



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.



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

MINISTRY OF HEALTH
No. 53, Street 28, Beoung Kak I, Toul Kork
Phnom Penh, Kingdom of Cambodia.
Tel: 855.(0)23.880.261 Fax: 855.(0)23.880.262 Email: admin.hssp@online.com.kh

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	First Health Sector Strategic Plan, 2003-07
HSP2	Second Health Strategic Plan, 2008-15
HSSP1	First Health Sector Support Project (ADB, DFID, UNFPA, IDA/The World Bank)
HSSP2	Second Health Sector Support Program (AFD, AusAID, BTC, DFID, UNFPA, UNICEF, IDA/The World Bank)
ICB	Institutional Capacity Building
ICBA	Institutional Capacity Building Agency
IDA	International Development Association/The World Bank

IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
IPD	Inpatient Department
ISC	Integrated Supervision Checklist
IYCF	Infant and Young Child Feeding
JAPA	Joint Annual Plan Appraisal
JAPR	Joint Annual Performance Review
JICA	Japan International Cooperation Agency
KOICA	Korean International Cooperation Agency
MCH	Maternal and Child Health
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
CHAPTER 2. PROGRAM PROGRESS AND KEY ISSUES	10
2.1 PROGRAM PERFORMANCE INDICATOR DASHBOARD	11
2.2 STATUS OF PROGRAM ACTIVITIES	12
2.3 KEY IMPLEMENTATION ISSUES.....	12
CHAPTER 3. COMPONENT A: STRENGTHENING HEALTH SERVICE DELIVERY	13
3.1 PROGRAM 1: REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH.....	13
3.1.1 NUTRITION	13
3.1.2 REPRODUCTIVE HEALTH	13
3.1.3 MATERNAL AND NEWBORN HEALTH	14
3.1.4 EXPANDING EMONC SERVICES.....	14
3.2 PROGRAM 2: COMMUNICABLE DISEASES PREVENTION AND CONTROL.....	16
3.2.1 DENGUE CONTROL PROGRAM	16
3.2.2 HELMINTHS CONTROL PROGRAM (COMMUNITY AND SCHOOL BASED ACTIVITIES)	16
3.3 PROGRAM 3: NON COMMUNICABLE DISEASES.....	17
3.3.1 PRIMARY PREVENTION ACTIVITIES	17
3.4 HEALTH PROMOTION	19
3.5 HEALTH INFRASTRUCTURE DEVELOPMENT	20
3.5.1 INFRASTRUCTURE DEVELOPMENT BY SOURCE OF FUND	20
3.5.2 INFRASTRUCTURE DEVELOPMENT BY TYPE OF FACILITY	21
3.5.3 INFRASTRUCTURE DEVELOPMENT BY PROVINCE.....	21
3.5.4 BUDGET AND EXPENDITURES FOR INFRASTRUCTURE DEVELOPMENT	23
3.6 SOA PERFORMANCE	24
3.6.1 PERFORMANCE BONUS AWARDS.....	24
3.6.2 QUARTERLY SOA REVIEW REPORTS.....	24
3.6.3 SPECIFIC ISSUES REGARDING SOAS.....	25
3.6.4 TRACKING OF PBB BUDGET FOR SOAS.....	26
3.6.5 SERVICE DELIVERY MONITORING GROUP REPORT.....	26
3.6.6 INDIGENOUS PEOPLES SERVICE DELIVERY	44
CHAPTER 4. COMPONENT B: IMPROVING HEALTH FINANCE	447
4.1 HEALTH EQUITY FUNDS	47
4.2 COMPARISON OF PRE AND POST-ID PATIENTS	50
CHAPTER 5. COMPONENT C: STRENGTHENING HUMAN RESOURCES	51
5.1 TRAINING REPORT	51
5.2 STAFF DEPLOYMENT	51
CHAPTER 6. COMPONENT D: STRENGTHENING HEALTH SYSTEM STEWARDSHIP FUNCTIONS.....	52
6.1 POLICY DEVELOPMENT AND IMPLEMENTATION.....	52
6.2 HEALTH MANAGEMENT INFORMATION SYSTEM	52
6.3 IMPROVING QUALITY OF CARE	52
CHAPTER 7. PROGRAM FINANCIAL INFORMATION	53
7.1 DISBURSEMENT.....	53

7.2 EXPENDITURES	53
7.3 PROJECTED CASH REQUIREMENT FOR Q3 & Q4, 2014	53
CHAPTER 8. PROGRAM MANAGEMNET AND IMPLEMENTATION	54
8.1 SAFEGUARDS	54
8.2 LEGAL COVENANTS	54
8.3 GOOD GOVERNANCE FRAMEWORK	54
CHAPTER 9. PROGRAM PERFORMANCE MONITORING	55
9.1 OVERVIEW OF PROGRESS OF PROGRAM DEVELOPMENT OBJECTIVES INDICATORS.....	55
9.2 PROGRAM DEVELOPMENT OBJECTIVES INDICATORS, PROVINCIAL RANKINGS.....	55
9.3 PROGRAM PERFORMANCE INDICATORS.....	55
CHAPTER 10. PROGRAM MONITORING	611
10.1 PROGRAM MONITORING	61
10.2 SUPERVISION VISITS	61
CHAPTER 11. PROGRAM PROCUREMENT	644
11.1 WORKS	644
11.2 GOODS	64
11.3 INDIVIDUAL CONSULTANTS	64
11.4 CONSULTANT FIRMS AND HEALTH EQUITY FUND OPERATORS	64
11.5 PROCUREMENT OF GOODS AND WORKS FOR SOAS	64

CHAPTER1.INTRODUCTION

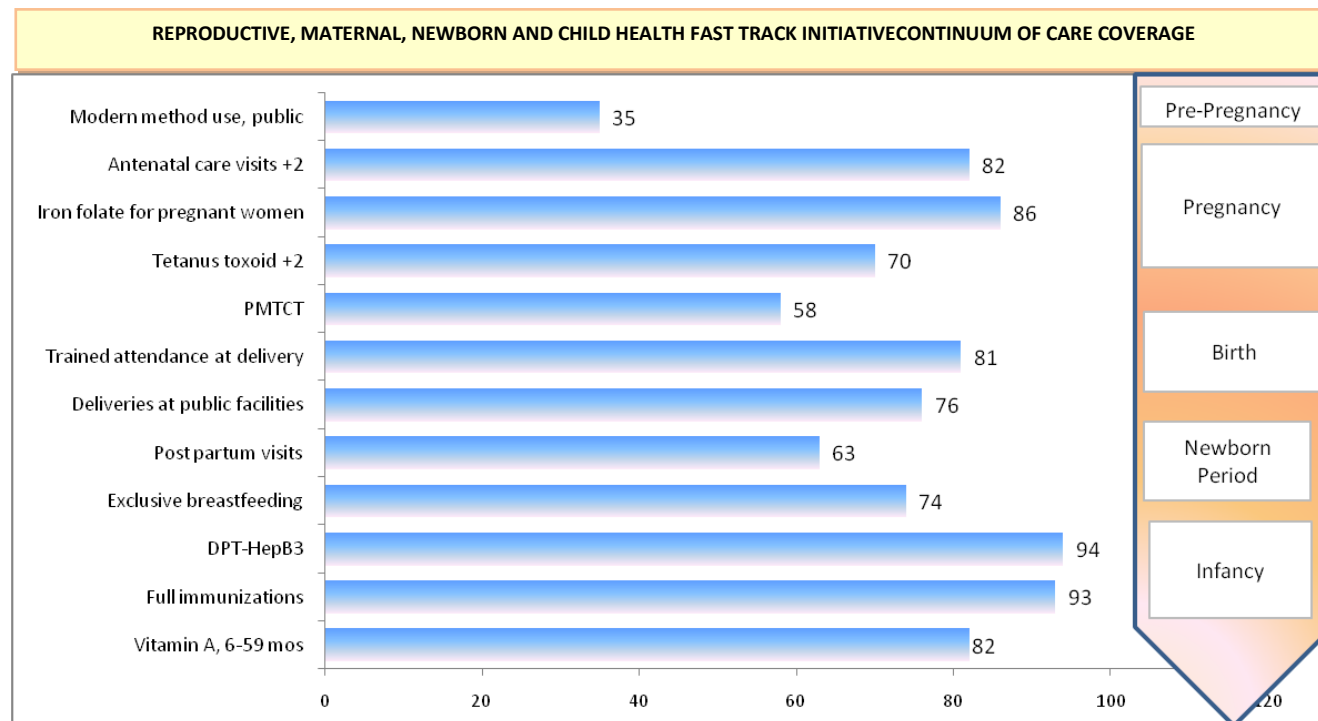
This Performance Monitoring Report is the fourteenth since the launching of HSP2 in January, 2009 and covers the year 2015. As such, it incorporates materials from the 1st Semester 2015 Report .

CHAPTER 2.PROGRAM PROGRESS AND KEY ISSUES

2.1 PROGRAM PERFORMANCE INDICATOR DASHBOARD

PROGRAM INDICATORS	BASELINE	CURRENT
	Baseline	Current
Infant mortality rate	66	28
Neonatal mortality rate	28	18
Under 5 mortality rate	83	35
Maternal mortality ratio	472	170
Total fertility rate	3.4	2.7
Stunting	43	32.4%
Wasting	8.4	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%

Source: CDHS 2010, 2014, National Programs/MOH



Source: CDHS 2010, National Programs/MOH

PROGRAM DEVELOPMENT OBJECTIVE INDICATORS, 2003-15

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1 Trained attendance at delivery	22.14	32.97	40.57	35.87	46.00	58.00	63.00	69.00	72.00	75.00	84.00	85.00	85.20	
2 Deliveries at public health facilities	10.60	16.34	24.14	17.77	25.54	39.00	44.00	52.00	61.00	66.00	80.00	80.00	80.35	
3 Modern contraceptive method use	18.46	20.03	21.02	22.49	23.64	26.00	22.32	28.25	29.19	30.48	34.25	35.00	41.00	
4 DPT3-HepB3 vaccinations	73.00	85.00	79.00	80.00	82.00	92.00	95.00	92.00	94.00	97.84	95.00	97.91	94.38	
5 Pregnant women PMTCT	0.00	0.00	0.00	7.50	11.20	27.00	32.30	56.30	61.10	65.00	67.00	68.00	58.00	
6 TB cure rate	89.00	90.00	90.00	89.00	87.00	90.00	92.00	92.00	91.00	91.00	91.00	90.00	89.00	
7 Malaria cases treated per 1,000	10.80	7.50	5.50	7.20	4.20	4.41	5.58	4.31	4.39	2.90	1.70	1.89	2.26	
8 Vitamin A supplements, 6-59 mos.	39.00	73.50	72.00	78.50	88.00	89.00	98.00	95.00	92.00	98.90	100.50	87.00	81.50	
9 Pregnant women iron folate	0.00	0.00	0.00	69.00	63.00	80.00	83.00	80.00	89.69	88.24	84.00	86.00	82.17	
10 Mebendazole, 12-59 mos.						71.00	86.00	92.00	83.00	103.00	103.00	96.00	97.00	

Source: HMIS, National Programs/MOH



Note: Readers may note that where minor discrepancies exist in figures above, these are due to differing sources of data e.g., CDHS 2010 and 2014 (survey estimates) versus Health Management Information System (routine information). Note that all 2015 figures are from Depts or NPs, not HMIS.



in joint partnership with:



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.COMPONENT A: 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 supervision 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

No	INDICATOR	ANNUAL		COMMENT
		TARGET	ACH	
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: Helminths 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

- Design web-based software program for HBP management
- Conduct lifestyle skill training 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 ACCELERAT OR	NATIONA L 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)

HANDED OVER TO END USER

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

HANDED OVER TO END USER

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

HANDED OVER TO END USER

PROVINCE	RH	CEMONC SOLAR LIGHTING	ADR	LINEAR ACCELERATOR	NATIONAL LAB. (CLEAN ROOM)	CEMONC WATER WITH PUMP	CEMONC IMPROVED SANITATION
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
Tbong Khmum	Prey Chhor-Kang Meas	55	24	A:16 ; B:0; C:1	2.29	B
	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
Monduliri	Monduliri 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
Takeo	Angkor Chhum	59	24	A:15 ; B:4; C:0	2.46	B
	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
<u>Kampong Cham Province</u>		<u>4,794,200,000.00</u>	<u>3,405,000,000.00</u>	<u>3,400,561,360.00</u>	<u>99.87%</u>	<u>851,250,000.00</u>	<u>851,250,000.00</u>			
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	175,000,000	Adv/MOH	3-Jul-15	3 days

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
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
		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	Preah Sdach									
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

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
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

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
	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	<i>Kg Cham PRH</i>	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	<i>Prey Chhor-Kang Meas</i>	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	<i>Choeung Prey</i>	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
	<i>Batheay</i>	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	<i>Chamkar Leu</i>	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	<i>Smach Mean Chey</i>	620,000,000	620,000,000	620,000,000	100%	155,000,000	155,000,000	27-May-15	6-Jul-15	40days
9	<i>Srae Ambel</i>	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	<i>Koh Kong PRH</i>	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	<i>Sen Monorom</i>	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	<i>Mondul Kiri PRH</i>	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	<i>Tbeng Meanchey</i>	850,000,000	850,000,000	850,000,000	100%	80,000,000	80,000,000		3-Jul-15	
14	<i>16 Makara PRH</i>	350,000,000	350,000,000	350,000,000	100%	35,000,000	35,000,000		3-Jul-15	
	Prey Veng									
15	<i>Pearaing</i>	2,090,000,000	2,090,000,000	2,090,000,000	100%	410,000,000	410,000,000	25-Jun-15	30-Jun-15	5days
16	<i>Preah Sdach</i>	1,120,000,000	1,120,000,000	1,120,000,000	100%					
	Pursat									

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
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%					

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
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
<u>Kampong Cham Province</u>		<u>4,794,200,000.00</u>	<u>3,405,000,000.00</u>	<u>3,400,561,360.00</u>	<u>99.87%</u>	<u>851,250,000.00</u>	<u>870,000,820.00</u>			
4	<i>Kg Cham PRH</i>	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

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
5	<i>Prey Chhor-Kang Meas</i>	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	<i>Choeung Prey</i>	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
	<i>Batheay</i>	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	<i>Chamkar Leu</i>	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%	140,000,000	140,000,000	5-Oct-15	7-Oct-15	2 days
16	Preah Sdach	1,120,000,000	1,120,000,000	1,120,000,000	100%	140,000,000	140,000,000	3-Nov-15	5-Nov-15	2 days
						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

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
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%					

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
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		
Quarter 4										
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	7,300,000	2-Oct-15	2-Oct-15	1 day

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
	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	<i>Kg Cham PRH</i>	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	<i>Prey Chhor-Kang Meas</i>	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	<i>Choeung Prey</i>	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
	<i>Batheay</i>	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	<i>Chamkar Leu</i>	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	<i>Smach Mean Chey</i>	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	<i>Srae Ambel</i>	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	<i>Koh Kong PRH</i>	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	<i>Sen Monorom</i>	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	<i>Mondul Kiri PRH</i>	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	<i>Tbeng Meanchey</i>	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	<i>16 Makara PRH</i>	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	<i>Pearaing</i>	2,090,000,000	2,090,000,000	2,090,000,000	100%	410,000,000	410,000,000	20-Nov-15	23-Nov-15	3days
16	<i>Preah Sdach</i>	1,120,000,000	1,120,000,000	1,120,000,000	100%	410,000,000	410,000,000	3-Dec-15	7-Dec-15	4 days
						410,000,000	410,000,000			

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
Pursat										
17		664,300,000	664,300,000	664,300,000	100%	83,037,500	83,037,500	21-Oct-15	22-Oct-15	1
	Bakan					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

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
						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	<ul style="list-style-type: none"> • PHD Banteay Meanchey • SOA OD Preah Net Preah, Chhnour Meanchey HC • SOA OD Poi Pet, Nimith HC 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> • SOA Battambang PRH 	<ul style="list-style-type: none"> • SOA has no annual and quarterly work plan by services • SOA not applied PMAS yet • SOA has no update inventories 	<ul style="list-style-type: none"> • SOA should prepare annual and quarterly work plan by services • SOA should update inventories comply to MOH guidelines • SOA should apply PMAS appraisal

SDMG TEAM	DATE OF FIRST VISIT	PLACE VISITED	FINDINGS AND ISSUES	RECOMMENDATIONS
Team 1 Head: Dr Sok Kanha	26-29 May 2015	<ul style="list-style-type: none"> • PHD Mondulkiri • SOA Sen Monorom, O'raing, Dakdam HCs • SOA PRH 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

SDMG TEAM	DATE OF FIRST VISIT	PLACE VISITED	FINDINGS AND ISSUES	RECOMMENDATIONS
Team 1 Head: Dr Sok Kanha	20-24 Apr 2015	<ul style="list-style-type: none"> • SOA Cheung Prey OD • SOA Prey Chhor OD • SOA Chamkar Leu OD • SOA PRH 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

SDMG TEAM	DATE OF FIRST VISIT	PLACE VISITED	FINDINGS AND ISSUES	RECOMMENDATIONS
Team 1 Head: Dr Sok Kanha	19-22 May 2015	<ul style="list-style-type: none"> • PHD Tbongkhom • SOA Memot OD • SOA Ponhea Krek Dambe OD 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • PHD Ratanakiri • SOA OD Banlong, Konmom, Vireakchey, Vernsay HCs • SOA PRH 	<ul style="list-style-type: none"> • PHD did not apply PMAS and will establish in the Q2 • PHD quarterly report late submittal to MOH/HSSP2 SOA OD Banlong : <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

SDMG TEAM	DATE OF FIRST VISIT	PLACE VISITED	FINDINGS AND ISSUES	RECOMMENDATIONS
Team 2 Head: Mrs. Khuot Thavary	15-18 Jun 2015	<ul style="list-style-type: none"> • PHD Preah Vihear • SOA OD Tbeng Meanchey, Roveang and Sra Em HCs • SOA PRH 	<p>PHD applied and complied with the PA</p> <ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> • PHD Siem Reap • SOA OD Siem Reap • SOA OD Kralanh • SOA OD Sot Nikum • SOA OD Angkor Chum • SOA PRH 	<ul style="list-style-type: none"> • PHD'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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • PHD Stung Treng • SOA OD Stung Treng, Sre Krasaing HC • SOA PRH 	<ul style="list-style-type: none"> • Monthly staff schedule not available at visited HCs 	<ul style="list-style-type: none"> • 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

SDMG TEAM	DATE OF FIRST VISIT	PLACE VISITED	FINDINGS AND ISSUES	RECOMMENDATIONS
Team 3 Head: Dr. Sok Srun	26-29 May 2015	<ul style="list-style-type: none"> • PHD Prey Veng • SOA OD Pearaing, RH, • SOA OD Preah Sdach, RH 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • PHD Oddar Meanchey • SOA OD Samroang, Anlong Veng HC, Anlong Veng RH • SOA PRH 	<ul style="list-style-type: none"> • PHD and both SOAs applied and complied with PA and SDMC 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • PHD Koh Kong • SOA Sre Ambel OD • SOA Smach Meanchey OD, Trapaingroung and Kirisakor HCs • SOA PRH 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • PHD Pursat • SOA OD Bakan, RH, O'Tapong HC 	<ul style="list-style-type: none"> • PHD and SOA applied and complied with PA and SDMC 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • PHD Takeo • SOA: Duan Keo, Kirivong, Angroka • Roka Krauv, Prey Sleuk, Kork Pricg, Prey Chhour, Prey Sbat HCs and Angroka RH 	<ul style="list-style-type: none"> • PHD did not conduct monitoring to SOAs • staff schedule not available at visited HCs 	<ul style="list-style-type: none"> • Monthly • 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

TABLE III.1: SERVICES DELIVERY TO IP

No	SOA	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 HEFOs 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 45 to 68.

HEF Schemes in 2014 and 2015

HEALTH FACILITY	HEFs 2014	HEFs 2015
NATIONAL HOSPITAL	1	1
Referral Hospital	59	80
CPA3	17	17
CPA2	20	23
CPA1	22	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.

5.2 STAFF DEPLOYMENT

Please see Table in Annex E.

CHAPTER 6. COMPONENT D: STRENGTHENING HEALTH SYSTEM STEWARDSHIP FUNCTIONS

6.1 HARMONIZATION AND ALIGNMENT

The 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 ReangOv district 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 Mondulkiri provinces. 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 EMP and the IPPF were also disclosed in November, 2015. The draft RPF will be finalized after the receipt of feedback from the department 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), Mondulakiri (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), 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 Treng 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	76	>95	>95	75	82	95	100	100	100	100

No	INDICATORS	BASELINE 2008	TARGET 2015	TARGET 2014	ACHIEVEMENT						
					2009	2010	2011	2012	2013	2014	2015
	(1 net per 2 persons) treated bed nets(LLIN/ITN)*										
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	1.35			1.34	1.32	1.39	1.67	1.68	1.79	1.85
	- Provincial average	1.40	NA	NA	1.38	1.37	1.42	1.74	2.07	2.34	2.45
	- Provincial median	1.74			1.26	1.20	1.27	1.57	1.98	2.08	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)

No	INDICATORS	BASELINE	TARGET	TARGET	ACHIEVEMENT						
		2008	2015	2014	2009	2010	2011	2012	2013	2014	2015
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 <ul style="list-style-type: none"> • Government funds • Pooled DP 	NA 105% (JAPR 2009)	95% 95%	RGC: 63% DP(HSSP2): 41%	RGC: 94.8% DP(HSSP2): 59%	RGC: 95.39% DP (HSSP2): 62.1%	60.18% 61.50%	62.86% 57.09%	67.19% 55.26%	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	NA	Implemente	Implemented	implemented	Implemented	Implemente	Implemented	Implement	Implemented

No	INDICATORS	BASELINE 2008	TARGET 2013	ACHIEVEMENT						
				2009	2010	2011	2012	2013	2014	2015
	Improvement Plan developed and implemented		d				d		ed	
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 <ul style="list-style-type: none"> • Baselines • Targets 	77% 69%		83% 73%	98% 90%	98% 90%	98% or 90%	83% (53/64) or 73% (47/64)	NA or NA	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	<ul style="list-style-type: none"> • 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 268 planned (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

No	PROVINCE	PHD TO OD		PHD TO RH		OD TO HCs		TOTAL		%	COMMENT
		PLAN	ACH	PLAN	ACH	PLAN	ACH	PLAN	ACH.		
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	TbongKhmun	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

11.1 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.

11.2 GOODS

1. ICB PACKAGE

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

2. NCB PACKAGE

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

3. NATIONAL SHOPPING PACKAGE

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

11.3 INDIVIDUAL CONSULTANTS

- Contracts for all individual consultants: Contract have been signed

11.4 CONSULTANT FIRMS AND HEALTH EQUITY FUND OPERATORS

- Health Equity Fund: Cluster (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 26, 27, 28, 29 and 30) contract have been extended.