS has to adjust and fill the gaps. On this OD the 3 schemes are co-existing (GAVI, PMG and PBHS).

Other supports to service delivery

Promotion of Family Based care (Budget A_03_07)

Mondol Mit Chouy Mit (MMM, in English means Friend Help Friend Center).

The project continues it's support to the PLHA admitted at Siem Reap provincial Hospital via MMM from January – August 2008:

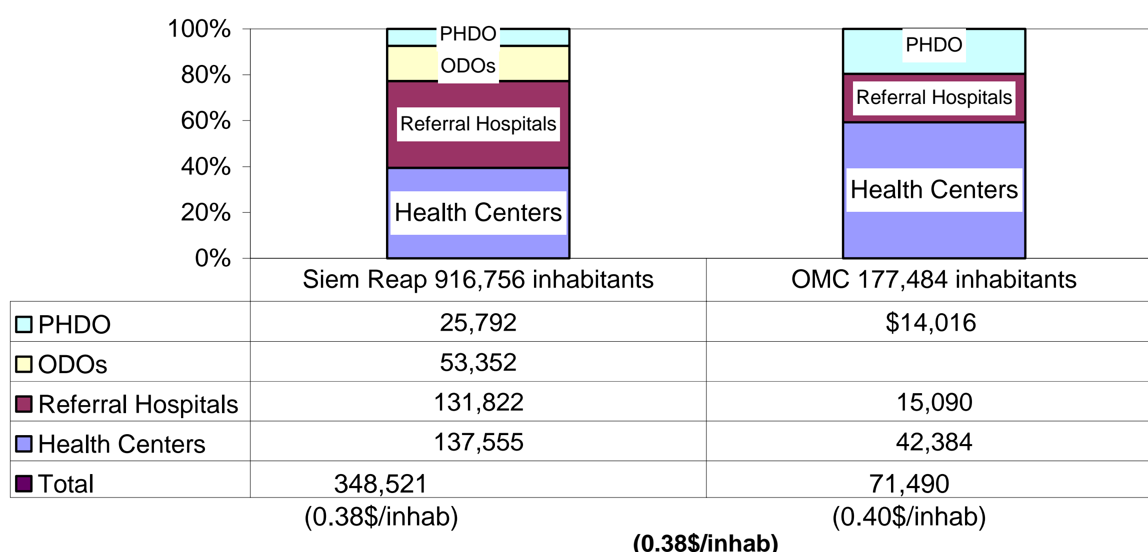
- Daily care and counseling to admitted patients, VCCT counseling.
- Relief assistance scheme (maximum $10 X 10 PLHA/month) for a 8-month total is $700
- The total 8 months expense via MMM amounts $**3,577**

Supports to People Living with Hiv/Aids in Otdar Meanchey:

- From January to October 2008, the project supports WOMEN, a local Ngo to run home based care support to the People Living with Hiv/Aids (PLHA). The yearly expenditure from January to October 2008 = $19,270.
- For the period January – October, the HEF also supports a transportation voucher system for adult PLHA to & from Samrong RH. WOMEN is responsible for identifying the PLHA and for issuing the voucher, HEFO pays for the transportation cost. Expense for the 10 months is $13,450 (=1,217 vouchers).
- From January to October 2008, also via WOMEN identified children PLHA receive vouchers to come to Angkor Children Hospital in Siem Reap for regular follow up. AHC is to provide care service. Through HEFO the HEF reimburse the transportation cost to the AHC on a quarterly basis. Expense is $1,852 for 10 months (=114 vouchers).

2008 Contracting Costing

Figure1



	Siem Reap 916,756 inhabitants	OMC 177,484 inhabitants
PHDO	25,792	$14,016
ODOs	53,352	
Referral Hospitals	131,822	15,090
Health Centers	137,555	42,384
Total	348,521	71,490
	(0.38$/inhab)	(0.40$/inhab)

(0.38$/inhab)

For the 2 provinces, this is a decrease of 10% as compared to 2007. This is due to the reduction of 30 health centers with GAVI/PMG from PBHS bonus scheme (21 health centers with PMG and 9 health centers with GAVI). Therefore, it is under the plan of 0.44$/cap/y.
- 11% for Siem Reap province: even new health centers are included and ceiling is increased 10% of PBHS bonus
- 13% for Otdar Meanchey: even ceiling is increased 10% of PBHS bonus

Discussion and Perspective

In 2008 the implementation of three general issues of ownership, quality and sustainability in the contracting PBHS system tends to bring clearer direction for the future contracting approach, the relationship between PHD and ODs and between OD management and its RH and HCs. Further this is in line with Health Strategic Plan 2008-2015 for internal contracting.

Following Health Strategic Plan 2008-2015 of MOH, the PHD/project team is now working toward internal contracting approach when PHD will become MBPI and commissioner and Provincial Referral Hospitals and ODs to become Special Operating Agency (SOA) to apply for SDG (Service Delivery Grant) for staff incentive and supplementary running cost for health centers and referral hospitals.

To achieve the above plan, PHD and Project team will have to work on issue as following:

- Financial transparency on different financial inputs is not yet systematic, but should be improved with the health financing unit.
- Other contracting scheme GAVI, PMG etc. How to link these schemes and avoid overlapping
- PHD and ODs still need to strengthen its key related functions. Expectation is foreseen in the starting of MBPI and SOA
- Path-finding towards financial sustainability

Several important related aspects need attention to avoid/reduce negative interference:

- questionable private-public practices
- insufficient supplies
- budget shortage in Siem Reap
- staff shortage
- New initiative

5.4. Quality Improvement Initiatives

(Budget A_04) $195, 805

Process

In 2006 the project already initiated the Hospital Assessment procedure based on a developing set of tolls under a MoH/URC cooperation. In 2007 the MoH Decrees on Certification of health service units confirmed this approach and introduced a preliminary step of self-assessment. All the RHs in the project are engaged in this process that provides a framework for elaborating on quality improvement.

NIPH offers a training course on Hospital Management.

Since the new director/deputy directors of provincial Siem Reap Hospital are stepped-up allowed the project to find better response to its support and to develop a more structure management approach.

The Decree on keeping hospitals and health centers at their current location gave a reassuring framework to implement the first phase of the provincial hospital of Siem Reap architectural Master Plan, consisting of:

- Rationalization of the general hospital physical organization: outpatient section, support services section and inpatient section
- Backfilling of the large pond with drainage system.
- Development of the outpatient department
- Addition of essential small structures (WC, waste storage, …)
- Supply Hospital Medical Equipment for SR and OMC provincial hospitals
- Rehabilitation and/or extension of the main existing premises (ophthalmologic building, ENT rooms, general medical ward/ICU, surgical ward, ...)
- Sharing cost with RACHA and commune council to build a waiting house for pregnancy women at Varin HC

Results

- The 6 key staff of Sotnikum RH and 6 key staff of Otdar Meanchey RH have finished 1 year of the HMT course organized at NIPH with a good results.
- Enhanced efficiency of Siem Reap PH Management Committee, Financial committee, and technical committee.
- Re-assessment at Siem Reap provincial hospital conducted by MoH, URC and AHC (from 56% to 67% then 85% as the last result of assessment).
- Further improvement/strengthening in data collection/compilation at Siem Reap Hospital (patient files, accounting, drugs, HIS)
- Finger print machine is set to control working time of staff in SR-PH

Micro interventions addressed most obvious constraints to quality of care in the form of **(Budget A_04_02)**:

- Enhance rational prescriptions and improvement on record and information in the "Patient Files"
- Continue to support complementary drug supply (CMS drug supply fall short, especially with the increased activity and especially for surgical drugs and items)
- Co-financing for the installation of a waste zone at the SR-PH in the collaboration with MSF-B
- Support Private sector control as an initiative of the PHDO/ODO
- Strengthening provincial health information system in collaboration with RACHA
- Continued support an improvement of waste management and hygiene, especially at SR-PR
- Support installation's fee of a new solar panel in Varin HC
- Installation a water pump's piston in Srei Snam HC.
- Repairing solar electricity damage by lightening in AKC OD, Samrong Year HC

Equipment and Instruments handed over by PBHS

- Purchased one set of desktop, one printer and one UPS for Siem Reap Referral Hospital.
- Purchased two washing machines and one set of finger print for Siem Reap Referral Hospital.

- Purchased the MCH materials/equipment and instruments for 56 HCs in Siem Reap and Otdar Meanchey Provinces.
- Purchased hospital equipment, instruments and surgical equipment for Siem Reap RH.
- Purchase 3 UPS 1250VA for Siem Reap Referral Hospital
- Purchased and installed PA Sound System for Siem Reap Referral Hospital.
- Purchased one LCD Projector and Screen for Kralanh OD, Siem Reap Province.
- Purchased one LCD Projector and Screen for Sotrnikum OD, Siem Reap Province.
- Purchased one LCD Projector and Screen for Samroang Referral OD, Otdar Meanchey
- Purchased 20 GS Batteries 120Ah-12Volts for 20 Health Centers in Siem Reap and Otdar Meanchey Provinces.
- Purchased 3 Shadowless lamps for Siem Reap Referral Hospital.
- Purchased 4 X-Ray Viewers (Three for Siem Reap Referral Hospital and one for Samroang Referral Hospital).
- Purchased hospital equipments Siem Reap Referral Hospital.

Table 3

No.	ITEM DESCRIPTION	Qt.	Unit Price (US$)	Total Amount	Hand Over Date	Handed Over for	Remarks
I	**IT EQUIPMENT**						
1	Computer Set	1	784.00	784.00	04-01-08	Siem Reap RH	
2	HP LaserJet Printer, Hp 2015	1	298.00	298.00	04-01-08	Siem Reap RH	
3	Finger Print Set	1	479.00	479.00	11-06-08	Siem Reap RH	
4	PA Sound System	1	3,639.00	3,639.00	11-06-08	Siem Reap RH	
5	LCD Projector and Screen	3	1,043.00	3,129.00	04-07-08	KRL, SNK & OMC	
6	UPS 1250VA	3	68.00	204.00	05-09-08	Siem Reap RH	
	Sub-Total:			**8,533.00**			
II	**HOSPITAL EQUIPMENT, MATERNAL & INSTRUMENTS**						
1	Washing Machine	2	1,585.00	3,170.00	08-01-08	Siem Reap RH	
2	Surgical Instruments	1	965.00	965.00	26-02-08	Siem Reap RH	
3	MCH Equipment & Instruments	1	14,419.70	14,419.70	18-03-08	HCs in Siem Reap	
4	MCH Equipment & Instruments	1	1,622.09	1,622.09	18-03-08	HCs in OMC	
5	MCH Equipment & Instruments	1	1,491.14	1,491.14	19-03-08	Kok Thlork Leu HC	
6	Hospital Equipment & Instruments	1	9,717.91	10,654.10	11-06-08	Siem Reap RH	
7	GS Battery	13	116.00	1,508.00	03-09-08	13 HCs in SRP	
8	GS Battery	7	116.00	812.00	03-09-08	7 HCs in OMC	
9	Shadowless Lamps	3	300.00	900.00	05-09-08	Siem Reap RH	
10	Weighting Scale	5	13.50	67.50	05-09-08	Siem Reap RH	
11	X-Ray Viewers	3	92.00	276.00	26-12-08	Siem Reap RH	
12	X-Ray Viewers	1	92.00	92.00	26-12-08	Samroang RH	
	Sub-Total:			**35,977.53**			
	TOTAL COST:			**44,510.53**			

Discussion and Perspective

Beside the direct issue of quality of care to the patients, the logic in this quality improvement component is to articulate the "output related bonus scheme" in making services rapidly more attractive, then stimulates utilization and accelerates the move towards financial sustainability.

The same as 2007, the project experience is that improvement on clinical quality to does not receive enough attention, especially at the RH. The project itself does not have the resource

person to directly impact on this. Resources from local institutions/organization were probably not enough integrated/mobilized. An agreement with Angkor Children Hospital has been done under working on quality pediatric care in the RHs. This should be complemented by other approaches on nursing and general clinical care.

Rehabilitation/Upgrading of Referral hospitals in SRP and OMC is expected to:

- improve the overall functioning of the hospital
- improve the quality of care in specific departments in RHs
- have a substantial impact on the perception of the services by the population
- improve a self paid user fees and benefit for the staff
- be an essential step to envisage the introduction of SHI scheme(s).

5.5. Training and Capacity Building

(Budget A_05) $38, 799

Process

The 3 main approaches of previous years were still continued:

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

Results

Training/Coaching by project technical assistance up to end of May 2008

The surgical team of Siem Reap RH benefited from a regular coaching (50% time) by an international general surgeon, Dr. Rene Brahy and the team of Belgium Doctors

The approach consists of:

i. Department Management: (1) Organization of work in the Operating Theater and Surgical Wards, (2) Identification and resolution of problems.
ii. Clinical and Treatment: (1) diagnosis, treatment decision, surgical procedure and post-operative care until discharge of the patient, (2) New surgical procedures (3) Coaching of the surgical team and backing up for difficult cases.

Attendance to locally or nationally organized training:

1. Hospital Management Training was supported by Project, 6 hospital staffs of SNK RH and OMC RH were sent to training. The course of training is 6 months for the class and 6 month for QI project implementation. The course was end at mid year of 2008.
2. The project has supported 12 staffs for 4-month midwifery training in Battambang. The training was finished in the beginning of second quarter 0f 2008.
3. 1-year primary midwifery training for 20 trainees at RTC BB is still going on
4. Emergency Pediatric Care at AHC: 1 Medical assistant and 1 nurse from HC Anlong Veng, Oddar MeanChey
5. 1-day Dengue training at AHC: 4 participants from OMC (2 from Samrong and 2 from Anlong Veng)
6. Support 1 MD to training on X-RAY interpretation in Calmet hospital
7. Support two sessions of training on MCH to 40 health center staff in OD SNk
8. 2 sessions of Ambulance training to improve emergency and referral skills to 30 participants from SiemReap and OMC
9. 2 physicians and 2 nurses from OMC attended CPAP course at the Angkor Hospital for Children.

10. PHDO and ODO staff of SR & OMC were financially supported by the project to attend the workshop on SOA/MBPI schemes in PP and Kampot province.

Attendance to national or international academic events.

1. SRRH surgical team for participation at the yearly national academic meeting in Phnom Penh. Dr. Kong Rithy, Dr. Theng Hang, Dr. Doung Rada, Dr Ith Chob Choroth, Dr. Ing Sokhen and Dr. Seng Rithy Reth
2. Supported Siem Reap PHD annual conference
3. Supported private pharmacy meeting
4. Supported AHC to do coaching for the Kralanh, Sotnikum, Anlong Veng and Samrong

Discussion

Training/Coaching has a potential to give swift and substantial results, often expanding beyond the specific field of intervention. It is assumed that the training/coaching approach with the surgical team of Siem Reap hospital had 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", …

5.6. *Institutional Development*

(Budget A_06) $26, 019

Results

Planning and Monitoring (Budget A_06_03):

- The project assists the PHDO and ODO for the production of a comprehensive Annual Operation Plans (AOP) and quarterly work plan. Actually, the PHD AOP and the project AOP are developed concomitantly so the project can fill the identified gaps.
- The project assists the PHD and ODs for the organization of quarterly performance review and the yearly provincial annual congress.
- The project assists and contributes to the monthly meeting of Provincial TWG-Health.
- Key PHD functions such as: contract management, integrated supervision and Health Financing data (special attention in relation to the contracting) are still strengthening for a sustainability manner

Stakeholder Internal HMIS auditing (Budget A_06_04)

- 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 still continue to do patient interviews as an auditing tool

Central level interventions (Budget A_06_05)

- Contribution to the Referral Hospital Management Reform Committee.
- Contribution to the development of the HEF concept and tools, and pool of data.
- Contribution to the National TWG-Health
- Contribution to the development of RH and PHDO assessment tools.
- Contribution to initiate MBPI and SOA implementation in SR and OMC provinces.
- Support to MoH for a special events of BTC respective provinces (Inauguration, lunching ...)

Discussion

It is essential that project expertise, field data and experiences can contribute to national policies, guidelines, and initiative for a development of MBPI and SOA implementation.

6. UTILIZATION AND COVERAGE RESULTS

Health Centers

Table 4

5 main Indicators of HC performance	Siem Reap					*Incr. %*	*Incr. %*	OMC					*Incr. %*	Incr.%
	2004	**2005**	**2006**	**2007**	**2008**	*2004/2008*	*2007/2008*	**2004**	**2005**	**2006**	**2007**	**2008**	*2004/2008*	*2007/2008*
# New consultation at HC/inhab./year	*0.46*	0.53	0.69	0.60	0.56	*22%*	*-7%*	0.31	0.43	0.6	0.62	0.58	*87%*	*-7%*
% of deliveries by trained health staff	*31*	35	45	42	67	*116%*	*37%*	14.00	19	30	43	51	*264%*	*16%*
% of pregnant women who receive at least 2 ANC consultations	*48*	57	61	76	98	*103%*	*22%*	47.00	60.00	82.00	96.00	98	*109%*	*2%*
% of fully immunized by children	*79*	81	86	89	84	*6%*	*-6%*	93.00	88.00	90.00	95.00	94	*1%*	*-1%*
% of children <1year who receive measles	*84*	83	89	90	84	*0%*	*-7%*	90.00	89.00	96.00	97.00	93	*3%*	*-4%*

This table shows significant increase in utilization/coverage from 2004 to 2008:

- However, new consultations, stabilized around 0.6 (in Siem Reap slight decrease seemingly due to clarification on new case definition).
- Delivery by trained staff, much improved in OMC.
- Antenatal care services are progressing in the 2 provinces.
- Attained coverage in immunization of children was already high and is now very good.

For reference, the nationwide figures for 2005, 2006, 2007 (only draft figures) and 2008

Indicator	**2005**	**2006**	***2007*** *(draft)*	***2008*** *Draft*
"New consultation at HC/inhab/year"	0.45	0.53	0.42	0.47
"%Delivery by trained health staff	29.6%	36%	42%	55%
"% of pregnant women with at least 2 ANC"	49%	60%	64%	78%
"% of children < 1 received measles"	77%	78%	Not avail.	97%

Referral Hospitals

Siem Reap Provincial Hospital (CPA3)

Figure 2

Siem Reap hospital is steadily increasing its volume of activity with a quite even repartition across the departments.
Pediatric care is not available anymore but Gyn/Ob is progressively regaining utilization.
HEF patients represent 34% of all admitted patients.

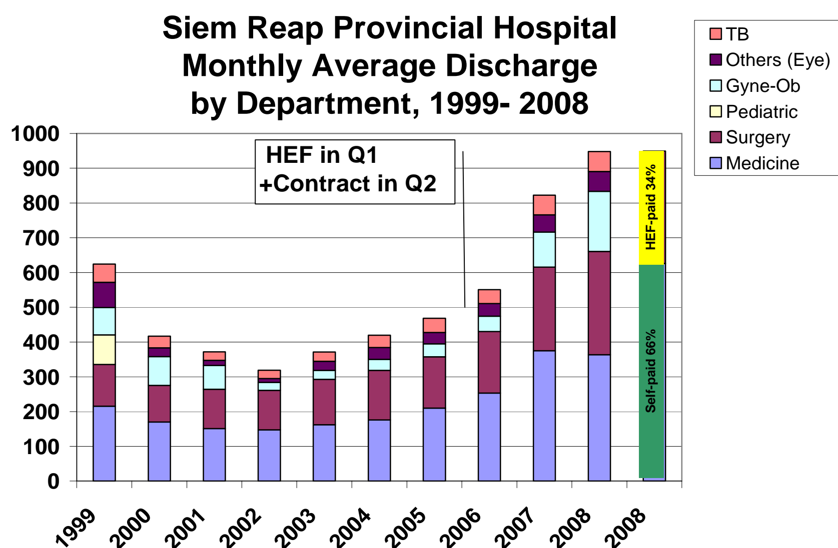
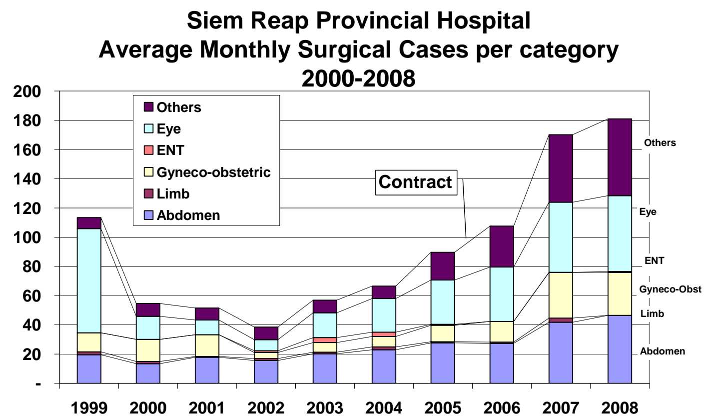


Figure 3

Also shows the continued increasing trend in surgical activities from 2003 and 2008 even more active.

In 2008 the proportion of planned surgery increased substantially showing that the surgical department is building up a reputation and is not only used for emergency/trauma cases. Limb is zero in 2008, it means that no land mine accident was referred to PRH. Others include mainly activities of orthopedic, and urology.

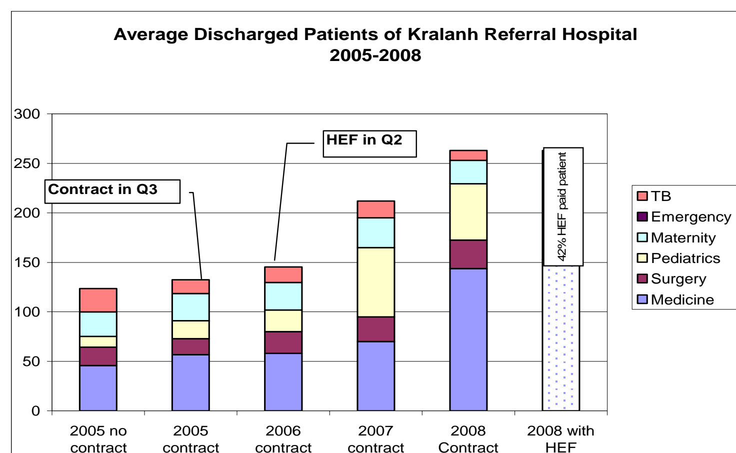


Kralanh Referral Hospital (CPA2)

Figure 4

The graph shows steadily a good increase in IPD services this year, mainly linked to the take off of the HEF benefits now at 42% of all IPD, with also an impressive jump in medicine.

Surgical cases are actually mainly small surgery performances.



Sotnikum Referral Hospital(CPA2)

Figure 5

The graph shows apexes in utilisation in 2003 followed by a 3-year decrease then a regain in 2007 and again decrease in 2008. Paediatric admissions vanished with the opening of private paediatric hospitals in Siem Reap

HEF patients remain around 48% of all admitted patients.

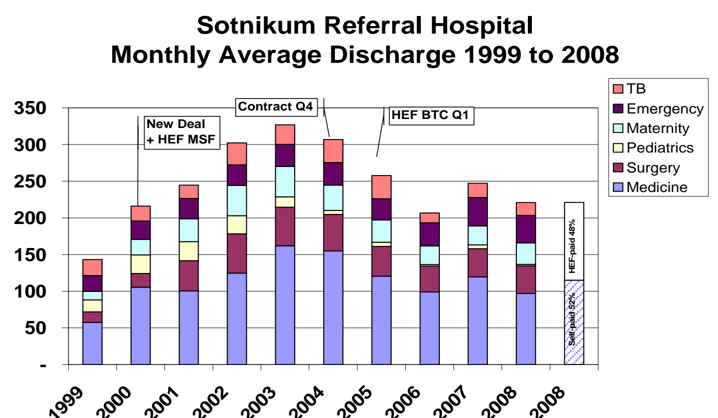
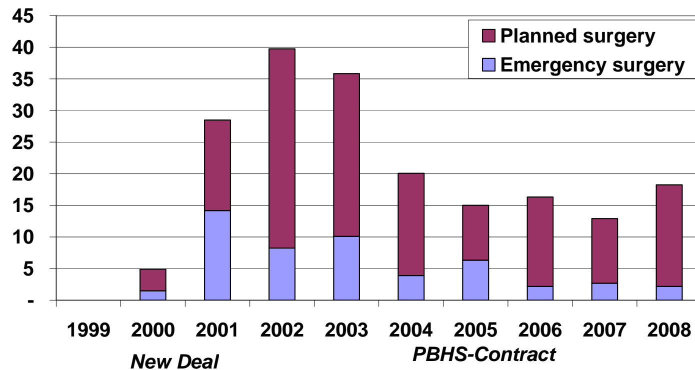


Figure 6

The graph shows a continuous decrease in surgical activity from 2002 to 2007, especially the planned surgery.

Although in 2008, planned surgery increases, with a total of less than 20 surgical performance per month (as CPA RH it requires more than 30/month), the quality of service becomes questionable.

As a CPA2 hospital, Sotnikum RH mandate to provide emergency surgery seems challenged.



Samrong Referral Hospital (CPA2)

Figure 7

The graph shows a steady increase in utilisation over the past 4 years since 2004 and passes over the level attained in 2002 when a Cuban medical team was coaching the hospital. However, this year 2008, there is a decrease across all departments.

HEF patients represent there 41% of all admitted patients.

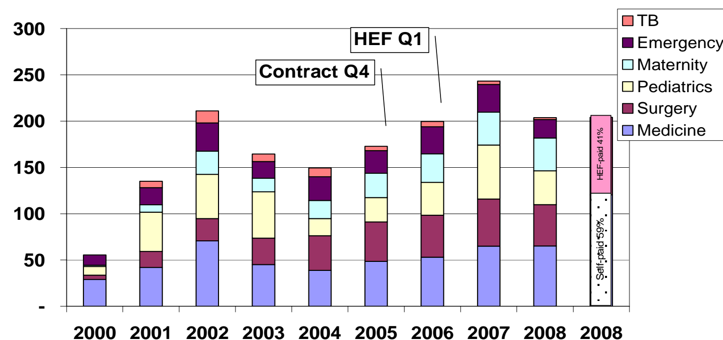
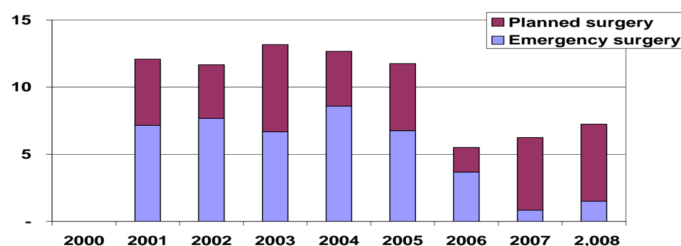


Figure 8

This shows a drop in surgical activity at Samrong Hospital since 2006. However planned surgery has been increasing since 2007.

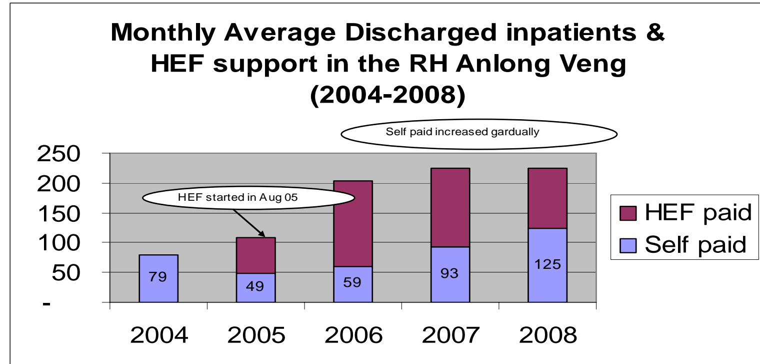
For 2008, the activity of emergency surgery services is slightly increasing.



Anlong Veng RH (CPA1)

Figure 9

Some additional increase in IPD activity is assessed in 2007 and the increase is mainly from self-paying patients.



Referral Hospitals

i. The increase in utilisation is now the results of the combine effects of
   - ✓ Contracting
   - ✓ HEF
   - ✓ Introduction/revival of some services (surgery at Siem Reap RH, pediatrics at Kralanh RH, …)
   - ✓ Some behavioural changes

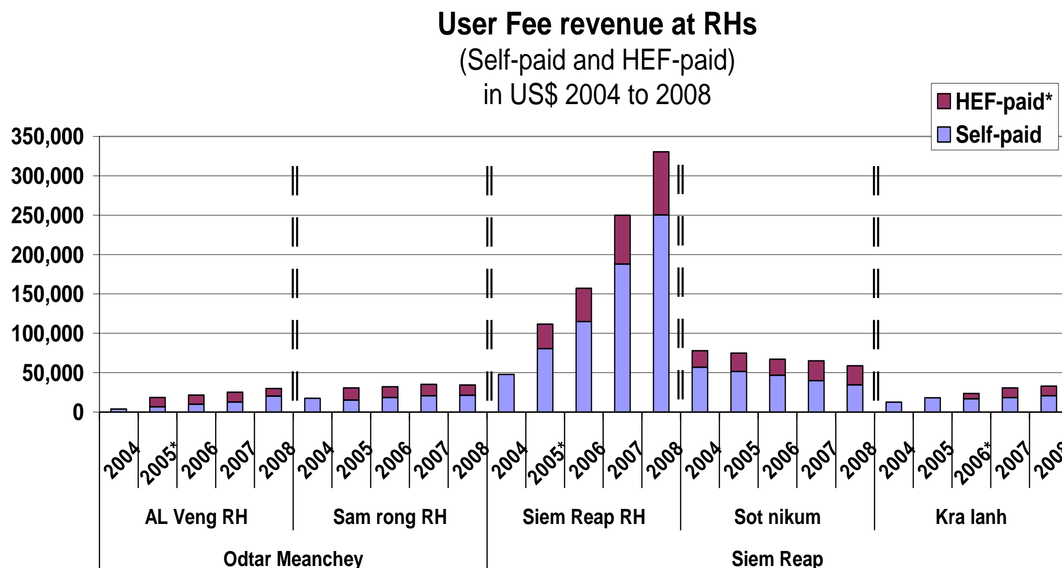
ii. Sotnikum Referral Hospital seems to regain activity in surgical services esp. surgical program cases but in overall admissions decrease, and with a higher rate of HEF-paid patients compared to 2007. Also the HEF-paid patients for the Chronic Disease Clinic, is an important source of revenue for Sotnikum hospital. See below the gradually decrease of self-paid user-fee.

iii. The management of surgical cases at Samrong RH slightly increased from 2007 but not much improved since 2007.

7. HEALTH FINANCING RESULTS

User-Fee Revenues

Figure 10



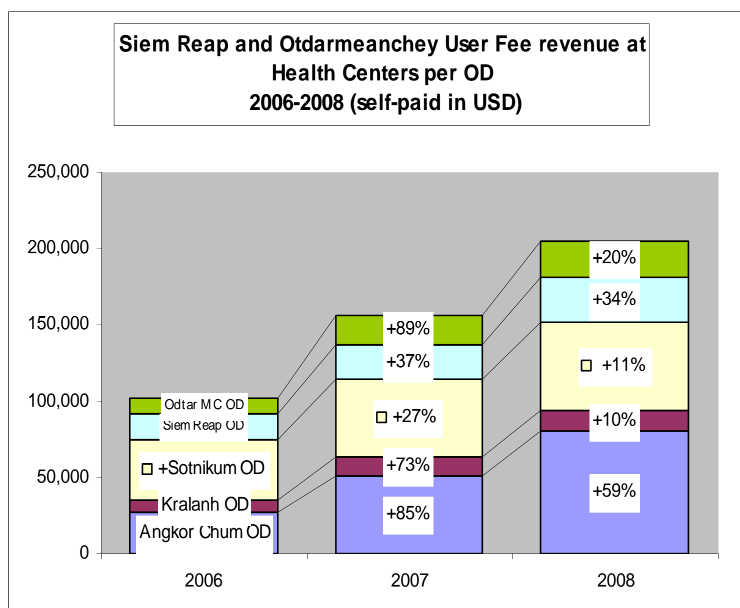
Siem Reap hospital increased substantially its user-fee revenue, mainly from self-paying patients (+76%).
ALV and Samrong have more modest increase, but with also a lesser proportion depending upon the HEF.
Sotnikum decreases its self-paid revenue and increased its dependency on HEF. Kralanh has a modest increase and also increases its dependency on HEF.

Figure 11

This graph shows a general jump in user fee (UF) revenue at health center level in all OD.

This is not consistent with the stabilized "New Consultation utilization rate".
Possible explanations are:

- UF in 2006 were under reported.
- UF in 2007 and 2008 are better reported (indicator in the bonus calculation + HFU)
- Several HCs increase their UF rates (without clear notification from ODOs to PHD).

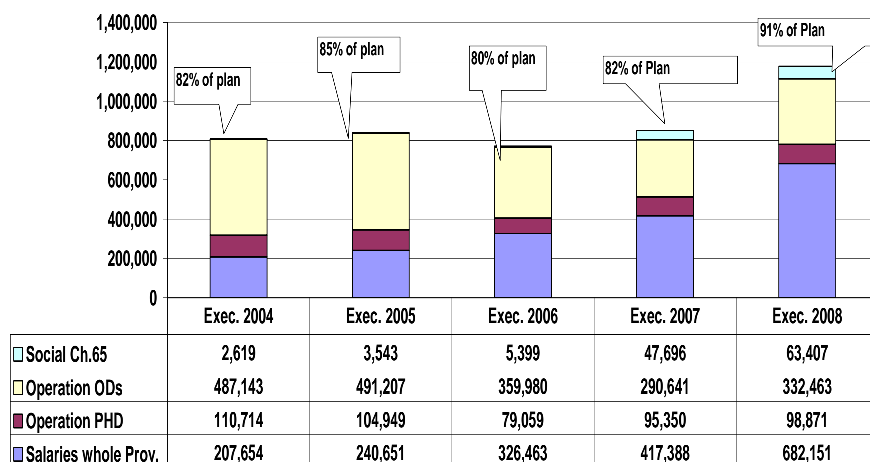


National Budget (exclusive CMS supplies)

Siem Reap province

Figure 12

Siem Reap 2008: the execution (access) is better implemented than last year reaching 91%. Salaries and related increase by 60% and Operational spending at OD level increase by 12%.
In 2008, this represents a total of US$1.28/cap/year of which US$0.36 goes to operation costs at OD level.



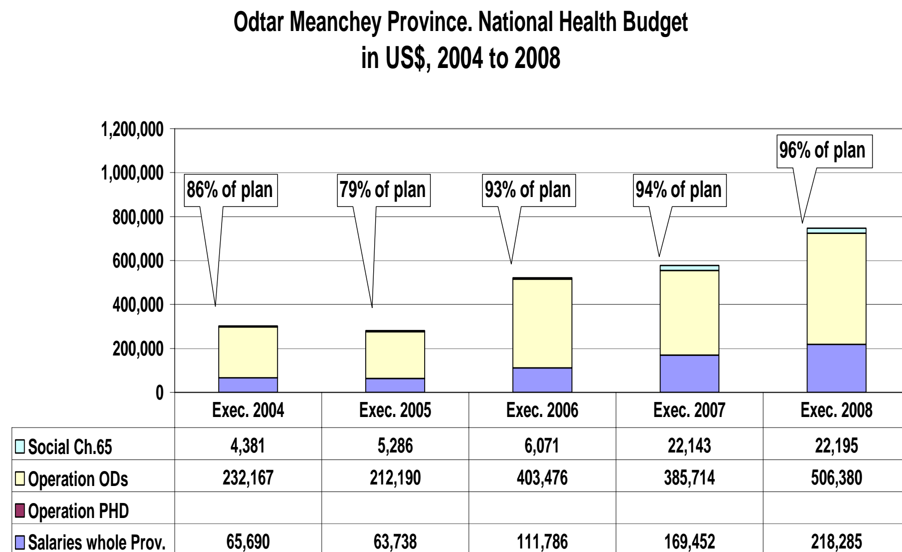
	Exec. 2004	Exec. 2005	Exec. 2006	Exec. 2007	Exec. 2008
Social Ch.65	2,619	3,543	5,399	47,696	63,407
Operation ODs	487,143	491,207	359,980	290,641	332,463
Operation PHD	110,714	104,949	79,059	95,350	98,871
Salaries whole Prov.	207,654	240,651	326,463	417,388	682,151

Otdar Meanchey province

Figure 13

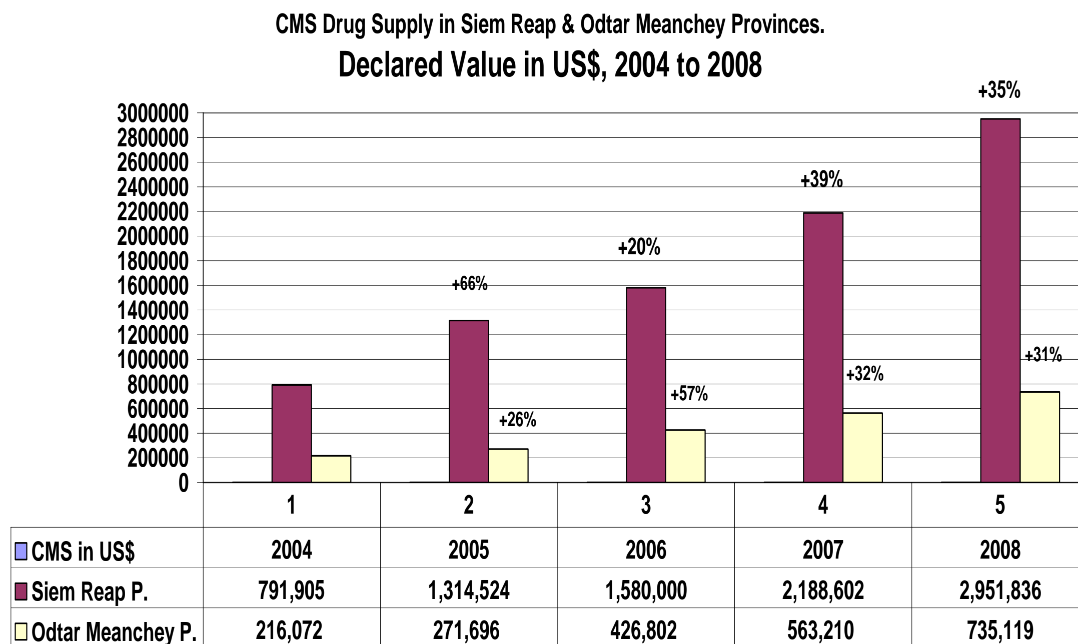
OMC 2008: (PHD = OD) the execution (access) was steadily performed with a 29% increase in salaries and the Operational spending with 31% increase.

For 2008, this represents a total of US$ 4.21/cap/year of which US$2,85 goes to Operations..



CMS Drug Supply

Figure 14



From 2004 to 2008, the declared value of supplies increased by 266% for the 2 provinces. The pharmacists observed better supply of drugs than in 2007 but still did not meet the needs. Active hospitals and HCs still report shortages and must use a substantial part of the user-fee revenues to complement the supply of drugs. Therefore, other operational costs have to be reduced to the disadvantage of hygiene, administration, …

Staff Income

Figure 15

Oddar Meanchey: the staff income increased substantially from 2004 to 2008 to reach:

- Over $80 at HC with a stable user fee share
- and >$110 at RH and PHDO

Note: The decrease at the PHDO level due to a total cut of DUTY FEE (លុយយាម) for PHDO staff since beginning of 2008.

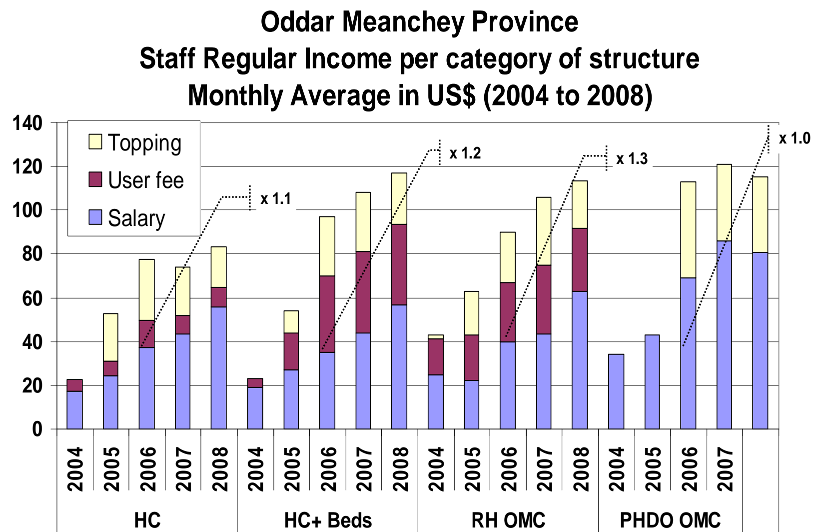
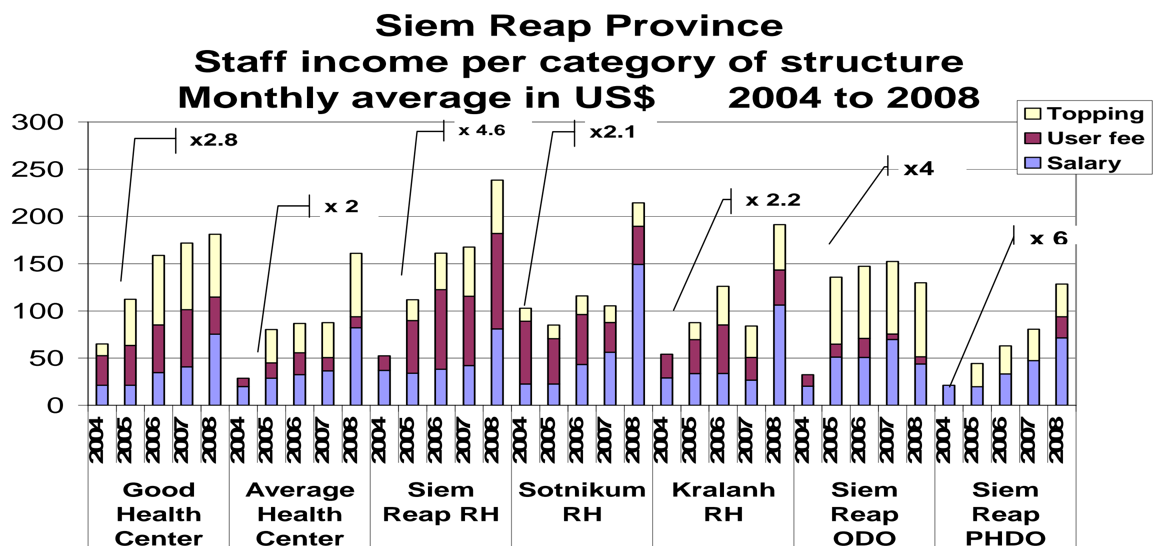


Figure 16



Siem Reap: The staff regular income at HC level is also around 150$ for average performance HC and more than 200$ for good performing HCs.

Here they reported increase in user-fee revenue reflect in the staff income, especially at Siem Reap RH making almost half of the total.

ODO is high and very much dependant on the external topping but also a small proportion coming from 5% of total user fees of RH and HCs.

Data from the PHDO either contribute to explain the reduced mobilization of its workforce and/or is incomplete (other toppings by vertical projects, …). In 2008 PHD also shares 5% of PRH user fee income as it is now under directly the control of PHD.

In general, government salary increases with delivery incentive for midwives in all levels.

8. STAFFING

The staff shortages continued from 2007 to 2008, mainly in Siem Reap province (table below) has not been addressed.

Table 5

Staffing Assessment			
JICA Cambodia Office, Development study on strengthening MCH, 2006	National standard by population	Siem Reap 2008	Otdar Meanchey 2008
1. **MD/MA:** (medical doctors/medical assistants)	1/3,800	1/8649	1/4671
Expected		241	47
Available		110	38
Shortage		**-131**	**-9**
2. **Nurses:**	1/1,750	1/2939	1/1384
Expected Number		524	101
Available		305	134
Shortage		**-219**	**33**
3. **Midwives:**	1/4,700	1/5637	1/5,982
Expected Number		195	38
Available		159	31
Shortage		**-36**	**-7**

Siem Reap Province Health Staff Movement					
	End of 2007	Out*	New	End of 2008	%
Specialist	**4**			**4**	1%
Doctor	**69**	**1**	**2**	**70**	9%
Medical As	**36**	**0**	**0**	**36**	5%
Pharmacis	**14**	**1**	**0**	**13**	2%
Pharm. As	**5**			**5**	1%
Dentist	**4**	**1**	**0**	**3**	0%
II Nurse	**196**	**4**	**3**	**195**	25%
I Nurse	**106**	**1**	**5**	**110**	14%
II Midwife	**98**	**1**	**1**	**98**	13%
I Midwife	**51**	**0**	**10**	**61**	8%
II Lab. Tec	**5**		**0**	**5**	1%
I Lab. Tech	**8**	**0**	**0**	**8**	1%
Kinesi	**4**			**4**	1%
IT Speciali	**0**		**1**	**1**	0%
Other skill	**5**			**5**	1%
Driver	**4**			**4**	1%
Worker	**2**			**2**	0%
Total	**611**	**9**	**22**	**624**	82%
Floating/Contract				**141**	18%
Grand Total				**765**	100%
Staff per 1,000 inhabitant				0.84	

Otdar Meanchey Province Health Staff Movement					
	End of 2007	Out*	New	End of 2008	%
Specialist	**0**			**0**	0%
Doctor	**17**			**17**	6%
Medical As	**20**	**6**	**7**	**21**	7%
Pharmacis	**3**	**1**	**0**	**2**	1%
Pharm. As	**1**			**1**	0%
Dentist	**1**			**1**	0%
II Nurse	**73**		**1**	**74**	25%
I Nurse	**60**			**60**	20%
II Midwife	**15**		**2**	**17**	6%
I Midwife	**14**			**14**	5%
II Lab. Tec	**1**			**1**	0%
I Lab. Tech	**0**				0%
Kinesi	**0**				0%
IT Speciali	**0**				0%
Other skill	**9**			**9**	3%
Driver	**0**				0%
Worker	**1**			**1**	0%
Total	**215**	**7**	**10**	**218**	73%
Floating/Contract				**80**	27%
Grand Total				**298**	100%
Staff per 1,000 inhabitant				1.68	

In Siem Reap province, the number of 624 government staff has been officially working out of the total of 679 (including those who have been attending training). This amount of staff shows a trend towards less qualified nurses and midwifes. The ratio of staff per 1,000 inhabitants is more than 2 times less in Siem Reap than in Otdar Meanchey. While the main shortages in Siem Reap are on nurses and midwifes, Otdar Meanchey is short only of midwifes and seems to have nurses in excess, with also a relatively high number of floating staff (often nurse/midwife-assistants).

9. PROJECT ADMINISTRATION/MANAGEMENT ISSUES

PMU

During the first half of 2008 the project continued to benefit from the intense administrative and financial support and control by the admin and finance team of the BTC ResRep office in Phom Penh. After closure of the ResRep office in Phnom Penh this support was limited to financial controls by Madame Vilaphanh who moved office to Siem Reap.

All project decisions are made in consultation with the PHDO concerned officers and anyway co-signed by the PHDO Director. However the setting of the PMU in relation to the PHDOs structure did not change and remained to some extent separate and parallel to the daily operation of the PHDO. Project technical assistants are not in daily counterpart relationship with their corresponding PHDO colleagues. For health financing issues and contracting issues integration and ownership continued to improve as the Health Financing Unit became more active and more experienced.

PMU Staff Changes

- Dr. Tuot Bunnareth, Quality Improvement TA resigned from 15/03/2008.
- Ms. Ouk Raty, Finance Officer resigned from 15th March 2008 and was replaced by Mr. Kong Mony who has started his assignment on 05th March 2008. Mr. Kong Mony's employment contract will be finished at the end of January 2009.
- Mr. Pim Vanna, Chief Engineer & Team Leader was finished his employment contract on 04th September 2008.
- In June Dr. René Brahy, the International Technical Assistant Surgery ended his contract after 4 years of intensive surgical capacity building support
- On 11th September Dr. Frederic Bonnet, the International Technical Assistant Public Health and Delegate Co-Director for PBHS-SROM, left the project leaving two important gaps, one in project administration/procurement/construction, the other in public health capacity building.
- Mr. Say Lay, Construction Site Supervisor was ended his contract on 30th November 2008.
- Mr. Tep Chenda was recruited and assigned as Senior Administrator and Specialist in procurement and contract management on 01st September 2008 (to take the procurement responsibilities from Dr. Frederic Bonnet) with an unspecified period contract. His employment contract will be finished at the end of January 2009.
- Mr. Phal Neang, Office Assistant was finished his assignment on 31st December 2008.
- Mr. Pea Sokhorn and Mr. Ly Sarith, Project drivers were finished their contracts on 31st December 2008.
- Ms. Keo Sokea, Office Cleaner and Mr. Chan Pich, Security Guard were finished their contracts on 31st December 2008.
- Mr. Chheng Lee and Dr. Viseth Chinsam have been informed that they will continue to work for PBHS2 and that there contract will be transferred to the HSSP2 secretariat.

PMU New Equipment

- 2 internal hard-disk 250GB for PMU Server.
- 1 LaserJet Printer Hp 2015 for PMU office.
- 1 external hard disk 120GB for Health Equity Funds Operator.

Events at PMU

- Feb. 04th Visit of Belgium Ambassador

- May BTC PBHS Project Inauguration Ceremony by Secretary of State of Education Youth and Sport Ministry of Royal Government of Cambodia.
- Jun. Visit of a Belgian senatorial delegation (incl. Georges Dallemagne).
- Aug. Visit of DGDC VIP Delegation to BTC Projects in Siem Reap, Cambodia.

10. CONCLUSIONS

The year started with the good news and big relief that the Belgian Government approved in principle the consolidation phase of the present PBHS projects including a Belgian contribution of 3 Million Euro. This will allow an extra 3 years to continue developing and establishing ownership and sustainability for the newly introduced strategies and their achieved results, and halting the fear that most would collapse after the end of the project which was due at the end of this year.

The whole of 2008 has been characterized by the preparations for the consolidation phase and the preparation for all the new schemes (SDG, MBPI, SOA) and for the new implementation modalities (National Execution) that will come with the PBHS2.

Where 2005 was a year of project deployment, 2006 was a year of first result harvesting, and 2007 was a year synergistic results.
2008 continued to build on 2007 achievements and approaches but without introduction of important changes.
This produced equally satisfactory results. The referral hospital admissions have increased especially in the Siem Reap provincial hospital, except referral hospital of Sotnikum has slightly decreased and the number of outpatient consultations decreased in comparison to 2007 when there was a major dengue epidemic and remain high. The vaccination coverage rates increased slightly and are very good. Deliveries at HC and RH continued to increase by respectively 116% at HC level.

The number of poor in both provinces who benefited from HEF support continued to increase. In 2008 7,598 inpatients increased by 30% compares to 2007 and 5,596 outpatients increased around 10% compares to 2007 (MPA and CPA), were supported by the HEF.

Higher user-fee revenues, often with substantial contribution from self-paid user fees, together with increased government salaries and allowances resulted in a further increase in staff income.

Beside this general positive appreciation, several aspects of the presented results deserve additional comments:

- The distribution of the “Equity Access Cards” for the household identified as poor by the MoP/GTZ pre-identification in the 4ODs was delayed till the end of October 2008. As a result the expected impact of the pre-ID exercise was not achieved. Initial observations show a large number of exclusion errors, this needs to be verified urgently.
- The synergy between the government delivery incentives and the previously introduced voucher system for maternal health services contributed to an accelerated increased number of deliveries at HC level.
- At HCs, OPD utilization rates in Siem Reap province seem to fall a bit back further by 2% from 0.58 in 2007 to 0.56 in 2008. The main reasons that raised by OD staff are

(1) continuation of private practices in most areas; and (2) shortage of drugs and medical supplies. These issues deserve further documentation.

- However, a very laudable increase or better reporting in HC user-fees revenues gives a reassuring picture of the financing at this level.
- Inpatient services utilization decreased in Sotnikum RHs, a bit worrying is that the proportion of HEF supported patients continued to increase from 45% in 2007 to 48% in 2008.
- This year again the high utilization is confronted with and limited by the inadequate and delayed mobilization of government resources:
    - National Health Budget for Siem Reap province accessed in 2008 was the smallest in $/cap/year amongst the provinces in countrywide.
    - CMS Drug Supply: while the declared value of the yearly supply continued to rise, by about 35% in 2008 for Siem Reap province and rise 31% for Otdor Meanchey province, the quantities of received drugs have increased but still remain not enough in proportion the needs.
    - Staffing: the main shortages assessed in 2006 have not been improved in 2008. In Siem Reap province, in a context of growing needs (more HCs) the newly recruited staff did not even replace the departing ones. The numbers of doctors, nurses and midwives continue to decrease.

11. ISSUES FOR DECISION

1. Approval of 2008 activity and expenditure report
2. Approval of 2009 January till March action/budget plan.
3. Approval of issues related to the closure of the project
4. Approval to hand-over the responsibilities for following up existing contract to the KAM0200711
    4.1. the RTC 1-year Primary Midwifery training contract
    4.2. Approval of the required budget modifications, including the transfer of the budget balance from KAM0300911 and the first phase of KAM0200711

ANNEX 1: Project Profile

PBHS	Siem Reap Otdar Meanchey	Kampong Cham
Implementing Agency	Ministry of Health, through the Provincial Health Departments in co-management with Belgian Technical Cooperation	
Reference N° DGDC	18955/11	18956/02
Reference N° BTC	KAM/02/007/11	KAM/03009011
Starting Date	June 2004	September 2004
Duration of the project	48 months	
Contribution Total	13.8 M EUR (55.4 Billion Riel)	7.13. M EUR (35.6 Billion Riel)
Contribution Belgian Government	4.58 M EUR (18.3 Billion Riel)	4.17 M EUR (20.8 Billion Riel)
Contribution Cambodian Government	34.8 Billion Riel (8.70 M EUR)	14.8 Billion Riel (2.96 M EUR)
Sector intervention	Health	
Sub-sector intervention	Behavioral Change Communication, Poverty Reduction, Equity, Consumer Rights, Health System Performance	
Primary beneficiaries	914,000 people in the 2 provinces	530,000 persons in the 3 ODOs and 1,800,000 for Provincial Hospital services

ANNEX 2: Organizational Chart

PBHS-SROM ORGANIGRAM

CO-DIRECTOR & DIRECTORS

Administration & Logistics

National Technical

International Technical

Project Office & Administrator

Office Assistant
Ms. Khoun Lina

Driver OH
7138

Driver OH
7137

Driver OH

Cleaner

Guard/Gardener

Financial officer & Accountant
Ms. Ouk Raty

Cash Custodian
Ms. Khoun Lina

Provincial Health Advisor
Dr. Kros Sarath

BCC & Contracting TA
Chinsam Visal

QI & Capacity Building TA
Tuot Sunnarit

Health Equity Fund TA
Kong Chheng Lao

Site Supervisor
Mr. Say Lay

Assistant co-director in OMC

Office Assistant
Phal Neang

Driver OH
7136

Surgeon
Dr. Rene BRAHIS
012 373 962

ANNEX 3: House Hold Survey Report

Follow-up Health Surveys

Kampong Cham, Siem Reap and Oddar Meanchey Provinces

Cambodia, 2008

FINAL REPORT

By Domrei Research and Consulting

For the Kampong Cham, Siem Reap and Oddar Meanchey Provincial Health Departments

Survey design, implementation and report by Domrei Research and Consulting

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Funded by the Belgium-Cambodia Consultancy Fund

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CONCLUSION

Only three years separate the baseline and follow-up surveys, yet we observe significant change. Infant mortality has continued to decrease. Stunting, an indicator of long-term ill health and poor nutrition, is decreasing among children of the poorest households. While these changes cannot be solely attributed to PBHS, other indicators suggest that there is a definite improvement in the access to and the quality of health services. Vaccination coverage has dramatically increased in most ODs. A higher proportion of pregnant women had at least two ANC visits and was vaccinated against tetanus. Improvements in both the public and the private health sectors can explain these positive results. Moreover, Health Equity Funds are efficient in targeting the poorest families, thereby demonstrating that they have the potential of improving access to health for the neediest families. Our results suggest that women and children from the poorest households are benefiting the most from the improvements in the public health system.

Our results also suggest that much remains to be done to improve the quality of public health services. People now expect better service than they did three years ago, so satisfaction and contact with public health facilities will only increase if services continue to improve to meet the increasing demand for quality.

EXECUTIVE SUMMARY

The Provision of Basic Health Services (PBHS) in Kampong Cham (KC) and the PBHS in Siem Reap and Oddar Meanchey (SROM) are part of the Cambodian-Belgian bilateral co-operation health project. The projects support the delivery of health services in three Kampong Cham Operational Health Districts (OD): Chamkar Leu, Cheung Prey and Prey Chor and all five ODs in Siem Reap and Oddar Meanchey. In addition, PBHS supports service delivery in the Kampong Cham and Siem Reap Provincial Hospitals. The original project timeframe was 4 years, starting November 1, 2004. This was recently extended to 2011. The general objective is to improve the health of the population, especially mothers and children, thereby contributing to poverty alleviation and socio-economic development in the eight ODs. The framework of the project is to strengthen the Provincial Health Departments in complying with the National Health Strategic Plan.

As part of monitoring and evaluation, the Belgian-Cambodian Consultancy Fund contracted Domrei Research and Consulting in 2005 to design and conduct a baseline population-based household survey and, in 2008, to conduct a follow-up survey. These surveys were designed to collect data and compute project indicators so that the impact of the project by the mid-term and final evaluation can be assessed.

Methods

Domrei interviewers administered a slightly adjusted version of the 2005 KC baseline questionnaire to a random sample of 3,306 ever-married women from 2,974 households in the baseline clusters. We randomly selected four additional villages in each of the SROM ODs to increase statistical power. We computed the 2005 and 2008 values for the selected indicators and tested all differences at 95% and 90% significance levels. Because the baseline surveys were conducted in only three of the ten Kampong Cham ODs, none of the indicators are representative of Kampong Cham province. Comparisons with CDHS or other surveys in Kampong Cham should therefore be interpreted with extreme caution.

Results

The tables following this summary present the baseline indicators per OD and the weighted totals for the province-level indicators.

Maternal and child health indicators show statistically significant increases in vaccination coverage, ANC visits, Tetanus toxoid vaccination of pregnant women in some ODs. The proportion of deliveries by trained staff is stable, though HIS statistics show an increase in deliveries at public health facilities, suggesting that incentives for trained birth attendants to bring their clients to health centres are having an effect. There are practically no changes in nutritional status among children under five. The overall health situation for infants has improved, and infant mortality rates have decreased in KC and SROM.

Demand for public health services has not increased. Satisfaction with the quality of service has dropped substantially in seven of the eight ODs. Satisfaction with staff attitude remains low in all the ODs. As a result, the public health sector as first choice when ill remains low and has decreased in three of the eight ODs. Hospitalisation rates remain unchanged while OPD contact has increased in three of the eight ODs. Health expenses have increased over three years for the majority of households in Siem Reap and Oddar Meanchey provinces. They are either stable or decreased (Cheung Prey) in the Kampong Cham ODs.

Attributing change to PBHS By comparing trends between ODs, it is possible to attribute some changes to the implementation of public health activities. Thus, it is likely that increases in vaccination coverage, ANC visits and TT immunisation rates are due to improvements in service delivery and, in the case of antenatal care, health staff incentives. Nevertheless, the private for profit and private-not-for-profit sectors have also been

expanding their supply of preventive health care: e.g. antenatal care, deliveries and child vaccinations. It is therefore plausible that the changes we observe are due to both the public and the private sectors. Finally, improved living conditions, as measured by our wealth proxy, probably also contributed to improvements in infant survival and child health.

We measure **changes in health equity** by comparing the amplitude of change between the poorest and "wealthiest" households. Results here are mixed. On the one hand, vaccination coverage was equal across all wealth groups in 2005, and increased only among the richest wealth group, thus indicating an increase in health inequity. This is mostly due to an increase in vaccination coverage in Siem Reap OD, probably through the private and not-for-profit sector. On the other hand, the prevalence of stunting decreased substantially among the poorest children, while it remaining stable among children of wealthier households. This in turn suggests a general improvement in health equity. The gap between poorest and wealthier household has decreased the most for the health indicators that improved significantly overall: ANC, TT, deliveries by trained birth attendants. While the narrowing in the gap is not statistically significant for all indicators, it does suggest that women and children from the poorest households benefit the most from improvements in the public health system.

Health Equity Funds (HEF). We identified 232 households who had HEF cards in 2008. These households were practically all recruited among the poorest households, which suggests that the selection process for HEF beneficiaries is efficient in targeting the poorest families.

Recommendations for future health surveys Domrei did not encounter any noteworthy difficulties in conducting the surveys in 2005 and 2008. Therefore, we recommend that the same instruments and procedures be implemented in the same locations at end line. BTC has the data, list of clusters and soft copies of the survey instruments to facilitate this replication.

ANNEX 4: Budget Execution 2008

Description	Fin Mod	Budget after the 7th SC (J02)	Cumulative expenditure untill 31 December 2007	Budget balance 31 Dec. 2007	Actual Expenditure					Budget Balance	
					Q1 2008	Q2 2008	Q3 2008	Q4 2008	Total 2008	Amount	%
A Enhance Health Sector Development by supporting i		**3,430,575**	**2,441,199**	**989,376**	**226,312**	**217,676**	**223,342**	**189,453**	**856,783**	**132,593**	**96%**
01 Strengthened Consumer Rights in communities		**879,671**	**568,171**	**311,500**	**60,930**	**58,859**	**80,616**	**48,999**	**249,403**	**62,097**	**93%**
01 TA - Social/BCC - Local	CO	47,259	35,136	12,123	1,635	2,706	2,359	5,331	12,031	**92**	**100%**
02 TA Equity/Finance - International	**RE**	**19,953**	**19,953**	0					**0**	**0**	**100%**
03 Identification of the poor	CO	58,550	56,249	2,301	2,332				2,332	**-31**	**100%**
04 Social support activities for poor	CO	26,230	25,029	1,201	1,245				1,245	**-44**	**100%**
05 Equity Fund - Medical Fees	CO	719,529	423,654	295,876	55,718	56,153	78,257	43,668	233,796	**62,080**	**91%**
06 Equity Fund - Operation Fees	CO	8,150	8,150	0					0	**0**	**100%**
02 Enhanced Behaviour Change & Communications		**118,912**	**96,835**	**22,077**	**5,194**	**4,709**	**7,158**	**4,286**	**21,347**	**729**	**99%**
01 TA - Social/BCC - Local	CO	45,732	31,248	14,483	3,379	3,235	2,863	4,286	13,764	**719**	**98%**
02 BCC contracted out campaigns	CO	70,910	63,313	7,597	1,814	1,474	4,295		7,583	**14**	**100%**
03 School Health Education	CO	2,270	2,274	-4					0	**-4**	**100%**
03 Strengthened quality of delivery of health services		**1,350,980**	**1,001,539**	**349,441**	**83,418**	**72,094**	**79,754**	**90,145**	**325,410**	**24,031**	**98%**
01 Project Director SR and OMC	CO	65,262	52,897	12,364	3,203	2,742	2,989	3,590	12,524	**-159**	**100%**
02 Project Directors ODs	CO	31,418	23,460	7,958	1,878	1,647	1,627	1,994	7,147	**812**	**97%**
03 Output related bonus system HC	CO	597,658	460,320	137,338	31,507	29,310	29,440	34,205	124,462	**12,876**	**98%**
04 Output related bonus system RH	CO	348,352	243,936	104,416	25,050	23,578	24,811	28,757	102,196	**2,220**	**99%**
05 Output related bonus system DHTAT	CO	124,254	91,697	32,557	7,145	6,851	7,030	8,468	29,495	**3,062**	**98%**
06 Output related bonus system PHTAT	CO	100,975	71,160	29,815	6,469	6,220	6,548	7,438	26,675	**3,140**	**97%**
07 Promotion of Family Based Care for AIDS	CO	55,660	35,761	19,899	7,083	1,564	6,243	4,496	19,386	**513**	**99%**
08 School health inspection program	CO	970	969	2					0	**2**	**100%**
09 Health Support	CO	26,432	21,340	5,092	1,082	183	1,065	1,196	3,526	**1,566**	**94%**
04 Increased number of quality improvement initiativ		**535,492**	**313,234**	**222,258**	**60,845**	**57,789**	**46,744**	**30,427**	**195,805**	**26,454**	**95%**
01 TA - Quality improvement - Local	CO	24,040	21,842	2,198	1,925	299		0	2,225	**-26**	**100%**
02 Micro interventions	CO	97,849	49,785	48,065	21,057	6,450	14,900	1,658	44,065	**4,000**	**96%**
03 Quality standard and seal	CO	0	0	0				0	0	**0**	**0%**
04 Quality Improvement Plans at RH	CO	154,695	136,313	18,382	4,641	3,649	4,846	4,083	17,218	**1,164**	**99%**
05 Infrastructural Works in PRH Siem Reap	CO	258,908	105,295	153,613	33,221	47,390	26,998	24,686	132,296	**21,316**	**92%**
05 Improved staff skills through capacity building		**337,731**	**290,241**	**47,490**	**10,267**	**16,419**	**3,983**	**8,130**	**38,799**	**8,691**	**97%**
01 TA - Surgeon - International expert	**RE**	**165,659**	**159,739**	**5,920**	**431**	**176**		**0**	**607**	**5,313**	**97%**
02 Contracted in training / workshop	CO	26,026	16,477	**9,549**	4,329	1,158	240	2,626	8,354	**1,195**	**95%**
03 Contracted in training for teachers	CO	490	487	**3**					0	**3**	**99%**
04 Contracted out training	CO	95,510	72,510	**23,000**	1,786	13,378	1,770	5,123	22,056	**944**	**99%**
05 Training activities	CO	50,045	41,027	**9,018**	3,722	1,707	1,973	381	7,783	**1,235**	**98%**

06 Strengthened Institutions capacity to manage, pla		207,789	171,179	36,610	5,659	7,805	5,088	7,466	26,019	10,592	95%
01 TA - Social/Planning/Finance/PHA - Local	CO	74,380	59,841	14,539	2,749	2,846	2,598	4,831	13,024	1,515	98%
02 TA - Finance/Planning - International	RE	24,903	22,853	2,050					0	2,050	92%
03 Supervision / on-the job-training	CO	11,566	10,180	1,386	163	125	75	195	557	829	93%
04 Stakeholder internal HMIS auditing	CO	40,512	27,897	12,615	2,746	2,880	2,416	2,440	10,482	2,133	95%
05 Central level interventions	CO	56,428	50,408	6,020		1,955			1,955	4,065	93%
B Strengthen monitoring & evaluation capacity of healt		111,944	77,684	34,259	3,459	4,922	13,955	7,505	29,841	4,419	96%
01 Enhanced monitoring & evaluation capacity		111,944	77,684	34,259	3,459	4,922	13,955	7,505	29,841	4,419	96%
01 TA - Social/Planning/Finance - Local	CO	9,278	5,769	3,508	1,311	687	702	817	3,518	-9	100%
02 TA - M & E - International	RE	28,761	28,761	0				460	460	-460	102%
03 External HMIS auditing	CO	452	452	0					0	0	100%
04 External monitoring Quality Seal	CO	0	0	0					0	0	0%
05 Surveys	CO	63,780	36,881	26,899	488	3,941	12,547	5,618	22,594	4,306	93%
06 Steering committee Expenses	CO	9,674	5,822	3,852	1,660	294	705	611	3,270	582	94%
Z General means		1,244,816	1,010,958	233,859	51,682	42,796	74,596	48,611	217,685	16,173	99%
01 General means		1,244,816	1,010,958	233,859	51,682	42,796	74,596	48,611	217,685	16,173	99%
01 Secretary (2)	CO	109,332	74,415	34,917	5,363	6,210	4,742	6,301	22,615	12,302	89%
02 Office Assistant / Drivers (2)	CO	17,528	13,227	4,300	846	878	596	1,017	3,336	964	94%
03 Government Salaries, allowances & incentive	CO	0	0	0					0	0	0%
04 Team Leader - Co-Director - International	RE	741,200	618,246	122,954	32,890	21,929	54,003	19,078	127,900	-4,946	101%
05 Assistant Team Leader - national expert	CO	90,604	60,259	30,344	5,794	4,718	6,269	9,549	26,330	4,015	96%
06 Local staff missions costs	CO	12,717	10,487	2,230	784	47	325	258	1,414	816	94%
07 National air tickets	CO	3,099	1,713	1,386			101		101	1,285	59%
08 Office equipment	CO	41,280	41,276	4					0	4	100%
09 Office running costs	CO	37,262	27,100	10,162	1,117	1,798	2,258	4,404	9,577	585	98%
10 Vehicle running costs	CO	80,389	56,022	24,367	4,087	6,774	6,157	7,830	24,848	-480	101%
11 Office furniture/supplies	CO	22,371	20,678	1,693	721	48	82		851	842	96%
12 Moto running costs	CO	6,857	5,357	1,500	80	396	62	176	713	787	89%
13 Government Running Costs	CO	0	0	0				0	0	0	0%
14 Government Social Interventions	CO	0	0	0				0	0	0	0%
15 Vehicle purchase (Co-director, Assistant Co-	CO	74,784	74,784	0				0	0	0	100%
16 Moto purchase (one per supervisor)	CO	7,394	7,394	0				0	0	0	100%
REGIE		980,476	849,552	130,924	33,321	22,105	54,003	19,537	128,966	1,958	100%
COGESTION		3,806,859	2,680,289	1,126,570	248,131	243,290	257,889	226,032	975,342	151,228	96%
TOTAL		4,787,335	3,529,841	1,257,494	281,452	265,395	311,892	245,569	1,104,308	153,186	97%

ANNEX 5: Revised Budget for 1st 2009

Project KAM0200711 - Revised Budget for the 8th SC

Description	Fin Mod	Budget after the 7th SC	Budget Propose Transfer from PBHS-KC	Rev - Budget proposed changes 8th SC	Comments	Amount Changed
A Enhance Health Sector Development by supporting in SR		**3,430,575.18**	**-**	**3,423,325.18**	***Decrease by 7,250***	**(7,250.00)**
01 Strengthened Consumer Rights in communities		**879,671.23**	**-**	**879,671.23**		**0.00**
01 TA - Social/BCC - Local	CO	47,259.15		47,259.15	N/A	
02 TA Equity/Finance - International	**RE**	**19,952.89**		**19,952.89**		
03 Identification of the poor	CO	58,550.00		58,590.00	N/A	40.00
04 Social support activities for poor	CO	26,230.00		26,280.00	N/A	50.00
05 Equity Fund - Medical Fees	CO	719,529.31		719,439.31	N/A	(90.00)
06 Equity Fund - Operation Fees	CO	8,149.88		8,149.88		
02 Enhanced Behaviour Change & Communications		**118,911.54**	**-**	**118,911.54**		**0.00**
01 TA - Social/BCC - Local	CO	45,731.54		45,726.54	N/A	(5.00)
02 BCC contracted out campaigns	CO	70,910.00		70,910.00	N/A	
03 School Health Education	CO	2,270.00		2,275.00	N/A	5.00
03 Strengthened quality of delivery of health services throu		**1,350,980.46**	**-**	**1,359,380.46**	***Increased by 8,400***	**8,400.00**
01 Project Director SR and OMC	CO	65,261.54		65,421.54	N/A	160.00
02 Project Directors ODs	CO	31,417.69		31,417.69	N/A	
03 Output related bonus system HC	CO	597,658.46		597,658.46	N/A	
04 Output related bonus system RH	CO	348,351.54		356,751.54	N/A	8,400.00
05 Output related bonus system DHTAT	CO	124,253.85		124,253.85	N/A	
06 Output related bonus system PHTAT	CO	100,975.38		100,815.38	N/A	(160.00)
07 Promotion of Family Based Care for AIDS	CO	55,660.00		55,660.00	N/A	
08 School health inspection program	CO	970.00		970.00	N/A	
09 Health Support	CO	26,432.00		26,432.00	N/A	
04 Increased number of quality improvement initiatives		**535,491.86**	**-**	**527,091.86**	***Decreased by 8,400***	**(8,400.00)**
01 TA - Quality improvement - Local	CO	24,040.00		24,070.00	N/A	30.00
02 Micro interventions	CO	97,849.23		97,819.23	N/A	(30.00)
03 Quality standard and seal	CO	0.01		0.01		
04 Quality Improvement Plans at RH	CO	154,694.62		154,694.62	N/A	
05 Infrastructural Works in PRH Siem Reap	CO	258,908.00		250,508.00	N/A	(8,400.00)
05 Improved staff skills through capacity building		**337,730.86**	**-**	**335,930.86**	***Decreased by 1,800***	**(1,800.00)**
01 TA - Surgeon - International expert	**RE**	**165,659.33**		**160,359.33**	N/A	**(5,300.00)**
02 Contracted in training / workshop	CO	26,026.15		26,426.15	N/A	400.00
03 Contracted in training for teachers	CO	490.00		490.00	N/A	
04 Contracted out training	CO	95,510.00		98,610.00	N/A	3,100.00
05 Training activities	CO	50,045.38		50,045.38	N/A	

06 Strengthened Institutions capacity to manage, plan, reg		207,789.23	-	202,339.23	*Decreased by 5,450*	(5,450.00)
01 TA - Social/Planning/Finance/PHA - Local	CO	74,379.97		74,379.97		
02 TA - Finance/Planning - International	**RE**	**24,903.19**		**23,753.19**	N/A	**(1,150.00)**
03 Supervision / on-the job-training	CO	11,565.87		11,565.87		
04 Stakeholder internal HMIS auditing	CO	40,512.47		40,212.47		(300.00)
05 Central level interventions	CO	56,427.73		52,427.73	N/A	(4,000.00)
B Strengthen monitoring & evaluation capacity of health sys		**111,943.69**	**-**	**108,413.69**	***Decreased by 3,530***	**(3,530.00)**
01 Enhanced monitoring & evaluation capacity		**111,943.69**	**-**	**108,413.69**	***Decreased by 3,530***	**(3,530.00)**
01 TA - Social/Planning/Finance - Local	CO	9,277.69		9,287.69	N/A	10.00
02 TA - M & E - International	**RE**	**28,760.50**		**29,510.50**		**750.00**
03 External HMIS auditing	CO	451.89		451.89		
04 External monitoring Quality Seal	CO	0.01		0.01		
05 Surveys	CO	63,780.00		59,480.00	N/A	(4,300.00)
06 Steering committee Expenses	CO	9,673.60		9,683.60	N/A	10.00
Z General means		**1,244,816.48**	**-**	**1,255,596.48**	***Increased by 10,78.00***	**10,780.00**
01 General means		**1,244,816.48**	**-**	**1,255,596.48**	***Increased by 10,78.00***	**10,780.00**
01 Secretary (2)	CO	109,331.84		109,331.84	N/A	
02 Office Assistant / Drivers (2)	CO	17,527.69		17,527.69	N/A	
03 Government Salaries, allowances & incentives	CO	0.01		0.01		
04 Team Leader - Co-Director - International expert	**RE**	**741,200.00**		**746,900.00**	N/A	**5,700.00**
05 Assistant Team Leader - national expert	CO	90,603.85		90,603.85	N/A	
06 Local staff missions costs	CO	12,717.12		12,717.12		
07 National air tickets	CO	3,099.44		3,879.44		780.00
08 Office equipment	CO	41,280.01		41,280.01	N/A	
09 Office running costs	CO	37,261.54		39,561.54	N/A	2,300.00
10 Vehicle running costs	CO	80,389.23		82,389.23	N/A	2,000.00
11 Office furniture/supplies	CO	22,370.82		22,370.82		
12 Moto running costs	CO	6,856.60		6,856.60		
13 Government Running Costs	CO	0.01		0.01		(0.01)
14 Government Social Interventions	CO	0.01		0.01		(0.01)
15 Vehicle purchase (Co-director, Assistant Co-directo	CO	74,783.91		74,783.92		0.01
16 Moto purchase (one per supervisor)	CO	7,394.44		7,394.45		0.01
REGIE		**980,475.91**	**-**	**980,475.91**	***No change***	**0.00**
COGESTION		**3,806,859.44**	**-**	**3,806,859.44**	***No change***	**-**
TOTAL		**4,787,335.35**	**-**	**4,787,335.35**	**No change**	**-**

ANNEX 6: The Project Routine Indicators results 2008

PBHS-SROM Project Routine Indicators 2008

Intermediate results	Indicators	Status end of 2008	Trend
IR. 1. Consumer Rights / HEF	**1.** Number of Hospitals with HEF established and functioning out of XX Hospitals	**4 RHs** with HEF are established and functioning out of 4 RHs in SRP and OMC. **3HCs** with Beds with HEF functioning out of 4HCs with Beds in SRP and **1HC** with Beds out of 1HC with Bed in OMC	Reached and sustained for RHs, and increased by 3 HCs with Beds
	2. % HEF in-patient as proportion of all in-patient	**27%** HEF paid for the in-patients in SR and **43%** HEF paid for in-patient in OMC	The %HEFB remain very much same for SRP, but decreased for OMC
	3. Total number of HEF beneficiaries	Total HEF beneficiaries: **7,598 cases** for in-patient and **9,609 cases** for out-patient. **Total: 17,207**	Increase as total number of patients increases
	4. Number of HEF in-patients per 1000 poor persons per year in the province	**49** of HEF in-patients per 1000 cap/year in OMC and **34** of HEF in-patients per 1000 cap/year in SRP	Evolve towards more realistic figures
IR. 2. Behavioral Change Communication	**1.** Number of RH with routine video health education system established and functioning.	**4** referral hospitals	Reached and sustained
	2. Number of quarterly Newsletter produced and distributed	**12000** Health Newsletters. **12** issues were printed	Reached and discontinued
	3. HEF patient exit interview score in % for staff behavior (presence, friendliness, treatment)	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.	Stable

IR. 3. Health Service Delivery through contracting by the system	**1.** Number of MPA HC with a Performance contracts in place out of 73 MPA HC	**41** MPA HC out of 61 HC in Siem Reap and **14** MPA HC out of 14 HC in Oddar Meanchey. The remaining other HCs, **10 HC** using PMG incentive scheme and **9 HC** with GAVI in Siem Reap and 14 HC using PMG for permanent staff	Increasing as new HCs are becoming operational
	2. Number of RH with a Performance contracts in place out of 4	**4** Referral hospitals	Reached and sustained
	3. Number of ODOs and PHDOs with a Performance contracts in place out of the 6 PHDOs/ODOs	**4 ODOs** and **2 PHDOs**	Reached and sustained
	4. Average amount increase of staff monthly income in comparison to the average income of 50$ of before the project	It depends on Units. The staff income in monthly average increase **+100% to 400%**	On the increase in amount and in concerned staff
	5. Number of monthly monitoring visits of RHs implemented in reference to the 1 visits planned	**1 Visi**t/month/RH	Reached and sustained
	6. Number of monthly monitoring visits of HCs implemented in reference to the 1/3 +1 visits planned	Quarterly evaluation and monthly monitoring in HC	Reached and sustained
	7. OPD utilization rate at HC level	OPD utilization rate is **0.56 for SR** and **0.58 for OMC** province.	Slightly decreasing
	8. Annual Bed Occupancy rate of the RH in the project area	BOR is **86% for SR** and **63%for OMC**	Slightly decreasing
	9. Number of hospitalization / 1000 persons / year	Hospitalization/1000 persons /year is: **24 for SR** and **33 for OMC**	Slightly decreasing
	10. % of deliveries in HC or RH	Deliveries in HC **67%** for SR and **51%** for OMC	increasing
	11. % children under 1 fully vaccinated Performance contract in place with HC	Fully immunized: **84%** for SR and **94%** for OMC	Reaching national targets

IR. 4. Quality Improvement	**1.** Number of external quality assessments done	**2** assessments in Siem Reap provincial hospital	As planned
	2. Number of RHs having received a yearly external quality assessment out of the XX RHs	**1** PRH (Siem Reap) out of 4 RHs	As planned
	3. Proportion of planned infrastructural works and equipment supply	Infrastructure : **90%** Equipment: **90%**	Almost complete
	4. implemented (Cumulative and financially) % of MPA HC compared to Plan	**95%** of MPA HC compared to Plan	On schedule
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.** National Training and conference< 1 month. Nbre pax **5.** National Training and conference > 1 month. Nbre pax **6.** International Training and conference < 1 month. Nbre pax **7.** International Training and conference >1month. Nbre pax	**12** staff **93** staff **20** staff **342** staff (included above 2&3 and added more for provincial health congress 114 in OMC and 135 in SRP) **60** staff **6** staff (**4** from SRP and **2** from OMC to different countries: Japan, Viet Name, Indonesia, Nepal, Franc, and Korea) 0	As planned On schedule On schedule On schedule As planned On schedule No opportunity

IR. 6. Institutional Development and Management Strengthening	**1.** Number of Pro-TWH meeting out of the XX meetings planned	**12/12** of Pro-TWGH monthly meetings	Reached and sustained
	2. Number of DHTA meetings out of the XX meetings planned	**48/48** of DHTA monthly meetings	Reached and sustained
	3. Number of quarterly AoP reviews out of the 4 reviews planned	**4/4** of quarterly AOP reviews	Reached and sustained
	4. % of recurrent budget arriving **at mid year**	**40%** of recurrent budget for Siem Reap and **58%** for OMC (chapter 60, 61, 62, 64, 65) arriving at mid-year compared to AOP	Below national average in amount/cap/year and in access
	5. % of recurrent budget arriving **at end year**	**95%** of recurrent budget for Siem Reap and **98%** for OMC (chapter 60, 61, 62, 64, 65) arriving at end-year compared to AOP	Below national average in amount/cap/year and in access
	6. % of HC with at least **one secondary midwife** and **one secondary Nurse**.	**8/16: 50%** of HCs in OMC and **44/60: 74%** of HCs in SRP for one secondary midwife.	Staff (midwife) shortage not improved in 2008