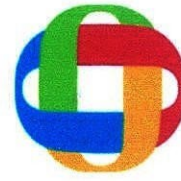




Ministry of Health



**BTC**

# FINAL REPORT

## PROVISION OF BASIC HEALTH SERVICES IN THE PROVINCES OF SIEM REA, OTDAR MEANCHEY AND KAMPONG CHAM

KAM0200711



**MARCH 2012**

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# 1. BASIC INFORMATION ON THE PROJECT

Country: Cambodia

DAC Sector and subsector: Health

National or regional institution in charge of the execution:

- Ministry of Health for part in National Execution; 2<sup>nd</sup> Health Sector Support Program (HSSP2) secretariat
- BTC for part in Own Management:

Agencies in charge of the execution:

- Ministry of Health, 2<sup>nd</sup> Health Sector Support Program (HSSP2) secretariat of MOH for part in National Execution:
- Project Management Team (BTC) for part in Own-management

Number of BTC international cooperation experts: One

Duration of the project (according to SA/SC): 48 (+12) months

Start date of the project (phase 1):

- according to SA/SC: 16 December 2003 (indicative)
- effective: 1 July 2004

Start date of the project extension:

- signing of Exchange of Letter : 14 December 2008
- effective: 1 January 2009

End date of the project (phase 1):

- according to SA/SC: 15<sup>th</sup> December 2008
- effective: 31<sup>st</sup> March 2009

End date of the project extension:

- according to SA/SC: 31<sup>st</sup> March 2013
- effective:

Project management methods: National Execution (Co-management)  
Own -Management

Project Total Budget in Million Euro:

	First Phase	Extension	Total
Total	13.5	5.6	19.1
Belgian contribution	4.8	3.0	7.8
Cambodian. contribution	8.7	0.5	9.2
HSSP2 pooled fund	N/A	2.1	2.1

Report covering the period: November 2004 - March 2012

<b>Annexes</b>	<b>Yes</b>	<b>No</b>
1. Results summary	√	
2. Situation of receipts and expenses	√	
3. Disbursement rate of the project	√	
4. Personnel of the project	√	
5. Subcontracting activities and invitations to tender	√	
6. Equipments	√	
7. Trainings	√	
8. Backers	√	

## 2. APPRAISAL

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

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

Write down your answer in the column corresponding to your functions during the project execution:

	<b>National execution official</b>	<b>BTC execution official</b>
<b>RELEVANCE<sup>1</sup></b> (cf. PRIMA, §70, p.19)		
1. Is the project relevant compared to the national development priorities?	1	1
2. Is the project relevant compared to the Belgian development policy?	1	1
Indicate your result according to the three themes below:		

<sup>1</sup> According to PRIMA, §70, p.19, it is a matter "of appreciating if the choices regarding to the objectives, the target groups and the local execution organs remain relevant and consistent according to the general principles of a useful and efficient aid, and according to the execution of the local, regional, international and Belgian development policies and strategies".

a) Gender	3	2
b) Environment	2	3
c) Social economy	1	2
3. Were the objectives of the project always relevant?	1	1
4. Did the project meet the needs of the target groups?	1	1
5. According to its objectives, did the project rely on the appropriate local execution organs?	1	1

	National execution official	BTC execution official
<b>RELEVANCE<sup>2</sup> (PRIMA, §71, pp.19-20)</b>		
1. Did the results of the project contribute to the carrying out of its objectives <sup>3</sup> ? (efficiency)	1	1
2. Evaluate the intermediate results (efficiency)	2	2
3. Are the management methods of the project appropriated? (efficiency)	1	2
4. Were the following resources appropriated (efficiency) :		
a. Financial means?	2	2
b. Human resources ?	2	2
c. Material and equipments?	1	1
5. Were the project resources effectively used and optimized in order to reach the foreseen results? (efficiency)	1	1
6. Was the project satisfactory on a cost-efficiency approach in	2	1

<sup>2</sup> According to PRIMA, §71, pp. 19-20, it is a matter of "appreciate and measure the foreseen performances agreed during the preparation traineeships according to the 4 criteria and the indicators established during the formulation. (The 4 criteria are efficiency, suitability, respect of deadlines and quality of the personnel)".

<sup>3</sup> See annex 1 for further information

comparison to similar interventions? (efficiency)		
7. According to the execution planning, assess the speed of the execution. (respect of deadlines)	1	2

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

- |   |
|---|
| <p>1 - Very satisfactory<br/> 2 - Satisfactory<br/> 3 - Non satisfactory, in spite of some positive elements<br/> 4 - Non satisfactory<br/> X - Unfounded</p> |
|---|

	National execution official	BTC execution official
Global evaluation of the project	1	1

*Comment your evaluation, which can be broader than the strict framework of the abovementioned relevance and performance criteria and differ from the given evaluation.*

**(1 page max)**

The consolidation phase of the project (PBHS2) replaced the original General Objective of the project by adopting the General Objective from the second Cambodian National Health Strategic Plan (HSP2; 2008-2015): "To reduce morbidity and mortality, in particular maternal, new born and child morbidity and mortality and morbidity and mortality due to communicable diseases, and to reduce the burden of non-communicable diseases and other health problems".

Objectives and strategies of the Consolidation Phase are completely aligned with the second Cambodian National Health Strategic Plan (HSP2; 2008-2015) and have been very relevant to address the major problems of the Cambodian Health System: High Maternal Mortality, High Child Mortality, Quality of Health Services, accessibility for the poor and high catastrophic health expenditure, Improved planning, management and financial management capacities of the OD, PRH and PHD staff.

The HSP2 itself aim to contribute to the Cambodian MDGs and National Strategic Development Policy and the National Poverty Reduction Strategy Papers.

### Millennium Development Goals

The results of the project contributed to the achievement of the MDG, in following ways:

Goal 1. Poverty reduction	Through the Health Equity Funds, one of the two main components of the project facilitated the access of the poor and the poorest to the hospitals and health centers. The HEF also lessens and contains catastrophic health expenditure.
Goal 4. Reduce Child mortality	Service Delivery Grant contracts focused on a number of child health indicator. This together with HEF support resulted in high utilization of health services by children and high fully immunized coverage rates. The end line Household Survey documented a reduction in infant mortality rates bigger than in other rural areas.
Goal 5. Improve maternal Health	The project has supported the training of health center midwives. Service Delivery Grant contracts focused on a number of maternal health services. Together with HEF support and maternal health vouchers system they encouraged strongly the deliveries, ANC and PNC at HC and hospitals which have consequently increased tremendously.
Goal 6. Combat HIV/AIDS, malaria and other diseases	Both HIV/AIDS patients and TB patients form specific but integrated target groups for the HEF, allowing them to benefit from HEF support from which they are often excluded.

As the project was targeting Mother's and children's health and Gender and particularly the most poor and vulnerable and aimed at alleviating poverty and socio-economic development we can without doubt say that the project aimed to address Gender and Social Economy imbalances and needs. HIS data, HEF data and Household survey data show the disproportionate results for women, children and deliveries in general and particular amongst the poor.

The project contributed at least indirectly to the social economy aspect by decreasing the number of households devastated by catastrophic health expenditures and therefore allowing them to continue participating in economy. The project stimulated the private non-for-profit sector by way of contracting Cambodian NGOs as HEF operators.

The Consolidation Phase Project objectives remained very valid throughout the project and will remain valid after the closing at least till 2015 the last year of the second National Health Strategic Plan 2008-2015.

Because of the project strategical conception and its structure the project was not enough present and involved with the community level. The project tried however to strengthen communication towards the local communities and their participation in RH/HC functioning and HEF through the HEF community networks and projects of other NGOs specifically targeting community participation.

The needs of both target groups, the poor population requiring health services and the Health Provider staff, were certainly addressed although possibly not met in full. Health


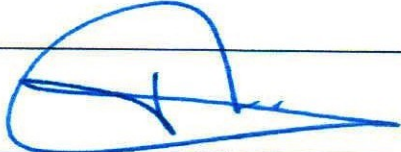


service utilization rates and specifically those of the poor (consultations, hospitalizations, institutional deliveries, immunization coverage rates) increased tremendously, and the Infant Mortality Rate decreased. Measuring by the increase activity and better assessment scores we could assume that increased incentives from SDGs and HEF managed to improve motivation of health service providers.

The project worked with and through the existing public health structures at all levels, the Central level, Provincial Health Departments, Operational Districts, Referral Hospitals and Health Centers simultaneously building their capacity. During the consolidation phase many activities were implemented or financed through the HSSP2 secretariat in National Execution modality. This benefitted the sustainability of HEF and SDG after the end of the project. National execution was however not an effective way to manage a technical assistance team for capacity building.

For the operation of the Health Equity Funds the project contracted local NGOs which functioned as HEF operators. This approach became national policy and a defined procedure in the National Framework for Health Equity Funds. In comparison to similar project cost-efficiency was very good in general and more specifically for the HEF component where operational costs remained much lower than in other similar schemes.

Based on those achievements the global evaluation is scored as "Very Satisfactory". The consolidation phase has allowed in making sure that the significant positive impact also became sustainable beyond the project, at least for the medium term.

National execution official	BTC execution official
	

### 3. SUMMARY OF THE PROJECT IMPLEMENTATION

1. If necessary, describe the Specific objectives and the Intermediate results of the project, as mentioned in the project document, as well as the implemented changes (when, how and why).

The Consolidation Phase changed both the specific objectives and the intermediate results of the project with effect of 1<sup>st</sup> January 2009. Specific Objectives and Intermediate Results of both Phase are copied below to allow easy comparison. The consolidation phase narrowed down the scope of the project mainly to "access to health services for the poor" and to "capacity building on SOA and SDG aspects" with the aim of assuring the sustainability of these two essential strategies.



### **First Phase Specific objective**

Improved health care seeking, promoting and preventative behavior with increased availability and equitable access to and usage of quality health services which are affordable to all, for the population of Kampong Cham Province, particularly the most poor and vulnerable and to enhance the health sector development by supporting the Provincial Plan in line with the 6 key areas in the Health Sector Strategic Plan.

### **Consolidation Phase Specific Objective**

To consolidate the results of the current health projects in Cambodia supported by the Belgian Cooperation in order to increase access to quality care through capacity development in three provinces and through policy strengthening at central level within the framework of national health policies, public administrative reform and financial management reform.

### **First Phase Intermediate Results**

1. Health services are more demand oriented;
2. Behavior of the population and the health staff has improved;
3. Service provision of Public Health Services has increased;
4. Quality of Public Health Services has risen;
5. Technical and managerial capacity amongst health staff is strengthened;
6. Health Sector is better managed, planned, regulated, financed, monitored and evaluated.

### **Consolidation Phase Intermediate Results**

1. Increased access to good quality health services for the poorest population.
2. Increased capacity in eight Operational Districts and two Referral Hospitals to provide better quality health services to the people in the respective catchment areas.
3. Increased capacity of three Provincial Health Departments to manage service delivery contracts, to support Operational Districts and Referral Hospitals, and to ensure linkages with stakeholders at provincial and national levels.
4. Evidence based policy making through systematic and sustainable documentation and analysis of relevant information at various levels.

Each of the above results is embedded in and closely linked to national health policies and measures of public administrative and financial management reform.

**2. To which extent was the specific objective of the project reached, according to the accepted indicators?**

Reviewing achievements for the indicators for the specific objective the project can claim very satisfactory results (see annex 1). The project contributed directly to all the aspects of specific objective and the observed improvements.

Different surveys and data collection systems CDHS, HIS and the project own household surveys show very significant increases in utilization of services and coverage rates for the whole population and for the poor in particular. For most indicators the increases surpass by far the nationwide (rural level) increases which, during that period, were also very impressive.

In 2011 management capacity assessments of all ODs and PHDs were repeated allowing comparison with the 2008 assessment scores. Increases were phenomenal. Quality assessments were conducted in all 10 hospitals. For the 6 hospitals scores which could be compared with baseline data of 2007-2009 assessments improvements were remarkable. It was also the first time that all HC (130) received quality assessments. No baseline results were available to compare scores but compared to other provinces they achieved on average much better scores.

MOH Health policies, strategies, manuals and procedures regarding SDG, SOA, HEF, and POC were developed and refined. The project team, as HSSP2 partner and JPIG technical lead for health financing contributed actively towards these developments.

**3. To which extent were the intermediate results of the project reached, according to the accepted indicators?**

Just as for the Specific Objective, the TFF did not set targets for the different indicators it listed. We should also be aware that for our project Intermediate Results are strongly interdependent. As a result achievements for a specific Intermediate Result are often influenced by activities of other Intermediate Results.

Looking at the Indicators achievements we can say that all results have been reached. We do have however some reservations when saying that for Intermediate Result 3 and 4. The results for these indicators over the project period are listed in Annex 1.

**Intermediate Results 1 "Increased access to good quality health services for the poorest population"**

Health Equity Fund component was clearly very successful. Since their establishment they have been functioning uninterruptedly even through changes

of contracts, problems with HEFO or delayed funding. In 2011 the HEFs supported 81,230 poor patients. This included 28,326 hospitalizations an increase of 97% since their inception in 2006 and 20,753 hospital outpatient consultations an increase of 294 % since 2006. The number of hospital deliveries supported increased by 20% from 1,480 in 2010 to 1,780 in 2011. In 2011 59% of all poor patients supported were women. This means a 69.5% positive gender ratio which shows that women continue to benefit significantly more from HEFs, a kind of positive gender discrimination. Between 2007 and 2010 Maternal Health Vouchers at HC level contributed very significantly to the increased proportion of poor women delivering at HCs and Hospitals.

**Indicator 1: Number of patients supported by the nine Health Equity Funds.**

**Numbers of IPD HEFBs (with TB) at RH by Province:**

	2006	2007	2008	2009	2010	2011
SRM	6,374	7,060	7,598	10,499	11,535	11,670
KC	7,982	10,820	11,091	14,033	15,239	16,656

**Numbers of OPD HEFBs at RH by Province:**

	2006	2007	2008	2009	2010	2011
SRM	5,191	5,294	6,828	7,902	17,418	18,450
KC	73	175	1,327	4,397	2,578	2,303

**Indicator 2: Uninterrupted funding for the nine Health Equity Funds, beyond December 2011**

All monthly quarterly and annual HEF reports were regularly prepared and forwarded to MOH

**Expenditure per Capita by Province (USD):**

	2006	2007	2008	2009	2010	2011
SRM	0.17	0.25	0.36	0.44	0.54	0.62
KC	0.13	0.17	0.21	0.29	0.30	0.35

**Total annual expenditure per year per province and total**

	2006	2007	2008	2009	2010	2011	Total
SRM	\$185,157	\$273,786	\$380,868	\$500,777	\$629,165	\$740,594	\$2,329,479
KC	\$226,441	\$307,768	\$381,488	\$510,476	\$542,726	\$631,531	\$2,600,430
Total	\$411,598	\$581,554	\$381,488	\$1,011,253	\$1,171,891	\$1,372,125	\$4,929,909

**Indicator 3: Quality of health care at hospitals with a Health Equity Fund.**

**Assessment Scores of HEF-RHs by Province:**

PRHs/RHs	2006	2007	2008	2009	2010	2011
PRH SR	42%	69%	85%			90%
SNK RH						80%
KL RH						88%
ANC RH						73%
OMC PRH	52%				76%	79%
ALV RH						73%
KC PRH	63%	74%		84%		94%
CKL RH	53%			80%		87%

CP RH	48%			75%		81%
PC RH	52%	60%				87%
<b>Average</b>	<b>52%</b>	<b>68%</b>	<b>85%</b>	<b>78%</b>	<b>76%</b>	<b>83%</b>

**Intermediate Results 2 “Increased capacity in eight Operational Districts and two Provincial Referral Hospitals to provide better quality health services to the people in the respective catchment areas”**

Data available for both indicators show very positive changes. Management Capacity assessments before and near the end of the project showed major improvements. HIS data, performance monitoring reports and quality assessment of their health centers and hospitals show general trends of significant progress.

**Indicator 1: Number of Operational Districts and Provincial Referral Hospitals eligible to implement service delivery contracts (converted into SOA and receiving SDGs).**

On 1 Jan 2010 all 8 ODs and all 3 Provincial Hospitals became SoA entitled to SDG. The table below shows management capacity assessment scores of the ODs. Comparing 2011 with 2008 results shows an important improvement.

<b>ODs</b>	<b>2008</b>	<b>2011</b>
SNK OD	75%	87%
SR OD	76%	89%
AKC OD	71%	88%
KL OD	76%	86%
SAM OD	70%	88%
CKL OD	61%	84%
CP OD	56%	84%
PC OD	73%	83%
<b>Average</b>	<b>70%</b>	<b>86%</b>

**Indicator 2: Number of Operational Districts and Provincial Referral Hospitals implementing service delivery contracts that are meeting service delivery targets (including quality of care targets).**

When writing this report no SOA performance data for 2011 are available yet. From the HIS we learn that most ODs have on average once more improved their service utilization rate and coverage rates. Based 2010 Performance Monitoring report the Service Delivery Monitoring Group of the MOH has scored 7 of our 11 SOA as category B the other 4 as category C, which means that the all 11 classified for a performance bonus.

The 2011 average Quality Assessments score for all 130 HCs was 77%. 127 HCs achieved the minimum required score of 65%. The average Quality Assessment score of all 9 Hospitals was 83%, with very high scores for the two CPA3 provincial hospitals of SR and KC 90% and 93.5% respectively up from 69% and 74% in 2007 (see detailed table under result 1).

Intermediate Results 3: "Increased capacity of three Provincial Health Departments to manage service delivery contracts, to support Operational Districts and Referral Hospitals, and to ensure linkages with stakeholders at provincial and national levels."

3 Provincial Health Departments are commissioning SoA from 1 January 2010. Although the indicator result show acceptable improvements and activities, the experience of the project team belief that the involvement of the PHDs in the SOA and SDG developments has been too limited in general, certainly in the provinces of SR and KC. Because of limited PHD staff availability but also because the understaffed project TA team, the project impact on capacity building should be regarded as non satisfactory in spite of some positive elements.

**Indicator 1: Number of PHDs that successfully manage service delivery contracts.**

The table below shows management capacity assessment scores of the PHDs. Comparing 2011 with 2008 results shows an important improvement.

PHDs	2008	2011
SR PHD	70%	86%
OMC PHD	68%	85%
KC PHD	67%	86%
<b>Average</b>	<b>68%</b>	<b>86%</b>

**Indicator 2: Number of Provincial Health Departments that successfully support Operational Districts and Referral Hospitals implementing service delivery contracts.**

PHDs do not have a proper consistent reporting mechanism to report on the number of the integrated supervision or monitoring visits. PHD Kampong Cham report to have done bimonthly supervision visit, PHD Siem Reap quarterly and PHD Otdar Meanchey monthly.

**Indicator 3 : Number of PHDs with staffing plans that are based on functional analysis**

Limited internal function analysis was done as required in the MBPI context but with the cancellation of the MBPI scheme this was not followed up and staffing plans did not change.

**Indicator 4: Number of PHDs able to critically analyse information and provide meaningful feedback to the national level on the provincial level implementation of health policy.**

All three PHDs conducted regularly the monthly Pro TWG-H meetings once a month with report send to MoH. Twice yearly the PHDs have been presenting their Pro TWG-H functioning at the National TWG-H.



Intermediate Results 4: Evidence based policy making through systematic and sustainable documentation and analysis of relevant information at various levels

The project was very actively involved in different thematic groups around health care financing set up in the context of HSSP2 or previously existing. The project commissioned a number of evaluations required to provide evidence for strategical and policy revisions. Although different from an initial assumed approach to support a specific unit in the DPHI, we can say that the project's contribution towards evidence based policy making by MOH was satisfactory.

Indicator 1: Evidence of results of data analysis at provincial and national level made available to the policy level in a systematic manner.

In the context of HSSP2 several technical/strategical groups were set up as well as Service Delivery Monitoring Group. Quarterly and ad hoc meetings discussed operational and strategical issues based on field evidence and reports. Minutes of these meetings are shared with the different policy makers up to the highest level and are the basis for revising health strategies and procedures.

Meetings of TWG-H, Pro TWG-H, Pre-JAPR, and JQM are regularly conducted with presence of senior policymakers, senior field staff and donors. These meetings discuss health strategy and procedural issues based on reports of the implementation level.

The project supported MOH with evaluating a number of Health Strategies in order to allow their revision or scaling up based on evidence. They were Maternal Health Voucher, The Government Subsidy (HEF) Schemes, the Hospital Costing Study, adjusted capitation based payment mechanism for HEF at HC level.

The HSP2 and HSSP2 Mid Term Review build on findings and recommendations from all the above.

Ministry of Health website does exist but is not regularly updated and poorly consulted.

Indicator 2: Functioning thematic groups at provincial and national level, in particular concerning health financing and contracting and including all stakeholders.

Thematic groups around the technical issues related to the project, Health Care Financing, HEF, and SDG were established and were very active. They held regular and ad hoc meetings which are documented with minutes. They often resulted in managerial or strategical decisions.

**4. Describe the follow-up evaluation system established when the project was implemented.**

From the start of the project a lot of emphasis was put on monitoring and evaluation. This was regarded as very important because the project was putting in place or scaling up several new strategies which needed further developments. For this purpose the project put in place several follow up / evaluation systems in place since the inception of the project. They included Household survey, bed-census, database system for

contracting and HEFs, and strengthening of HIS. Those data were then used for evaluating project strategies and the project results as a whole.

As partner of HSSP2, during the Consolidation phase, the project adopted also the monitoring and evaluation structures of HSSP2. They include quarterly financial and technical audits, Semi-Annual and Annual Performance Monitoring Reports, Joint Quarterly Meetings, Joint Review Missions and HSSP2 Mid Term Review (December 2011).

The Baseline Household Survey (2005), the Follow-up Household Survey (2008) and the End-line Household Survey (2011) measured and followed up on 18 indicators looked at outcome and impact of the project in general. All three produced interesting reports analyzing and interpreting project achievements.

A Mid Term Review evaluated the pertinence of the project strategies and activities, the initial achievements and the functioning of the project itself.

A routine follow up system was based on quarterly and yearly review meetings which reviewed and analyzed the activity achievements and a number of output and outcome indicators and were documented in the routine reports. The Health Information System of the MOH was used to monitor the changes in outputs and utilization rates in the project areas.

For the HEF and Performance Contracting components more elaborated monitoring and evaluation systems were established. Before their implementation started routine monitoring systems (detailed indicators, database, reporting system) were developed and specific base-line data (bed census) were collected. These systems in combination with regular evaluations missions (HEF, Vouchers, Identification of Poor, HEF at HC, Performance contracting) allowed the project to measure results, identify weaknesses and correct and adapt the HEF and the Performance Contracting systems on continuous basis. Evaluation findings were always shared with stakeholders through dissemination workshops and distribution of the reports.

## 4. COMMENTS AND ANALYSIS

### 1. What are the major problems and questions having influenced the project implementation and how did the project attempt to solve them?

Already during the first phase in co-management it was very hard to find experienced and competent local technical assistants and administrative staff. This was worse during the consolidation phase when TA were recruited and contracted by the HSSP2 secretariat (MOH). The main reasons are probably the limited number of health personnel with required competencies and willing to work full-time in the provinces aggravated by the HSSP2 secretariat consultant conditions and the rigid environment. For some positions we were forced to employ persons which needed constant guidance and supervision by the BTC Health Advisor and the senior Cambodian TA. This capacity building of the local TA and admin staff has been very time consuming. It was moreover complicated by limited English language skills. English language courses were provided and did improve partially the language skill problems. This problem did not really get solved.

Logistic support for capacity building team of local technical assistants was severely complicated by heavy and slow HSSP2 procedures. Long delays in contract signing, salary or per diem payments, fuel and insurance arrangements for the vehicles, procurement of IT equipment and repairs are some of the examples which the team was confronted with. This took intensive effort to correct and improve.

The complex setup of the proposed HEF management through the HSSP2 secr. with BTC HEFI oversight and the time consuming HSSP2 procedures for HEFO NGO contracting risked to delay the HEFO contracts and result in interruption of the HEF services. Because this was unacceptable the SC decided that the HEFO contracting would be reversed to own management. This created an unexpected workload for the project team but was managed well. From 2011 HEFOs were recruited and contracted through HSSP2 secretariat. BTC HEF TA provided intensive support with this last HSSP2 recruitment process.

The TFF underestimated seriously the volume of administrative and financial management work of the project. Although the capacity building was mainly in National Execution many other activities were implemented in own management. As a consequence both the HEFI manager and the BTC Health Advisor were continuously overloaded with assignments frequently resulting in delays.

The project was responsible for Capacity Building of PHDs, Operational Districts and Provincial Referral Hospitals in the field of Management capacity in general and more specific related to Special Operating Agencies, Service Delivery Grants and Merit Based Payment Initiatives. In 2009 the introduction of Special Operating Agencies (SOA), Service Delivery Grants (SDG) and Merit Based Payment Initiative (MBPI) delayed as BTC supported institutions were part of the second wave when the first wave institutions were absorbing too much capacity from MOH and the HSSP2 secr.. This was equally due to quality of the different manuals (SDG Manual, SOA manual, Financial Management Manual, Operational Manual). Several procedures were poorly conceived or absent or with contradiction over the several manuals. This was observed,

documented shared and discussed through correspondence and meetings with the relevant authorities resulting, at least for some issues, in operational solutions. On 1<sup>st</sup> January 2010 all BTC supported institutions became finally SOAs and started receiving Service Delivery Grants.

Before the MBPI was established for BTC supported PHDs the Cambodian Government cancelled the initiative. This did adversely affect the motivation of Provincial Health Department personnel. As a result their commitment and involvement with SOA and SDG was very limited. As a result BTC capacity building of PHD level was strongly limited by the availability of PHD staff and their motivation. A new incentive scheme Priority Operational Cost (POC) was introduced by the government. However positions are few and incentive levels are low. The project team doubts that there will be sufficient impact on motivation.

Not having a Resrep office in the country did result in a lot of delays and a lot of extra work for the project staff often in areas in which they had little experience.

## **2. Which factors explain the differences in relation to the awaited results?**

Several of the above raised problems did impact the awaited results.

The TFF planned a BTC team of Cambodian technical assistants of eleven professionals. Because of recruitment problems the project never had more than 6 capacity building TA. All newly recruited required a lot of training and follow up themselves. The HSSP2 secretariat had limited success with their recruitments because of the limited number of health personnel with required competencies and willing to work full-time in the provinces aggravated by the HSSP2 consultant conditions and the rigid environment. Several rounds of recruitment gave no qualified candidates.

Cancellation of the MBPI scheme had a serious impact on motivation of Central level and PHD staff involved in the HEF, the SOA/ SDG. The BTC Capacity building of PHD staff achieved only limited results because of their low motivation and inadequate availability.

The Department of Planning and Health Information did not see result 4 "Evidence Based Policy Making through systematic and sustainable documentation...." as a priority. This was mainly because the limited number of active DPHI staff is already too busy with their routine assignments. Therefore the backstopping mission in December 2010 proposed to change the approach to have a number of evaluations and studies commissioned in own management but in close collaboration with the DPHI. Selection of topics for evaluation was based on the need for data for revision of health policies. This was implemented in 2011.

Awaiting the approval of SHP Masterplan by the Council of Ministers no progress was made on a decision for and the establishment of an institutional home for HEF and CBHI coordination. Such an institutional home, possibly a semi autonomous national agency for HEF/CBHI should have taken over some of the HEFI roles. For that reason, and in absence of an alternative it was decided that BTC HEFI will hand over its HEFI roles to URC. This has been done.

The SDG incentive system aimed at making the public health staff more committed to and motivated in their work in the hospitals, health centers and back offices. This was

only achieved to a certain extent. It worked well for the staff with lower qualifications (nurses downward) but less good for higher level health professionals, doctors and specialist doctors. The reason for this is that most doctors do have their own private practice work which assures them of the biggest proportion of their income. The income from their government salary even topped up by the performance incentive is not that very significant for them and the commitments they have to make are counterproductive to the good functioning of their private practices. The private health practices by government health staff results in major conflicts of interest which are detrimental to the health centers and the hospitals in which they work. This problem remains due to the absence of proper and enforceable government regulations on private practice work by public health staff.

Improvement in the Quality Clinical Care was complicated by the low level of medical knowledge and skills of many health professionals. The understanding by the public that diseases require a multitude of drugs, preferably injectables and infusions, and without interest in a proper diagnosis, worsens this situation. This problem needs to be addressed in the graduate trainings and through a comprehensive long-term health promotion campaign.

Disbursement of annual planned BTC budget by PHDs remained low over the three years of the consolidation phase. This was mainly because of heavy HSSP2 procedures and difficulty to change utilization during the year when needs change, but also because of limited benefit to the financial staff who had to do all the preparation and reporting work.

Continuous fluctuation between Euro and US Dollar (sometimes 25 % in a few months time) complicated financial planning which always needed to keep a buffer till the end.

**3. Which lessons can we learn from the project experience? Please give a detailed answer on the impact and the durability of the results.**

The **institutional anchoring** at central MOH level for policy discussion but with offices in the field was very appropriate for the consolidation phase. The first phase of PBHS was mainly in co-management mode with the co-directors at the level of the Provincial Health Department which was de facto the institutional home of the project. For the second phase of the project (PBHS2) BTC has joined the second phase of the Health Sector Support Program (HSSP2), a partnership of the MOH and 7 development partners (AFD, AUSAID, BTC, DFID, UNFPA, UNICEF, WB) which agreed to support a number of priority activities of the 2nd Cambodian Health strategic Plan (HSP2). In that context they use a common set of procedures and regulations to plan, budget, coordinate, implement, monitor and audit their support. These procedures assure a good level of harmonization and alignment without losing too much transparency or accountability. The HSSP2 is regarded as a pre-SWAP managed by the HSSP2 secretariat which is a kind of project management unit but completely controlled by the MOH. This made the central level of the Ministry of Health the institutional home for the second phase of the project PBHS2. This arrangement assured a very good level of alignment and harmonization for the project. Sustainability of the main project results (HEF and SDG) was guaranteed as the Pooled Fund and increasingly the MOH counterpart fund took over gradually the funding responsibilities for HEF Direct Costs, for SDGs and for POC. At the end of 2011 HSSP2, the Pooled Fund and Counterpart Fund took over 100% of the HEF funding responsibilities.



This arrangement also permitted BTC to participate actively in the health strategy and policy discussions at National level. The project offices of the HEFI and capacity building TA teams were still at the PHDs. The teams spent a lot of their time in the field. Their feedback allowed the BTC Health Advisor to contribute field experience based advice in the different national level meetings and policy discussions. Those inputs are much appreciated by the other partners.

**Health Equity Funds** is clearly having a very important impact on the utilization of public health services by the poor and very poor and did significantly decrease the number and size of debts for health care. The National HEF Forum organized by the project in collaboration with the MOH and WHO contributed to mainstream this health financing mechanism which was thereafter adopted in the National Health Strategic Plan 2008-2015. HEF by themselves are not sustainable systems but needs to be supported from outside those poor communities they support. For the moment the international community has taken up that burden with a lot of interest as it targets funding directly to the poor. Since the start of HSSP2 in 2009 the Cambodian Government is contributing directly to the financing of HEF and their share will increase yearly by 5%. During the consolidation phase the project only contributed to the administrative cost where the direct benefit costs (60%-80%) was financed by the HSSP2 Pooled Fund and the government. From 1<sup>st</sup> January 2012 all HEF costs are funded by HSSP2 Pooled Fund and the Cambodian government.

The impact of **SDG performance incentives** seems to be considerable at the level of health centers, hospital and OD. Significant increases in maternal health indicators, child immunization levels, number of consultations and hospitalizations can be attributed at least partially to the SDG performance incentives. Within Cambodian circumstances it is possible for a combination of user fee revenue (augmented by HEFs/vouchers for the poor), midwife incentives and subsidies to provide a satisfactory wage through public sector work for midwives and nurses, but physician earnings from public sector work remain very small relative to their total earnings. Unless mechanisms are established to integrate private practices into public facilities, physician motivation for public sector work will remain low. Performance incentive contracts as SDG do require a strong monitoring and evaluation framework.

The **comprehensive project set-up**, of the first phase of the project, combined health financing strategies as HEF and performance contracting with quality improvement and capacity building strategies. This was very useful and certainly contributed to the achieved results. Projects which target only health financing issues leave quality issues as assumptions often with detrimental outcome. It should however be mentioned that the multiple (6) components made the project rather complex and were often challenging to the undersized project TA team.

**Community Participation** in the health sector is very weak in Cambodia. Also in the project areas this was regarded as an important weakness which limited progress of health center functioning. The project did intervene very little in this field as it was outside it's scope and because it requires a long term approach and would have been very demanding.

The **Co-Management Modality** and the project approach of the first phase allowed for the necessary flexibility to adapt the project planning to the changing circumstances and needs during the project cycle and even during an implementation year.

The service delivery institutions were often hampered by delays or inadequacies in the **supply of government resources (drugs & medical supplies) and funding**. As a result situations existed where drugs were out of stock, where hospitals could not provide meals and where sometimes in real darkness and without electricity. Such situations really undermine patients confidence. It would therefore be very important for future similar projects to specify the timely and adequate government support and disbursement in the agreements and make it a condition for disbursement of Belgian contribution.

For non-Khmer speakers the **language barrier** is an important obstacle during field work and capacity building sessions are problems. Similarly many Cambodian staff face problems with detailed understanding of professional documents in English.

Some of the staff remained for the full seven years with the project. This was very useful as they carried the institutional memory and assured good public relations with MOH PHD, OD and hospitals staff.

No major health system reform projects should be started up without commitment for **longer term support**. From the start of the implementation it was a big worry and question mark what sense this project would have if there would be no extension phase.

#### **4. According to you, how was the project perceived by the target groups?**

One group of direct beneficiaries is the population utilizing the health facilities of the three supported provinces supported by the project, this is the population of the 8 focal districts ( $\pm 1,6$  Million persons) as well as the population of the neighboring districts and provinces utilizing those health facilities. Amongst those there was a special focus for the poor through HEF support. In the PBHS2 supported areas they amounted to over 500,000 persons (Pre-Identified only). Our project did not organize any specific promotion or visibility activities towards this target group and poor households and patients were probably not very aware of the support and existence of the project. However, both the Household survey and the HIS show very strong increases in utilization of hospital and health center services over since the start of the project. We think that it is fair to assume that this does somehow reflect increased satisfaction with those services and also that HEF beneficiaries were very happy to have free of charge access to hospital and maternal health services at health centers.

Most government health staff of health centers, hospitals, operational health districts and the provincial health departments (in the first phase only) did directly benefit from the project through the performance incentives Performance contracting and SDGs) they received. Disregarding this factor and based on discussion and interviews during workshops and evaluations they almost unanimously support the project approach and underline its contribution as the main reason for improved health service utilization and coverage rates. They also appreciate the improved working environment and the improved financial transparency. Most staff insisted that HEF and Performance Incentive

Contracts should continue. PHD, OD and PRH staff seemingly would have preferred to have had the consolidation phase project continued in co-management approach rather than under the National Execution approach.

The local authorities, commune leaders, district and provincial governors were all very appreciative for the project. During several visits but also during the public meetings they expressed their support for the project strategies and their hope that the project and its activities would continue.

Central level authorities of the Ministry of Health do appreciate the BTC project very much for its innovative and effective approaches and also by its regular feedback from the field level to the Ministry. They are mostly impressed by the remarkable result at the Provincial Hospital levels which turned around from non-functional hospitals to very active full referral hospitals. Similar to the field staff they seemingly would have preferred to have had the consolidation phase project continued in co-management approach rather than under the National Execution approach.

**5. Did the follow-up evaluation or the monitoring, and the possible audits and controls have any results? How were the recommendations taken into account?**

The Mid Term Review (MTR of first phase), the component specific evaluations (HEF and performance contracting), the hospital quality assessments, the external audits and back stopping missions all came up with lists of observed weaknesses and the related recommendations both at the technical level and at the admin-finance level. Findings from evaluations done in the context of HSSP2 (SDMG, Audits, and filed visits) and other organizations (JICA) in the project areas were equally taken into account. The project always organized meetings with the main stakeholders to discuss those findings and recommendations and to decide which recommendations to adopt and how to operationalize them.

The MTR strongly recommended a consolidation phase in order to prevent loss of the already gained project achievements. This major recommendation was followed through by the MOH, DGDC and BTC and resulted in the consolidation phase of the health projects which has started with effect of 1<sup>st</sup> January 2009.

Observations from the many HEF evaluations and MTR resulted in the following actions/changes:

- Starting up of Maternal Health Voucher Scheme functioning at HC level
- Piloting of HEF at health center level in 9 health centers
- Changing the community involvement approach by creating new networks with HEF agents which were less depending on HC staff and elected village authorities
- Changing the HEF promotional approach from public broadcasting and general meetings to more village based communications
- Include less experienced but grass root level NGOs to participate as HEF operators
- To revise the monitoring tools for patients satisfaction from purely exit interviews to regular surveys at village level by the HEF community network

- Stopping the Maternal Health Voucher Scheme when the overlap with RHAC activities resulted in duplication

Observations from the Contracting/SDG evaluations, from MTR, technical audits and from SDMG and field visits resulted in the following actions/changes:

- Revised contracts with less indicators and with more emphasis for output indicators versus process indicators.
- Revising the structure of the provincial health department teams which benefit from the structure
- Give bigger autonomy to ODs for the monitoring and incentive calculations
- Revived emphasis on hospital and health center hygiene situations
- Creation of a Health Financing Unit at the level of the provincial health department in order to institutionalize and improve ownership
- Better monitoring and development of monitoring tools.
- Revision of SDMG manual (change of size of installments; procurement, incentive calculation mechanism, allocations, target calculation methodology, etc.).

Observations and recommendations from all three external audits were followed through by the administration and finance team.

Some recommendations from the MTR were not implemented because the project direction did not regard it feasible to implement them within the scope of the project (time and resource limitations). They were:

- Pilote community based health insurance (CBHI) approaches and study how they can be integrated with HEFs
- To develop and implement a health education approach aiming at improving the communities understanding of evidence based medicine and rational prescription in order to diminish their demand for dangerous injectable drugs and intravenous fluids.

Recommendations for action at central level of MOH or other ministries were shared with the relevant authorities and presented and discussed at the Project Steering Committees. Often this did not result in immediate changes as they require more systematic and often political sensitive decisions. The main areas were:

- Regulating of private practice by government health staff (no change)
- Improving the supply of drugs to health centers and hospitals (limited change)
- Increasing the provincial budget and assure timely disbursement (big improvements)
- Provision of more health staff especially midwives (improvements for Midwives less for other)
- Increasing the hospital userfees to allow hospital to be more self sustainable (changed in some areas, others still blocked)

The backstopping mission in December 2010 proposed to change the approach for Result 4 "Evidence Based Policy Making ...." from National Execution in DPHI to having a number of evaluations and studies commissioned in own management but in close collaboration with the DPHI. Selection of topics for evaluation was based on the need for data for revision of health policies. This was more successful and was implemented in 2011.

**6. Which are your recommendations for the consolidation and the appropriation of post-project period ( policy to be followed or implemented, necessary national resources, make target groups aware of their responsibilities, way to apply the recommendations ...)?**

During seven years of field and policy work the project has observed quite a number of issues which requires attention. Several are directly related to project strategies and their continuation after the closing of the project. We will first list a few important policy issues and recommendations followed by a number of more operational issues and recommendations by strategy.

For the continuation and future development of HEFs it is essential that the Cambodian Government creates a National Agency responsible for coordination and oversight of SHP, HEF and possibly CBHI. Such an institutional home, possibly a semi autonomous national agency for HEF/CBHI, should take over some of the HEFI roles. It will be important that the SHP Masterplan, possibly revised, gets approved by the Council of Ministers.

The third party in the present HEF set up remains crucial in order to avoid potentially significant conflicts of interest. It is very important that the MOH maintains third parties independent from the service providers (see Prakas 809 evaluation) either through NGOs or to community bodies with involvement of professional agencies.

In order for Provincial Health Departments to fulfill their role as SDG Contract Commissioners and in relation to HEF/CBHI and Health care financing in general PHDs as organization should be restructured in order to make sure that they can cope with these important responsibilities. This will require that contract monitoring and the health financing units are strengthened or established.

Operational Districts, Provincial Hospitals and Provincial Health Departments are often confronted with operational questions with regards to implementation of SDGs and other HSSP2 supported activities which need clarification by the MOH or the HSSP2 secretariat. It would be good to improve communication channels between these three levels. We would strongly advise to establish a focal communication person in MOH and at PHD level which can channel either answer either channel questions to the relevant persons and follow up that they get answered timely.

Financial Management of ODs and PRHs remains weak in general. Capacity building of the present financial management staff has been giving only mixed result mainly because many of these staff are not financial professionals but clinical or nursing professionals. We strongly recommend that MOH replaces personnel in these positions by trained financial management professionals.

Health Equity Fund recommendations:

- Post Identification by HEFO remains very important because a large number of poor persons and household are not captured by the Pre-Identification system (MOP). The present pre-identification system is not adapted to urban settings and does not capture homeless persons. Because the poverty situation is quite dynamic with many people become poor or the opposite and because the pre-identification is only repeated every 3-4 years, many household are wrongly classified. Several areas have not yet been pre-identified but patients of those areas and thus without Equity Cards do attend referral hospital with HEF schemes. As a result BTC areas saw in 2011 around 50% of the HEF beneficiaries without Equity Card which required post identification, monitoring and home checks confirm that almost all of them are really



poor. This logic is strongly supported by the findings of the end-line household survey. We recommend strongly keeping post identification mechanisms in place.

- Timely payment of HEF schemes to assure that they can function uninterruptedly: Reimbursement for direct costs, especially for user fees is always delayed due to the fund flows from HSSP2/MOH is always delayed. The tracking sheet has been recorded to see where the main problem was caused.
- The HEF strategy needs tools to look at different clinical aspects of the services provided to HEFBs, such as the necessity to hospitalize or operate, the necessity to refer, the necessity to transport by ambulance, the quality of diagnosis and treatment. Presently HEFOs do not have the capacity to assure that function. During the first phase and until end of 2008 the project quality improvement team did do regular assessments of the appropriateness of hospitalizations and appropriateness of length of stay of HEF beneficiaries in the different hospitals of Kampong Cham, so-called Clinical Indication Assessment (CIA). In 2010 this was repeated in the three provinces with findings confirming the need for regular assessments. But also with the recognition that assessment methodology and instruments need to be improved, standardized and recognized. It was recognized that such assessments were very important to identify and to limit unnecessary hospitalizations and related HEF/CBHI expenses. During discussions with the MOH Hospital Department and GIZ it was decided that GIZ would assist MOH with revision of instruments and methodology used by PBHS aiming to develop a recognized MOH assessment. These assessments can play an important role in quality improvement and HEF/CBHI cost containment.
- Another issue to be addressed is the high proportion of referrals from DRHs to PH level by ambulance especially in Kampong Cham. We are afraid that ambulance userfees are seen as an easy and fast way to increase userfee income and incentives by hospital staff. Abuse of ambulance for unnecessary referral results in high cost for patients and HEFs and government fuel budget and will run down ambulances prematurely. Controlling this abuse, verifying appropriateness is difficult for HEFOs? This will require proper guidelines and indications for ambulance use and reviewing the use of ambulance fee income.
- Pre-Identification of poor households is very important for the well functioning of HEFs. The Pre-Identification done by MOP has been a big step forward but requires improvements of several aspects. The major aspects to be addressed are: 1) develop an instrument for urban sites; 2) homeless persons are not covered as the present instrument requires a fixed address; 3) how to update the database for new poor in the area in between two rounds of pre-identification; 4) the rates of poor identified or much lower than those of the CSES (e.g. OMC 26% versus 43.3%); 5) timely distribution of cards to poor HH.

#### Service Delivery Grants issues and recommendations:

- Timely decision of central levels especially approval on AOP, budget allocation, contracts, and indicators and their targets, etc. Assure that contract renewal is done timely allowing funds to flow and to be used in the first quarter.
- Minimize the delay of budget disbursement (both for Pooled and Counterpart funding)
- Restructure the SDMG assuring that it can implement its monitoring, verification and approval role
- Provide guidance on the incentive rates and scoring mechanisms
- Establish mechanism to provide motivation / specific incentive to SOA management in order to enforce creativity and autonomous

- Develop the system to assure participation of community / client in the SOA/SDG process
- Appropriate human resource management including enforcement internal regulation, personal appraisal, promotion and sanction, clearly defined work and benefit, well defined including the enforcement of dual practice regulation
- Provide effective training such as leadership, creativity, human resource management, financial management
- Considering some outsourcing services such as training, assessment, surveys to professional institutions
- Continue to strengthen the whole monitoring system, include spot-checks as basis for incentive scoring

The clinical quality of the health services provided by public institutions and by private clinics remains a major problem. The MOH should make improvement of clinical quality a priority of their program and develop and implement a comprehensive and effective approach to deal with the quality issue. This should include a health education component which aims at changing the very irrational expectations the Cambodian public has of the health services. Improved public understanding that good health services require first a proper diagnosis and not only injectable drugs and intravenous drips would contribute to clinical quality changes from the demand side.

Better functioning of health centers will to a large extent also depend on improving the community participations and communication. This will require changes of the present official networks as the health center management committees (HCMC) and the village health support groups (VHSG) and of their functioning. MOH should provide regulations which enhance grassroots' initiatives rather than impose well defined structures from above. Funding for the functioning of these committees and boards will need to be provided either through MOH either through more decentralized mechanisms. NGOs have an important role to play in the development of sustainable community participation networks which could impact their health situations and the services they receive.

Poor regulation of "Dual Practice", although not new, remains an important factor obstructing the development of the public hospitals and health services and also delaying the development of a strong private health sector. With Dual Practice we mean the practice that public health staff, nurses, doctors and other health professionals also work in, own or co-own a private health practice, clinic or pharmacy. As dual practice is not regulated it creates a very important conflict of interest in which the public and the private are competing for the same clients using the same human and other resources. Several staffs are paying much more attention to their private practice to the detriment of the hospital and HC patients. This does often result in delayed treatment, unhappy patients, catastrophic health expenditure and sometimes even in death. We strongly recommend MOH to start addressing this issue by officially recognizing and documenting it as basis for discussion and future regulations.

## 7. Conclusions

During the 7 years of the project Cambodia has seen many changes mostly positive. Between 2004 and 2010 GDP per capita increased by 46 % from 382 USD to 558 USD per person. Infrastructural developments, new roads, water supply and electrification, are very visible although mostly in urban areas. We have seen the same positive changes in the health sector. The Cambodian Demographic Health Survey (CDHS) 2005 and 2008 results show big improvements for several health indicators indicating that Cambodia will almost certainly achieve MDG goals for most indicators by 2015. Infant mortality, maternal mortality and Aids prevalence dropped from respectively 66 per 1000, 472 per 100,000 and 1.2% to 45 per 1000, 206 per 100,000 and 0.8%.

Within the project areas the project Household surveys of 2005, 2008 and 2011 have shown very significant increases in service utilization and coverage rates in general but more particular by the poor population and even bigger decreases for the infant mortality rates (see annex 1 and End-line Household Survey report). Based on these and other progress indicators, it is fair to assume, that project interventions have contributed to these impressive results like increased activities, utilization of health facilities, improved staff motivation and behavior through incentive schemes, training and quality improvement.

Stopping this project after the first phase, in the middle of a "health system reform", would most probably have put a stop to HEF and performance incentives in the project areas. It would have resulted in a destabilized system and a loss of the trust of patients, especially the poor in the public health institutions and a probable collapse of the other achievements. The 3-year PBHS consolidation phase has allowed the already promising results of HEF and Performance incentive contracts to be consolidated.



For the consolidation phase, BTC joined the of the Health Sector Support Program's second phase (HSSP2), a partnership of the MOH and 7 development partners (AFD, AUSAID, BTC, DFID, UNFPA, UNICEF, WB) which agreed to support a number of priority activities of the 2nd Cambodian Health strategic Plan (HSP2). In that context they use a common set of procedures and regulations to plan, budget, coordinate, implement, monitor and audit their support. These procedures assure a good level of harmonization and alignment without losing too much transparency or accountability. This arrangement assured a very good level of alignment and harmonization for the project.

Sustainability of the main project results (HEF and SDG) was guaranteed as the Pooled Fund and increasingly the MOH counterpart fund took over gradually the funding responsibilities for HEF Direct Costs, for SDGs and for POC. At the end of 2011 HSSP2, the Pooled Fund and Counterpart Fund took over 100% of the HEF funding responsibilities.

The HSSP2 arrangements and project setup and history also permitted BTC to participate actively in the health strategy and policy discussions at National level. The project offices of the HEFI and capacity building TA teams were still at the PHDs. The teams spent a lot of their time in the field. Their feedback allowed the BTC Health Advisor to contribute field experience based advice in the different national level meetings and policy discussions. Those inputs are much appreciated by the other partners.

The project has contributed to the mainstreaming of the HEFs as the major Cambodian health financing strategy for the poor. The regular feedback from the project to the central level and health policy formulating forums and individuals, on the achievements of the project strategies, HEF and the performance incentive contracts have contributed significantly to the adaptation of these strategies in the second Cambodian National Health Strategic Plan.

Further improvement of the health system, achieving better health indicator results will be more challenging. This will require actions and innovative solutions addressing the following issues: clinical quality of care, regulation of private practice by government health staff, revision of the community participation networks, health education on the rational use of drugs, improved government supply mechanisms, increased budget for health and service delivery levels and timely disbursement, and ample staffing of the health centers and rural hospitals.

National execution official	BTC execution official
	

## 5. ANNEXES

<b>Annexes</b>
<b>Annex 1</b> Results summary
<b>Annex 2</b> Situation of receipts and expenses
<b>Annex 3</b> Disbursement rate of the project
<b>Annex 4</b> Personnel of the project
<b>Annex 5</b> Subcontracting activities
<b>Annex 6</b> Equipments
<b>Annex 7</b> Trainings
<b>Annex 8</b> Backers

**ANNEX 1: RESULTS AND ACTIVITIES SUMMARY (ACCORDING TO THE LOGICAL FRAMEWORK)**

**General Objective:** To reduce morbidity and mortality, in particular maternal, new born and child morbidity and mortality and morbidity and mortality due to communicable diseases, and to reduce the burden of non-communicable diseases and other health problems.

**Specific Objective :** To increase access to quality care through capacity development in three provinces and through policy strengthening at central level within the framework of national health policies, public administrative reform and financial management reform.

Indicators	Progress																														
Increased access to quality care in eight Operational Districts in three Provinces.	Household surveys: Baseline 2005, Follow up 2008 and End-line 2011Q4. Contraceptive prevalence (modern method):																														
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	KC	21.0%	23.8%	30.0%																											
	Proportion of pregnant women received at least 2 ANC (3 years before the survey)																														
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	Results of PHD/OD management capacity assessments (MoH tool/checklist with scoring system).																														
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financing and health contracting.

CP OD	56%	84%
PC OD	73%	83%
<b>Average</b>	<b>69%</b>	<b>86%</b>

Results of hospital assessment (MoH tool/checklist with scoring system).

PRHs/RHs	2006	2007	2008	2009	2010	2011
PRH SR	42%	69%	85%			90%
SNK RH						80%
KL RH						88%
ANC RH						73%
OMC PRH	52%				76%	79%
ALV RH						73%
KC PRH	63%	74%		84%		94%
CKL RH	53%			80%		87%
CP RH	48%			75%		81%
PC RH	52%	60%				87%
<b>Average</b>	<b>52%</b>	<b>68%</b>	<b>85%</b>	<b>78%</b>	<b>76%</b>	<b>83%</b>

Results of HC assessment (MoH tool/checklist with scoring system) conducted in 2011

	N HC	Average score of HC	HC with score > = 55%		HC with score > = 65%		HC with score > = 75%		HC with score > = 85%	
			N	%	N	%	N	%	N	%
Siem Reap	20	79%	20	100%	20	100%	14	70%	1	5%
Sotnikum	23	75%	23	100%	22	96%	16	70%	0	0%
Kralanh	9	71%	9	100%	8	89%	3	33%	1	11%
Ankor Chum	17	76%	17	100%	17	100%	12	71%	2	12%
Samrong	19	71%	19	100%	18	95%	3	16%	0	0%
Cheung Prey	14	78%	14	100%	14	100%	13	93%	0	0%
Prey Chhor	15	80%	15	100%	15	100%	12	80%	3	20%
Chamkar Leu	13	82%	13	100%	13	100%	13	100%	4	31%
<b>Total</b>										
<b>Average</b>	<b>130</b>	<b>75%</b>	<b>130</b>	<b>100%</b>	<b>127</b>	<b>98%</b>	<b>86</b>	<b>66%</b>	<b>11</b>	<b>8%</b>

Health policies and strategies are developed and adjusted taking into consideration provincial level experiences and needs.

MOH Health policies, strategies, manuals and procedures regarding SDG, SOA, HEF, and POC were developed, refined and amended. The project team, as HSSP2 partner and JPIG technical lead for health financing contributed actively towards these developments.



Intermediate Results	Indicators	Progress																																																																																																									
<p><u>Result 1:</u> Increased access to good quality health services for the poorest population.</p>	<p>Number of patients supported by the nine Health Equity Funds.</p>	<p>Numbers of IPD HEFBs (with TB) at RH by Province:</p> <table border="1"> <thead> <tr> <th></th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> <th>2010</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>SROM</td> <td>6,374</td> <td>7,060</td> <td>7,598</td> <td>10,499</td> <td>11,535</td> <td>11,670</td> </tr> <tr> <td>KC</td> <td>7,982</td> <td>10,820</td> <td>11,091</td> <td>14,033</td> <td>15,239</td> <td>16,656</td> </tr> </tbody> </table> <p>Numbers of OPD HEFBs at RH by Province:</p> <table border="1"> <thead> <tr> <th></th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> <th>2010</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>SROM</td> <td>5,191</td> <td>5,294</td> <td>6,828</td> <td>7,902</td> <td>17,418</td> <td>18,450</td> </tr> <tr> <td>KC</td> <td>73</td> <td>175</td> <td>1,327</td> <td>4,397</td> <td>2,578</td> <td>2,303</td> </tr> </tbody> </table> <p>Estimated Poor IPD Utilization Rate per 1,000 Capita of Poor by Province:</p> <table border="1"> <thead> <tr> <th></th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> <th>2010</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>RH</td> <td>17</td> <td>18</td> <td>23</td> <td>41</td> <td>55</td> <td>65</td> </tr> <tr> <td>PH-SR</td> <td>10</td> <td>12</td> <td>13</td> <td>18</td> <td>22</td> <td>29</td> </tr> <tr> <td>SNK</td> <td>7</td> <td>23</td> <td>24</td> <td>38</td> <td>40</td> <td>31</td> </tr> <tr> <td>KRL</td> <td>51</td> <td>43</td> <td>28</td> <td>38</td> <td>34</td> <td>32</td> </tr> <tr> <td>OMC</td> <td>4</td> <td>3</td> <td>7</td> <td>9</td> <td>10</td> <td>12</td> </tr> <tr> <td>PH-KC</td> <td>21</td> <td>26</td> <td>29</td> <td>35</td> <td>35</td> <td>35</td> </tr> <tr> <td>CP</td> <td>45</td> <td>33</td> <td>44</td> <td>48</td> <td>46</td> <td>54</td> </tr> <tr> <td>CKL</td> <td>18</td> <td>28</td> <td>25</td> <td>36</td> <td>43</td> <td>39</td> </tr> </tbody> </table>		2006	2007	2008	2009	2010	2011	SROM	6,374	7,060	7,598	10,499	11,535	11,670	KC	7,982	10,820	11,091	14,033	15,239	16,656		2006	2007	2008	2009	2010	2011	SROM	5,191	5,294	6,828	7,902	17,418	18,450	KC	73	175	1,327	4,397	2,578	2,303		2006	2007	2008	2009	2010	2011	RH	17	18	23	41	55	65	PH-SR	10	12	13	18	22	29	SNK	7	23	24	38	40	31	KRL	51	43	28	38	34	32	OMC	4	3	7	9	10	12	PH-KC	21	26	29	35	35	35	CP	45	33	44	48	46	54	CKL	18	28	25	36	43	39
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Quality of health care at hospitals with a Health Equity Fund.

Regular monitoring reports prepared by HEFOs and HEFI. Assessment Scores of HEF-RHs by Province:

PRHs/RHs	2005	2007	2008	2009	2010	2011
PRH SR	42%	69%	85%			90%
SNK RH						80%
KL RH						88%
ANC RH						73%
OMC PRH	52%				76%	79%
ALV RH						73%
KC PRH	63%	74%		84%		94%
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8 ODs and 3 Provincial Hospitals started SoA with SDG from 1 Jan 2010. OD management capacity results 2008 and 2011

ODs	2008	2011
SNK OD	75%	87%
SR OD	76%	89%
AKC OD	71%	88%
KL OD	76%	86%
SAM OD	70%	88%
CKL OD	61%	84%
CP OD	56%	84%
PC OD	73%	83%
<b>Average</b>	<b>70%</b>	<b>86%</b>

Number of Operational Districts and Provincial Referral Hospitals eligible to implement service delivery contracts (converted into SOA and receiving SDGs).

Result 2:  
Increased capacity in eight Operational Districts and two Provincial Referral Hospitals to provide better quality health services to the people in the respective catchment areas.

Number of Operational Districts and Provincial Referral Hospitals implementing service delivery contracts that are meeting service delivery targets (including quality of care targets).

When writing this report no SOA performance data for 2011 are available yet. From the HIS we learn that most ODs have on average once more improved their service utilization rate and coverage rates. Based 2010 Performance Monitoring report the Service Delivery Monitoring Group of the MOH has scored 7 of our 11 SOA as category B the other 4 as category C, which means that the all 11 classified for a performance bonus.

**RH Quality Assessment results 2008 and 2011**

PRHs/RHs	2009	2010	2011
PRH SR			90%
SNK RH			80%
KLRH			88%
ANC RH			73%
OMC PRH		76%	79%
ALV RH			73%
KC PRH	84%		94%
CKL RH	80%		87%
CP RH	75%		81%
PC RH			87%
<b>Average</b>	<b>78%</b>	<b>76%</b>	<b>83%</b>

The 2011 average Quality Assessments score for all 130 HCs was 77%. 127 HCs achieved the minimum required score of 65%. The average Quality Assessment score of all 9 Hospitals was 83%, with very high scores for the two CPA3 provincial hospitals of SR and KC 90% and 93.5% respectively up from 69% and 74% in 2007 (see detailed table under result 1).

<p><b>Result 3:</b> Increased capacity of three Provincial Health Departments to manage service delivery contracts, to support Operational Districts and Referral Hospitals, and to ensure linkages with stakeholders at provincial and national levels.</p>	<p>Number of Provincial Health Departments that successfully manage service delivery contracts.</p>	<p>3 Provincial Health Departments are commissioning SoA from 1 January 2010. PHD management capacity results 2008 and 2011</p> <table border="1" data-bbox="293 896 504 1429"> <thead> <tr> <th>PHDs</th> <th>2008</th> <th>2011</th> </tr> </thead> <tbody> <tr> <td>SR PHD</td> <td>70%</td> <td>86%</td> </tr> <tr> <td>OMC PHD</td> <td>68%</td> <td>85%</td> </tr> <tr> <td>KC PHD</td> <td>67%</td> <td>86%</td> </tr> <tr> <td>Average</td> <td>68%</td> <td>86%</td> </tr> </tbody> </table>	PHDs	2008	2011	SR PHD	70%	86%	OMC PHD	68%	85%	KC PHD	67%	86%	Average	68%	86%
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	<p>Number of Provincial Health Departments that successfully support Operational Districts and Referral Hospitals implementing service delivery contracts.</p>	<p>PHDs do not have a proper consistent reporting mechanism to report on the number of the integrated supervision or monitoring visits. PHD Kampong Cham report to have done bimonthly supervision visit, PHD Siem Reap quarterly and PHD Otdar Meanchey monthly.</p>															
	<p>Number of Provincial Health Departments with staffing plans that are based on functional analysis</p>	<p>Limited internal function analysis was done as required in the MBPI context but with the cancellation of the MBPI scheme this was not followed up and staffing plans did not change.</p>															
	<p>Number of Provincial Health Departments able to critically analyse information and provide meaningful feedback to the national level on the provincial level implementation of health policy.</p>	<p>All three PHDs conducted regularly the monthly Pro TWG-H meetings once a month with report send to MoH. Twice yearly the PHDs have been presenting their Pro TWG-H functioning at the National TWG-H.</p>															
<p><b>Result 4:</b></p>	<p>Evidence of results of</p>	<p>In the context of HSSP2 several technical/strategical groups were set up as well as</p>															

<p>Evidence based policy making through systematic and sustainable documentation and analysis of relevant information at various levels.</p>	<p>data analysis at provincial and national level made available to the policy level in a systematic manner.</p>	<p>Service Delivery Monitoring Group. Quarterly and ad hoc meetings discussed operational and strategic issues based on field evidence and reports. Minutes of these meetings are shared with the different policy makers up to the highest level and are the basis for revising health strategies and procedures.</p> <p>Meetings of TWG-H, Pro TWG-H, Pre-JAPR, and JQM are regularly conducted with presence of senior policymakers, senior field staff and donors. These meetings discuss health strategy and procedural issues based on reports of the implementation level.</p> <p>The project supported MOH with evaluating a number of Health Strategies in order to allow their revision or scaling up based on evidence. They were Maternal Health Voucher, The Government Subsidy (HEF) Schemes, the Hospital Costing Study, adjusted capitation based payment mechanism for HEF at HC level.</p> <p>The HSP2 and HSSP2 Mid Term Review build on findings and recommendations from all the above.</p> <p>Ministry of Health website does exist but is not regularly updated and poorly consulted.</p>
	<p>Functioning thematic groups at provincial and national level, in particular concerning health financing and contracting and including all stakeholders.</p>	<p>Thematic groups around the technical issues related to the project, Health Care Financing, HEF, and SDG were established and were very active. They held regular and ad hoc meetings which are documented with minutes. They often resulted in managerial or strategic decisions.</p>

## ANNEX 2: EXPENSES

The below tables show the cumulative expenditure over the total project period as well as the balance on 31<sup>st</sup> December 2011.

### Budget vs Actuals (Year to Month, Last 5 Years) of KAM02007/11

Project Title : **Provision of Basic Health services in the provinces of Siem Reap & Odar Meanchey**

Budget Version : **L1**  
 Currency : **EUR**  
 Y/M : **Report includes all closed transactions until the end date of the chosen closing**

Year to month : **31/12/2011**

Status	Fin Mode	Amount	Start to					Expenses	Total	Balance	% Evcs
			2007	2008	2009	2010	2011				
<b>A ENHANCE HEALTH SECTOR DEVELOPMENT BY</b>											
<b>01 Strengthened Consumer Rights in</b>											
		879,871,23	568,170,33	249,402,91	61,519,11		0,00	869,082,91	10,578,32	98%	
	COGES	47,286,15	35,138,30	12,000,72			0,00	47,187,02	92,13	100%	
	REGIE	19,982,89	19,982,89				0,00	19,982,89	0,00	100%	
	COGES	59,580,00	56,249,16	2,331,78			0,00	59,580,00	-30,98	100%	
	COGES	28,230,00	25,029,94	1,244,90			0,00	28,273,84	-43,84	100%	
	COGES	719,529,31	423,653,71	233,786,50	61,519,11		0,00	708,988,32	10,560,99	98%	
	COGES	8,149,88	8,149,88				0,00	8,149,88	0,00	100%	
	COGES	118,811,54	98,835,01	21,347,13			0,00	118,182,13	729,41	99%	
	COGES	46,731,54	31,246,45	13,783,77			0,00	46,012,22	719,32	98%	
	COGES	70,910,00	63,312,08	7,693,36			0,00	70,696,03	13,97	100%	
	COGES	2,270,00	2,273,88				0,00	2,273,88	-3,88	100%	
	COGES	1,350,860,46	1,001,599,33	325,410,31	28,602,56		0,00	1,353,879,21	-2,697,75	100%	
	COGES	85,291,54	52,897,22	12,623,51	1,529,09		0,00	89,949,82	-1,698,28	103%	
	COGES	31,417,66	23,499,23	7,146,56	701,48		0,00	31,307,66	110,03	100%	
	COGES	597,858,48	490,320,23	124,461,95	7,459,87		0,00	592,238,95	5,419,81	99%	
	COGES	348,351,54	243,833,54	102,166,87	10,663,13		0,00	356,714,94	-8,363,40	102%	
	COGES	124,253,85	91,696,69	28,484,74	2,941,84		0,00	124,133,57	120,28	100%	
	COGES	100,875,38	71,159,98	29,675,35	2,548,66		0,00	100,391,90	593,48	99%	
	COGES	55,660,00	35,761,13	19,386,05			0,00	55,147,17	512,83	99%	
	REGIE	2,147,968,91	849,551,91	128,966,89	366,722,63		297,743,59	1,672,791,57	176,165,34	92%	
	COGEST	6,838,378,51	2,690,289,44	875,342,47	856,270,66		852,193,35	5,347,454,77	291,823,74	95%	
	TOTAL	7,767,335,42	3,529,541,32	1,104,393,36	1,222,583,52	608,914,70	946,991,84	7,320,246,34	467,089,08	94%	



# Budget vs Actuals (Year to Month, Last 5 Years) of KAM0200711

Project Title : **Provision of Basic Health services in the provinces of Siem Reap & Oddar Meanchey**

Budget Version : **L1**  
 Currency : **EUR**  
 Y/M : **Year to month : 31/12/2011**

**Report includes all closed transactions until the end date of the chosen closing**

	Status	Fin Mode	Amount	Start to 2007	2008	2009	2010	Expenses	Total	Balance	% Exec
08 School health inspection program		COGES	970,00	968,50				0,00	968,50	1,50	100%
09 Health Support		COGES	26.432,00	21.340,12	9.626,17	868,51		0,00	26.736,60	696,20	97%
04 Increased number of quality improvement		COGES	533.491,68	313.233,76	195.804,54	6.540,16		0,00	515.578,47	18.913,39	96%
01 TA - Quality improvement - Local		COGES	24.040,00	21.841,54	2.224,79			0,00	24.066,33	-26,33	100%
02 Micro interventions		COGES	87.549,23	49.784,88	44.064,87	489,46		0,00	84.339,81	3.210,32	98%
03 Quality standard and seal		COGES	0,01					0,00	0,00	0,01	0%
04 Quality Improvement Plans at RH		COGES	154.984,82	136.312,86	17.218,47	1.771,06		0,00	156.302,08	-807,47	100%
05 Infra structural works at PRH Siem Reap		COGES	268.908,00	106.296,10	132.288,41	4.278,84		0,00	241.871,14	17.036,86	93%
05 Improved staff skills through capacity		COGES	337.730,86	290.240,80	38.789,40	2.326,57		0,00	331.366,67	6.363,68	98%
01 TA - Surgeon - International expert		REGIE	165.669,33	169.739,32	806,52			0,00	160.346,84	5.318,49	97%
02 Contracted in training / workshop		COGES	26.028,16	18.476,80	8.353,80	1.570,33		0,00	26.401,13	-374,98	101%
03 Contracted in training for teachers		COGES	490,00	487,49				0,00	487,49	2,51	99%
04 Contracted out training		COGES	86.510,00	72.609,83	22.058,28			0,00	84.668,10	843,80	98%
05 Training activities		COGES	50.045,38	41.027,37	7.782,70	756,24		0,00	49.588,31	479,07	98%
06 Strengthened institutions capacity to		COGES	207.789,23	171.379,16	28.018,82	1.820,73		0,00	199.018,40	8.770,83	93%
01 TA - Social/Planning/Finance/PHA - Local		COGES	74.379,87	59.840,86	13.024,11	359,73		0,00	73.201,83	1.178,14	98%
02 TA - Finance/Planning - International		REGIE	24.808,19	22.853,14				0,00	22.853,14	2.055,05	92%
03 Supervision / on-the job-training		COGES	11.585,87	10.179,86	957,12	91,46		0,00	10.828,44	737,43	94%
04 Stakeholder internal HMIS auditing		COGES	40.612,47	27.897,46	10.482,33	1.362,64		0,00	39.772,39	740,14	98%
05 Central level interventions		COGES	58.427,73	50.407,89	1.654,87			0,00	52.382,68	4.085,07	93%
		REGIE	2.147.966,91	849.661,91	128.945,89	323.221,03		287.743,59	1.872.791,57	175.165,34	92%
		COGES	6.839.378,51	2.880.288,41	975.642,47	868.270,88		962.189,35	6.347.464,77	291.923,74	96%
		TOTAL	7.787.355,42	3.629.841,32	1.104.305,38	508.814,70		949.901,94	7.320.246,34	487.088,08	94%



# Budget vs Actuals (Year to Month, Last 5 Years) of KAM0200711

Project Title: Provision of Basic Health services in the provinces of Stern Reap & Otdar Meanchey

Budget Version: L1  
 Currency: EUR  
 Y/M: Year to month: 31/12/2011

Report includes all closed transactions until the end date of the chosen closing

	Status	Fin Mode	Amount	Start to 2007	2008	2009	2010	Expenses	Total	Balance	% Exec
<b>B. STRENGTHEN MONITORING &amp; EVALUATION</b>											
01 Enhanced monitoring & evaluation capacity			111,943.89	77,694.31	29,840.52	276.88		0.00	107,801.72	4,141.97	96%
01 TA - Social/Planning/Finance - Local		COGES	8,277.69	5,769.49	3,517.34			0.00	9,287.02	-9.33	100%
02 TA - M & E - International		REGIE	28,780.60	28,780.60	459.65	276.88		0.00	29,496.93	-736.43	103%
03 External HMIS auditing		COGES	481.89	451.89				0.00	481.89	0.00	100%
04 External monitoring Quality Seal		COGES	0.01					0.00	0.00	0.01	0%
05 Surveys		COGES	63,780.00	36,680.55	22,663.54			0.00	59,474.09	4,305.91	93%
06 Steering committee expenses		COGES	9,673.90	6,821.89	3,289.89			0.00	9,091.79	581.61	94%
<b>C. TO CONSOLIDATE THE RESULTS OF THE</b>											
01 Increased access to good quality health			2,060,827.03	897,219.82	185,802.43	791,122.89	2,071,233.33	17,963.40	3,765,340.00	86%	
01 Continued funding of 8 HEF in a cofinancing		COGES	0.01					0.00	191,866.31	-191,866.30	181865
02 Continued management & oversight of the 9		COGES	0.01					0.00	2,689.17	-2,689.16	268917
03 Strengthening the capacity of the 3 PHD to		COGES	74,700.00					0.00	6,668.69	68,030.42	9%
04 Continued funding of 9 HEF in a cofinancing		REGIE	491,338.00					34,644.19	339,837.32	151,400.66	69%
05 02 Continued management & oversight of the		REGIE	62,868.00					28,943.58	56,665.88	-3,708.88	107%
06 Strengthening the capacity of the 3 PHD to		REGIE	2,918.00					4.65	4,302.23	-1,384.23	147%
02 Increased capacity in 8 ODs & 2 Provincial		COGES	773,878.00					0.00	147,344.31	626,533.69	18%
01 Support the MoH & PHDs in assessing the		COGES	28,250.00					0.00	8,757.22	17,492.78	33%
02 Transitional support to ODs & Hospitals that		COGES	140,400.00					0.00	102,891.01	37,408.99	73%
03 Intensive capacity development for ODs that		COGES	334,800.00					0.00	22,887.11	311,902.89	7%
		REGIE	2,147,866.91	848,661.91	129,966.89	366,725.63	323,221.03	297,745.69	1,972,781.67	175,165.34	82%
		COGEST	6,639,378.51	2,680,289.41	976,342.47	856,270.89	189,393.67	802,166.35	6,347,454.77	291,923.74	95%
		TOTAL	7,787,336.42	3,528,841.32	1,104,308.38	1,222,863.62	508,614.70	949,901.94	7,328,246.34	467,089.08	94%



# Budget vs Actuals (Year to Month, Last 5 Years) of KAM0200711

Project Title: **Provision of Basic Health services in the provinces of Siem Reap & Odar Meanchey**

Budget Version: **L1**  
 Currency: **EUR**  
 Y/M: **Year to month: 31/12/2011**  
**Report includes all closed transactions until the end date of the chosen closing**

Status	Fin Code	Amount	Start to 2007	2008	2009	2010	Expenses	Total	Balance	% Exec
	COGES	272,428.00			12,898.87		0,00	12,898.87	259,729.03	9%
04		370,178.00			22,687.80		0,00	22,687.80	\$47,610.40	6%
01		12,800.00			13,305.39		0,00	13,305.39	-705.39	106%
02		172,000.00			9,282.21		0,00	9,282.21	172,000.00	0%
03		182,578.00					0,00		143,515.79	8%
04		33,000.00					0,00		33,000.00	0%
04		303,218.00	1.83				84,878.39	84,878.39	238,234.78	21%
01		180,100.00					0,00	0,00	180,100.00	0%
02		12,500.00	1.83				0,00	1.83	12,498.17	0%
03		31,250.00					0,00	0,00	31,250.00	0%
04		78,268.00					64,878.39	64,878.39	14,389.61	82%
08		0.01			358,768.88	183,383.67	652,158.35	1,194,311.01	-1,194,311.00	119431
01		0.01			358,768.88	183,383.67	652,158.35	1,194,311.01	-1,194,311.00	119431
<b>Z. GENERAL MEANS</b>										
01		1,244,816.82	1,010,857.86	217,885.04	87,547.68	0,00	0,00	1,326,180.68	-81,374.16	107%
01		109,331.84	74,414.52	22,815.25	11,547.02		0,00	108,578.78	755.05	89%
02		17,827.88	13,227.19	3,336.46	768.13		0,00	17,381.78	186.91	98%
03		0.01					0,00	0,00	0.01	0%
04		741,200.00	618,246.06	127,888.83	78,373.12	0,00	0,00	824,518.00	-83,318.00	111%
05		80,803.85	60,289.36	28,328.85			0,00	88,588.31	4,014.54	98%
		2,147,858.91	849,551.91	128,885.89	368,722.83	323,221.03	287,743.59	1,872,781.57	176,166.34	92%
		5,680,379.51	2,860,289.41	975,342.47	858,270.89	183,383.67	882,188.36	5,347,454.77	281,823.74	95%
		7,787,335.42	3,529,841.32	1,104,356.38	1,222,893.52	508,614.70	948,861.94	7,320,246.34	467,089.08	94%



# Budget vs Actuals (Year to Month, Last 5 Years) of KAM0200711

Project Title : **Provision of Basic Health services in the provinces of Stem Reap & Oddar Meanchey**

Budget Version : **L1**  
 Currency : **EUR**  
 Year to month : **31/12/2011**

**Report Includes all closed transactions until the end date of the chosen closing.**

	Status	Fin Mode	Amount	Start to		Expenses					Total	Balance	% Exec	
				2007	2008	2009	2010	2011	2012	2013				2014
06 Local staff missions costs		COGES	12,717,12	10,487,12	1,413,75	508,89					0,00	12,408,75	307,37	98%
07 National air tickets		COGES	3,059,44	1,713,44	100,91	125,69					0,00	1,940,04	1,159,40	63%
08 Office equipment		COGES	41,280,01	41,275,68							0,00	41,275,68	4,33	100%
09 Office running costs		COGES	37,261,54	27,109,02	9,578,62	3,874,29					0,00	40,360,92	-3,089,28	109%
10 Vehicle running costs		COGES	80,388,23	56,027,83	24,847,70	1,706,85					0,00	82,576,48	-2,187,25	103%
11 Office furniture/supplies		COGES	22,370,82	20,677,81	851,25	879,49					0,00	22,208,59	182,28	95%
12 Moto running costs		COGES	6,856,60	5,356,60	713,42	184,10					0,00	6,234,12	622,48	81%
13 Government Running Costs		COGES	0,01								0,00	0,00	0,01	0%
14 Government Social Interventions		COGES	0,01								0,00	0,00	0,01	0%
15 Vehicle purchase (Co-director, Assistant Co-		COGES	74,763,91	74,763,91							0,00	74,763,91	0,00	100%
16 Moto purchase (one per supervisor)		COGES	7,394,44	7,394,44							0,00	7,394,44	0,00	100%
02 Staff 'Consolidation Phase'			618,758,00					142,842,97	194,858,61		127,823,69	405,231,36	211,628,62	68%
01 Technical assistants		REGIE	460,000,00					138,750,80	134,659,51		127,823,69	388,339,21	60,680,79	89%
02 Administration and Finance Staff		COGES	99,841,00					550,92			0,00	590,92	99,090,08	1%
03 Technical Staff		COGES	69,985,00					3,249,06			0,00	3,249,06	66,665,94	5%
04 Other Staff Costs		COGES	7,182,00					2,082,19			0,00	2,082,19	5,118,81	28%
03 Procurement 'Consolidation Phase'			4,865,00								0,00	0,00	4,865,00	0%
01 Office Equipment		COGES	805,00								0,00	0,00	805,00	0%
02 Computer Equipment		COGES	4,360,00								0,00	0,00	4,360,00	0%
04 Operational costs 'Consolidation Phase'			218,200,00					12,472,21			0,00	12,472,20	203,727,80	6%
		REGIE	2,147,866,91	849,551,91	128,965,69	366,752,63					297,743,59	1,972,781,57	175,165,34	92%
		COGEST	5,639,378,51	2,880,288,41	975,342,47	859,270,88					952,155,35	6,347,454,77	281,923,74	95%
		TOTAL	7,767,335,42	3,629,841,32	1,104,308,38	1,222,993,52					949,901,94	7,320,246,34	487,089,08	94%



# Budget vs Actuals (Year to Month, Last 5 Years) of KAM0200711

Project Title: **Provision of Basic Health services in the provinces of Stem Reap & Otdar Meanchey**

Budget Version: **L1**

Currency: **EUR**

Y/M: **Report includes all closed transactions until the end date of the chosen closing**

Year to month: **31/12/2011**

	Status	Fin Mode	Amount	Start to					Expenses	Total	Balance	% Exec
				2007	2008	2009	2010	2011				
<b>01 Vehicle Running and Maintenance</b>		COGES	119,860,00			6,115,88		0,00	6,115,88	113,784,12	5%	
02 Telephone, E-mail		COGES	14,400,00			2,067,74		0,00	2,067,74	12,332,26	14%	
03 Office Materials		COGES	6,120,00			3,273,79		0,00	3,273,79	2,846,21	53%	
04 Consultancy Fees		COGES	76,000,00			1,80		0,00	1,80	76,888,40	0%	
05 Financial Costs		COGES	1,800,00			1,013,19		0,00	1,013,19	786,81	56%	
05 Audit, M&E 'Consolidation Phase'			91,000,00				3,083,48	44,748,93	47,869,39	43,190,61	53%	
01 Monitoring and Evaluation		REGIE	63,600,00					41,818,72	41,818,72	41,881,28	50%	
02 Backtopping		REGIE	7,500,00				3,088,48	3,227,21	6,280,67	1,209,39	84%	
99 Conversion rate adjustment			0,00					-3,898,16	2,690,35	-2,690,35	7%	
98 Conversion rate adjustment			0,00					-3,898,16	2,690,35	-2,690,35	7%	
88 Conversion rate adjustment		COGES	0,00					0,00	0,00	0,00	7%	
		REGIE	2,147,866,91	849,651,91	128,963,99	366,722,63	323,221,08	297,743,69	1,972,781,57	175,165,34	82%	
		COGEST	5,688,378,51	2,680,289,41	975,342,47	958,270,88	183,393,67	652,198,35	5,347,454,77	291,923,74	96%	
		TOTAL	7,767,395,42	3,529,841,32	1,104,308,36	1,222,993,52	506,614,70	949,961,94	7,350,246,34	467,089,09	94%	

**ANNEX 3: DISBURSEMENT RATE OF THE PROJECT**

Source of financing	Cumulated budget	Cumulated expenses	Cumulated disbursement rate	Comments and remarks
Direct Belgian Contribution	Euro 7,787,350	Euro 7,320,246	94%	First phase and Consolidation phase combined
Contribution of HSSP2 Pooled Fund partners (AUSAID, DFID, UNFPA, UNICEF, WB) through the HSSP2 Pooled Fund	N/A	USD 4,053,499 (~Euro 3,242,799)	N/A	Contributions used for HEF Direct Benefits, SDG and POC; during Consolidation Phase only; much higher than the 2.1 Million Euro estimated in the TFF
Contribution of the Cambodian Government through the HSSP2 Counterpart Fund	N/A	USD 843,385 (~Euro 674,708)	N/A	Contributions used for HEF Direct Benefits, SDG and POC; during Consolidation Phase only; much higher than the 0.5 Million Euro estimated in the TFF
Other source	Does not exist			

#### ANNEX 4: PERSONNEL OF THE PROJECT

Personnel type (title, name and gender)	Duration of recruitment (start and end dates)	Comments ( recruitment periods, profile relevance ...)
<b><i>First Phase 2004- 2008 KAM 0200711</i></b>		
<b>1. National personnel put at disposal by the Partner Country</b> - Dr. Dy Bun Chhem - Dr. Ouk Kimsoeun	- 01 Jun 2004- 31 Dec 2008 - 01 Jun 2004-31 Dec 2008	- National Project Director-SRP - National Project Director-OMC
<b>2. Support personnel, locally recruited</b> - Dr. Nguon Sokoma - Dr. Slot Rida (F) - Dr. Kros Sarath - Dr. Tuot Bunnareth - Mr. Kong Chheng Lee - Ms. Khoun Lina (F) - Ms. Ouk Raty (F) - Mr. Phal Neang - Mr. Ping Tokla - Mr. Oun Hemarin - Dr. Chhim Sarath - Mr. Chhim Phet - Mr. Lek Ramonith - Dr. Ir Por - Mr. Pea Sokhorn - Mr. Ouk Pheaktra - Mr. Tith Borey - Mr. Ly Sarith - Mr. Chhoun Bun Leng - Ms. Keo Sokhea (F) - Mr. Kath Kien - Mr. Oukdom Ratanak Vesna - Mr. Chan Pen - Mr. Pim Vanna	- 01 Aug 2004-31 Mar 2009 - 01 Sep 2004-31 Jul 2007 - 01 Sep 2006-31 Mar 2009 - 17 Apr 2006-15 Mar 2008 - 24 Jan 2005-31 Mar 2009 - 15 Aug 2004-28 Feb2009 - 01 Jul 2006-15 Mar 2008 - 01 Aug 2006-31 Dec 2008 - 01 Sep 2004-30 Jun 2006 - 15 Oct 2004-31 Jan 2005 - 01 Feb 2005-28 Feb 2006 - 01 Nov 2006-31 Dec 2007 - 01 Jun 2004-31 Oct 2006 - 14 Jul 2004-13 Jul 2006 - 27 Sep 2004-31 Dec 2008 - 01 Oct 2004-31 Mar 2009 - 01 Nov 2004-28 Nov 2004 - 01 Oct 2004-31 Dec 2008 - 01 Dec 2004-31 Mar 2009 - 01 Nov 2004-30 Nov 2008 - 22 Oct 2004-30 Jun 2007 - 22 Oct 2004-31 Mar 2007 - 21 Apr 2005-28 Feb 2009 - 05 Mar 2007-04 Sep 2008	- Assistant Co-director-OMC - BCC & Contracting TA - Provincial Health Advisor - Quality Improvement TA - Health Equity Fund TA - Project administrator - Finance Officer - Office Assistant-OMC - Financial Officer - Quality Improvement TA - Health Economic and QI TA - Architect - Program Officer - Provincial Health Advisor - Driver - Driver - Driver - Driver - Driver - Cleaner - Part time guard - Part time guard - Cleaner and guard - Engineer

<ul style="list-style-type: none"> <li>- Mr. Chab Pich</li> <li>- Ms. Yong Srey Pov (F)</li> <li>- Mr. Than Vuth</li> <li>- Dr. Chinsam Viseth</li> <li>- Mr. Say Lay</li> <li>- Mr. Kong Mony</li> <li>- Mr. Tep Chenda</li> </ul>	<ul style="list-style-type: none"> <li>- 01 Jul 2007-31 Dec 2008</li> <li>- 01 Jun 2007-31 Aug 2007</li> <li>- 17 Jul 2007-30 Apr 2009</li> <li>- 01 Sep 2007-31 Mar 2009</li> <li>- 24 Dec 2007-30 Nov 2008</li> <li>- 05 Mar 2008-31 Jan 2009</li> <li>- 01 Sep 2008-31 Jan 2009</li> </ul>	<ul style="list-style-type: none"> <li>- Cleaner and guard</li> <li>- Cleaner</li> <li>- Project Officer</li> <li>- BCC &amp; Contracting TA</li> <li>- Construction Site Supervisor</li> <li>- Finance Officer</li> <li>- Sr. Admin. &amp; Pro. Specialist</li> </ul>
<p><b>3. Training personnel, locally recruited</b></p> <ul style="list-style-type: none"> <li>- Dr. Kong Rithy</li> <li>- Dr. Doung Rada</li> </ul>	<ul style="list-style-type: none"> <li>- 26 Jan – 12 Feb 2006</li> <li>- 24 Jan – 12 Feb 2007</li> </ul>	<ul style="list-style-type: none"> <li>- Siem Reap Surgeon</li> <li>- Siem Reap Surgeon</li> </ul>
<p><b>4. Expert in International Cooperation ( BTC )</b></p> <ul style="list-style-type: none"> <li>- Dr. Georges Dallemange</li> <li>- Dr. Dirk Horemans</li> <li>- Dr. Frederic BONNET</li> <li>- Dr. René BRAHY</li> </ul>	<ul style="list-style-type: none"> <li>- 01 Jun 2004 – 12 Jun 2006</li> <li>- 01 Jun 2006 – 31 Mar 2009</li> <li>- 10 Sep 2006 – 17 Jul 2008</li> <li>- 16 Jun 2004– 09 Sep 2008</li> </ul>	<ul style="list-style-type: none"> <li>- International Project co-director</li> <li>- International Project co-director</li> <li>- Public Health Expert</li> <li>- International Surgeon</li> </ul>
<b><u>Consolidation Phase 2009- 2012 KAM0200711</u></b>		
<p><b>1. Support personnel , locally recruited by HSSP2</b></p> <ul style="list-style-type: none"> <li>- Dr. Chim San Viseth</li> <li>- Dr. Him Phannary</li> <li>- Dr. Minh Buntha</li> <li>- Dr. Mr. Souk Narin</li> <li>- Mr. Chey Tola</li> <li>- Mr. Kong Chheng Lee</li> <li>- Mr. Lim Bunhov</li> <li>- Mr. Seng Sotthea</li> <li>- Ms. San Sophorn (F)</li> <li>- Mr. Huy Lyse</li> <li>- Mr. Mean Nara</li> <li>- Mr. Ouk Pheaktra</li> <li>- Mr. Chhoun Bunleng</li> </ul>	<ul style="list-style-type: none"> <li>- 01 Apr 2009-15 Feb 2010</li> <li>- 01 Apr 2009-31 Mar 2012</li> <li>- 01 Apr 2009-30 Dec 2011</li> <li>- 01 Apr 2009-31 Mar 2012</li> <li>- 15 Feb 2010- 15 Sep 2010</li> <li>- 01 Apr 2009- 31 Mar 2012</li> <li>- 01 Aug 2010- 30 Dec 2011</li> <li>- 01 Aug 2010-29 Feb 2012</li> <li>- 01 Aug 2009-31 Mar 2012</li> <li>- 01 Apr 2009- 31 Mar 2012</li> <li>- 16 Jul 2010- 31 Mar 2012</li> <li>- 01 Apr 2009-31 Mar 2012</li> <li>- 01 Apr 2009-30 Dec 2012</li> </ul>	<ul style="list-style-type: none"> <li>- TA-Contract Management</li> <li>- TA-Contract Management</li> <li>- TA-Development System</li> <li>- TA-Health Equity Fund</li> <li>- TA-Financial Capacity Building</li> <li>- TA-Health Equity Fund</li> <li>- TA-Contract Management</li> <li>- TA-Financial Capacity Building</li> <li>- TA-Office Admin</li> <li>- Project Driver</li> <li>- Project Driver</li> <li>- Project Driver</li> <li>- Project Driver</li> </ul>

<p><b>2. Support personnel, locally recruited by BTC</b></p> <ul style="list-style-type: none"> <li>- Mr. Pich Vichet</li> <li>- Ms. Chou Lysang (F)</li> </ul>	<ul style="list-style-type: none"> <li>- 01 Apr 2009-31 Mar 2012</li> <li>- 15 May 2012-31 Mar 2012</li> </ul>	<ul style="list-style-type: none"> <li>- HEFI Manager</li> <li>- HEFI Finance Assistant</li> </ul>
<p><b>3. International Expert recruited by BTC</b></p> <ul style="list-style-type: none"> <li>- Dr. Dirk Horemans</li> </ul>	<ul style="list-style-type: none"> <li>- 01 Apr 2009-31 Mar 2012</li> </ul>	<ul style="list-style-type: none"> <li>- BTC Health Advisor</li> </ul>

**ANNEX 5.A: SUBCONTRACTING ACTIVITIES AND INVITATIONS TO TENDER  
(First Phase; 2004-2008)**

This part of the annex covers all the subcontracting and the tenders conducted during the First Phase of the project (2004-2008) in Co-management or in Own-management. (Note: numbering of items is consecutive to numbering in the start of the project until 2008)

**ANNEX 5.1 Contracting for Consulting Services**

(Note: numbering of items is consecutive to numbering in the start of the project until 2008)

**Item 5.1.1 - PBHS-SROM/07: Baseline Health Survey in Siem Reap and OMC Province.**

Tendering mode	:Negotiation Procedure
Date of the invitation to tender	:E-mail Exchanged
Start date of the subcontracting contract	:25 <sup>th</sup> October 2004
Name of the subcontractor (or of the company) :	<b>Domrei Research &amp; Consulting</b>
Subject of the contract	:Undertake the Baseline Health Survey planned in Siem Reap and Otdar Meanchey Provinces.
Cost of the contract	: <b>USD 38,367.00</b>
Duration of the contract	: 4 Consecutive months
Comments/recommendations	:Works Completed

**Item 5.1.2 - PBHS-SROM/08: Health Economics and Financing.**

Tendering mode	:Direct Negotiation
Date of the invitation to tender	:E-mail Exchanged, 05 <sup>th</sup> Oct. 2004
Start date of the subcontracting contract	:10 <sup>th</sup> November 2004
Name of the subcontractor (or of the company) :	<b>Mr. Jean-Marc THOME</b>
Subject of the contract	:Health Economics and Financing in SRP and OMC Provinces.
Cost of the contract	: <b>EURO 4,600.00</b>
Duration of the contract	: 14 <sup>th</sup> to 20 <sup>th</sup> November 2004
Comments/recommendations	: Works Completed

**Item 5.1.3 - PBHS-SROM/10: Malaria Outreach Program.**

Tendering mode	:Direct Negotiation Procedure without publication
Date of the invitation to tender	: ?



Start date of the subcontracting contract : 06<sup>th</sup> January 2005  
Name of the subcontractor (or of the company) : **Malaria Program Unit of Otdar Meanchey (MA. Ban Sophat)**  
Subject of the contract : Malaria Outreach Program for Otdar Meanchey Province.  
Cost of the contract : **USD 7,980.00**  
Duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 2005  
Comment/recommendations : Works Completed

**Item 5.1.4 - PBHS-SROM/13: Health Economics and Financing.**

Tendering mode : Direct Negotiation  
Date of the invitation to tender : E-mail Exchanged, 2004  
Start date of the subcontracting contract : 24<sup>th</sup> February 2005

Name of the subcontractor (or of the company) : **Mr. Jean-Marc THOME**  
Subject of the contract : Health Economics and Financing in SRP and OMC Provinces.  
Cost of the contract : **EURO 5,846.00**  
Duration of the contract : 22<sup>nd</sup> February to 02<sup>nd</sup> March 05  
Comments/recommendations : Works Completed

**Item 5.1.5 - PBHS-SROM/15: Hospital Financing and Management**

Tendering mode : Direct Negotiation  
Date of the invitation to tender : E-mail Exchanged, 2005  
Start date of the subcontracting contract : 28<sup>th</sup> June 2005

Name of the subcontractor (or of the company) : **Mr. Jean-Marc THOME**  
Subject of the contract : Hospital Financing and Management in Siem Reap and Otdar Meanchey Provinces.  
Cost of the contract : **EURO 3,629.00**  
Duration of the contract : 7 Calendar days  
Comments/recommendations : Works Completed

**Item 5.1.6 - PBHS-SROM/17: Health Equity Fund in Siem Reap and OMC Provinces.**

Tendering mode : Direct Negotiation  
Date of the invitation to tender : E-mail Exchanged  
Start date of the subcontracting contract : 15<sup>th</sup> May 2005  
Name of the subcontractor (or of the company) : **Prof. B. Gryseels**  
Subject of the contract : Health Equity Fund in Siem Reap and

Otdar Meanchey Provinces.  
Cost of the contract : **USD27,026.00**  
Duration of the contract : 56 Calendar days  
Comments/recommendations :Works Completed

**Item 5.1.7 - PBHS-SROM/18: Health Economics and Financing.**

Tendering mode :Direct Negotiation  
Date of the invitation to tender : E-mail Exchanged, Nov. 2005  
Start date of the subcontracting contract : 21<sup>st</sup> November 2005  
Name of the subcontractor (or of the company) : Mr. Jean-Marc THOME  
Subject of the contract :Health Economics and Financing in SRP  
and OMC Provinces.  
Cost of the contract : **EURO 2,867.00**  
Duration of the contract : 6 Calendar days  
Comments/recommendations : Works Completed

**Item 5.1.8 - PBHS-SROM/22 (BETT/STC 27): Financial & Administrative Support to the PMU of PBHS Projects and BETT Project.**

Tendering mode : Public announcement in 2 local newspapers and BTC Website. Only one individual consultant submitted a proposal.  
Date of the invitation to tender : 15th August 2005  
Start date of the subcontracting contract : 30th September 2005  
Name of the subcontractor (or of the company) : Mr. Joke Scheldenan  
Subject of the contract :Financial and Administrative Support to the PMU of 2 BTC Projects.  
Cost of the contract :**USD 21,120.00**  
BETT Project :**USD 11, 580.00**  
PBHS-SROM Health Project :**USD 9,450.00**  
Duration of the contract: 55 days (30 days for BETT and 25 day for PBHS Health Project)  
Comments/recommendations:  
Amendment #1 : **USD 3,840.00**  
Date of Amendment #1 : April 2006  
Total Contract Price : **USD 24,960.00**  
Notice: This contract is shared between BETT and PBHS-SROM Project.

**Item 5.1.9 - PBHS-SROM/23 (PBHSROM-CS-030-06): Feasibility Study of PBHS Project in Siem Reap and Otdar Meanchey.**

Tendering mode : Public announcement in 2 local newspapers and BTC Website. Only one individual consultant submitted a proposal.

Date of the invitation to tender : ?

Start date of the subcontracting contract : 19<sup>th</sup> May 2006

Name of the subcontractor (or of the company) : 3 Independent Parties

Subject of the contract : Undertake a feasibility study for the implementation of a Health Insurance Scheme for SRP & OMC.

Cost of the contract : **USD 70,910.00**

Duration of the contract : 283 Calendar days

Comments/recommendations : Completed

**Item 5.1.10 - PBHS-SROM/25: Cost-effectiveness, Financial Plan & Reporting**

Tendering mode : Direct Negotiation Procedure without publication

Date of the invitation to tender : ?

Start date of the subcontracting contract : 31<sup>st</sup> July 2006

Name of the subcontractor (or of the company) : Mr. Jean-Marc THOME

Subject of the contract : Refined Cost-Effectiveness, estimate financial plan for operation costs and budget project's needs for 5 years for performance contracting and HEF.

Cost of the contract : **EURO 2,340.00**

Duration of the contract : 6 Calendar days

Comment/recommendations : Works Completed

**Item 5.1.11 - PBHS-SROM/SER/02-07 (PBHSROM-CS-030-07): HEF Assessment in Siem Reap & Otdar Meanchey**

Tendering mode : Direct Negotiation Procedure without publication

Date of the invitation to tender : ?

Start date of the subcontracting contract : 15<sup>th</sup> February 2007

Name of the subcontractor (or of the company) : National Institute of Public Health

Subject of the contract : HEF Assessment in Siem Reap & Otdar Meanchey Provinces.

Cost of the contract : **EURO 6,660.00**

Duration of the contract :22 Calendar days  
Comments/recommendations :Completed

**Item 5.1.12 - PBHS-SROM/SER/08-07: Supervision the Drainage Rehabilitation works in Siem Reap Referral Hospital.**

Tendering mode :Direct Negotiation Procedure without publication  
Date of the invitation to tender : ?  
Start date of the subcontracting contract : 18<sup>th</sup> April 2007  
Name of the subcontractor (or of the company) : Mr. Thierry Dalimier  
KOSAN Engineering  
Subject of the contract : Supervise the drainage rehabilitation works of contractor in SRP-RH.  
Cost of the contract : USD 2,000.00  
**Comments:**  
Extra Works : USD 750.00  
Total Contract Price : USD 2,750.00  
Duration of the contract : 18<sup>th</sup> April to 11<sup>th</sup> July 2007

**Item 5.1.13 - PBHS-SROM/SER/09-07: Audit of the PBHS-SROM bidding procedures for all contracts aimed at managing Health Equity Fund in SRP and OMC Provinces.**

Tendering mode :Direct Negotiation Procedure without publication  
Date of the invitation to tender : N/A  
Start date of the subcontracting contract : 22<sup>nd</sup> May 2007  
Name of the subcontractor (or of the company) : Mr. Thierry Dalimier  
KOSAN Engineering  
Subject of the contract : Audit of the PBHS-SROM bidding procedures for all contracts aimed at managing Health Equity Fund in SRP and OMC Provinces.  
Cost of the contract : USD 1,050.00  
Duration of the contract : 3.50 Calendar days  
Comment/recommendations :Works Completed

**Item 5.1.14 - PBHS-SROM/SER/10-07 (PBHS-KC/2007/CC04): Mid Term Review Report Consultancy Services for PBHS-SROM and PBHS-KC Projects.**

Tendering mode : Procurement conducted by BTC HQ  
Brussels  
Date of invitation for tender : N/A  
Start date of the subcontracting contract : 07<sup>th</sup> March 2007  
Name of the subcontractor (or of the company) : Stratec ARC  
Subject of the contract : Mid Term Review Report  
Shared Cost of the contract : **USD 25,075.00**  
PBHS-SROM Project : **USD 15,064.46**  
PBHS-KC Project : **USD 10,010.54**  
Duration of the contract : 07<sup>th</sup> March to 06<sup>th</sup> April 2007  
Comments/recommendations : Works Completed

**Item 5.1.15 - PBHS-SR/SER/14-07: Consultancy Services for Health Financing Advising**

Tendering mode :Direct Negotiation.Procedure without  
publication  
Date of the invitation to tender : N/A  
Start date of the subcontracting contract : 09<sup>th</sup> July 2007  
Name of the subcontractor (or of the company) : Mr. Jean-Marc THOME  
Subject of the contract :Health Financing Advising for PBHS Project  
in SRP and OMC.  
Cost of the contract : **EURO 3,098.80**  
Duration of the contract : 6 Calendar days  
Comment/recommendations :Works Completed

**Item 5.1.16 - PBHS-SROM/SER/18-07: Audit of the PBHS-SROM bidding procedures for Rehabilitation of OPD/Emergency at Siem Reap Referral Hospital.**

Tendering mode :Direct Negotiation Procedure without  
publication  
Date of the invitation to tender : E-mail Exchange  
Start date of the subcontracting contract : 15th November 2007  
Name of the subcontractor (or of the company) : Mr. Thierry Dalimier  
KOSAN Engineering  
Subject of the contract : Audit of the PBHS-SROM bidding  
procedures for Rehabilitation of  
OPD/Emergency at Siem Reap Referral  
Hospital.

Cost of the contract : **USD500.00**  
Duration of the contract : 15<sup>th</sup> to 30<sup>th</sup> November 2007  
Comment/recommendations :Works Completed

**Item 5.1.17 - PBHS-SROM/SER/01-08: HEF Data Base Training (Software & Training) for HEF Technical Staffs of PBHS-SROM and PBHS-KC Projects.**

Tendering mode : Direct Negotiation  
Date of the invitation to tender : E-mail Exchanged  
Start date of the subcontracting contract : 01st December 2007  
Name of the subcontractor (or of the company) : Mr. Reto Gass  
Subject of the contract :HEF Data Base Training (Software & Training) for HET TA of PBHS-SROM and PBHS-KC Projects.

Cost of the contract : **USD 6,860.00**  
PBHS-KC Project :**USD 3,430.00**  
PBHS-SROM Health Project :**USD 3,430.00**  
Duration of the contract : 30 Calendar days  
Comment/recommendations : Works Completed

**Item 5.1.18 - PBHS-SROM/SER/02-08: Project Information-Media/Brochure for PBHS-SROM and PBHS-KC Projects.**

Tendering mode :Public announcement in 2 local newspapers and BTC Website. 3 Companies submitted. 2 qualified companies. The selection of Ponleu Sokhaphheap (PSP) due to the highest experienced for the execution of the revised TOR, especially for the design of the expected composition.

Date of the invitation to tender : 19th December 2007  
Start date of the subcontracting contract : 14th February 2008  
Name of the subcontractor (or of the company) : PSP  
Subject of the contract : Project Information-Media/Brochure for PBHS Projects

Cost of the contract : **USD 2,510.00**  
PBHS-KC Project :**USD 1,255.00**  
PBHS-SROM Health Project :**USD 1,255.00**  
Duration of the contract : 16 Calendar days  
Comment/recommendations : Works Completed

Note: This contract is shared between PBHS-KC and PBHS-SROM Projects.

**Item 5.1.19 - PBHS-SROM/SER/05-08: Legal Advise on bidding Procedures following the Cambodia Law for 3 Projects (PBHS-SROM, PBHS-KC and BETT).**

Tendering mode : Public announcement in 2 local newspapers and BTC Website.  
 Date of the invitation to tender : ?  
 Start date of the subcontracting contract : 03<sup>rd</sup> March 2008  
 Name of the subcontractor (or of the company) : KOSAN Engineering  
 Subject of the contract : Legal Advise on Bidding Procedures Following the Cambodian Law  
 Maximum Cost of the contract : **USD 50,000.00**  
 Duration of the contract : 03<sup>rd</sup> March 08 to 03<sup>rd</sup> March 09  
 Comment/recommendations : Works Completed  
 Notice: This contract is shared between PBHS-KC, PBHS-SROM and BETT Projects.

**Item 5.1.20 - PBHS-SROM/SER/08-08: Follow-Up Household Survey in Siem Reap, Otdar Meanchey and Kampong Cham Province.**

Tendering mode :Public announcement in 2 local newspapers and BTC Website. 11 Companies submitted the proposal. 2 qualified firms. The selection of Domrei Research and Consulting due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.  
 Date of the invitation to tender : 13<sup>th</sup> February 2008  
 Start date of the subcontracting contract : 28<sup>th</sup> April 2008  
 Name of the subcontractor (or of the company) : Domrei Research & Consulting  
 Subject of the contract :Follow-Up Household Survey in Siem Reap, Otdar Meanchey and Kampong Cham Provinces.  
 Cost of the contract : **USD 59,978.00**  
 Duration of the contract : 28<sup>th</sup> April to 16<sup>th</sup> August 2008  
**Comments:**  
 Amendment #1 : **USD 4,115.00**  
 Date of Amendment #1 : 28<sup>th</sup> April to 23<sup>rd</sup> August 2008  
 Total Contract Price : **USD 64,093.00**  
 Comments/recommendations : Works Completed  
 Notice: This contract is shared 50% between PBHS-KC and PBHS-SROM Projects.

**Item 5.1.21 - PBHS-SROM/CC/01-08: Provide the PBHS-SROM Project and the Siem Reap Referral Hospital with professional advices on the re-organisation and installation of SRP Referral Hospital laboratory premises and fixed furniture**

Tendering mode : "Sole Sourcing" Direct Negotiation.  
Date of the invitation to tender : 02<sup>nd</sup> June 2008  
Start date of the subcontracting contract : 02<sup>nd</sup> June 2008  
Name of the subcontractor (or of the company) : Mr. Louis Joseph Goubert  
Subject of the contract : Provide the PBHS-SROM Project and the Siem Reap Referral Hospital with professional advices on the re-organisation and installation of SRP Referral Hospital laboratory premises and fixed furniture  
Cost of the contract : USD 741.00  
Duration of the contract : 4 Calendar days  
Comment/recommendations : This contract was terminated after first payment as a sum of USD 153.00.

**Item 5.1.22 - PBHS-SROM/CC/02-08: The Construction Consultant**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 3 companies submitted. Only one is qualified company and the others two are failed to submit a complete file showing their experience and capacity to perform the required work. The selection of LBG Group, Inc. due to the highest general score, it is then to proceed to the negotiation phase with The Louis Berger Group, Inc. The project direction will review the proposal before the contract is awarded.  
Date of invitation for tender : 19<sup>th</sup> June 2008  
Start date of the subcontracting contract : 21<sup>st</sup> July 2008  
Name of the subcontractor (or of the company) : The Louis Berger Group, Inc.  
Subject of the contract : To design and Specification, Assistance to bid evaluation & Supervision of the construction Works.  
Cost of the contract : USD 35,200.00  
Duration of the contract : 21st July to 31st December 2008  
**Comments:**  
Amendment # 1 : (USD 6,500.00)  
Total Contract Price : USD 28,700.00



Amendment # 1 of the duration of the contract : 21<sup>st</sup> July 08 to 30<sup>th</sup> November 09  
Comments/recommendations : Works Completed  
Notice: This contract is shared between PBHS-KC (80%) and PBHS-SROM (20%)  
Projects

**ANNEX 5.2 CONTRACTING/TENDERING OF CIVIL WORKS during the First Phase (2004-2008)**

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

**Item 5.2.1 - PBHS-SROM/04 (PBHS/2004/02): PMU's Building Renovation in Siem Reap Referral Hospital.**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 11 companies have been short listed and contacted based upon previous experience. 4 Companies submitted and qualified. The selection of Royal Mekong Construction & Development PTE, Ltd is due to the highest general score, it is the 1<sup>st</sup> rank in the technical score.

Date of invitation for tender : 02<sup>nd</sup> August 2004  
Start date of the subcontracting contract : 12<sup>th</sup> August 2004  
Name of the subcontractor (or of the company) : Royal Mekong Construction & Development PTE Ltd.  
Subject of the contract : PMU's building Renovation in Siem Reap Referral Hospital.  
Cost of the contract : USD 22,257.35  
Duration of the contract : 12<sup>th</sup> August to 15<sup>th</sup> November 04  
Comment/recommendations : Works Completed

**Item 5.2.2 - PBHS-SROM/19 (PBHS-CB 010/06): Emergency Room Renovation on the Premises of the Provincial Referral Hospital of Siem Reap.**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 10 companies have been short listed and contacted based upon previous experience. 4 Companies submitted. 3 qualified companies. The selection of CHEA BUNTHAN Company (CTB) due to the

highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.

Date of invitation for tender : 30<sup>th</sup> December 2005  
Start date of the subcontracting contract : 19<sup>th</sup> January 2006  
Name of the subcontractor (or of the company) : CHEA BUNTHAN Company  
Subject of the contract : Building Renovation and Extension of BTC-PBHS Premises.  
Cost of the contract : **USD 14,360.84**  
Duration of the contract : 30 Calendar days  
Comment/recommendations : Works Completed

**Item 5.2.3 - PBHS-SR/CON/01: Upgrading of the Storm-water and Waste-water Drainage in Siem Reap Referral Hospital.**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 5 companies submitted. 4 qualified companies. The selection of MOHAPRUM Co., Ltd. due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.

Date of invitation for tender : 09<sup>th</sup> March 2007  
Start date of the subcontracting contract : April 2007  
Name of the subcontractor (or of the company) : MOHAPRUM Co., Ltd.  
Subject of the contract : Upgrading of the Storm-water and Waste-water Drainage at Siem Reap Referral Hospital.  
Cost of the contract : **USD 73,983.20**  
Duration of the contract : 18<sup>th</sup> April to 11<sup>th</sup> July 2007  
Comment/recommendations : Works Completed

**Item 5.2.4 - PBHS-SR/CON/02: Renovation and Extension Imaging/ Operating Theater of Siem Reap Referral Hospital.**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 2 companies submitted. The selection of Betayse Construction Enterprise due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.

Date of invitation for tender : 14<sup>th</sup> March 2007  
Start date of the subcontracting contract : 03<sup>rd</sup> April 2007

Name of the subcontractor (or of the company) : Betayse Construction Enterprise  
 Subject of the contract : Renovation and Extension  
 Imaging/Operating Theater of Siem Reap  
 Referral Hospital  
 Cost of the contract : USD 42,145.16  
 Duration of the contract : 20<sup>th</sup> April to 05 August 2007  
 Comment/recommendations : Works Completed

**Item 5.2.5 - PBHS-SR/CON/03: Renovation and Extension of OPD in Siem Reap Referral Hospital, Siem Reap Province.**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 2 companies submitted and qualified. The selection of DCC Co., Ltd. due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.  
 Date of invitation for tender : 19<sup>th</sup> October 2007  
 Start date of the subcontracting contract : 13<sup>th</sup> November 2007  
 Name of the subcontractor (or of the company) : DCC Co., Ltd.  
 Subject of the contract : Renovation and Extension of OPD in Siem Hospital.  
 Cost of the contract : USD 49,167.18  
 Duration of the contract : 13<sup>th</sup> Nov. 07 to 30<sup>th</sup> March 08  
 Comment/recommendations : Works Completed

**Item 5.2.6 - PBHS-SR/CON/04: Renovation of Ophthalmology and Surgical Ward Building and other Works in Siem Reap Referral Hospital.**

Tendering mode : Public Announcement in 2 local newspapers te. 4 Companies have been submitted. 3 qualified companies. The selection of Vistanukar Co., Ltd. due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.  
 Date of invitation for tender : 05 February 2008  
 Start date of the subcontracting contract : 31<sup>st</sup> March 2008  
 Name of the subcontractor (or of the company) : Vistanukar Construction & Development Co., Ltd.  
 Subject of the contract : Renovation of Ophthalmology and Surgical Ward Building and other Works "SRP RH".

Cost of the contract : **USD 69,692.58**  
 Duration of the contract : 01<sup>st</sup> April to 21<sup>st</sup> September 2008  
 Comment/recommendations for Extra works: **USD 6,863.70**  
 Total Contract prices : **USD 76,556.28**  
 Comment/recommendations : Works Completed

**Item 5.2.7 - PBHS-SROM/BC/05-08: Renovation of Medicine Ward in Siem Reap Referral Hospital, Siem Reap Province.**

Tendering mode : Direct negotiate procedure with Contractor in Siem Reap Town  
 Date of invitation for tender : July 2008  
 Start date of the subcontracting contract : 31<sup>st</sup> July 2008  
 Name of the subcontractor (or of the company) : Mr. Chim Monirath  
 Subject of the contract : Renovation of Medicine Ward in Siem Reap Referral Hospital.  
 Cost of the contract : **USD 4,867.90**  
 Duration of the contract : 01<sup>st</sup> to 31<sup>st</sup> August 2008  
 Comment/recommendations : Works Completed

**ANNEX 5.3 CONTRACTING/TENDERING OF SERVICES**

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

**Item 5.3.1 - PBHS-SROM/01: Purchasing 4 Land Cruiser, Prado for BTC-PBHS Project**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 3 Companies submitted the specification and prices. The selection of IAPSO Procurement Agency (Web Buy) dues to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.  
 Date of invitation for tender : 25<sup>th</sup> May 2004  
 Start date of the subcontracting contract : 07<sup>th</sup> June 2004  
 Name of the subcontractor (or of the company) : AIPSO Procurement Agency  
 Subject of the contract: Purchased 4 LandCruiser, Toyota Prado for PBHS-SROM Project  
 Cost of the contract : **USD 80,771.34**

Duration of the contract : 8 to 12 weeks  
Comment/recommendations : Works Completed

**Item 5.3.2 - PBHS-SROM/03: Health Equity Fund for Sotr Nikum Referral Hospital.**

Tendering mode : Direct negotiation  
Date of invitation for tender : N/A  
Start date of the subcontracting contract : 05<sup>th</sup> July 2004  
Name of the subcontractor (or of the company) : Medecins Sans Frontieres  
Subject of the contract : Undertake the Health Equity Fund for Sotnikum Referral Hospital  
Cost of the contract : **USD 27,000.00**  
Duration of the contract : 01<sup>st</sup> July to 30<sup>th</sup> September 2004  
Comment/recommendations : Works Completed

**Item 5.3.3 - PBHS-SROM/06: Health Equity Fund Operation in Sotr Nikum RH and 5 Health Centers, Siem Reap Province**

Tendering mode : Direct negotiation  
Date of invitation for tender : N/A  
Start date of the subcontracting contract : 04<sup>th</sup> October 2004  
Name of the subcontractor (or of the company): Cambodian Family Development Services (CFDS)  
Subject of the contract : HEF operation in Sotr Nikum RH and 5 HCs in Siem Reap Province.  
Cost of the contract : **USD 12,000.00**  
Duration of the contract : 01<sup>st</sup> Oct. to 31<sup>st</sup> Dec. 2004  
Comments : Works Completed

**Item 5.3.4 - PBHS-SROM/09: Health Equity Fund Operation in Sotr Nikum RH and 5 Health Centers, Siem Reap Province.**

Tendering mode : Negotiate procedure with the existing health equity funds operators. The selection due to CFDS is agreed to the terms and conditions of the existing contract.  
Date of invitation for tender : ?  
Start date of the subcontracting contract : 27<sup>th</sup> December 2004  
Name of the subcontractor (or of the company): Cambodian Family Development Services (CFDS)  
Subject of the contract : HEF operation in Sotr Nikum RH and 5

HCs in Siem Reap Province.  
Cost of the contract : USD 53,790.00  
Duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 2005

**Comments:**

Amendment # 1 : USD 13,446.00  
Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Mar. 2006  
Total Contract Price : USD 67,236.00  
Comments/recommendations : Works Completed

**Item 5.3.5 - PBHS-SROM/11: Health Equity Fund Operation in Samroang Referral Hospital of Otdar Meanchey Province.**

Tendering mode : Direct negotiation. The selection due to Cambodian Organisation for Assistance to Families and Widows (CAAFW) is agreed to the terms and conditions of the BTC-PBHS-SROM's contract.

Date of invitation for tender : ?  
Start date of the subcontracting contract : 05<sup>th</sup> January 2005  
Name of the subcontractor (or of the company): CAAFW Organisation  
Subject of the contract : HEF operation in Samroang Referral Hospital and Anlong Veng HC.  
Cost of the contract : USD 28,378.00  
Duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 2005

**Comments:**

Amendment # 1 : USD 6,573.00  
This contract was expanded to Anlong Veng HC.  
Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 2005  
Amendment # 2 : USD 14,020.00  
Amendment # 2 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Mar. 2006  
Total Contract Price : USD 51,971.00  
Comments/recommendations : Works Completed

**Item 5.3.6 - PBHS-SROM/12: Health Equity Fund Operation in Provincial Referral Hospital of Siem Reap Province.**

Tendering mode : Direct negotiation. The selection due to Cambodian Health and Human Rights Alliance Organisation (CHHRA) is agreed to the terms and conditions of the BTC-PBHS-SROM's contract.

Date of invitation for tender : N/A  
 Start date of the subcontracting contract : 24<sup>th</sup> January 2005  
 Name of the subcontractor (or of the company) : CHHRA Organisation  
 Subject of the contract : HEF operation in Provincial Referral Hospital.  
 Cost of the contract : USD 55,885.00  
 Duration of the contract : 01<sup>st</sup> Feb. to 31<sup>st</sup> Dec. 2005  
**Comments:**  
 Amendment # 1 : USD 20,100.00  
 Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Mar. 2006  
 Total Contract Price : USD 75,985.00  
 Comments/recommendations : Works Completed

**Item 5.3.7 - PBHS-SROM/14: Purchasing of Medical Supplies for Siem Reap Referral Hospital, Siem Reap Province.**

Tendering mode : Request for quotation  
 Date of invitation for tender : 24<sup>th</sup> November 2005,  
 Start date of the subcontracting contract : N/A  
 Name of the subcontractor (or of the company) : Xin Technology  
 Subject of the contract : Purchased Medical supplies for Siem Reap Referral Hospital.  
 Cost of the contract : USD 12,885.00  
 Duration of the contract : N/A  
 Comment/recommendations : Works Completed

**Item 5.3.8 - PBHS-SROM/20: Provide social supports to the People Living With Hiv/Aids (PLWHA) in Siem Reap Province.**

Tendering mode : Direct negotiation. The selection due to Mondul Mit Chouy Mit (MMM) is agreed to the terms and conditions of the BTC-PBHS-SROM Contract.  
 Date of invitation for tender : N/A  
 Start date of the subcontracting contract : 27<sup>th</sup> March 2006  
 Name of the subcontractor (or of the company) : Mondul Mit Chouy Mit  
 Subject of the contract : Provide social supports to the People Living With Hiv/Aids (PLWHA) in Siem Reap Province.  
 Cost of the contract : USD 17,692.00  
 Duration of the contract : 01<sup>st</sup> Mar to 31<sup>st</sup> Dec. 2006  
**Comments:**

Amendment # 1 : **USD 5,055.00**  
Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Mar. 2007  
Total Contract Price : **USD 22,747.00**  
Comments/recommendations : Works Completed

**Item 5.3.9 - PBHS-SROM/21: Health Equity Fund Operation for SR, KLN RH and SNK & 5 HCs, OMC RH & Anlong Veng Health Centers.**

Tendering mode : Direct negotiation. The selection due to Cambodian Health and Human Rights Alliance Organisation (CHHRA) is agreed to the terms and conditions of the existing Contract.  
Date of invitation for tender : N/A  
Start date of the subcontracting contract : 01<sup>st</sup> April 2006  
Name of the subcontractor (or of the company) : CHHRA Organisation  
Subject of the contract : HEF operation for SR, KLN RH and SNK & 5 HCs, OMC RH & Anlong Veng Health Centers.  
Cost of the contract : USD52,885.00  
Duration of the contract : 01<sup>st</sup> Apr. to 30<sup>th</sup> Jun. 2006

**Comments:**

Amendment # 1 : **USD 600.00**  
Amendment # 1 of the duration of the contract : 01<sup>st</sup> Apr. to 30<sup>th</sup> Jun. 2006  
Total Contract Price : **USD 53,485.00**  
Comments/recommendations : Works Completed

**Item 5.3.10 - PBHS-SROM/24: Health Equity Fund Operation for SR, KLN RH and SNK & 5 HCs, OMC RH & Anlong Veng Health Centers.**

Tendering mode : Direct negotiation. The selection due to Cambodian Health and Human Rights Alliance Organisation (CHHRA) is agreed to the terms and conditions of the existing Contract.  
Date of invitation for tender : N/A  
Start date of the subcontracting contract : 01<sup>st</sup> July 2006  
Name of the subcontractor (or of the company) : CHHRA Organisation  
Subject of the contract : HEF operation for SR, KLN RH and SNK & 5 HCs, OMC RH & Anlong Veng Health Centers.  
Cost of the contract : **USD 81,840.00**



Duration of the contract : 01<sup>st</sup> Jul. 2006 to 31<sup>st</sup> Mar. 2007

**Comments:**

Amendment # 1 : USD 37,191.00

Amendment # 1 of the duration of the contract : 01<sup>st</sup> Apr. to 30<sup>th</sup> Jun. 2007

Total Contract Price : USD 119,031.00

Comments/recommendations : Works Completed

**Item 5.3.11 - PBHS-SROM/26: Purchasing 2 Land Cruisers, Ambulances for PBHS-SROM Project.**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 5 Companies submitted the specification and prices. The selection of IAPSO Procurement Agency (Web Buy) dues to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.

Date of invitation for tender : 07<sup>th</sup> December 2006

Start date of the subcontracting contract : 26<sup>th</sup> Janaury 2007

Name of the subcontractor (or of the company) : IAPSO Procurement Agency

Subject of the contract : Purchased 2 Land Cruisers, Ambulances for PBHS-SROM Project (Angkor Chum OD and Anlong Veng Health Center)

Cost of the contract : USD60,533.34

Duration of the contract : 26<sup>th</sup> Jan. to 14<sup>th</sup> Aug. 2007

Comment/recommendations : Works Completed

**Item 5.3.12 - PBHS-SROM/SER/01-07: IT Maintenance for PMU Office of PBHS-SROM Project in Siem Reap Province.**

Tendering mode : Direct negotiation. The selection is due to Neeka Co., Ltd. is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : N/A

Start date of the subcontracting contract : 01<sup>st</sup> January 2007

Name of the subcontractor (or of the company) : Neeka Co., Ltd.

Subject of the contract : Provide IT maintenance for PMU Office in Siem Reap Province.

Cost of the contract : USD 1,130.00

Duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 2007

Comment/recommendations : Works Completed

**Item 5.3.13 - PBHS-SROM/PC/01-07: Purchasing 2 Sets of Solar Power System for**

**2 Health Centers of Samrong Year and Sarsarsdom, Angkor Chum OD, Siem Reap Province.**

Tendering mode : Request for quotation. 3 companies submitted. The selection of Advantec Sources is due to the highest technical score.

Date of invitation for tender : 30<sup>th</sup> November 2006

Start date of the subcontracting contract : January 2007

Name of the subcontractor (or of the company) : Advantec Sources

Subject of the contract : Purchased 2 Solar Power Systems for 2 Health Centers of Angkor Chum OD, Siem Reap Province.

Cost of the contract : **USD 4,086.00**

Duration of the contract : Not later than 22<sup>nd</sup> January 2007

Comment/recommendations : Works Completed

**Item 5.3.14 - PBHS-SROM/SER/03-07: Four Vehicles Insurance of PBHS-SROM Project.**

Tendering mode : Direct negotiation. The selection is due to FORTE Insurance (Cambodia) Plc. is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : N/A

Start date of the subcontracting contract : 28<sup>th</sup> February 2007

Name of the subcontractor (or of the company) : FORTE Insurance Plc.

Subject of the contract : Insure 4 PBHS-SROM Project's vehicles in Siem Reap and Otdar Meanchey Provinces.

Cost of the contract : **USD 2,546.20**

Duration of the contract : 27<sup>th</sup> Feb. 2007 to 27<sup>th</sup> Feb. 2008

Comment/recommendations : Works Completed

**Item 5.3.15 - PBHS-SROM/SER/04-07: Group Personal Accident Insurance for PBHS-SROM Project's Staffs in Siem Reap and Otdar Meanchey Provinces.**

Tendering mode : Direct negotiation. The selection is due to FORTE Insurance (Cambodia) Plc. is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : N/A

Start date of the subcontracting contract : 28<sup>th</sup> February 2007

Name of the subcontractor (or of the company) : FORTE Insurance Plc.  
 Subject of the contract : Group Personal Accident Insurance for PBHS-SROM Project's Staffs in Siem Reap and Otdar Meanchey Provinces.  
 Cost of the contract : **USD 804.25**  
 Duration of the contract : 28<sup>th</sup> Feb. 2007 to 27<sup>th</sup> Feb. 2008  
 Comment/recommendations : Works Completed

**Item 5.3.16 - PBHS-SROM/SER/05-07: Group Hospital and Surgical Insurance for PBHS-SROM Project's Staffs and Families in Siem Reap and Otdar Meanchey Provinces.**

Tendering mode : Direct negotiation. The selection is due to FORTE Insurance (Cambodia) Plc. is agreed to the terms and conditions of the existing Contract.  
 Date of invitation for tender : N/A  
 Start date of the subcontracting contract : 28<sup>th</sup> February 2007  
 Name of the subcontractor (or of the company) : FORTE Insurance Plc.  
 Subject of the contract : Group Hospital and Surgical Insurance for PBHS-SROM Project's Staffs and families in Siem Reap and Otdar Meanchey Provinces.  
 Cost of the contract : **USD 7,500.25**  
 Duration of the contract : 30<sup>th</sup> Mar. 2007 to 29<sup>th</sup> Mar. 2008  
 Comment/recommendations : Works Completed

**Item 5.3.17 - PBHS-SROM/SER/06-07: Provide social supports to the People Living With Hiv/Aids (PLWHA) in Siem Reap Province.**

Tendering mode : Direct negotiation. The selection due to Mondul Mit Chouy Mit (MMM) is agreed to the terms and conditions of the existing Contract.  
 Date of invitation for tender : N/A  
 Start date of the subcontracting contract : 30<sup>th</sup> March 2007  
 Name of the subcontractor (or of the company) : Mondul Mit Chouy Mit  
 Subject of the contract : Provide social supports to the People Living with Hiv/Aids (PLWHA) in Siem Reap Province.  
 Cost of the contract : **USD 10,500.00**  
 Duration of the contract : 01<sup>st</sup> Apr. 2007 to 31<sup>st</sup> Mar. 2008

Comments : Works Completed

**Item 5.3.18 - PBHS-SROM/SER/07-07: Provide social supports to the People Living With Hiv/Aids (PLWHA) in Otdar Meanchey Province.**

Tendering mode : Direct negotiation. The selection due to Women Organisation for Modern Economy and Nursing (WOMEN) is agreed to the terms and conditions of the BTC-PBHS-SROM Contract.

Date of invitation for tender : 01<sup>st</sup> March 2007

Start date of the subcontracting contract : 15<sup>th</sup> March 2007

Name of the subcontractor (or of the company) : WOMEN Organisation

Subject of the contract : Provide social supports to the People Living With Hiv/Aids (PLWHA) in Otdar Meanchey Province.

Shared Cost of the contract : **USD 25,560.00**

MSF-B : **USD 5487.00**

PBHS-SROM : **USD 20,073.00**

Duration of the contract : 15<sup>th</sup> Mar. 2007 to 14<sup>th</sup> Mar. 2008

**Comments:**

Amendment # 1 : **USD 5,690.00**

Amendment # 1 of the duration of the contract : 15<sup>th</sup> Mar. to 14<sup>th</sup> Jun. 2008

Total Contract Price : **USD 31,250.00**

Comments/recommendations : Works Completed

**Item 5.3.19 - PBHS-SROM/SER/11-07: Health Equity Fund Operation for Siem Reap and Angkor Chum ODs and Kralanh Referral Hospital (Kralanh OD).**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 2 Companies submitted and qualified. The selection of CHHRA Organisation is due to a better capacity, experience and local knowledge/network to manage the 3 proposed packages of HEF.

Date of invitation for tender : 01<sup>st</sup> June 2007

Start date of the subcontracting contract : 30<sup>th</sup> June 2007

Name of the subcontractor (or of the company) : CHHRA Organisation

Subject of the contract : HEF operation for Siem Reap and Angkor Chum ODs and Kralanh Referral Hospital (Kralanh OD).

Cost of the contract : **USD 48,739.00**

Duration of the contract : 01<sup>st</sup> Jul. 2007 to 30<sup>th</sup> Jun, 2008  
Comments/recommendations : Works Completed

**Item 5.3.20 - PBHS-SROM/SER/12-07: Health Equity Fund Operation for Samroang Referral Hospital and Anlong Veng Health Center, OMC Province.**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 2 Companies submitted and qualified. The selection of CHHRA Organisation is due to a better capacity, experience and local knowledge/network to manage the 3 proposed packages of HEF.

Date of invitation for tender : 01<sup>st</sup> June 2007  
Start date of the subcontracting contract : 30<sup>th</sup> June 2007  
Name of the subcontractor (or of the company) : CHHRA Organisation  
Subject of the contract : HEF operation for Samroang Referral Hospital and Anlong Veng Health Center, OMC Province.

Cost of the contract : **USD 38,978.00**  
Duration of the contract : 01<sup>st</sup> Jul. 2007 to 30<sup>th</sup> Jun. 2008  
Comments/recommendations : Works Completed

**Item 5.3.21 - PBHS-SROM/SER/13-07: Health Equity Fund Operation for Sotr Nikum Referral Hospital and 5 Centers (SNK OD).**

Tendering mode : Public Announcement in 2 local newspapers and BTC website. 2 Companies submitted and qualified. The selection of CHHRA Organisation is due to a better capacity, experience and local knowledge/network to manage the 3 proposed packages of HEF.

Date of invitation for tender : 01<sup>st</sup> June 2007  
Start date of the subcontracting contract : 30<sup>th</sup> June 2007  
Name of the subcontractor (or of the company) : CHHRA Organisation  
Subject of the contract : HEF operation for Sotr Nikum Referral Hospital and 5 Health Centers (SNK OD), Siem Reap Province.

Cost of the contract : **USD 37,898.00**  
Duration of the contract : 01<sup>st</sup> Jul. 2007 to 30<sup>th</sup> Jun. 2008  
Comments/recommendations : Works Completed

**Item 5.3.22 - PBHS-SROM/SER/16: Behavior Change Communication Campaign to improve proper care for 15 HCs of Angkor Chum District.**

Tendering mode : Direct negotiation. The selection due to Cambodian Red Cross is agreed to the terms and conditions of the BTC-PBHS-SROM Contract.

Date of invitation for tender : ?

Start date of the subcontracting contract : 12<sup>th</sup> July 2007

Name of the subcontractor (or of the company) : CRC

Subject of the contract : Behavior Change Communication Campaign to improve proper care for 15 HCs of Angkor Chum District.

Cost of the contract : **USD 10,000.00**

Duration of the contract : 23<sup>rd</sup> Jul 2007 to 15<sup>th</sup> Jul. 2008

Comments/recommendations : Works Completed

**Item 5.3.23 - PBHS-SROM/SER/17-07: Hospital Management Training**

Tendering mode : Direct negotiate procedure with The National Institute of Public Health (NIPH) in Phnom Penh.

Date of invitation for tender : ?

Start date of the subcontracting contract : 01<sup>st</sup> October 2007

Name of the subcontractor (or of the company) : National Institute of Public Health

Subject of the contract : Hospital Management Training for 12 leaders of Sotr Nikum RH and OMC Provincial Referral Hospital.

Cost of the contract : **USD 26,400.00**

Duration of the contract : 30<sup>th</sup> Jul. 2007 to 24<sup>th</sup> Jul. 2008

Comment/recommendations : Works Completed

**Item 5.3.24 - PBHS-SROM/TRN/01-07: Primary Midwives Training for Siem Reap and Otdar Meanchey PHDs**

Tendering mode : Direct negotiate procedure with The Regional Training Center for Battambang Province (RTC-BTB) who is a Midwifery Training Institution Center.

Date of invitation for tender : ?

Start date of the subcontracting contract : 01<sup>st</sup> October 2007

Name of the subcontractor (or of the company) : RTC-BTB

Subject of the contract : Primary Midwifery Training for 12 PHD staffs of Siem Reap and Otdar Meanchey Provinces.  
Cost of the contract : USD 10,440.00  
Duration of the contract : 4 months period  
Comment/recommendations : Works Completed

**Item 5.3.25 - PBHS-SROM/PC/02-07: Purchasing IT Equipment for Siem Reap Provincial Department of Health.**

Tendering mode : Request for quotation. 3 companies submitted. The selection of Neeka Co., Ltd. is due to the highest general score, it is the cheapest offer.  
Date of invitation for tender : October 2007  
Start date of the subcontracting contract : 19<sup>th</sup> October 2007  
Name of the subcontractor (or of the company) : Neeka Co., Ltd.  
Subject of the contract : Purchased IT equipments for SRP Provincial Department of Health.  
Cost of the contract : USD 2,269.00  
Duration of the contract : 19<sup>th</sup> Oct. to 22<sup>nd</sup> Oct. 07  
Comment/recommendations : Works Completed

**Item 5.3.26 - PBHS-SROM/PC/03-07: Purchasing Hospital and MCH Equipments for Health Facilities in Siem Reap and Otdar Meanchey Provinces.**

Tendering mode : Request for quotation. 3 companies submitted. The selection of Dynamic Pharma Co., Ltd. is due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.  
Date of invitation for tender : 24<sup>th</sup> September 2007  
Start date of the subcontracting contract : 29<sup>th</sup> October 2007  
Name of the subcontractor (or of the company) : Dynamic Pharma Co., Ltd.  
Subject of the contract : Purchased Hospital and MCH Equipments for Health Facilities in Siem Reap and Otdar Meanchey Provinces.  
Cost of the contract : USD 15,747.99  
Duration of the contract : 29<sup>th</sup> Oct. 07 to 15<sup>th</sup> Mar. 08  
Comment/recommendations : Works Completed

**Item 5.3.27 - PBHS-SROM/SER/03-08: Four Vehicles Insurance of PBHS-SROM Project.**

Tendering mode : Direct negotiation. The selection is due to FORTE Insurance (Cambodia) Plc. is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : N/A

Start date of the subcontracting contract : 27<sup>th</sup> February 2008

Name of the subcontractor (or of the company) : FORTE Insurance Plc.

Subject of the contract : Insure 4 PBHS-SROM Project's vehicles in Siem Reap and Otdar Meanchey Provinces.

Cost of the contract : **USD 2,660.62**

Duration of the contract : 28<sup>th</sup> Feb. 2008 to 30<sup>th</sup> Apr. 2009

Comment/recommendations : Works Completed

**Item 5.3.28 - PBHS-SROM/SER/04-08: Group Personal Accident Insurance for PBHS-SROM Project's Staffs in Siem Reap and Otdar Meanchey Provinces.**

Tendering mode : Direct negotiation. The selection is due to FORTE Insurance (Cambodia) Plc. is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : N/A

Start date of the subcontracting contract : 28<sup>th</sup> February 2007

Name of the subcontractor (or of the company) : FORTE Insurance Plc.

Subject of the contract : Group Personal Accident Insurance for PBHS-SROM Project's Staff in Siem Reap and Otdar Meanchey Provinces.

Cost of the contract : **USD 916.61**

Duration of the contract : 28<sup>th</sup> Feb. 2008 to 30<sup>th</sup> Apr. 2009

Comment/recommendations : Works Completed

**Item 5.3.29 - PBHS-SROM/TRN/01-08: Primary Nurse/Midwives Training for Siem Reap and Otdar Meanchey PHDs**

Tendering mode : Direct negotiate procedure with The Regional Training Center for Battambang Province (RTC-BTB) who is a Midwifery Training Institution Center.

Date of invitation for tender : 27<sup>th</sup> February 2008

Start date of the subcontracting contract : 10<sup>th</sup> March 2008

Name of the subcontractor (or of the company) : RTC-BTB

Subject of the contract : Primary Midwifery Training for 20 PHD



staff of Siem Reap and Otdar Meanchey Provinces.

Cost of the contract : **USD 24,051.00**  
Duration of the contract : 19<sup>th</sup> Feb. 08 to 29<sup>th</sup> Feb. 09  
Comment/recommendations : Works Completed

**Item 5.3.30 - PBHS-SROM/SER/06-08: Group Hospital and Surgical Insurance for PBHS-SROM Project's Staffs in Siem Reap and Otdar Meanchey Provinces.**

Tendering mode : Direct negotiation. The selection is due to FORTE Insurance (Cambodia) Plc. is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : N/A  
Start date of the subcontracting contract : 25<sup>th</sup> March 2008  
Name of the subcontractor (or of the company) : FORTE Insurance Plc.  
Subject of the contract : Group Hospital and Surgical Insurance for PBHS-SROM Project's Staffs and families in Siem Reap and Otdar Meanchey Provinces.

Cost of the contract : **USD 7,500.25**  
Duration of the contract : 30<sup>th</sup> Mar. 2008 to 31<sup>st</sup> Mar. 2009  
Comment/recommendations : Works Completed

**Item 5.3.31 - PBHS-SROM/SER/07-08: Provide social supports to the People Living With Hiv/Aids (PLWHA) in Siem Reap Province.**

Tendering mode : Direct negotiation. The selection due to Mondul Mit Chouy Mit (MMM) is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : N/A  
Start date of the subcontracting contract : 25<sup>th</sup> March 2008  
Name of the subcontractor (or of the company) : Mondul Mit Chouy Mit  
Subject of the contract : Provide social supports to the People Living with Hiv/Aids (PLWHA) in Siem Reap Province.

Cost of the contract : **USD 1,825.00**  
Duration of the contract : 01<sup>st</sup> Apr. to 31<sup>st</sup> Aug. 2008  
Comments/recommendations : Works Completed

**Item 5.3.32 - PBHS-SROM/SER/09-08: Voucher System for Reproductive Health Service and Hospitalization Health Equity Fund.**

Tendering mode : Direct negotiation. The selection due to Reproductive Health Association of Cambodia (RHAC) Organisation is agreed to the terms and conditions of the BTC-PBHS-SROM Contract.

Date of invitation for tender : N/A

Start date of the subcontracting contract : 25<sup>th</sup> March 2008

Name of the subcontractor (or of the company) : RHAC Organisation

Subject of the contract : Voucher System for Reproductive Health Service and Hospitalization Health Equity Fund.

Cost of the contract : **USD 2,260.00**

Duration of the contract : 22<sup>nd</sup> May to 20<sup>th</sup> Jun. 2008

Comments/recommendations : Works Completed

**Item 5.3.33 - PBHS-SROM/SC/12-08: The photography of Poor Households for Priority Access Cards of Siem Reap and Otdar Meanchey Province.**

Tendering mode : Direct negotiation. The selection is due to Cambodian Health and Human Rights Alliance Organisation (CHHRA) and GTZ Organisations are agreed to the terms and conditions of the BTC-PBHS-SROM Contract.

Date of invitation for tender : 10<sup>th</sup> April 2008

Start date of the subcontracting contract : 10<sup>th</sup> April 2008

Name of the subcontractor (or of the company) : CHHRA Organisation & GTZ

Subject of the contract : The photography of Poor Households for Priority Access Cards of Siem Reap and Otdar Meanchey Provinces.

Cost of the contract : **USD 23,545.00**

Duration of the contract : 01<sup>st</sup> May to 31<sup>st</sup> Jul. 2008

Comments/recommendations : Works Completed

**Item 5.3.34 - PBHS-SROM/PC/01-08: Purchase PA Sound System and Installation for Siem Reap Referral Hospital.**

Tendering mode : Request for quotation. . 3 companies submitted. The selection of HD&L Co., Ltd. is due to the highest general score, it is the cheapest offer.

Date of invitation for tender : May 2008  
 Start date of the subcontracting contract : 13<sup>th</sup> June 2008  
 Name of the subcontractor (or of the company) : HD&L Co., Ltd.  
 Subject of the contract : Purchased PA Sound System and  
 Installation for Siem Reap Referral Hospital.  
 Cost of the contract : **USD 3,639.00**  
 Duration of the contract : 24<sup>th</sup> Jun. to 24<sup>th</sup> Jul. 2008  
 Comments/recommendations : Works Completed

**Item 5.3.35 - PBHS-SROM/PC/02-08: Purchase 3 LCD Projectors for 3 ODs of Siem Reap and Otdar Meanchey Provinces.**

Tendering mode : Request for quotation. 3 Companies  
 submitted quotation. The selection of Neeka  
 Co., Ltd. is due to the lowest price and good  
 warranty.  
 Date of invitation for tender : June 2008  
 Start date of the subcontracting contract : 13<sup>th</sup> June 2008  
 Name of the subcontractor (or of the company) : Neeka Co., Ltd.  
 Subject of the contract : Purchased 3 LCD Projectors for 3 ODs  
 of Siem Reap and Otdar Meanchey  
 Provinces.  
 Cost of the contract : **USD 3,129.00**  
 Duration of the contract : 10 Calendar days  
 Comments/recommendations : Works Completed

**Item 5.3.36 - PBHS-SROM/SC/13-08: Behavior Change Communication Campaign to improve proper care for 15 HCs of Angkor Chum District.**

Tendering mode : Direct negotiation. The selection due to  
 Cambodian Red Cross is agreed to the  
 terms and conditions of the BTC-PBHS-  
 SROM Contract.  
 Date of invitation for tender : ?  
 Start date of the subcontracting contract : 24<sup>th</sup> June 2008  
 Name of the subcontractor (or of the company) : CRC  
 Subject of the contract : Behavior Change Communication  
 Campaign to improve proper care for 15  
 HCs of Angkor Chum District.  
 Shared Cost of the contract : **USD 5,000.00**  
 Duration of the contract : 24<sup>th</sup> Jun to 24<sup>th</sup> Jul. 2008  
 Comments/recommendations : Works Completed

**Item 5.3.37 - PBHS-SROM/SC/14-08: Health Equity Fund Operation for Siem Reap and Angkor Chum ODs and Kralanh Referral Hospital (Kralanh OD).**

Tendering mode : Direct negotiation. The selection due to Cambodian Health and Human Rights Alliance Organisation is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : 30<sup>th</sup> June 2008

Start date of the subcontracting contract : 30<sup>th</sup> June 2008

Name of the subcontractor (or of the company) : CHHRA Organisation

Subject of the contract : HEF operation for Siem Reap Referral Hospital, Angkor Chum ODs and Kralanh Referral Hospital (Kralanh OD).

Cost of the contract : **USD 14,451.00**

Duration of the contract : 01<sup>st</sup> Jul. to 31<sup>st</sup> Oct. 2008

**Comments:**

Amendment # 1 : **USD 6,432.20**

Amendment # 1 of the duration of the contract : 01<sup>st</sup> Nov. to 31<sup>st</sup> Dec. 2008

Amendment # 2 : **USD 10,092.30**

Amendment # 2 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Mar. 2009

Total Contract Price : **USD 21,245.90**

**Item 5.3.38 - PBHS-SROM/SC/15-08: Health Equity Fund Operation for Sotr Nikum Referral Hospital and 5 Centers (SNK OD).**

Tendering mode : Direct negotiation. The selection due to Cambodian Health and Human Rights Alliance Organisation is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : 30<sup>th</sup> June 2008

Start date of the subcontracting contract : 30<sup>th</sup> June 2008

Name of the subcontractor (or of the company) : CHHRA Organisation

Subject of the contract : HEF operation for Sotr Nikum Referral Hospital and 5 Health Centers (SNK OD), Siem Reap Province.

Cost of the contract : **USD 12,394.00**

Duration of the contract : 01<sup>st</sup> Jul. to 31<sup>st</sup> Oct. 2008

**Comments:**

Amendment # 1 : **USD 6,183.90**

Amendment # 1 of the duration of the contract : 01<sup>st</sup> Nov. to 31<sup>st</sup> Dec. 2008

Amendment # 2 : **USD 9,092.85**

Amendment # 2 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Mar. 2009

Total Contract Price : **USD 27,641.75**

**Item 5.3.39 - PBHS-SROM/SC/16-08: Health Equity Fund Operation for Samroang Referral Hospital and Anlong Veng Health Center, OMC Province.**

Tendering mode : Direct negotiation. The selection due to Cambodian Health and Human Rights Alliance Organisation is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : 30<sup>th</sup> June 2008

Start date of the subcontracting contract : 30<sup>th</sup> June 2008

Name of the subcontractor (or of the company) : CHHRA Organisation

Subject of the contract : HEF operation for Samroang Referral Hospital and Anlong Veng Health Center, OMC Province.

Cost of the contract : **USD 14,594.00**

Duration of the contract : 01<sup>st</sup> Jul. to 31<sup>st</sup> Oct. 2008

**Comments:**

Amendment # 1 : **USD 6,651.90**

Amendment # 1 of the duration of the contract : 01<sup>st</sup> Nov. to 31<sup>st</sup> Dec. 2008

Amendment # 2 : **USD 10,365.85**

Amendment # 2 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Mar. 2009

Total Contract Price : **USD 31,611.75**

Comments/recommendations : Works Completed

**Item 5.3.40 - PBHS-SROM/SC/17-08: To improve to quality health care for People Living With Hiv/Aids (PLWHA) in Otdar Meanchey Province.**

Tendering mode : Direct negotiation. The selection due to Women Organisation for Modern Economy and Nursing is agreed to the terms and conditions of the existing Contract.

Date of invitation for tender : N/A

Start date of the subcontracting contract : 13<sup>th</sup> June 2008

Name of the subcontractor (or of the company) : WOMEN Organisation

Subject of the contract : To improve access to quality health care for People Living With Hiv/Aids (PLWHA) in Otdar Meanchey Province.

Shared Cost of the contract : **USD 8,620.00**

Duration of the contract : 15<sup>th</sup> Jun. to 14<sup>th</sup> Oct. 2008

Comments/recommendations : Works Completed

**Item 5.3.41 - PBHS-SROM/SC/18-08: Voucher System for Reproductive Health Service and Hospitalization Health Equity Fund.**

Tendering mode : Direct negotiation. The selection due to Reproductive Health Association of Cambodia (RHAC) Organisation is agreed to the terms and conditions of the BTC-PBHS-SROM Contract.

Date of invitation for tender : N/A

Start date of the subcontracting contract : 25<sup>th</sup> July 2008

Name of the subcontractor (or of the company) : RHAC Organisation

Subject of the contract : Voucher System for Reproductive Health Service and Hospitalization.

Cost of the contract : **USD 2,825.00**

Duration of the contract : 01<sup>st</sup> Aug. to 20<sup>th</sup> 31<sup>st</sup> Dec. 2008

Comments/recommendations : Works Completed

**ANNEX 5.B: SUBCONTRACTING ACTIVITIES AND INVITATIONS TO TENDER**

**This part of the annex covers all the subcontracting and the tenders conducted during the Consolidation Phase of the project (2009-2011) in Own-management. It does not cover the tender and sub contracting organised by the HSSP2 secretariat in National Execution.**

**(Note: numbering of items is consecutive to numbering in the start of the project until 2008)**

**Item 1 – PBHS2/2009/SC01: Health Equity Fund Operation for Provincial Referral Hospital of Kampong Cham province**

Tendering mode : Public Announcement

Date of the invitation to tender : 22<sup>nd</sup> and 26<sup>th</sup> Jan 2009

Start date of the subcontracting contract : 01<sup>st</sup> April 2009

Name of the subcontractor (or of the company) : Action for Health (AFH)

Subject of the contract : HEF Operation in Provincial Referral Hospital of Kampong Cham province

Cost of the contract : **USD 22,014.52**

Duration of the contract : 01<sup>st</sup> April 2009 to 31<sup>st</sup> December 2009

**Comments:**

Amendment # 1 : **USD 28,493.27**

Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan to 31<sup>st</sup> Dec 2010

Amendment # 2 : **USD 4,222.42**

Amendment # 2 of the duration of the contract : 01<sup>st</sup> Jan to 28<sup>th</sup> Feb 2011

Total Contract Price : **USD 54,730.21**

Comments/recommendations : Works Completed

**Item 2 – PBHS2/2009/SC02: Health Equity Fund Operation for Cheung Prey/Batheay Operational District of Kampong Cham Province**

Tendering mode : Public Announcement  
Date of the invitation to tender : 22<sup>nd</sup> and 26<sup>th</sup> Jan 2009  
Start date of the subcontracting contract : 01<sup>st</sup> April 2009  
Name of the subcontractor (or of the company) : Action for Health (AFH)  
Subject of the contract : HEF Operation in Cheung Prey/  
Batheay Operational District of  
Kampong Cham Province  
Cost of the contract : **USD 24,144.67**  
Duration of the contract : 01<sup>st</sup> April 2009 to 31<sup>st</sup> December 2009  
**Comments:**  
Amendment # 1 : **USD 31,027.12**  
Amendment # 1 of the duration of the contract : 01st Jan to 31th Dec 2010  
Amendment # 2 : **USD 4,755.74**  
Amendment # 2 of the duration of the contract : 01st Jan to 28th Feb 2011  
Total Contract Price : **USD 59,927.53**  
Comments/recommendations : Works Completed

**Item 3 – PBHS2/2009/SC03: Health Equity Fund Operation for Chamkar Leu/Stung Trang Operational District of Kampong Cham Province**

Tendering mode : Public Announcement  
Date of the invitation to tender : 22<sup>nd</sup> and 26<sup>th</sup> Jan 2009  
Start date of the subcontracting contract : 01<sup>st</sup> April 2009  
Name of the subcontractor (or of the company) : Association for Human Resource  
Development and Health Education  
(AHRDHE)  
Subject of the contract : HEF Operation in Chamkar Leu/Stung  
Trang Operational District of Kampong  
Cham Province  
Cost of the contract : **USD 15,313.00**  
Duration of the contract : 01<sup>st</sup> April 2009 to 31<sup>st</sup> December 2009  
**Comments:**  
Amendment # 1 : **USD 20,039**  
Amendment # 1 of the duration of the contract : 01st Jan to 31th Dec 2010  
Amendment # 2 : **USD 3,024.00**  
Amendment # 2 of the duration of the contract : 01st Jan to 28th Feb 2011  
Total Contract Price : **USD 38,376.00**  
Comments/recommendations : Works Completed

**Item 4 – PBHS2/2009/SC04: Health Equity Fund Operation for Prey Chhor/Kang Meas Operational District of Kampong Cham Province**

Tendering mode : Public Announcement  
Date of the invitation to tender : 22<sup>nd</sup> and 26<sup>th</sup> Jan 2009  
Start date of the subcontracting contract : 01<sup>st</sup> April 2009  
Name of the subcontractor (or of the company) : Association for Human Resource Development and Health Education (AHRDHE)  
Subject of the contract : HEF Operation in Prey Chhor/Kang Meas Operational District of Kampong Cham Province  
Cost of the contract : **USD 16,449.00**  
Duration of the contract : 01<sup>st</sup> April 2009 to 31<sup>st</sup> December 2009  
**Comments:**  
Amendment # 1 : **USD 21,449.58**  
Amendment # 1 of the duration of the contract : 01st Jan to 31th Dec 2010  
Amendment # 2 : **USD 3,120.68**  
Amendment # 2 of the duration of the contract : 01st Jan to 28th Feb 2011  
Total Contract Price : **USD 41,019.26**  
Comments/recommendations : Works Completed

**Item 5 – PBHS2/2009/SC05: Health Equity Fund Operation for Provincial Referral Hospital of Siem Reap Province**

Tendering mode : Public Announcement  
Date of the invitation to tender : 22<sup>nd</sup> and 26<sup>th</sup> Jan 2009  
Start date of the subcontracting contract : 01<sup>st</sup> April 2009  
Name of the subcontractor (or of the company) : Cambodian Health and Human Rights Alliance (CHHRA)  
Subject of the contract : HEF Operation in Provincial Referral Hospital of Siem Reap Province  
Cost of the contract : **USD 33,894.00**  
Duration of the contract : 01<sup>st</sup> April 2009 to 31<sup>st</sup> December 2009  
**Comments:**  
Amendment # 1 : **USD 45,090.87**  
Amendment # 1 of the duration of the contract : 01st Jan to 31th Dec 2010  
Amendment # 2 : **USD 7,246.04**  
Amendment # 2 of the duration of the contract : 01st Jan to 28th Feb 2011  
Total Contract Price : **USD 86,230.91**  
Comments/recommendations : Works Completed



**Item 6 – PBHS2/2009/SC06: Health Equity Fund Operation for Kralanh Operational District of Siem Reap Province**

Tendering mode : Public Announcement  
Date of the invitation to tender : 22<sup>nd</sup> and 26<sup>th</sup> Jan 2009  
Start date of the subcontracting contract : 01<sup>st</sup> April 2009  
Name of the subcontractor (or of the company) : Cambodian Health and Human Rights Alliance (CHHRA)  
Subject of the contract : HEF Operation in Kralanh Operational District of Siem Reap Province  
Cost of the contract : **USD 17,486.00**  
Duration of the contract : 01<sup>st</sup> April 2009 to 31<sup>st</sup> December 2009  
**Comments:**  
Amendment # 1 : **USD 23,340.98**  
Amendment # 1 of the duration of the contract : 01st Jan to 31th Dec 2010  
Amendment # 2 : **USD 3,682.94**  
Amendment # 2 of the duration of the contract : 01st Jan to 28th Feb 2011  
Total Contract Price : **USD 44,509.92**  
Comments/recommendations : Works Completed

**Item 7 – PBHS2/2009/SC07: Health Equity Fund Operation for Sotnikum Operational District of Siem Reap Province**

Tendering mode : Public Announcement  
Date of the invitation to tender : 22<sup>nd</sup> and 26<sup>th</sup> Jan 2009  
Start date of the subcontracting contract : 01<sup>st</sup> April 2009  
Name of the subcontractor (or of the company) : Cambodian Health and Human Rights Alliance (CHHRA)  
Subject of the contract : HEF Operation in Sothnikum Operational District of Siem Reap Province  
Cost of the contract : **USD 20,246.82**  
Duration of the contract : 01<sup>st</sup> April 2009 to 31<sup>st</sup> December 2009  
**Comments:**  
Amendment # 1 : **USD 26,106.82**  
Amendment # 1 of the duration of the contract : 01st Jan to 31th Dec 2010  
Amendment # 2 : **USD 4,112.42**  
Amendment # 2 of the duration of the contract : 01st Jan to 28th Feb 2011  
Total Contract Price : **USD 50,466.07**  
Comments/recommendations : Works Completed

**Item 8 – PBHS2/2009/SC08: Health Equity Fund Operation for Otdar Meanchey Provincial Hospital and Anlong Veng Hospital at Otdar Meanchey Province**

Tendering mode : Public Announcement  
Date of the invitation to tender : 22<sup>nd</sup> and 26<sup>th</sup> Jan 2009  
Start date of the subcontracting contract : 01<sup>st</sup> April 2009  
Name of the subcontractor (or of the company) : Cambodian Health and Human Rights Alliance (CHHRA)  
Subject of the contract : HEF Operation in Otdar Meanchey Provincial Hospital and Anlong Veng Hospital at Otdar Meanchey Province  
Cost of the contract : **USD 30,891.00**  
Duration of the contract : 01<sup>st</sup> April 2009 to 31<sup>st</sup> December 2009  
**Comments:**  
Amendment # 1 : **USD 41,109.40**  
Amendment # 1 of the duration of the contract : 01st Jan to 31th Dec 2010  
Amendment # 2 : **USD 6,529.14**  
Amendment # 2 of the duration of the contract : 01st Jan to 28th Feb 2011  
Total Contract Price : **USD 78,529.54**  
Comments/recommendations : Works Completed

**Item 9 – PBHS2/2010/SC01: Administration & Procurement Assistance in PBHS2**

Tendering mode : Direct Negotiate  
Date of the invitation to tender : E-mail Exchanged  
Start date of the subcontracting contract : 15<sup>th</sup> February 2010  
Name of the subcontractor (or of the company) : Mr. Than Vuth  
Subject of the contract : Administration & Procurement Assistance in PBHS2 of Siem Reap, Otdar Meanchey and Kampong Cham  
Cost of the contract : **USD 1,000.00**  
Duration of the contract : 15<sup>th</sup> February to 08<sup>th</sup> March 2010  
Comments/recommendations : Works Completed

**Item 10 – PBHS2/2010/SC02: Consultancy for Conducting Hospital Indication Assessment**

Tendering mode : Direct Contracting Procedure  
Date of the invitation to tender : E-mail Exchanged  
Start date of the subcontracting contract : 05<sup>th</sup> July 2010  
Name of the subcontractor (or of the company) : **Dr. Stoeung Chea**  
Subject of the contract : Consultancy for Conducting Hospital Indication Assessment in the 9 Hospitals in KC, SR and OMC  
Cost of the contract : **USD 5,680.00**

Duration of the contract : 05<sup>th</sup> to 23<sup>th</sup> July 2010  
Comments/recommendations : Works Completed

**Item 11 – PBHS2/2010/SC03: Provide support to the JPIG Chair**

Tendering mode : Direct Contracting Procedure  
Date of the invitation to tender : 28<sup>th</sup> October 2010  
Start date of the subcontracting contract : 01<sup>st</sup> November 2010  
Name of the subcontractor (or of the company) : **Ms. Colette Boughton**  
Subject of the contract : Provide support to the JPIG Chair in coordinating and running JPIG meeting.  
Cost of the contract : **Euro 4,991.00**  
Duration of the contract : 01<sup>st</sup> Nov to 20<sup>th</sup> Dec 2010  
Comments/recommendations : Works Completed

**Item 12 – PBHS2/2010/SC04: Conducting HEF Monitoring in 4 Schemes of Kampong Cham**

Tendering mode : Public Procurement  
Date of the invitation to tender : 04<sup>th</sup> & 14<sup>th</sup> October 2010  
Start date of the subcontracting contract : 01<sup>st</sup> December 2010  
Name of the subcontractor (or of the company) : **Mr. Lim Ramny**  
Subject of the contract : Consultancy for Conducting HEF Monitoring in 4 Schemes (PRH-KC, OD-CP, OD-CL and OD-PC) in Kampong Cham province  
Cost of the contract : **USD 2,475.00**  
Duration of the contract : 01<sup>st</sup> Dec 2010 to 28<sup>th</sup> Feb 2011  
Comments/recommendations : Works Completed

**Item 13 – PBHS2/2010/SC05: Conducting HEF Monitoring in 2 Schemes of Siem Reap & Otdar Meanchey provinces**

Tendering mode : Public Procurement  
Date of the invitation to tender : 04<sup>th</sup> & 14<sup>th</sup> October 2010  
Start date of the subcontracting contract : 01<sup>st</sup> December 2010  
Name of the subcontractor (or of the company) : **Mr. Chuk Cheng**  
Subject of the contract : Consultancy for Conducting HEF Monitoring in 2 Schemes (Kralanh OD and Otdar Meanchey) in Siem Reap & Otdar Meanchey provinces  
Cost of the contract : **USD 11,050.00**  
Duration of the contract : 01<sup>st</sup> Dec 2010 to 31<sup>st</sup> Dec 2011  
Comments/recommendations : Works Completed

**Item 14 – PBHS2/2010/SC06: Conducting HEF Monitoring in 2 Schemes of Siem Reap**

Tendering mode : Public Procurement  
Date of the invitation to tender : 04<sup>th</sup> & 14<sup>th</sup> October 2010  
Start date of the subcontracting contract : 01<sup>st</sup> December 2010  
Name of the subcontractor (or of the company) : **Mr. Phuong Sam On**  
Subject of the contract : Consultancy for Conducting HEF Monitoring in 2 Schemes (PRH-SR and OD Sothnikum) in Siem Reap province  
Cost of the contract : **USD 9,685.00**  
Duration of the contract : 01<sup>st</sup> Dec 2010 to 31<sup>st</sup> Dec 2011  
Comments/recommendations : Works Completed

**Item 15 – PBHS2/2011/SC01: Conducting HEF Monitoring in 2 Schemes of Kampong Cham**

Tendering mode : Public Procurement  
Date of the invitation to tender : 04<sup>th</sup> & 14<sup>th</sup> October 2010  
Start date of the subcontracting contract : 01<sup>st</sup> March 2011  
Name of the subcontractor (or of the company) : **Mr. Meas Dara**  
Subject of the contract : Consultancy for Conducting HEF Monitoring in 2 Schemes (PRH-KC and OD-CP) in Kampong Cham province  
Cost of the contract : **USD 8,450.00**  
Duration of the contract : 01<sup>st</sup> Mar to 31<sup>st</sup> Dec 2011  
Comments/recommendations : Works Completed

**Item 16 – PBHS2/2011/SC02: Conducting HEF Monitoring in 2 Schemes of Kampong Cham**

Tendering mode : Negotiation Procurement without publication  
Date of the invitation to tender : 04<sup>th</sup> & 14<sup>th</sup> October 2010  
Start date of the subcontracting contract : 01<sup>st</sup> March 2011  
Name of the subcontractor (or of the company) : **Mr. Lim Ramny**  
Subject of the contract : Consultancy for Conducting HEF Monitoring in 2 Schemes (OD-PC and OD-CL) in Kampong Cham province  
Cost of the contract : **USD 8,450.00**  
Duration of the contract : 01<sup>st</sup> Mar to 31<sup>st</sup> Dec 2011  
Comments/recommendations : Works Completed

**Item 17 – PBHS2/2011/SC03: Conducting HEF Monitoring in 2 Schemes of Kampong Cham**

Tendering mode : Negotiation Procurement without publication  
Date of the invitation to tender : 06<sup>th</sup> & 16<sup>th</sup> May 2011  
Start date of the subcontracting contract : 01<sup>st</sup> June 2011  
Name of the subcontractor (or of the company) : **Mr. Saing Chan Vutha**  
Subject of the contract : Consultancy for Conducting HEF Monitoring in 2 Schemes (PRH-KC and OD-CP) in Kampong Cham province  
Cost of the contract : **USD 6,055.00**  
Duration of the contract : 01<sup>st</sup> Jun to 31<sup>st</sup> Dec 2011  
Comments/recommendations : Works Completed

**Item 18 – PBHS2/2011/SC05: Architectural Services for Renovation of Health Equity Fund Operator office in Sothnikum Referral Hospital, Siem Reap province**

Tendering mode : Direct Negotiation procedure without publication  
Date of the invitation to tender : E-Mail Exchanged  
Start date of the subcontracting contract : 14th February 2011  
Name of the subcontractor (or of the company) : **Mr. Chhim Phet**  
Subject of the contract : Consultancy for Architectural Services for Renovation of Health Equity Fund Operator office in Sothnikum Referral Hospital, Siem Reap province  
Cost of the contract : **USD 6,055.00**  
Duration of the contract : 29<sup>th</sup> Aug to 07<sup>th</sup> Oct 2011  
Comments/recommendations : Works Completed

**Item 19 – PBHS2/2011/SC06: Assessment of HEF at Health Centers in Kampong Cham**

Tendering mode : Negotiation Procurement without publication  
Date of the invitation to tender : E-mail Exchanged 14<sup>th</sup> Sept 2011  
Start date of the subcontracting contract : 14<sup>th</sup> October 2011  
Name of the subcontractor (or of the company) : **Dr. Ir Por**  
Subject of the contract : Consultancy for Conducting Assessment of HEF at Health Centers in Kampong Cham  
Cost of the contract : **USD 3,800.00**  
Duration of the contract : 14 days after 14<sup>th</sup> October 2011  
Comments/recommendations : Works Completed

**Item 20 – PBHS2/2011/SC07: End of Project Household Survey of the PBHS2 project**

Tendering mode : Negotiation Procurement without publication  
Date of the invitation to tender : E-mail Exchanged  
Start date of the subcontracting contract : ?  
Name of the subcontractor (or of the company) : **DOMREI Research & Consulting**  
Subject of the contract : Consultancy for conducting End of Project Household Survey of the PBHS2 project  
Cost of the contract : **USD 79,799.00**  
Duration of the contract : ?  
Comments/recommendations : Works Completed

**Item 21 – PBHS2/2011/SC08: An Evaluation the Subsidy Schemes under Prakas 809 in Cambodia**

Tendering mode : Negotiation Procurement without publication  
Date of the invitation to tender : 27<sup>th</sup> April 2011 (E-mail Exchanged)  
Start date of the subcontracting contract : 1st July 2011  
Name of the subcontractor (or of the company) : **Public Health Consultancy Group**  
Subject of the contract : Consultancy for conducting an evaluation the Subsidy Schemes under Prakas 809 in Cambodia  
Cost of the contract : **Euro 49,702.00**  
Duration of the contract : ??????  
Comments/recommendations : Works Completed

**Item 22 – PBHS2/2011/SC09: Rehabilitation works to the HEF office building within Sotnikum Referral Hospital**

Tendering mode : Negotiation Procurement without publication  
Date of the invitation to tender : 05<sup>th</sup> August 2011 (E-mail Exchanged)  
Start date of the subcontracting contract : 30<sup>th</sup> August 2011  
Name of the subcontractor (or of the company) : **MTA Construction Co., Ltd.**  
Subject of the contract : Rehabilitation works to the HEF office building within Sotnikum Referral Hospital, Siam Reap province  
Cost of the contract : **USD 9,368.12**  
Duration of the contract : 30<sup>th</sup> August to 15<sup>th</sup> October 2011  
Comments/recommendations : Works Completed

**Item 23 – PBHS2/2011/SC10: Data Collection Exercise for the Hospital Costing Study**

Tendering mode : Negotiation Procurement without publication  
Date of the invitation to tender : 04<sup>th</sup> October 2011 (E-mail Exchanged)  
Start date of the subcontracting contract : 12<sup>nd</sup> October 2011  
Name of the subcontractor (or of the company) : **Public Health Consultancy Group**  
Subject of the contract : Data Collection Exercise for the Hospital Costing Study  
Cost of the contract : **USD 20,180.00**  
Duration of the contract : 70 Days after 12<sup>nd</sup> October 2011  
Amendment # 1 : **USD 3,060.00**  
Amendment # 1 of the duration of the contract : 29<sup>th</sup> Dec. 2011 to 17<sup>th</sup> Feb. 2012  
Total Contract Price : **USD 23,240.00**  
Comments/recommendations : Works Completed

**Item 24 - PBHS2/2011/xxxx: Purchasing 2 sets of Laptop Computer for HEFI Office**

Tendering mode : Request for quotation. 4 companies submitted. The selection of ANANA Computer Co., Ltd. is due to the highest general score, it is the cheapest offer.  
Date of invitation for tender : 12<sup>th</sup> January 2010  
Start date of the subcontracting contract : 22<sup>nd</sup> January 2010  
Name of the subcontractor (or of the company) : ANANA Computer Co., Ltd.  
Subject of the contract : Purchasing 2 sets of Laptop Computer for HEFI Office  
Cost of the contract : USD 2,680.00  
Duration of the contract : 22<sup>th</sup> to 25<sup>th</sup> January 2010  
Comment/recommendations : Works Completed

**Item 25 - PBHS2/2011/xxxx: Purchasing Office furniture for HEFO office in 8 Schemes**

Tendering mode : Request for quotation. 3 companies submitted. The selection of LEECO Shop Modern Office Furniture is due to the highest general score, it is the cheapest offer.  
Date of invitation for tender : 29<sup>th</sup> January 2010  
Start date of the subcontracting contract : 10<sup>th</sup> February 2010  
Name of the subcontractor (or of the company) : LEECO Shop Modern Office Furniture  
Subject of the contract : Purchasing Office furniture for HEFO

office in 8 Schemes  
Cost of the contract : USD 2,994.00  
Duration of the contract : 10<sup>th</sup> to 19<sup>th</sup> February 2010  
Comment/recommendations : Works Completed

**Item 26 - PBHS2/2011/xxxx: Purchasing 8 sets of motorcycles for HEFOs**

Tendering mode : Request for quotation. 3 companies submitted. The selection of ENG HOUTH Selling Motorcycle is due to the highest general score, it is the cheapest offer.  
Date of invitation for tender : 29<sup>th</sup> January 2010  
Start date of the subcontracting contract : 26<sup>th</sup> February 2010  
Name of the subcontractor (or of the company) : ENG HOUTH Selling Motorcycle  
Subject of the contract : Purchasing 8 sets of motorcycles for HEFOs  
Cost of the contract : USD 10,160.00  
Duration of the contract : 26<sup>th</sup> Feb to 05<sup>th</sup> Mar 2010  
Comment/recommendations : Works Completed

**Item 27 - PBHS2/2011/xxxx: Purchasing 9 sets of Desktop Computer and UPSs for HEFOs**

Tendering mode : Request for quotation. 4 companies submitted. The selection of PTC Computer Technologies is due to the highest general score, it is the cheapest offer.  
Date of invitation for tender : 29<sup>th</sup> January 2010  
Start date of the subcontracting contract : 26<sup>th</sup> February 2010  
Name of the subcontractor (or of the company) : PTC Computer Technologies  
Subject of the contract : Purchasing 9 sets of Desktop Computer and UPSs for HEFOs  
Cost of the contract : USD 6,696.00  
Duration of the contract : 26<sup>th</sup> Feb to 05<sup>th</sup> Mar 2010  
Comment/recommendations : Works Completed

**Item 28 - PBHS2/2011/xxxx: Purchasing 5 sets of Printer/Copier Machines for HEFOs**

Tendering mode : Request for quotation. 4 companies submitted. The selection of PTC Computer Technologies is due to the highest general score, it is the cheapest



offer.  
Date of invitation for tender : 29<sup>th</sup> January 2010  
Start date of the subcontracting contract : 26<sup>th</sup> February 2010  
Name of the subcontractor (or of the company) : PTC Computer Technologies  
Subject of the contract : Purchasing 5 sets of Printer/Copier  
Machines for HEFOs  
Cost of the contract : USD 6,250.00  
Duration of the contract : 26<sup>th</sup> Feb to 05<sup>th</sup> Mar 2010  
Comment/recommendations : Works Completed

**Item 29 - PBHS2/2011/xxxx: Purchasing 2 sets of Laser Printer for HEFOs**

Tendering mode : Request for quotation. 5 companies submitted. The selection of Royal Cambodia Co., Ltd. is due to the highest general score, it is the cheapest offer.  
Date of invitation for tender : 29<sup>th</sup> January 2010  
Start date of the subcontracting contract : 26<sup>th</sup> February 2010  
Name of the subcontractor (or of the company) : Royal Cambodia Co., Ltd.  
Subject of the contract : Purchasing 2 sets of Laser Printer for HEFOs  
Cost of the contract : USD 680.00  
Duration of the contract : 26<sup>th</sup> Feb to 05<sup>th</sup> Mar 2010  
Comments/recommendations : Works Completed

**Item 30 - PBHS2/2011/xxxx: Purchasing 5 sets of Camera for HEFOs**

Tendering mode : Request for quotation. 5 companies submitted. The selection of ICE Computer Enhancement is due to the highest general score, it is the cheapest offer.  
Date of invitation for tender : 29<sup>th</sup> January 2010  
Start date of the subcontracting contract : 26<sup>th</sup> February 2010  
Name of the subcontractor (or of the company) : ICE Computer Enhancement  
Subject of the contract : Purchasing 5 sets of Camera for HEFOs  
Cost of the contract : USD 1,300.00  
Duration of the contract : 26<sup>th</sup> Feb to 05<sup>th</sup> Mar 2010  
Comments/recommendations : Works Completed

**Item 31 - PBHS2/2011/xxxx: Purchasing 8 sets of External Harddisk for HEFOs**

Tendering mode : Request for quotation. 3 companies submitted. The selection of ICE Computer Enhancement is due to the

highest general score, it is the cheapest offer.

Date of invitation for tender : 29<sup>th</sup> January 2010  
 Start date of the subcontracting contract : 26<sup>th</sup> February 2010  
 Name of the subcontractor (or of the company) : ICE Computer Enhancement  
 Subject of the contract : Purchasing 8 sets of External Harddisk for HEFOs  
 Cost of the contract : USD 544.00  
 Duration of the contract : 26<sup>th</sup> Feb to 05<sup>th</sup> Mar 2010  
 Comments/recommendations : Works Completed

**Item 32 - PBHS2/2011/xxxx: Purchasing 3 Laptops for new HEF monitors**

Tendering mode : Request for quotation. 2 companies submitted. The selection of PTC Computer Technologies is due to the highest general score, it is the cheapest offer.

Date of invitation for tender : 22<sup>nd</sup> November 2010  
 Start date of the subcontracting contract : 14<sup>th</sup> December 2010  
 Name of the subcontractor (or of the company) : PTC Computer Technologies  
 Subject of the contract : Purchasing 3 Laptops for new HEF monitors  
 Cost of the contract : USD 2,340.00  
 Duration of the contract : 14<sup>h</sup> to 15<sup>th</sup> December 2010  
 Comments/recommendations : Works Completed

**Item 33 - PBHS2/2011/xxxx: Purchasing 4 sets of Canon Camera IXUS 120IS for HEF Monitors**

Tendering mode : Request for quotation. 2 companies submitted. The selection of ICE Computer Enhancement is due to the highest general score, it is the cheapest offer.

Date of invitation for tender : 15<sup>th</sup> February 2011  
 Start date of the subcontracting contract : 10<sup>th</sup> March 2011  
 Name of the subcontractor (or of the company) : ICE Computer Enhancement  
 Subject of the contract : Purchasing 4 sets of Canon Camera IXUS 120IS for HEF Monitors  
 Cost of the contract : USD 952.00  
 Duration of the contract : 10<sup>th</sup> to 12<sup>nd</sup> March 2011  
 Comments/recommendations : Works Completed

## ANNEX 6.A: LIST OF THE EQUIPMENTS ACQUIRED DURING THE FIRST PHASE OF PROJECT (2004-2008)

The table below lists the equipment and vehicles procured by the project in co-management during the first phase of the project (2004-2008). Based on the decision of the Steering Committee meeting of March 2009 all the equipment of the first phase was handed over to three institutions of the MOH, the HSSP2 secretariat, the Otdar Meanchey PHD and the Siem Reap PHD. Part of that equipment continued to be used by the project teams and HEFOs during the consolidation phase although the ownership had already changed to the MOH. Signed handover documents for listing all equipment are available.

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
IT	1	Laptop	07-06-04	\$1,640.00
Furnit	1	Swivel Chair	14-06-04	\$50.00
Furnit	1	Desk, Standard	14-06-04	\$90.00
Furnit	1	Cabinet, Two Sliding Door	14-06-04	\$140.00
Furnit	1	Swivel Chair	14-06-04	\$70.00
Furnit	1	Computer Desk	14-06-04	\$130.00
IT	1	Printer Color	16-06-04	\$225.00
IT	1	Scanner	16-06-04	\$140.00
IT	1	Fast Printer SERVER/100	16-06-04	\$85.00
IT	1	UPS 600VA	16-06-04	\$33.00
IT	1	UPS 600VA	16-06-04	\$33.00
IT	1	UPS 600VA	16-06-04	\$33.00
IT	1	Desktop CPU	16-06-04	\$745.00
IT	1	Desktop Monitor	16-06-04	
IT	1	Desktop CPU	16-06-04	\$745.00
IT	1	Desktop Monitor	16-06-04	
IT	1	Desktop CPU	16-06-04	\$745.00
IT	1	Desktop Monitor	16-06-04	
IT	1	Router D-Link 4ports DI-704P	17-06-04	\$70.00
IT	1	Laptop	18-06-04	\$1,368.00
IT	1	Laptop	18-06-04	\$1,518.00
IT	1	Fax Machine	22-06-04	\$250.00
Equip	1	Water Cooler	22-06-04	\$125.00
Veh	1	Car	22-06-04	EUR20192.84
Veh	1	Car	22-06-04	EUR20192.84
Veh	1	Car	22-06-04	EUR20192.84
Veh	1	Car	22-06-04	EUR20192.84
Veh	1	Motorbike	14-07-04	\$1,110.00
Veh	1	Motorbike	14-07-04	\$1,110.00
IT	1	Photocopier Machine	14-07-04	\$2,680.00
Air	1	Air Conditioner	09-08-04	\$345.00
Furnit	1	Standard Table	09-08-04	\$135.00
Furnit	1	Standard Table	09-08-04	\$135.00
Furnit	1	Cabinet, Filling	09-08-04	\$135.00
Furnit	1	Swivel Chair, Executive	09-08-04	\$65.00
Furnit	1	Swivel Chair	09-08-04	\$50.00
Furnit	1	Folding Chair	09-08-04	\$8.00
Furnit	1	Folding Chair	09-08-04	\$8.00
Furnit	1	Folding Chair	09-08-04	\$8.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Meeting Chair	28-08-04	\$25.00
Furnit	1	Excutive table (Light blue)	28-08-04	\$120.00
Furnit	1	Excutive table (Light blue)	28-08-04	\$120.00
Furnit	1	Table, Standard (Light Blue)	28-08-04	\$80.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Drawer Pedestal	28-08-04	\$35.00
Furnit	1	Table, Standard (Light Blue)	28-08-04	\$80.00
Furnit	1	Table, Standard (Light Blue)	28-08-04	\$80.00
Furnit	1	Table, Standard (Light Blue)	28-08-04	\$80.00
Furnit	1	Table, Standard (Light Blue)	28-08-04	\$80.00
Furnit	1	Drawer Mobile Pedestal	28-08-04	\$50.00
Furnit	1	Drawer Mobile Pedestal	28-08-04	\$50.00
Furnit	1	Drawer Mobile Pedestal	28-08-04	\$50.00
Furnit	1	Drawer Mobile Pedestal	28-08-04	\$50.00
Furnit	1	Cabinet, Low	28-08-04	\$60.00
Furnit	1	Cabinet, High	28-08-04	\$160.00
Furnit	1	Cabinet, High	28-08-04	\$160.00
Furnit	1	Cabinet, High	28-08-04	\$160.00
Furnit	1	Cabinet, High	28-08-04	\$160.00
Furnit	1	Cabinet, High	28-08-04	\$160.00
Furnit	1	Cabinet, High	28-08-04	\$160.00
Furnit	1	Cabinet, High	28-08-04	\$160.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Cabinet, High	28-08-04	\$160.00
Furnit	1	Cabinet, High	28-08-04	\$160.00
Furnit	1	Cabinet, Medium Height	28-08-04	\$125.00
Furnit	1	Cabinet, Medium Height	28-08-04	\$125.00
Furnit	1	Cabinet, Low	28-08-04	\$80.00
Furnit	1	Cabinet, Low	28-08-04	\$80.00
Furnit	1	Cabinet, Surface Panel	28-08-04	\$30.00
Furnit	1	Cabinet, Surface Panel	28-08-04	\$30.00
Furnit	1	Table Side Return	28-08-04	\$55.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Furnit	1	Swivel Chair	28-08-04	\$50.00
Tel	1	Hand Phone	01-09-04	\$195.00
Air	1	Air Conditioner	07-09-04	\$345.00
IT	1	Router 8port	08-09-04	\$70.00
IT	1	UPS 600VA	08-09-04	\$32.00
IT	1	UPS 600VA	08-09-04	\$32.00
IT	1	Printer LaserJet	08-09-04	\$253.00
IT	1	Printer Color	08-09-04	\$237.00
IT	1	Scanner	08-09-04	\$140.00
IT	1	Printer Sever 10/100	08-09-04	\$85.00
IT	1	Desktop CPU	08-09-04	\$780.00
IT	1	Desktop Monitor	08-09-04	
IT	1	Desktop CPU	08-09-04	\$780.00
IT	1	Desktop Monitor	08-09-04	
IT	1	Desktop CPU	08-09-04	\$780.00
IT	1	Desktop Monitor	08-09-04	
Equip	1	Paper Shredder	22-09-04	\$70.00
Veh	1	Motorbike	28-09-04	\$1,150.00
Veh	1	Motorbike	28-09-04	\$1,150.00
Veh	1	Motorbike	28-09-04	\$1,150.00
Tel	1	Telephone, PABX	21-10-04	\$235.00
Tei	1	Telephone, Main	21-10-04	\$65.00
Equip	1	Microcassette-corder	04-11-04	\$42.00
Equip	1	Microcassette-Corder	04-11-04	\$42.00
Furnit	1	Meeting Table	06-11-04	\$600.00
Furnit	1	Table, Standard (Light Blue)	06-11-04	\$80.00
Furnit	1	Table, Standard (Light Blue)	06-11-04	\$80.00
Furnit	1	Table Side Return	06-11-04	\$55.00
IT	1	Laptop	06-12-04	\$1,730.00
Furnit	1	Sofa, Rattan	09-01-05	\$170.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Wooden Table for Photomachine	09-01-05	\$51.00
Furnit	1	Wooden Table	09-01-05	\$40.00
IT	1	Laptop	19-01-05	\$1,270.00
IT	1	Desktop CPU	19-01-05	\$875.00
IT	1	Desktop Monitor	19-01-05	
IT	1	Desktop CPU	19-01-05	\$875.00
IT	1	Desktop Monitor	19-01-05	
IT	1	Desktop CPU	19-01-05	\$875.00
IT	1	Desktop Monitor	19-01-05	
IT	1	UPS 600VA	19-01-05	
IT	1	Printer LaserJet	19-01-05	\$210.00
IT	1	Photocopier Machine	20-01-05	\$1,380.00
Veh	1	Motorbike	20-01-05	\$1,110.00
Equip	1	Safe box	20-01-05	\$200.00
Veh	1	Motorbike	20-01-05	\$1,160.00
Veh	1	Motorbike	20-01-05	\$1,160.00
IT	1	Desktop CPU	24-01-05	\$875.00
IT	1	Desktop Monitor	24-01-05	
Equip	1	Refridgerator	27-01-05	\$122.00
Equip	1	VHS Video	16-02-05	\$85.00
Equip	1	Boiling Kettle	21-03-05	\$25.00
Furnit	1	Computer Table	21-03-05	\$40.00
IT	1	Desktop CPU	24-03-05	\$975.00
IT	1	Desktop Monitor	24-03-05	
IT	1	Printer LaserJet	24-03-05	\$185.00
IT	1	UPS 600VA	24-03-05	\$38.00
IT	1	Desktop CPU	24-03-05	\$975.00
IT	1	Desktop Monitor	24-03-05	
IT	1	Printer LaserJet	24-03-05	\$185.00
IT	1	UPS 600VA	24-03-05	\$38.00
IT	1	Printer LaserJet	24-03-05	\$185.00
Equip	1	Camera, Digital	24-05-05	\$280.00
IT	1	Desktop CPU	31-08-05	\$470.00
IT	1	Desktop Monitor	31-08-05	
IT	1	External DVD+RW	31-08-05	\$145.00
IT	1	LCD Projector	25-11-05	\$1,380.00
IT	1	Desktop CPU	29-11-05	\$1,055.00
IT	1	Desktop Monitor	29-11-05	
IT	1	Laptop	13-12-05	\$1,585.00
Veh	1	Motorbike	05-04-06	\$1,045.00
Veh	1	Motorbike	05-04-06	\$1,045.00
Furnit	1	Desk, Standard	10-06-06	\$90.00
Furnit	1	Desk, Standard	10-06-06	\$90.00
Furnit	1	Desk, Standard	10-06-06	\$90.00
Furnit	1	Desk, Standard	10-06-06	\$90.00
Furnit	1	Desk, Standard	10-06-06	\$90.00
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Metal Chair	10-06-06	\$19.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Metal Chair	10-06-06	\$19.00
Furnit	1	Bench	10-06-06	\$55.00
Furnit	1	Bench	10-06-06	\$55.00
Furnit	1	Bench	10-06-06	\$55.00
Furnit	1	Bench	10-06-06	\$55.00
Furnit	1	Bench	10-06-06	\$55.00
Furnit	1	Cabinet, Filling	10-06-06	\$135.00
Furnit	1	Cabinet, Filling	10-06-06	\$135.00
Furnit	1	Cabinet, Filling	10-06-06	\$135.00
Furnit	1	Cabinet, Filling	10-06-06	\$135.00
Furnit	1	Cabinet, Filling	10-06-06	\$135.00
Equip	1	Safe Box	10-06-06	\$172.00
Equip	1	Safe Box	10-06-06	\$172.00
Equip	1	Safe Box	10-06-06	\$172.00
Equip	1	Safe Box	10-06-06	\$172.00
Furnit	1	Book Shelf	10-06-06	\$85.00
Furnit	1	Book Shelf	10-06-06	\$85.00
Furnit	1	Book Shelf	10-06-06	\$85.00
Furnit	1	Book Shelf	10-06-06	\$85.00
Furnit	1	Cupboard	10-06-06	\$93.00
Furnit	1	Cupboard	10-06-06	\$93.00
Furnit	1	Cupboard	10-06-06	\$93.00
Furnit	1	Cupboard	10-06-06	\$93.00
Equip	1	Standing Fan	10-06-06	\$18.00
Equip	1	Standing Fan	10-06-06	\$18.00
Equip	1	Standing Fan	10-06-06	\$18.00
Equip	1	Standing Fan	10-06-06	\$18.00
Equip	1	Laminator Machine	12-06-06	\$55.00
Equip	1	Laminator Machine	12-06-06	\$55.00
Equip	1	Laminator Machine	12-06-06	\$55.00
Equip	1	Laminator Machine	12-06-06	\$55.00
Equip	1	Laminator Machine	12-06-06	\$55.00
IT	1	Desktop CPU	12-06-06	\$615.00
IT	1	UPS 600VA	12-06-06	\$40.00
IT	1	Desktop CPU	12-06-06	\$615.00
IT	1	Desktop Monitor	12-06-06	
IT	1	UPS 600VA	12-06-06	\$40.00
IT	1	Printer LaserJet	12-06-06	\$160.00
IT	1	Printer LaserJet	12-06-06	\$160.00
Veh	1	Motorbike	12-06-06	\$1,100.00
Veh	1	Motorbike	12-06-06	\$1,100.00
Veh	1	Motorbike	12-06-06	\$1,100.00
Veh	1	Motorbike	12-06-06	\$1,100.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Cabinet, Filling	23-11-06	\$112.00
Furnit	1	Cabinet with Glass, Filling	23-11-06	\$140.00
Furnit	1	Cabinet with Glass, Filling	23-11-06	\$140.00
Furnit	1	Cabinet, Filling	23-11-06	\$112.00
Furnit	1	Cabinet, Filling	23-11-06	\$112.00
Equip	1	Camera, Digital	29-11-06	\$305.00
IT	1	Laptop	04-12-06	\$1,875.00
IT	1	Photocopier Machine	06-12-06	\$1,430.00
Tel	1	Hand Phone	15-01-07	\$287.00
IT	1	External Hard Disk	14-02-07	\$110.00
Equip	1	Camera, Digital	20-07-07	\$289.00
Equip	1	Camera, Digital	20-07-07	\$289.00
Equip	1	Camera, Digital	20-07-07	\$289.00
Veh	1	Motorbike	20-07-07	\$1,200.00
Veh	1	Motorbike	20-07-07	\$1,200.00
Veh	1	Motorbike	20-07-07	\$1,200.00
IT	1	Desktop CPU	30-07-07	\$670.00
IT	1	Desktop Monitor	30-07-07	
IT	1	UPS 600VA	30-07-07	
IT	1	Desktop CPU	30-07-07	\$670.00
IT	1	Desktop Monitor	30-07-07	
IT	1	UPS 600VA	30-07-07	
Furnit	1	Standard Table	22-08-07	\$120.00
Furnit	1	Standard Table	22-08-07	\$120.00
Furnit	1	Swivel chair	22-08-07	\$60.00
IT	1	Printer LaserJet	06-02-08	\$298.00
IT	1	Internal Hard Disk	11-03-08	\$75.00
IT	1	Internal Hard Disk	11-03-08	\$75.00
IT	1	External Hard Disk	28-05-08	\$95.00



## ANNEX 6.B: LIST OF THE EQUIPMENTS ACQUIRED DURING THE PROJECT

The table below lists the equipment purchased by the project in Own-management during the Consolidation Phase (2009-2011). This equipment is presently owned by the project and needs to be handed over. Equipment or vehicles procured by the HSSP2 secretariat under National Execution are not covered in this report.

Cat.	Q.	Description	Purchase date	Purchase value (USD)
IT	1	Laptop Computer	22-01-10	1,340.00
IT	1	Laptop Computer	22-01-10	1,340.00
Fumit	1	Desk for office	12-02-10	137.00
Fumit	1	Desk for office	12-02-10	137.00
Fumit	1	Desk for office	12-02-10	137.00
Fumit	1	Desk for office	12-02-10	137.00
Fumit	1	Desk for office	12-02-10	137.00
Fumit	1	Desk for office	12-02-10	137.00
Fumit	1	Book Shelf	12-02-10	155.00
Fumit	1	Book Shelf	12-02-10	155.00
Fumit	1	Book Shelf	12-02-10	155.00
Fumit	1	Book Shelf	12-02-10	155.00
Fumit	1	Chair for Desk	12-02-10	76.00
Fumit	1	Chair for Desk	12-02-10	76.00
Fumit	1	Cupboard 2 Doors	12-02-10	140.00
Fumit	1	Cupboard 2 Doors	12-02-10	140.00
Fumit	1	Cupboard 2 Doors	12-02-10	140.00
Fumit	1	Cabinet 4 drawers	12-02-10	134.00
Fumit	1	Cabinet 4 drawers	12-02-10	134.00
Fumit	1	Safe Box	12-02-10	280.00
Fumit	1	Safe Box	12-02-10	280.00
Fumit	1	Chair for Desk	12-02-10	76.00
Fumit	1	Chair for Desk	12-02-10	76.00
Veh	1	Motorbike	03-03-10	1,270.00
Veh	1	Motorbike	03-03-10	1,270.00
Veh	1	Motorbike	03-03-10	1,270.00
Veh	1	Motorbike	03-03-10	1,270.00
Veh	1	Motorbike	03-03-10	1,270.00
Veh	1	Motorbike	03-03-10	1,270.00
Veh	1	Motorbike	03-03-10	1,270.00
Veh	1	Motorbike	03-03-10	1,270.00
IT	1	Desktop Computer	26-02-10	680.00
IT	1	Desktop Computer	26-02-10	680.00
IT	1	Desktop Computer	26-02-10	680.00
IT	1	Desktop Computer	26-02-10	680.00
IT	1	Desktop Computer	26-02-10	680.00
IT	1	Desktop Computer	26-02-10	680.00
IT	1	Desktop Computer	26-02-10	680.00
IT	1	Desktop Computer	26-02-10	680.00

<b>Cat.</b>	<b>Q.</b>	<b>Description</b>	<b>Purchase date</b>	<b>Purchase value (USD)</b>
IT	1	Desktop Computer	26-02-10	680.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	UPS 1250VA	26-02-10	64.00
IT	1	Copier / Printer Machine	26-02-10	1,250.00
IT	1	Copier / Printer Machine	26-02-10	1,250.00
IT	1	Copier / Printer Machine	26-02-10	1,250.00
IT	1	Copier / Printer Machine	26-02-10	1,250.00
IT	1	Copier / Printer Machine	26-02-10	1,250.00
IT	1	Laser Printer	03-03-10	340.00
IT	1	Laser Printer	03-03-10	340.00
IT	1	Digital Camera	03-03-10	260.00
IT	1	Digital Camera	03-03-10	260.00
IT	1	Digital Camera	03-03-10	260.00
IT	1	Digital Camera	03-03-10	260.00
IT	1	Digital Camera	03-03-10	260.00
IT	1	External Hard Disk	03-03-10	68.00
IT	1	External Hard Disk	03-03-10	68.00
IT	1	External Hard Disk	03-03-10	68.00
IT	1	External Hard Disk	03-03-10	68.00
IT	1	External Hard Disk	03-03-10	68.00
IT	1	External Hard Disk	03-03-10	68.00
IT	1	External Hard Disk	03-03-10	68.00
IT	1	External Hard Disk	03-03-10	68.00
IT	1	Laptop Computer	14-12-10	780.00
IT	1	Laptop Computer	14-12-10	780.00
IT	1	Laptop Computer	14-12-10	780.00
IT	1	Digital Camera	16-03-11	238.00
IT	1	Digital Camera	16-03-11	238.00
IT	1	Digital Camera	16-03-11	238.00
IT	1	Digital Camera	16-03-11	238.00
Equip	1	Standing Fan	06-03-10	32.00
Equip	1	Standing Fan	06-03-10	32.00
Equip	1	Standing Fan	06-03-10	32.00
Equip	1	Standing Fan	06-03-10	32.00
Equip	1	Standing Fan	06-03-10	32.00

## ANNEX 7: TRAININGS

### First Phase (PBHS; 2004 - 2009)

Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
<b>Scholarship</b>					
Scholarship	Regional Training Center (RTC), Battambang	10	2005 - 5	100	Formal Course for primary midwife
Scholarship	Regional Training Center (RTC), Battambang	12	2006 - 3	100	Formal Course for primary midwife
Scholarship	Regional Training Center (RTC), Battambang	12	2007 - 10	100	Formal Course for primary midwife
Scholarship	Regional Training Center (RTC), Battambang	20	2008 - 2	300	Formal Course for primary midwife
<b>Traineeship</b>					
Traineeship	Siem Reap PHD	16	2005 - 11	5	Drug Management
Traineeship	Phnom Penh	6	2005 - 3	2	BTC Financial Procedure
Traineeship	National Institute of Public Health (NIPH), PNP	6	2005 - 3	300	Hospital Management in Class and Practice
Traineeship	Cambodia Journalist Club	14	2005 - 4	6	Designing and Layout
Traineeship	National Institute of Public Health (NIPH), PNP	4	2005 - 5	210	Management of Health
Traineeship	IIC Phnom Penh	2	2005 - 5	6	Designing and Layout
Traineeship	Siem Reap Referral Hospital	7	2006 - 1	4	Baseline Hospital Quality Assessment
Traineeship	Siem Reap Referral Hospital	29	2006 - 1	5	Hospital Assessment
Traineeship	<i>Belgian</i>	1	2006 - 1	10	Surgical Training
Traineeship	Otdar Meanchey	5	2006 - 1	5	Hospital Assessment
Traineeship	Provincial Health Department of Siem Reap	3	2006 - 11	2	Computerized HIS
Traineeship	National Institute of Public Health (NIPH), PNP	6	2006 - 3	300	Hospital Management in Class and Practice
Traineeship	Phnom Penh	4	2006 - 3	5	Emergency Course
Traineeship	<i>Roubaix, France</i>	1	2007 - 1	15	Surgical Management
Traineeship	Siem Reap Referral Hospital	33	2007 - 11	4	Post-Surgical Care
Traineeship	RACHA, Siem Reap Province	4	2007 - 11	2	Obstetric Live Saving Skills
Traineeship	Siem Reap Referral Hospital	30	2007 - 11	3	Hospital Assessment
Traineeship	Angkor Children Hospital, Siem Reap Province	4	2007 - 4	50	Pediatric Basic Emergency
Traineeship	Cambodia, University of Health and Science	6	2007 - 5	300	Hospital Management in Class and Practice
Traineeship	Siem Reap Referral Hospital	9	2007 - 5	10	Orthopedic Traumatology
Traineeship	Provincial Health Department of Siem Reap	19	2007 - 6	2	Mental Health Support
Traineeship	Angkor Children Hospital,	19	2007 - 7	1	Crisis

Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
	Siem Reap Province				
Traineeship	Angkor Children Hospital, Siem Reap Province	4	2007 - 7	1	Dengue Treatment
Traineeship	Angkor Children Hospital, Siem Reap Province	6	2008 - 1	50	Pediatric Basic Emergency
Traineeship	ACE Training Center, Siem Reap Province	2	2008 - 1	50	English Course
Traineeship	Phnom Penh	???	2008 - 10	5	Social Health Insurance Management
Traineeship	Kampong Cham Province	1	2008 - 4	3	Hospital Health Information System
Traineeship	Kampong Cham Province	32	2008 - 7	5	Ambulance Management
Traineeship	Angkor Children Hospital, Siem Reap Province	4	2008 - 8	1	CPAP Course
Traineeship	Angkor Children Hospital	11	2008 - 8	1	Pediatric physicians and nurses
Traineeship	Kampong Cham Province	30	2008 - 9	5	Ambulance Management
Traineeship	Kampong Cham Province	10	2008 - 9	5	First Aid Management
<b>Workshop</b>					
Workshop	Siem Reap, PHD	9	2005 - 1	1	Baseline Survey
Workshop	Siem Reap	3	2005 - 1	3	PBCI
Workshop	Siem Reap PHD	3	2005 - 11	1	Avian Influenza Threat
Workshop	Siem Reap PHD	20	2005 - 11	1	Avian Influenza Threat
Workshop	Siem Reap PHD	57	2005 - 11	1	Avian Influenza Threat
Workshop	Siem Reap PHD	30	2005 - 11	1	Avian Influenza Threat
Workshop	Siem Reap	68	2005 - 11	3	2006 Annual Operation Plan for PHD/SRP
Workshop	Siem Reap, PHD	14	2005 - 12	1	Baseline Survey
Workshop	Siem Reap	41	2005 - 12	2	PHD & Health Centers Contracting Review
Workshop	Siem Reap	91	2005 - 2	2	2004 Annual Report and Work-plan 2005
Workshop	Siem Reap, PHD	59	2005 - 3	2	Health Education
Workshop	Siem Reap	26	2005 - 4	1	Traffic Data Collection
Workshop	Kratei Province	6	2005 - 6	4	Surgery and Medicine
Workshop	Siem Reap	34	2005 - 9	1	2005 Mid-Year Review
Workshop	Philippines	3	2006 - 10	3	Extension of Social health insurance
Workshop	Lao , PDR	9	2006 - 10	3	District Health System
Workshop	Siem Reap, PHD	52	2006 - 3		2005 Annual Review
Workshop	Siem Reap Referral Hospital	26	2006 - 3	1	Quality Improvement
Workshop	Provincial Health Dept. of Otdar Meanchey	29	2006 - 3	2	2005 Annual Review and 2006 AOP for PHD/OMC
Workshop	Provincial Health Department of Siem Reap	73	2006 - 5	1	Dissemination workshop on Avian Influenza
Workshop	Provincial Health	21	2006 - 6	3	2007 Annual Operation

Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
	Department of Siem Reap				Plan for PHD/SRP
Workshop	Toronto, Canada	1	2006 - 8	5	International HIV/AIDS Conference
Workshop	Provincial Health Department of Siem Reap	25	2006 - 8	2	Mental Health Support
Workshop	Provincial Health Department of Siem Reap	25	2006 - 9	2	Mental Health Support
Workshop	PHD of Siem Reap	71	2006 - 9	1	Information to enhance Knowledge on HIV/AIDS
Workshop	Cambodia, University of Health and Science	2	2007 - 11	1	Orthopedic Surgery coaching
Workshop	Provincial Health Department of Siem Reap	130	2007 - 2	2	2006 Annual Review for PHD/SRP
Workshop	Provincial Health Department of OMC	112	2007 - 2	2	2006 Annual Review for PHD/OMC
Workshop	Manila, Philippines	2	2007 - 4	3	Improving Decentralize Health Services
Workshop	Phnom Penh	1	2007 - 6	3	Yearly National Academic
Workshop	Kampong Cham Provincial Health Department	22	2007 - 8	2	Reviewing of Concept Paper for Consolidation Phase
Workshop	Provincial Health Department of Siem Reap	38	2008 - 10	2	Modification of AOP 2009
Workshop	Provincial Health Department of Siem Reap	37	2008 - 2	2	2007 Annual Evaluation for PHD/SRP
Workshop	Provincial Health Department of OMC	131	2008 - 3	3	Annual Health Congress
Workshop	Provincial Health Department of Siem Reap	45	2008 - 5	2	2009 Annual Operation Plan for PHD/SRP
Workshop	Kampong Cham Province	16	2008 - 7	1	Capacity Development Assessment for PHD & ODs
Workshop	Provincial Health Department of Siem Reap	36	2008 - 7	1	Preliminary Result of Household Survey
Workshop	Phnom Penh	6	2008 - 8	2	SOA/MBPI workshop
Workshop	Kampot Province	14	2008 - 9	2	SOA/MBPI workshop
Workshop	Kampong Cham Province	2	2008 - 9	2	SOA/MBPI workshop

## Consolidation Phase (PBHS-2; 2009 - 2011)

Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
<b>Traineeship</b>					
Traineeship	Siem Reap Province	5	2010 - 11	365	Accounting Skill Training at CUS Siem Reap Province
Traineeship	Siem Reap Province	4	2011 - 10	365	Accounting Skill Training at CUS Siem Reap Province
<b>Workshop</b>					
Workshop	Provincial Health Department of Otdar Meanchey	30	2009 - 11	1	Workshop on Prepare AOP 2010 SOA OD Samrong & PRH OMC
Workshop	KPC PHD	15	2009 - 2	2	Development of SoA business plan
Workshop	KPC PHD	55	2009 - 3	3	Introduction of AoP database
Workshop	Provincial Health Department of Siem Reap	6	2009 - 9	2	Workshop on SOA Planning and Rolling Plan
Workshop	Siem Reap PHD	140	2010 - 1	2	Annual Health Congress Workshop in 2009
Workshop	Siem Reap Provincial Hospital	60	2010 - 10	2	Quarterly Review for Q3 2010 PRH SR
Workshop	OD Angkor Chum	27	2010 - 10	1	Third Quarter Review Meeting
Workshop	OD Angkor Chum	4	2010 - 10	14	Spot Check from OD to HCs
Workshop	Siem Reap PHD	65	2010 - 10	3	Workshop on Quarterly Review in Q3, 2010
Workshop	Siem Reap Operational District	34	2010 - 10	1	Quarterly review Q3 2010
Workshop	Provincial Health Department of Otdar Meanchey	26	2010 - 11	2	Workshop on Review and Finalizing AOP 2011
Workshop	Referral Hospital Anlong Veng	38	2010 - 11	3	Training on HIS
Workshop	Siem Reap Provincial Hospital	52	2010 - 11	3	Refresher course for ICU nurses
Workshop	Siem Reap PHD	38	2010 - 11	3	Workshop on Consolidation of OD AOP and Review SOA Contract 2011
Workshop	Provincial Health Department of Otdar Meanchey	58	2010 - 12	2	Workshop on Review and Finalizing AOP 2011 and Prepare Contract SOA OD Samrong with HCs

Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
Workshop	Siem Reap Operational District	30	2010 - 12	2	Quarterly review Q4 2010
Workshop	Provincial Health Department of Otdar Meanchey	59	2010 - 3	2	Workshop Prepare AOP 2011 and Rolling Plan
Workshop	CKL OD	9	2010 - 3	5	SoA Contract Management and Financial Management
Workshop	KPC PRH	9	2010 - 3	5	SoA Contract Management and Financial Management
Workshop	PC OD	9	2010 - 3	5	SoA Contract Management and Financial Management
Workshop	CP OD	9	2010 - 3	5	SoA Contract Management and Financial Management
Workshop	Siem Reap PHD	56	2010 - 4	2	Workshop on Quarterly Review in Q 1, 2010
Workshop	Siem Reap PHD	63	2010 - 5	3	Workshop on AOP 2011
Workshop	Siem Reap PHD	67	2010 - 7	2	Workshop on Quarterly Review in Q 2, 2010
Workshop	Provincial Health Department of Otdar Meanchey	69	2011 - 10	4	Training on Public Financial Management
Workshop	Hospital Otdar Mean Chey	9	2011 - 10	1	Meeting for Strengthening the Activities at Adult & Pediatric Ware OMC PRH
Workshop	Siem Reap Provincial Hospital	42	2011 - 10	2	Management of Diabetes
Workshop	OD Angkor Chum	32	2011 - 10	1	Workshop on Achievement Quarterly Review for Third Quarter.
Workshop	Siem Reap PHD	57	2011 - 10	2	Workshop on Quarterly Review in Q3, 2011
Workshop	Siem Reap Operational District	85	2011 - 10	7	Q1 follow up meeting Q3 2011
Workshop	Hospital Otdar Mean Chey	17	2011 - 11	1	Follow up MTP Meeting for at OMC PRH
Workshop	Hospital Otdar Mean Chey	10	2011 - 11	1	Meeting for Strengthening the Activities at Surgery Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	9	2011 - 11	1	Meeting for Strengthening the

Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
					Activities at Emergency Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	11	2011 - 11	1	Meeting for Strengthening the Activities at Adult & Pediatric Ware OMC PRH
Workshop	Siem Reap Provincial Hospital	52	2011 - 11	3	Refresher course for ICU nurses
Workshop	KC PHD	45	2011 - 11	2	Quarterly review
Workshop	Siem Reap Province	18	2011 - 12	5	Training on Supervision of Drug Management, Drug Use and MPT
Workshop	Provincial Health Department of Otdar Meanchey	45	2011 - 12	3	Training on Performance Management and Accountability System
Workshop	Siem Reap PHD	33	2011 - 12	1	Workshop on Quality Assessment Feedback of PRH SR
Workshop	Siem Reap PHD	52	2011 - 12	5	Quality Referral Hospital Assessment in 3 ODs (SNK, SR & KLH) of SR PHD
Workshop	Siem Reap Operational District	66	2011 - 12	2	Quarterly review Q4 2011
Workshop	Siem Reap Operational District	85	2011 - 12	11	QI follow up meeting Q4 2011
Workshop	Siem Reap PHD	150	2011 - 2	2	Annual Health Congress Workshop in 2010
Workshop	Provincial Health Department of Otdar Meanchey	132	2011 - 3	2	Review of Annual Performance 2010 and Target 2011
Workshop	Siem Reap Provincial Hospital	35	2011 - 3	3	Training on RI diseases
Workshop	Siem Reap Provincial Hospital	51	2011 - 3	3	Training on improving patient file
Workshop	OD Angkor Chum	29	2011 - 3	2	Quality Assessment of HCs/ RH Meeting
Workshop	Siem Reap Provincial Hospital	50	2011 - 4	2	Quarterly Review for Q1 2011 PRH SR
Workshop	OD Angkor Chum	38	2011 - 4	1	Meeting for Technical/Financial support for implementation to improvement plan of RH and HCs
Workshop	Siem Reap PHD	51	2011 - 4	2	Workshop on AOP 2012



Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
Workshop	KC PHD	45	2011 - 4	2	Quarterly review
Workshop	Siem Reap PHD	50	2011 - 5	2	Workshop on Quarterly Review in Q 1, 2011
Workshop	Siem Reap PHD	32	2011 - 5	3	Training on Financial Management & User Fee for HC in KLH OD
Workshop	Siem Reap Operational District	67	2011 - 5	1	Quarterly review Q1 2011
Workshop	Hospital Otdar Mean Chey	11	2011 - 6	1	Meeting for Strengthening the Activities at Emergency Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	11	2011 - 6	1	Meeting for Strengthening the Activities at Maternity Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	11	2011 - 6	1	Meeting for Strengthening the Activities at Adult & Pediatric Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	11	2011 - 6	1	Meeting for Strengthening the Activities at Surgery Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	23	2011 - 6	1	Workshop on Safety Review Administration Injections at OMC PRH
Workshop	Hospital Otdar Mean Chey	23	2011 - 6	1	Meeting for review on the cases of the Patient death OMC PRH
Workshop	Hospital Otdar Mean Chey	32	2011 - 6	2	Workshop on Development on AOP 2012 and Rolling Plan at OMC PRH
Workshop	Siem Reap Provincial Hospital	29	2011 - 6	3	Management of malaria disease
Workshop	Siem Reap Provincial Hospital	29	2011 - 6	2	Management of wound
Workshop	Siem Reap Provincial Hospital	29	2011 - 6	3	Management of Dengue
Workshop	Siem Reap PHD	31	2011 - 6	3	Training on Financial Management & User Fee for HC in SR OD
Workshop	Siem Reap PHD	31	2011 - 6	3	Training on Financial Management & User Fee for HC in AKC OD
Workshop	Siem Reap Operational	54	2011 - 6	2	Feedback meeting for

Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
	District				QI assessment
Workshop	Siem Reap Operational District	85	2011 - 6	7	QI follow up meeting Q2 2011
Workshop	KC PHD	40	2011 - 6	2	AoP Training for HC and RH staff
Workshop	KC PHD	105	2011 - 6	1	HIS refresher course
Workshop	Provincial Health Department of Otdar Meanchey	42	2011 - 7	2	Workshop on Mid-Year Review of AOP 2011
Workshop	Hospital Otdar Mean Chey	22	2011 - 7	1	Meeting for review on the cases of the Patient death OMC PRH
Workshop	Hospital Otdar Mean Chey	11	2011 - 7	1	Meeting for Strengthening the Activities at Adult & Pediatric Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	10	2011 - 7	1	Meeting for Strengthening the Activities at Maternity Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	11	2011 - 7	1	Meeting for Strengthening the Activities at Emergency Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	11	2011 - 7	1	Meeting for Strengthening the Activities at Surgery Ware OMC PRH
Workshop	Siem Reap Provincial Hospital	42	2011 - 7	3	Management of communicable diseases
Workshop	Siem Reap Provincial Hospital	42	2011 - 7	3	Management of hospital waste
Workshop	Siem Reap PHD	63	2011 - 7	2	Workshop on Quarterly Review in Q2, 2011
Workshop	Siem Reap Operational District	51	2011 - 7	2	Quarterly review Q2 2011
Workshop	KC PHD	50	2011 - 7	2	PMAS training for OD level
Workshop	Siem Reap Provincial Hospital	29	2011 - 8	3	Hospital disaster management
Workshop	Siem Reap Provincial Hospital	29	2011 - 8	2	Management of snake bite
Workshop	Hospital Otdar Mean Chey	22	2011 - 9	1	Meeting for review on the cases of the Patient death OMC PRH
Workshop	Hospital Otdar Mean Chey	21	2011 - 9	2	Workshop on Infection at OMC PRH

Training type	Country, Institution	Number of trained people	Year-Month (start)	Duration (day)	Subject, Contents
Workshop	Hospital Otdar Mean Chey	9	2011 - 9	1	Meeting for Strengthening the Activities at Maternity Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	9	2011 - 9	1	Meeting for Strengthening the Activities at Surgery Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	9	2011 - 9	1	Meeting for Strengthening the Activities at Emergency Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	9	2011 - 9	1	Meeting for Strengthening the Activities at Adult & Pediatric Ware OMC PRH
Workshop	Hospital Otdar Mean Chey	16	2011 - 9	1	MTP Meeting for at OMC PRH
Workshop	Siem Reap PHD	32	2011 - 9	3	Training on PMAS in PRH SR
Workshop	KC PHD	45	2011 - 9	2	Quarterly review

**ANNEX 8: BACKERS INTERVENTIONS**

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

Call for bids intervention in the same project				
Backers	Name of the Intervention	Budget	Main objectives	Comments
N/A				
Call for bids intervention in the same specific objective				
Backers	Name of the Intervention	Budget	Main objectives	Comments
N/A				





