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| MOH_New Logo  Ministry of Health | 2015 ANNUAL PERFORMANCE MONITORING REPORT, Volume 1 |
|  |  |
| March, 2016 | Second Health Sector Support Program, 2009-16 |
|  |  |

MINISTRY OF HEALTH

No. 53, Street 28, Beoung Kak I, Toul Kork

Phnom Penh, Kingdom of Cambodia.

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in joint

partnership with:

Second Health Sector Support Program, 2009-16

**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 |
| 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 |
| 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  HSP2 | First Health Sector Strategic Plan, 2003-07  Second Health Strategic Plan, 2008-15 |
| HSSP1  HSSP2 | First Health Sector Support Project (ADB, DFID, UNFPA, IDA/The World Bank)  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  KOICA | Japan International Cooperation Agency  Korean International Cooperation Agency |
| MCH | Maternal and Child Health |
| 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 |

Table of Contents

[**Chapter 1. Introduction 10**](#_Toc408823593)

[**Chapter 2. Program Progress and Key Issues 10**](#_Toc408823594)

[2.1 Program Performance Indicator Dashboard 11](file:///D:/HSSP2/PMR/2014/Draft%20First%20Semester%20PMR%202014%20Volume%201.docx#_Toc408823595)

[2.2 Status of Program Activities 12](#_Toc408823596)

[2.3 Key Implementation Issues 12](#_Toc408823597)

[Chapter 3. Component A: Strengthening Health Service Delivery 13](#_Toc408823598)

[3.1 Program 1: Reproductive, Maternal, Newborn and Child Health 13](#_Toc408823599)

[3.1.1 Nutrition 13](#_Toc408823600)

[3.1.2 Reproductive Health 13](#_Toc408823601)

[3.1.3 Maternal and Newborn Health 14](#_Toc408823602)

[3.1.4 Expanding EmONC Services 14](#_Toc408823603)

[3.2 Program 2: Communicable Diseases Prevention and Control 16](#_Toc408823605)

[3.2.1 Dengue Control Program 16](#_Toc408823606)

[3.2.2 Helminths Control Program (community and school based activities) 16](#_Toc408823607)

[3.3 Program 3: Non Communicable Diseases 17](#_Toc408823608)

[3.3.1 Primary Prevention Activities 17](#_Toc408823609)

[3.4 Health Promotion 19](#_Toc408823610)

[3.5 Health Infrastructure Development 20](#_Toc408823611)

[3.5.1 Infrastructure Development by Source of Fund 20](#_Toc408823613)

[3.5.2 Infrastructure Development by Type of Facility 21](#_Toc408823614)

[3.5.3 Infrastructure Development by Province 21](#_Toc408823615)

[3.5.4 Budget and Expenditures for Infrastructure Development 23](#_Toc408823616)

[3.6 SOA Performance 24](#_Toc408823619)

[3.6.1 Performance Bonus Awards 24](#_Toc408823622)

[3.6.2 Quarterly SOA Review Reports 24](#_Toc408823623)

[3.6.3 Specific Issues Regarding SOAs 25](#_Toc408823624)

[3.6.4 Tracking of PBB Budget for SOAs 26](#_Toc408823625)

[3.6.5 Service Delivery Monitoring Group Report 26](#_Toc408823625)

[3.6.6 Indigenous Peoples Service Delivery 44](#_Toc408823625)

[Chapter 4. Component B: Improving Health Finance 44](#_Toc408823626)7

[4.1 Health Equity Funds 47](#_Toc408823627)

[4.2 Comparison of Pre and Post-ID Patients 50](#_Toc408823632)

[Chapter 5. Component C: Strengthening Human Resources 51](#_Toc408823633)

[5.1 Training Report 51](#_Toc408823634)

[5.2 Staff Deployment 51](#_Toc408823635)

[**Chapter 6. Component D: Strengthening Health System Stewardship Functions 52**](#_Toc408823636)

[6.1 Policy Development and Implementation 52](#_Toc408823637)

[6.2 Health Management Information System 52](#_Toc408823638)

[6.3 Improving Quality of Care 52](#_Toc408823639)

[Chapter 7. Program Financial Information 53](#_Toc408823640)

7.1 Disbursement 53

[7.2 Expenditures 53](#_Toc408823641)

[7.3 Projected Cash Requirement for Q3 & Q4, 2014 53](#_Toc408823642)

Chapter 8. Program Managemnet and Implementation [54](#_Toc408823643)

[8.1 Safeguards .54](#_Toc408823643)

[8.2 Legal Covenants 54](#_Toc408823644)

[8.3 Good Governance Framework 54](#_Toc408823646)

[Chapter 9. Program Performance Monitoring 55](#_Toc408823647)

[9.1 Overview of Progress of Program Development Objectives Indicators 55](#_Toc408823648)

[9.2 Program Development Objectives Indicators, Provincial Rankings 55](#_Toc408823649)

[9.3 Program Performance Indicators 55](#_Toc408823650)

Chapter [10.Program Monitoring 61](#_Toc408823651)1

10.1 Program Monitoring .61

[10.2 Supervision Visits 61](#_Toc408823652)

[**Chapter 11. Program Procurement 64**](#_Toc408823654)4

[11.1 Works 64](#_Toc408823655)4

[11.2Goods 64](#_Toc408823656)

[11.3 Individual Consultants 64](#_Toc408823681)

[11.4 Consultant Firms and Health Equity Fund Operators 64](#_Toc408823682)

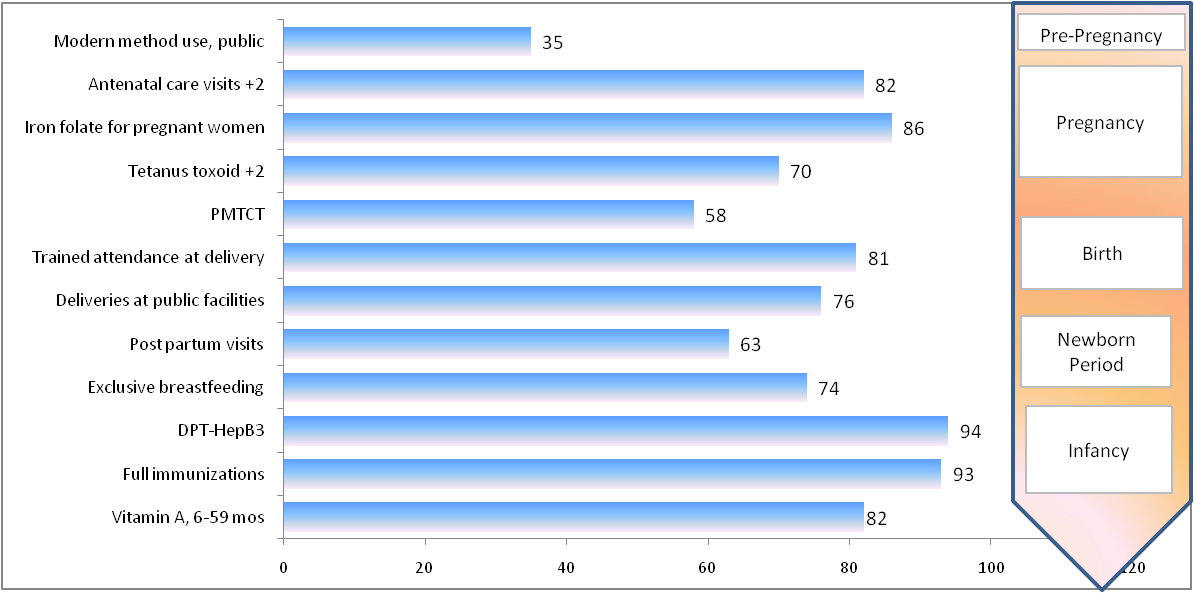
[11.5 Procurement of Goods and Works for SOAs](#_Toc408823683) 64

# **Chapter1.Introduction**

This Performance Monitoring Report is the fourteenth since the launching of HSSP2 in January, 2009 and covers the year 2015. As such, it incorporates materials from the 1st Semester 2015 Report .

# **Chapter 2.Program Progress and Key Issues**

|  |  |  |
| --- | --- | --- |
|  | **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 | 8.4 | 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 | 34.34% |

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**PROGRAM DEVELOPMENT OBJECTIVE INDICATORS, 2003-15**

**REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH FAST TRACK INITIATIVECONTINUUM OF CARE COVERAGE**

**PROGRAM INDICATORS BASELINE CURRENT**

Source: CDHS 2010, 2014, 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 2015 figures are from Depts or NPs, not HMIS.

Source: CDHS 2010, National Programs/MOH

**2.1 Program Performance Indicator Dashboard**

in joint partnership with:

Source: HMIS, National Programs/MOH

# **2.2 Status of Program Activities**

* The level 2 assessments for quality of care were completed in October, 2015 and the results were made available in March, 2016. The payment of the 50% balance of 2014 performance bonus and the entire 2015 bonus to SOAs will be based on these results.
* It should be noted that HEFs contracted in 2014 were first extended until June 30, 2015, and subsequently to December 31, 2015. To continue with its stated goal of covering all HCs in the country in 2015, the MOH authorized HEFOs to reimburse health facilities the sum of 2,000 Riels per OPD case, pending the completion of the Level 2 Quality of Care assessment, whose scores are required before an HEF can be made operational at a health facility. The introduction of the full benefits package will be based on the Level 2 results.
* Addendum to the Program’s Joint Partnership Arrangement to include KFW was signed on March 5, 2015.

## 2.3 Key Implementation Issues

**Health Management Information System**

The HMIS version 2 was established successfully and verified information was available in the database from July, 2015 onwards. In the same month, the USAID contractor providing technical assistance conducted a national training workshop in collaboration with the HIS Bureau to orient participants to the changes in the database.

## Chapter 3.ComponentA: Strengthening Health Service Delivery

## 3.1 Program 1: Reproductive, Maternal, Newborn and Child Health

### 3.1.1 Nutrition

|  |  |  |  |
| --- | --- | --- | --- |
| No | Indicator | | Annual |
| **Target** | | **Ach** |
| 1 | % of pregnant women receiving 90 tablets of iron/folate supplementation | | 80 | | 82.17 |
| 2 | % of postpartum women receiving 42 tablets of iron/folate supplementation | | 74 | | 62 |
| 3 | % of children 6-59 months receiving vitamin A 2 doses during the last 6 months (©: CMDG indicator) | | 90 | | R1= 75 R2= 88 |
| Source: National Nutrition Program | |

**Constraints**

* Malnutrition among women and children in Cambodia is still high and most of nutrition activities are still small scale, except Vitamin A and IFA supplementation

**Next steps**

**•** Fund raising from DPs and government to expand nutrition interventions to reduce malnutrition in Cambodia.

### 3.1.2 Reproductive Health

| No | Indicator | Annual | |
| --- | --- | --- | --- |
| Target | Ach |
| 1 | Contraceptive Prevalence Rate (Modern Methods) | 40% | 41% |
| 2 | Number of public health facilities provide safe abortion | 550 | 611 |
| 3 | Number of public health facilities provide ADSRH services | 900 | 816 |

Source:National Reproductive Health Program

**Constraints**

* ADSRH services are limited
* New health center staff have not been trained in birth spacing
* No financial support for training of HC midwives in ADSRH

**Next steps**

* Continue to conduct Training of Trainers
* Expand ADSRH services at HC Level
* Continue to conduct meetings and workshops
* Continue to conduct field monitoring visits to PHD and HC level on Reproductive Health
* Continue to conduct training follow up

Request for printing of IEC/BCC materials for the RH health program and purchasing materials for HCs

### 3.1.3 Maternal and Newborn Health

|  |  |  |  |
| --- | --- | --- | --- |
| No | Indicator | Annual | |
|  |  | **Target** | **Ach** |
| 1 | Two antenatal care consultations | 90% | 82.06% |
| 2 | Delivery by health trained provider | 88 | 85 |
| 3 | Delivery by trained health provider in health facilities | 85 | 75.90 |
| 4 | Delivery by C-section (public services only) | 4.0 | 4.92 |

Source: National Reproductive Health Program

**Constraints**

* Transfers of trained service providers at HC level
* No support for training of HC midwives in birth spacing

**Next steps**

• Continue to provide ToT training to PHD MCH staff

• Continue to provide training support to HC staff

• Continue to support monitoring and supervison to PHD and OD levels

### 3.1.4 Expanding EmONC Services

|  |  |  |  |
| --- | --- | --- | --- |
| No | Indicator | Annual | |
|  |  | **Target** | **Ach** |
| 1 | Number of Referral Hospitals and Health Centers  functioning as B-EmONC | 136 | 110 |
| 2 | Number of Referral Hospitals functioning as C-EmONC | 44 | 37 |

Source: National Reproductive Health Program

**Constraints**

• Limited training for B-EmONC and C-EmONC

**Next Steps**

• Continue to conduct training in B-EmONC and C-EmONC

• Continue to organize meetings and workshops

**3.1.5 Child Health and Nutrition**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Indicator | Annual | |
|  |  | **Target** | **Ach** |
| 1 | BCG | 98% | 105.50% |
| 2 | HepB<24H | 80% | 90.30% |
| 3 | OPV3 | 97% | 98.51% |
| 4 | DPT-HepB-Hib- 3 | 97% | 98.82% |
| 5 | Measles 9 months | 95% | 97.89% |
| 6 | Measles 18 months | 95% | 77.15% |

Source: National Immunization Program

**Constraints:**

|  |
| --- |
| * Funding for routine out-reach is insufficient |
| * Operation according to EVM assessment to be Improved |
| * Some provinces reported on Vaccine Preventable Diseases under estimate. |
| * Inconsistency in denominators |
| * Mobile population, Minorities , hard to reach |

**Next Steps**

|  |
| --- |
| * JE SIA |
| * JE Introduction |
| * Conduct implementation for high risk communities (Quarter2,Quarter3 and Quarter4) |
| * IPV Introduction and OPV switching |
| * HPV demonstration |

## 3.2 Program 2: Communicable Diseases Prevention and Control

### 3.2.1 Dengue Control Program

|  |  |  |  |
| --- | --- | --- | --- |
| No | Indicator | Annual | |
| **Target** | **Ach** |
| 1 | Dengue Incidence Rate (per 100,000 population) | 286.1 | 95.3 |
| 2 | Dengue Case Fatality Rate (%) | 0.5 | 0.25 |
| Source: Dengue Control Program | |  |  |

**Constraints**

* Inadequacy of fund for sustaining routine activities
* Lack of office supplies and equipment
* Medical and clinical management are weak
* 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 outbreak provinces not properly done and on-time
* Lack of local authority involvement in some localities

**Next Steps**

* Program needs to mobilize sufficient resources to sustain activities
* Office supplies and equipment should be adequate, especially in areas with high dengue incidence
* Medical and clinical management should be Improved
* Reagents for lab and rapid diagnosis tests (RDT tests) should be available and 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 | Annual | | Comment |
| --- | --- | --- | --- | --- |
| Target | Ach |  |
| 1 | % of school age children 6 to 14 years received deworming tablets | 2,628,381 (100%) | 4,983,410 (94.8%) Round2 | No HSSP2 budget |
| 2 | % of children aged 12-59 months received deworming tablets | 1,386,453 (100%) | 2,695,542 (97.21%) Round2 | No HSSP2 budget |
| 3 | % of women of reproductive age 15 to 49 years received deworming tablets | 3,571,430 (100%) | 2,257,144 (63.42%) | No HSSP2 budget |
| Source: Helmints Control Program | |  |  |  |

**Constraints**

* + - No Program budget received for all activities
    - Mountainous areas are hard to access during rainy season
    - Due to no budget support and difficulty in reaching some remote villages, we will try to integrate deworming activities into other programs
    - No budget for monitoring distribution of mebendazole for children 1-5 years old and primary school age children
* No budget for meeting with school teachers for distribution of mebendazole in primary schools
* No budget for monitoring prevalence of soil-transmitted helminths (STH)
* No budget for meeting with PHDs, ODs and HCs for distribution of mebendazole for women of reproductive age

**Next Steps**

* Need budget support to strengthen program activities
* Strengthen collaboration with partners and across sectors relevant to helminths control
* If sufficient funds received, plan to investigate opisthorchiasis in settings where habit of eating raw/undercooked fish is prevalent
* If funding available, we will improve health education skills at community level, including primary school teachers, commune leaders and local authorities by using IEC materials
* If budget available, plan to monitor prevalence of Soil-Transmitted Helminth (STH)
* Supervise deworming program at schools, outreach activity and campaigns, and update mebendazole information into MHIS
* Capacity building for local helminth key persons

## 3.3 Program 3: Non Communicable Diseases

### 3.3.1 Primary Prevention Activities

#### **3.3.1.1 Diabetes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Indicator | Annual | |  |
| **Target** | **Ach** |  |
| 1 | % of estimated people 25-64 years with diabetes receiving treatment in public facilities | NA | 15.42%  (201,857) |  |
|  | Source: Dept of Preventive Medicine |  |  |  |

**Constraints**

* Software program run in local Patient Care Unit has problems
* Drug and material supplies are not adequate and not supplied on time
* Lack of trainers in lifestyle skills for patients
* Lack of awareness in communities

**Next Steps**

* Update web-based software program for diabetes management
* Conduct lifestyle skills training courses for health staff
* Provide drugs and supplies adequately and on time

Promote awareness of NCD risk factors among HC staff in order to promote awareness in communities continuously

#### **3.3.1.2 High Blood Pressure**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Indicator | Annual | |
| **Target** | **Ach** |
| 1 | % of estimated people 25-64 years with hypertension receiving treatment in public facilities | NA | 18.68%  (779,585) |

Source: Dept of Preventive Medicine

**Constraints**

* No software program for data entry
* Drugs and material supplies are not adequate and not on time
* Lack of trainers in lifestyle skills for patients
* Lack of awareness in communities

**Next Steps**

* Designweb-based software program for HBP management
* Conduct lifestyle skillstraining courses for health staff
* Provide drugs and material supplies adequately and on time
* Promote awareness of NCD risk factors to HC staff in order to promote awareness in communities continuously

#### **3.3.1.3 Cervical Cancer**

**Results of the Pilot on Cervical Cancer Screening and Treatment in SOA OD Prey Chhor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Indicators | | Annual 2015 | | Comments |
| **Target** | **Achieved** |
| 1 | Number Screened (30-49 years) | | 13,630 | 6,797 | Total target women screened are 50% |
| 2 | Number of Positive and Invasive Cases | Positive | 6,797 | 135 | Women with VIA(+) received from HCs 2% and referred to RH |
| Invasive (˃49 years) | 131 | 5 | Transfer to National Hospital for treatment |
| 3 | Number of Cases Treated | Positive | 24 | 11 | Women with VIA(+) arrived of RH are 83 Second confirmation on VIA (+) are 24 |
| Invasive (˃49 years) | 131 | 5 | 5 women have been transferred to National Hospital for treatment |
| 4 | Follow-up After Treatment |  | 11 | 2 | One week after treatment among 11 women only 2 women came to RH for follow up. |

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 on weekends as well
* Heavy seasonal out-migration among target women
* Cryotherapy machine did not arrive on time
* Cryotherapy treatment, achieved only 11 women, because the doctor was busy with other activities

**Next Steps**

* + Refresher training for staff
  + SOA OD should provide screening invitation letter to women for presenting at HC

Cryotherapy treatment should be handed over to trained midwives when a doctor is busy

## 3.4 Health Promotion

|  |  |  |  |
| --- | --- | --- | --- |
| No | Indicator | Annual | |
| **Target** | **Ach** |
| 1 | Number of monitoring and supervision visits on BCC/IPC in RH | NA | NA |
| 2 | Number of monitoring and evaluation visits for harmful tobacco use | 18 | 9 |
| 3 | Number of awareness workshops on harmful tobacco use and smoke free work place declaration | 4 | 0 |
| 4 | Number of monitoring visits on BCC/IPC for HP | 12 | 11 |
| 5 | Number of monitoring visits on C-IMCI implementation in 24 provinces | NA | NA |
| 6 | Number of technical support visits to BCC for a while | 12 | 11 |
| 7 | Number of technical support visits on step down training on clients’ rights and providers’ rights-duties | 5 | 4 |
| 8 | Number of monitoring visits to HCMCs | 11 | 10 |

Source: National Center for Health Promotion

**Constraints**

* Budget for implementing health promotion activities is limited
* Budget for distribution of TV and Radio spots limited.
* National budget for workshops and training activities not yet expended because waiting for guidelines for implementation
* PUPUs of 24 provinces do not have enough budget to implement some activities.
* Limited staff capacity

**Next Steps**

* Conduct monitoring on health promotion activities, such as HCMC, CR\_PR, PBCI, BCC/HP, BCC forum, tobacco control, and hygiene
* Conduct training and workshop activities, such as HCMC, CR\_PR, PBCI, BCC/HP, BCC forum, tobacco control, and hygiene
* Organize workshop for summary semester report of BCC activities

## 3.5 Health Infrastructure Development

**Summary to Date (January, 2015 to December, 2015)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Funding | Handed Over to End User | | | | | | |
| **RH** | **CEmONC**  **Solar Lighting** | **ADR** | **Linear Accelerator** | **National Lab.**  **(Clean Room)** | **CEmONC**  **Water with pump** | **CEmONC**  **Improved sanitation** |
| Pooled Fund | 15 | 103 | 53 | 1 | 1 | 193 | 263 |
| **TOTAL** | **15** | **103** | **53** | **1** | **1** | **193** | **263** |

### 3.5.1 Infrastructure Development by Source of Fund (January, 2015 to December, 2015)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Funding |  | | | | | Handed Over to End User | | | | | | |  | | | | |
| **RH** | **ADR** | **CEmONC**  **Solar Lighting** | | **Linear Accelerator** | | | **National Lab.**  **(Clean Room)** | | **CEmONC**  **Water with pump** | | **CEmONC**  **Improved sanitation** | | |  | |
| Pooled Fund | 15 | 53 | 103 | 1 | | | 1 | | 193 | | 263 | | |  | |
| AFD |  |  |  |  | | |  | |  | |  | | |  | |
| BTC |  |  |  |  | | |  | |  | |  | | |  | |
| **TOTAL** | **15** | **53** | **103** | **1** | | | **1** | | **193** | | **263** | | |  | |

### 3.5.2 Infrastructure Development by Type of Facility

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Type | Handed Over to End User | Under Construction | Planning Stage |
| **RH** | 15 | - | - |
| Linear Accelerator | 1 | - | - |
| National Lab. (Clean Room) | 1 | - | - |
| ADR | 53 | - | - |
| CEmONC (Solar Panel for Lighting) | 103 | - |  |
| CEmONC (Water supply with pump) | 193 | - | - |
| CEmONC (Improved Sanitation) | 263 | - |  |
| **TOTAL** | 629 | - | - |

Note:

\* - Linear Accelerator for Khmer-Soviet Hospital

\*\* - Upgrade Clean Room at National Laboratory in Phnom Penh

### 3.5.3 Infrastructure Development by Province

| Province | Handed Over to End User | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RH | CEmONC  Solar Lighting | ADR | Linear Accelerator | National Lab.  (Clean Room) | CEmONC  Water with pump | CEmONC  Improved sanitation | |
| Banteay Meanchey | - | 6 | - | - | - | 16 | 21 | |
| Battambang | 2 | 3 | - | - | - | 13 | 19 | |
| Kampot | 2 | 5 | 1 | - | - | 10 | 13 | |
| Kandal | - | 3 | 4 | - | - | 6 | 14 | |
| Kep | - | - | 1 | - | - | 1 | 2 | |
| Kg Cham | 1 | 13 | 6 | - | - | 13 | 24 | |
| Kg Chhnang | 1 | 11 | - | - | - | 7 | 14 | |
| Kg Speu | 1 | 4 | 5 | - | - | 11 | 17 | |
| Kg Thom | 1 | 6 | 3 | - | - | 11 | 10 | |
| Koh Kong | - | - | - | - | - | - | - | |
| Kratie | 1 | 4 | 1 | - | - | 4 | 5 | |
| Mondulkiri | - | 3 | 2 | - | - | 1 | 2 | |
| Phnom Penh | - | - | 4 | 1 | 1 | - | - | |
| Preah Vihear | - | 1 | - | - | - | 9 | 9 | |
| Prey Veng | 3 | 19 | 4 | - | - | 22 | 27 | |
| Pursath | 1 | - | - | - | - | 4 | 8 | |
| Rattanakiri | 1 | 3 | 1 | - | - | 4 | 4 | |
| Siem Reap | - | 6 | - | - | - | 11 | 15 | |
| Sihanouk | - | - | 2 | - | - | - | - | |
| Stung Treng | - | - | - | - | - | 1 | 1 | |
| Svay Rieng | - | 5 | 6 | - | - | 14 | 15 | |
| Takeo | - |  | 10 | - | - | 18 | 23 | |
| Tbong Khmum | - | 6 | 3 |  |  | 14 | 16 | |
| Uddar Meanchey | 1 | 5 | - | - | - | 3 | 4 | |
| **TOTAL** | **15** | **103** | **53** | **1** | **1** | **193** | **263** | |

### 3.5.4 Budget and Expenditures for Infrastructure Development, 2015

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Facility | Contract/Budget in USD | Expenditures in USD | *Status* |
| RH – 15 additional maternity buildings | 2,391,665.07 USD | 2,636,214.01 USD | *Handed Over* |
| ADR – 53 Additional Delivery rooms | 1,245,710.60 USD | 1,259,161.27 USD | *Handed Over* |
| CEmONC (Solar Panel for Lighting) | 170,156.00 USD | 170,156.00 USD | *Handed Over* |
| Linear Accelerator at Khmer-Soviet RH | 1,496,000.00 USD | 1,496,000.00 USD | *Handed Over* |
| National Lab. (upgrade clean room) | 1,698,359.15 USD | 1,812,412.10 USD | *Handed Over* |
| CEmONC (Water supply with Pump) | 779,300.00 USD | 774,230.00 USD | *Handed Over* |
| CEmONC (Improved Sanitation) | 1,081,637.00 USD | 1,055,040.50 USD | *Handed Over* |
| **Grand Total** | 8,862,827.82 USD | 9,203,213.88 USD |  |

### Constraints

Some delays occurred due to:

* Delay at commencement (Contractor management)
* Work stoppages due to poor quality work & material shortages (Contractor management)
* Bad access road during rainy season
* Lack of labor forces due to movement to neighboring countries
* Design modifications: Additional and/or Extra works.

## 3.6 SOA Performance

### Please see Annex D for detailed information on SOA performance.

### 3.6.1 Performance Bonus Awards

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Province | SOA | Score | # of valid indicators | Distribution of individual Scores | Average Score | Grade |
| Banteay Meanchey | Poipet | 83 | 28 | A: 25 ; B:1; C:0 | 2.96 | B |
|  | Preah Net Preah | 67 | 24 | A: 19 ; B:2; C:0 | 2.79 | B |
| Battambang | Battambang PRH | 41 | 19 | A: 12 ; B:1; C:0 | 2.16 | B |
| Pursat | Bakan | 73 | 24 | A: 22 ; B:0; C:1 | 3.04 | A |
| Stung Treng | Stung Treng PRH | 47 | 18 | A: 15 ; B:1; C:0 | 2.61 | B |
|  | Stung Treng | 51 | 19 | A: 16 ; B:0; C:0 | 2.68 | B |
| Kampong Cham | Kampong Cham PRH | 38 | 18 | A: 11 ; B:1; C:0 | 2.11 | B |
|  | Chamkar Leu | 69 | 26 | A:21 ; B:0; C:0 | 2.65 | B |
|  | Choeung Prey-Batheay | 77 | 26 | A:22 ; B:2; C:1 | 2.96 | B |
|  | Prey Chhor-Kang Meas | 55 | 24 | A:16 ; B:0; C:1 | 2.29 | B |
| Tbong Khmum | Memot | 89 | 27 | A:26 ; B:1; C:0 | 3.30 | A |
|  | Ponhea Krek-Dambae | 64 | 24 | A:18 ; B:2; C:0 | 2.67 | B |
| Koh Kong | Koh Kong PRH | 43 | 18 | A:13 ; B:2; C:0 | 2.39 | B |
|  | Smach Mean Chey | 36 | 19 | A: 11; B:0; C:0 | 1.89 | C |
|  | Srae Ambel | 37 | 24 | A: 10; B:1; C:2 | 1.54 | C |
| Mondulkiri | Mondulkiri PRH | 38 | 16 | A:12 ; B:1; C:0 | 2.38 | B |
|  | Sen Monorom | 55 | 19 | A:16; B:2; C:0 | 2.89 | B |
| Oddar Meanchey | Oddar Meanchey PRH | 40 | 18 | A:13; B:0; C:1 | 2.22 | B |
|  | Samraong | 45 | 22 | A:14 ; B:0; C:0 | 2.05 | B |
| Preah Vihear | Preah Vihaer PRH | 39 | 18 | A:13 ; B:0; C:0 | 2.17 | B |
|  | Tbeng Meanchey | 57 | 22 | A:16 ; B:3; C:0 | 2.59 | B |
| Prey Veng | Pearaing | 72 | 27 | A:23 ; B:0; C:0 | 2.67 | B |
|  | Preah Sdach | 68 | 23 | A:20 ; B:1; C:0 | 2.96 | B |
| Ratanakiri | Ratanakiri PRH | 28 | 15 | A:8; B:2; C:0 | 1.87 | C |
|  | Banlong | 48 | 21 | A:14 ; B:0; C:3 | 2.29 | B |
| Siem Reap | Siem Reap PRH | 45 | 17 | A:14 ; B:0; C:0 | 2.65 | B |
|  | Kralanh | 71 | 27 | A:21 ; B:1; C:0 | 2.63 | B |
|  | Siem Reap | 58 | 21 | A:18 ; B:0; C:1 | 2.76 | B |
|  | Sot Nikum | 57 | 28 | A:16 ; B:1; C:1 | 2.04 | B |
|  | Angkor Chhum | 59 | 24 | A:15 ; B:4; C:0 | 2.46 | B |
| Takeo | Takeo PRH | 36 | 17 | A:12; B:0; C:0 | 2.12 | B |
|  | Ang Rokar | 51 | 24 | A:15 ; B:1; C:1 | 2.13 | B |
|  | Bati | 54 | 23 | A:16 ; B:1; C:1 | 2.35 | B |
|  | Daun Keo | 50 | 20 | A:15 ; B:1; C:0 | 2.50 | B |
|  | Kirivong | 54 | 25 | A:15 ; B:2; C:2 | 2.16 | B |
|  | Prey Kabass | 49 | 24 | A:14 ; B:2; C:0 | 2.04 | B |
| Summary |  |  |  |  |  |  |
| Grade Category | Number | Percent |  |  |  |  |
| A | 2 | 6% |  |  |  |  |
| B | 31 | 86% |  |  |  |  |
| C | 3 | 8% |  |  |  |  |
| None | 0 | 0% |  |  |  |  |
| Total | 36 | 100% |  |  |  |  |
| Note: SOAs assessed by URC have results included | | | | | | |

### 3.6.2 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. This year there has been significant improvement in the timely submittal of SOA progress report but still delays of PHD Commissioners' reports.

### 3.6.4 Specific Issues Regarding SOAs

**Management**

• No training on AOP to PRH/wards

• Low knowledge on AOP/QWP at HC level

• Tally up and data entry by HF into HMIS using ICD10 code more complicated, internet can’t access and no electricity supply in some areas

• Lack of some medical equipment to improve service quality like X-ray machine, laboratory and dental equipment in some RHs

• Lack of skills for data analysis at ODO/RH/HC level

• Lack of skilled staff (MW, Dr, anesthetists)

• Lack of IMCI skills training for new staff to replace retired staff, and IMCI data sheet to record IMCI information

• Drug/consumables supply from CMS insufficient such as Ferrous sulfate, Folic acid, drugs for mental/diabetes diseases, gloves, but some items surplus to demand

• SDG disbursement late in the 2nd semester due to waiting for financing approval, and staff incentive less due to increased number of staff

• HEF disbursement late to providers in the 2nd semester, the same reasons as SDG delay

• PBB changing procedure, unclear guidance at the beginning but now adopted

• Some indicators have high targets

• Some medical equipment maintenance with high cost difficult to comply to quotation procedure at provincial level (few suppliers) and skills of medical equipment maintenance unavailable

**Service Provision**

* IMCI not applied appropriately
* Lack of staff to provide service

### 3.6.5 Tracking of PBB Budget for SOAs

**Quarter 1 - 4, 2015**

| No | SOA | Annual budget proposed by MOH & MEF (a) | Annual budget adapted by PHD (b) | Amount received (cumulative) (c.) | Amount received as % of Annual budget (d)=(c/b) | Quarter 1 | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amount  requested | Amount  received | Date  requested by SOA to  PHD | Date  received  on  SOA account | Total of days taken |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Banteavmeanchey** |  |  |  |  |  |  |  |  |  |
| *1* | Poipet | 290,000,000 | 290,000,000 | 290,000,000 | 100% | 72,500,000 | 72,500,000 | 12-Feb-15 | 12-Feb-15 | 1 day |
| *2* | Preh Netpreh | 240,000,000 | 240,000,000 | 240,000,000 | 100% | 60,000,000 | 18,750,000 | 10-Feb-15 | 4-May-15 | 83 days |
|  | **Battambang** |  |  |  |  |  |  |  |  |  |
| *3* | BTB PRH | 292,000,000 | 292,000,000 | 292,000,000 | 100% | 7,300,000 | 7,300,000 | 25-Feb-15 | 25-Feb-15 | 0 |
|  | **Kampong Cham Province** | **4,794,200,000.00** | **3,405,000,000.00** | **3,400,561,360.00** | **99.87%** | **851,250,000.00** | **851,250,000.00** |  |  |  |
| 4 | Kg Cham PRH | 2,174,000,000.00 | 1,928,000,000.00 | 1,923,561,360.00 | 99.77% | 482,000,000.00 | 482,000,000.00 | 21-Jan-2015 | 13-Mar-2015 | 51 |
| 5 | Prey Chhor-Kang Meas | 787,600,000.00 | 422,000,000.00 | 422,000,000.00 | 100.00% | 105,500,000.00 | 105,500,000.00 | 15-Jan-2015 | 13-Mar-2015 | 57 |
| 6 | Choeung Prey | 648,500,000.00 | 335,800,000.00 | 335,800,000.00 | 100.00% | 83,950,000.00 | 83,950,000.00 | 16-Jan-2015 | 13-Mar-2015 | 56 |
| Batheay | 601,200,000.00 | 311,000,000.00 | 311,000,000.00 | 100.00% | 77,750,000.00 | 77,750,000.00 | 19-Jan-2015 | 13-Mar-2015 | 53 |
| 7 | Chamkar Leu | 582,900,000.00 | 408,200,000.00 | 408,200,000.00 | 100.00% | 102,050,000.00 | 102,050,000.00 | 20-Jan-2015 | 13-Mar-2015 | 52 |
|  | **Koh Kong** |  |  |  |  |  |  |  |  |  |
| *8* | Smach Mean Chey | 620,000,000 | 620,000,000 | 620,000,000 | 100% | 155,000,000 | 155,000,000 | 20-Jan-15 | 31-Mar-15 | 70 days |
| *9* | Srae Ambel | 1,079,000,000 | 1,079,000,000 | 1,079,000,000 | 100% | 269,750,000 | 185,000,000 | 27-Mar-15 | 31-Mar-15 | 4 days |
| *10* | Koh Kong PRH | 290,000,000 | 290,000,000 | 290,000,000 | 100% | 72,500,000 | 72,500,000 | 5-Mar-15 | 31-Mar-15 | 26 |
|  | **Mondul Kiri** |  |  |  |  |  |  |  |  |  |
| *11* | Sen Monorom | 455,000,000 | 465,000,000 | 455,000,000 | 97% | 116,250,000 | 25,125,000 | 5-Feb-15 | 3-May-15 | 87days |
| *12* | Mondul Kiri PRH | 215,000,000.00 | 215,000,000.00 | **215,000,000.00** | 100.00% | 50,250,000.00 | 25,125,000.00 | 5-Feb-2015 | 3-Mar-2015 | 26 |
|  | **Preah Vihear** |  |  |  |  |  |  |  |  |  |
| *13* | Tbeng Meanchey | 850,000,000 | 850,000,000 | 850,000,000 | 100% | 245,000,000 | 180,000,000 | Adv/MOH | 3-Jul-15 | 3 days |
|  |  |  |  |  |  |  |  |  |
| *14* | 16 Makara PRH | 350,000,000 | 350,000,000 | 350,000,000 | 100% | 175,000,000 | 175000000 | Adv/MOH | 3-Jul-15 | 3 days |
|  |  |  |  |  |  |  |  |  |
|  | **Prey Veng** |  |  |  |  |  |  |  |  |  |
| *15* | Pearaing | 2,090,000,000 | 2,090,000,000 | 2,090,000,000 | 100% | 350,000,000 | 350,000,000 | 17-Mar-15 | 20-Mar-15 | 3days |
|  | Preah Sdach | 1,120,000,000 | 1,120,000,000 | 1,120,000,000 | 100% | 150,000,000 | 15,000,000 | 17-Mar-15 | 20-Mar-15 | 3days |
| *16* |  |  |  |  |  |  |  |  |  |
|  | **Pursat** |  |  |  |  |  |  |  |  |  |
| *17* | Bakan | 664,300,000 | 664,300,000 | 664,300,000 | 100% | 150,000,000 | 150,000,000 | 20-Mar-15 | 26-Mar-15 | 6 |
|  |  |  |  |  |  |  |  |  |  |
|  | **Ratanakiri** |  |  |  |  |  |  |  |  |  |
| *18* | Banlong | 934,800,000 | 934,800,000 | 934,800,000 | 100% | 233,700,000 | 233,700,000 | 10/02/015 | 10/02/015 | 1 |
| 19 | Ratanakiri PRH | 565,200,000 | 565,200,000 | 565,200,000 | 100% | 141,300,000 | 141,300,000 | 6-Feb-15 | 10-Feb-15 | 4 days |
|  | **Siemreap** |  |  |  |  |  |  |  |  |  |
| 20 | Kralanh | 541,000,000 | 460,000,000 | 460,000,000 | 100% | 40,000,000 | 40,000,000 | 13-Mar-15 | 18-Mar-15 | 7days |
|  |  |  |  |  |  |  |  |  |
| 21 | Siem Reap | 740,000,000 | 740,000,000 | 740,000,000 | 100% | 64,000,000 | 64,000,000 | 16-Mar-15 | 17-Mar-15 | 1day |
|  |  |  |  | 81,000,000 | 81,000,000 | 11-Jun-15 | 12-Jun-15 | 1 day |
| 22 | Sot Nikum | 720,000,000 | 720,000,000 | 720,000,000 | 100% | 63,000,000 | 63,000,000 | 16-Mar-15 | 16-Mar-15 | 1 |
|  |  |  |  | 89,000,000 | 89,000,000 | 11-Jun-15 | 11-Jun-15 | 1 |
| 23 | Angkorchum | 680,000,000 | 680,000,000 | 680,000,000 | 100% | 59,000,000 | 59,000,000 | 16-Mar-15 | 17-Mar-15 | 1days |
|  |  |  |  | 80,000,000 | 80,000,000 | 3-Jun-15 | 5-Jun-15 | 2 days |
| 24 | Siemreap PRH | 1,500,000,000 | 1,500,000,000 | 1,500,000,000 | 100% | 375,000,000 | 124,000,000 | 17-Mar-15 | 17-Mar-15 | 1 |
|  |  |  |  |  |  |  |  |  |  |
|  | **Stung Treng** |  |  |  |  |  |  |  |  |  |
| 25 | Steung Treng OD | 871,000,000 | 871,000,000 | 871,000,000 | 100% |  |  |  |  |  |
| 26 | STR PRH | 469,000,000.00 | 469,000,000.00 | 469,000,000.00 | 100.00% | 117,250,000.00 | 117,250,000.00 | 28-Jan-2015 | 29-Mar-2015 | 1 |
|  | **Takeo** |  |  |  |  |  |  |  |  |  |
| 27 | Ang Rokar | 500,000,000 | 500,000,000 | 500,000,000 | 100% | 125,000,000 | 125,000,000 | 6-Jan-15 | 1-Jul-15 | 174 |
|  |  |  |  |  |  |  |  |  |
| 28 | Bati | 286,000,000 | 286,000,000 | 286,000,000 | 100% |  |  |  |  |  |
| 29 | Daun Keo | 226,000,000 | 226,000,000 | 226,000,000 | 100% | 113,000,000 | 113,000,000 |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 30 | Kirivong | 750,000,000 | 750,000,000 | 750,000,000 | 100% | 93,750,000 | 93,750,000 | 17-Sep-15 | 6-Oct-15 | 19 |
| 31 | Prey Kabass | 276,000,000 | 276,000,000 | 276,000,000 | 100% | 138,000,000 | 138,000,000 | 2/9/2015 | 7/6/2015 | 117days |
| 32 | TK PRH | 421,00,000 | 421,000,000 | 421,000,000 | 100% | 210,500,000 |  | Adv/MOH | 29-Sep-15 | 1days |
|  |  |  |  |  |  |  |  |  |
|  | **Oddar Meanchey** |  |  |  |  |  |  |  |  |  |
| 33 | OMC PRH | 325,000,000.00 | 325,000,000.00 | 321,465,000.00 | 98.91% | 77,000,000 | 77,000,000 | 16-Feb-15 | 16-Feb-15 | 1 |
| 34 | **SAMRONG OD** | 792,000,000.00 | 792,000,000.00 | 790,230,600.00 | 99.78% | 198,000,000 | 198,000,000 | 16-Feb-15 | 16-Feb-15 | 1 |
|  | **Tbong Khmum** |  |  |  |  |  |  |  |  |  |
| 35 | Memut | 649,000,000 | 649,000,000 | 649,000,000 | 100% | 324,800,000 | 324,800,000 | 23-Dec-14 | 30-Jan-15 | 187 days |
| 36 | Ponhea Krek - Dambae | 670,000,000 | 670,000,000 | 670,000,000 | 100% | 335,000,000 | 335,000,000 | 1-Jan-15 | 2-Jul-15 |  |

| No | SOA | Annual budget proposed by MOH & MEF (a) | Annual budget adapted by PHD (b) | Amount received (cumulative) (c.) | Amount received as % of Annual budget (d)=(c/b) | Quarter 2 | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amount  requested | Amount  received | Date  requested by SOA to  PHD | Date  received  on  SOA account | Total of days taken |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Banteavmeanchey** |  |  |  |  |  |  |  |  |  |
| *1* | Poipet | 290,000,000 | 290,000,000 | 290,000,000 | 100% | 72,500,000 | 72,500,000 | 12-Feb-15 | 4-May-15 | 18 |
| *2* | Preh Netpreh | 240,000,000 | 240,000,000 | 240,000,000 | 100% | 101,250,000 | 101,250,000 | 13-Jul-15 | 27-Jul-15 | 14 days |
|  | **Battambang** |  |  |  |  |  |  |  |  |  |
| *3* | BTB PRH | 292,000,000 | 292,000,000 | 292,000,000 | 100% | 7,300,000 | 7,300,000 | 29-May-15 | 29-May-15 | 0 |
|  | **Kampong Cham Province** | **4,794,200,000.00** | **3,405,000,000.00** | **3,400,561,360.00** | **99.87%** | **851,250,000.00** | **851,211,120.00** |  |  |  |
| *4* | *Kg Cham PRH* | 2,174,000,000.00 | 1,928,000,000.00 | 1,923,561,360.00 | 99.77% | 482,000,000.00 | 481,961,120.00 | 26-Mar-2015 | 8-Jun-2015 | 74 |
| 5 | *Prey Chhor-Kang Meas* | 787,600,000.00 | 422,000,000.00 | 422,000,000.00 | 100.00% | 105,500,000.00 | 105,500,000.00 | 25-Mar-2015 | 8-Jun-2015 | 75 |
| *6* | *Choeung Prey* | 648,500,000.00 | 335,800,000.00 | 335,800,000.00 | 100.00% | 83,950,000.00 | 83,950,000.00 | 27-Mar-2015 | 8-Jun-2015 | 73 |
| *Batheay* | 601,200,000.00 | 311,000,000.00 | 311,000,000.00 | 100.00% | 77,750,000.00 | 77,750,000.00 | 27-Mar-2015 | 8-Jun-2015 | 73 |
| *7* | *Chamkar Leu* | 582,900,000.00 | 408,200,000.00 | 408,200,000.00 | 100.00% | 102,050,000.00 | 102,050,000.00 | 27-Mar-2015 | 8-Jun-2015 | 73 |
|  | **Koh Kong** |  |  |  |  |  |  |  |  |  |
| *8* | Smach Mean Chey | 620,000,000 | 620,000,000 | 620,000,000 | 100% | 155,000,000 | 155,000,000 | 27-May-15 | 6-Jul-15 | 40days |
| *9* | Srae Ambel | 1,079,000,000 | 1,079,000,000 | 1,079,000,000 | 100% | 354,500,000 | 354,500,000 | 13-May-15 | 6-Jul-15 | 54days |
| *10* | Koh Kong PRH | 290,000,000 | 290,000,000 | 290,000,000 | 100% | 72,500,000 | 72,500,000 | 9-Apr-15 | 6-Jul-15 | 88days |
|  | **Mondul Kiri** |  |  |  |  |  |  |  |  |  |
| *11* | Sen Monorom | 455,000,000 | 465,000,000 | 455,000,000 | 97% | 116,250,000 | 232,500,000 | 2-Mar-15 | 3-Jul-15 | 123 days |
| *12* | Mondul Kiri PRH | 215,000,000.00 | 215,000,000.00 | **215,000,000.00** | 100.00% | 50,250,000.00 | 25,125,000.00 | 2-Mar-2015 | 3-Jul-2015 | 123 |
|  | **Preah Vihear** |  |  |  |  |  |  |  |  |  |
| *13* | Tbeng Meanchey | 850,000,000 | 850,000,000 | 850,000,000 | 100% | 80,000,000 | 80,000,000 |  | 3-Jul-15 |  |
|  |  |  |  |  |  |  |  |  |
| *14* | 16 Makara PRH | 350,000,000 | 350,000,000 | 350,000,000 | 100% | 35,000,000 | 35,000,000 |  | 3-Jul-15 |  |
|  |  |  |  |  |  |  |  |  |
|  | **Prey Veng** |  |  |  |  |  |  |  |  |  |
| *15* | Pearaing | 2,090,000,000 | 2,090,000,000 | 2,090,000,000 | 100% |  |  |  |  |  |
|  | Preah Sdach | 1,120,000,000 | 1,120,000,000 | 1,120,000,000 | 100% | 410,000,000 | 410,000,000 | 25-Jun-15 | 30-Jun-15 | 5days |
| *16* |  |  |  |  |  |  |  |  |  |
|  | **Pursat** |  |  |  |  |  |  |  |  |  |
| *17* | Bakan | 664,300,000 | 664,300,000 | 664,300,000 | 100% | 182,150,000 | 182,150,000 | 1-Jul-15 | 10-Jul-15 | 9 |
|  |  |  |  |  |  |  |  |  |  |
|  | **Ratanakiri** |  |  |  |  |  |  |  |  |  |
| *18* | Banlong | 934,800,000 | 934,800,000 | 934,800,000 | 100% | 233,700,000 | 233,700,000 | 10/07/015 | 10/07/015 | 1 |
| 19 | Ratanakiri PRH | 565,200,000 | 565,200,000 | 565,200,000 | 100% | 141,300,000 | 141,300,000 | 25-May-15 | 10-Jul-15 | 45 days |
|  | **Siemreap** |  |  |  |  |  |  |  |  |  |
| 20 | Kralanh | 541,000,000 | 460,000,000 | 460,000,000 | 100% |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 21 | Siem Reap | 740,000,000 | 740,000,000 | 740,000,000 | 100% |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 22 | Sot Nikum | 720,000,000 | 720,000,000 | 720,000,000 | 100% | 208,000,000 | 208,000,000 | 13-Jul-15 | 13-Jul-15 | 1 |
|  |  |  |  |  |  |  |  |  |
| 23 | Angkorchum | 680,000,000 | 680,000,000 | 680,000,000 | 100% | 201,000,000 | 201,000,000 | 13-Jul-15 | 14-Jul-15 | 2days |
|  |  |  |  |  |  |  |  |  |
| 24 | Siemreap PRH | 1,500,000,000 | 1,500,000,000 | 1,500,000,000 | 100% | 239,000,000 | 239,000,000 | 3-Jun-15 | 3-Jun-15 | 1 |
|  |  |  |  |  | 375,000,000 | 375,000,000 | 14-Jul-15 | 14-Jul-15 | 1 |
|  | **Stung Treng** |  |  |  |  |  |  |  |  |  |
| 25 | Steung Treng OD | 871,000,000 | 871,000,000 | 871,000,000 | 100% |  |  |  |  |  |
| 26 | STR PRH | 469,000,000.00 | 469,000,000.00 | 469,000,000.00 | 100.00% | 117,250,000.00 | 117,250,000.00 | 2-Jul-2015 | 3-Jul-2015 | 1 |
|  | **Takeo** |  |  |  |  |  |  |  |  |  |
| 27 | Ang Rokar | 500,000,000 | 500,000,000 | 500,000,000 | 100% | 125,000,000 | 125,000,000 | 5-May-15 | 1-Jul-15 | 55 |
|  |  |  |  |  |  |  |  |  |
| 28 | Bati | 286,000,000 | 286,000,000 | 286,000,000 | 100% | 143,000,000 | 143,000,000 | Adv by MOH | 6-Jul-15 |  |
| 29 | Daun Keo | 226,000,000 | 226,000,000 | 226,000,000 | 100% |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 30 | Kirivong | 750,000,000 | 750,000,000 | 750,000,000 | 100% | 93,750,000 | 93,750,000 | 22-Oct-15 | 18-Nov-15 | 26days |
| 31 | Prey Kabass | 276,000,000 | 276,000,000 | 276,000,000 | 100% | 34,500,000 | 34,500,000 | 10/2/2015 | 11/2/2015 | 30days |
| 32 | TK PRH | 421,00,000 | 421,000,000 | 421,000,000 | 100% |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | **Oddar Meanchey** |  |  |  |  |  |  |  |  |  |
| 33 | OMC PRH | 325,000,000.00 | 325,000,000.00 | 321,465,000.00 | 98.91% | 85,350,000 | 85,350,000 | 18-May-14 | 25-May-14 | 7 |
| 34 | **SAMRONG OD** | 792,000,000.00 | 792,000,000.00 | 790,230,600.00 | 99.78% | 197,954,000 | 197,954,000 | 19-May-14 | 25-May-14 | 8 |
|  | **Tbong Khmum** |  |  |  |  |  |  |  |  |  |
| 35 | Memut | 649,000,000 | 649,000,000 | 649,000,000 | 100% |  |  |  |  |  |
| 36 | Ponhea Krek - Dambae | 670,000,000 | 670,000,000 | 670,000,000 | 100% |  |  |  |  |  |

| No | SOA | Annual budget proposed by MOH & MEF (a) | Annual budget adapted by PHD (b) | Amount received (cumulative) (c.) | Amount received as % of Annual budget (d)=(c/b) | Quarter 3 | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amount  requested | Amount  received | Date  requested by SOA to  PHD | Date  received  on  SOA account | Total of days taken |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Banteavmeanchey** |  |  |  |  |  |  |  |  |  |
| *1* | Poipet | 290,000,000 | 290,000,000 | 290,000,000 | 100% | 72,500,000 | 72,500,000 | 9-Dec-15 | 11-Dec-15 | 3 days |
| *2* | Preh Netpreh | 240,000,000 | 240,000,000 | 240,000,000 | 100% | 60,000,000 | 60,000,000 | 21-Dec-15 | 25-Dec-15 | 5 days |
|  | **Battambang** |  |  |  |  |  |  |  |  |  |
| *3* | BTB PRH | 292,000,000 | 292,000,000 | 292,000,000 | 100% | 7,300,000 | 7,300,000 | 20-Jul-15 | 20-Jul-15 | 1 day |
|  | **Kampong Cham Province** | **4,794,200,000.00** | **3,405,000,000.00** | **3,400,561,360.00** | **99.87%** | **851,250,000.00** | **870,000,820.00** |  |  |  |
| *4* | *Kg Cham PRH* | 2,174,000,000.00 | 1,928,000,000.00 | 1,923,561,360.00 | 99.77% | 482,000,000.00 | 500,750,820.00 | 2-Jul-2015 | 27-Jul-2015 | 25 |
| 5 | *Prey Chhor-Kang Meas* | 787,600,000.00 | 422,000,000.00 | 422,000,000.00 | 100.00% | 105,500,000.00 | 105,500,000.00 | 30-Jun-2015 | 27-Jul-2015 | 27 |
| *6* | *Choeung Prey* | 648,500,000.00 | 335,800,000.00 | 335,800,000.00 | 100.00% | 83,950,000.00 | 83,950,000.00 | 1-Jul-2015 | 27-Jul-2015 | 26 |
| *Batheay* | 601,200,000.00 | 311,000,000.00 | 311,000,000.00 | 100.00% | 77,750,000.00 | 77,750,000.00 | 1-Jul-2015 | 27-Jul-2015 | 26 |
| *7* | *Chamkar Leu* | 582,900,000.00 | 408,200,000.00 | 408,200,000.00 | 100.00% | 102,050,000.00 | 102,050,000.00 | 2-Jul-2015 | 27-Jul-2015 | 25 |
|  | **Koh Kong** |  |  |  |  |  |  |  |  |  |
| *8* | Smach Mean Chey | 620,000,000 | 620,000,000 | 620,000,000 | 100% | 155,000,000 | 155,000,000 | 20-Aug-15 | 8-Oct-15 | 49 days |
| *9* | Srae Ambel | 1,079,000,000 | 1,079,000,000 | 1,079,000,000 | 100% | 269,750,000 | 269,750,000 | 8-Sep-15 | 8-Oct-15 | 30days |
| *10* | Koh Kong PRH | 290,000,000 | 290,000,000 | 290,000,000 | 100% | 72,500,000 | 72,500,000 | 4-Aug-15 | 8-Oct-15 | 65days |
|  | **Mondul Kiri** |  |  |  |  |  |  |  |  |  |
| *11* | Sen Monorom | 455,000,000 | 465,000,000 | 455,000,000 | 97% | 116,250,000 | 49,343,800 | 2-Jun-15 | 18-Sep-15 | 108days |
| *12* | Mondul Kiri PRH | 215,000,000.00 | 215,000,000.00 | **215,000,000.00** | 100.00% | 50,250,000.00 | 102,500,000.00 | 2-Jun-2015 | 18-Sep-2015 | 108 |
|  | **Preah Vihear** |  |  |  |  |  |  |  |  |  |
| *13* | Tbeng Meanchey | 850,000,000 | 850,000,000 | 850,000,000 | 100% | 106,250,000 | 106,250,000 | 22-Oct-15 | 22-Oct-15 | 1 day |
|  |  |  |  | 106,250,000 | 106,250,000 | 3-Dec-15 | 11-Dec-15 | 9days |
| *14* | 16 Makara PRH | 350,000,000 | 350,000,000 | 350,000,000 | 100% | 43,750,000 | 43,750,000 | 28-Sep-15 | 22-Oct-15 | 24 days |
|  |  |  |  | 43,750,000 | 43,750,000 | 5-Nov-15 | 30-Nov-15 | 25 days |
|  | **Prey Veng** |  |  |  |  |  |  |  |  |  |
| *15* | Pearaing | 2,090,000,000 | 2,090,000,000 | 2,090,000,000 | 100% |  |  |  |  |  |
|  | Preah Sdach | 1,120,000,000 | 1,120,000,000 | 1,120,000,000 | 100% | 140,000,000 | 140,000,000 | 5-Oct-15 | 7-Oct-15 | 2 days |
| *16* |  |  |  |  | 140,000,000 | 140,000,000 | 3-Nov-15 | 5-Nov-15 | 2 days |
|  | **Pursat** |  |  |  |  |  |  |  |  |  |
| *17* | Bakan | 664,300,000 | 664,300,000 | 664,300,000 | 100% | 166,075,000 | 166,075,000 | 10-Sep-15 | 15-Sep-15 | 5 |
|  |  |  |  |  |  |  |  |  |  |
|  | **Ratanakiri** |  |  |  |  |  |  |  |  |  |
| *18* | Banlong | 934,800,000 | 934,800,000 | 934,800,000 | 100% | 233,700,000 | 233,700,000 | 07/09/015 | 10/09/015 | 02 days |
| 19 | Ratanakiri PRH | 565,200,000 | 565,200,000 | 565,200,000 | 100% | 141,300,000 | 141,300,000 | 13-Jul-15 | 10-Sep-15 | 57 days |
|  | **Siemreap** |  |  |  |  |  |  |  |  |  |
| 20 | Kralanh | 541,000,000 | 460,000,000 | 460,000,000 | 100% | 57,500,000 | 57,500,000 | 8-Oct-15 | 27-Oct-15 | 19days |
|  |  |  |  | 57,500,000 | 57,500,000 | 4-Nov-15 | 17-Nov-15 | 13 days |
| 21 | Siem Reap | 740,000,000 | 740,000,000 | 740,000,000 | 100% | 92,500,000 | 92,500,000 | 7-Oct-15 | 8-Oct-15 | 1 day |
|  |  |  |  | 92,000,000 | 92,500,000 | 28-Oct-15 | 30-Oct-15 | 2 days |
| 22 | Sot Nikum | 720,000,000 | 720,000,000 | 720,000,000 | 100% | 90,000,000 | 90,000,000 | 7-Oct-15 | 7-Oct-15 | 1 |
|  |  |  |  | 90,000,000 | 90,000,000 | 28-Oct-15 | 28-Oct-15 | 1 |
| 23 | Angkorchum | 680,000,000 | 680,000,000 | 680,000,000 | 100% | 85,000,000 | 85,000,000 | 12-Oct-15 | 16-Oct-15 | 4days |
|  |  |  |  | 85,000,000 | 85,000,000 | 20-Oct-15 | 2-Nov-15 | 13 days |
| 24 | Siemreap PRH | 1,500,000,000 | 1,500,000,000 | 1,500,000,000 | 100% | 375,000,000 | 375,000,000 | 16-Sep-15 | 16-Sep-15 | 1 |
|  |  |  |  |  |  |  |  |  |  |
|  | **Stung Treng** |  |  |  |  |  |  |  |  |  |
| 25 | Steung Treng OD | 871,000,000 | 871,000,000 | 871,000,000 | 100% | 217,750,000 | 217,750,000 | 28-Jan-15 | 30-Jan-15 | 2 |
| 26 | STR PRH | 469,000,000.00 | 469,000,000.00 | 469,000,000.00 | 100.00% | 117,250,000.00 | 117,250,000.00 | 30-Sep-2015 | 1-Oct-2015 | 1 |
|  | **Takeo** |  |  |  |  |  |  |  |  |  |
| 27 | Ang Rokar | 500,000,000 | 500,000,000 | 500,000,000 | 100% | 62,500,000 | 62,500,000 | 30-Jul-15 | 2-Oct-15 | 59 |
|  |  |  |  | 62,500,000 | 62,500,000 | 7-Oct-15 | 19-Nov-15 | 41 |
| 28 | Bati | 286,000,000 | 286,000,000 | 286,000,000 | 100% |  |  |  |  |  |
| 29 | Daun Keo | 226,000,000 | 226,000,000 | 226,000,000 | 100% | 28,250,000 | 28,250,000 | 2-Sep-15 | 29-Sep-15 | 27 days |
|  |  |  |  | 28,250,000 | 28,250,000 |  |  |  |
| 30 | Kirivong | 750,000,000 | 750,000,000 | 750,000,000 | 100% | 93,750,000 | 93,750,000 | 22-Nov-15 | 17-Dec-15 | 10days |
| 31 | Prey Kabass | 276,000,000 | 276,000,000 | 276,000,000 | 100% | 138,000,000 | 138,000,000 | 17-Sep-15 | 6-Oct-15 | 19days |
| 32 | TK PRH | 421,00,000 | 421,000,000 | 421,000,000 | 100% | 52,625,000 | 52,625,000 | 23/Sep/15 | 7/Oct/15 | 14 days |
|  |  |  |  | 52,625,000 | 52,625,000 | 30/Oct/15 | 20/Nov/15 | 20 days |
|  | **Oddar Meanchey** |  |  |  |  |  |  |  |  |  |
| 33 | OMC PRH | 325,000,000.00 | 325,000,000.00 | 321,465,000.00 | 98.91% | 72,185,000 | 72,185,000 | 21-Aug-15 | 21-Aug-15 | 1 |
| 34 | **SAMRONG OD** | 792,000,000.00 | 792,000,000.00 | 790,230,600.00 | 99.78% | 196,424,700 | 196,424,700 | 31-Aug-15 | 31-Aug-15 | 1 |
|  | **Tbong Khmum** |  |  |  |  |  |  |  |  |  |
| 35 | Memut | 649,000,000 | 649,000,000 | 649,000,000 | 100% | 324,800,000 | 324,800,000 | 25-Jun-15 |  |  |
| 36 | Ponhea Krek - Dambae | 670,000,000 | 670,000,000 | 670,000,000 | 100% | 335,000,000 | 335,000,000 | 25-Jun-15 |  |  |

| No | SOA | Annual budget proposed by MOH & MEF (a) | Annual budget adapted by PHD (b) | Amount received (cumulative) (c.) | Amount received as % of Annual budget (d)=(c/b) | Quarter 4 | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Amount  requested | Amount  received | Date  requested by SOA to  PHD | Date  received  on  SOA account | Total of days taken |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **Banteavmeanchey** |  |  |  |  |  |  |  |  |  |
| *1* | Poipet | 290,000,000 | 290,000,000 | 290,000,000 | 100% | 72,500,000 | 72,500,000 | 9-Dec-15 | 11-Dec-15 | 3 days |
| *2* | Preh Netpreh | 240,000,000 | 240,000,000 | 240,000,000 | 100% | 60,000,000 | 60,000,000 | 21-Dec-15 | 25-Dec-15 | 5days |
|  | **Battambang** |  |  |  |  |  |  |  |  |  |
| *3* | BTB PRH | 292,000,000 | 292,000,000 | 292,000,000 | 100% | 7,300,000 | 7,300,00 | 2-Oct-15 | 2-Oct-15 | 1 day |
|  | **Kampong Cham Province** | **4,794,200,000.00** | **3,405,000,000.00** | **3,400,561,360.00** | **99.87%** | **851,250,000.00** | **828,099,420.00** |  |  |  |
| *4* | *Kg Cham PRH* | 2,174,000,000.00 | 1,928,000,000.00 | 1,923,561,360.00 | 99.77% | 482,000,000.00 | 458,849,420.00 | 30-Sep-2015 | 9-Oct-2015 | 9 |
| 5 | *Prey Chhor-Kang Meas* | 787,600,000.00 | 422,000,000.00 | 422,000,000.00 | 100.00% | 105,500,000.00 | 105,500,000.00 | 29-Sep-2015 | 9-Oct-2015 | 10 |
| *6* | *Choeung Prey* | 648,500,000.00 | 335,800,000.00 | 335,800,000.00 | 100.00% | 83,950,000.00 | 83,950,000.00 | 30-Sep-2015 | 9-Oct-2015 | 9 |
| *Batheay* | 601,200,000.00 | 311,000,000.00 | 311,000,000.00 | 100.00% | 77,750,000.00 | 77,750,000.00 | 28-Sep-2015 | 9-Oct-2015 | 11 |
| *7* | *Chamkar Leu* | 582,900,000.00 | 408,200,000.00 | 408,200,000.00 | 100.00% | 102,050,000.00 | 102,050,000.00 | 30-Sep-2015 | 9-Oct-2015 | 9 |
|  | **Koh Kong** |  |  |  |  |  |  |  |  |  |
| *8* | Smach Mean Chey | 620,000,000 | 620,000,000 | 620,000,000 | 100% | 155,000,000 | 155,000,000 | 6-Nov-15 | 3-Dec-15 | 27 days |
| *9* | Srae Ambel | 1,079,000,000 | 1,079,000,000 | 1,079,000,000 | 100% | 269,750,000 | 269,750,000 | 6-Nov-15 | 3-Dec-15 | 27 days |
| *10* | Koh Kong PRH | 290,000,000 | 290,000,000 | 290,000,000 | 100% | 72,500,000 | 72,500,000 | 6-Nov-15 | 16-Dec-15 | 40days |
|  | **Mondul Kiri** |  |  |  |  |  |  |  |  |  |
| *11* | Sen Monorom | 455,000,000 | 465,000,000 | 455,000,000 | 97% | 116,250,000 | 146,281,000 | 25-Sep-15 | 18-Dec-15 | 84 days |
| *12* | Mondul Kiri PRH | 215,000,000.00 | 215,000,000.00 | **215,000,000.00** | 100.00% | 62,250,000.00 | 62,250,000.00 | 8-Oct-2015 | 24-Dec-2015 | 77 |
|  | **Preah Vihear** |  |  |  |  |  |  |  |  |  |
| *13* | Tbeng Meanchey | 850,000,000 | 850,000,000 | 850,000,000 | 100% | 106,250,000 | 106,250,000 | 17-Dec-15 | 17-Dec-15 | 1 day |
|  |  |  |  | 106,250,000 | 106,250,000 | 22-Dec-15 | 29-Dec-15 | 8 days |
| *14* | 16 Makara PRH | 350,000,000 | 350,000,000 | 350,000,000 | 100% | 43,750,000 | 43,750,000 | 4-Dec-15 | 11-Dec-15 | 8 days |
|  |  |  |  | 43,750,000 | 43,750,000 | 14-Dec-15 | 21-Dec-15 | 8 days |
|  | **Prey Veng** |  |  |  |  |  |  |  |  |  |
| *15* | Pearaing | 2,090,000,000 | 2,090,000,000 | 2,090,000,000 | 100% |  |  |  |  |  |
|  | Preah Sdach | 1,120,000,000 | 1,120,000,000 | 1,120,000,000 | 100% | 410,000,000 | 410,000,000 | 20-Nov-15 | 23-Nov-15 | 3days |
| *16* |  |  |  |  | 410,000,000 | 410,000,000 | 3-Dec-15 | 7-Dec-15 | 4 days |
|  | **Pursat** |  |  |  |  |  |  |  |  |  |
| *17* | Bakan | 664,300,000 | 664,300,000 | 664,300,000 | 100% | 83,037,500 | 83,037,500 | 21-Oct-15 | 22-Oct-15 | 1 |
|  |  |  |  |  | 83,037,500 | 83,037,500 | 20-Nov-15 | 20-Nov-15 | 0 |
|  | **Ratanakiri** |  |  |  |  |  |  |  |  |  |
| *18* | Banlong | 934,800,000 | 934,800,000 | 934,800,000 | 100% | 233,700,000 | 233,700,000 | 16/11/015 | 18/11/015 | 02 days |
| 19 | Ratanakiri PRH | 565,200,000 | 565,200,000 | 565,200,000 | 100% | 141,300,000 | 141,300,000 | 14-Sep-15 | 18-Nov-15 | 64 days |
|  | **Siemreap** |  |  |  |  |  |  |  |  |  |
| 20 | Kralanh | 541,000,000 | 460,000,000 | 460,000,000 | 100% | 57,500,000 | 57,500,000 | 19-Nov-15 | 7-Dec-15 | 18days |
|  |  |  |  | 57,500,000 | 57,500,000 | 14-Dec-15 | 23-Dec-15 | 9 days |
| 21 | Siem Reap | 740,000,000 | 740,000,000 | 740,000,000 | 100% | 92,000,000 | 92,000,000 | 19-Nov-15 | 19-Nov-15 | 1 day |
|  |  |  |  | 92,000,000 | 92,000,000 | 9-Dec-15 | 9-Dec-15 | 1 day |
| 22 | Sot Nikum | 720,000,000 | 720,000,000 | 720,000,000 | 100% | 90,000,000 | 90,000,000 | 16-Nov-15 | 16-Nov-15 | 1 |
|  |  |  |  | 90,000,000 | 90,000,000 | 14-Dec-15 | 14-Dec-15 | 1 |
| 23 | Angkorchum | 680,000,000 | 680,000,000 | 680,000,000 | 100% | 85,000,000 | 85,000,000 | 13-Nov-15 | 20-=Nov-15 | 7 days |
|  |  |  |  | 85,000,000 | 85,000,000 | 23-Nov-15 | 7-Dec-15 | 14 days |
| 24 | Siemreap PRH | 1,500,000,000 | 1,500,000,000 | 1,500,000,000 | 100% | 187,500,000 | 187,500,000 | 13-Nov-15 | 13-Nov-15 | 1 |
|  |  |  |  |  | 187,500,000 | 187,000,000 | 4-Dec-15 | 4-Dec-15 | 1 |
|  | **Stung Treng** |  |  |  |  |  |  |  |  |  |
| 25 | Steung Treng OD | 871,000,000 | 871,000,000 | 871,000,000 | 100% | 653,250,000 | 653,250,000 | 2-Dec-15 | 3-Dec-15 | 1 |
| 26 | STR PRH | 469,000,000.00 | 469,000,000.00 | 469,000,000.00 | 100.00% | 117,250,000.00 | 117,250,000.00 | 3-Dec-2015 | 4-Dec-2015 | 1 |
|  | **Takeo** |  |  |  |  |  |  |  |  |  |
| 27 | Ang Rokar | 500,000,000 | 500,000,000 | 500,000,000 | 100% | 62,500,000 | 62,500,000 | 27-Nov-15 | 17-Dec-15 | 19 |
|  |  |  |  | 62,500,000 | 62,500,000 | 24-Dec-15 | 29-Dec-15 | 5 |
| 28 | Bati | 286,000,000 | 286,000,000 | 286,000,000 | 100% | 143,000,000 | 143,000,000 | 17-Sep-15 | 6-Oct-15 | 19days |
| 29 | Daun Keo | 226,000,000 | 226,000,000 | 226,000,000 | 100% | 28,250,000 | 28,250,000 | 1-Dec-15 | 16-Dec-15 | 15days |
|  |  |  |  | 28,250,000 | 28,250,000 | 21-Dec-15 | 30-Dec-15 | 9 days |
| 30 | Kirivong | 750,000,000 | 750,000,000 | 750,000,000 | 100% | 93,750,000 | 93,750,000 | 22-Dec-15 | 29-Dec-15 | 8days |
| 31 | Prey Kabass | 276,000,000 | 276,000,000 | 276,000,000 | 100% |  |  |  |  |  |
| 32 | TK PRH | 421,00,000 | 421,000,000 | 421,000,000 | 100% | 52,625,000 | 52,625,000 | 3/Dec/15 | 21/Dec/15 | 18 days |
|  |  |  |  | 52,625,000 | 52,625,000 | 22/Dec/15 | 29/Dec/15 | 07days |
|  | **Oddar Meanchey** |  |  |  |  |  |  |  |  |  |
| 33 | OMC PRH | 325,000,000.00 | 325,000,000.00 | 321,465,000.00 | 98.91% | 86,930,300 | 86,930,300 | 22-Sep-15 | 25-Sep-15 | 3 |
| 34 | **SAMRONG OD** | 792,000,000.00 | 792,000,000.00 | 790,230,600.00 | 99.78% | 197,851,900 | 197,851,900 | 23-Sep-15 | 25-Sep-15 | 3 |
|  | **Tbong Khmum** |  |  |  |  |  |  |  |  |  |
| 35 | Memut | 649,000,000 | 649,000,000 | 649,000,000 | 100% |  |  |  | 9-Dec-15 | 167days |
| 36 | Ponhea Krek - Dambae | 670,000,000 | 670,000,000 | 670,000,000 | 100% |  |  |  | 9-Dec-15 | 167days |

**3.6.6 Service Delivery Monitoring Group Report**

| SDMG Team | Date of First Visit | Place visited | Findings and Issues | Recommendations |
| --- | --- | --- | --- | --- |
| Team 1 Head: Dr Sok Kanha | 2-5 Jun 2015 | ‧ PHD Banteay Meanchey  ‧SOA OD Preah Net Preah, Chhnour Meanchey HC ‧SOA OD Poi Pet, Nimith HC | ‧PHD did not conduct SOA annual performance review due to lack of budget  ‧PHD conducted supervision irregularly due to lack of grants  ‧PHD has plan to improve staff capacity but no budget ‧PHD received PBB late, 30% in first round  ‧SOA OD Preah Net Preah: (i) lacking of admin and accountant staff at ODO, lack of SMW in 2 HCs Lack of MD at RH, (ii) unclear guidance for SDG after Sub-decree 216 issued(iii) no self-assessments of OCM and QOC (iv) PMAS appraisal only conducted to HC chief and RH chief ‧SOA OD Poi Pet :(i) Lack of SMW in 2 HCs, MD at RH (ii) no clear guidance for SDG after Sub-decree 216 issued(iii) PMAS appraisal only conducted to HC chief and RH chief | - For PHD should allocate staff to RH and improve Poipet RH capacity  - For SOA OD Poi Pet : (i) improve RH's QOC to people to avoid them seek health care in Thailand care (ii) PMAS appraisal should conducted fully - For SOA OD Preah Net Preah : (i) should strengthen Operational plan and quarterly review (ii) PMAS appraisal should conducted fully if necessary asking for support from DP/MOH or HSSP2 |
| Team 1 Head: Dr Sok Kanha | 7-9 May 2015 | ‧SOA Battambang PRH | ‧ SOA has no annual and quarterly work plan by services  ‧ SOA not applied PMAS yet  ‧SOA has no update inventories | ‧ SOA should prepare annual and quarterly work plan by services  ‧SOA should update inventories comply to MOH guidelines  ‧SOA should apply PMAS appraisal |
| Team 1 Head: Dr Sok Kanha | 26-29 May 2015 | ‧PHD Mondulkiri  ‧SOA Sen Monorom, O'raing, Dakdam HCs ‧SOA PRH | ‧PHD PBB for Q1 receive only 30% other 70% for direct payment no guidance from MOH yet -For SOA Sen Monorom OD:  ‧O'Raing HC report wrong data on BS for Q1-2015 ( sum up of Jan to Mar)  ‧Dakdam HC all 3 of midwives left facility for training while delivery no midwife  ‧4 HCs lack of nurses and SMW no motivation to work at HC and not provide delivery service  ‧Sub contract is available but difficult to verify due to no present of HC chief  ‧Not understand well on expenditure for SDG after Sub-decree 216 issued  ‧New formula of staff incentive demotivate staff cause by less amount and big gap (all staff working the same) ‧PBB for Q1 receive only 30% and other 70% is waiting for form from PBFD/PT  - For SOA PRH: ‧Lack of many staff  ‧Not understand well on expenditure for SDG  ‧New formula of staff incentive demotivate staff cause by less amount and big gap (all staff working the same)  ‧Do not define who implement AOP of PRH  ‧HEF disbursed to PRH late | ‧PHD should review all related documents before sending to HSSP2  ‧OD supervisor team should strengthen HIS at HCs  ‧Organize to has midwife at facility  ‧OD supervisor team should strengthen HIS at HCs  ‧PRH and OD please share information to all staff when any people absent or do any activity ‧Should strengthen on AOP, QWP and review QWP  ‧Should implement PMAS appropriately |
| Team 1 Head: Dr Sok Kanha | 20-24 Apr 2015 | ‧SOA Cheung Prey OD  ‧SOA Prey Chhor OD  ‧SOA Chamkar Leu OD  ‧SOA PRH | ‧All SOAs applied and complied to SDMC  ‧SOA PRH no contract and PMAS since 2013  ‧SOA Cheung Prey OD has not implemented accounting system register of all sources of budget and not implemented register of expenditure by chapter and source  ‧SOA Prey Chhor OD has not conducted self-assessment of OCM ‧ SOA Chamkar Leu OD has not conducted quarterly review  ‧SOA PRH has no contract and PMAS since 2013  ‧SOA PRH has no nomination of SOA head  ‧SOA PRH has no QWP and not conducted annual and quarterly review ‧SOA PRH has no PMAS appraisal of staff  ‧SOA PRH has not sent request for national budget to PHD  ‧SOA PRH has not prepared annual budget plan following MOH guidelines | ‧PHD should help PRH to prepare AOP and quarterly review  ‧PHD should update inventory list every 6 months and provide guidance to OD level  ‧PHD should conduct training on PMAS to PRH ‧PHD should advise PRH to request budget on time and keep those documents for SDMG review  ‧PHD should provide all relevant documents/letters to all SOAs for filing ‧For the next program MOH should allocate SDG to PHD for staff involvement in SOA scheme, such as supervision  ‧Personnel Department of MOH should cooperate with PHD in conducting PMAS training  ‧DBF of MOH should review and conduct register training |
| Team 1 Head: Dr Sok Kanha | 19-22 May 2015 | ‧PHD Tbongkhom  ‧SOA Memot OD  ‧SOA Ponhea Krek Dambe OD | ‧PHD did not conduct monitoring to SOAs  ‧PHD did not conduct quarterly review and not submit yet to MOH  ‧PHD and both SOAs update inventory once a year ‧Both SOAs did not request additional budget on time  ‧SOA Ponhea Krek Dambe OD: no sub contract at Trapaing Pring HC and medical waste dispersed on the floor and not well organized management meetings at HC, SOA did not facilitate regular HCMC meetings | ‧PHD should conduct monitoring to SOAs  ‧PHD should conduct quarterly review and send to MOH  ‧PHD and both SOAs should update inventory twice a year  ‧Both SOAs should request additional budget on time  ‧SOA Ponhea Krek Dambe OD should organize and facilitate HC to conduct HCMC meeting regularly  ‧SOA Ponhea Krek Dambe OD should help HC to keep all documents and have them available |
| Team 2 Head: Mrs. Khuot Thavary | 27-30 April 2015 | ‧PHD Ratanakiri  ‧SOA OD Banlong, Konmom, Vireakchey, Vernsay HCs ‧SOA PRH | ‧PHD did not apply PMAS and will establish in the Q2  ‧PHD quarterly report late submittal to MOH/HSSP2 SOA OD Banlong :  ‧4 HCs have a midwife each and 2 HCs none‧Did not apply PMAS all levels, just conducted training on 28 April, 2015 ‧Dashboard of Konmom HC not filled in with data of Q4-2014 and did not set targets following SDMG recommendation last year  ‧No update for the year on the Dashboard of Vernsay HC ‧SOA PRH lack of technical staff due to 5 staffs transferred‧SOA PRH did not apply PMAS, promise to do in Q2 | ‧Organize evaluation system of PMAS ready in Q2 or Q3 -2015 ‧Manage timing of report to PHD and HSSP2 ‧SOA Banlong OD should manage data properly with data break down by 2 ODs  ‧Fill vacant posts immediately |
| Team 2 Head: Mrs. Khuot Thavary | 15-18 Jun 2015 | ‧PHD Preah Vihear  ‧SOA OD Tbeng Meanchey, Roveang and Sra Em HCs ‧SOA PRH | PHD applied and complied with the PA  - SOA Tbeng Meanchey OD:  ‧No sub-contract between SOA and Sra Em HC  ‧No PMAs appraisal of HC chief to HC's staff  ‧Cannot spend SDG due to sub-decree 216  ‧PBB received less than 1/4 of total budget plan  - SOA PRH:  ‧PBB received less than 1/4 of total budget plan  ‧No reply yet from HSSP2 for request to repair toilet, bathroom and drainage system | NA |
| Team 2 Head: Mrs. Khuot Thavary | 22-27 Jun 2015 | ‧PHD Siem Reap  ‧SOA OD Siem Reap ‧SOA OD Kralanh  ‧SOA OD Sot Nikum  ‧SOA OD Angkor Chum ‧SOA PRH | ‧PHD's quarterly progress report sent late to HSSP2  ‧Lack of skilled staff and ambulance driver  ‧PMAS applied only for HC chief and PRH not applied PMAS  ‧Ferofolate acide out of stock at HCs  ‧PBB received less than 1/4 of total budget cause QWP cannot be carried out, debt and AOP for next year are very worrying  ‧Program will end by this year but bonus for 2014 is not approved yet ‧SOA PRH has a big gap of staff incentive between high and low qualified staff  ‧SOA OD Siem Reap suggest to update treatment guidelines due to some new protocols have not been incorporated into the guidelines | ‧PHD should send report on time  ‧SOA ODs should apply PMAS for all staff  ‧SDMG sub group will discuss this issue with DP/MOH |
| Team 3 Head: Dr. Sok Srun | 19-22 May 2015 | ‧PHD Stung Treng  ‧SOA OD Stung Treng, Sre Krasaing HC  ‧SOA PRH | ‧Monthly staff schedule not available at visited HCs | ‧PHD and both SOAs should strengthen and continue to apply and comply with PA and SDMC  ‧SOA Stung Treng OD should prepare and update monthly staff schedule at HCs |
| Team 3 Head: Dr. Sok Srun | 26-29 May 2015 | ‧PHD Prey Veng  ‧SOA OD Pearaing, RH, ‧SOA OD Preah Sdach, RH | ‧PHD and both SOAs applied and complied with the PA and SDMC ‧SOA OD Pearaing did not conduct self-assessment on OCM/QOC in 2014 | ‧SOA OD Pearaing should conduct self-assessment on OCM/QOC in 2014 by using level 1 tools level 1 and not waiting for level 2 tools |
| Team 3 Head: Dr. Sok Srun | 21-24 April 2015 | ‧PHD Oddar Meanchey  ‧SOA OD Samroang, Anlong Veng HC, Anlong Veng RH  ‧SOA PRH | ‧PHD and both SOAs applied and complied with PA and SDMC | ‧PHD and both SOAs should strengthen and continue to apply and comply with PA and SDMC |
| Team 3 Head: Dr. Sok Srun | 9-12 Jun 2015 | ‧PHD Koh Kong  ‧SOA Sre Ambel OD  ‧SOA Smach Meanchey OD, Trapaingroung and Kirisakor HCs ‧SOA PRH | ‧Both SOA ODs did not conduct self-assessment on OCM  ‧All 3 SOAs did not conduct self-assessment on QOC level 2  ‧HCMC meeting not conducted | ‧Both SOA ODs should conduct self-assessment on OCM  ‧All 3 SOAs should conduct self-assessment on QOC level 2 |
| Team 4 Head: Dr. Chev Mony | 2-5 Jun 2015 | ‧PHD Pursat  ‧SOA OD Bakan, RH, O'Tapong HC | ‧PHD and SOA applied and complied with PA and SDMC | ‧PHD and SOA should strengthen and continue to apply and comply with PA and SDMC |
| Team 4 Head:Dr. Chev Mony | 8-12 Jun 2015 | ‧PHD Takeo ‧SOA: Duan Keo, Kirivong, Angroka ‧Roka Krauv, Prey Sleuk, Kork Pricg, Prey Chhour, Prey Sbat HCs and Angroka RH | ‧PHD did not conduct monitoring to SOAs ‧Monthly staff schedule not available at visited HCs | ‧PHD must conduct quarterly monitoring to SOAs |

**3.6.7 Indigenous Peoples Service Delivery**

**3.6.7.1 SOA Operational Districts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table I.1: Outreach Services to Remote Villages | | | | | |
| **No** | **SOA** | **Plan** | **Implementation** | **Remote Villages** | **Total Population** |
| 1 | Banlong OD | 368 | 360 | 92 | 38,076 |
| 2 | Senmonorom OD | 150 | 115 | 25 | 11,653 |
| 3 | Stung Treng OD | 276 | 274 | 61 | 34,910 |
| 4 | Poipet OD | 80 | 78 | 20 | 6,788 |
| 5 | Preah Net Preah OD | 28 | 17 | 17 | 7,968 |
| 6 | Bakan | 4 | 3 | 3 | 2,045 |
| 7 | Sre Ambel OD | 4 | 9 | 2 | 2,045 |
| 8 | Tbeng Meanchey OD | 42 | 42 | 23 | 5,583 |
| 9 | Kralanh OD | 8 | 8 | 7 | 3,230 |
| 10 | Siem Reap OD | 30 | 24 | 6 | 3,168 |
| 11 | Sot Nikum OD | 276 | 193 | 43 | 19,859 |
| 12 | Angkor Chum OD | 27 | 25 | 8 | 5,960 |
| **Total** | | 1,293 | 1,148 | 307 | 141,285 |

## Source: HMIS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table I.2: Services 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 | 83,163 | 85,926 | 8,083 | 3,399 | 2,407 | 2,859 | 2,230 | 2,564 |
| 2 | Senmonorom OD | 10,230 | 13,779 | 837 | 478 | 381 | 427 | 304 | 327 |
| 3 | Stung Treng OD | 7,345 | 7,175 | 1,010 | 481 | 630 | 660 | 559 | 604 |
| **Total** | | 100,738 | 106,880 | 9,930 | 4,358 | 3,418 | 3,946 | 3,093 | 3,495 |

## Source: HMIS

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table I.3: Civil Servant Staff (Health Center and Referral Hospital) | | | | | | | | | | |
| **No** | **SOA** | **Staff** | **Doctor/MA** | | **Secondary Nurse** | | **Primary Nurse** | | **Secondary Midwife** | **Primary Midwife** |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** |
| 1 | Banlong OD | Indigenous Staff | 0 | 0 | 13 | 0 | 49 | 0 | 2 | 26 |
| Staff who can speak local indigenous language | 0 | 0 | 19 | 0 | 5 | 0 | 2 | 13 |
| 2 | Senmonorom OD | Indigenous Staff | 0 | 0 | 1 | 19 | 10 | 3 | 2 | 19 |
| Staff who can speak local indigenous language | 0 | 0 | 2 | 11 | 4 | 1 | 1 | 11 |
| 3 | Stung Treng OD | Indigenous Staff | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Staff who can speak local indigenous language | 0 | 0 | 10 | 3 | 24 | 7 | 4 | 20 |
| 4 | Tbeng Meanchey OD | Indigenous Staff | 0 | 0 | 1 | 0 | 5 | 0 | 2 | 7 |
| Staff who can speak local indigenous language | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |
| **Total** | | Indigenous Staff | 0 | 0 | 15 | 19 | 65 | 3 | 6 | 52 |
| Staff who can speak local indigenous language | 0 | 0 | 35 | 14 | 33 | 8 | 7 | 44 |

## Source: HMIS

**3.6.7.2 SOA Provincial Referral Hospitals**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | SOA | Table III.1: Services Delivery to IP | | | | |
| **OPD (New Cases)** | | **Discharge** | | **Delivery** |
| **Male** | **Female** | **Male** | **Female** |
| 1 | Mondulkiri | 881 | 987 | 1,454 | 1,760 | 401 |
| 2 | Stung Treng | 1,864 | 2,430 | 724 | 1,942 | 1,264 |
| 3 | Ratanakiri | 228 | 157 | 840 | 574 | 69 |
| **Total** | | 2,973 | 3,574 | 3,018 | 4,276 | 1,734 |

## Source: HMIS

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Table III.2 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 | 1 | 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 | 1 | 4 | 3 | 2 | 1 | 1 | 5 |
| Staff who can speak local indigenous language | 1 | 0 | 10 | 4 | 0 | 1 | 9 | 4 |

## Source: HMIS

## Chapter 4. Component B: Improving Health Finance

## 4.1 Health Equity Funds

Health Equity Funds (HEFs) are a pro-poor 3rd party health financing mechanism which purchase health services for the identified poor, and provide 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. Note that these schemes were supported by the Program and a variety of health development partners, as well as USAID. HEFs are operated by third party entities termed HEFOperators which are non-profit NGOs or Community Associations. There are a total of 11 Health Equity Fund Operators (HEFOs) operating in the sector. In addition to HEFs, there are also schemes labeled SUBOs which are subsidized directly by the MOH in 11 ODs and 6 national hospitals. By the end of 2015, 100% of the poor population is estimated to have been covered by HEF schemes.

### 4.1.1 Health Facilities Contracted with HEF scheme

By the end of 2015, the number of HEFs had been expanded to cover all ODs in the country, per the data from BHEF/DPHI. The provinces that did not see any expansion in the reporting period included Battambang, Kampong Chhnang, Kep, Koh Kong, and Preah Sihanoukville, since they already had extensive HEF coverage.

The Table below shows a comparison of HEFs in the country in 2014 and at the end of 2015. There has been a 36% increase in HEF schemes implemented at RHs from 59 in 2014 to 80 in 2015. A huge increase of 75% was observed in HCs, rising from 592 in 2014 to 1,037 in 2015. HPs also increased by 51% from 45to 68.

**HEF Schemes in 2014 and 2015**

|  |  |  |
| --- | --- | --- |
| Health Facility | HEFs 2014 | HEFs 2015 |
| **National Hospital** | 1 | 1 |
| Referral Hospital  CPA3  CPA2  CPA1 | 59  17  20  22 | 80  17  23  40 |
| Health Center | 592 | 1,046 |
| Health Post | 45 | 69 |

Source: BHEF/DPHI

Table in Annex H provides a detailed breakdown of HEF schemes by province, OD, cluster number, type of scheme, source of funding, name of HEF implementer, type of contract, and the name of the HEF operator.

**4.1.2 Key Performance Indicators, 2008 to 2015**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | Indicators | Baseline | Achievement | | | | | |  |
| **2008** | **2009** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
| 1 | Percent of RHs implementing health equity fund schemes | 61% | 67% | 72% | 73% | 70% | 67% | 62% | 82% |
| 2 | Percent of HCs implementing health equity fund schemes | 12 | 14 | 29 | 30% | 36% | 44% | 52% | 92% |
| 3 | Number of OPD cases receiving health equity fund assistance | 152,000 | 312,713 | 621,628 | 769,284 | 1,033,316 | 1,153,795 | 1,423,245 | 2,098,272 |
| 4 | Number of IPD cases receiving health equity fund assistance | 67,204 | 102,205 | 123,553 | 78,122 | 135,090 | 110,655 | 119,109 | 159,996 |
| 5 | Number of deliveries receiving health equity fund assistance | NA | 15,629 | 25,388 | 25,150 | 25,782 | 30,237 | 33,112 | 43,639 |
| 6 | Percent of poor people covered by health equity funds | 57% | 73% | 77% | 78% | 78% | 93% | 97% | 100% |

**4.1.3 Health Equity Fund Expenditures**

Total expenditures in 2015 were USD 13,984,837.47. These consisted of USD 11,594,805.47 for total direct benefit costs equivalent to 83%, and USD 2,390,032 for indirect costs or 17% of total expenditures. These proportions match very closely to the 2014 proportions of 82% and 18% respectively.

Total direct benefit costs including health services, transport, and food at RHs amounted to USD 9.5 million which was 82% of the total direct benefit cost at health facilities. The amount for HCs was 2,078,890 or 18% of the total. A total of USD 9.2 million was spent on health services which comprised 79% of the total direct benefit cost, USD 1.3 million on transport costs or 11%, and USD 1.1 million or 10% for food and other expenses.

The Tables below provide trend data in respect of total expenditure, direct benefit cost at health facilities, and indirect costs.

**4.1.4 Total Expenditure**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| Direct benefit cost (USD) | 2,311,830 | 3,567,061 | 5,249,867 | 6,746,107 | 7,683,195 | 8,958,561 | 11,594,805 |
| Indirect benefit costs (USD) | 1,032,883 | 1,021,349 | 1,307,612 | 1,386,222 | 1,697,418 | 1,971,202 | 2,390,032 |
| Total cost (USD) | 3,344,713 | 4,588,410 | 6,557,479 | 8,132,329 | 9,380,613 | 10,929,763 | 13,984,837 |
| Indirect cost as % of total expenditure | 31% | 22% | 20% | 17% | 18% | 18% | 17% |

Source: HEF Bureau

### 4.1.5 Direct Benefit Cost at Facilities (RHs and HCs)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| OPD | 286,595 | 675,132 | 1,183,266 | 1,048,192 | 1,459,941 | 1,799,245 | 2,648,857 |
| IPD including Deliveries | 1,238,906 | 1,833,089 | 2,615,530 | 3,784,838 | 4,234,791 | 4,925,506 | 6,553,611 |
| Transport OPD | 40,966 | 28,404 | 110,219 | 409,621 | 650,407 | 802,728 | 826,905 |
| Transport IPD | 329,441 | 475,956 | 641,302 | 651,411 | 468,717 | 475,871 | 479,297 |
| Food | 405,755 | 531,562 | 680,115 | 831,809 | 847,493 | 933,023 | 1,063,256 |
| Other | 10,166 | 22,917 | 19,434 | 20,234 | 21,845 | 22,188 | 22,881 |
| Total Direct Benefit Cost (USD) | 2,311,830 | 3,567,061 | 5,249,867 | 6,746,107 | 7,683,195 | 8,958,561 | 11,594,805 |
| Source: HEF Bureau |  |  |  |  |  |  |  |

### 4.1.6 Total Expenditure by Facilities

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| Total direct benefit cost (USD) | 2,311,830 | 3,567,061 | 5,249,867 | 6,746,107 | 7,683,195 | 8,958,561 | 11,594,805 |
| 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 | 9,515,916 |
| Total direct benefit cost (USD) at HCs | 137,676 | 363,748 | 494,230 | 768,118 | 1,127,513 | 1,414,882 | 2,078,889 |
| Direct cost at HCs as % of total direct benefit cost | 6% | 10% | 9% | 11% | 15% | 16% | 18% |
| Source: HEF Bureau |  |  |  |  |  |  |  |

### 4.1.7 Indirect Costs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| Indirect Benefit Costs | 715,037 | 607,412 | 840,155 | 881,209 | 1,055,435 | 1,277,674 | 1,539,874 |
| Administrative Costs | 308,634 | 405,162 | 449,276 | 503,550 | 636,833 | 689,665 | 820,491 |
| Program Development Costs | 9,213 | 8,775 | 18,182 | 1,463 | 5,151 | 3,863 | 29,667 |
| Total | 1,032,883 | 1,021,349 | 1,307,612 | 1,386,222 | 1,697,418 | 1,971,202 | 2,390,032 |
| 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. After a modest decline in 2014, the number of pre and post ID in 2015 has substantially increased by 335,546 total beneficiaries, as may be seen in the Table below.

**4.2.1 Trend in HEF beneficiaries**

| Year | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | S1-2015 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 2,956,305 |
| Annual increase/decrease |  | 244,946 | 719,975 | 221,172 | 0 | -68,877 | 335,546 |

Source: BHEF/DPHI

**Next Step**

* MoH plans to expand HEFs to cover all health facilities in the country
* The draft Health Finance policy has been submitted to MEF, and comments are awaited

## Chapter 5. Component C: Strengthening Human Resources

## 

## 5.1 Training Report

The program did not support any training activities in reporting period.

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## 5.2 Staff Deployment

Please see Table in Annex E.

# **Chapter 6. Component D: Strengthening Health System Stewardship Functions**

**6.1Harmonization and Alignment**

The 2015 National Health Congress was conducted on 9-10 March, 2016 in Phnom Penh. The Congress reviewed sector performance in 2015, reviewed targets for 2016, and established priorities for 2017.

## 6.2 Policy Development and Implementation

The draft Health Finance Policy is currently being reviewed by MEF before finalization and implementation. In addition, the MEF has engaged a private consultancy firm to prepare the Social Health Protection Framework which is likely to provide inputs toward the final Health Financing Policy.

The final national Health Strategic Plan 3 (2016-20) was presented at the NHC during its meeting in March, 2016.

**6.3 Decentralization and Deconcentration**

In 2015, the MOH handed over responsibility for the functioning of the following ODs: (i) Dang Koa OD to Khan Dang Koa of the Phnom Penh Municipality, (ii) O ReangOv OD to O ReangOvdistricvt of Tbong Khmum province, (iii) LeukDeak OD to LeukDeak district of Kandal province, and (iv) Phnom Srouch OD to Phnom Srouch district of Kampong Speu province.

During this reporting period, community health functions continued to be piloted in five administrative districts in two provinces, Battambang and Pursat. An evaluation of the pilot has been conducted by an inter-ministerial working group comprising representatives of MEF, MOI, NCDD, MOH and international donors. 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 information.

## 6.5 Improving Quality of Care

Please see section 2.2 for information

Chapter 7. Program Financial Information

## 7.1 Disbursement

Under Pooled Fund, disbursements from IDA Credit, MDTF, UNICEF and UNFPA as at 31 December 2015 were US$ 27.56 million, US$ 115.82 million, US$ 2.65 million and US$ 1.5 million, equivalent to 99%, 93%, 100% and 100% of the total allocation US$ 27.8 million, US$ 124.37 million, US$ 2.6 million and 1.5 million respectively.

Under Discrete Fund, disbursement from AFD, BTC, UNFPA, UNICEF and RGC as at 31 December 2015 were US$ 9.4 million, US$2 million, US$ 7.51 million, US$ 1.2 million and US$ 29.9 million, equivalent to 100%, 100%, 100%, 100%, 100% and of the total allocated amount US$ 9.4 million, US$ 2million, US$ 7.51 million, US$ 1.2 and US$ 28.5 million respectively.

## 7.2 Expenditures

Sharing of expenditure of the year 2015 for the Pooled is 32.69%, 61.50%, and 5.81% from IDA, MDTF and UNICEF respectively. As of the quarter ended 31 December 2015, the consolidated expenditures for all funds shows to 75.58% comparing to the total annual budget $40.27 million; which represents Pooled fund 85.25%, MDTF100%: 72.85%, UNICEF: 94.32%, UNFPA 87.92%, BTC 99.15%, and RGC 67.03% compare to the 2015 annual budget $12.19 million, 17.77 million, $0.007 million, $0.99 million, $0.02 million, and $9.8 million, respectively. Expenses on Goods shows only 64% since there are more procurement packages of SOAs is under process and commitment of payment for contract awards will be paid in Q1, 2016.

## 7.3 Projected Cash Requirement for Q3 & Q4, 2014

**Pooled Funds**

Projected cash requirement the two quarters is US$ 16.07 million. Since there is a fund balance of US$ 2.72 million at designed account and a fund request amount US$ 8.2 million is in process, the program will need only US$ 5.12 million. Since there is a shortfall of fund about 4.7 from Pooled Fund, this fund requirement will be revised after getting confirmation from DPs or MEF on the funding gap.

**Discrete Funds**

Under UNFPA discrete fund, projected cash requirement shows US$ 0.34 million. After deducting the fund balance US$ 0.043 million at designated account, the amount US$ 0.29 million will be requested.

For the government contribution fund, projected cash requirement indicates US$ 6.2 million. So, HSSP2 will request only US$ 0.01 million since the US$ 6.2 million is available at designated account.

**Chapter 8. Program Management and Implementation**

**8.1 Integrated Financial and Technical Audit**

Mondulkiri, Ratanakiri, Kratie, Svay Rieng, and the Phnom Penh municipal health department were selected for field audits for Q4, 2015. The Q4 draft integrated technical and financial quarterly audit report was received from the auditors in March, 2016. After review, the final reports will be submitted to JPIG. 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 13th Joint Review Mission was conducted from 18 May to 3 July, 2015. This included field visits to 5 provinces including Kampot, Kampong Cham, Koh Kong, Kampong Thom, and Tbong Khmum. The review mission focused on implementation of health equity funds and service delivery grants, infrastructure development, medical equipment, fiduciary management at the sub-national level, and planning for health financing. The last JQM is planned to be held in late March or early April 2016. The 14th Joint Review Mission will be conducted from 21 March, 2016. The provinces of Banteay Meanchey, Battambang, Pursat, Siem Reap, Steung Treng and Mondolkiri were selected for field visits by the JRM team.

## 8.3 Safeguards

From 10 November to 12 November 2015, the field assessment for the Resettlement Planning Framework (RPF), the Environment Planning Framework (EPF), and the Indigenous Peoples Planning Framework(IPPF) were conducted in Siem Reap, Preah Vihear, Ratanakiri and Mondulkiriprovinces. Both the draft EMP and RPF were updated and a consultative workshop was conducted on 6 July, 2015.The documents were uploaded to the MOH website in consonance with transparency and accountability requirements, per Program Director’s letter dated 13 November 2015 to the PHD Directors and to the World Bank. The draft of the EMF and the IPPF were also disclosed in November, 2015. The draft RPF will be finalized after the receipt of feedback from thedepartment of resettlement of the MEF. Please see section 3.6.7 for additional information on service delivery to indigenous peoples.

## 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

The results for Trained Attendance at Delivery show an achievement of 85.2% which marks a slight increase over the 2014 achievement of 85%. Similarly, Deliveries at Health Facilities was 80.35%, a slight increase from the 2014 figure of 80%. On the other hand, Modern Contraceptive Use showed a substantial increase from 35% in 2014 to 41% in 2015. DPT-HepB3 coverage showed a slight decline from 97.91 in 2014 to 94.38% in 2015. PMTCT however, declined significantly from 68% in 2014 to 58% in 2015. The TB Cure Rate declined very slightly from 90% to 89% while Malaria Cases Treated at Public Facilities per 1,000 population rose from 1.89 in 2014 to 2.26 in 2015. Vitamin A supplements for 6-59 months age group was 81.5% as against an achievement of 87% in 2014.Coverage of Iron Folate for Pregnant Women declined from 86% in 2014 to 82.17% in 2015. Finally, the achievement for mebendazole coverage for 12-59 months age group was 97% in 2015 versus 96% in 2014.

## 9.2 Program Development Objectives Indicators, Provincial Rankings

## Note that the following discussion on provincial rankings relies on achievement as reported in the HMIS, whereas country averages for the most part are as reported by national programs, such as the national reproductive health program, or the national nutrition program. Ranking graphs for each PDO Indicator are contained in Annex XX.

## For OPD All Ages, New Cases, as many 11 provinces show an achievement above the national mean of 0.61 per capita. Preah Vihear and Ratanakiri had the highest per capita at 1.12 and 1.03 respectively. Four provinces were below 0.30 including Kratie (0.28), Pailin (0.25), Preah Sihanouk (0.22), and Phnom Penh (0.15). For OPD under 5 years, four provinces achieved a level above 2.0 per capita, including Ratanakiri (2.60), Preah Vihear (2.56), Mondulkiri (2.52), and Siem Reap (2.12). These are significantly higher than the country average of 1.53. Six provinces show an achievement below 1.0, including Kep (0.82), Kampot (0.73), Kampong Speu (0.66), Preah Sihanouk (0.65), Kratie (0.61), and Phnom Penh (0.38).

## The country average for Deliveries by Trained Staff is 85.2%. Only two provinces show an achievement above the country average, including Svay Rieng (99.43%) and Prey Veng (85.52%). Three provinces were below 50% coverage, including Siem Reap (43.6%), Kep (43.37%), and Phnom Penh (37.31%). For Deliveries at Health Facilities, three provinces show achievement above the country average of 80.35%. These include Svay Rieng (98.66%), Prey Veng (84.01%), and Preah Vihear (83.69%). Five provinces show achievement levels below 50%, including Tbong Khmum (46.24%), Preah Sihanouk (44.43%), Kep (41.77%), Siem Reap (41.08%), and Phnom Penh (37.24%).

## For C-sections as a proportion of expected pregnancies, only one province ranks above the country average of 4.22%; this was Kampong Cham with 4.59%. Kep obviously has zero C-sections, since the hospital there is CPA1 and does not have a surgeon on staff. Three provinces have less than 1%, including Siem Reap (0.82%), Koh Kong (0.7%), and Tbong Khum (0.5%). For Modern Methods of Contraceptive Use, the country average is 41% of currently married women of reproductive age. Seven provinces show an achievement higher than the country average, with at least two above 50%, including Takeo (54.32%), and Kampot (51.09%). Low performers include Battambang (29.81%), Kandal (27.99%), Preah Sihanouk (27.13%), Kratie (27.09%), Kampong Chhnang (21.45%), Kep (18.28%), Pailin (14.77%), and Phnom Penh (6.03%).

## For ANC2 visits, the country average is 88.11%. Three provinces show achievements in excess of this figure including both Otdar Meanchey and Stung Trey that exceeded 100%, and Preah Vihear at 98.91%. The two lowest performing provinces include Prey Veng (7.77%) and Kandal (6.93%). As many as 18 provinces show achievement lower than 50% coverage. The revised country average for Iron folate coverage for pregnant women as reported by the national nutrition program is 82.17%, significantly higher than the 73% coverage reported in the NHC report. Only five provinces exceeded this figure, including Ratanakiri (103.82%), Preah Vihear (97.76%), Stung Treng (94.84%), Siem Reap (85.52%), and Otdar Meanchey (83.47%). The two lowest performers are Kratie (49.05%), and Preah Sihanouk (46.82%).

## The country average for the Measles vaccine is 91.93% coverage. As many as 10 provinces report coverage figures in excess of 100%, with the highest being Stung Treng at 178.28%. The lowest performers in this regard are Pailin (56.98%), and Preah Sihanouk (56.24%). The country average for PMTCT is 58% with four provinces reporting achievement significantly higher than 100%, including Phnom Penh (281%), Pailin (172%), Koh Kong (158%), and Preah Sihanouk (148%).

## For DPT-HepB3 vaccinations, as many as 11 provinces report coverage as being in excess of 100%, with the country average being 94.38%. Low coverage provinces include Preah Sihanouk (67.76%), Phnom Penh (65.82%), and Pailin (61.52%). The country average for vitamin A coverage for children 6-59 months is 81.5% with the top three performers being Kampot (90%), Stung Treng (87%), and Preah Vihear (84%). Five provinces performed at less than 50% coverage, including Phnom Penh (49%), Koh Kong (48%), Preah Sihanouk (46%), Tbong Khmum (45%), and Kep (43%).

## 9.3 Program Performance Indicators

| No | Indicators | Baseline  2008 | Target  2015 | Target  2014 | Achievement | | | | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| **Component A: Health Service Delivery** | | | | | | | | | |  |  |
| 1 | OPD new cases all ages p.c. | 0.54 | ≥ 0.7 | ≥ 0.7 | 0.54 | 0.64 | 0.64 | 0.63 | 0.61 | 0.59 | 0.61 |
| 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 | 1.53 |
| 3 | ANC 2 visits | 81 | 90 | 88 | 88.5 | 80.4 | 86.24 | 87 | 81.5 | 91.4 | 93 |
| 4 | C-section rate | 0.77 | 4.0 | 3.2 | 1.69 | 2.03 | 2.43 | 2.83 | 3.3 | 4.29 | 4.22 |
| 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 | 36,700 |
| 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 | 100 |
| 7 | DHF case fatality rate reported by public health facilities | 0.68 | 0.6 | 0.7 | 0.30 | 0.32 | 0.45 | 0.46 | 0.33 | 0.6 | 0.25 |
| 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 | 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 | 57(ORT)  5.4(Zinc) |
| 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 | 15.42% |
| 11 | Percent of HCs implementing IMCI services | 69 | NA | NA | 78 | 95 | 98 | 97 | 98 | 96 | 100 |
| 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 | NA |
| **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 | 40.17 |
| 2 | Percent of RHs implementing health equity fund + subsidy schemes | 61 | NA | NA | 67 | 72 | 73 | 70 | 67 | 77 | 93 |
| 3 | Percent of HCs implementing health equity fund + subsidy schemes | 12 | NA | NA | 14 | 29 | 30 | 36 | 44 | 55 | 97 |
| 4 | Number of OPD cases receiving health equity fund assistance | 152,000 | NA | NA | 312,713 | 621,628 | 769,284 | 1,033,316 | 1,153,795 | 1,423,245 | 2,098,272 |
| 5 | Number of IPD cases receiving health equity fund assistance | 67,204 | NA | NA | 102,205 | 123,553 | 78,122 | 135,090 | 110,655 | 119,109 | 159,996 |
| 6 | Number of deliveries receiving health equity fund assistance | NA | NA | NA | 15,629 | 25,388 | 25,150 | 25,782 | 30,237 | 33,112 | 43,639 |
| 7 | Percent of poor people covered by health equity funds | 57 | NA | NA | 73 | 77 | 78 | 78 | 93 | 97 | 100 |
| 8 | Number of individuals insured under CBHI schemes | 73,828 | NA | NA | 130,397 | 170,490 | 237,541 | 166,663 | 103,557 | 112,737 | 357,680 |
| 9 | Government health expenditure per capita (USD) | 7.77 | NA | NA | 8.64 | 10.78 | 11.59 | 13 | 14 | 13 | 13 |
| **Component C: Human Resources Development** | | | | | | | | | |  |  |
| 1 | Secondary midwives per 10,000 per location:  - Country ratio  - Provincial average  - Provincial median | 1.35  1.40  1.74 | NA | NA | 1.34  1.38  1.26 | 1.32  1.37  1.20 | 1.39  1.42  1.27 | 1.67  1.74  1.57 | 1.68  2.07  1.98 | 1.79  2.34  2.08 | 1.85  2.45  2.17 |
| **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 | NA |
| 2 | Percent of functioning HCMCs | NA | >85 | 85 | NA | 85 | 85 | 85 | 85 | 75 | 62  (no Fund) |
| 3 | Percent of licensed private pharmacies and depots | 49 | 100 | 100 | 59 | 94 | 100 | 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 | 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 | 2015 |
| 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 | 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% | 100% |
| 3 | AOP resource allocation of program budgets reflecting HSP2 and JAPR priorities (1.MCH; 2.CDs; and 3.NCDs) | NA | 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% | NA |
| 4 | Rate of Program execution for   * 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% | 67.03%  77.98% |
| 5 | Share of operating cost budget reaching contracting ODs | 0 | 40% | 10% | 20% | 25% | 30% | 35% | 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% | 100% |
| 7 | Financial Management Improvement Plan developed and implemented | NA | Implemented | 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 | 0 |
| 9 | Annual health planning summits (JAPR and JAPA) conducted with wide stakeholder participation | NA | JAPA and JAPR conducted | JAPA and JAPR conducted | JAPR and  JAPA conducted in March, 2011 | JAPR conducted in March, 2012; JAPA conducted in December, 2011 | JAPR and JAPA conducted | JAPR conducted; JAPA not conducted | JAPR and JAPA not conducted, but NHC conducted | JAPR and JAPA not conducted, but NHC conducted |
| 10 | Percentage of HSP2 indicators that have   * Baselines * Targets | 77%  69% |  | 83%  73% | 98%  90% | 98%  90% | 98%  or  90% | 83% (53/64)  or  73% (47/64) | NA  or  NA | 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 | 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\* | No Fund supported |
| 13 | Health facilities constructed, renovated, and/or equipped through the Project | NA | NA | NA | 5 | 3HCs  5HPs | 1 PRH  82 HCs  3 HPs  1 RH Landscapes  Physical | 29 HCs  2HPs  26ADRs,  1 OD Pharmacy  2 RTCs,  Phase 1  NDQCL. | 10 HCs  12 Renovation NCD Clinics | * 53 ADRs * 15 RHs * 1 LNAC * 1 Clean Room * 103 Solar Lighting * 193 Water Improvement * 263 Sanitation Improvement |

\***:** Pooled Fund did not support Training in Semester2, 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 | 0 | 20 | 0 | 20 | 0 | 74 | 0 | 134 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 2 | NRHP | 100 | 90 | 0 | 0 | 30 | 30 | 88 | 78 | 218 | 198 | Fund supported by UNFPA |
| 3 | NIP | 198 | 0 | 198 | 0 | 198 | 0 | 198 | 0 | 792 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 4 | Dengue | 72 | 0 | 144 | 0 | 72 | 0 | 384 | 0 | 672 | 0 | Not supported by Pooled Fund from semester 2, 2015 |
| 5 | Helminth | 2 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 6 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 6 | NCHP | 36 | 36 | 41 | 47 | 9 | 9 | 60 | 60 | 146 | 152 | Supported by National budget |
| 7 | NC. Traditional Medicine | 18 | 0 |  |  |  |  |  |  | 18 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 1 | DPHI | 308 | 0 | 0 |  | 0 |  | 0 |  | 308 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 2 | DBF | 196 | 0 | 0 |  | 0 |  | 0 |  | 196 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 3 | HSD | 0 |  | 0 |  | 144 | 0 | 0 |  | 144 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 4 | DPM | 30 | 0 | 26 | 0 | 24 | 0 | 102 | 0 | 184 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 5 | DP | 20 | 0 | 18 | 0 | 18 | 0 | 44 | 0 | 100 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 6 | DDF | 90 | 0 | 66 | 0 | 38 | 0 | 250 | 0 | 444 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 7 | CDC | 40 | 0 | 40 | 0 | 24 | 0 | 40 | 0 | 144 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 8 | Admin | 60 | 0 | 60 | 0 | 60 | 0 | 0 |  | 180 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 9 | HRD (To RTCs) | 28 | 0 | 0 |  | 0 |  | 0 |  | 28 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 10 | DIC | 26 | 0 | 0 |  | 0 |  | 0 |  | 26 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 11 | DIA | 12 | 0 | 20 | 0 | 12 | 0 | 10 | 0 | 54 | 0 | Not supported by Pooled Fund from semester 2, 2014 |
| 12 | CMS | 0 |  | 0 |  | 0 |  | 0 |  | 0 | 0 | Only distribution of drugs and medical supplies to provinces and not supported by Pooled Fund from semester 2, 2014 |
| 13 | Legislation Dept | 8 | 0 | 26 | 0 | 0 |  | 0 |  | 34 | 0 | Not supported by Pooled Fund from semester 2, 2014 |

## 10.2 Supervision Visits

The Table below reports on integrated supervision (ISC) activities conducted by individual provinces and their ODs during this reporting period. As can be seen, a total of 32 visits were conducted from PHDs to ODs versus 258 planned (12%), 33 visits from PHDs to RHs versus 268planned (12%), and 1206 visits from ODs to HCs versus 5,872 planned (21%). Overall, a total of 11,712 visits were conducted against 6,291 planned yielding an achievement rate of 53.71% .Detailed reasons with explanations for under-achievement of number of planned visits are listed in the “Comments” column below.

| No | Province | PHD to OD | | PHD to RH | | OD to HCs | | TOTAL | | % | Comment |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Plan | Ach | Plan | Ach | Plan | Ach | Plan | Ach. |
| 1 | BanteayMeanchey | 24 | 1 | 30 | 1 | 458 | 391 | 512 | 393 | 77% | Funded by SDG, GAVI & Government |
| 2 | Battambang | 15 | 0 | 12 | 0 | 474 | 0 | 501 | 0 | 0% | No fund |
| 3 | Kg Thom | 6 | 0 | 6 | 0 | 132 | 108 | 144 | 108 | 75% | Funded by Unicef&UNFPA |
| 4 | Kg Speu | 9 | 0 | 9 | 0 | 300 | 0 | 318 | 0 | 0% | No fund |
| 5 | Kampot | 16 | 8 | 16 | 8 | 354 | 0 | 386 | 16 | 4% | No fund |
| 6 | Kep | 0 | 0 | 6 | 1 | 24 | 4 | 30 | 5 | 17% | No fund, not done in S2 |
| 7 | Kratie | 12 | 0 | 12 | 0 | 82 | 0 | 106 | 0 | 0% | No fund |
| 8 | Odor Meanchey |  |  |  |  | 96 | 92 | 96 | 92 | 96% | Supported by SDG PHD no Fund |
| 9 | Pailin |  |  | 4 | 0 | 36 | 0 | 40 | 0 | 0% | No fund |
| 10 | PreahVihear | 4 | 4 | 4 | 4 | 276 | 207 | 284 | 215 | 76% | Supported by SDG, PHD no Fund |
| 11 | Pursat | 24 | 12 | 24 | 12 | 168 | 158 | 216 | 182 | 84% | Funded by Unicef & UNFPA |
| 12 | Stung Treng | 3 | 0 | 3 | 0 | 72 | 72 | 78 | 72 | 92% | Supported by SDG |
| 13 | Kampong Cham | 14 | 7 | 14 | 7 | 348 | 188 | 376 | 202 | **54** | Supported by Government budget and not supported by Pooled Fund from Semester 2, 2014 onwards, and lack of staff |
| 14 | Kampong Chhnang | 120 | 40 | 120 | 35 | 2,398 | 849 | 2,638 | 924 | **35** | Supported by Government Budget and UNFPA, lack of budget, lack of transportation, and overlap of times |
| 15 | Kandal | 40 | 35 | 40 | 30 | 392 | 305 | 472 | 370 | **78** | Supported by Government Budget and UNFPA |
| 16 | Koh Kong | 20 | 10 | 10 | 2 | 288 | 286 | 318 | 298 | **94** | Supported by Government Budget, SDG, and UNFPA Budgets |
| 17 | Mondulkiri |  |  | 4 | 4 | 11 | 11 | 15 | 15 | **100** | Supported by UNFPA |
| 18 | Prey Veng | 642 | 476 | 234 | 120 | 1501 | 735 | 2,377 | 1,331 | **56** | Supported by Government UNFPA budget and released not matched budget planned |
| 19 | Preah Sihanouk |  |  |  |  | 282 | 97 | 282 | 97 | **34** | Supported by Government Budget, UNFPA, and GAVI and lack of budget |
| 20 | Phnom Penh | 48 | 24 | 63 | 35 | 396 | 285 | 507 | 344 | **68** | Supported by UNFPA and lack of budget |
| 21 | Ratanakiri | 54 | 47 | 14 | 12 | 253 | 253 | 321 | 312 | **97** | Supported by Government budget, SDG, UNFPA, UNICEF, and GAVI |
| 22 | SvayRieng | 30 | 16 | 30 | 30 | 576 | 334 | 636 | 380 | **60** | Supported by Government budget, UNFPA, and GAVI |
| 23 | Siem Reap | 80 | 64 | 20 | 18 | 528 | 528 | 628 | 610 | **97** | Supported by Government budget, SDG, and UNFPA and lack of human resources sometime |
| 24 | Takeo | 20 | 12 | 4 | 2 | 304 | 228 | 328 | 242 | **74** | Supported by Government budget and SDG |
| 25 | TbongKhmum | 20 | 15 | 20 | 18 | 63 | 50 | 103 | 83 | **81** | Supported by Government budget and SDG |
|  |  | 1,177 | 771 | 699 | 339 | 9,812 | 5,181 | 11,712 | 6,291 | **53.71%** |  |

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**

* 1. **Works**

1. **NCB package**

* Works for Improvement of water supply for Health Centers (Drill well with supply water pump & solar for water pump) for 280 HCs and 21 Provinces.
* Works for Improvement in sanitation for Health Centers (Incinerator, Dump Pit, Toilet/Bath & Septic and Water Tanks) for 560 HCs.
* Works for Improvement in sanitation for 12 Provinces.

1. **Goods**
2. **ICB Package**

* Medical Equipment 15 RHs : Contract signed on 12 June, 2015

1. **NCB Package**

* Furniture for 15 RHs : Contract signed on 1st April 2015
* Medical Materials & Equipment for Eye Health Program

## **National Shopping Package**

## Laptop Computer (22 units) for Quality of Care Assessment Team of MoH

1. **Individual Consultants**

* Contracts for all individual consultants: Contract have been signed

1. **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) contract have been extended.