



Ministry of Health

2014 ANNUAL PERFORMANCE MONITORING REPORT, VOLUME 1



April, 2015

Second Health Sector Support Program, 2009-15

MINISTRY OF HEALTH
No. 80, Kim Il Sung Blvd, Toul Kork
Phnom Penh, Kingdom of Cambodia.



in joint
partnership with:



Second Health Sector Support Program, 2009-15

Implementing Units

- Department of Administration
- Department of Budget and Finance
- Department of Communicable Disease Control
- Department of Drugs, Food and Cosmetics
- Central Medical Stores
- Department of Hospital Services
- Department of Human Resources
- Department of Internal Audit
- Department of International Cooperation
- Department of Personnel
- Department of Planning and Health Information
- Department of Preventive Medicine
- National Dengue Control Program (CNM)
- Helminths Control Program (CNM)
- National Maternal and Child Health Center (NMCHC)
- National Nutrition Program
- National Reproductive Health Program (NMCHC)
- National Immunization Program (NMCHC)
- Prevention of Mother to Child Transmission Program (NMCHC)
- ARI-CDD-Cholera Program (NMCHC)
- National Center for Blood Transfusion
- National Center for Health Promotion
- University of Health Sciences
- Technical School for Medical Care
- Regional Training Centers (Battambang, Kampot, Kampong Cham, Stung Treng)
- All Provincial Health Departments
- All Operational District Offices

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ACRONYMS

ADB	Asian Development Bank
AFD	French Cooperation Agency
AFH	Action for Health
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ANC	Antenatal Care
AOP	Annual Operational Plan
AusAID	Australian Agency for International Development
BCC	Behavior Change Communication
BHEF	Bureau for Health Economics and Financing
BHIS	Bureau for Health Information System
BOR	Bed Occupancy Rate
BTC	Belgian Technical Cooperation
BTR	Bed Turnover Rate
CARE	Cooperative for Assistance and Relief Everywhere, Inc
CBHI	Community Based Health Insurance
CDC	Communicable Disease Control Department
CDHS	Cambodia Demographic and Health Survey
CE	Continuing Education
CEC	Continuing Education Coordinators
CENAT	National Anti-Tuberculosis Center
CFR	Case Fatality Rate
CMS	Central Medical Stores
CNM	National Center for Parasitology, Entomology and Malaria Control
CoC	Continuum of Care
CPA	Complementary Package of Activities
CPR	Contraceptive Prevalence Rate

CSES	Cambodia Socio-Economic Survey
CWG	Construction Working Group
CWM	Civil Works Manager
DBF	Department of Budget and Finance
DDF	Department of Drugs and Food
DFID	Department for International Development (UK)
DRF	Drug Revolving Fund
DOTS	Directly Observed Treatment, Short Course
DPHI	Department of Planning and Health Information
DPM	Department of Preventive Medicine
EmONC	Emergency Obstetric and Neonatal Care
EPI	Expanded Program of Immunizations
FTI	Fast Track Initiative
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit, GmbH(German International Cooperation Agency)
HC	Health Center
HCP	Health Coverage Plan
HEF	Health Equity Fund
HIS	Health Information System
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
HP	Health Post
HRD	Human Resources Development Department
HSP1	First Health Sector Strategic Plan, 2003-07
HSP2	Second Health Strategic Plan, 2008-15
HSSP1	First Health Sector Support Project (ADB, DFID, UNFPA, IDA/The World Bank)
HSSP2	Second Health Sector Support Program (AFD, AusAID, BTC, DFID, UNFPA, UNICEF, IDA/The World Bank)
ICB	Institutional Capacity Building

ICBA	Institutional Capacity Building Agency
IDA	International Development Association/The World Bank
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
IPD	Inpatient Department
ISC	Integrated Supervision Checklist
IYCF	Infant and Young Child Feeding
JAPA	Joint Annual Plan Appraisal
JAPR	Joint Annual Performance Review
JICA	Japan International Cooperation Agency
KOICA	Korean International Cooperation Agency
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MEF	Ministry of Economy and Finance
MOEYS	Ministry of Education, Youth and Sports
MOH	Ministry of Health
MOP	Ministry of Planning
MOU	Memorandum of Understanding
MPA	Minimum Package of Activities
MTR	Mid Term Review
MVHL	Most Vulnerable Households' List
NCHADS	National Center for HIV/AIDS, Dermatology, and Sexually Transmitted Infections
NGO	Non Governmental Organization
NHC	National Health Congress
NIPH	National Institute of Public Health
NIS	National Institute of Statistics
NMCHC	National Maternal and Child Health Center
NP	National Program
NPH	National Pediatric Hospital

NNP	National Nutrition Program
OD	Operational District
ODO	Operational District Office
OPD	Outpatient Department
PAP	Priority Action Program
PHD	Provincial Health Department
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
POE	Provincial Office of Education
PRH	Provincial Referral Hospital
PRO-TWGH	Provincial Technical Working Group Health
PSI	Population Services International
QA	Quality Assurance
QI	Quality Improvement
RACHA	Reproductive and Child Health Alliance
RGC	Royal Government of Cambodia
RH	Referral Hospital
RHAC	Reproductive Health Association of Cambodia
RMNCH	Reproductive, Maternal, Newborn and Child Health
RTC	Regional Training Center
SCA	Save the Children Australia
SDMG	Service Delivery Monitoring Group
SOA	Special Operating Agency
SPF	Social Protection Fund
SRC	Swiss Red Cross
STD/STI	Sexually Transmitted Diseases/Infections
SWAp	Sector Wide Approach
SWiM	Sector Wide Management
TA	Technical Assistance
TB	Tuberculosis

TOR	Terms of Reference
TWG-H	Technical Working Group - Health
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
URC	University Research Company
USAID	U.S. Agency for International Development
USD	U.S. Dollars
VCCT	Voluntary Confidential Counseling and Testing
VHIS	Voluntary Health Insurance Scheme
VHV	Village Health Volunteer
WB	The World Bank/International Development Association
WHO	World Health Organization

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CHAPTER 1. INTRODUCTION

This Performance Monitoring Report is the twelfth since the launching of HSSP2 in January, 2009 and covers the entire year 2014. As such, it incorporates reporting from the First Semester, 2014 PMR with relevant updates.

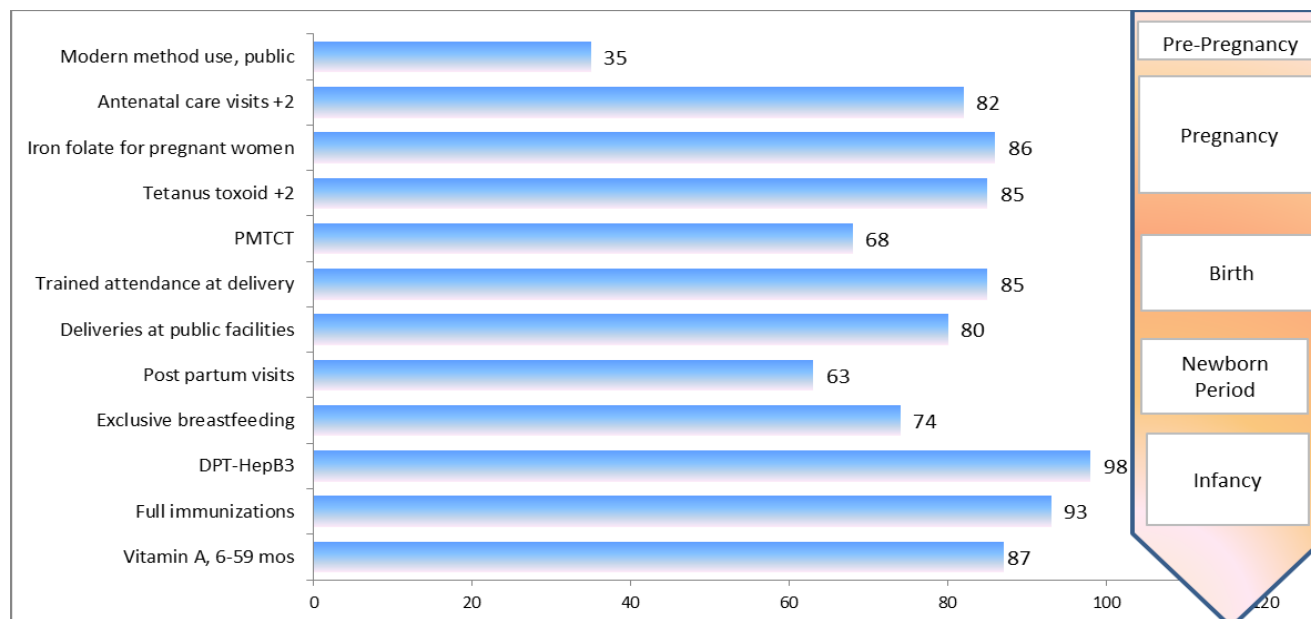
CHAPTER 2. PROGRAM PROGRESS AND KEY ISSUES

2.1 PROGRAM PERFORMANCE INDICATOR DASHBOARD

PROGRAM INDICATORS	BASELINE	CURRENT
	Baseline	Current
Infant mortality rate	66	28
Neonatal mortality rate	28	18
Under 5 mortality rate	83	35
Maternal mortality ratio	472	170
Total fertility rate	3.4	2.7
Stunting	43	32.4%
Wasting	8	10%
Underweight	28	23.9%
Exclusive breastfeeding	66	65%
Body mass index, women, 15-49	20.3	19%
HIV prevalence rate, 15-49	0.9	0.7%
TB prevalence all forms per 100,000	617	590
Malaria case fatality rate	7.3	0.07%
Road traffic accidents head trauma cases treated	NA	35.39%

Source: CDHS 2010, 2014, National Programs/MOH

REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH FAST TRACK INITIATIVE CONTINUUM OF CARE COVERAGE



Source: CDHS 2010, National Programs/MOH

PROGRAM DEVELOPMENT OBJECTIVE INDICATORS, 2003-14

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1 Trained attendance at delivery	22.14	32.97	40.57	35.87	46.00	58.00	63.00	69.00	72.00	75.00	84.00	85.00
2 Deliveries at public health facilities	10.60	16.34	24.14	17.77	25.54	39.00	44.00	52.00	61.00	66.00	80.00	80.00
3 Modern contraceptive method use	18.46	20.03	21.02	22.49	23.64	26.00	22.32	28.25	29.19	30.48	34.25	35.00
4 DPT3-HepB3 vaccinations	73.00	85.00	79.00	80.00	82.00	92.00	95.00	92.00	94.00	97.84	95.00	97.91
5 Pregnant women PMTCT	0.00	0.00	0.00	7.50	11.20	27.00	32.30	56.30	61.10	65.00	67.00	68.00
6 TB cure rate	89.00	90.00	90.00	89.00	87.00	90.00	92.00	92.00	91.00	91.00	91.00	90.00
7 Malaria cases treated per 1,000	10.80	7.50	5.50	7.20	4.20	4.41	5.58	4.31	4.39	2.90	1.70	1.89
8 Vitamin A supplements, 6-59 mos.	39.00	73.50	72.00	78.50	88.00	89.00	98.00	95.00	92.00	98.90	100.50	87.00
9 Pregnant women iron folate	0.00	0.00	0.00	69.00	63.00	80.00	83.00	80.00	89.69	88.24	84.00	86.00
10 Mebendazole, 12-59 mos.						71.00	86.00	92.00	83.00	103.00	103.00	96.00

Source: HMIS, National Programs/MOH



Note: Readers may note that where minor discrepancies exist in figures above, these are due to differing sources of data e.g., CDHS 2010 and 2014 (survey estimates) versus Health Management Information System (routine information). Note that all 2014 figures are from Depts or NPs, not HMIS.



in joint partnership with:



2.2 STATUS OF PROGRAM ACTIVITIES

- Approval to authorize Korea International Cooperation Agency (KOICA) to join membership of the Joint Partnership Arrangement (JPA) was granted vide Program Director's letter dated 12 May, 2014. The signing ceremony was held on 20 August, 2014.
- All Health Equity Fund Operator contracts which were to expire on 30 June, 2014 were extended to 31 December, 2014 in line with the extension of the Program. Extension of the contracts to cover the January-December, 2015 period is in the process of being finalized.
- Replacement of AFH as HEFO in Siem Reap by PFD was completed, and the new HEFO is functioning per schedule.
- There has been significant improvement in the release of payment directly to Health Facilities and HEFOs on time to enable them to conduct their operations smoothly, particularly direct benefit costs which have been transferred to RHs and HCs where bank accounts are available
- In keeping with RGC's goal of expanding HEFs so as to reach full coverage by the end of 2015, the MOH has been actively planning to expand coverage to Health Centers, particularly those located in remote and hard to reach areas. Currently 60 RHs, 600 HCs, and 50 HPs provide health equity fund coverage across the country.
- The MOH submitted the Draft Guidelines for Staff Incentive Payment Scheme for SOAs for JPIG's approval on 7 February, 2014 and received approval from The World Bank on 14 February, 2014. The approved scheme covered the 6 new SOAs retrospectively from 1 January, 2014 and has been extended to cover the existing 30 SOAs from 1 July, 2014.

2.3 KEY IMPLEMENTATION ISSUES

HEALTH MANAGEMENT INFORMATION SYSTEM

Currently, the MOH's HMIS database is in transition from version 1 to version 2. A key new feature in the version 2 database is the incorporation of additional age groups, such as 1-28 days, 29 days to 11 months, etc. that will help the MOH and its health partners to monitor the morbidity and mortality of newborns, and other age groups.

The transition to the new database has been accompanied by a change in the USAID contractors providing technical assistance to DPHI in the design and implementation of the new database. While the previous contractor suspended work on the transition in early 2014 after the award of the new project to another contractor, this new contractor did not receive administrative rights to the new database from the previous contractor until mid-October, 2014.

As of December, 2014 work on version 2 was still continuing and had not been completed. A concomitant issue is that of the training of provincial and OD staff in version 2, including data entry, verification, etc. This process which began in August, 2013 is also continuing for all of the sub-national teams. As a result, the raw data currently in the database in the HC1 and HO2 forms reveal several errors (either undercounts or overcounts) and cannot be relied upon currently for calculation coverage, utilization, etc.

It should be noted that the Program M&E unit has been in continuous dialogue with all stakeholders, including the HMIS Bureau, URC, Partnership for Better Health, Futures Group, etc. with a view to gaining access to verified HMIS data over the last several months.

In view of the above, national level indicators reported in this Annual 2014 Performance Monitoring Report are those that could be collected directly from the national programs. Breakdowns for provincial and OD levels however, are not provided since these are only available in the HMIS, and for the reasons outlined above, are currently not available. Similarly, indicators for the SOAs are reported here based on the quarterly reports provided by the individual PHD Commissioners, and have not been verified against the HMIS data for the reasons stated above. An expected date for release of version 2 of the database is not currently available.

CHAPTER 3. COMPONENT A: STRENGTHENING HEALTH SERVICE DELIVERY

3.1 PROGRAM 1: REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH

3.1.1 NUTRITION

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	% of pregnant women receiving 90 tablets of iron/folate supplementation	45%	43%	90%	86%
2	% of postpartum women receiving 42 tablets of iron/folate supplementation	36%	41%	72%	82%
3	% of children 6-59 months receiving vitamin A 2 doses during the last 6 months (©: CMDG indicator)	45%	R1=78%	89%	R1=78% R2=87%

Source: National Nutrition Program

CONSTRAINTS

- Delay in receiving data due to HMIS database transition, and some provinces have not entered data into HMIS
- AOPs of NNP and PHDs/ODs do not match due to no money to conduct AOP 2014 review workshop (to make master plan)
- IFA tablets out of stock since end of Q2, 2014
- Multiple micronutrients powder and severe acute malnutrition supply not yet supported (procured) by government
- No budget to conduct Annual 2014 Review Workshop

NEXT STEPS

- Strengthen and develop Oversight Board of Sub-Decree #133 on marketing of product for IYCF
- Strengthen and scale up Baby Friendly Hospital Initiative and Baby Friendly Community Initiative interventions
- Strengthen inpatient and outpatient severe acute malnutrition treatment

3.1.2 REPRODUCTIVE HEALTH

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	Contraceptive Prevalence Rate (Modern Methods)	NA	25.48%	37%	35%

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
2	Number of public health facilities providing safe abortion	NA	NA	400	516*
3	Number of public health facilities providing ADSRH services	NA	NA	170	NA**

Note: *: Cumulative number of RHs and HCs

** : No budget in 2014 to support training for this activity (ADSRH)

Source: National Reproductive Health Program

CONSTRAINTS

- Few incentives for service providers
- Transfers of trained service providers at HCs
- New HC staff not yet trained in birth spacing

NEXT STEPS

- Organize Training of Trainers
- Organize meetings and workshops
- Conduct field monitoring visits to PHD, HC and RH level
- Conduct training follow up
- Request for printing IEC materials for NRHP program, and purchasing materials for HCs

3.1.3 MATERNAL AND NEWBORN HEALTH

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	Two antenatal care consultations	NA	42%	88%	90.50%
2	Delivery by health trained provider	NA	37.50%	84%	85%
3	Delivery by trained health provider in health facilities	NA	36%	83%	80%
4	Delivery by C-section (public facilities only)	NA	1.7%	3.50%	4.29%

Source: National Reproductive Health Program

CONSTRAINTS

- Few incentives for service providers
- Transfer of trained service providers at HC level

NEXT STEPS

- Continue to provide ToT training to PHD MCH staff
- Continue to provide training support to HC staff
- Continue to support monitoring and supervision to PHD and OD levels

3.1.4 EXPANDING EMONC SERVICES

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	Number of Referral Hospitals and Health Centers functioning as B-EmONC	NA	96	128	110
2	Number of Referral Hospitals functioning as C-EmONC	NA	36	43	37

Source: National Reproductive Health Program

CONSTRAINTS

- Number of staff trained in B-EmONC and C-EmONC is limited
- Per diems for EmONC trainees is very low

NEXT STEPS

- Continue to organize training on B-EmONC
- Continue to organize training on C-EmONC
- Continue to organize meetings and workshops

3.1.5 CHILD HEALTH AND NUTRITION

GOALS OF NIP

- Sustaining polio-free status
- Measles elimination by 2012
- Hepatitis B accelerated control <1% by 2017
- Maternal and neonatal tetanus elimination (global goal)
- Achieving national goals needs equity in access to immunization and focus on High Risk Villages
- Strengthening High Risk Communities Strategy (Updated HRC, Micro Planning at HC level and analysis of immunization coverage by villages)
- Every village, urban community, all missed/marginalized groups must have regular access to immunization.

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	BCG	49.0%	51.0%	98.0%	103.41%
2	HepB <24h	35.0%	41.0%	70.0%	87.06%
3	OPV3	48.5%	48%	97.0%	98.71%
4	DPT-HepB-Hib3	48.5%	48%	97%	98%
5	Measles	47.5%	44%	95%	94%

Source: National Immunization Program

CONSTRAINTS

- Co-financing with GAVI for other new vaccines
- Program still dependent on external funding
- Improvement of effective vaccine management to ensure smooth introduction of new vaccines in the future
- Some provinces with poor reports of vaccine preventable diseases
- Inconsistency of denominators
- Mobile populations and minorities are hard to reach

NEXT STEPS

- New strategies for micro-planning at HC level for High risk communities
- 5 simple steps for HC micro plans in High Risk Communities

3.2 PROGRAM 2: COMMUNICABLE DISEASES PREVENTION AND CONTROL

3.2.1 DENGUE CONTROL PROGRAM

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	Dengue Incidence Rate (per 100,000 population)	319	312.4	319	312.4
2	Dengue Case Fatality Rate (%)	<0.6	0.8	<0.6	0.8

Source: National Dengue Control Program

CONSTRAINTS

- Inadequacy of funds for sustaining routine activities
- Lack of office supplies and equipment
- Medical and clinical management skills are limited
- Inadequacy of laboratory test supplies, tools and equipment
- Lack of motivation for dengue data collection
- Application of IVM as rapid response activities in some localities of some dengue outbreak provinces not properly done and delayed.
- Lack of local authority involvement in some localities

NEXT STEPS

- Program needs to mobilize more enough resources to sustain dengue prevention and control activities
- Office supplies and equipment required in areas with high dengue incidence
- Strengthen medical and clinical management skills
- Reagents for lab and Rapid diagnosis tests (RDT tests) should be available and sufficient enough for supporting investigation activities during dengue epidemic,
- High coverage of health education through mass media and IEC materials should be improved and maintained in the areas with high dengue incidence
- New modality of budget allocation for implementing IVM strategy on time should be considered

3.2.2 HELMINTHS CONTROL PROGRAM (COMMUNITY AND SCHOOL BASED ACTIVITIES)

NO	INDICATOR	SEMESTER 1		ANNUAL		COMMENT
		TARGET	ACHIEVED	TARGET	ACHIEVED	
1	The prevalence of Soil-Transmitted Helminths (STH)	25%	NA	25%	NA	No budget
2	% of school age children 6 to 14 years old received deworming tablets	2,628,381 (100%)	2,498,997 (95.07%) Round 1	2,628,381 (100%)	2,498,997 (95.07%) Round 1	No budget for Q3 and Q4
3	% of children aged 12-59 months received deworming tablets	1,386,453 (100%)	1,321,288 (95,30%) Round 1	1,386,453 (100%)	1,321,288 (95,30%) Round 1	No budget for Q3 and Q4
4	% of women of child bearing age 15 to 49 years old receive deworming tablets	3571430 (100%)	1,147,857 32.14%	3571430 (100%)	1,147,857 32.14%	No budget for Q3 and Q4
5	Prevalence of <i>S. mekongi</i> in endemic areas	<1%	NA	<1%	NA	No budget
6	% of eligible population received Mass drug administration in schistosomiasis endemic areas	97,770 (100%)	85,275 (87.22%)	97,770 (100%)	85,275 (87.22%)	

Source: Helminths Control Program

CONSTRAINTS

- Mountainous areas and hard to access during the rainy season
- Difficult to reach some villages in the remote areas
- Late budget for monitoring distribution of mebendazole for children 1-5 years and primary school
- No budget for meeting with school teachers for distribution of mebendazole in primary school
- No budget to monitor prevalence of soil-transmitted helminths (STHs)
- No budget for meeting with PHDs, ODs and HCs for distribution of mebendazole for women of reproductive age

NEXT STEPS

- Monitoring/surveillance of prevalence of *S. Mekongi* at sentinel and selected villages in Kratie and Stung Treng provinces
- Continue mass-treatment in schistosomiasis endemic villages in the provinces of Kratie and Stung Treng
- Investigation on opisthorchiasis in the settings where the habit of eating raw/undercooked fish exists
- Mapping strongyloidiasis in 25 provinces
- Improve health education skills at community level including primary school teachers, commune leaders and local authorities by using IEC materials
- Monitor prevalence of Soil-Transmitted Helminth (STH)
- Extend regular Mass Drug Administration of Mebendazole two times per year for target groups (pre-school children; school age children; women of child bearing age) in all the provinces
- Training of teachers and HCs staff on control of STH at community
- Supervise deworming program at schools, outreach activity and campaign, Mebendazole information into HMIS.
- Strengthen collaboration with partners and inter-sectorial collaboration
- Capacity building for local helminths key person

3.3 PROGRAM 3: NON COMMUNICABLE DISEASES

3.3.1 PRIMARY PREVENTION ACTIVITIES

3.3.1.1 DIABETES

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	# of adult diabetes cases receiving treatment per 1,000 patients (OPD) in public health facilities (age \geq 15 years)	NA	1.7 per 1,000 pop. (17,474 cases)	NA	1.81 per 1,000 pop. (18,567 cases)

Source: Dept of Preventive Medicine

CONSTRAINTS

- Drugs and supplies are not adequate and not received in time
- Lack of staff with Lifestyle Skills training
- Lack of awareness in communities
- Database software for Diabetes not yet installed for 12 new Diabetes clinics
- Awareness on database software management is limited

NEXT STEPS

- Lifestyle Skills training courses to be conducted for health staff
- Arrange to provide adequate drugs and supplies on time
- Promote awareness of NCD risk factors by HC staff in communities
- Database software to be installed for new diabetes clinics
- Diabetes clinic staff to be trained in database software management

3.3.1.2 HIGH BLOOD PRESSURE

NO	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	# of adult high blood pressure cases (OPD) receiving treatment per 1,000 population in public health facilities (age \geq 15 Years)	NA	Primary Hypertension 5.20 per 1,000 pop.	NA	Primary Hypertension 11.01 per 1,000 pop.
			Secondary Hypertension 1.69 per 1,000 pop.		Secondary Hypertension 3.90 per 1,000 pop.

Source: Dept of Preventive Medicine

CONSTRAINTS

- Database software not yet installed in 23 clinics in PRHs and RHs
- Skills in database software management are limited
- Drugs and supplies are not adequate and not received in time
- Lack of staff with Lifestyle Skills training
- Lack of awareness in communities

NEXT STEPS

- Installation of database software
- Conduct training of HC staff in HBP treatment, including data collection
- Arrange to provide adequate drugs and supplies on time
- Lifestyle Skills training courses to be conducted
- Promote awareness of NCD risk factors by HC staff in communities.

3.3.1.3 CERVICAL CANCER

RESULTS OF THE PILOT ON CERVICAL CANCER SCREENING AND TREATMENT IN SOA OD PREY CHHOR

No	INDICATORS	SEMESTER 1		ANNUAL		COMMENTS	
		TARGET	ACHIEVED	TARGET	ACHIEVED		
1	Number Screened (30-49 years)	13,630	2,520	13,630	6,797	Women screened were 50% of total target women	
2	Number of Positive and Invasive Cases	Positive	2,520	88	6,797	135	VIA + cases from HCs were referred to RH
		Invasive (>49 years)	63	5	131	5	Transferred to National Hospital for treatment
3	Number of Cases Treated	Positive	88	0*	24	11**	VIA + cases that reached RH were only 83. At RH, second screening showed only 24 VIA + cases
		Invasive (>49 years)	63	5	131	5	5 women were transferred to National Hospital for treatment
4	Follow-up After Treatment	0	0	11	2	One week after treatment, only 2 women came to RH for follow up treatment.	

Note: * Cryotherapy machine did not arrive on time

** Cryotherapy treatment applied only to 11 women, because doctor busy with other activities

Source: Dept of Preventive Medicine

No	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	Number of supervision visits for follow up of self-breast examination at RHs and HCs	10	10	20	10
2	Number of visits to strengthen cervical cancer screening at pilot districts	8	7	15	11

Source: Dept of Preventive Medicine

CONSTRAINTS

- Low capacity of human resources (only one doctor can practice on cryotherapy machine)
- Target women work in factories from morning till night, and Saturday and Sunday as well
- Heavy seasonal out-migration among target women
- Some VHSGs did not collect the actual number of target group in villages
- Resistance from women for screening since they say they are not ill and would prefer only foreign physicians

NEXT STEPS

- Refresher training for staff
- SOA OD should provide screening invitation letter to women for coming to HC
- Cryotherapy treatment should be handed over to trained midwives when doctor is busy

3.4 HEALTH PROMOTION

No.	INDICATOR	SEMESTER 1		ANNUAL	
		TARGET	ACHIEVED	TARGET	ACHIEVED
1	Number of monitoring and supervision visits on BCC/IPC in RH	7	6	13	6
2	Number of monitoring visits on tobacco and health activities	7	6	13	6
3	Number of awareness on tobacco and smoke free work place declaration workshops	8	6	14	6
4	Number of monitoring visits on BCC/IPC on HP	10	10	16	10
5	Number of monitoring visits on C-IMCI implementation in 24 provinces	6	6	12	6

Source: National Center for Health Promotion

CONSTRAINTS

- Procurement of TV spots for BCC activities was not on time, so could not disseminate them
- Smaller budget to implement BCC activities due to Program budget cuts in AOP 2014
- PUPUs of 24 provinces did not contain enough budget to implement some activities
- Difficult to travel from PHD to OD, HC and villages to conduct monitoring visits, and always delayed

NEXT STEPS

- Prepare plan and budget for airing/distribution of TV spots for BCC under national budget
- PUPUs of 24 province should prepare budget for all activities from national budget
- In 2015 the travel cost for conducting monitoring in provinces includes 20, 000 Riel for continued travel from PHDs to ODs and HCs

3.5 HEALTH INFRASTRUCTURE DEVELOPMENT

SUMMARY TO DATE (JANUARY, 2010 TO DECEMBER, 2014)

FUNDING	HANDED OVER TO END USER							UNDER CONSTRUCTION					UNDER PROCUREMENT		
	RH *	HC	HP	ADR	OD STORE	RTC	NATIONAL LAB.	RENOVATED NCD CLINIC	RH *	ADR	LINEAR ACCELERATOR	NATIONAL LAB. (CLEAN ROOM)	CEMONC SOLAR LIGHTING	CEMONC WATER WITH PUMP	CEMONC IMPROVED SANITATION
POOLED FUND	2	121	5	26	1	2	1	12	15	53	1	1	103	214	270
AFD	2	4	-	10	-	-	-	-	-	-	-	-	-	-	-
BTC	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	6	125	5	36	1	2	1	12	15	53	1	1	103	214	270

Note: * - Tbeng Meanchey Referral Hospital most buildings constructed, the other RH only partial building constructed

3.5.1 INFRASTRUCTURE DEVELOPMENT BY SOURCE OF FUND

FUNDING	HANDED OVER TO END USER				UNDER CONSTRUCTION				UNDER PROCUREMENT		
	RH	HC	RENOVATION NCD CLINIC	ADR	RH	ADR	LINEAR ACCELERATOR	NATIONAL LAB. (CLEAN ROOM)	CEMONC SOLAR LIGHTING	CEMONC WATER WITH PUMP	CEMONC IMPROVED SANITATION
POOLED FUND	-	10	12	-	15	53	1	1	103	214	270
AFD	1	-	-	-	-	-	-	-	-	-	-
BTC	-	-	-	-	-	-	-	-	-	-	-
TOTAL	1	10	12	-	15	53	1	1	103	214	270

3.5.2 INFRASTRUCTURE DEVELOPMENT BY TYPE OF FACILITY

FACILITY TYPE	HANDED OVER TO END USER	UNDER CONSTRUCTION	UNDER PROCUREMENT	PLANNING STAGE
RH	1	15	-	-
HC	10	-	-	-
LINEAR ACCELERATOR	-	1*	-	-
NATIONAL LAB. (CLEAN ROOM)	-	1**	-	-
RENOVATION NCD CLINIC	12***	-	-	-
ADR	-	53	-	-
CEMONC (SOLAR PANEL FOR LIGHTING)	-	103	-	-
CEMONC (WATER SUPPLY WITH PUMP)	-	-	214	-
CEMONC (IMPROVED SANITATION)	-	-	270	-
TOTAL	23	173	484	-

Note:

- * - Linear Accelerator for Khmer-Soviet Hospital
- ** - Upgrade Clean Room at National Laboratory in Phnom Penh
- *** - Renovation of Diabetes room in 12 NCD clinics

3.5.3 INFRASTRUCTURE DEVELOPMENT BY PROVINCE

PROVINCE	HANDED OVER TO END USER				UNDER CONSTRUCTION				UNDER PROCUREMENT		
	RH	HC	RENOVATED NCD CLINIC	ADR	RH	ADR	LINEAR ACCELERATOR	NATIONAL LAB. (CLEAN ROOM)	CEMONC SOLAR LIGHTING	CEMONC WATER WITH PUMP	CEMONC IMPROVED SANITATION
BANTEAY MEANCHEY	-	-	1	-	-	-	-	-	6	19	21
BATTAMBANG	-	1	-	-	2	-	-	-	3	14	20
KAMPOT	-	-	-	-	2	1	-	-	5	12	13
KANDAL	-	2	-	-	-	4	-	-	3	7	14
KEP	-	-	-	-	-	1	-	-	-	2	2
KG CHAM	-	5	2	-	1	6	-	-	13	15	24
KG CHHNANG	-	-	-	-	1	-	-	-	11	10	14

PROVINCE	HANDED OVER TO END USER				UNDER CONSTRUCTION				UNDER PROCUREMENT			
	RH	HC	RENOVATED NCD CLINIC	ADR	RH	ADR	LINEAR ACCELERATOR	NATIONAL LAB. (CLEAN ROOM)	CEMONC SOLAR LIGHTING	CEMONC WATER WITH PUMP	CEMONC IMPROVED SANITATION	
KG SPEU	-	-	-	-	1	5	-	-	4	12	17	
KG THOM	-	-	-	-	1	3	-	-	6	13	12	
KOH KONG	-	1	-	-	-	-	-	-	-	-	-	
KRATIE	-	-	-	-	1	1	-	-	4	4	7	
MONDULKIRI	-	-	-	-	-	2	-	-	3	1	3	
PHNOM PENH	-	-	-	-	-	4	1	1	-	-	-	
PREAH VIHEAR	-	-	1	-	-	-	-	-	1	9	9	
PREY VENG	-	-	1	-	3	4	-	-	19	22	27	
PURSAT	-	-	-	-	1	-	-	-	-	4	8	
RATANAKIRI	-	-	-	-	1	1	-	-	3	4	4	
SIEM REAP	-	-	1	-	-	-	-	-	6	12	16	
SIHANOUK	-	-	-	-	-	2	-	-	-	-	-	
STUNG TRENG	-	-	-	-	-	-	-	-	-	1	1	
SVAY RIENG	-	1	-	-	-	6	-	-	5	15	15	
TAKEO	1	-	5	-	-	10	-	-	-	21	23	
TBONG KHMUM	-	-	-	-	-	3	-	-	6	14	16	
OTDAR MEANCHEY	-	-	1	-	1	-	-	-	5	3	4	
TOTAL	1	10	12	-	15	53	1	1	103	214	270	

3.5.4 BUDGET AND EXPENDITURES FOR INFRASTRUCTURE DEVELOPMENT, 2014

TYPE OF FACILITY	CONTRACT/BUDGET IN USD	EXPENDITURES IN USD	STATUS
RH – SURGICAL BUILDING	374,566.88 USD	386,286.88 USD	HANDED OVER (AFD BUDGET)

HC – 10 HEALTH CENTERS AT 5 PROVINCES	575,701.92 USD	572,076.92 USD	HANDED OVER
RENOVATION NCD CLINIC	40,791.70 USD	40,791.70 USD	HANDED OVER
RH – 15 ADDITIONAL MATERNITY BUILDINGS	2,601,598.20 USD	-	UNDER CONSTRUCTION
LINEAR ACCELERATOR AT KHMER-SOVIET RH	1,496,000.00 USD	-	UNDER CONSTRUCTION
NATIONAL LAB. (UPGRADE CLEAN ROOM)	1,698,359.15 USD	-	UNDER CONSTRUCTION
ADRS	1,245,710.60 USD	-	UNDER CONSTRUCTION
CEMONC (SOLAR PANEL FOR LIGHTING)	170,156.00 USD	-	UNDER CONSTRUCTION
CEMONC (WATER SUPPLY WITH PUMP)	1,000,000.00 USD*	-	UNDER PROCUREMENT
CEMONC (IMPROVED SANITATION)	1,000,000.00 USD*	-	UNDER PROCUREMENT

Note: * - Approximate Budget allocation

CONSTRAINTS

Some delays occurred due to:

- Delay at commencement (contractor management)
- Work stoppages due to poor quality work and material shortages (contractor management)
- Bad access to roads during rainy season
- Lack of labor force due to migration to neighboring countries
- Design modifications: additional and/or extra works.

NEXT STEPS

The following activities are planned for the next six months (1 January to 30 June, 2015):

- Hold monthly meeting with consultants, the contractors
- Follow up and hand over construction works for additional building at 15 RHs
- Follow up and hand over construction works for 53 Additional Delivery Rooms
- Follow up construction works for Linear Accelerator at Khmer-Soviet RH and National Laboratory (upgrade clean room)
- Liability defects notice and corrections for 10 new Health Center buildings (1 year after completion)
- Site possession and follow up of construction of 280 HCs (solar panel for lighting, water supply with pump, and sanitation improvement)

3.6 SOA PERFORMANCE

3.6.1 SOA PERFORMANCE

Please see annex D for detailed information on SOA performance.

3.6.2 PERFORMANCE BONUS AWARDS

Indicative Scoring for 36 SOAs for 2014

Province	SOA	Score	No. of valid indicators	Distribution of individual Scores	Average Score	Grade
Banteay Meanchey	Poipet	69	24	A: 22 ; B:0; C:0	2.88	B
	Preah Net Preah	47	21	A: 17 ; B:1; C:3	2.24	B
Battambang	Battambang PRH	28	17	A: 9 ; B:0; C:1	1.65	C
Pursat	Bakan	60	21	A: 20 ; B:0; C:0	2.86	B
Stung Treng	Stung Treng PRH	48	17	A: 16 ; B:0; C:0	2.82	B
	Stung Treng	38	18	A: 12 ; B:1; C:0	2.11	B
Kampong Cham	Kampong Cham PRH	35	16	A: 11 ; B:1; C:0	2.19	B
	Chamkar Leu-Stueng Trang	56	23	A:17 ; B:2; C:1	2.43	B
	Choeung Prey-Batheay	36	23	A:12 ; B:0; C:0	1.57	C
	Memut	66	24	A:22 ; B:0; C:0	2.75	B
	Ponhea Krek-Dambae	51	21	A:15 ; B:3; C:0	2.43	B
Koh Kong	Prey Chhor-Kang Meas	30	21	A:10 ; B:0; C:0	1.43	C
	Koh Kong PRH	36	17	A:11 ; B:1; C:1	2.12	B
	Smach Meanchey	36	18	A: 11; B:1; C:1	2.00	B
	Sre Ambel	53	24	A: 17; B:1; C:0	2.21	B
	Mondulkiri	Mondulkiri PRH	38	15	A:13 ; B:1; C:0	2.53
Otdar Meanchey	Sen Monorom	34	18	A:11; B:0; C:1	1.89	C
	Oddar Meanchey PRH	39	17	A:13; B:0; C:0	2.29	B
Preah Vihear	Samraong	45	21	A:15 ; B:0; C:0	2.14	B
	Preah Vihear PRH	43	17	A:13 ; B:2; C:0	2.53	B
Prey Veng	Tbeng Meanchey	43	21	A:13 ; B:2; C:0	2.05	B
	Pearaing	63	24	A:21 ; B:0; C:0	2.63	B

	Preah Sdach	57	20	A:19 ; B:0; C:0	2.85	B
Ratanakiri	Ratanakiri PRH	28	14	A:8; B:2; C:0	2.00	B
	Banlong	39	20	A:13 ; B:0; C:0	1.95	C
Siem Reap	Siem Reap PRH	33	15	A:11 ; B:0; C:0	2.20	B
	Kralanh	61	24	A:19 ; B:1; C:2	2.54	B
	Siem Reap	43	19	A:12 ; B:2; C:3	2.26	B
	Sot Nikum	47	25	A:15 ; B:0; C:2	1.88	C
	Angkor Chhum	46	21	A:12 ; B:4; C:2	2.19	B
Takeo	Takeo PRH	26	16	A:8; B:0; C:2	1.63	C
	Ang Roka	35	23	A:11 ; B:1; C:0	1.52	C
	Bati	40	22	A:12 ; B:1; C:2	1.82	C
	Daun Keo	46	19	A:12 ; B:5; C:0	2.42	B
	Kirivong	51	24	A:16 ; B:1; C:1	2.13	B
	Prey Kabass	35	23	A:11 ; B:1; C:0	1.52	C

Summary

Grade Category	Number	Percent
A	0	0%
B	26	72%
C	10	28%
None	0	0%
Total	36	100%

SOA BONUS PAYMENTS SYSTEM FOR 2014

A. SOA BONUS PAYMENTS: INDICATIVE SCORING FOR INDIVIDUAL INDICATORS AND OVERALL GRADING

Percent of Target Achieved	Individual Score	Average Score	Grade	Bonus Payment
100 or more	3	3	A	15% Staff + 5% SI/QI
95-99	2	2.0-2.9	B	10% Staff + 10% SI/QI
90-94	1	1.0-1.9	C	5% Staff + 15% SI/QI
<90	0	0	No grade	None

Note: SI = Service improvements; QI = Quality of care improvements

B. RULES APPLIED FOR CALCULATION OF 2014 BONUS PAYMENTS

1. For all Indicators except Drugs Stock out Rate and Average Length of Stay, if 2014 achievement was below Baseline, score awarded was 0; for Drugs Stock out Rate; Average Length of Stay, and Patient on ART who lost to follow-up by quarter the opposite held true.
2. Baseline figures were taken from the Contracts; where Indicator or Baseline figure was not available, the HMIS and National Program figure was used.
3. Where Baseline figures were listed as being above 100% e.g., 110% or 120% as was the case for some of the immunization results, the actual Baseline figure used for calculation of scores was 100%.
4. Five Indicators have been excluded from calculations per Minutes from earlier meetings with JPIG: Expenditure Rates (PBB and SDG), Malaria Case Fatality Rate, Dengue Case Fatality Rate, BOR and client satisfaction rate
5. Where a specific service is not provided e.g., C-sections, the relevant Indicator also has been excluded.
6. Per agreement with JPIG, scores for annual quality of care and organizational management capacity assessment have been weighted by a factor of 2 in the calculations. Scores will be excluded for SOAs which did not have assessment in 2014.

3.6.3 QUARTERLY SOA REVIEW REPORTS

The Revised SDG Operational Manual states that quarterly review reports from the SOAs and PHD Commissioners are required to be submitted within 15 days of the end of the quarter. However, in recent quarters there have been significant delays in submittal, as well as receipt of incomplete reports. These issues were taken up through presentations and discussions at the SOA Annual Review workshop on 11 April and subsequently again during the SDMG Quarterly Review workshop on 30-31 July, 2014. It is noticed that there has been significant improvement in the timely submittal and completeness of the 3rd and 4th quarter review reports by the SOAs. However, delays on the part of some PHD Commissioners continued to be observed.

3.6.4 SPECIFIC ISSUES REGARDING SOAs

MANAGEMENT

- Still limited knowledge and skills at HCs and RHs regarding use of the web-based AOP database
- Web data base version 2.0 data entry complicated
- Need for additional IMCI skills training
- Lack of skilled staff, such as doctors, midwives, etc.
- Inadequate supply of drugs and consumables from CMS
- SDG and PBB budgets received late
- Some HF staff in a few SOAs still do not know how to apply PMAS

- No clear guidance on expenditure of 35% of SDG
- Lack of infection control system in some hospitals
- Some indicators have targets set too high

SERVICE PROVISION

- IMCI still not fully applied across all HCs
- Irregular outreach service to difficult/remote villages
- Difficulty in reaching target groups due to heavy out-migration
- Lack of qualified staff to provide services in HFs
- Poor health staff behavior toward clients

3.6.5 TRACKING OF PBB BUDGET FOR SOAs

QUARTER 1, 2014

No	SOA	Requested (in Riel)	Date requested by SOA to PHD (Signing date of the request)	Accounting & Administration Office (AAO) - PHD			Provincial Treasury (PT)	PHD / AAO	Actual received date at SOA account	Total of days taken between request and receipt	Actual Amount Received (at SOA account)	Difference between amount requested and received
				Date of PHD received SOA request.	Date of approval from PHD director	Date sent the request to Provincial Treasury	Cheque received date from PT (for PHD)	Date of fund transfer from PHD to SOA				
	Kg. Cham	941,500,000									941,498,740	1,260
1	Kg Cham PRH	384,000,000	16-Jan-14	16-Jan-14	20-Jan-14	20-Jan-14	25-Feb-14	26-Feb-14	26-Feb-14	41	383,998,740	1,260
2	Chamkar Leu - Stueng Trang	87,500,000	14-Jan-14	15-Jan-14	20-Jan-14	20-Jan-14	25-Feb-14	26-Feb-14	26-Feb-14	43	87,500,000	0
3	Choeung Prey - Batheay	110,000,000	15-Jan-14	16-Jan-14	20-Jan-14	20-Jan-14	25-Feb-14	26-Feb-14	26-Feb-14	42	110,000,000	0
4	Memut	137,500,000	14-Jan-14	15-Jan-14	20-Jan-14	20-Jan-14	25-Feb-14	26-Feb-14	26-Feb-14	43	137,500,000	0
5	Ponhea Krek - Dambae	142,500,000	15-Jan-14	16-Jan-14	20-Jan-14	20-Jan-14	25-Feb-14	26-Feb-14	26-Feb-14	42	142,500,000	0
6	Prey Chhor - Kang Meas	80,000,000	14-Jan-14	15-Jan-14	20-Jan-14	20-Jan-14	25-Feb-14	26-Feb-14	26-Feb-14	43	80,000,000	0
	Koh Kong	412,500,000									412,500,000	0
7	Koh Kong PRH	95,000,000	22-Jan-14	22-Jan-14	22-Jan-14	24-Jan-14	24-Jan-14	28-Jan-14	28-Jan-14	6	95,000,000	0
8	Smach Mean Chey	130,000,000	15-Jan-14	17-Jan-14	21-Jan-14	24-Jan-14	24-Jan-14	28-Jan-14	28-Jan-14	13	130,000,000	0
9	Srae Ambel	187,500,000	17-Jan-14	20-Jan-14	21-Jan-14	24-Jan-14	24-Jan-14	24-Jan-14	24-Jan-14	7	187,500,000	0
	Mondulkiri	167,500,000									167,500,000	0
10	Mondulkiri PRH	51,250,000	4-Feb-14	5-Feb-14	5-Feb-14	5-Feb-14	11-Mar-14	11-Mar-14	11-Mar-14	35	51,250,000	0

11	Senmonorum	116,250,000	4-Feb-14	5-Feb-14	5-Feb-14	5-Feb-14	11-Mar-14	11-Mar-14	11-Mar-14	35	116,250,000	0
	Oddar Meanchey	275,000,000									275,000,000	0
12	Oddor Meanchey PRH	77,000,000	20-Jan-14	20-Jan-14	21-Jan-14	21-Jan-14	21-Jan-14	22-Jan-14	22-Jan-14	2	77,000,000	0
13	Samrong	198,000,000	20-Jan-14	20-Jan-14	21-Jan-14	21-Jan-14	21-Jan-14	22-Jan-14	22-Jan-14	2	198,000,000	0
	Preah Vihear	250,000,000									250,000,000	0
14	Preah Vihear PRH	70,000,000	20-Jan-14	17-Feb-14	17-Feb-14	17-Feb-14	26-Feb-14	27-Feb-14	27-Feb-14	38	70,000,000	0
15	Tbeng Meanchey	180,000,000	6-Feb-14	6-Feb-14	17-Feb-14	17-Feb-14	26-Feb-14	27-Feb-14	27-Feb-14	21	180,000,000	0
	Prey Veng	445,000,000									445,000,000	0
16	Peareang	215,000,000	20-Jan-14	20-Jan-14	20-Jan-14	20-Jan-14	28-Jan-14	28-Jan-14	28-Jan-14	8	215,000,000	0
17	Preah Sdach	230,000,000	20-Jan-14	20-Jan-14	20-Jan-14	20-Jan-14	28-Jan-14	28-Jan-14	28-Jan-14	8	230,000,000	0
	Rattanakiri	375,000,000									375,000,000	0
18	Rattanakiri PRH	141,300,000	21-Jan-14	21-Jan-14	21-Jan-14	22-Jan-14	19-Feb-14	19-Feb-14	19-Feb-14	29	141,300,000	0
19	Banlung	233,700,000	21-Jan-14	21-Jan-14	21-Jan-14	22-Jan-14	19-Feb-14	19-Feb-14	19-Feb-14	29	233,700,000	0
	Siem Reap	900,000,000									900,000,000	0
20	Siemreap PRH	363,000,000	15-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	24-Feb-14	27-Feb-14	27-Feb-14	43	363,000,000	0
21	Kralanh	101,000,000	15-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	24-Feb-14	27-Feb-14	27-Feb-14	43	101,000,000	0
22	Siem Reap	145,000,000	15-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	24-Feb-14	27-Feb-14	27-Feb-14	43	145,000,000	0
23	Sot Nikum	152,000,000	15-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	24-Feb-14	27-Feb-14	27-Feb-14	43	152,000,000	0
24	Ankor Chhum	139,000,000	15-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	24-Feb-14	27-Feb-14	27-Feb-14	43	139,000,000	0
	Takeo	614,750,000									614,750,000	0
25	Takeo PRH	105,250,000	21-Feb-14	25-Feb-14	25-Feb-14	25-Feb-14	25-Feb-14	25-Feb-14	25-Feb-14	4	105,250,000	0
26	Bati	71,500,000	21-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	5	71,500,000	0

27	Daun Keo	56,500,000	21-Feb-14	21-Feb-14	21-Feb-14	21-Feb-14	21-Feb-14	21-Feb-14	21-Feb-14	0	56,500,000	0
28	Kirivong	187,500,000	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	0	187,500,000	0
29	Ang Rokar	125,000,000	25-Feb-14	25-Feb-14	25-Feb-14	25-Feb-14	25-Feb-14	25-Feb-14	25-Feb-14	0	125,000,000	0
30	Prey Kabas	69,000,000	25-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	26-Feb-14	1	69,000,000	0
	Battambang	73,000,000									73,000,000	0
31	BB PRH	73,000,000	19-Feb-14	19-Feb-14	19-Feb-14	19-Feb-14	19-Feb-14	19-Feb-14	19-Feb-14	0	73,000,000	0
	Steung Treng	336,255,000									336,255,000	0
32	Steung Treng PRH	117,687,500	5-Mar-14	5-Mar-14	5-Mar-14	5-Mar-14	5-Mar-14	5-Mar-14	5-Mar-14	0	117,687,500	0
33	Steung Treng	218,567,500	5-Mar-14	5-Mar-14	5-Mar-14	5-Mar-14	5-Mar-14	5-Mar-14	5-Mar-14	0	218,567,500	0
	Banteay Meanchey	132,500,000									132,500,000	0
34	Poy Pet	76,750,000	13-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	17-Jan-14	17-Jan-14	4	76,750,000	0
35	Preahnet Preah	55,750,000	15-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	16-Jan-14	17-Jan-14	17-Jan-14	2	55,750,000	0
	Pursat	150,000,000								0	150,000,000	0
36	Barkan	150,000,000	16-Jan-14	20-Jan-14	22-Jan-14	23-Jan-14	12-Feb-14	17-Feb-14	17-Feb-14	32	150,000,000	0

QUARTER 2, 2014

No	SOA	Requested (in Riel)	Date requested by SOA to PHD (Signing date of the request)	Accounting & Administration Office (AAO) - PHD			Provincial Treasury (PT)	PHD / AAO	Actual received date at SOA account	Total of days taken between request and receipt	Actual Amount Received (at SOA account)	Difference between amount requested and received
				Date of PHD received SOA request.	Date of approval from PHD director	Date sent the request to Provincial Treasury	cheque received date from PT (for PHD)	Date of fund transfer from PHD to SOA				
Kg. Cham		934,000,000									934,000,000	0
1	Kg Cham PRH	384,000,000	31-Mar-14	1-Apr-14	4-Apr-14	29-Apr-14	21-May-14	22-May-14	22-May-14	52	384,000,000	0
2	Prey Chhor - Kang Meas	80,000,000	26-Mar-14	27-Mar-14	2-Apr-14	29-Apr-14	21-May-14	22-May-14	22-May-14	57	80,000,000	0
3	Choeung Prey - Batheay	110,000,000	25-Mar-14	26-Mar-14	2-Apr-14	29-Apr-14	21-May-14	22-May-14	22-May-14	58	110,000,000	0
4	Chamkar Leu - Stueng Trang	80,000,000	28-Mar-14	31-Mar-14	2-Apr-14	29-Apr-14	21-May-14	22-May-14	22-May-14	55	80,000,000	0
5	Ponhea Krek - Dambae	142,500,000	21-Apr-14	22-Apr-14	23-Apr-14	29-Apr-14	21-May-14	22-May-14	22-May-14	31	142,500,000	0
6	Memut	137,500,000	25-Mar-14	25-Mar-14	2-Apr-14	29-Apr-14	21-May-14	22-May-14	22-May-14	58	137,500,000	0
Koh Kong		412,500,000									412,500,000	0
7	Koh Kong PRH	95,000,000	2-Apr-14	3-Apr-14	3-Apr-14	3-Apr-14	7-Apr-14	8-Apr-14	8-Apr-14	6	95,000,000	0
8	Smach Mean Chey	130,000,000	31-Mar-14	1-Apr-14	1-Apr-14	3-Apr-14	7-Apr-14	8-Apr-14	8-Apr-14	8	130,000,000	0
9	Srae Ambel	187,500,000	18-Mar-14	25-Mar-14	25-Mar-14	3-Apr-14	7-Apr-14	9-Apr-14	9-Apr-14	22	187,500,000	0

	Mondulkiri	167,500,000									167,500,000	0
10	Mondulkiri PRH	51,250,000	5-May-14	5-May-14	5-May-14	23-May-14	26-May-14	26-May-14	26-May-14	21	51,250,000	0
11	Senmonorum	116,250,000	5-May-14	5-May-14	23-May-14	23-May-14	26-May-14	26-May-14	26-May-14	21	116,250,000	0
	Oddar Meanchey	274,633,700									274,633,700	0
12	Oddor Meanchey PRH	76,734,000	26-Mar-14	26-Mar-14	28-Mar-14	7-Apr-14	7-Apr-14	7-Apr-14	7-Apr-14	12	76,734,000	0
13	Samrong OD	197,899,700	26-Mar-14	27-Mar-14	28-Mar-14	7-Apr-14	7-Apr-14	7-Apr-14	7-Apr-14	12	197,899,700	0
	Preah Vihear	250,000,000									250,000,000	0
14	Preah Vihear PRH	70,000,000	7-Apr-14	8-Apr-14	8-Apr-14	10-Jun-14	10-Jun-14	11-Jun-14	11-Jun-14	65	70,000,000	0
15	Tbeng Meanchey	180,000,000	5-May-14	7-May-14	7-May-14	10-Jun-14	10-Jun-14	11-Jun-14	11-Jun-14	37	180,000,000	0
	Prey Veng	445,000,000								0	445,000,000	0
16	Peareang	215,000,000	24-Mar-14	24-Mar-14	25-Mar-14	25-Mar-14	27-Mar-14	20-Jun-14	20-Jun-14	88	215,000,000	0
17	Preah Sdach	230,000,000	24-Mar-14	24-Mar-14	25-Mar-14	25-Mar-14	27-Mar-14	20-Jun-14	20-Jun-14	88	230,000,000	0
	Rattanakiri	375,000,000								0	375,000,000	0
18	Rattanakiri PRH	141,300,000	21-Apr-14	22-Apr-14	23-Apr-14	23-Apr-14	28-Apr-14	28-Apr-14	28-Apr-14	7	141,300,000	0
19	Banlung	233,700,000	18-Apr-14	21-Apr-14	23-Apr-14	23-Apr-14	28-Apr-14	28-Apr-14	28-Apr-14	10	233,700,000	0
	Siem Reap	900,000,000									900,000,000	0
20	Siemreap PRH	363,000,000	20-Mar-14	20-Mar-14	20-Mar-14	20-Mar-14	8-Apr-14	8-Apr-14	8-Apr-14	19	363,000,000	0
21	Kralanh	101,000,000	20-Mar-14	20-Mar-14	20-Mar-14	20-Mar-14	8-Apr-14	8-Apr-14	10-Apr-14	21	101,000,000	0
22	Siem Reap	145,000,000	20-Mar-14	20-Mar-14	20-Mar-14	20-Mar-14	8-Apr-14	8-Apr-14	11-Apr-14	22	145,000,000	0
23	Sot Nikum	152,000,000	20-Mar-14	20-Mar-14	20-Mar-14	20-Mar-14	8-Apr-14	8-Apr-14	11-Apr-14	22	152,000,000	0
24	Ankor Chhum	139,000,000	18-Mar-14	18-Mar-14	20-Mar-14	20-Mar-14	8-Apr-14	8-Apr-14	9-Apr-14	22	139,000,000	0

	Takeo	614,750,000									614,750,000	0
25	Takeo PRH	105,250,000	5-May-14	5-May-14	6-May-14	6-May-14	6-May-14	6-May-14	6-May-14	1	105,250,000	0
26	Daun Keo	56,500,000	5-May-14	5-May-14	6-May-14	6-May-14	6-May-14	6-May-14	6-May-14	1	56,500,000	0
27	Kirivong	187,500,000	5-May-14	5-May-14	6-May-14	6-May-14	6-May-14	6-May-14	6-May-14	1	187,500,000	0
28	Ang Rokar	125,000,000	5-May-14	5-May-14	6-May-14	6-May-14	6-May-14	6-May-14	6-May-14	1	125,000,000	0
29	Bati	71,500,000	5-May-14	5-May-14	6-May-14	6-May-14	6-May-14	6-May-14	6-May-14	1	71,500,000	0
30	Prey Kabas	69,000,000	5-May-14	5-May-14	6-May-14	6-May-14	6-May-14	6-May-14	6-May-14	1	69,000,000	0
	Battambang	72,900,000									72,900,000	0
31	BB PRH	72,900,000	28-May-14	28-May-14	28-May-14	28-May-14	28-May-14	28-May-14	28-May-14	0	72,900,000	0
	Steung Treng	0									0	0
32	Steung Treng PRH									0	0	0
33	Steung Treng									0	0	0
	Banteay Meanchey	132,500,000									132,500,000	0
34	Poy Pet	55,750,000	12-May-14	12-May-14	21-May-14	21-May-14	21-May-14	22-May-14	22-May-14	10	55,750,000	0
35	Preah Net Preah	76,750,000	12-May-14	12-May-14	21-May-14	21-May-14	21-May-14	22-May-14	22-May-14	10	76,750,000	0
	Pursat	150,000,000									150,000,000	0
36	Bakan	150,000,000	7-Apr-14	9-Apr-14	21-Apr-14	5-May-14	7-May-14	8-May-14	9-May-14	32	150,000,000	0
										Average Number of Days	27.3	

QUARTER 3, 2014

No	SOA	Requested (in Riel)	Date requested by SOA to PHD (Signing date of the request)	Accounting & Administration Office (AAO) - PHD			Provincial Treasury (PT)	PHD / AAO	Actual received date at SOA account	Total of days taken between request and receipt	Actual Amount Received (at SOA account)	Difference between amount requested and received
				Date of PHD received SOA request.	Date of approval from PHD director	Date sent the request to Provincial Treasury	cheque received date from PT (for PHD)	Date of fund transfer from PHD to SOA				
	Kg. Cham	941,500,000									941,500,000	0
1	Kg Cham PRH	384,000,000	30-Jun-14	1-Jul-14	2-Jul-14	22-Jul-14	28-Jul-14	29-Jul-14	29-Jul-14	29	384,000,000	0
2	Prey Chhor - Kang Meas	80,000,000	13-Jun-14	16-Jun-14	17-Jun-14	22-Jul-14	28-Jul-14	29-Jul-14	29-Jul-14	46	80,000,000	0
3	Choeung Prey - Batheay	110,000,000	27-Jun-14	30-Jun-14	3-Jul-14	22-Jul-14	28-Jul-14	29-Jul-14	29-Jul-14	32	110,000,000	0
4	Chamkar Leu - Stueng Trang	87,500,000	27-Jun-14	30-Jun-14	30-Jun-14	22-Jul-14	28-Jul-14	29-Jul-14	29-Jul-14	32	87,500,000	0
5	Ponhea Krek - Dambae	142,500,000	25-Jun-14	7-Jul-14	8-Jul-14	22-Jul-14	28-Jul-14	29-Jul-14	29-Jul-14	34	142,500,000	0
6	Memut	137,500,000	25-Jun-14	17-Jul-14	18-Jul-14	22-Jul-14	28-Jul-14	29-Jul-14	29-Jul-14	34	137,500,000	0
	Koh Kong	412,500,000									412,500,000	0
7	Koh Kong PRH	95,000,000	14-Jul-14	14-Jul-14	14-Jul-14	14-Jul-14	5-Aug-14	5-Aug-14	5-Aug-14	22	95,000,000	0
8	Smach Mean Chey	130,000,000	10-Jul-14	14-Jul-14	14-Jul-14	14-Jul-14	5-Aug-14	5-Aug-14	5-Aug-14	26	130,000,000	0
9	Srae Ambel	187,500,000	9-Jul-14	9-Jul-14	14-Jul-14	14-Jul-14	5-Aug-14	5-Aug-14	5-Aug-14	27	187,500,000	0

	Mondulkiri	167,500,000									167,500,000	
10	Mondulkiri PRH	51,250,000	7-Jul-14	7-Jul-14	24-Jul-14	24-Jul-14	28-Aug-14	28-Aug-14	28-Aug-14	52	51,250,000	0
11	Senmonorum	116,250,000	7-Jul-14	7-Jul-14	24-Jul-14	24-Jul-14	28-Aug-14	28-Aug-14	28-Aug-14	52	116,250,000	0
	Oddar Meanchey	274,768,500									274,768,500	0
12	Oddor Meanchey PRH	76,880,000	20-Jun-14	20-Jun-14	23-Jun-14	30-Jun-14	30-Jun-14	30-Jun-14	30-Jun-14	10	76,880,000	0
13	Samrong	197,888,500	20-Jun-14	20-Jun-14	23-Jun-14	30-Jun-14	30-Jun-14	30-Jun-14	30-Jun-14	10	197,888,500	0
	Preah Vihear	250,000,000									250,000,000	0
14	Preah Vihear PRH	70,000,000	28-Jul-14	31-Jul-14	31-Jul-14	1-Sep-14	4-Sep-14	4-Sep-14	4-Sep-14	38	70,000,000	0
15	Tbeng Meanchey	180,000,000	28-Jul-14	31-Jul-14	31-Jul-14	1-Sep-14	4-Sep-14	4-Sep-14	4-Sep-14	38	180,000,000	0
	Prey Veng	445,000,000									445,000,000	0
16	Peareang	215,000,000	9-Sep-14	9-Sep-14	9-Sep-14	19-Sep-14	29-Sep-14	29-Sep-14	29-Sep-14	20	215,000,000	0
17	Preah Sdach	230,000,000	9-Sep-14	9-Sep-14	9-Sep-14	19-Sep-14	29-Sep-14	29-Sep-14	29-Sep-14	20	230,000,000	0
	Rattanakiri	225,000,000									225,000,000	0
18	Rattanakiri PRH	81,300,000	31-Jul-14	4-Aug-14	4-Aug-14	5-Aug-14	13-Aug-14	13-Aug-14	13-Aug-14	13	81,300,000	0
19	Banlung	143,700,000	30-Jul-14	4-Aug-14	4-Aug-14	5-Aug-14	13-Aug-14	13-Aug-14	13-Aug-14	14	143,700,000	0
	Siem Reap	900,000,000									900,000,000	0
20	Siemreap PRH	363,000,000	2-Sep-14	8-Sep-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	27	363,000,000	0
21	Kralanh	101,000,000	25-Aug-14	25-Aug-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	35	101,000,000	0
22	Siem Reap	145,000,000	21-Aug-14	5-Sep-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	39	145,000,000	0
23	Sot Nikum	152,000,000	27-Aug-14	5-Sep-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	33	152,000,000	0
24	Ankor Chhum	139,000,000	25-Aug-14	5-Sep-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	35	139,000,000	0

	Takeo	614,750,000									614,750,000	0
25	Takeo PRH	105,250,000	28-Jul-14	28-Jul-14	28-Jul-14	5-Aug-14	5-Aug-14	8-Aug-14	8-Aug-14	11	105,250,000	0
26	Bati	71,500,000	28-Jul-14	28-Jul-14	28-Jul-14	5-Aug-14	5-Aug-14	8-Aug-14	8-Aug-14	11	71,500,000	0
27	Daun Keo	56,500,000	28-Jul-14	28-Jul-14	28-Jul-14	5-Aug-14	5-Aug-14	8-Aug-14	8-Aug-14	11	56,500,000	0
28	Kirivong	187,500,000	4-Aug-14	4-Aug-14	4-Aug-14	5-Aug-14	5-Aug-14	8-Aug-14	8-Aug-14	4	187,500,000	0
29	Ang Rokar	125,000,000	28-Jul-14	28-Jul-14	28-Jul-14	5-Aug-14	5-Aug-14	8-Aug-14	8-Aug-14	11	125,000,000	0
30	Prey Kabas	69,000,000	28-Jul-14	28-Jul-14	28-Jul-14	5-Aug-14	5-Aug-14	8-Aug-14	8-Aug-14	11	69,000,000	0
	Battambang	72,900,000									72,900,000	0
31	BB PRH	72,900,000	15-Aug-14	15-Aug-14	15-Aug-14	15-Aug-14	15-Aug-14	15-Aug-14	15-Aug-14	0	72,900,000	0
	Steung Treng	336,255,000									336,255,000	0
32	Steung Treng PRH	117,687,500	4-Jul-14	4-Jul-14	28-Jul-14	8-Aug-14	20-Aug-14	20-Aug-14	21-Aug-14	48	117,687,500	0
33	Steung Treng	218,567,500	30-Apr-14	30-Apr-14	28-Jul-14	8-Aug-14	20-Aug-14	20-Aug-14	21-Aug-14	113	218,567,500	0
	Banteay Meanchey	132,500,000									132,500,000	0
34	Poy Pet	76,750,000	13-Aug-14	13-Aug-14	19-Aug-14	19-Aug-14	19-Aug-14	19-Aug-14	25-Aug-14	12	76,750,000	0
35	Preahnet Preah	55,750,000	13-Aug-14	13-Aug-14	19-Aug-14	19-Aug-14	19-Aug-14	19-Aug-14	29-Aug-14	16	55,750,000	0
	Pursat	150,000,000									150,000,000	0
36	Barkan	150,000,000	27-Jun-14	1-Jul-14	21-Jul-14	27-Aug-14	28-Aug-14	28-Aug-14	1-Sep-14	66	150,000,000	0
	Total	4,922,673,500										
										Average Number of Days	25.9	

QUARTER 4, 2014

No	SOA	Requested (in Riel)	Date requested by SOA to PHD (Signing date of the request)	Accounting & Administration Office (AAO) - PHD			Provincial Treasury (PT)	PHD / AAO		Actual received date at SOA account	Total of days taken between request and receipt	Actual Amount Received (at SOA account)	Difference between amount requested and received
				Date of PHD received SOA request.	Date of approval from PHD director	Date sent the request to Provincial Treasury	cheque received date from PT (for PHD)	Date of fund transfer from PHD to SOA					
Kg. Cham		941,500,000										941,500,000	0
1	Kg Cham PRH	384,000,000	2-Oct-14	3-Oct-14	7-Oct-14	11-Nov-14	24-Nov-14	25-Nov-14	25-Nov-14	54	384,000,000	0	
2	Chamkar Leu - Stueng Trang	87,500,000	30-Sep-14	30-Sep-14	2-Oct-14	11-Nov-14	24-Nov-14	25-Nov-14	25-Nov-14	56	87,500,000	0	
3	Choeung Prey - Batheay	110,000,000	9-Sep-14	11-Sep-14	15-Sep-14	11-Nov-14	24-Nov-14	25-Nov-14	25-Nov-14	77	110,000,000	0	
4	Memut	137,500,000	25-Sep-14	25-Sep-14	2-Oct-14	11-Nov-14	24-Nov-14	25-Nov-14	25-Nov-14	61	137,500,000	0	
5	Ponhea Krek - Dambae	142,500,000	25-Sep-14	9-Oct-14	14-Oct-14	11-Nov-14	24-Nov-14	25-Nov-14	25-Nov-14	61	142,500,000	0	
6	Prey Chhor - Kang Meas	80,000,000	8-Oct-14	9-Oct-14	14-Oct-14	11-Nov-14	24-Nov-14	25-Nov-14	25-Nov-14	48	80,000,000	0	
Koh Kong		412,500,000										412,500,000	0
7	Koh Kong PRH	95,000,000	3-Nov-14	4-Nov-14	10-Nov-14	10-Nov-14	19-Nov-14	19-Nov-14	19-Nov-14	16	95,000,000	0	
8	Smach Mean Chey	130,000,000	31-Oct-14	31-Oct-14	10-Nov-14	10-Nov-14	19-Nov-14	19-Nov-14	19-Nov-14	19	130,000,000	0	
9	Srae Ambel	187,500,000	6-Oct-14	9-Oct-14	10-Nov-14	10-Nov-14	20-Nov-14	20-Nov-14	20-Nov-14	45	187,500,000	0	
Mondulkiri		167,500,000										167,500,000	0

10	Mondulkiri PRH	51,250,000	9-Oct-14	9-Oct-14	16-Oct-14	16-Oct-14	18-Nov-14	18-Nov-14	18-Nov-14	40	51,250,000	0
11	Senmonorum	116,250,000	9-Oct-14	9-Oct-14	16-Oct-14	16-Oct-14	18-Nov-14	18-Nov-14	18-Nov-14	40	116,250,000	0
	Oddar Meanchey	274,839,700									274,839,700	0
12	Oddor Meanchey PRH	76,950,000	25-Sep-14	25-Sep-14	26-Sep-14	30-Sep-14	30-Sep-14	30-Sep-14	30-Sep-14	5	76,950,000	0
13	Samrong	197,889,700	25-Sep-14	25-Sep-14	26-Sep-14	30-Sep-14	30-Sep-14	30-Sep-14	30-Sep-14	5	197,889,700	0
	Preah Vihear	250,000,000									250,000,000	0
14	Preah Vihear PRH	70,000,000	2-Oct-14	13-Nov-14	13-Nov-14	13-Nov-14	19-Nov-14	20-Nov-14	20-Nov-14	49	70,000,000	0
15	Tbeng Meanchey	180,000,000	13-Nov-14	13-Nov-14	13-Nov-14	13-Nov-14	19-Nov-14	20-Nov-14	20-Nov-14	7	180,000,000	0
	Prey Veng	445,000,000									445,000,000	0
16	Peareang	215,000,000	9-Sep-14	9-Sep-14	9-Sep-14	19-Sep-14	29-Sep-14	29-Sep-14	29-Sep-14	20	215,000,000	0
17	Preah Sdach	230,000,000	9-Sep-14	9-Sep-14	9-Sep-14	19-Sep-14	29-Sep-14	29-Sep-14	29-Sep-14	20	230,000,000	0
	Rattanakiri	175,000,000									175,000,000	0
18	Rattanakiri PRH	61,300,000	14-Nov-14	17-Nov-14	18-Nov-14	18-Nov-14	25-Nov-14	25-Nov-14	25-Nov-14	11	61,300,000	0
19	Banlung	113,700,000	13-Nov-14	17-Nov-14	18-Nov-14	18-Nov-14	25-Nov-14	25-Nov-14	25-Nov-14	12	113,700,000	0
	Siem Reap	900,000,000									900,000,000	0
20	Siemreap PRH	363,000,000	2-Sep-14	8-Sep-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	27	363,000,000	0
21	Kralanh	101,000,000	25-Aug-14	25-Aug-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	35	101,000,000	0
22	Siem Reap	145,000,000	21-Aug-14	5-Sep-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	39	145,000,000	0
23	Sot Nikum	152,000,000	27-Aug-14	5-Sep-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	33	152,000,000	0
24	Ankor Chhum	139,000,000	25-Aug-14	5-Sep-14	8-Sep-14	8-Sep-14	26-Sep-14	29-Sep-14	29-Sep-14	35	139,000,000	0
	Takeo	614,750,000									614,750,000	0

25	Takeo PRH	105,250,000	10-Nov-14	11-Nov-14	13-Nov-14	10-Nov-14	13-Nov-14	13-Nov-14	13-Nov-14	3	105,250,000	0
26	Bati	71,500,000	10-Nov-14	10-Nov-14	13-Nov-14	10-Nov-14	13-Nov-14	13-Nov-14	13-Nov-14	3	71,500,000	0
27	Daun Keo	56,500,000	13-Nov-14	13-Nov-14	13-Nov-14	10-Nov-14	13-Nov-14	13-Nov-14	13-Nov-14	0	56,500,000	0
28	Kirivong	187,500,000	10-Nov-14	10-Nov-14	13-Nov-14	10-Nov-14	13-Nov-14	13-Nov-14	13-Nov-14	3	187,500,000	0
29	Ang Rokar	125,000,000	10-Nov-14	10-Nov-14	13-Nov-14	10-Nov-14	13-Nov-14	13-Nov-14	13-Nov-14	3	125,000,000	0
30	Prey Kabas	69,000,000	11-Nov-14	11-Nov-14	13-Nov-14	10-Nov-14	13-Nov-14	13-Nov-14	13-Nov-14	2	69,000,000	0
	Battambang	729,000,000									729,000,000	0
31	BB PRH	729,000,000	26-Nov-14	26-Nov-14	26-Nov-14	26-Nov-14	26-Nov-14	26-Nov-14	26-Nov-14	0	729,000,000	0
	Steung Treng	672,510,000									672,510,000	0
32	Steung Treng PRH	235,375,000	18-Nov-14	18-Nov-14	18-Nov-14	18-Nov-14	3-Dec-14	3-Dec-14	4-Dec-14	16	235,375,000	0
33	Steung Treng	437,135,000	22-Oct-14	22-Oct-14	22-Oct-14	22-Oct-14	14-Nov-14	14-Nov-14	14-Nov-14	23	437,135,000	0
	Banteay Meanchey	132,500,000									132,500,000	0
34	Poy Pet	76,750,000	6-Oct-14	17-Nov-14	2-Dec-14	2-Dec-14	2-Dec-14	11-Dec-14	11-Dec-14	66	76,750,000	0
35	Preahnet Preah	55,750,000	24-Nov-14	24-Nov-14	2-Dec-14	2-Dec-14	2-Dec-14	11-Dec-14	11-Dec-14	17	55,750,000	0
	Pursat	150,000,000									150,000,000	0
36	Barkan	150,000,000	6-Oct-14	8-Oct-14	16-Oct-14	12-Nov-14	12-Nov-14	12-Nov-14	13-Nov-14	38	150,000,000	0
	Total	5,865,099,700					Average Number of Days			27.633333		

3.6.6 SERVICE DELIVERY MONITORING GROUP REPORT

SDMG Team	Date of First Visit	Places Visited	Findings and Issues	Recommendations
Team 1 Head team DR. Sok Kanha	28 April-1 Jul 2014	<ul style="list-style-type: none"> • PHD Banteay Meanchey • SOA OD Preah Net Preah, RH, Chhnour Meanchey HC • SOA OD Poi Pet, RH, Nimith HC 	<ul style="list-style-type: none"> • PHD had no contract manager nominated and functioning • PHD had no updated job descriptions for all staff • PHD did not facilitate DPHI/HSD yet in yearly assessment of quality service delivery and management capacity of SOAs • PHD conducted Pro-TWGH but had no SOA results • PHD did not conduct quarterly monitoring to SOAs • PHD not identified quarterly areas of under achievement of SOAs • PHD and SOAs updated inventory list once a year • Both SOAs had not conducted self-assessment on OCM • Both SOAs had not conducted regular quarterly PMAS appraisals • Preach Net Preach RH, around 10 patients waiting for consultation at 7:50 am and plastic waste keep near small surgery room • Chhnour Meanchey HC: the door closed at 5:00 pm and did not have contracts between SOAs and HCs, and HCMC minutes were not available too • Poipet RH, diagnosis of patient had not proper antecedent interrogation and had no ultrasound assist, medication 1 time per 3 taken 	<ul style="list-style-type: none"> • PHD should strengthen contract management, nominate a functioning contract manager • PHD should update job descriptions for all staff • PHD should conduct Pro-TWGH and present SOA results • PHD should facilitate with DPHI/HSD to assess quality of service delivery and management capacity of SOAs • PHD must conduct quarterly monitoring to SOAs • PHD must identify quarterly areas of under achievement of SOAs • PHD and SOAs should update inventory list twice a year • Both SOAs must conduct self-assessment on OCM/QOC • Both SOAs should conduct regular quarterly PMAS appraisal • SOA Preah Net Preah should ensure 24/7 service provision and clean up plastic waste • Both SOAs should keep a copy of contract, PMAs, HCMC meeting minutes at HCs • Both SOAs should fix phone number for calling to midwife/emergency case

			<ul style="list-style-type: none"> • Nimith HC: - fix schedule working hours: Mon-Fri (holiday on weekend and Public holiday) - Contracts not available between SOA and HCs, no PMAS, phone number for calling by patients available but too small 	
Team 1 Head team DR. Sok Kanha	28 Sep-1 Oct 2014	<ul style="list-style-type: none"> • PHD Banteay Meanchey • SOA OD Preah Net Preah, RH, Chhnour Meanchey HC • SOA OD Poi Pet, RH, O'Russey HC 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and both SOAs applied and complied with the PA and SDMC • PHD not yet facilitated DPHI/HSD in yearly assessment of quality service delivery and management capacity of SOAs • PHD not conducted quarterly monitoring to SOAs • Both SOAs not conducted self- assessment on OCM • Preah Net Preah RH, staff punctual and cleaned plastic waste • Chhnoour Meanchey HC: HCMC meeting conducted irregular and date unclear meeting date (difference between minutes and participant s list) 	<ul style="list-style-type: none"> • PHD and SOAs should continue strengthening PA and SDMC management • PHD should facilitate with DPHI/HSD to assess of quality service delivery and management capacity of SOAs • PHD must conduct quarterly monitoring to SOAs • Both SOAs must conduct self- assessment on OCM • SOA Preah Net Preah OD should organize HCMC meeting regularly and keep minutes at HCs
Team 1 Head team DR. Sok Kanha	8-10 May 2014	<ul style="list-style-type: none"> • PHD Battambang • SOA Battambang PRH 	<ul style="list-style-type: none"> • PHD had not facilitated DPHI/HSD yet in yearly assessment of quality service delivery and management capacity of SOA • PHD conducted Pro-TWGH but had no SOA results • PHD did not conduct quarterly monitoring to SOA • PHD and SOAs update inventory list once a year • SOA did not apply PMAS yet, no plan by services 	<ul style="list-style-type: none"> • PHD should strengthen contract management • PHD should conduct Pro-TWGH band present SOA results • PHD should facilitate with DPHI/HSD to assess of quality service delivery and management capacity of SOA • PHD must conduct quarterly monitoring to SOA • PHD and SOAs should update inventory list twice year • SOA should apply PMAS appraisal

Team 1 Head team DR. Sok Kanha	15-18 Oct 2014	<ul style="list-style-type: none"> • PHD Battambang • SOA Battambang PRH 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and SOA applied and complied with the PA and SDMC • PHD not yet facilitate DPHI/HSD in yearly assessment of quality service delivery and management capacity of SOA • PHD not conduct quarterly monitoring to SOA 	<ul style="list-style-type: none"> • PHD and SOA should continue strengthening PA and SDMC management • PHD should facilitate with DPHI/HSD to assess of quality service delivery and management capacity of SOA • PHD should forming a strong monitoring team and functioning
Team 1 Head team DR. Sok Kanha	12-14 Jun 2014	<ul style="list-style-type: none"> • PHD Mondulkiri • SOA Senmonorom, Oraing HC • SOA PRH 	<ul style="list-style-type: none"> • PHD and SOA OD Sen Monorom apply and comply with the PA • PRH did not apply PMAS • PRH did not conduct self-assessment on QOC • O'Raing HC: irregular HCMC meeting 	<ul style="list-style-type: none"> • PHD and SOA OD should strengthen PA and SDMC management • SOA PRH must conduct self- assessment on QOC • SOA PRH should conducted regular quarterly PMAS appraisal • SOD OD should organize regular HCMC meeting
Team 1 Head team DR. Sok Kanha	25-28 Nov 2014	<ul style="list-style-type: none"> • PHD Mondulkiri • SOA Senmonorom, Pouchey HC • SOA PRH 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and SOA applied and complied with the PA and SDMC • PHD not yet facilitate DPHI/HSD in yearly assessment of quality service delivery and management capacity of SOAs • PRH did not applied PMAS • PRH did not conducted self-assessment on QOC • PMAS at Pouchrey HC not well organize 	<ul style="list-style-type: none"> • PHD and SOA should continue strengthening PA and SDMC management • PHD should facilitate with DPHI/HSD to assess of quality service delivery and management capacity of SOAs • SOA OD should well organize PMAS at HCs level • SOA PRH should conducted regular quarterly PMAS appraisal • SOA PRH must be conducted self- assessment on QOC
Team 1 Head team DR. Sok Kanha	No visit	<ul style="list-style-type: none"> • PHD Kampong Cham 		

Team 1 Head team DR. Sok Kanha	16-19 Sep 2014	<ul style="list-style-type: none"> • SOA Memot OD, Samroang HC • SOA PonheaKrek Dambe OD, RH and Chipaing HC 	<ul style="list-style-type: none"> • SOA PonheaKrek Dambe OD, not available contract between SOA and HC • SOA PonheaKrek Dambe OD, no update staff schedule at HC 	<ul style="list-style-type: none"> • Both SOAs should continue strengthening SDMC • SOA PonheaKrek Dambe OD, contract between SOA and HC must be available copy at HC and staff schedule must be updated regularly
Team 2 Head team Mrs. Khuot Thavary	9-11 Jun 2014	<ul style="list-style-type: none"> • PHD Ratanakiri • SOA OD Banlong, Oyadav HC • SOA PRH 	<ul style="list-style-type: none"> • PHD did not apply PMAS • SOA OD Banlong did not conduct self-assessment on OCM/ QOC • SOA PRH did not apply PMAS • SOA PRH did not conduct self-assessment on QOC • Oyadav HC: irregular HCMC meeting 	<ul style="list-style-type: none"> • PHD should strengthen PA management • SOA PRH should conduct regular quarterly PMAS appraisal • SOA PRH must conduct self- assessment on QOC • SOA OD Balong must conduct self- assessment on OCM/QOC • SOD OD should organize regular HCMC meeting
Team 2 Head team Mrs. Khuot Thavary	28 Sep -1 Oct 2014	<ul style="list-style-type: none"> • PHD Ratanakiri • SOA OD Banlong • SOA PRH 	<ul style="list-style-type: none"> • PHD did not conduct monitoring to SOA PRH and report to MOH was late 	<ul style="list-style-type: none"> • PHD and both SOAs should strengthen and continue to apply and comply with PA and SDMC. • PHD should conduct monitoring to SOA PRH regularly and report to MOH on time
Team 2 Head team Mrs. Khuot Thavary	10-13 Jun 2014	<ul style="list-style-type: none"> • PHD Preah Vihear • SOA OD Tbeng Meanchey, Chheb HC, Kampong Srolao HC and Roveang HC • SOA PRH 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and both SOAs apply and comply with the PA and SDMC 	<ul style="list-style-type: none"> • PHD and both SOAs should strengthen and continue to apply and comply with PA and SDMG.

Team 2 Head team Mrs. Khuot Thavary	6-11 Oct 2014	<ul style="list-style-type: none"> • PHD Preah Vihear • SOA OD Tbeng Meanchey • SOA PRH 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and both SOAs applied and complied with the PA and SDMC 	<ul style="list-style-type: none"> • PHD and both SOAs should strengthening and continue to apply and comply with PA and SDMC.
Team 2 Head team Mrs. Khuot Thavary	25-28 Jun 2014	<ul style="list-style-type: none"> • PHD Siem Reap • SOA OD Siem Reap • SOA OD Kralanh • SOA OD Sot Nikum • SOA OD Angkor Chum • SOA PRH 	<ul style="list-style-type: none"> • SOA OD Sot Nikum did not conduct self-assessment on OCM/QOC 	<ul style="list-style-type: none"> • SOA OD Sot Nikum must conduct self-assessment on OCM/QOC
Team 2 Head team Mrs. Khuot Thavary	The same date of PVH (a mission order)	<ul style="list-style-type: none"> • PHD Siem Reap • SOA OD Siem Reap • SOA OD Kralanh • SOA OD Sot Nikum • SOA OD Angkor Chum • SOA PRH 	<ul style="list-style-type: none"> • PHD and bothall SOAs applied and complied with the PA and SDMC • SOA Siem Reap did not apply PMAS • SOA Siem Reap did not conduct self-assessment of OCM • SOA Kralanh, Sot Nikum, and Angkor Chum applied partualy PMAS 	<ul style="list-style-type: none"> • PHD and SOA should continue strengthening PA and SDMC management • SOA Siem Reap must be applied PMAS and self-assessment of OCM • SOA Kralanh, Sot Nikum, and Angkor Chum must be applied fully PMAS

Team 3 Head team Dr. Sok Srun	21-23 May 2014	<ul style="list-style-type: none"> • PHD Stung Treng • SOA OD Stung Treng, Kamphon HC • SOA PRH 	<ul style="list-style-type: none"> • PHD had no contract manager nominated and functioning • PHD had no updated job descriptions for all staff • PHD did not yet facilitated DPHI/HSD in yearly assessment of quality service delivery and management capacity of SOAs • PHD had conducted Pro-TWGH but had no present SOA result • PHD did not conducted quarterly monitoring to SOAs • PHD and SOAs had updated inventory list once year • SOA OD had no conducted self- assessment on OCM • Both SOAs had no conducted self- assessment on QOC • Both SOAs had no conducted regular quarterly PMAS appraisals • Kamphon HC: had no HCMC meeting in the last 4 months, did not available contracts between SOA and HC • PRH poor infection control management, leave medical waste on the floor and medical equipment had no clean properly 	<ul style="list-style-type: none"> • PHD should strengthen PA contract management • PHD should update job description for all staff • PHD should conducted Pro-TWGH band present SOA results • PHD should facilitate with DPHI/HSD to assess of quality service delivery and management capacity of SOAs • PHD must be conducted quarterly monitoring to SOAs • PHD and SOAs should update inventories list twice a year • Both SOAs must be conducted self- assessment on OCM/QOC • Both SOAs should conducted regular quarterly PMAS appraisal • SOA OD Stung Treng should keep a copy of contracts, MAs, HCMC meeting minutes at HCs • SOA PRH should keep medical waste properly and clean up medical equipment after using
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Team 3 Head team Dr. Sok Srun	12-15 Nov 2014	<ul style="list-style-type: none"> • PHD Stung Treng • SOA OD Stung Treng • SOA PRH 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and both SOAs applied and complied with the PA and SDMC • PHD no contracts manager nominated and functioning (on the proposing process to provincial governor for approval of 4 chief and vice chief offices) • PHD not yet facilitat DPPI/HSD in yearly assessment of quality service delivery and management capacity of SOAs • Both SOAs introduced conduct quarterly PMAS appraisal • PRH improved infection control management 	<ul style="list-style-type: none"> • PHD and SOAs should strengthen PA and SDMC management • PHD should facilitate with DPPI/HSD to assess of quality service delivery and management capacity of SOAs • Both SOAs should strengthening and continue conducted regular quarterly PMAS appraisals
Team 3 Head team Dr. Sok Srun	5-7 Jun 2014	<ul style="list-style-type: none"> • PHD Prey Veng • SOA OD Pearaing, RH, Mesar Brochan HC • SOA OD Preah Sdach, RH, Kampong Prasat HC 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and both SOAs apply and comply with the PA and SDMC • Kampong Prasat HC of SOA Preah Sdach: Contract between SOA and HC, HCMC meeting minutes are looked. RH staff did not use tray and alcohol 	<ul style="list-style-type: none"> • PHD and both SOAs should strengthen and continue to apply and comply with PA and SDMC • Preah Sdach RH must apply and comply with infection control guideline
Team 3 Head team Dr. Sok Srun	20-23 Oct 2014	<ul style="list-style-type: none"> • PHD Prey Veng • SOA OD Pearaing, RH • SOA OD Preah Sdach, RH, Senareach Oddom HC, Preah Sdach HC 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and both SOAs applied and complied with the PA and SDMC • Senareach Oddom and Preah Sdach HCs of Preah Sdach SOA -OD: Contract between SOA and HCs, HCMC meeting minutes are looked. RH staff used tray to keep syringe, alcohol 	<ul style="list-style-type: none"> • PHD and both SOAs should strengthening and continue to apply and comply with PA and SDMC • Preah Sdach RH should strengthening and continue to apply and comply with infection control guideline

Team 3 Head team Dr. Sok Srun	23-24 Jun 2014	<ul style="list-style-type: none"> • PHD Oddar Meanchey • SOA OD Samroang • SOA PRH 	<ul style="list-style-type: none"> • PHD did not conduct the monitoring to both SOAs 	<ul style="list-style-type: none"> • PHD must conduct quarterly monitoring to SOAs
Team 3 Head team Dr. Sok Srun	7-10 Oct 2014	<ul style="list-style-type: none"> • PHD Oddar Meanchey • SOA OD Samroang • SOA PRH 	<ul style="list-style-type: none"> • Follow up from the last monitoring, both SOAs applied and complied with SDMC • PHD not conduct monitoring to both SOAs 	<ul style="list-style-type: none"> • PHD should forming a strong monitoring team • PHD should be conducted quarterly monitoring to SOAs
Team 3 Head team Dr. Sok Srun	No visit	<ul style="list-style-type: none"> • PHD Koh Kong 		
Team 3 Head team Dr. Sok Srun	16-19 Nov 2014	<ul style="list-style-type: none"> • PHD Koh Kong • SOA OD Sre Ambel, Andong Tuek HC • SOA OD Smach Meancheyl, Trapaing Rong HC • SOA PRH 	<ul style="list-style-type: none"> • PHD applied and complied with the PA • All three SOAs applied partially PMAS • Both SOA ODs no conducted self-assessment of QOC and OCM • Andong Tuek and Trapaing Rong HCs had no regular updated Dashboard, HCMC meeting irregularly 	<ul style="list-style-type: none"> • All three SOAs must be applied PMAS as guideline • Both SOA ODs should conducted self-assessment of QOC and OCM
Team 4 Head team Dr. Chev Mony	6-8 May 2014	<ul style="list-style-type: none"> • PHD Pursat • SOA OD Bakan, RH, Romlech and Talo HCs 	<ul style="list-style-type: none"> • PHD had not yet facilitated DPHI/HSD in yearly assessment of quality service delivery and management capacity of SOA • PHD had conducted Pro-TWGH but no present SOA result • PHD did not conducted quarterly monitoring to SOA • PHD and SOAs had updated inventory list once year • SOA did not apply PMAS yet • SOA had no conducted self- assessment on 	<ul style="list-style-type: none"> • PHD should strengthen PA management • PHD should facilitate with DPHI/HSD to assess of quality service delivery and management capacity of SOA • PHD must be conduct quarterly monitoring to SOA • PHD and SOA should update inventories list twice year • SOA must conduct self- assessment on OCM/QOC • SOAs should conduct regular quarterly PMAS appraisal

			OCM	
Team 4 Head team Dr. Chev Mony	18-21 Nov 2014	<ul style="list-style-type: none"> • PHD Pursat • SOA OD Bakan, RH, Trapaing Chaung and Snam Praeh HCs 	<ul style="list-style-type: none"> • Follow up from the last monitoring, PHD and both SOAs applied and complied with the PA and SDMC • PHD facilitated URC/HSD in yearly assessment of quality of Care level 2 but not yet facilitated with DPHI to assess management capacity of SOA • PHD conducted Pro-TWGH and present SOA result • PHD conducted quarterly monitoring to SOA and using MOH tool • PHD and SOAs update inventories list • SOA applied PMAS • SOA conducted self- assessment on OCM and QOC 	<ul style="list-style-type: none"> • PHD should continue strengthening PA management • PHD should facilitate to DPHI to assess of management capacity of SOA • SOA should strengthening and continue to comply SDMC
Team 4 Head team Dr. Chev Mony	No visit	<ul style="list-style-type: none"> • PHD Takeo 		
Team 4 Head team Dr. Chev Mony	16-19 Sep 2014	<ul style="list-style-type: none"> • PHD Takeo • SOA OD Bati, RH, Trapaing Krasaing and Kraing Leav HCs • SOA OD Prey Kabass, RH, Basre and Vacheang HCs • SOA PRH 	<ul style="list-style-type: none"> • Both SOA ODs did not apply PMAS, not conduct self-assessment on OCM/ QOC • Kraing Leav, Basre HCs had no monthly staff schedule • SOA PRH did not apply PMAS, no update job description of staff 	<ul style="list-style-type: none"> • PHD should continue strengthening PA management • Both SOA ODs and must apply PMAS, and conduct self-assessment on OCM/ QOC • Both SOA ODs should strengthening HCs monthly staff schedule • SOA PRH must apply PMAS and updating staff's job description

3.6.7 INDIGENOUS PEOPLES SERVICE DELIVERY

3.6.7.1 SOA OPERATIONAL DISTRICTS

OUTREACH SERVICES TO REMOTE VILLAGES

No	SOA	PLAN	IMPLEMENTED	REMOTE VILLAGES	TOTAL POPULATION
1	Banlong OD	316	310	97	36,687
2	Senmonorom OD	8	8	27	11,653
3	Stung Treng OD	78	76	66	33,962
4	Poipet OD	42	26	21	9,949
5	Sre Ambel OD	3	3	2	1,812
6	Tbeng Meanchey OD	50	131	25	5,462
7	Sot Nikum OD	172	172	43	20,656
8	Siem Reap OD	52	52	8	4,817
Total		721	778	289	124,998

Source: SOA ODs

SERVICE DELIVERY TO IP

No	SOA	OPD (NEW CASES)		ANC 2 VISITS	DELIVERY AT HEALTH FACILITIES	DPT-HEPB3 (CHILDREN < 1 YEAR)		MEASLES (CHILDREN < 1 YEAR)	
		MALE	FEMALE			MALE	FEMALE	MALE	FEMALE
		1	Banlong OD			24,813	28,706	2,382	1,,320
2	Sen Monorom OD	3,132	4,069	272	145	148	157	100	108
3	Stung Treng OD	5,173	6,612	907	241	370	524	380	370
Total		33,118	39,387	3,561	1,706	1,475	1,700	1,487	1,526

Source: SOA ODs

3.6.7.2 SOA PROVINCIAL REFERRAL HOSPITALS

SERVICE DELIVERY TO IP

No	SOA	OPD (NEW CASES)		DISCHARGE NUMBER		DELIVERY
		Male	Female	Male	Female	
		1	Mondulkiri	248	208	
2	Stung Treng	219	324	167	196	166

SERVICE DELIVERY TO IP

No	SOA	OPD (NEW CASES)		DISCHARGE NUMBER		DELIVERY
		Male	Female	Male	Female	
3	Ratanakiri	57	71	593	723	80
	Total	524	603	1,066	1,316	373

Source: SOA ODs

CIVIL SERVANT STAFF

No	SOA	STAFF	DOCTOR/MA		SECONDARY NURSE		PRIMARY NURSE		SECONDARY MIDWIFE	PRIMARY MIDWIFE
			Male	Female	Male	Female	Male	Female		
1	Mondulkiri	Indigenous Staff	0	0	0	0	0	1	0	0
		Staff who can speak local indigenous language	0	0	3	0	0	1	0	0
2	Stung Treng	Indigenous Staff	0	0	1	0	0	0	0	0
		Staff who can speak local indigenous language	1	0	6	4	0	0	9	4
3	Ratanakiri	Indigenous Staff	0	0	3	3	2	0	1	5
		Staff who can speak local indigenous language	0	0	1	0	0	0	0	0
	Total	Indigenous Staff	0	0	4	3	2	1	1	5
		Staff who can speak local indigenous language	1	0	10	4	0	1	9	4

Source: SOA ODs

CHAPTER 4. COMPONENT B: IMPROVING HEALTH FINANCE

4.1 HEALTH EQUITY FUNDS

Health Equity Funds are a pro-poor 3rd party health financing mechanism which purchases health services for the identified poor, and provides them with reimbursements for transport costs and caretaker food allowances. HEFs have been providing these services to Cambodian citizens identified as poor, either through a pre-identification or post-identification process. HEFs purchase health services from public health care providers through contracts between the facility, Health Equity Fund Operators (HEFOs) and the Health Equity Fund Implementer (HEFI), and involvement of local MOH officials as observers. The scheme (1) enables the poor to be protected against catastrophic health expenditures, (2) ensures access to priority curative care, and (3) improves regulation of public health care providers.

HEALTH FACILITIES CONTRACTED WITH HEF SCHEME

Currently, Health Equity Funds (HEFs) are being implemented in 55 ODs or 63% of the total operational districts (88 ODs). By facility, HEFs are being implemented in 60 RHs out of a total of 97 RHs (62%), 600 HCs out of a total of 1,158 HCs (52%), and 50 Health Posts out of a total of 106 (47%) in the country. These HEFs have been supported by HSSP2 and a variety of health development partners, as well as USAID. HEFs are operated by third party entities termed HEFOs which are non-profit NGOs or Community Associations. There are a total of 11 Health Equity Fund Operators (HEFOs) operating in the sector. There are also SUBOs which are subsidized directly by the MOH in 11 ODs and 6 national hospitals. The total poor population covered by HEFs is around 2.6 million, equivalent to 97% of the poor in 2014. The expansion plan for 2015 envisages that 88% of RHs, 99% of HCs, and 63% of HPs will have HEFs implemented in their facilities by the end of the year.

HEALTH COVERAGE PLAN 2014			EXISTING HEFS 2014			HEF EXPANSION PLAN FOR 2015			TOTAL HEFS IN 2015		
RHs	HCs	HPs	RHs	HCs	HPs	RHs	HCs	HPs	RHs	HCs	HPs
97	1,158	106	60	600	50	25	544	17	85	1,144	67
Percentage of total HFs			62%	52%	47%	26%	47%	16%	88%	99%	63%

HEFO	PROVINCE	# OF ODs	CLUSTER
BFH	Takeo, Kep, SHV, KPt	8	1, 14, 15, 19, 25
AFH	PV, RTK, MDK, PVH, KrT, KT, Kch	16	3,5,6,7,8,10,11
CHC	ODM, SRP, PV, Kch, PP	10	13,22,26,32
PFD	SR, BMC, BB	10	12, 16, 18
FHD	PP	5	17
STSA	SR (Angkor Chum)	1	29
CHO	STR, KPS	3	20, 21
MCHP	PP (Meanchey)	1	30
PCHSFA	PS	2	28
RHAC	KK, TbK, KChN	8	2,4,9
SHSFO	SVR	1	27
SUBO (Prakas 809)	Angkor Chey, Chi Phu, Chhouk, K. Speu, K. Trabek, K. Trach, Pailin, Romeas Hek, Kchach Kandal, Takmao, Kg. Chhn		

Source: HEF Bureau

KEY PERFORMANCE INDICATORS, 2008 TO 2014

No	INDICATORS	BASELINE		ACHIEVEMENT				
		2008	2009	2010	2011	2012	2013	2014
1	Percent of RHs implementing health equity fund schemes	61%	67%	72%	73%	70%	67%	62%
2	Percent of HCs implementing health equity fund schemes	12%	14%	29%	30%	36%	44%	52%
3	Number of OPD cases receiving health equity fund assistance	152,000	240,780	431,087	74,282	872,141	1,153,795	1,423,245
4	Number of IPD cases receiving health equity fund assistance	67,204	67,387	88,102	94,610	110,893	110,655	119,109
5	Number of deliveries receiving health equity fund assistance	NA	7,892	11,894	10,602	22,215	30,237	33,112
6	Percent of poor people covered by health equity funds	57%	73%	77%	78%	78%	93%	97%

Source: HEF Bureau

HEALTH EQUITY FUND EXPENDITURES

Total expenditures in 2014 were USD 10,929,763. These consisted of USD 8,958,561 for total direct benefit costs equivalent to 82%, and USD 1,971,202 or 18% for indirect costs. The total amount of direct benefit costs (health services, transport, and food), 84% or USD 7,543,679 was paid to RHs, and only 16% or USD 1,414,882 to HCs. Also, 75% or USD 6,724,750 was paid for health services (OPD, IPD, and deliveries), 14% or USD 1,278,600 for transportation, and 11% or USD 955,212 for patients' food and other expenses.

TOTAL EXPENDITURE

	2009	2010	2011	2012	2013	2014
Direct benefit cost (USD)	2,311,830	3,567,061	5,249,867	6,746,107	7,683,195	8,958,561
Indirect benefit costs (USD)	1,032,883	1,021,349	1,307,612	1,386,222	1,697,418	1,971,202
Total cost (USD)	3,344,713	4,588,410	6,557,479	8,132,329	9,380,613	10,929,763
Indirect cost as % of total expenditure	31%	22%	20%	17%	18%	18%

Source: HEF Bureau

DIRECT BENEFIT COST AT FACILITIES (RHs AND HCs)

	2009	2010	2011	2012	2013	2014
OPD	286,595	675,132	1,183,266	1,048,192	1,459,941	1,799,245
IPD including Deliveries	1,238,906	1,833,089	2,615,530	3,784,838	4,234,791	4,925,506
Transport OPD	40,966	28,404	110,219	409,621	650,407	802,728
Transport IPD	329,441	475,956	641,302	651,411	468,717	475,871

Food	405,755	531,562	680,115	831,809	847,493	933,023
(Other)	10,166	22,917	19,434	20,234	21,845	22,188
Total Direct benefit cost (USD)	2,311,830	3,567,061	5,249,867	6,746,107	7,683,195	8,958,561

Source: HEF Bureau

TOTAL EXPENDITURE BY FACILITIES

	2009	2010	2011	2012	2013	2014
Total direct benefit cost (USD)	2,311,830	3,567,061	5,249,867	6,746,107	7,683,195	8,958,561
Total direct benefit cost (USD) at RHs	2,174,155	3,203,313	4,755,637	5,977,989	6,555,682	7,543,679
Total direct benefit cost (USD) at HCs	137,676	363,748	494,230	768,118	1,127,513	1,414,882
Direct cost at HCs as % of total direct benefit cost	6%	10%	9%	11%	15%	16%

Source: HEF Bureau

INDIRECT COSTS

	2009	2010	2011	2012	2013	2014
Indirect Benefit Costs	715,037	607,412	840,155	881,209	1,055,435	1,277,674
Administrative Costs	308,634	405,162	449,276	503,550	636,833	689,665
Program Development Costs	9,213	8,775	18,182	1,463	5,151	3,863
Total	1,032,883	1,021,349	1,307,612	1,386,222	1,697,418	1,971,202

Source: HEF Bureau

4.2 COMPARISON OF PRE AND POST-ID PATIENTS

HEF beneficiaries are characteristically poor people identified through a Pre-ID process which is usually done by the Ministry of Planning (MOP). However, the MOP is not able to identify all of the poor and not infrequently, patients arriving at a hospital have not been pre-identified and are unable to pay for the cost of care. In such cases, HEF operators verify that they are poor through a process called post-identification, and these patients are called as Post-ID patients in contradistinction to Pre-ID poor patients.

The total number of pre- and post-ID patients who received support from HEFs increased significantly from 2009-12 as can be seen in the Table below. In 2014, however, there appears to be a slight decline.

TREND OF HEF BENEFICIARIES FROM 2009 TO 2014

	2009	2010	2011	2012	2013	2014
Total number of HEF beneficiaries (Pre and Post-ID)	1,503,543	1,748,489	2,468,464	2,689,636	2,689,636	2,620,759
Per year increase or decrease		244,946	719,975	221,172	0	-68,877

NEXT STEPS

- Health Equity Fund guidelines are expected to be finalized by early 2015 with support from AFD
- KfW has joined the Program in 2015 with support for HEFs
- MoH plans to expand HEFs to cover all HCs in the country
- Bid announcement for expansion of HEFs to Kandal province (two clusters) done and implementation expected in early 2015
- Program will fund expansion of SUBO scheme to HCs for those ODs implementing such schemes

CHAPTER 5. COMPONENT C: STRENGTHENING HUMAN RESOURCES

5.1 TRAINING REPORT

This report is based on the data received from the provinces, national level implementing units, and other relevant documents, and data sources. Since the Program did not support any training activities in the second semester of 2014, the data below pertain to only first semester training activities, and are identical to the data presented in the First Semester, 2014 PMR.

Training Activities Report, 24PHDs, 4RTCs, 9NPs and 12 Departments

No	Types of Training	Total No. of Staff Trained	Sex		% of total staff trained	% of total trained by sex	
			M	F		M	F
1	MCH/NNP	3,997	1,758	2,239	37.8%	34.8%	40.6%
	24 PHDs	3,881	1,703	2,178	36.7%	33.7%	39.5%
	Central-National Program	116	55	61	1.1%	1.1%	1.1%
2	MCH/ Reproductive Health	327	23	304	3.1%	0.5%	5.5%
	24 PHDs	327	23	304	3.1%	0.5%	5.5%
	Central-National Program	-	-	-	0.0%	-	-
3	MCH/PMTCT	109	-	109	1.0%	0.0%	2.0%
	24 PHDs	109	0	109	1%	0%	2%
	Central-National Program	-	-	-	0%	0%	0%
4	MCH/NIP	420	157	263	4.0%	3.1%	4.8%
	24 PHDs	420	157	263	4%	3%	5%
	Central-National Program	-	-	-	0%	0%	0%
5	Health Promotion	1,267	791	476	12.0%	15.7%	8.6%
	24 PHDs	1,074	663	411	10%	41.44	45.67
	Central-National Program	193	128	65	2%	8.00	7.22
6	Dengue/Malaria	-	-	-	0.0%	0.0%	0.0%
	24 PHDs	-	-	-	0%	-	-
	Central-National Program	-	-	-	0%	-	-
7	Helminth	-	-	-	0.0%	0.0%	0.0%
	24 PHDs	-	-	-	0%	-	-
	Central-National Program	-	-	-	0%	-	-

8	Drugs Management	231	112	119	2.2%	2.2%	2.2%
	24 PHDs	-	-	-	0%	0%	0%
	DDF	231	112	119	2%	2%	2%
9	Management	1,252	550	702	11.8%	10.9%	12.7%
	24 PHDs	238	155	83	2%	3%	2%
	Central- Pers Dpt	1,014	395	619	10%	8%	11%
10	Administration	236	142	94	2.2%	2.8%	1.7%
	24 PHDs	172	98	74	2%	2%	1%
	Central- Adm Dpt	64	44	20	1%	1%	0%
11	Accounting/ Finance	63	38	25	0.6%	0.3%	0.2%
	24 PHDs	63	38	25	1%	1%	0%
	Internal Audit	-	-	-	0%	0%	0%
12	Language	-	-	-	0.0%	0.0%	0.0%
13	Computer	-	-	-	0.0%	0.0%	0.0%
14	Other Training	2,667	1,480	1,187	25.2%	29.3%	21.5%
	24 PHDs	1,765	906	859	17%	18%	16%
	ARI	75	45	30	1%	1%	1%
	NCTM	-	-	-	0%	0%	0%
	PMD	192	109	83	2%	2%	2%
	DPHI	-	-	-	0%	0%	0%
	CDC	94	74	20	1%	1%	0%
	HRD	18	-	18	0%	0%	0%
	HSD	221	149	72	2%	3%	1%
	NPMH	277	181	96	3%	4%	2%
	NECP	25	16	9	0%	0%	0%
	RTCs	-	-	-	0%	0%	0%
	Total - Trained Staff	10,569	5,051	5,518	100%	48%	52%

RTCs Training Activities Report

No	Type of Training	Total Nb of Staff Trained	Sex		% of Total Staff Trained	% of Total Trained by Sex	
			M	F		M	F

1	RTC Battambang	-	-	-	-	-	-
2	RTC Kg Cham	-	-	-	-	-	-
3	RTC Kampot	-	-	-	-	-	-
4	RTC Stung Treng	-	-	-	-	-	-
Total RTCs trained		-	-	-	0.0%	0.0%	0.0%

Total Training Report, NPs, Depts, 24 PHDs and RTCs

Summary Report

No	IUs	Total No. of Staff Trained	Sex		% of Total Staff Trained	% of Total Trained by Sex	
			M	F		M	F
1	Central-National Program	686	425	261	6.5%	4.0%	2.5%
2	Departments	1,834	883	951	17.4%	8.4%	9.0%
3	24 PHDs	8,049	3,743	4,306	76.2%	35.4%	40.7%
4	RTCs	-	-	-	0.0%	0.0%	0.0%
Total - Attended		10,569	5,051	5,518	100.0%	47.8%	52.2%

Workshop Activities Report, 24 PHDs, RTCs, NPs and Departments

No	Types of Workshop	Total No. of Staff Attended	Sex		% of Total Staff Attended	% of Total Attended by Sex	
			M	F		M	F
1	MCH/NNP	3,050	1,192	1,858	9.1%	6%	13%
	24 PHDs	2,489	872	1,617	7.4%	5%	11%
	Central-National Program	561	320	241	1.7%	2%	2%
2	MCH/ Reproductive Health	3,272	1,251	2,021	9.8%	7%	14%
	24 PHDs	2,655	1,025	1,630	7.9%	5%	11%
	Central-National Program	617	226	391	1.8%	1%	3%
3	MCH/PMTCT	794	371	423	2.4%	2%	3%
	24 PHDs	710	299	411	2.1%	2%	3%
	Central-National Program	84	72	12	0.3%	0%	0%
4	MCH/NIP	5,454	3,038	2,416	16.3%	16%	17%
	24 PHDs	4,279	2,094	2,185	12.8%	11%	15%

	Central-National Program	1,175	944	231	3.5%	5%	2%
5	Health Promotion	7,208	3,924	3,284	21.5%	21%	23%
	24 PHDs	3,023	1,699	1,324	9.0%	9%	9%
	Central-National Program	4,185	2,225	1,960	12.5%	12%	13%
6	Dengue	160	152	8	0.5%	1%	0%
	24 PHDs	-	-	-	0.0%	0%	0%
	Central-National Program	160	152	8	0.5%	1%	0%
7	Helminth/Malaria	-	-	-	0.0%	0%	0%
	24 PHDs	-	-	-	0.0%	0%	0%
	Central-National Program	-	-	-	0.0%	0%	0%
8	Drugs Management	271	173	98	0.8%	1%	1%
	24 PHDs	-	-	-	0.0%	0%	0%
	DDF	271	173	98	0.8%	1%	1%
9	Management	5,488	3,699	1,789	16.4%	20%	12%
	24 PHDs	5,332	3,571	1,761	15.9%	19%	12%
	Central- Pers Dpt	156	128	28	0.5%	1%	0%
10	Administration	-	-	-	0.0%	0%	0%
	24 PHDs	-	-	-	0.0%	0%	0%
	Central- Adm Dpt	-	-	-	0.0%	0%	0%
11	Accounting/ Finance	120	55	65	0.8%	0%	0%
	24 PHDs	120	55	65	0.4%	0%	0%
	Internal Audit	-	-	-	0.0%	0%	0%
12	Language	-	-	-	0.0%	0%	0%
13	Computer	-	-	-	0.0%	0%	0%
14	Other Training	7,651	5,065	2,586	22.9%	27%	18%
	24 PHDs	3,738	2,113	1,625	11.2%	11%	11%
Departments	ARI	107	81	26	0.3%	0%	0%
	NCTM	-	-	-	0.0%	0%	0%
	PMD	375	305	70	1.1%	2%	0%
	DPHI	1,686	1,348	338	5.0%	7%	2%
	CDC	634	521	113	1.9%	3%	1%
	HRD	34	28	6	0.1%	0%	0%

HSD	181	117	64	0.5%	1%	0%
RTCs	896	552	344	2.7%	3%	2%
Total Trained Staff	33,468	18,920	14,548	100%	57%	43%

Workshop Activities Report, 24 PHDs, RTCs, NPs and Departments

No	Types of Workshop	Total No. of Staff Attended	Sex		% of Total Staff Attended		% of Total Attended by Sex	
			M	F	M	F	M	F
1	MCH/NNP	524	189	335	3.4%	2.0%	5.9%	
	24 PHDs	490	171	319	3.2%	1.8%	5.6%	
	Central-National Program	34	18	16	0.2%	0.2%	0.3%	
2	MCH/ Reproductive Health	882	295	587	5.8%	3.1%	10.3%	
	24 PHDs	682	202	480	4.5%	2.1%	8.5%	
	Central-National Program	200	93	107	1.3%	1.06	3.24	
3	MCH/PMTCT	151	78	73	1.0%	0.8%	1.3%	
	24 PHDs	151	78	73	1%	1%	1%	
	Central-National Program	-	-	-	0%	0%	0%	
4	MCH/NIP	561	371	190	3.7%	3.9%	3.3%	
	24 PHDs	561	371	190	4%	4%	3%	
	Central-National Program	-	-	-	0%	0%	0%	
5	Health Promotion	1,919	1,059	860	12.5%	11.0%	15.2%	
	24 PHDs	685	404	281	4%	4.59	8.52	
	Central-National Program	1,234	655	579	8%	7.44	17.55	
6	Dengue	-	-	-	0.0%	0.0%	0.0%	
	24 PHDs	-	-	-	0%	-	-	
	Central-National	-	-	-	0%	-	-	

Program								
7	Helminth/Malaria	-	-	-	0.0%	0.0%	0.0%	
	24 PHDs	-	-	-	0%	-	-	
	Central-National Program	-	-	-	0%	-	-	
8	Drugs Management	220	96	124	1.4%	1.0%	2.2%	
	24 PHDs	-	-	-	0%	0%	0%	
	DDF	220	96	124	1%	1%	2%	
9	Management	6,555	4,565	1,990	42.8%	47.4%	35.1%	
	24 PHDs	6,555	4,565	1,990	43%	47%	35%	
	Central- Pers Dpt	-	-	-	0%	0%	0%	
10	Administration	-	-	-	0.0%	0.0%	0.0%	
	24 PHDs	-	-	-	0%	0%	0%	
	Central- Adm Dpt	-	-	-	0%	0%	0%	
11	Accounting/ Finance	-	-	-	0.0%	0.0%	0.0%	
	24 PHDs	-	-	-	0%	0%	0%	
	Internal Audit	-	-	-	0%	0%	0%	
12	Language		-	-	0.0%	0.0%	0.0%	
13	Computer		-	-	0.0%	0.0%	0.0%	
14	Other Training	4,494	2,981	1,513	29.4%	30.9%	26.7%	
	24 PHDs	3,062	2,010	1,052	20%	21%	19%	
	ARI	-	-	-	0%	0%	0%	
	NCTM	25	22	3	0%	0%	0%	
	NPHM	84	72	12	1%	1%	0%	
	NECP	25	19	6	0%	0%	0%	
	PMD	-	-	-	0%	0%	0%	
	DPHI	272	190	82	2%	2%	1%	
	CDC	138	110	28	1%	1%	0%	

HRD	331	198	133	2%	2%	2%
HSD	121	88	33	1%	1%	1%
RTCs	436	272	164	3%	3%	3%
Total Participants	15,306	9,634	5,672	100%	63%	37%

RTCs Workshop Activities Report

No	Institutions	Total No. Staff Attended	Sex		% of Total Staff Attended	% of Total Attended by Sex	
			M	F		M	F
1	RTC Battambang	113	61	52	26%	14%	12%
2	RTC Kg Cham	129	99	30	30%	23%	7%
3	RTC Kampot	142	83	59	33%	19%	14%
4	RTC Stung Treng	52	29	23	12%	7%	5%
Total participants		436	272	164	100%	62%	38%

Total Workshop Report, NPs, Depts, 24 PHDs

Summary Report

No	Institutions	Total No. Staff Attended	Sex		% of Total Staff Attended	% of Total Trained by Sex	
			M	F		M	F
1	Central-National Program	1,602	879	723	10%	6%	5%
2	Departments	1,082	682	400	7%	4%	3%
3	24 PHDs	12,186	7,801	4,385	80%	51%	29%
4	RTCs	436	272	164	3%	2%	1%
Total participants		15,306	9,634	5,672	100%	63%	37%

OTHER ACHIEVEMENT

- Collaborative work with JICA MANECA project to strengthen quality of training by reviewing and finalizing guidance to training units for provincial hospitals. This training guidance will be annexed to the Complementary Package of Activity (CPA) guidelines.

CONSTRAINTS AND RECOMMENDATIONS

- Strengthen data recording, collection, and management to enable improved oversight of continuing education for health workforce
- Strengthen reporting mechanism for post-service and/or on the job training
- Consider development of performance indicators for training in order to scale up capacity of health workforce
- Systematic quality improvement for continuing education and/or on the job training in public and private sectors facilities by standardizing training curricula
- Training follow up has to be conducted regularly to implementing units to monitor progress and trends in related performance indicators.

5.2 STAFF DEPLOYMENT

Please see Table in Annex E.

CHAPTER 6. COMPONENT D: STRENGTHENING HEALTH SYSTEM STEWARDSHIP FUNCTIONS

6.1 HARMONIZATION AND ALIGNMENT

The 2013 National Health Congress was conducted on 24-25 March, 2014 in Phnom Penh. The Congress reviewed sector performance in 2013, reviewed targets for 2014, and decided on priorities for 2015. Approval to authorize Korea International Cooperation Agency (KOICA) to join membership of the Joint Partnership Arrangement (JPA) was granted vide Program Director's letter dated 12 May, 2014. The signing ceremony was held on 20 August, 2014.

6.2 POLICY DEVELOPMENT AND IMPLEMENTATION

During this reporting period, the draft Health Financing Policy was submitted to Council of Ministers for their review and approval.

6.3 DECENTRALIZATION AND DECONCENTRATION

Currently, the transfer of community health functions is being piloted at five administrative districts in two provinces, Battambang and Pursat. MOH's D&D working group continued to be active during this reporting period.

6.4 HEALTH MANAGEMENT INFORMATION SYSTEM

Please see section 2.3 for a detailed discussion of the HMIS.

6.5 IMPROVING QUALITY OF CARE

During this period, the Level 2 quality of care assessment tool was finalized and approved by the MOH. It was decided that the MOH would conduct the L2 assessments in 16 provinces utilizing central and provincial staff while in 9 provinces, the USAID funded program would continue to conduct the L2 assessments. It is expected that the L2 assessments to be conducted by the MOH would occur in 2015.

CHAPTER 7. PROGRAM FINANCIAL INFORMATION

7.1 DISBURSEMENT

Under Pooled Fund, disbursement from IDA Credit, MDTF, UNICEF and UNFPA as at 31 December 2014 were US\$ 27.3 million, US\$ 98.6 million, US\$ 2.3 million and US\$ 1.5 million, equivalent to 98%, 89%, 100% and 100% of the total allocation US\$ 27.8 million, US\$ 112.2 million, US\$ 2.3 million and 1.5 million respectively.

Under Discrete Fund, disbursement from AFD, BTC, UNFPA and UNICEF as at 31 December 2014 were US\$ 9.4 million, US\$2 million, US\$ 6.2 million, US\$ 1.2 million, equivalent to 100%, 100%, 100% and 100% of the total allocated amount US\$ 9.4 million, US\$ 2million, US\$ 6.2 million and US\$ 1.2 million respectively.

7.2 EXPENDITURES

Sharing of expenditure of the year 2014 for the Pooled fund is 42.61%, 55.19%, and 2.2% from IDA, MDTF and UNICEF respectively. For the year to date, the consolidated expenditures for all funds shows as 58.75% comparing to the total annual budget \$47.2 million; which represents Pooled fund 56.06%, MDTF 100%: 52.27%, UNICEF: 61.00%, UNFPA 90.71%, BTC 39.78%, AFD 96.31% and RGC 67.19% compared to the 2014 annual budget of \$29.74 million, 7.62 million, \$0.02 million, \$0.77 million, \$0.03 million, \$0.91 million and \$8.3 million, respectively. Procurement of goods and works contribute to low percentage of expenditure. Since the process of procurement started from Q1, 2014, the expenses for goods and works as at this quarter show 47% and 31%, respectively. Some procurement of goods and works has been signed in Q4 2014, the disbursement of fund will be mostly made in Q1, 2015.

7.3 PROJECTED CASH REQUIREMENT FOR Q3 & Q4, 2014

POOLED FUNDS

Projected cash requirement the two quarters is US\$ 19.3 million. Since there is a fund balance of US\$ 7.9 million at designed account and a fund request amount US\$ 6.5 million is in process, the program will need only US\$ 4.9 million.

DISCRETE FUNDS

Under UNFPA discrete fund, projected cash requirement shows US\$ 0.49 million. After deducting the fund balance US\$ 0.04 million at designated account, the amount US\$ 0.45 million will be requested.

For the government contribution fund, projected cash requirement indicates US\$ 7.1 million which is included the commitment US\$ 0.81 million. HSSP2 will request only US\$ 3.4 million since the US\$ 3.6 million is available at designated account.

CHAPTER 8. PROGRAM MANAGEMENT AND IMPLEMENTATION

8.1 INTEGRATED FINANCIAL AND TECHNICAL AUDIT

Four draft integrated technical and financial quarterly reports relating to Q4, 2013 and Q1, Q2, and Q3, 2014 were received from the auditors and, after review, the final reports were submitted to JPIG on time. Key issues identified in the financial audits related to control issues which were discussed with relevant IUs in the Joint Quarterly Meetings and relevant actions prescribed by Program Management. For the technical audit findings, these were discussed first by the field audit teams by providing immediate feedback to the PHD Commissioners, and they were also forwarded in written form to relevant PHD Commissioners.

8.2 JOINT QUARTERLY MEETINGS AND JOINT REVIEW MISSIONS

The 11th Joint Review Mission comprised of AFD, DFAT, BTC, DFID, UNGPA, UNICEF, and The World Bank was conducted by JPIG from 19 to 23 May, 2014. This was preceded by provincial field visits to 6 provinces, including Stung Treng, Mondulakiri, Ratanakiri, Prey Vihear, Siem Reap, and Otdar Meanchey during late April and early May, 2014. The 12th JRM was conducted from 27 October to 12 December with field visits to Battambang, Kampong Chhnang, Kampong Spue, Kratie, Takeo, and Stung Treng provinces. Joint Quarterly Meetings with presentation of financial reports, draft integrated financial and technical audit findings, and program implementation progress were conducted on 3 March, 4 June, and 8 September, 2014 with attendance by central departments, and relevant national programs and PHDs.

8.3 SAFEGUARDS

During this reporting period, updated Indigenous Peoples Planning Framework and second round of Social Assessment along with updated Framework for Land Acquisition Policy for second Additional Financing, and updated Environmental Management Plan were submitted and approved by The World Bank on 25 June, 2014. Khmer translations of all of these documents were uploaded to the MOH website on 16 July, 2014 in consonance with transparency and accountability requirements.

Please see section 3.6.7 for detailed info on IP update

8.4 LEGAL COVENANTS

The status of Legal Covenants table is presented in Annex F.

8.5 GOOD GOVERNANCE FRAMEWORK

The updated Good Governance framework is presented in Annex G.

CHAPTER 9. PROGRAM PERFORMANCE MONITORING

9.1 OVERVIEW OF PROGRESS OF PROGRAM DEVELOPMENT OBJECTIVES INDICATORS

As explained in section 2.3 above, HMIS data for 2014 were not available due to the transition from version 1.0 to 2.0 of the HMIS database. Thus, the following discussion is based only on national performance (without any provincial breakdowns), and with data obtained from central departments and national programs without validation against the HMIS data. Currently no date is available for the release of the upgraded database.

The results for Trained Attendance at Delivery show an achievement of 85% for the year, an increase of 1% over the 2013 achievement of 84%. Deliveries at Health Facilities was maintained at 80%, same as that for 2013. Modern contraceptive use showed a marginal increase from 34.25% in 2013 to 35% in 2014. DPT-HepB3 coverage rose from 95% in 2013 to almost 98% in 2014. PMTCT also showed a marginal increase from 67% in 2013 to 68% in 2014. The TB Cure Rate declined slightly from 91% to 90% while Malaria Cases Treated at Public Facilities per 1,000 population rose from 1.70 in 2013 to 1.89 in 2014. Vitamin A supplements for 6-59 months age group was 87% in 2014 versus 100.5% in 2013. Iron folate for pregnant women rose slightly from 84% in 2013 to 86% in 2014. Finally, the achievement for mebendazole coverage for 12-59 months age group was 96% in 2014 versus 103% in 2013.

9.2 PROGRAM DEVELOPMENT OBJECTIVES INDICATORS, PROVINCIAL RANKINGS

As explained in section 2.3 above, no HMIS data are available for presentation.

9.3 PROGRAM PERFORMANCE INDICATORS

No	INDICATORS	BASELINE	TARGET	TARGET	ACHIEVEMENT					
		2008	2015	2014	2009	2010	2011	2012	2013	2014
COMPONENT A: HEALTH SERVICE DELIVERY										
1	OPD new cases all ages p.c.	0.54	≥ 0.7	≥ 0.7	0.58	0.64	0.64	0.63	0.61	0.59
2	OPD new cases under 5 p.c.	1.1	2.0	1.9	1.0	2,362,906	1.6	1.45	1.43	1.45
3	ANC 2 visits	81	90	88	88.5	80.4	86.24	87	81.5	91.4
4	C-section rate	2	4.0	3.2	2.13	2.56	3.15	2.83	3.3	4.29
5	No. of TB cases all forms notified	39,820	41,000	40,298	40,199	41,000	40,866	40,639	40,000	41,000
6	% of people living in malaria endemic areas of 20 provinces have sufficient (1 net per 2 persons) treated bed nets(LLIN/ITN)	76	>95	>95	75	82	95	100	100	100
7	DHF case fatality rate reported by public health facilities	0.68	0.5	0.7	0.32	0.30	0.45	0.44	0.30	0.52
8	Percent of children under 5 years with cough or difficult breathing who sought treatment from public health provider	48 (CDHS 2005)	67	66	NA	64	NA	NA	NA	68.8
9	Percent of children under 5 years with diarrhea who received ORT and Zinc	58 (CDHS 2005)	97	96	NA	81	NA	NA	NA	NA
10	Number of diabetes cases receiving treatment per 1,000 patients in public health facilities	35	30	33	30	29	21	46.60	47.29	1.81*
11	Percent of HCs implementing IMCI services	69	NA	NA	78	95	98	97	98	96
12	Percent of essential drugs (15 items listed) at HCs that were out of stock	12.87	<5	<5	6.5	5.35	4.71	4.18	4.10	4.73
COMPONENT B: HEALTH FINANCING AND SOCIAL PROTECTION										
1	% of Government (MOH) Health Expenditure at Provincial level	29.85	NA	NA	31	27.14	31	29.9	28.07	35.12
2	Percent of RHs implementing health equity fund + subsidy schemes	61	NA	NA	67	72	73	70	66	62
3	Percent of HCs implementing health equity fund + subsidy schemes	12	NA	NA	14	29	30	36	50	52
4	Number of OPD cases receiving health equity fund assistance	152,000	NA	NA	312,713	621,628	769,284	1,033,316	1,204,179	1,423,245
5	Number of IPD cases receiving health equity fund assistance	67,204	NA	NA	102,205	123,553	78,122	135,090	151,668	119,109

No	INDICATORS	BASELINE	TARGET	TARGET	ACHIEVEMENT					
		2008	2015	2014	2009	2010	2011	2012	2013	2014
6	Number of deliveries receiving health equity fund assistance	NA	NA	NA	15,629	25,388	25,150	25,782	61,648	33,112
7	Percent of poor people covered by health equity funds	57	NA	NA	73	77	78	78	78	97
8	Number of individuals insured under CBHI schemes	73,828	NA	NA	130,397	170,490	237,541	166,663	103,557	112,737
9	Government health expenditure per capita (USD)	7.77	NA	NA	8.64	10.78	11.59	13	14	13
COMPONENT C: HUMAN RESOURCES DEVELOPMENT										
1	Secondary midwives per 10,000 per location:									
	- Country ratio	1.35			1.34	1.32	1.39	1.67	1.68	1.79
	- Provincial average	1.40	NA	NA	1.38	1.37	1.42	1.74	2.07	2.34
	- Provincial median	1.74			1.26	1.20	1.27	1.57	1.98	2.08
COMPONENT D: STEWARDSHIP AND INSTITUTIONS										
1	Percent of external funds for health included in AOPs	50.6	NA	NA	66.4	64.6	98.7	121	117.7	92.74
2	Percent of functioning HCMCs	NA	>85	85	NA	85	85	85	85	75
3	Percent of licensed private pharmacies and depots	49	100	100	59	94	100	100	100	100
4	Percent of private entities (polyclinics, consultation cabinets, maternity clinics, dental clinics, etc.) that are licensed	56	100	100	72	93	100	100	100	100

Note: *Dept of Preventive Medicine changed the denominator from "Total OPD patients" to "Population age 15 years and above."

9.4 PROJECT MONITORING INDICATORS

No	INDICATORS	BASELINE 2008	TARGET 2013	ACHIEVEMENT					
				2009	2010	2011	2012	2013	2014
1	Technical content and results-focus of AOP process improves based on MTR and Final Evaluation	NA	Improvement since MTR	NA	NA	Improved	Improved	Improved	Improved
2	Number and percentage of MOH central institutions and provinces submitting AOP and 3YRPs according to schedule and in MOH format	79% (2008)	95%+	NA	100%	100%	100%	100%	100%
3	AOP resource allocation of program budgets reflecting HSP2 and JAPR priorities (1.MCH; 2.CDs; and 3.NCDs)	NA	NA		MCH: \$24.3 mill (8.9%) CDC: \$52.8 mill (19.4%) NCD: \$6 mill (2.2%)	MCH: 20% CDC: 57% NCD: 3%	MCH: 17% CDC: 53% NCD: 2%	MCH: 22.12% CDC: 43.58% NCD: 2.46%	MCH: 19.07% CDC: 40.76% NCD: 2.28%
4	Rate of Program execution for <ul style="list-style-type: none"> Government funds Pooled DP 	NA 105% (JAPR 2009)	95% 95%	RGC: 63% DP(HSSP2): 41%	RGC: 94.8% DP(HSSP2): 59%	RGC: 95.39% DP (HSSP2): 62.1%	60.18% 61.50%	62.86% 57.09%	67.19% 55.26%
5	Share of operating cost budget reaching contracting ODs	0	40%	10%	20%	25%	30%	35%	35%
6	Proportion of ODs implementing SDGs and internal contracting meeting at least 80% of their performance targets	0	100%	NA	93%	100%	100%	100%	100%
7	Financial Management Improvement Plan developed and implemented	NA	Implemented	Implemented	implemented	Implemented	Implemented	Implemented	Implemented
8	Number of MOH staff receiving POC payments financed by Project.	0	NA	0	0	239	237 (up to June, 2012)	0	0
9	Annual health planning summits (JAPR and JAPA) conducted with wide stakeholder	NA	JAPA and JAPR conducted	JAPA and JAPR conducted	JAPR and JAPA conducted in	JAPR conducted in	JAPR and JAPA	JAPR conducted	JAPR and

No	INDICATORS	BASELINE 2008	TARGET 2013	ACHIEVEMENT					
				2009	2010	2011	2012	2013	2014
	participation				March, 2011	March, 2012; JAPA conducted in December, 2011	conducted	d; JAPA not conducted	JAPA not conducted, but NHC conducted
10	Percentage of HSP2 indicators that have <ul style="list-style-type: none"> • Baselines • Targets 	77% 69%		83% 73%	98% 90%	98% 90%	98% or 90%	83% (53/64) or 73% (47/64)	NA or NA
11	Selected key HSP2 indicators disaggregated by location and sex	PHDs: No Sex disagg: No	PHDs: Yes Sex disagg: No	PHDs: Yes Sex disagg: No	PHDs: Yes Sex disagg: No	PHDs: Yes Sex disagg: No	PHDs: Yes Sex disagg: Yes	PHDs: Yes Sex disagg: Yes	PHDs: Yes Sex disagg: Yes
12	Health personnel receiving training through the Project (number)	NA	NA	43,989	20,359	31,053	37,867	22,205	10,569 *
13	Health facilities constructed, renovated, and/or equipped through the Project	NA	NA	NA	6		1 PRH 57 HCs 2 HP 1 RH Landscapes Physical Completion 30 HCs 1HP	31 HCs 1 HP 26ADRs, 1 OD Pharmacy 2 RTCs, Phase 1 NDQCL.	10 HCs 1 RH 12 Reno vation NCD Clinics

*: Pooled Fund did not support Training in Semester 2, 2014

CHAPTER 10. PROGRAM MONITORING AND EVALUATION

10.1 PROGRAM MONITORING

No	DESCRIPTION	CENTRAL TO PHDs		CENTRAL TO ODs		CENTRAL TO RHs		CENTRAL TO HCs		TOTAL		COMMENT
		PLAN	ACH	PLAN	ACH	PLAN	ACH	PLAN	ACH	PLAN	ACH	
1	NNP	20	20	20	20	20	20	74	74	134	134	
2	NRHP	56	57	0	0	38	38	60	61	154	156	
3	NIP	198	142	198	142	198	142	198	142	792	568	
4	Dengue	144	32	288	68	144	48	768	183	1344	331	
5	Helminths	2	2	2	2	0	0	2	2	6	6	
6	NCHP	26	28	26	22	NA	NA	19	29	71	79	Budget not enough for some activities
7	National Center for Traditional Medicine	18	18							18	18	From traditional medicine store to healer
1	DPHI	308	145	0	0	0	0	0	0	308	145	Implementation process complicated leading to delay in starting, and not supported by Pooled Fund in semester 2
2	DBF	196	78	0	0	0	0	0	0	196	78	There was late approval of budget, so work plan delayed and not supported by Pooled Fund in semester 2
3	HSD	0	0	0	0	144	72	0	0	144	72	Inadequate budget and not supported by Pooled Fund in semester 2
4	DPM	30	26	26	21	25	25	105	110	186	182	Transportation means limited and not supported by Pooled Fund in semester 2
5	DP	20	20	19	19	18	18	43	43	100	100	Lack of human resources and not supported by Pooled Fund in semester 2
6	DDF	90	45	66	32	38	18	250	122	444	217	Budget is limited and not supported by Pooled Fund in semester 2
7	CDC	40	20	40	20	24	5	40	20	144	65	Transport is not available sometimes and visits not supported by Pooled Fund in semester 2
8	Admin	60	32	60	40	60	36	0	0	180	108	Public transportation cannot reach HCs and remote ODs, and not supported by Pooled Fund in semester 2
9	HRD (To RTCs)	28	0	0	0	0	0	0	0	28	0	Busy with conducting National Entrance Exam and National Exit Exam in quarter 1 and 2 of year 2014 that caused delay in undertaking activities; also RTCs busy with new recruitment and exit exam of students; and not supported by Pooled Fund in semester 2
10	DIC	26	13	0	0	0	0	0	0	26	13	No means of transportation which made it difficult to monitor NGO projects and not supported by Pooled Fund in semester 2
11	DIA	12	6	20	10	12	6	10	5	54	27	Not supported by Pooled Fund in semester 2

12	CMS	0	0	0	0	0	0	0	0	0	0	0	Only distribution of drugs and medical supplies to provinces and not supported by Pooled Fund in semester 2
13	Legislation Dept	8	4	26	13	0	0	0	0	34	17	17	Difficulty in traveling by bus to some PHDs and ODs and not supported by Pooled Fund in semester 2

10.2 SUPERVISION VISITS

The Table below reports on integrated supervision (ISC) activities conducted by individual provinces and their ODs during the year 2014, but it should be noted that the Pooled Fund supported activities only in semester 1. As can be seen, a total of 151 visits were conducted from PHDs to ODs versus 362 planned (41.71%), 163 visits from PHDs to RHs versus 368 planned (44.29%), and 4,886 visits from ODs to HCs versus 9,631 planned (50.73%). Overall, a total of 5,200 visits were conducted against 10,361 planned yielding an achievement rate of 50.19%. Detailed reasons with explanations for under-achievement of number of planned visits are listed in the “Comments” column below.

No	DESCRIPTION	PHD TO OD		PHD TO RH		OD TO HCs		TOTAL		%	COMMENT
		PLAN	ACH	PLAN	ACH	PLAN	ACH	PLAN	ACH.		
1	Banteay Meanchey	12	9	15	9	564	546	591	564	95%	Budget not enough, Program supported only 6 months, except SOA
2	Battambang	15	4	12	4	474	95	501	103	21%	Supervision team member not sufficient, Program budget support only for 6mths, Budget also received late
3	Kampong Thom	6	0	6	0	133	133	145	133	92%	Normally plan = 300 (not 133) but reduced due to lack of budget, Budget approved budget late, inadequate human resources
4	Kampong Speu	9	9	9	9	300	295	318	313	98%	Budget approved for only 6 months, Lack of budget and human resources
5	Kampot	16	12	16	12	354	313	386	337	87%	Program budget supported only S1 activities, Budget received late, Staff moved, small budget for VHSGs
6	Kep	0	0	6	0	24	19	30	19	63%	Only some activities conducted since,

No	DESCRIPTION	PHD TO OD		PHD TO RH		OD TO HCs		TOTAL		%	COMMENT
		PLAN	ACH	PLAN	ACH	PLAN	ACH	PLAN	ACH.		
											budget reduced, and not matching planned activities
7	Kratie					82	54	82	54	66%	Budget not enough for ISC visits from PHD to ODs and RHs and reduced time to supervise from ODs to HCs
8	Otdar Meanchey					96	96	96	96	100%	Shortage of budget, OD planned only 4 visits per year and staff overloaded with work
9	Pailin			6	3	72	18	78	21	27%	Budget not enough for planned supervision visits
10	Preah Vihear	6	3	6	3	240	240	252	246	98%	Lack of budget and human resources, Budget approved late, and new HFs added
11	Pursat	6	6	6	6	168	168	180	180	100%	Program supported only 6 months of activities, Budget approved did not match with the submitted plan, Budget is very low
12	Stung Treng					72	33	72	33	46%	Normally plan = 144 visits (not 72) but due to lack of budget annual target was cut in half, Approved budget received late, inadequate human resources
13	Kampong Cham	60	20	60	30	1,704	822	1,824	872	48%	Not supported by Pooled Fund in semester 2 and lack of staff
14	Kampong Chhnang	18	9	18	9	464	180	500	198	40%	Budget support in AOP is limited in Semester 1 and not supported by Pooled Fund in semester 2
15	Kandal	54	15	42	7	544	245	640	267	42%	Not supported by

No	DESCRIPTION	PHD TO OD		PHD TO RH		OD TO HCs		TOTAL		%	COMMENT
		PLAN	ACH	PLAN	ACH	PLAN	ACH	PLAN	ACH.		
											Pooled Fund in semester 2
16	Koh Kong	6	3	6	3	144	140	156	146	94%	PBB budget used, is limited, and bad weather in October and November
17	Monduliri	4	1	4	1	60	16	68	18	26%	Difficult roads and not supported by Pooled Fund in semester 2
18	Prey Veng	42	18	42	18	1,164	230	1,248	266	21%	Budget approved for only 6 months
19	Preah Sihanouk			0	0	52	26	52	26	50%	PHD to RH not done because of lack of staff and not supported by Pooled Fund in semester 2
20	Phnom Penh	30	15	36	18	336	91	402	124	31%	Late approval of budget and not supported by Pooled Fund in semester 2
21	Ratanakiri	6	1	6	2	120	21	132	24	18%	Pooled Fund approved late on 22 January, 2014 and not supported by Pooled Fund in semester 2
22	Svay Rieng	18	3	18	6	504	133	540	142	26%	Budget limited and not supported by Pooled Fund in semester 2
23	Siem Reap	24	8	24	8	1,056	528	1,104	544	49%	Implementers are very busy with other projects or routine work and participating in training courses organized by National Programs, and not supported by Pooled Fund in semester 2
24	Takeo	30	15	30	15	904	444	964	474	49%	Team members are not adequate to conduct supervision, and not supported by

No	DESCRIPTION	PHD TO OD		PHD TO RH		OD TO HCs		TOTAL		%	COMMENT
		PLAN	ACH	PLAN	ACH	PLAN	ACH	PLAN	ACH.		
											Pooled Fund in semester 2
	Total	362	151	368	163	9,631	4,886	10,361	5,200	50%	

Note: Due to reduction in Program support, some PHDs and ODs set targets for 6 months while others set full year targets, hence rates of target achievement vary widely.

Source: PHD reports

CHAPTER 11. PROGRAM PROCUREMENT

11.1 WORKS

1. ICB PACKAGE

- Construction (renovation) of 15 Additional Buildings at 15 Referral Hospitals: contract signed and construction in progress
- 53 Additional Delivery Room (53 ADRs): Contract signed and construction in progress
- Works and supply of equipment (upgrading Clean Room) for NLDQC: contract signed

2. NCB PACKAGE

- Construction of 8 HCs: completed
- Construction of 2 HCs: completed
- Civil works (improvement of sanitation) for 280 HCs package: Bidding Documents under formulation and will advertise on 16 January 2015
- Water Supply (Drill well with supply water pump and solar for water pump) for 280 HCs Package: under advertising of Bidding Document

11.2 GOODS

1. ICB PACKAGE

- Furniture for 175 HCs and 12 HPs (package-A): Delivered
- Furniture for 175 HCs and 12 HPs (package-B): Delivered
- Medical Equipment (CPA1,2,3, package-A): Delivered
- Medical Equipment (CPA1,2,3, package-B): Delivered
- MPA Kits for 175 HCs and 12 HPs: Delivered
- Motorcycles for SOAs (budget SDG 2010 & 2011): Delivered
- Office Equipment for SOAs (budget SDG 2010 & 2011): Delivered
- BTI for CNM (Direct Contract): Delivered
- Laboratory Equipment for NLDQC: Contract Signed.
- Medical Equipment and Bunker (Linear Accelerator including Bunker Construction) for Khmer Soviet Friendship Hospital: Contract Signed
- Multi-micronutrient Powder (LIB package): Delivered
- Therapeutic food BP-100 (Direct Contract): Delivered

2. NCB PACKAGE

- Medical Equipment for TSMC: Delivered
- Medical Equipment for SOAs (budget SDG 2010 & 2011): Delivered
- Solar Lighting System for 109 HCs: Contract signed and on process of delivery
- Furniture for NLDQC: Contract signed and process of delivery
- Solar Lighting System for 103 HCs (280 HCs package): Contract signed and on process of delivery
- Medical Equipment for Eye Health: Contract signed and on process of delivery
- Medical Supply for Eye Health: Contract signed and on process of delivery

- Furniture for RTC Battambang and Stung Treng: Delivered
- Office Equipment: Delivered
- 3 units of Vehicles for Eye Health and Mental Health: Delivered
- Medical Equipment for 12 NCD Clinics: Delivered
- Combined from SOAs of Office Equipment: Contract Signed

3. NATIONAL SHOPPING PACKAGE

- Obstetrics kits for 30 HCs and 3 RHs (for Svay Rieng Province): Delivered
- Solar lighting system for 16 HCs: Delivered
- Digital Camera for SOAs (budget SDG 2010): Delivered
- Medical Refrigerator and Air-conditioner for CMS and SOAs
- Furniture for SOAs (budget SDG 2010 & 2011): Delivered
- Generator for Kang Meas-Prey Chhor (budget SDG 2010 & 2111): Delivered
- Grass cutting machine for SOAs (budget SDG 2010 & 2011): Delivered
- Camera & TV for SOAs (budget SDG 2011): Delivered
- Quickbook Accounting for HSSP2: Delivered
- Air-conditioner for CMS, RTC Battambang and Stung Treng: Delivered
- Sound System for RTC Battambang and Stung Treng: Delivered
- Office Equipment for 12 NCD Clinic: Delivered
- Furniture for 12 NCD Clinics: Delivered
- Refrigerators for 12 NCD Clinic: Delivered

4. ICB PACKAGE

- Furniture for 175HCs and 12 HPs (package-A): Delivered
- Furniture for 175HCs and 12 HPs (package-B): Delivered
- Medical Equipment (CPA1,2,3, package-A): Delivered
- Medical Equipment (CPA1,2,3, package-B): Delivered
- MPA Kits for 175HCs and 12 HPs: Delivered
- Motorcycles for SOAs (budget SDG 2010 & 2011): Delivered
- Office Equipment for SOAs (budget SDG 2010 & 2011): Delivered
- Bti for CNM (Direct Contract): Delivered
- Laboratory Equipment for NLDQC: WB provided NOL and Notification for Contract Award issued.
- Medical Equipment and Bunker (Linear Accelerator including Bunker Construction) for Khmer Soviet Friendship Hospital: Bid Evaluation Report sent to WB.
- Multi-micronutrient Powder (LIB package) : Contract Awarded
- Therapeutic food BP-100 (Direct Contract): Contract Awarded and Delivered

5. NCB PACKAGE

- Medical Equipment for TSMC: Delivered
- Medical Equipment for SOAs (budget SDG 2010 & 2011): Delivered
- Solar Lighting System for 109 HCs: Contract signed and on process of delivery
- Furniture for NLDQC: Contract signed and process of delivery
- Solar Lighting System for 103 HCs (280 HCs package): Bid will be opening on 28 August 2014
- Medical Equipment for Eye Health: Contract signed and on process of delivery

- Medical Supply for Eye Health: Contract signed and on process of delivery
- Furniture for RTC Battambang and Stung Treng: Delivered
- Office Equipment: Delivered
- 3 units of Vehicles for Eye Health and Mental Health: Delivered
- Medical Equipment for 12 NCD Clinics: Delivered

6. NATIONAL SHOPPING PACKAGE

- Obstetrical kits for 30 HC's and 3 RHs (for Svay Rieng Province): Delivered
- Solar lighting system for 16HCs: Delivered
- Digital Camera for SOAs (budget SDG 2010): Delivered
- Medical Refrigerator and Air-conditioner for CMS and SOAs
- Furniture for SOAs (budget SDG 2010 & 2011): Delivered
- Generator for Kang Meas-Prey Chhor (budget SDG 2010 & 2111): Delivered
- Grass cutting machine for SOAs (budget SDG 2010 & 2011): Delivered
- Camera & TV for SOAs (budget SDG 2011): Delivered
- Quickbook Accounting for HSSP2: Delivered
- Air-conditioner for CMS, RTC Battambang and Stung Treng: Delivered
- Sound System for RTC Battambang and Stung Treng: Delivered
- Office Equipment for 12 NCD Clinic: Delivered
- Furniture for 12 NCD Clinics: Delivered
- Refrigerator for 12 NCD Clinic: Delivered

11.3 INDIVIDUAL CONSULTANT

- Recruitment of 1 position, Performance Management Expert: Contract has been signed
- Contracts extension for all individual consultants: Contracts have been signed

11.4 CONSULTANT FIRMS AND HEALTH EQUITY FUND OPERATORS

- Health Equity Fund: Cluster (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 26, 27, 28, 29 and 30) contracts have been extended
- Health Equity Fund: Cluster 12, in process of selection new operator through QCBS method: contract was signed

11.5 PROCUREMENT OF GOODS AND WORKS FOR SOAs

1. WORKS

- Total of package for all SOAs 1 package
 - Construction of Incinerator for Koh Kong Referral Hospital, Contract was signed

2. GOODS

- Total of package for all SOAs 62 packages
- Process procurement by SOAs: 25 packages
 - Contract signed: all 25 packages

- Process procurement by SOAs: 37 packages, combined to 4 packages and procured by Program Secretariat
- Combined from SOAs of motorcycle 7 units: Contract signed and delivered
- Combined from SOAs of Furniture: Contract signed and delivered
- Combined from SOAs of TV & DVD: Contract signed and delivered
- Combined from SOAs of Medical Equipment: Contract signed