



Belgische Technische Coöperatie nv  
Coopération Technique Belge sa

## **FINAL REPORT**

### **Provision of Basic Health Services in the Provinces of Kampong Cham**

#### **Project Kam/03/009/11**

##### **BASIC INFORMATION ON THE PROJECT.**

Country	: Cambodia
DAC Sector and subsector	: Health
National or regional institution in charge of the execution:	Provincial Health Department of Kampong Cham Province
Agencies in charge of the execution	: PMU office, co-management within the Provincial Health Department
Number of BTC international cooperation experts :	one and a half units (three persons but shared 50% with other PBHS project
Duration of the project (according to SA/SC)	: 48 (+12) months
Start date of the project:	
according to SA/SC	: 16 December 2003 (indicative)
effective	: November 2004
End date of the project :	
according to SA/SC	: 31 <sup>st</sup> March 2009 (initially 15 December 2008)
effective	: 31 <sup>st</sup> March 2009
Project management methods	: Co-management : Regie for international consultants and surveys
Belgian Contribution	4.170 Million Euro initially reduced by 0.207 Million Euro to 3.96 Million Euro as decided by the 6 <sup>th</sup> Steering Committee meeting of 3 March 2008, the 207,335 Euro were transferred to KAM0200711
Cambodian Contribution	2.96 Million Euro
Project Total Budget	7.13 Million Euro initially reduced by 207,335 Euro to 6.92 Million Euro
Report covering the period	: November 2004 - March 2009



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

## PART ONE : APPRAISAL

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

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

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

	<b>National execution official</b>	<b>BTC execution official</b>
<b>RELEVANCE<sup>1</sup></b> (cf. PRIMA, §70, p.19)		
1. Is the project relevant compared to the national development priorities?	1	1
2. Is the project relevant compared to the Belgian development policy?  Indicate your result according to the three themes below:  a) Gender b) Environment c) Social economy	X X X	2 2 2
3. Were the objectives of the project always relevant?	1	1
4. Did the project meet the needs of the target groups?	2	2
5. According to its objectives, did the project rely on the appropriate local execution organs?	2	2

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

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

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

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

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

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

	National execution official	BTC execution official
Global evaluation of the project	2	2

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

(1 page max)

The General objective for the project is to improve the health, especially of mothers and children, thereby contributing to poverty alleviation and socio-economic development in Kampong Cham provinces.

The Specific Objective is to improve health care by seeking, promoting and preventative behavior with increased availability and equitable access to and usage of quality health services which are affordable to all, for the population of Kampong Cham Province, particularly the most poor and vulnerable.

Project objectives and strategies are completely aligned with the Cambodian National Health Strategic Plan (HSP) 2003-2007 and were very relevant to address the major problems of the Cambodian Health System: High Maternal Mortality, High Child Mortality, Quality of Health Services, accessibility for the poor and high catastrophic health expenditure

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

### **Millennium Development Goals**

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

Goal 1. Poverty reduction	Through the Health Equity Funds, one of the two main components of the project facilitated the access of the poor and the poorest to the hospitals and health centers. The HEF also lessens and contains catastrophic health expenditure.
Goal 4. Reduce Child mortality	Hospital nurses and doctors have received quality training in pediatric emergency. The HC staff received training in childhood illness management. The HC performance contracts reward financially good vaccination results ensuing in high fully immunized coverage rates. The follow-up Household Survey documented a reduction in infant mortality rates.
Goal 5. Improve maternal	The project has supported the training of health center

Health	midwives. Through its contracting approach and voucher system encouraged strongly the deliveries at HC which have consequently increased tremendously.
Goal 6. Combat HIV/AIDS, malaria and other diseases	In collaboration with MSF the project intervenes in the hospital care for HIV/AIDS patients. They form now a specific but integrated target group for the HEF. The HEF supports the social care for the hospitalized Tuberculosis patients.

As the project was targeting Mother's and children's health and Gender and particularly the most poor and vulnerable and aimed at alleviating poverty and socio-economic development we without doubt say that the project aimed to address Gender and Social Economy imbalances and needs.

Environmental development policy was not included in the projects logical framework. The project did however have some contribution through the establishment of Hospital Hygiene Committees, instauration of more environmental friendly approach of hospital and HC waste management.

The project contributed to the social economy aspect by decreasing the number of households devastated by catastrophic health expenditures and therefore allowing them to continue participating in economy.

Project objectives remained very valid throughout and after the project closing and are again included in the Second National Health Strategic Plan 2008-2015.

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

The need of the target groups was addressed but not fully met. Numbers of consultation, hospitalizations, institutional deliveries, immunization coverage rates increased tremendously, the Infant Mortality Rate decreased but follow-up household survey showed that satisfaction with the services offered by the public health institutions even decreased. We should however not that appreciation of this indicator is very complex and might be due to higher expectations.

The project worked through the existing public health structures at all levels, the Central level, Provincial Health Department, Operational District, Referral Hospitals and Health Centers while reinforcing them.

For the operation of the Health Equity Funds the project contracted local NGOs who functioned as HEF operators. This approach became national policy and a defined procedure in the National Framework for Health Equity Funds.

Financial means, material and equipment were sufficient on the contrary the human resources aspect remained a major problem. In general competency and commitment levels of public health personnel remained inadequate, it was also very hard to find competent local technical assistants willing to work in the provinces and International Technical Assistants were too busy with administrative aspects limiting their contributions in the field of public health.

In comparison to similar project cost-efficiency was very good in general and more specifically for the HEF component where operational costs remained much lower than in other similar (non-PBHS) schemes.

The project started end of 2004. 2005 was a deployment year. 2006 was the first harvest year: 4 Hospital HEF were established and functioning; and all health centers and hospitals were having performance based contracts. In 2007 and 2008 the synergetic effects of the different components contributed to further increase in service utilization and coverage rates for some indicators others stabilized at very acceptable levels. The MTR in 2007 states the overall “speedy move” with an exception for the civil works sub-component.

Based on the achievements global evaluation is scored “satisfactory”. Significant impact is likely in the medium-long term given that a consolidation phase addresses the ownership of the main stakeholder organizations such as PHD and ODO.

National execution official	BTC execution official

## **PART TWO : SUMMARY OF THE PROJECT IMPLEMENTATION.**

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

The specific objectives and the intermediate results have not changed during the project period. They are the same as in the TFF and are listed below.

#### **Specific objective**

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

#### **Results**

The expected Results are that:

- 1 Health services are more demand oriented;
- 2 Behavior of the population and the health staff has improved;
- 3 Service provision of Public Health Services has increased;

- 4      Quality of Public Health Services has risen;
- 5      Technical and managerial capacity amongst health staff is strengthened;
- 6      Health Sector is better managed, planned, regulated, financed, monitored and evaluated.

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

The project contributed directly to all the aspects of specific objective and the observed improvements.

The TFF listed a set of indicators but without setting targets.

Household expenditures were measured by both household surveys, the baseline and the follow up survey, but without disaggregating poor from non-poor households. It showed that household expenditure went up in general. This should however be seen in a context of important economic growth, a strong inflation, a fast growth of an expensive private health sector and an major dengue outbreak in 2007 which touched many household. On the other hand the bedcensus which compared patients responses between the periods 2006 and 2008 showed a decrease in debts for health expenditures of poor households.

The other indicators were on timely introduction of quality Annual Operational Plans (AOP) by OD and provincial level. 2008 Plans were introduced respecting the MOH set time frame. The quality of most plans remains far below standards. The ODs and province regard the AOPs merely as a MOH obligation without usefulness as those plans are not linked to the received budget which follows a parallel planning system. This problem is not yet solved.

The 2008 follow-up Household survey compared the results for a set of indicators with the 2005 baseline results. Its conclusion, copied infra, summarizes the achievements related to the different aspects of the specific objectives.



## CONCLUSION

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

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

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

Equally as for the Specific Objective the TFF did not set targets for the different indicators it listed. Moreover the MTR did judge the indicators of the logic framework not pertinent and replaced them by a set of routine indicators. The results for these indicators over the project period are listed in Annex 1.

IR 1: Health Equity Funds, one of the two major components of the project was clearly very successful. By the start of 2006 all planned HEF were established. They have been operating non-stop since while improving their performance. Almost 30,000 hospitalized patients benefited from HEF support. In 2008 there were 16,5 hospitalizations per 1000 poor persons in the project target areas. As a result debt for health expenditures decreased for poor households. By the end of 2008 the wealth status of all household of the three ODs was evaluated through a new method developed by the Ministry of Planning and all poor household received Equity Access Cards. PBHS HEF results together with the National Forum on HEF contributed to the HEFs being recognized as a major National Health Financing Strategy. Maternal Health Vouchers at HC level increased very significantly the proportion of poor women delivering at HCs and Hospitals.

IR 2: For the Behavioral Change Communication component the project targeted mainly changes in health seeking behavior and HEF promotion. This contributed to the increased health service utilization rates (hospitalization, consultations, deliveries and EPI coverage rates). This component supported equally ad hoc requests for campaigns and events targeting specific relevant health issues such as diabetes, blood transfusion, dengue, road safety and helmet wearing, regulation of the private pharmacies and clinics. Many other

important health issues such as HIV, Malaria, tuberculosis had their own health promotion mechanisms and financial sources. Since 2006 PBHS in collaboration with the BETT project have been developing School Health Education approach (curriculum, training, tools, etc.) but this activity has known several delays and is now taken forward by the BETT project.

IR 3: Service provision of Public Health Services through Performance Incentive Contracts is the other major project Component. Performance Contracts with all institutional levels within the province PHD, OD, hospitals and health centers were established since late 2005. They contributed significantly to the increased service provision and utilization (institutional deliveries, hospitalizations and EPI coverage rates). But also at OD level and to a lesser extent at PHD level they improved the quality of management and administration. The PHD contract monitoring and Health Financing Unit prepared them for their future role as health service commissioners and contract managers. The PBHS contracting approach has become a reference for the newly developed government internal contracting system also called the Special Operating System (SOA).

IR 4: Quality Improvement supported two different strategies, firstly continuous quality improvement based on external quality assessments and their resulting quality improvement plans and secondly the provision of equipment and infrastructural works (rehabilitation and new constructions).

At Hospital level the continuous quality improvement resulted in assessment scores which increased yearly, early 2009 the PRH scored 84% and received a quality standard certificate of the MOH. The district referral hospitals are still lagging behind but made big improvements. However the present quality assessment tool of the MOH looks too much at procedural and administrative results and conditions and not enough at the clinical quality and the perception of clients. Although the project tried to improve the clinical aspect through case review meeting and coaching of hospital staff during ward rounds I find that quality of diagnosis and treatment remain poor. The continuous quality improvement activities did not target the health center level.

Provision of equipment and infrastructural works targeted both levels, health centers and hospitals. 6 New health centers were constructed, after an assessment of MCH service equipment all health centers received replacement for missing or broken items. At the PRH and the District Hospital of Kampong Cham major rehabilitation works which included new buildings were conducted by the project. Both approaches provided extra attention to hospital hygiene and waste management resulting in much improved levels of hygiene and safety.

IR 5: Capacity Building / Human Resource Development. The initial planned approach of developing a comprehensive human resource development plan based on a functional analysis and a training need assessment was regarded as too unrealistic and replaced by a problem/need based approach targeting priority areas .

The support International Technical Assistant Surgery has resulted in stable and well-functioning surgical departments in the two provincial hospitals which do now provide surgical services including emergency obstetric care of acceptable quality for their whole

province. The impact at District Hospital and at the Provincial Hospital of Otdar Meanchey was limited due to the unavailability of counterparts. In total 2,564 health professionals benefited from the project supported training course which included short term and some long term trainings on topics related to clinical medicine (MPA and CPA), health and hospital management, IT and English language skills. All HC midwives received a three week refresher course and a 1-year primary midwife training course was organized for thirty candidates coming from HC areas lacking midwives. The management teams of the operational district, the PHD and the hospitals all received 1-year health service and hospital management training courses organized by the National Institute of Public Health.

IR 6: Institutional Development Component resulted in strengthened resource management tools (HIS, accounting, hospital drug & medical supplies) in health centers, hospitals and ODs.

The project supported the PHD to set up a Health Financing Unit and Contract Monitoring Team which will be essential for the new PHD role as health commissioner. The project also supported the establishment and the functioning of the Provincial Technical Working Group Health which continues to be conducted monthly.

The new initiatives as HEF and Performance Contracting were well documented and their findings were disseminated at different levels of health policy forums contributing to the incorporation of these HEF and Internal Contracting in the second National Health Strategic Plan (2008-2015).

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

**1 page max.**

The project had several follow up / evaluation systems.

A Baseline Household Survey and a Follow-up Household Survey looked at the impact of the project as a whole.

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

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

For the HEF and Performance Contracting components more elaborated monitoring and evaluation systems were established. Before their implementation started routine monitoring systems (detailed indicators, database, reporting system) were developed and specific base-line data (bed census) were collected. These systems in combination with regular evaluations missions (2 for HEF and 2 for Performance contracting) allowed the project to measure results, identify weaknesses and correct and adapt the HEF and the Performance Contracting systems on continuous basis. Evaluation findings were normally shared with stakeholders through dissemination workshops and distribution of the reports.

### **PART THREE : COMMENTS AND ANALYSIS.**

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

It was very hard to find experienced and competent local technical assistants and administrative staff. The main reasons are probably the limited number of health personnel with required competencies and willing to work full-time in the provinces. For some positions we were forced to employ persons which needed constant guidance and supervision by the international technical assistants. This capacity building of the local TA and admin staff has been very time consuming. It was moreover complicated by limited English language skills. English language courses were provided and did improve partially the language skill problems. This problem did not really get solved.

The Provincial Health Department, the institutional home of the project took too much time (3 years) to identify the counterparts and to create the some new units to accommodate the new initiatives HEF and Performance contracting. PHD direction was very committed and closely involved in the strategical and the day-to-day decisions but most other PHD staff remained little involved and non-committed. This problem was identified early on and was presented several times at PHD level and Steering Committee level. As a result it was agreed to create a monitoring unit and a health financing unit which became responsible for monitoring and scoring performance and for overseeing the HEF, but still with too few staff and limited commitment.

It was known from the start of this project that because of its scope an extension phase would be required to achieve sustainable results. During the last two years of the project the issue of the required extension phase became more and more pertinent and very worrying.

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

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

The performance contracting system aimed at making the public health staff more committed to and motivated in their work in the hospitals, health centers and back offices. This was only achieved to a certain extent. It worked well for the staff with lower qualifications (nurses downward) but less good for doctors and higher level health professionals. The reason for this is that most doctors do have their own private practice work which assures them of the biggest proportion of their income, up to 80%. The income from their government salary even topped up by the performance incentive is not very significant for them and the commitments they have to make are counterproductive to the good functioning of their private practices. The private health practices by government health staff results major conflicts of interest which are detrimental to the health centers and the hospitals in which they work.

This problem is exacerbated by the absence of proper and enforceable government regulations on private practice work by public health staff.

The absence of a proper human resource management within the MOH and their institutions, a

very dysfunctional disciplinary system and the not transparent promotion system does not contribute to staff motivation.

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

Inadequate supplies of drugs and medical consumables by Government often resulted in shortages.. Inadequate budgets and late disbursement gave rise to many operational problems such as contracted staff receiving their first salary of the year only in the third quarter, no food for patients or dark hospitals without electricity supply. These problems turned away patients and lowered the utilization rate of health centers and hospitals

A very top-down leader centered decision making culture complicates a Continuous Quality Improvement approach which builds on incremental improvements resulting from small changes and decisions made by the implementers themselves.

Due to important changes in the USD/Euro exchange rate between the time the budget was conceived and during the implementation period of almost 15% allowed the project to invest much more in necessary infrastructural works and equipment supplies.

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

**Health Equity Funds** is clearly having a very important impact on the utilization of public health services by the poor and very poor and did significantly decrease the number and size of debts for health care. The National HEF Forum organized by the project in collaboration with the MOH and WHO contributed to mainstream this health financing mechanism which now has been adopted in the National Health Strategic Plan 2008-2015. HEF by themselves are not sustainable systems but needs to be supported from outside those poor communities they support. For the moment the international community has taken up that burden with a lot of interest as it targets funding directly to the poor. Since 2 years the Cambodian Government is contributing directly to the financing of HEF and their share will increase yearly by 5%. During the consolidation phase the project will only contribute to the administrative cost where the direct benefit costs (60%-70% will be financed by a Pooled Fund from international donors and the government. By the end of 2011 the BTC supported HEF will be handed over.

The impact of **Performance Contracting** was considerable at the level of the health centers, the hospital and also at the OD level but was not very important at PHD level. Significant increases in maternal health indicators, child immunization levels, number of consultations and hospitalizations can be attributed to the Performance Contracting System. Within Cambodian circumstances the key lessons learned are:

- It is possible for a combination of user fee revenue (augmented by HEFs/vouchers for the poor) and subsidies to provide a satisfactory wage through public sector work for midwives and nurses, but physician earnings from public sector work remain very small relative to

their total earnings. Unless mechanisms are established to integrate private practices into public facilities, physician motivation for public sector work will remain low.

- Subsidies based on percentage of a target rather than per case and without bonuses for targets that are exceeded do not motivate providers as effectively as do subsidies per case or subsidies which reward performance without a maximum cap.
- Providing a flat facility incentive amount regardless of numbers of staff does not lead to reallocation of staff. The potential increase in income is far less than the real costs incurred in changing place of residence or undergoing a long daily commute.
- In order for performance contracting to reach its potential with regard to utilization for curative care, drug supplies need to be reliably adequate, the interpersonal and technical quality of care needs to be upgraded, service hours need to be responsive to the needs and preferences of consumers, and the demand for treatments (IVs etc) which are contrary to MoH protocol needs to be addressed. Increasing access to private clinics and pharmacies -- a natural consequence of socioeconomic development - will further undercut utilization of public services unless these points are addressed.

There will be continued external support for performance contracts and staff incentives for the period 2009-2012, but long-term financial sustainability will require a progressive increase in government salaries, increases in user fees and increased utilization by self-paying clients. Both survey data and utilization trends suggest that consumers would be willing to pay more for services of a better perceived quality and convenience.

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

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

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

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

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

Although the project made important efforts **to document** well it's activities their results sharing of those findings was often limited to a narrow group of direct stakeholders. More project resources should have been made available for that purpose.

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

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

Most of the direct beneficiaries, the population of the target areas ( $\pm 500.000$  persons), the poor households and the patients were not really aware of the existence of the project. We can however assume confidently that beneficiaries of the HEF were very happy to have free of charge access to hospital and maternal health services at health centers.

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

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

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

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

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

The MTR strongly recommended a consolidation phase in order to prevent loss of the already gained project achievements. This major recommendation was followed through by the MOH, DGDC and BTC and resulted in the consolidation phase of the health projects which has started with effect of 1<sup>st</sup> January 2008.

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

- Starting up of Maternal Health Voucher Scheme functional at HC level
- Piloting of HEF at health center level in 6 health centers
- Changing the community involvement approach by creating new networks with HEF agents which were less depending on HC staff and elected village authorities
- Changing the HEF promotional approach from public broadcasting and general meetings to more village based communications
- Include less experienced but grass root level NGOs to participate as HEF operators
- To revise the monitoring tools for patients satisfaction from purely exit interviews to regular surveys at village level by the HEF community network

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

- Revised contracts with less indicators and with more emphasis for output indicators versus process indicators.
- Revising the structure of the provincial health department teams which benefit from the structure
- Give bigger autonomy to ODs for the monitoring and incentive calculations
- Revived emphasis on hospital and health center hygiene situations
- Creation of a Health Financing Unit at the level of the provincial health department in order to institutionalize and improve ownership.

Observations from the MTR and the external audits on more organizational, administrative and financial aspects resulted in the following actions/changes:



- Revising of the organigrams of the PMUs of PBHS-Kampong Cham and PBHS-Siem Reap, with more delegated authorities to the delegated co-director based in Siem Reap, the expansion of the admin team and special support from the administration and finance unit of the Phnom Penh based Resrep office.
- More emphasis on regular and documented expenditure reviews and realistic financial plannings.
- Improved application of project document classification system.
- More alignment of admin and finance procedures amongst the three BTC projects in Cambodia, this was possible through increased support and regular visits of the administration and finance unit of the Phnom Penh based Resrep office.

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

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

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

- Regulating of private practice by government health staff
- Improving the supply of drugs to health centers and hospitals
- Increasing the provincial budget and assure timely disbursement
- Provision of more health staff especially midwives
- Increasing the hospital userfees to allow hospital to be more self sustainable

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

The Provincial Health Department should be re-organized in order to make sure that they can cope with their new responsibility of Health Contract Commissioners. This will require that the contract monitoring and the health financing units are strengthened. I would also be important that the 6 Deputy PHD Directors receive clearly defined responsibilities and authorities and that the internal communications structures are improved. During the consolidation phase the role of the TA should be much more capacity building and much less substitutions but therefore the PHD and ODs need to identify and nominate the relevant counterparts.

The HEF implementer role presently under the responsibility of the BTC should be handed over to a more sustainable Cambodian institution which should be ideally independent from the MOH. The present HEF implementers, URC and BTC should in collaboration with the MOH and other

donors lobby and support the government with the creation of such a National HEF Agency. For the proper functioning of the HEF it will be very important that the pre-identification of the poor household will be repeated in 2010 in order to remain up to date and to avoid too many inclusion and exclusion errors. At health center level patients from poor households with Equity Access Cards (EAC) should be exempted from paying fees, this could be done through making it and contract indicator.

During the consolidation phase the project should assure that the HEF aligns completely with the newly developed Cambodian HEF guidelines. The project performance contracting systems should harmonizes completely with the new government contracting and incentive initiatives such as the Merit Based Payment Initiative (MBPI) and the Special Operating Agency (SOA). In order to assure sustainability funding of these project schemes should come increasingly from governments sources and more sustainable (longer term) donor basket funds.

In the context of the high maternal mortality both components, the HEF and the performance contracting will have to continue paying special attention in their systems to assure that maternal health services are targeted as priority (maternal health vouchers and contract indicators)

The clinical quality of the health services provided by public institutions and by private clinics remains a major problem. The MOH should make improvement of clinical quality a priority of their program and develop and implement a comprehensive and effective approach to deal with the quality issue. This should include a health education component which aims at changing the very irrational expectations the Cambodian public has of the health services. Improved public understanding that good health services require first a proper diagnosis and not only injectable drugs and intravenous drips would contribute to clinical quality changes from the demand side. The role of the consolidation phase with regard to the clinical quality aspects will be rather limited. But the project TA could continue to play an important role where it comes to identifying clinical quality problems in hospital and health centers and assist the institutions to develop improvement plans.

Better functioning of health centers will to a large extend also depend on improving the community participations and communication. This will require drastic changes of the present official networks as the health center management committees (HCMC) and the village health support groups (VHSG) and of their functioning. MOH should provide regulations which enhance grassroot initiatives rather than impose well defined structures from above. NGOs have an important role to play in the development of sustainable community participation networks which could impact their health situations and the services they receive.

In order to make further improvements in the health system and to make them more sustainable the Ministry of Health and/or the Provincial Authorities should address several issues:

- The service delivery institutions are seriously and repeatedly hampered by delays or inadequacies in the supply of government resources (drugs & medical supplies) and funding which undermines patient's confidence in the health institutions. It would therefore be very important for future similar projects to specify the timely and adequate government support and disbursement in the agreements and make it a condition for disbursement of Belgian contribution
- A very serious conflict of interest exists where government doctors and nurses are draining resources and patients from the public hospitals and health centers to their private clinics. Solving this should be regarded a priority and will require development and enforcement of proper regulations.
- The new government incentive and contracting systems (MBPI, SOA, SDG) will only become successful mechanisms if other competing incentives from other donors (GFATM, GAVI, etc.) become aligned and harmonized. The MOH, the Ministry of Finance and the Council of Administrative Reform should insist that their alignment happens urgently. On the other hand the MBPI system should be reviewed and revised otherwise this system might have little impact on the functioning of the MOH departments and the PHD.
- The Provincial Authorities should initiate the creation of a Board for the Provincial Hospital with representative of the different stakeholders. This board should quickly review and approve revised and increased userfees for the hospital. This would allow the hospitals to function more self-sustainable and independently and improve the quality of services through provision of required resources, including contracted staff.

## **7. Conclusions**

Based on progress indicators, it is fair to say, that the interventions of the project did achieve impressive results when it comes to increased activities, utilization of health facilities, improved staff motivation and behavior through incentive schemes, training and quality improvement.

It is also fair to state that the project has a strong likelihood for a significant impact on medium and long term, given that a second phase of the project will allow enough time and resources to consolidate the newly developed systems such as the HEF, the performance incentive contracts and the quality improvement through standardized institutional quality assessments.

Stopping the project after this first phase would most probably have resulted in a destabilized system and a loss of the trust of patients, especially the poor in the public health institutions and a probable collapse of the other achievements.

The regular feedback from the project to the central level and health policy formulating forums and individuals, on the achievements of the project strategies, HEF and the performance incentive contracts have contributed significantly to the adaptation of these strategies in the second Cambodian National Health Strategic Plan 2008-2015.

It will now be a challenge for the already started consolidation phase to align the performance contracting system with the new government institutional framework SOA and

donor financing mechanism called the Service Delivery Grant (SDG) without too much delay and without losing the benefits from the previous more flexible system. Another challenge during the consolidation phase will be to assure the creation of a National HEF agency which should take over the present BTC role as HEF implementer.

A major constraint for the project consolidation phase with regards to technical and managerial sustainability is the lack of assigned staff in the PHDOs and ODOs to be coached and handed over to. This issue will need to be addressed very urgently and should be defined in the MBPI performance agreements and operational development plans.

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

The global economic crisis will certainly constitute another important challenge to the health systems as a whole and to HEFs more specifically as the number of poor household will most certainly increase sharply.

National execution official	BTC execution official

### **PART THREE. ANNEXES.**

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

**ANNEX 1. Results and activities summary (according to the logical framework)**

Intermediate results	Indicators (foreseen or realized)	Progress
<b>IR. 1. Consumer Rights / HEF</b>	<ol style="list-style-type: none"> <li>1. Number of Hospitals with HEF established and functioning out of 4 hospitals.</li> <li>2. % HEF in-patient as proportion of all inpatient.</li> <li>3. Total number of HEF beneficiaries.</li> <li>4. Number of HEF in-patients per 1000 poor persons per year in the province.</li> </ol>	<ol style="list-style-type: none"> <li>1. 4 HEFs in the 4 hospital were fully functioning.</li> <li>2. 45% of all inpatients. The percentage of HEF patient was 31 % in the provincial hospital while at the district hospitals the poor representing from 62 to 68%.</li> <li>3. 29,975 cases; among the total IPD patient of 67,326 by the 4 hospitals.</li> <li>4. 16.5 per 1000 cap/year; HEF operated in 4 of the 10 hospitals of the province in 2008.</li> </ol>
<b>IR. 2. Behavioral Change Communication</b>	<ol style="list-style-type: none"> <li>1. Number of RHs with routine video health education system established and functioning out of 4 hospitals.</li> <li>2. Number of quarterly Health Newsletter produced.</li> <li>3. HEF patient exit interview's score on % for staff behavior (presence, friendliness, treatment).</li> </ol>	<ol style="list-style-type: none"> <li>1. At all 4 project supported hospitals, video health education program were functioning routinely.</li> <li>2. Two publications with the total of 1,300 copies were produced and distributed.</li> <li>3. <ul style="list-style-type: none"> <li>- 96% said staff is permanent.</li> <li>- 96% said staff is friendly.</li> <li>- 97% are happy with treatment.</li> </ul> </li> </ol>
<b>IR. 3. Health Service Delivery through contracting by the system</b>	<ol style="list-style-type: none"> <li>1. Number of MPA HC with a Performance contracts in place out of 42 MPA HC</li> <li>2. Number of RH with a Performance contracts in place out of 4</li> <li>3. Number of ODOs and PHDOs with a Performance contracts in place out of the 4 PHDOs/ODOs</li> <li>4. Average amount increase of staff monthly income in comparison to the average income</li> </ol>	<ol style="list-style-type: none"> <li>1. 36/42; there were 6 HCs in Chamkar Leu OD for which MPA service were not yet functioning.</li> <li>2. 4/4; All planned hospitals were covered</li> <li>3. 4/4; All 4 offices were covered. Coverage for all PHDO staff started from year 2007.</li> <li>4. 89\$; the average regular monthly incomes of staff (HC, RH and Provincial hospital) increase from 48\$ to 137\$</li> <li>5. 4; The 4 RHs were visited regularly once per RH per month by the PHDO monitoring team.</li> </ol>

	<p>of 48\$ before the project</p> <ol style="list-style-type: none"> <li>5. Number of monthly monitoring visits of RHs implemented in reference to the 36 visits planned</li> <li>6. Number of monthly monitoring visits of HCs implemented in reference to the 36 visits planned</li> <li>7. OPD utilization rate at HC level</li> <li>8. Annual Bed Occupancy rate of the RH in the project area</li> <li>9. Number of hospitalization / 1000 persons / year</li> <li>10. % of deliveries in HC or RH</li> <li>11. % children under 1 fully vaccinated</li> </ol>	<ol style="list-style-type: none"> <li>6. 36; All the project supported HC were visited regularly once per HC per month by the OD monitoring team. In addition the PHDO monitoring team randomly visited 12 out of 36 HC monthly.</li> <li>7. 0.56; The OPD utilization rate for HC of the project supported area increase from 0.52 in 2005 to 0.66 in year 2006. The OPD coverage rate decreased in the entire country from year 2007. At the project supported HCs the OPD coverage was 0.60 in 2007 and 0.56 in year 2008.</li> <li>8. 88%; BOR at the 4 project supported hospital increase from 57% in year 2005 to 101% in year 2006. From year 2007 the project started to conduct the IPD assessment in order to minimize unnecessary admission there for BOR decreased to 95.75% in year 2007 and to 88% in year 2008.</li> <li>9. 17.33; the IPD utilization rate increase from 16 in year 2005 to 21 in year 2006. Similar to BoR the IPD utilization rate decreased to 18 in year 2007 and to 17.33 in year 2008.</li> <li>10. 36%; 2,408 cases of delivery in the 36 HC and 3 District Hospital in year 2006, the case increased to 6,679 in year 2008.</li> <li>11. 93.33%; increase from 85.6% in year 2005 to 88.9% in year 2006. The coverage increased to 88.67% in 2007 and to 93.33% in year 2008</li> </ol>
<b>IR. 4. Quality Improvement</b>	<ol style="list-style-type: none"> <li>1. Nomenclature score for surgical cases in the provincial hospital</li> <li>2. Number of external quality assessments done</li> <li>3. Number of RHs having received a yearly external quality assessment out of the 4 RHs</li> </ol>	<ol style="list-style-type: none"> <li>1. .</li> <li>2. 6; The external assessment had been conducted once a year for provincial hospital started from year 2007. For the district hospital it was done only once per hospital in year 2007.</li> <li>3. 6 session out of 12 sessions for the 4 hospital in 3 years</li> </ol>

	<p>4. Proportion of planned infrastructural works and equipment supply implemented (Cumulative and financially)</p> <p>5. % of MPA HC compared to Plan</p>	<p>4. Infrastructure works and Equipment</p> <p>4.1. Health Infrastructure:</p> <p>4.1.1. Construction of 6 new MPA HC</p> <p>4.1.2. Construction of 2 new toilet blocks</p> <p>4.1.3. Construction of 3 new hospital water system and water towers</p> <p>4.1.4. Construction of 1 new document store room (PHD)</p> <p>4.1.5. Construction of 1 new pharmacy building (PRH)</p> <p>4.1.6. Renovation of Pediatric ward (PRH)</p> <p>4.1.7. Renovation of 5 toilet blocks</p> <p>4.1.8. Renovation of 2 operation theatre (PRH)</p> <p>4.1.9. Renovation and extension of Chamkar Leu RH facilities</p> <p>4.1.10. Renovation of Laboratory facility (PRH)</p> <p>4.1.11. Renovation of 5 HC delivery facilities</p> <p>4.2. Medical Equipment:</p> <p>4.2.1. Installation of 3 Echo services at RHs</p> <p>4.2.2. Installation of 1 X ray services at RH</p> <p>4.2.3. Installation of 9 solar systems at HCs</p> <p>4.2.4. Provision of basic MPA equipment for 36 HCs</p> <p>4.2.5. Provision of new MPA equipment and furniture for 6 HCs</p> <p>4.2.6. Provision of basic surgical equipment for PRH</p> <p>4.2.7. Rehabilitation of solar system in Chueng Prey RH</p> <p>4.3. Education Equipment:</p> <p>4.3.1. Installation of audio visual system for health education in the 4 hospitals</p> <p>4.4. IT Equipment:</p> <p>4.4.1. Provision of 8 computer sets (2 sets for each of the 4 hospitals)</p>
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		<p>4.4.2. Provision 1 LCD projector (PRH)</p> <p>4.4.3. Provision of 7 laptop computers to PHD senior staffs</p> <p>4.5. Emergency Services:</p> <p>4.5.1. Installation of emergency service and provision of a new ambulance to PRH</p> <p>5. 119/137; 119 HCs was offering MPA service out of the 137 planned HC for the whole province</p>
<b>IR. 5. Capacity building / Human Resource development</b>	<p>1. Number of persons trained in case-management</p> <p>2. Number of persons trained in support service competencies</p> <p>3. Number of persons trained in management and administration</p> <p>4. Number of people supported for training (National Training and conference)</p> <p>4.1. One month or Less</p> <p>4.2. More than one month</p> <p>5. Number of people supported for training (International Training and conference)</p> <p>5.1. One month or Less</p> <p>5.2. More than one month</p>	<p><b>1. Case-Management (clinical skill)</b></p> <p><b>1.1.</b> 775; were trained in case-management for the course between 1 to 60 days</p> <p><b>1.2.</b> 4; persons were trained for medical specialist (DU) for the course of 545 days</p> <p><b>2. Support Services</b></p> <p><b>2.1.</b> 84 persons were trained for English Language for the course of 900 days</p> <p><b>2.2.</b> 6 persons were trained for Echo operation for the course of 90 days</p> <p><b>2.3.</b> 3 persons were trained for X ray operation for the course of 90 days</p> <p><b>2.4.</b> 62 persons were trained for Ambulance operation for the course of 5 days</p> <p><b>2.5.</b> 12 persons were trained for basic laboratory skill for the course of 25 days</p> <p><b>2.6.</b> 15 persons were trained for Health Service Management for the course of 180 days</p> <p><b>2.7.</b> 14 persons were trained for Hospital Management for the course of 180 days</p> <p><b>2.8.</b> 2 persons were trained for Theatre Management for the course of 540 days</p> <p><b>2.9.</b> 12 persons were trained for HIS for the course of 1 days</p> <p><b>2.10.</b> 547 persons were trained for monitoring and</p>

		<p>supervision skill for the course of 1 to 5 days</p> <p><b>2.11.</b> 90 persons were trained of quality management in the course of 1 to 5 days.</p> <p><b>2.12.</b> 52 persons were trained for financial management for the course of 1 to 5 days</p> <p><b>3. Provincial and National conferences</b></p> <p><b>3.1.</b> 720 persons were attending provincial congress for 1 days</p> <p><b>3.2.</b> 31 persons were attending Nation surgical congress for 3 days</p> <p><b>4. 35 person were attending international training and conferences</b></p> <p><b>4.1.</b> 34 persons for less than one month course</p> <p><b>4.2.</b> 0 for more than one month course</p>
<b>IR. 6. Institutional Development and Management Strengthening</b>	<ol style="list-style-type: none"> <li>1. Number of Pro-TWGH meetings out of the 12 yearly meetings planned</li> <li>2. Number of DHTAT meetings out of the 36 meetings planned</li> <li>3. Number of quarterly AOP reviews out of the 4 reviews planned</li> <li>4. % of the GOC recurrent budget arriving at mid year</li> <li>5. % of the GOC recurrent budget arriving at end year</li> <li>6. % of HC with at least one secondary midwife and one secondary Nurse</li> </ol>	<ol style="list-style-type: none"> <li>1. 26 meeting were taken place out of the 28 planned (2006:3, 2007: 11, 2008:12)</li> <li>2. 108; the DHTAT meeting were conducted regularly once per month per OD since 2006 to 2008.</li> <li>3. 12 out of 12, the AoP annual reviews were conducted regularly once per year for the 3 OD and the PHD.</li> <li>4. No data available</li> <li>5. 97 % in 2008</li> <li>6. 64%: 27 out of 42 HCs having at least one secondary midwife and one secondary nurse (from the 3 project supported ODs)</li> </ol>
<b>Planned activities</b>	<b>Progress of the activities (with comments and remarks)</b>	
<b>IR.1. Consumer Rights/HEF</b>		

<b>1. Identification of the Poor</b>	<ul style="list-style-type: none"> <li>• With cooperation from the Ministry of Planning/GTZ, the Pre Identification was conducted in Cheung Prey, Prey Chhor and Chamkar Leu ODs from January, 2008. The Equity Access Cards have been distributed to poor households from October, 2008 and delayed until early January, 2009 in some communes.</li> </ul>
<b>2. Social Support Activities for the Poor</b>	<ul style="list-style-type: none"> <li>• All Extremely Poor and Poor Category HEFBs were receiving daily supported for food and transportation allowance and funeral subsidies.</li> </ul>
<b>3. HEF- Medical Fees</b>	<ul style="list-style-type: none"> <li>• All HEFBs are paid for 100% of user fees at both hospital and health center levels.</li> </ul>
<b>4. HEF Functioning</b>	<ul style="list-style-type: none"> <li>• HEFs have been implemented in: <ul style="list-style-type: none"> <li>▪ At 4 hospitals: PRH, Cheung Prey, Chamkar Leu and Prey Chhor RHs.</li> <li>▪ At 6 health centers in Cheung Prey, Chamkar Leu and Prey Chhor ODs.</li> <li>▪ Voucher system for poor pregnant women at 30 health centers in Cheung Prey, Chamkar Leu and Prey Chhor ODs.</li> </ul> </li> <li>• HEFs are operated by NGOs who become Health Equity Fund Operators (HEFO) which are selected through public tender.</li> </ul>
<b>4.1:</b> Community promotion of HEF through HCSG, community and HEF Agent meetings.	<ul style="list-style-type: none"> <li>• HEFO staff, project TA and OD authorities were organized different HCSG/HEF Agent and Community meetings. The main aims of the meetings are to promote HEF and voucher system and public health utilization as well as to collect feedback the health services from the communities. The HCSG/HEF Agent meetings were conducted twice per year and Community meetings were conducted one per year.</li> </ul>
<b>4.2:</b> Bed Census	<ul style="list-style-type: none"> <li>• Two bed censuses were conducted in 4 RHs. The first census was conducted in May, 2006 which 546 inpatients/care takers had been interviewed. The second census was conducted in February, 2008 and 553 inpatients/care takers were contacted. The main objectives of the bed census are to analyze socio-economic status and the health seeking behavior of the patients. An outside consultant, Dr. Ir Por, was contracted out for writing the report of the 2 censuses.</li> </ul>

<b>4.3:</b> HEF Assessment	<ul style="list-style-type: none"> <li>• There were two HEF Assessments conducted by an outside consultant. The first Assessment was conducted in July, 2006. The second Assessment was done in May, 2008. Mr. Maurits Van Pent was contracted out to undertake both assessments. There were two preliminary finding workshops whose participants were coming from PHD, ODs, HCs, the project, local authorities and other stakeholders.</li> </ul>
<b>4.4:</b> Actively involve in the thinktank for HEF, standardization of impact indicators, Develop a practical program of computerized information management for HEF	<ul style="list-style-type: none"> <li>• The first National HEF Forum was conducted in February, 2006.</li> <li>• HEF database was introduced in early 2008. The database is adapted to the one which is being used by URC and developed by Mr. Reto. The database training to HEFO staff and some project staff was also conducted by Mr. Reto.</li> </ul>
<b>4.5:</b> Collaboration with other donors	<ul style="list-style-type: none"> <li>• The agreement with MSF-F started from April, 2006 on co-financing to support HIV/AIDS inpatients in PRH as followings: <ul style="list-style-type: none"> <li>▪ MFS provide 22\$ per inpatient course while the gap was supplemented by the project.</li> <li>▪ All HIV/AIDS inpatient were entitled to get support with the same assistance as of extremely poor category HEFBs.</li> </ul> </li> </ul>
<b>IR.2. Behavior Change Communication</b>	
<b>1. BCC Contract Out Campaign</b>	
<b>1.1:</b> PHD Health Newsletter	<ul style="list-style-type: none"> <li>• The first PHD Health Newsletter was produced in Quarter 2 of 2007 with 600 copies.</li> <li>• The second PHD Health Newsletter was produced in Quarter 1 of 2008 with 685 copies.</li> </ul>

<b>1.2: Road Safety Campaign</b>	<ul style="list-style-type: none"> <li>•The project collaborated with HIB, the PHDO and the 3 district referral hospitals to collect data on traffic accidents along the national road. The results of data collection were contributing to a national database and analysis of this emerging public health concern.</li> <li>•The road safety workshop was conducted. The participants were the schoolchildren, policy officers and Moto Dub drivers. During the workshop, 150 helmets were distributed to the participants and organizers.</li> </ul>
<b>1.3: Marketing of Public Health Services</b>	<ul style="list-style-type: none"> <li>•The project contracted the National TV to make a documentary movie on the activities of the PRH. The movie was then shown twice in the National TV.</li> <li>•HEF dissemination conferences were organized for all 4 HEFs. There were participants from PHD, ODs, RHs, commune councils, HCs, local authorities, other stakeholders as well as media professionals (radio, television and newspapers).</li> <li>•Two types of leaflets (on health services and on HEF) were printed for 4 RHs and all HEFs including voucher system. The aims of the leaflets are to promote HEFs and voucher system and to promote the utilization of the health services within the RHs.</li> <li>•1,000 HEF and Voucher promotion T Shirts have been printed out and are distributed to HEF agents, health center representatives, commune councils and health equity fund beneficiaries who are extremely poor living in remote areas.</li> <li>•Signboards, billboards and illuminated signposts at PHD office, were installed in Provincial hospital, Cheung Prey, Chamkar Leu and Prey Chhor RHs. The sign on the main entrance of the PRH was also refreshed.</li> <li>•HEF and voucher review workshops were organized in 3 ODs twice per year. There were participants from PHD, ODs, RHs, commune councils, HCs, local authorities, other stakeholders and HEF Agents.</li> <li>•Conducted 6 meetings with communities for creating Health Center Management Committee (HCMC) and community awareness on 06 new health center buildings funded by the project in Chamkar Leu/Stung Trang and Cheung Prey/Bathey ODs.</li> <li>•Inauguration of the new 6 health centers and other result of the project was conducted in Chamkar Leu RH. There were the honorable quests: Secretary of State of MoH, Belgium Ambassador to Thailand and Belgium Minister Councilor.</li> </ul>

<b>1.4:</b> Video Health Education	<ul style="list-style-type: none"> <li>• Different video and audio health education materials were collected and kept in PMU. The video health education materials are mostly coming from the National Center for Health Promotion. These health education materials were copied and given to all 4 RHs to broadcast by TV network provided by the project.</li> <li>• TV network for video health education has been installed in the 4 RHs. The video health education spots for the patients and care takers in PRH has been produced and they are being showed daily by TV network of the 4 RHs.</li> <li>• The evaluation on the impact of video health educations within PRH, Cheung Prey RH, Prey Chhor RH and Chamkar Leu RH was also conducted.</li> </ul>
<b>1.5:</b> Special Events	<ul style="list-style-type: none"> <li>• The World Diabetic Day celebrations were supported by the project.</li> <li>• The private health sector workshop supported by the project has been conducted. There were participants coming from PHD, ODs and private practices.</li> <li>• The drug management and awareness workshops supported by the project have been conducted by PHD. There were participants coming from PHD, ODs and private pharmacies.</li> </ul>
<b>2. School Health Education</b>	<ul style="list-style-type: none"> <li>• In coordination with BETT and PBHS- SROM, the school health education curriculum for primary and secondary schoolchildren has been developed. The project attended in different stakeholder meetings on the process of the curriculum development. The provincial master trainers and outreach health workers for the school covered areas of the BETT have been selected and approved by the PHD director who together with school teachers will conduct health education to the schoolchildren within the catchments areas of BETT.</li> </ul>
<b>IR. 3. Health Service Delivery through contracting by the system</b>	
<b>Output related bonus system HC</b>	<p>The performance contract for HC was implemented as planned. In total 36 HC are in the contracting scheme.</p> <p>Cheung Prey OD: continue the 14 MPA HC contracts</p> <p>Prey Chhor OD: continue the 15 MPA HC contracts</p> <p>Chamkar Leu: continue the 8 (out of 13) contracts</p>
<b>Outreach school health inspection program (Out)</b>	Not implemented

<b>Output related bonus system RH</b>	Hospital performance contract were put in place. 4 Hospital are being contracted 1 Provincial Hospital and 3 District Hospital
<b>Output related bonus system DHTAT /Provincial Hospital Management Team</b>	The contract of DHTAT, Provincial Hospital Management Team were integrated to the package of their respective facility contract since the full coverage of contracting started from Mar 2005
<b>Output related bonus system for TASC (replaces PHTAT)</b>	The 6 sub-committee of the PHDO were on the contracting scheme with the total member of 23 senior official of PHDO. The TASC contract was transformed to PHDO performance contract since Jan 2007 and continue till December 2008
<b>PHD director KC &amp; assistant</b>	PHD director and Assistant were in the contracting scheme. The PHD director and Assistant were continue till 31 December 2008
<b>OD directors (4 ODs)</b>	The OD director is packed into the ODO contract for the 3 OD while Dr. Chea Sokha from Kampong Cham – Kampong Seam OD is including in the contract or the Provincial Hospital
<b>The project Monitoring Team</b>	6 Members of PHDO supervisor are being contracted for Project Monitoring Team (PMT) with the on coordinator and 2 financial assistances Dr. Men Bun Nan: Team Coordinator Mr. Hak Eang: Financial assistance Mr. Sun Leng: financial assistance The contract of Monitoring team continue till the 31 December 2008
<b>IR. 4. Quality Improvement</b>	
<b><i>Micro intervention</i></b>	
<b><i>Quality standard and seal</i></b>	<ul style="list-style-type: none"> <li>• Sensitizing workshops for QI concept had been conducted. Simply quality improvement projects has been applying at the Provincial Hospital and the 3 district hospitals.</li> <li>• Internal and External Quality assessment had been conducted ( 3 times for the provincial hospital, and once per each district hospital)</li> </ul>

<b>Quality Improvement interventions</b>	<ul style="list-style-type: none"> <li>• Enforcing hospital staff to comply to national standards for most important aspects (Patient File, Rational drug use)</li> <li>• Regular assessment for appropriate admission and being hospitalized had been conducted at the district hospital.</li> <li>• Improving Hygiene and Infection Controls system for all hospitals and HCs</li> </ul>
<p><b><i>Increase range of services provided</i></b>  Support the development and/or reinforcement of maternal surgical and emergency departments in the 4 RH.  This will require rehabilitation of infrastructure and new equipment (Planning and detailed estimation are being developed) as well as training (see activities for strategy B5)</p>	<ul style="list-style-type: none"> <li>• New infrastructure and Rehabilitation works had been done for supporting the needs of service delivery at hospitals and health centers.</li> <li>• Basic Medical Equipment had been provided</li> <li>• Installation of 3 Echo services at the 3 district hospital</li> <li>• Installation of 1 X ray service at the district hospital of Chamkar Leu</li> <li>• Improving laboratory service at all the 4 hospitals</li> <li>• Improving the Ambulance and Blood Bank Services at Provincial Hospital</li> </ul>
<p><b>Improve links between different service delivery levels (referral system)</b>  <i>Procedures improvement</i></p>	<p>The project collaborate with URC and MoH for exchanging staffs from Kampong Cham and URC supported provinces for the action of Quality Assessment using the URC/MoH developed tools</p>
<p><b><i>Blood collection of PRH</i></b>  Improving the availability of blood for life through direct financial support for public collection and solidarity campaigns</p>	<ul style="list-style-type: none"> <li>• The project provided financial support to open a fix-site blood donation in the provincial hospital and to improve outreach collection.</li> </ul>
<p>Evaluation of the PRH service for chronic disease (Hypertension, Diabetes..) on the diagnosis procedure, lab test in treatment.</p>	<p>In collaboration with the diabetic association, the project supported the provincial hospital in open a new opd service for diabetic.</p>



<b>IR. 5. Capacity building / Human Resource development</b>	
<p><b><i>International expert, Surgeon</i></b></p> <p>Dr Rene Brahy has been recruited as International TA surgery he has been given a 12 month contract. He already has a 12 month contract with PBHS-SROM. We will share him with PBHS-SROM over a 2 year period in which he will gradually increase his presence in Kampong Cham assuring 12 months of service. He is responsible for capacity building (need assessment, planning and actual training) of the surgical staff of the 4 RH. He is equally responsible for advising on the organization of the surgical, anaesthetic and emergency department and the organization of the referral system. He will support the medico-scientific activities of the PRH. Continue the contract of Dr. Rene Brahy</p>	<ul style="list-style-type: none"> <li>• Dr. Rene Brahy had been conducting on the job training to surgeons of the provincial hospital on the schedule of half Siem Reap and half Kampong Cham. With the practical training in place Kampong Cham and Siem Reap hospital become a full CPA3 with advance surgical capacity closely similar to the National Hospital.</li> </ul>
<p><b><i>Training activities</i></b></p> <p>Development of HRDP and Training Need Assessment by external consultant in collaboration with Human Resource Department and Technical Bureau of the PHDO and the TASC-CB (conditional to the extension of the project) Support ad hoc training and workshops which answer to the priorities needs of PHD and relevance to the project objectives.</p>	<p>Not implemented, due to the complexity of human resource management system, the human resource development plan was not able to develop from the context of the project. Project continue to support ad hoc training which inline with the project strategies and objectives</p>

<b>Contracted in training / workshop</b>	<ul style="list-style-type: none"> <li>• The refresher course for 86 midwives from all the 36 HCs and 3 district hospitals has been prepared and conducted. The course ended in mid 2008.</li> <li>• The project supported the refresher course for laboratory technician at district and provincial hospital offered by NIPH and an international consultant.</li> <li>• The short courses of Ambulance management offered by Calmet Hospital for the staff of the 4 hospital were financially supported by the project.</li> </ul>
<b>Contracted in training for teachers</b>	No implemented
<b><i>Contracted out training</i></b> <ul style="list-style-type: none"> <li>• Management training</li> <li>• English language training</li> <li>• Advance medical skill training</li> <li>• National / Local workshops or conferences</li> </ul>	<ul style="list-style-type: none"> <li>• The project support 15 participants to attend Health Service Management Course offered by NIPH</li> <li>• The project support 14 participants to attend Hospital Management course offered by NIPH</li> <li>• The project provided monthly financial supports to 5 doctors attending a long course for DU degree.</li> <li>• The project provided monthly financial support to 2 doctors from the district hospital to attend a long course of theatre management.</li> <li>• The project contracted to ACE in Kampong Cham to provide English Training Services of 3 levels, elementary, intermediate and advanced level. The class started since November 2005 and ended in December 2008. From the beginning there was 80 participants in total, there was 60 participants following the course until the end.</li> <li>• Responding to critical shortage of midwife at HC level, the project supported PHD to contract with Kampong Cham RTC to conduct an extra course for 30 primary midwives. The course started from July 2008 and will be ended in July 2009.</li> <li>• Project supported Echo and X ray training to 9 staffs of the 3 district hospitals</li> </ul>
<b><i>Support Partners to attending relevant international workshops / conferences</i></b>	<ul style="list-style-type: none"> <li>• In total there were 31 person supported by the project to attend international seminars and workshops on the subject of health care management, health care financing and Hospital Management</li> </ul>
<b>IR. 6. Institutional Development and Management Strengthening</b>	

<b><i>Short term Technical Assistance international</i></b>	<ul style="list-style-type: none"> <li>• Financial Management Assessment in 2006 by international consultant</li> </ul>
<b><i>Supervision/on-the job-training</i></b>	<ul style="list-style-type: none"> <li>• Support refresher training for PHD and OD supervisors</li> <li>• Technical and financial support to conduct spot check at provincial hospital and HCs</li> </ul>
<b><i>Stakeholder auditing</i></b>	<ul style="list-style-type: none"> <li>• Support the hospital and HC assessment.</li> <li>• Support capacity assessments for PHD and ODO</li> </ul>
<b><i>Central level interventions</i></b>	<ul style="list-style-type: none"> <li>• The evaluation of drug management and rational used had been conducted for PRH and Chamkar Referral Hospital by the MoH.</li> <li>• Mobilize and support the discussion meetings in the province with central unit for financial management and user fee reporting.</li> </ul>
<b><i>Staff management</i></b> To apply proper personal job description for staffs started from Pharmacy, Paediatric and Surgical Departments of PRH by linking to the HMT of the PRH team Organise workshops to formulate the job description with the department team started from the defining the roles of department then roles of persons within the department...	<ul style="list-style-type: none"> <li>• The project mobilized the provincial hospital and the district hospitals to improve the staff management including review organizational structure, application of individual job description, improving compliant to internal regulation.</li> </ul>
<b><i>Financial Management and User fee</i></b> Improving the accounting system of the PRH by accessing the current situation of the financial management system, the effectiveness of current comprehensive scheme, staff bonus distribution system and tools, user fee reviewed. Started from beginning of May 2006	<ul style="list-style-type: none"> <li>• The computerize program for management of health financing had been develop in put in place for Provincial hospital and 3 OD.</li> <li>• The hospital pharmacy inventory control system has been developed and put in place with well functioning.</li> <li>• Development and put in place the comprehensive tools for incentive mechanism at the 3 OD and provincial hospital.</li> </ul>

<b><i>Development of PRH master plan</i></b> Preparing the proposal for funding from Consultancy Fund the development of Master plan of PRH	Not implemented
<b><i>Provincial TWGH</i></b> Support functioning of Pro-TWGH	<ul style="list-style-type: none"> <li>• Provincial Technical working group is functioning and gradually improve.</li> <li>• Supporting PHD and OD to improve the AoP</li> </ul>
Participate with MoH TWGH	<ul style="list-style-type: none"> <li>• Project is supporting the director of provincial hospital to regularly involve in the central working group for hospital reform.</li> </ul>
Participate in Hospital Management Reform WG	<ul style="list-style-type: none"> <li>• Project TA and Expert are involving in the central policy dialogues</li> </ul>

## ANNEX 2: EXPENSES

### Budget vs Actuals (Year to Month, Last 5 Years) of KAM0300911

Project Title : **Provision of Basic Health services in the province of Kampong Cham**

Budget Version : **H01**  
 Currency : **EUR**  
 YtM : **Report includes all closed transactions until the end date of the chosen closing**

Year to month : **31/03/2009**

	Status	Fin Mode	Amount	Start to 2005	2006	2007	2008	Expenses	Total	Balance	% Exec
<b>A ENHANCE HEALTH SECTOR DEVELOPMENT BY</b>			<b>3.032.861,01</b>	<b>214.828,52</b>	<b>536.328,94</b>	<b>962.149,16</b>	<b>1.184.347,86</b>	<b>72.222,65</b>	<b>2.974.005,14</b>	<b>58.855,87</b>	<b>98%</b>
<b>01 Strengthened Consumer Rights in</b>			<b>747.971,01</b>	<b>56.400,78</b>	<b>179.611,24</b>	<b>217.285,97</b>	<b>312.319,98</b>	<b>17.615,73</b>	<b>783.233,71</b>	<b>-35.262,70</b>	<b>105%</b>
01 TA - Social/BCC - Local		COGES	0,01		0,00			0,00	0,00	0,01	0%
02 TA Equity/Finance - International		REGIE	11.960,00	3.714,67	8.245,43		0,00	0,00	11.960,10	-0,10	100%
03 Identification of the poor		COGES	24.800,00				39.175,73	0,00	39.175,73	-14.375,73	158%
04 Social support activities for poor		COGES	213.520,00	3.044,44	40.827,02	80.331,57	86.706,74	3.414,82	214.324,59	-804,59	100%
05 Equity Fund - Medical Fees		COGES	282.238,00	5.018,60	63.469,22	95.615,32	118.991,23	14.167,47	297.261,84	-15.023,84	105%
06 Equity Fund - Operation Fees		COGES	215.453,00	44.623,06	67.069,58	41.339,09	67.446,28	33,44	220.511,45	-5.058,45	102%
<b>02 Enhanced Behaviour Change &amp;</b>			<b>81.569,00</b>	<b>8.274,68</b>	<b>21.138,40</b>	<b>25.094,48</b>	<b>25.376,49</b>	<b>18,74</b>	<b>79.902,79</b>	<b>1.666,21</b>	<b>98%</b>
01 TA - Social/BCC - Local		COGES	35.930,00	4.776,85	9.545,08	9.312,53	12.372,49	18,74	36.025,70	-95,70	100%
02 BCC contracted out campaigns		COGES	44.299,00	2.424,87	11.590,34	15.715,97	12.759,86	0,00	42.491,04	1.807,96	96%
03 School Health Education		COGES	1.340,00	1.072,96	2,98	65,97	244,13	0,00	1.386,05	-46,05	103%
<b>03 Strengthened quality of delivery of health</b>			<b>650.487,00</b>	<b>35.364,54</b>	<b>192.359,33</b>	<b>206.001,24</b>	<b>201.167,83</b>	<b>20.207,84</b>	<b>655.757,68</b>	<b>-5.270,68</b>	<b>101%</b>
01 Project director PHD and assistant		COGES	36.886,00	8.348,55	7.195,39	10.295,65	10.232,21	0,00	36.675,02	210,98	99%
02 Project Directors ODs		COGES	3.390,00	1.219,66	1.646,02	526,75		0,00	3.392,42	-2,42	100%
03 Output related bonus system HC		COGES	222.112,00	1.803,75	66.912,82	71.964,06	76.707,90	6.980,28	224.368,81	-2.256,81	101%
04 Output related bonus system RH		COGES	259.475,00	10.082,14	84.313,21	84.842,07	77.323,70	6.621,99	263.236,78	-3.761,78	101%
05 Output related bonus system DHTAT		COGES	78.843,00	8.050,30	22.619,66	24.651,94	22.185,70	2.093,94	79.601,54	-758,54	101%
06 Output related bonus system PHTAT		COGES	49.781,00	5.860,15	9.672,23	13.720,77	14.718,33	4.511,63	48.483,11	1.297,89	97%
07 School health inspection program	Deleted	COGES	0,00					0,00	0,00	0,00	7%
		REGIE	764.701,00	179.610,33	218.784,41	132.258,46	198.004,94	13.245,12	776.942,61	-12.241,61	102%
		COGEST	3.143.748,00	231.961,45	610.163,07	878.333,25	1.223.551,73	74.003,33	3.089.972,75	53.775,25	98%
		<b>TOTAL</b>	<b>3.908.449,00</b>	<b>411.571,78</b>	<b>828.947,47</b>	<b>1.010.591,72</b>	<b>1.421.556,67</b>	<b>87.248,45</b>	<b>3.866.915,36</b>	<b>41.533,64</b>	<b>99%</b>

## Budget vs Actuals (Year to Month, Last 5 Years) of KAM0300911

Project Title : **Provision of Basic Health services in the province of Kampong Cham**

Budget Version : **H01**

Currency : **EUR**

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

Year to month : 31/03/2009

	Status	Fin Mode	Amount	Start to 2005	2006	2007	2008	Expenses	Total	Balance	% Exec
<b>04 Increased number of quality improvement</b>			899.806,00	16.682,80	41.694,22	234.920,84	496.736,07	<b>28.609,79</b>	818.643,72	81.162,28	<b>91%</b>
01 TA - Quality improvement - Local		COGES	68.445,00	8.281,94	13.871,92	20.757,76	25.546,47	<b>7,46</b>	68.465,55	-20,55	100%
02 Micro interventions		COGES	25.222,00		492,53	13.939,46	14.814,93	<b>0,00</b>	29.246,92	-4.024,92	116%
03 Quality standard and seal		COGES	16.719,00	5.276,96	1.485,79	3.290,80	9.213,82	<b>0,00</b>	19.267,36	-2.548,36	115%
04 Quality Improvement Plans at RH		COGES	19.843,00	165,52	7.916,65	7.340,53	3.714,09	<b>826,04</b>	19.962,83	-119,83	101%
05 OT construction and hospital equipment		COGES	739.612,00	2.958,38	17.927,34	164.511,89	437.372,07	<b>27.009,31</b>	649.778,99	89.833,01	88%
06 Ambulance and communication equipment		COGES	29.965,00			25.080,41	6.074,69	<b>766,98</b>	31.922,07	-1.957,07	107%
<b>05 Improved staff skills through capacity</b>			459.623,00	76.162,29	52.290,65	222.465,27	93.913,88	<b>5.770,55</b>	453.893,52	5.729,48	<b>99%</b>
01 TA - Surgeon - International expert		REGIE	221.340,00	40.607,10	3.674,02	136.049,44	41.030,61	<b>0,00</b>	221.368,64	-28,64	100%
02 Contracted in training / workshop		COGES	49.770,00	4.323,31	3.234,31	29.640,25	7.572,15	<b>7,50</b>	46.754,50	3.015,50	94%
03 Contracted in training for teachers		COGES	2.530,00	2.513,61				<b>0,00</b>	2.531,48	-1,48	100%
04 Contracted out training		COGES	163.873,00	14.195,07	38.153,72	56.417,18	45.311,12	<b>5.763,05</b>	161.128,70	2.744,30	98%
05 Training activities		COGES	22.110,00	14.523,20	7.228,60	358,40		<b>0,00</b>	22.110,20	-0,20	100%
<b>06 Strengthened Institutions capacity to</b>			193.405,00	21.943,43	49.235,09	56.381,36	54.833,62	<b>0,00</b>	182.573,72	10.831,28	<b>94%</b>
01 TA - Social/Planning/Finance/PHA - Local		COGES	66.949,00	10.681,89	18.594,98	16.690,75	20.745,77	<b>0,00</b>	66.713,38	235,62	100%
02 TA - Finance/Planning - International		REGIE	24.701,00	138,16	3.609,65	2.548,10	13.050,22	<b>0,00</b>	19.346,13	5.354,87	78%
03 Supervision / on-the job-training		COGES	26.671,00	5.666,12	3.889,05	15.108,44	1.581,83	<b>0,00</b>	26.425,66	245,34	99%
04 Stakeholder internal HMIS auditing		COGES	27.501,00	2.574,91	9.393,60	7.306,08	8.547,10	<b>0,00</b>	27.821,68	-320,68	101%
05 Central level interventions		COGES	47.583,00	2.882,36	13.747,82	14.728,00	10.908,70	<b>0,00</b>	42.266,87	5.316,13	89%
06 Scientific support by public health school	Deleted	COGES	0,00					<b>0,00</b>	0,00	0,00	?
		REGIE	764.701,00	179.610,33	218.784,41	132.258,46	198.004,94	<b>13.245,12</b>	776.942,61	-12.241,61	102%
		COGEST	3.143.748,00	231.961,45	610.163,07	878.333,25	1.223.551,73	<b>74.003,33</b>	3.089.972,75	53.775,25	98%
		<b>TOTAL</b>	<b>3.908.449,00</b>	<b>411.571,78</b>	<b>828.947,47</b>	<b>1.010.591,72</b>	<b>1.421.556,67</b>	<b>87.248,45</b>	<b>3.866.915,36</b>	<b>41.533,64</b>	<b>99%</b>

## Budget vs Actuals (Year to Month, Last 5 Years) of KAM0300911

Project Title : **Provision of Basic Health services in the province of Kampong Cham**

Budget Version : **H01**  
 Currency : **EUR**  
 YtM : **Report includes all closed transactions until the end date of the chosen closing**

Year to month : 31/03/2009

	Status	Fin Mode	Amount	Start to 2005	2006	2007	2008	Expenses	Total	Balance	% Exec
<b>B STRENGTHEN MONITORING &amp; EVALUATION</b>			79.950,99	7.110,28	9.277,68	22.354,42	36.648,46	<b>345,36</b>	75.736,22	4.214,77	<b>95%</b>
<b>01 Enhanced monitoring &amp; evaluation capacity</b>			79.950,99	7.110,28	9.277,68	22.354,42	36.648,46	<b>345,36</b>	75.736,22	4.214,77	<b>95%</b>
01 TA - Social/Planning/Finance - Local		COGES	6.952,00	485,62	1.472,44	2.504,67	2.257,30	<b>0,00</b>	6.720,03	231,97	97%
02 TA - M & E - International		REGIE	13.910,00	3.847,66	1.161,21		9.332,46	<b>345,36</b>	14.686,70	-776,70	106%
03 External HMIS auditing		COGES	-0,01					<b>0,00</b>	0,00	-0,01	0%
04 External monitoring Quality Seal		COGES	3.650,00		3.647,03			<b>0,00</b>	3.647,03	2,97	100%
05 Surveys		COGES	32.189,00	2.447,96	2.426,37		22.799,53	<b>0,00</b>	27.673,84	4.515,16	86%
06 Steering committee (JLCB) expenses		COGES	6.170,00	329,05	570,64	2.767,23	2.244,59	<b>0,00</b>	5.911,52	258,48	96%
07 Midterm review and 2nd phase formulation	Deleted	COGES	0,00					<b>0,00</b>	0,00	0,00	7%
08 Midterm review and 2nd phase formulation		REGIE	17.080,00			17.082,52	14,58	<b>0,00</b>	17.097,10	-17,10	100%
<b>Z GENERAL MEANS</b>			795.637,00	189.632,97	283.340,86	26.088,14	200.560,34	<b>14.680,44</b>	817.174,00	-21.537,00	<b>103%</b>
<b>01 General means</b>			795.637,00	189.632,97	283.340,86	26.088,14	200.560,34	<b>14.680,44</b>	817.174,00	-21.537,00	<b>103%</b>
01 Secretary (2)		COGES	69.374,00	9.676,48	16.709,78	17.814,74	25.618,00	<b>759,36</b>	70.578,37	-1.204,37	102%
02 Office Assistant / Drivers (2)		COGES	38.484,00	7.048,46	9.156,15	9.686,07	12.116,94	<b>232,92</b>	38.634,89	-150,89	100%
03 Government Salaries, allowances &		COGES	0,01					<b>0,00</b>	0,00	0,01	0%
04 Team Leader - Co-Director - International		REGIE	475.710,00	131.302,73	202.094,10	-23.421,59	134.577,06	<b>12.899,76</b>	492.483,94	-16.773,94	104%
05 Local staff missions costs		COGES	100,00	100,03				<b>0,00</b>	100,03	-0,03	100%
06 National air tickets		COGES	120,00		115,75			<b>0,00</b>	115,75	4,25	96%
07 Office equipment		COGES	23.860,00	17.969,32	5.240,58	223,57	156,06	<b>0,00</b>	23.819,58	40,42	100%
08 Office running costs		COGES	40.510,00	8.271,14	10.825,14	8.292,31	12.444,77	<b>591,08</b>	41.718,42	-1.208,42	103%
		REGIE	764.701,00	179.610,33	218.784,41	132.258,46	198.004,94	<b>13.245,12</b>	776.942,61	-12.241,61	102%
		COGEST	3.143.748,00	231.961,45	610.163,07	878.333,25	1.223.551,73	<b>74.003,33</b>	3.089.972,75	53.775,25	98%
		<b>TOTAL</b>	<b>3.908.449,00</b>	<b>411.571,78</b>	<b>828.947,47</b>	<b>1.010.591,72</b>	<b>1.421.556,67</b>	<b>87.248,45</b>	<b>3.866.915,36</b>	<b>41.533,64</b>	<b>99%</b>

## Budget vs Actuals (Year to Month, Last 5 Years) of KAM0300911

Project Title : **Provision of Basic Health services in the province of Kampong Cham**

Budget Version : **H01**

Currency : **EUR**

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

Year to month : 31/03/2009

	Status	Fin Mode	Amount	Start to 2005	2006	2007	2008	Expenses	Total	Balance	% Exec
09 Vehicle running costs		COGES	39.048,00	7.187,91	9.652,78	10.109,97	13.593,60	170,38	41.208,91	-2.160,91	106%
10 Office furniture/supplies		COGES	5.330,00	706,43	3.507,30	15,39	144,17	0,00	5.377,19	-47,19	101%
11 Moto running costs		COGES	839,00	441,83	72,54	257,38	169,53	8,27	949,55	-110,55	113%
12 Government Running Costs	Deleted	COGES	0,00					0,00	0,00	0,00	7%
13 Vehicle purchase (Co-director, PHO, TA)		COGES	65.450,00	1.031,89				0,00	65.454,70	-4,70	100%
14 Moto purchase (one per supervisor)		COGES	3.700,00	3.695,51				0,00	3.695,51	4,49	100%
15 Project Administrator		COGES	-0,01					0,00	0,00	-0,01	0%
16 Cleaner, Guard		COGES	3.922,00	162,79	714,86	1.208,54	1.740,22	18,67	3.845,07	76,93	98%
17 Construction of PMU Office		COGES	29.190,00	2.038,46	25.251,87	1.901,75		0,00	29.192,09	-2,09	100%

REGIE	764.701,00	179.610,33	218.784,41	132.258,46	198.004,94	13.245,12	776.942,61	-12.241,61	102%
COGEST	3.143.748,00	231.961,45	610.163,07	878.333,25	1.223.551,73	74.003,33	3.089.972,75	53.775,25	98%
<b>TOTAL</b>	<b>3.908.449,00</b>	<b>411.571,78</b>	<b>828.947,47</b>	<b>1.010.591,72</b>	<b>1.421.556,67</b>	<b>87.248,45</b>	<b>3.866.915,36</b>	<b>41.533,64</b>	<b>99%</b>



**ANNEX 3 : Disbursement rate of the project.**

<b>Source of financing</b>	<b>Cumulated budget</b>	<b>Real cumulated expenses</b>	<b>Cumulated disbursement rate</b>	<b>Comments and remarks</b>
<b>Direct Belgian Contribution</b>	Euro 3,908,449.00	Euro 3,866,915.36	99%	
<b>Contribution of the Partner Country</b>	Not applicable			
<b>Contribution of the Counterpart Funds</b>	Not applicable			
<b>Other source</b>	Not applicable			

#### ANNEX 4 : Project Personnel

<b>Personnel Type (Title, name and gender)</b>	<b>Duration of recruitment (Start and end dates)</b>	<b>Comments (Recruitment period, profile relevance...)</b>
1. National personnel put at disposal by the Partner Country <ul style="list-style-type: none"> <li>▪ Dr. Nguon Sim An</li> <li>▪ Dr. Lon Chan Rasmey</li> </ul>	01 Nov 2004-31 Dec 2008 01 Nov 2004-31 Dec 2008	Project Director Project Director Assistant
2. Support personnel, locally recruited <ul style="list-style-type: none"> <li>▪ Mr. Phim Sam Ath</li> <li>▪ Ms. Soeung Sothy</li> <li>▪ Mr. Pich Vichet</li> <li>▪ Mr. Souk Narin</li> <li>▪ Dr. Him Phannary</li> <li>▪ Dr. Sdoeung Chea</li> <li>▪ Mr. Huy Lysè</li> <li>▪ Mr. Sieng Sitha</li> <li>▪ Ms. Thi Sonin</li> <li>▪ Ms. Sok Theavy</li> <li>▪ Mr. Phon Leang An</li> <li>▪ Mr. Phan Phalla</li> <li>▪ Dr. Minh Buntha</li> <li>▪ Mr. Chhim Phet</li> <li>▪ Mr. Chhut Ron</li> <li>▪ Ms. Ngin Samey</li> <li>▪ Ms. Yan Sros</li> <li>▪ Mr. Phan Phalleap</li> <li>▪ Ms. Van Sok Nai</li> </ul>	20 Oct 2004-03 Feb 2006 28 Dec 2004-31 Jul 2007 07 Mar 2005-31 Dec 2008 25 Apr 2005-31 Dec 2008 03 May 2005-31 Dec 2008 03 May 2005-31 Dec 2008 03 May 2005-31 Dec 2008 03 May 2005-31 Dec 2008 01 Aug 2005-31 July 2008 14 Feb 2006-31 Dec 2008 28 Feb 2006-31 Jan 2009 01 Aug 2006-30 May 2008 16 Oct 2006-31 Dec 2008 01 Nov 2006-31 Dec 2007 01 Jun 2007-31 Jul 2008 01 Aug 2007-31 Jan 2009 01 Nov 2007-30 May 2008 01 Jun 2008-31 Dec 2008 03 Jun 2008-31 Dec 2008	Senior Project Driver Project Secretary Senior Finance Officer Project Sociologist Senior Public Health Advisor Quality Improvement Officer Project Driver Project Driver Cleaner Junior Accountant Senior Project Driver Security Guard District Health System- Development Advisor Project Architect Supervisor Engineer Project Officer / Administrator Cleaner Security Guard Cleaner

3. Expert in International Cooperation (BTC) <ul style="list-style-type: none"> <li>▪ Dr. Dirk Horemans</li> <li>▪ Dr. René Brahy</li> <li>▪ Dr. Frédéric Bonnet</li> </ul>	01 Jun 2004-31 Dec 2008 16 Jun 2004-17 Jul 2008 10 Sep 2006-09 Sep 2008	Project Co-Director International Project Surgeon Public Health Expert
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**Notice:** Dr. René Brahy and Dr. Frédéric Bonnet Costs were shared between PBHS-SROM and PBHS-KC Projects.

**ANNEX 5: Subcontracting activities and invitations to tender**  
(One form for each new subcontracting contract during the year considered)

**ANNEX 5.1 CONTRACTING/TENDERING FOR CONSULTING SERVICES**

**Item 1.1: PBHS-KC/2005/10      Engineering Consultancy**

Tendering mode: Direct negotiation procedure with a consultant

Date of invitation for tender :

Start date of the subcontracting contract : 2005

Name of the subcontractor (or of the company) : Mr. Thierry Dalimier, (KOSAN)

Subject of the contract : Quality Assessment of Kampong Cham Provincial Hospital Building

Cost of the contract : **1,200.00 USD**

Duration of the contract : May, June 2005

**Item 1.2: PBHS-KC/2005/11      Health Economist Consultancy**

Tendering mode : Direct negotiation

Date of invitation for tender : Email exchange in

Start date of the subcontracting contract : 2005

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

Subject of the contract: Feasibility Study for an Adequate Realistic Comprehensive Health Financing Scheme in Kampong Cham Provincial Hospital.

Cost of the contract : **4,174.87 Euro**

Duration of the contract : June 2005

**Item 1.3: PBHS-KC/2005/17      Engineering Consultancy**

Tendering mode : Direct Negotiation?

Date of invitation for tender : ???

Start date of the subcontracting contract : 2005

Name of the subcontractor (or of the company) : Mr. Thierry Dalimier, (KOSAN)

Subject of the contract: Tender Preparation for PMU office building

Cost of the contract : **1,500.00 USD**

Duration of the contract: October, December 2005

**Item 1.4: PBHS-KC/2005/18 Health Economist Consultancy**

Tendering mode	:	Direct Negotiation
Date of invitation for tender	:	Email Exchange
Start date of the subcontracting contract	:	2005
Name of the subcontractor (or of the company)	:	Mr. Jean Marc Thomé
Subject of the contract: Feasibility Study of Health Financing scheme in PHD, PRH and OD Cheung Prey- Batheay		
Cost of the contract	:	<b>4,499.94 Euro</b>
Duration of the contract	:	September, October 2005

**Item 1.5: PBHS-KC/2006/05 Health Economist Consultancy**

Tendering mode	:	Direct Negotiation
Date of invitation for tender	:	Email Exchange
Start date of the subcontracting contract	:	2006
Name of the subcontractor (or of the company)	:	Mr. Jean Marc Thomé
Subject of the contract: Assessment of the contracting strategy in Kampong Cham Province after 6 months of implementation. (Provincial Referral Hospital).		
Cost of the contract	:	<b>3,902.06 Euro</b>
Duration of the contract	:	June 2006

**Item 1.6: PBHS-KC/2006/06 Health Equity Fund Consultancy**

Tendering mode:	Negotiated procedure without publication in the newspaper. (Email to request for quotations from the international consultants based in abroad and Cambodia). The selection of his consultancy due to his: 1) HEF consultancy experience for URC organization and MOH, 2) Lower rate per day with the better approach, 3) is able to start the work immediately as suggested.	
Date of invitation for tender	:	17 May 2006 & 13 June 2006
Start date of the subcontracting contract	:	2006
Name of the subcontractor (or of the company)	:	Mr. Maurits van Pelt
Subject of the contract: Assessment of HEF in Kampong Cham province		
Cost of the contract	:	<b>8,775.00 Euro</b>
Duration of the contract	:	July 2006

**Item 1.7: PBHS-KC/2007/CC02 Lab Assessment Consultancy**

Tendering mode	:	Direct Negotiation
Date of invitation for tender	:	E-mail exchange
Start date of the subcontracting contract	:	09 <sup>th</sup> March 2006
Name of the subcontractor (or of the company)	:	Ms. Robyn Devenish
Subject of the contract	:	Laboratory Assessment
Cost of the contract	:	<b>US\$612.00</b>
Duration of the contract	:	04 <sup>th</sup> Feb. to 09 <sup>th</sup> Feb. 2007

**Item 1.8: PBHS-KC/2007/CC03 Mid Term Review Report Consultancy**

Tendering mode	:	Direct Negotiation
Date of invitation for tender	:	<b>E-mail Exchange</b>
Start date of the subcontracting contract	:	07 <sup>th</sup> March 2007
Name of the subcontractor (or of the company)	:	Dr. Soy Ty Kheang
Subject of the contract	:	Mid Term Review Report
Cost of the contract	:	<b>US\$4,275.00</b>
Duration of the contract	:	07 <sup>th</sup> March to 06 <sup>th</sup> April 2007

**Item 1.9: PBHS-KC/2007/CC04 Mid Term Review Report Consultancy**

Tendering mode	:	<b>???</b>
Date of invitation for tender	:	<b>???</b>
Start date of the subcontracting contract	:	07 <sup>th</sup> March 2007
Name of the subcontractor (or of the company)	:	Stratec
Subject of the contract	:	Mid Term Review Report
Cost of the contract	:	<b>US\$25,075.00</b>
Duration of the contract	:	07 <sup>th</sup> March to 06 <sup>th</sup> April 2007

**Item 1.10: PBHS-KC/2007/CC05 Bid Preparation for 6 Health Centers Consultancy**

Tendering mode : Direct Negotiation  
Date of invitation for tender : E-mail Exchange  
Start date of the subcontracting contract : 14<sup>th</sup> July 2007  
Name of the subcontractor (or of the company) : KOSAN  
Subject of the contract: Bid Preparation for 6 Health Centers  
Cost of the contract : **US\$2,000.00**  
Duration of the contract : 14<sup>th</sup> July to 20<sup>th</sup> September 2007

**Item 1.11: PBHS-KC/2007/CC06 Short Term Consultancy Contract**

Tendering mode : ???  
Date of invitation for tender : ???  
Start date of the subcontracting contract : 01<sup>st</sup> January 2008  
Name of the subcontractor (or of the company) : Dr. Lo Veasna Kiry  
Subject of the contract: National Consultant on finalizing review of Concept Paper  
Cost of the contract : **US\$43,667.03**  
Duration of the contract : 01<sup>st</sup> January to 15<sup>th</sup> May 2008

**Item 1.12: PBHS-KC/2007/CC20 Procurement Procedure for Extension of HEF**

Tendering mode : Direct Negotiation  
Date of invitation for tender : E-mail Exchange  
Start date of the subcontracting contract : 15<sup>th</sup> September 2007  
Name of the subcontractor (or of the company) : KOSAN  
Subject of the contract: Consultancy of Procurement Procedure for Extension of HEF  
Cost of the contract : **US\$800.00**  
Duration of the contract : 15<sup>th</sup> September 2007

**Item 1.13: PBHS-KC/2007/CC21 Procurement Procedure for Renovation and Extension of Chamkar Leu Referral Hospital**

Tendering mode : Direct Negotiation  
Date of invitation for tender : E-mail Exchange  
Start date of the subcontracting contract : 15<sup>th</sup> September 2007  
Name of the subcontractor (or of the company) : KOSAN  
Subject of the contract: Consultancy of Procurement Procedure for Renovation and Extension of Chamkar Leu Referral Hospital  
Cost of the contract : **US\$500.00**  
Duration of the contract : 15<sup>th</sup> September 2007

**Item 1.14: PBHS-KC/2008/CC06 Legal Advice on Bidding Procedures**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. The selection of KOSAN based on the qualification of the works.  
Date of invitation for tender : 16<sup>th</sup> January 2008  
Start date of the subcontracting contract : 03<sup>rd</sup> March 2008  
Name of the subcontractor (or of the company) : KOSAN  
Subject of the contract: Legal Advise on Bidding Procedures Following the Cambodian Law  
Cost of the contract : **US\$50,000.00**  
Duration of the contract : 03<sup>rd</sup> March 08 to 02<sup>nd</sup> March 09

Notice: This contract is shared between BTC-BETT, PBHS-KC and PBHS-SROM Projects. The payment mode is based on the request for services.

**Item 1.15: PBHS-KC/2008/CC07 Assessment of Health Equity Fund**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. 3 submissions. The selection of Mr. Maurits Van Pelt is due to the highest general score.  
Date of invitation for tender : 26<sup>th</sup> and 31<sup>st</sup> March 2008  
Start date of the subcontracting contract : 01<sup>st</sup> May 2008  
Name of the subcontractor (or of the company) : Maurits Van Pelt



Subject of the contract	:	Health Equity Fund Assessment
Cost of the contract	:	<b>US\$14,126.44</b>
Duration of the contract	:	01 <sup>st</sup> May to 01 <sup>st</sup> June 2008

**Item 1.16: PBHS-KC/2008/CC08 HEF Data Base**

Tendering mode	Direct Negotiation without publication in the newspaper.	
Date of invitation for tender	:	E-mail Exchange
Start date of the subcontracting contract	:	19 <sup>th</sup> May 2008
Name of the subcontractor (or of the company)	:	Reto Grass
Subject of the contract: Health Equity Fund Data Base		
Cost of the contract	:	<b>US\$1,170.00</b>
Duration of the contract	:	19 <sup>th</sup> May to 22 <sup>nd</sup> May 2009

**Item 1.17: PBHS-KC/2008/CC09 Bed Censuses**

Tendering mode:	Direct Negotiation without publication in the newspaper.	
Date of invitation for tender	:	E-mail Exchange
Start date of the subcontracting contract	:	10 <sup>th</sup> July 2008
Name of the subcontractor (or of the company)	:	Dr. Ir Por
Subject of the contract	:	Bed Censuses
Cost of the contract	:	<b>US\$2,100.00</b>
Duration of the contract	:	10 <sup>th</sup> July to 30 <sup>th</sup> July 2008

**Item 1.18: PBHS-KC/2008/CC10 Follow Up Household Survey**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. 11 companies and or Organizations submitted. 5 qualified companies. The deadline for the submission of proposal is established after 4 weeks period following the release of these documents on the 28/03/08 at 16:00 hrs for immediate technical opening. Following the technical evaluation step, only Domrei Research and Consulting secured the minimum qualifying mark. Then the financial proposal was opened on 2<sup>nd</sup> April 2008. The project direction reviews the proposal before the contract is awarded.

Date of invitation for tender	:	13 <sup>th</sup> February 2008
Start date of the subcontracting contract	:	28 <sup>th</sup> April 2008
Name of the subcontractor (or of the company)	:	Domrei Research and Consulting
Subject of the contract	:	Follow up Household Survey
Cost of the contract	:	<b>US\$59,978.00</b>

**Comments:**

Amendment #1	:	<b>US\$ 4,115.00</b>
Total Contract Price	:	<b>US\$64,093.00</b>
Duration of the contract	:	28 <sup>th</sup> April to 16 <sup>th</sup> August 2008

Notice: This contract is shared 50% between PBHS-KC and PBHS-SROM Project.

**Item 1.19: PBHS-KC/2008/CC12 The Construction Consultant**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. 3 companies submitted. Only one is qualified company and the others two are failed to submit a complete file showing their experience and capacity to perform the required work. The selection of LBG Group, Inc. due to the highest general score, it is then to proceed to the negotiation phase with The Louis Berger Group, Inc. The project direction will review the proposal before the contract is awarded.

Date of invitation for tender	:	19 <sup>th</sup> June 2008
Start date of the subcontracting contract	:	21 <sup>st</sup> July 2008
Name of the subcontractor (or of the company)	:	The Louis Berger Group, Inc.
Subject of the contract:	To design and Specification, Assistance to bid evaluation & Supervision of the construction Works.	
Cost of the contract	:	<b>US\$35,200.00</b>
Duration of the contract	:	21st July to 31st December 2008

**Comments:**

Amendment # 1	:	<b>(US\$6,500.00)</b>
Total Contract Price	:	<b>US\$28,700.00</b>
Amendment # 1 of the duration of the contract	:	21 <sup>st</sup> July 08 to 30 <sup>th</sup> November 09

Notice: This contract is shared between PBHS-KC (80%) and PBHS-SROM (20%) Projects

**Item 1.20: PBHS-KC/2008/CC13 The Contracting Evaluation Consultant**

Tendering mode: Public Announcement in local newspaper. Direct negotiation procedure with a consultant.

Date of invitation for tender	:	17 <sup>th</sup> June 2008
Start date of the subcontracting contract	:	01 <sup>st</sup> September 2008
Name of the subcontractor (or of the company)	:	Sheryl Keller
Subject of the contract	:	Contracting Consultancy works.
Cost of the contract	:	<b>US\$15,085.00</b>
Duration of the contract	:	01 <sup>st</sup> Sep. to 31st Oct. 2008
Comments	:	

**ANNEX 5.2 CONTRACTING/TENDERING OF CIVIL WORKS**

(Note: number of items in consecutive to numbering in first semester 2005)

**Item2.1 PBHS-KC/2005/04: Architectural Works for construction of PMU Office**

**Building**

Tendering mode: Direct Negotiation without publication in the newspaper. He is the only renown and competence architect available in the province.

Date of invitation for tender	:	February 2005
Start date of the subcontracting contract	:	2005
Name of the subcontractor (or of the company)	:	Mr. Ban Somara
Subject of the contract	:	Architectural works for PMU Building
Cost of the contract	:	<b>2,200.00 USD</b>
Duration of the contract	:	February, March 2005
Comment/recommendations	:	Works completed

**Item2.2 PBHS-KC/2005/13: Roof Repair for the Surgery, Gynecology and Maternity Ward in Provincial Hospital of Kampong Cham**

Tendering mode: Direct Negotiation without publication in the newspaper. 2 submissions. The selection due to the cheapest price and experienced in construction works.

Date of invitation for tender	:	June 2005
Start date of the subcontracting contract	:	2005
Name of the subcontractor (or of the company)	:	Mr. Cheang Sak
Subject of the contract		Roof Repair in PRH Kampong Cham
Cost of the contract	:	<b>650,000 Riels</b>
Duration of the contract	:	June, July 2005
Comment/recommendations	:	Works completed

**Item2.3 PBHS-KC/2005/15: Construction of Signboard, Billboard & Light box in Provincial Referral Hospital of Kampong Cham**

Tendering mode: Direct Negotiation without publication in the newspaper. 2 submissions. The selection due to LY CHHA can provide 1) good quality of zinc steel, 2) PVC board can be easily detached & replaced 3) longer warranty.

Date of invitation for tender	:	September 2005
Start date of the subcontracting contract	:	2005
Name of the subcontractor (or of the company)	:	LY CHHA Steel Shop
Subject of the contract:		Construction of Signboard, Billboard & Light box
Cost of the contract	:	<b>612.00 USD</b>
Duration of the contract	:	September 2005
Comment/recommendations	:	Works completed

**Item2.4 PBHS-KC/2005/21: Construction of Signboard, Billboard & Light box in the Referral Hospital of Cheung Prey, Prey Chhor and Chamkar Leu of Kampong Cham**

Tendering mode: Direct Negotiation without publication in the newspaper. The selection refers to the above mentioned.

Date of invitation for tender	:	December 2005
Start date of the subcontracting contract	:	2005
Name of the subcontractor (or of the company)	:	LY CHHA Steel Shop
Subject of the contract:		Construction of Signboard, Billboard & Light box
Cost of the contract	:	<b>5,757.75.00 USD</b>
Duration of the contract	:	December, January 2005
Comment/ recommendations	:	Works completed according to schedule.

**Item2.5 PBHS-KC/2006/CON01: Construction of PMU Office Building**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. 9 companies submitted. 5 qualified companies. The selection of SBPH due to the highest general score, it is the cheapest offer and also the 2<sup>nd</sup> rank in the technical score.

Date of invitation for tender : 04 November 2005  
Start date of the subcontracting contract : 2006  
Name of the subcontractor (or of the company) : SBPH Engineering & Construction Co., Ltd.

Subject of the contract: Construction of a new office building for the Project Management Unit (PMU) and the Provincial Health Department (PHD).

Cost of the contract : **45,752.18 USD**  
Duration of the contract : 5 months  
Comment/recommendations : 2 months delay of the Completion date

**Item2.6 PBHS-KC/2006/CON02: Construction of Borehole in the Provincial Hospital of Kampong Cham**

Tendering mode: Direct negotiation without publication in the newspaper. The selection due to only one contractor available in Kampong Cham submitted.

Date of invitation for tender : March 2006  
Start date of the subcontracting contract : 2006  
Name of the subcontractor (or of the company) : Lay Chenda  
Subject of the contract: Construction of a Borehole in the Provincial Referral Hospital  
Cost of the contract : **1,189.00USD**  
Duration of the contract : March 2006  
Comment/ recommendations : Works completed

**Item2.7 PBHS-KC/2006/CON03: Construction of Borehole in the Referral Hospital of Cheung Prey and Prey Chhor**

Tendering mode: Direct negotiation without publication in the newspaper. The selection due to only one contractor available in Kampong Cham submitted.

Date of invitation for tender : May 2006

Start date of the subcontracting contract : 2006

Name of the subcontractor (or of the company) : Lay Chenda

Subject of the contract: Construction of a Borehole in the Provincial Referral Hospital

Cost of the contract : **2,300.00USD**

Duration of the contract : June 2006

Comment/recommendations : Works completed

**Item2.8 PBHS-KC/2006/CON03: Preparation of technical specification and supervision works of Toilet Block**

Tendering mode: Direct negotiation without publication in the newspaper. The selection due to the only one engineer available in the province.

Date of invitation for tender : June 2006

Start date of the subcontracting contract : 2006

Name of the subcontractor (or of the company) : Mr. Ouk Sopanhia

Subject of the contract: Preparation of technical specification and supervision works of Toilet Block

Cost of the contract : **350.00USD**

Duration of the contract : June 2006

Comment/recommendations : Works completed

**Item2.9 PBHS-KC/2006/CON06: Renovation of Maternity Building in Provincial Referral Hospital**

Tendering mode: Direct negotiation with the contractor. The selection due to the recommendation from the PRH.

Date of invitation for tender : July 2006

Start date of the subcontracting contract : 2006

Name of the subcontractor (or of the company) : Dr. Meas Chea (represent)

Subject of the contract: Renovation of Maternity Building in Provincial Referral Hospital

Cost of the contract : **357.60USD**

Duration of the contract : July, August 2006

Comment/recommendations : Works completed

**Item2.10 PBHS-KC/2006/CON08: Construction of Toilet Block in Cheung Prey Referral Hospital**

Tendering mode: Public announcement in the local newspaper and email to construction companies. 3 submissions. 2 companies qualified.  
The selection due to this company has a highest general score.

Date of invitation for tender : 29 July 2006

Start date of the subcontracting contract : 2006

Name of the subcontractor (or of the company) : LY CHHA Steel Shop

Subject of the contract: Construction of a Toilet Block in Cheung Prey Referral Hospital in Kampong Cham province

Cost of the contract : **6,300.00USD**

Duration of the contract : October, December 2006

Comment/recommendations : Works completed

**Item2.11 PBHS-KC/2006/CON09: Architectural Works for construction of Water Tank**

Tendering mode Direct negotiation without publication in the newspaper. The selection due to the only one qualified architect in the province.

Date of invitation for tender : August 2006

Start date of the subcontracting contract : 2006

Name of the subcontractor (or of the company) : Mr. Ban Somara

Subject of the contract Architectural Works for construction of Water Tank

Cost of the contract : **200.00USD**

Duration of the contract : September 2006

Comment/recommendations : Works completed

**Item2.12 PBHS-KC/2007/BC01: Renovation of Pediatric, Surgery Roof and Toilet Building in Provincial Hospital**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. 4 companies requested bidding documents and 3 companies submitted.  
The selection of KB Engineering Co., Ltd. due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.

Date of invitation for tender : 18<sup>th</sup> to 22<sup>nd</sup> May 2007

Start date of the subcontracting contract : 25<sup>th</sup> June 2007

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

Subject of the contract: Renovation of Pediatric , Surgery Roof and Toilet Building in Provincial Referral Hospital.

Cost of the contract : **US\$65,049.12**

Duration of the contract : 25<sup>th</sup> June to 25<sup>th</sup> October 2007

Comment/recommendations for Extra works : **US\$7,222.16**

Total Contract prices : **US\$72,271.28**

**Item2.13 PBHS-KC/2007/BC02: Backfilling and wall destruction Pediatric building**

Tendering mode: Direct negotiate procedure with Ms. Tha Bunna who is a contractor of Provincial Health Department of Kampong Cham to implement all the construction works.

Date of invitation for tender :

Start date of the subcontracting contract : 11<sup>th</sup> June 2007

Name of the subcontractor (or of the company) : Tha Bunna

Subject of the contract Backfilling and wall destruction Pediatric building – PRH-KC.

Cost of the contract : **US\$3,382.23**

Duration of the contract : 11<sup>th</sup> June to 30<sup>th</sup> June 2007

Comment/recommendations :

**Item2.14 PBHS-KC/2007/BC03: Archive Document PHD-KC**

Tendering mode: Direct negotiate procedure with Ms. Tha Bunny who is a contractor of Provincial Health Department of Kampong Cham to implement all the construction works.

Date of invitation for tender :

Start date of the subcontracting contract : 16<sup>th</sup> July 2007

Name of the subcontractor (or of the company) : Ms. Tha Bunny,

Subject of the contract Construction the Archive Document Building in PHD-KC.

Cost of the contract : **US\$4,977.57**

Duration of the contract : 16<sup>th</sup> July to 16<sup>th</sup> September 2007

Comment/recommendations :



**Item2.15 PBHS-KC/2007/BC04: Construction of Water Tower in CL, CP and PC RH**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. Only one company requested the bidding documents and also one company submitted. The selection of KB Engineering Co., Ltd. due to the technical score and then negotiate the bidding price.

Date of invitation for tender : 03<sup>rd</sup> and 6<sup>th</sup> July 2007  
Start date of the subcontracting contract : 01<sup>st</sup> August 2007  
Name of the subcontractor (or of the company) : K.B Engineering  
Subject of the contract: Construction of Water Tower in Chamkar Leu, Choeung Prey and Prey Chhor Referral Hospitals, Kampong Cham Province.  
Cost of the contract : **US\$25,881.07**  
Duration of the contract : 01<sup>st</sup> August to 01<sup>st</sup> November 07  
Comment/recommendations for Extra works : **US\$1,350.00**  
Total Contract prices : **US\$27,231.07**

**Item2.16 PBHS-KC/2007/BC05: Renovation and extension of Chamkar Leu RH**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. 8 companies requested bidding documents and 7 companies submitted. 3 qualified companies. The selection of Kry Huy Construction & Import Export Co., Ltd. due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.

Date of invitation for tender : 29<sup>th</sup> and 31<sup>st</sup> August 2007  
Start date of the subcontracting contract : 01<sup>st</sup> November 2007  
Name of the subcontractor (or of the company) : Kry Huy Construction Import Export Co., Ltd.  
Subject of the contract: Renovation and extension of Chamkar Leu RH-KC.  
Cost of the contract : **US\$95,841.92**  
Duration of the contract : 01<sup>st</sup> November 07 to 15<sup>th</sup> May 08  
Comment/recommendations for Extra works : **US\$19,905.46**  
Total Contract prices : **US\$115,747.38**

**Item2.17 PBHS-KC/2008/BC01: Construction of 6 Health Centers in Kampong Cham**

Tendering mode: Public Announcement in 2 local newspapers and BTC website.  
9 companies requested the bidding documents and 4 companies only submitted. 3 qualified companies. The selection of DCC Co., Ltd. due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical and financial scores.

Date of invitation for tender: 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup>, 30<sup>th</sup> October and 01<sup>st</sup> November 2007

Start date of the subcontracting contract : 11<sup>th</sup> January 2008

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

Subject of the contract: Construction of 6 Health Centers in Kampong Cham Province.

Cost of the contract : **US\$311,454.50**

Duration of the contract : 11<sup>th</sup> January to 11<sup>th</sup> July 2008

Comment/recommendations for Extra works : **US\$10,892.54**

Total Contract prices : **US\$322,347.04**

**Item2.18 PBHS-KC/2008/BC02: Construction and Renovation of OPD & Annexes-PRH**

Tendering mode: Public Announcement in 2 local newspapers and BTC website.  
3 Companies requested the bidding documents and all of them submitted. The selection of Kry Huy Construction & Import Export Co., Ltd. due to the highest general score, it is the cheapest offer price.

Date of invitation for tender : 16<sup>th</sup> to 21<sup>st</sup> November 2007

Start date of the subcontracting contract : 08<sup>th</sup> February 2008

Name of the subcontractor (or of the company) : Kry Huy Construction Import Export Co., Ltd.

Subject of the contract: Construction and renovation of OPD and Annexes - PRH.

Cost of the contract : **US\$46,978.07**

Duration of the contract : 08<sup>th</sup> February to 15<sup>th</sup> May 2008

Comment/recommendations for Extra works : **US\$4,898.35**

Total Contract prices : **US\$51,876.42**

**Item2.19 PBHS-KC/2008/BC03: Support of Microbiology Room and Renovation of PRH-KC Laboratory**

Tendering mode: Direct negotiate procedure with Provincial Referral Hospital of Kampong Cham.

Date of invitation for tender :

Start date of the subcontracting contract : 26<sup>th</sup> September 2008

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

Subject of the contract: Support of Microbiology Room and Renovation of PRH-KC Laboratory, Kampong Cham Province.

Cost of the contract : **US\$1,078.00**

Duration of the contract : 26<sup>th</sup> Sep. to 26<sup>th</sup> Oct. 2008

Comment/recommendations for Extra works :

**Item2.20 PBHS-KC/2008/BC04: Renovation of Delivery Room**

Tendering mode: Direct negotiate procedure with Contractor in Prey Chhor District, Kampong Cham.

Date of invitation for tender :

Start date of the subcontracting contract : 15<sup>th</sup> October 2008

Name of the subcontractor (or of the company) : PC-KM OD

Subject of the contract: Renovation of Delivery Room at Prey Chhor Health Center, Kang Meas OD, Kampong Cham Province.

Cost of the contract : **US\$2,213.13**

Duration of the contract : 15<sup>th</sup> October to 20<sup>th</sup> Nov. 2008

Comment/recommendations :

**Item2.21 PBHS-KC/2008/BC05: Construction of Pharmacy Store Building**

Tendering mode: Public Announcement in 2 local newspapers and BTC website. 4 companies requested the bidding documents and all of them submitted. 3 companies are qualified. The selection of Kry Huy Construction & Import Export Co., Ltd. due to the highest general score, it is the cheapest offer and also the 1<sup>st</sup> rank in the technical score.

Date of invitation for tender : 27<sup>th</sup> to 30<sup>th</sup> August 2008

Start date of the subcontracting contract	:	23 <sup>rd</sup> February 2009
Name of the subcontractor (or of the company)	:	Kry Huy Construction Import Export Co., Ltd.
Subject of the contract:		Construction of Pharmacy Store Building at Provincial Referral Hospital, Kampong Cham Province.
Cost of the contract	:	<b>US\$81,896.32</b>
Belgian contribution		US\$65,517
Cambodian contribution		US\$16,379
Duration of the contract	:	23 <sup>rd</sup> February to 30 <sup>th</sup> Nov. 2009
Comment/recommendations	:	

### **ANNEX 5.3 CONTRACTING/TENDERING OF SERVICES**

#### **Item3.1 PBHS-KC/2005/18: Health Service Management Training for Health Personnel in Kampong Cham province**

Tendering mode		Direct Negotiated procedure with the institution. The selection due to the only one institute provides this training.
Date of invitation for tender	:	April 2005
Start date of the subcontracting contract	:	2005
Name of the subcontractor (or of the company)	:	National Institute of Public Health
Subject of the contract		Agreement for the Delivery of Health Service Management Training Program
Cost of the contract	:	<b>18,000.00 USD</b>
Duration of the contract	:	6 months

#### **Item3.2 PBHS-KC/2005/09: English Training for Health Personnel in Kampong Cham province**

Tendering mode:		Direct Negotiation procedure with the school. 2 submissions. The selection due to ACD is most qualified training provider in the province.
Date of invitation for tender	:	May 2005

Start date of the subcontracting contract : 2005

Name of the subcontractor (or of the company) : Australian Center for  
Development in Kampong Cham.

Subject of the contract: English training courses for selected public health personnel in  
the province of Kampong Cham

Cost of the contract : **18,000.00 USD**

Duration of the contract : 1 year

**Item3.3 PBHS-KC/2005/14: Health Equity Fund Operation in Provincial Hospital of  
Kampong Cham**

Tendering mode: Public Announcement in the 2 local newspapers. The selection  
due to the only one HEF operator submitted and it is also  
qualified.

Date of invitation for tender : 04 & 08 July 2005

Start date of the subcontracting contract : 2005

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

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

Cost of the contract : **16,020.00 USD**

Duration of the contract : 1 year

**Item3.4 PBHS-KC/2005/16: Health Equity Fund Operation in Cheung Prey Referral  
Hospital**

Tendering mode: Public Announcement in the 2 local newspapers. 2 submissions.  
The selection due to AFH is the most qualified HEF operator.

Date of invitation for tender : 15 & 19 August 2005

Start date of the subcontracting contract : 2005

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

Subject of the contract: HEF operation in Cheung Prey Referral Hospital

Cost of the contract : **17,004.00 USD**

Duration of the contract : 1 year

**Comments:**

Amendment # 1 : **US\$2,657.00**

Total Contract Price : **US\$19,661.00**

Amendment # 1 of the duration of the contract : 01<sup>st</sup> Nov. to 31<sup>st</sup> Dec. 2006

**Item3.5 PBHS-KC/2005/19: Health Equity Fund Operation in Chamkar Leu Referral Hospital**

Tendering mode: Public Announcement in the 2 local newspapers. The selection due to the only one HEF operator submitted and it is also qualified.

Date of invitation for tender : 25 & 28 October 2005

Start date of the subcontracting contract : 2005

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

Subject of the contract: HEF operation in Chamkar Leu Referral Hospital

Cost of the contract : **16,216.00 USD**

Duration of the contract : 1 year

**Comments:**

Amendment # 1 : **US\$523.00**

Total Contract Price : **US\$16,739.00**

Amendment # 1 of the duration of the contract : 19<sup>th</sup> Dec. to 31<sup>st</sup> Dec. 2006

**Item3.6 PBHS-KC/2005/20: Health Equity Fund Operation in Prey Chhor Referral Hospital**

Tendering mode: Negotiated procedure with publication in the 2 local newspapers. 3 submissions. The selection due to AFH is the most qualified HEF operator.

Date of invitation for tender : 02 & 08 November 2005

Start date of the subcontracting contract : 2005

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

Subject of the contract HEF operation in Prey Chhor Referral Hospital

Cost of the contract : **16,216.00 USD**

Duration of the contract : 1 year

**Item3.7 PBHS-KC/2005/18: Hospital Management Training for Health Personnel in Kampong Cham province**

Tendering mode: Direct Negotiation procedure with the institution. The selection due to only one institute providing this training.

Date of invitation for tender : February 2006  
 Start date of the subcontracting contract : 2006  
 Name of the subcontractor (or of the company) : National Institute of Public Health  
 Subject of the contract: Agreement for the Delivery of Hospital Management Training Program  
 Cost of the contract : **21,600.00 USD**  
 Duration of the contract : 1 year

**Item3.8 PBHS-KC/2006/13: Health Equity Fund Operation in Provincial Referral Hospital of Kampong Cham**

Tendering mode: Publication Announcement in the 2 local newspapers. 5 submissions. The selection due to AFH is the only HEF operator responsive to the technical requirement.  
 Date of invitation for tender : 09 & 13 October 2006  
 Start date of the subcontracting contract : 01<sup>st</sup> January 2007  
 Name of the subcontractor (or of the company) : Action for Health  
 Subject of the contract HEF operation in Provincial Referral Hospital  
 Cost of the contract : **23,853.00 USD**  
 Duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 07 (1 year)

**Item3.9 PBHS-KC/2006/14: Health Equity Fund Operation in Chueng Prey Referral Hospital of Kampong Cham**

Tendering mode: Publication Announcement in the 2 local newspapers. 5 submissions. The selection due to AFH is the only HEF operator responsive to the technical requirement.  
 Date of invitation for tender : 09 & 13 October 2006  
 Start date of the subcontracting contract : 01<sup>st</sup> January 2007  
 Name of the subcontractor (or of the company) : Action for Health  
 Subject of the contract: HEF operation in Cheung Prey Referral Hospital  
 Cost of the contract : **US\$15,658.00**  
 Duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 07 (1 year)

**Comments:**

**Item3.10 PBHS-KC/2006/15: Health Equity Fund Operation in Prey Chhor Referral Hospital of Kampong Cham**

Tendering mode: Publication Announcement in the 2 local newspapers. 5 submissions.  
The selection due to AFH is the only HEF operator responsive to the technical requirement.

Date of invitation for tender : 09 & 13 October 2006  
Start date of the subcontracting contract : 01<sup>st</sup> January 2007  
Name of the subcontractor (or of the company) : Action for Health  
Subject of the contract: HEF operation in Prey Chhor Referral Hospital  
Cost of the contract : **15,922.00 USD**  
Duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 07 (1 year)

**Item3.11 PBHS-KC/2006/16: Health Equity Fund Operation in Chamkar Leu Referral Hospital of Kampong Cham**

Tendering mode: Publication Announcement in the 2 local newspapers. 5 submissions.  
The selection due to AHRDHE is the highest general score.

Date of invitation for tender : 09 & 13 October 2006  
Start date of the subcontracting contract : 01<sup>st</sup> January 2007  
Name of the subcontractor (or of the company) : Association for Human Resources Development and Health Education.  
Subject of the contract HEF operation in Chamkar Leu Referral Hospital  
Cost of the contract : **11,985.00 USD**  
Duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 07 (1 year)

**Comments:**

**Item3.12 PBHS-KC/2007/01: Producing Video Spot for Provincial Referral Hospital of Kampong Cham**

Tendering mode: Email request for quotation from 3 providers. The selection due to 1) completed proposal submitted, 2) experienced in producing spots.

Date of invitation for tender : 27 December 2006  
Start date of the subcontracting contract : 2007



Name of the subcontractor (or of the company) : TVK (television channel)

Subject of the contract: Producing Video Spot for Provincial Referral Hospital of Kampong Cham

Cost of the contract : **2,810.00 USD**

Duration of the contract : 09<sup>th</sup> February to 16<sup>th</sup> March 2007

**Item3.13 PBHS-KC/2007/03: Audio Visual Installation Works**

Tendering mode: Direct request for 3 quotations. 1 submission. The selection due to the only one service provider in the province.

Date of invitation for tender : 27 December 2006

Start date of the subcontracting contract : 2007

Name of the subcontractor (or of the company) : Cable TV Kampong Cham

Subject of the contract: Audio Visual Installation Works

Cost of the contract : **US\$2,059.00**

Duration of the contract : 05<sup>th</sup> to 15<sup>th</sup> February 2007

**Item3.14 PBHS-KC/2007SER11: English Training**

Tendering mode: Single source selection procedure. Australian Center for Development is selected to be an English training provider.

Date of invitation for tender :

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

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

Subject of the contract: English Training

Cost of the contract : **US\$2,400.00**

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

**Item3.16 PBHS-KC/2007/SER12: Health Equity Fund Operation in Chamkar Leu Referral Hospital of Kampong Cham**

Tendering mode: Negotiate procedure with the existing health equity funds operators. The selection due to AHRDHE is agreed to the terms and conditions of the existing contract.

Date of invitation for tender :

Start date of the subcontracting contract : 01<sup>st</sup> January 2008

Name of the subcontractor (or of the company) : Association for Human Resources Development and Health Education.

Subject of the contract: HEF operation in Chamkar Leu Referral Hospital

Cost of the contract : **US\$21,318.00**

Duration of the contract : 01<sup>st</sup> Jan. to 30<sup>th</sup> Sep. 2008

**Comments:**

Amendment # 1 : **US\$2,951.00**

Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan. to 15<sup>th</sup> Dec. 2008

Amendment # 2 : **US\$593.00**

Amendment # 2 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 2008

Amendment # 3 : **US\$3,537.00**

Total Contract Price : **US\$28,399.00**

Amendment # 3 of the duration of the contract : 01<sup>st</sup> Jan. 2008 to 31<sup>st</sup> Mar. 2009

**Item3.17 PBHS-KC/2007/SER13: Health Equity Fund Operation in Prey Chhor Referral Hospital of Kampong Cham**

Tendering mode: Negotiate procedure with the existing health equity funds operators.  
The selection due to AFH is agreed to the terms and conditions of the existing contract.

Date of invitation for tender :

Start date of the subcontracting contract : 01<sup>st</sup> January 2008

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

Subject of the contract: HEF operation in Prey Chhor Referral Hospital

Cost of the contract : **US\$27,997.00**

Duration of the contract : 01<sup>st</sup> Jan. to 30<sup>th</sup> Sep. 2008

**Comments:**

Amendment # 1 : **US\$3,640.00**

Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan. to 15<sup>th</sup> Dec. 2008

Amendment # 2 : **US\$711.00**

Amendment # 2 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 2008

Amendment # 3 : **US\$4,508.00**

Total Contract Price : **US\$36,856.00**

Amendment # 3 of the duration of the contract : 01<sup>st</sup> Jan. 2008 to 31<sup>st</sup> Mar. 2009

**Item3.18 PBHS-KC/2007/SER14: Health Equity Fund Operation in Choeung Prey Referral Hospital of Kampong Cham**

Tendering mode: Negotiate procedure with the existing health equity funds operators.

The selection due to AFH is agreed to the terms and conditions of the existing contract.

Date of invitation for tender :  
Start date of the subcontracting contract : 01<sup>st</sup> January 2008  
Name of the subcontractor (or of the company) : Action for Health  
Subject of the contract: HEF operation in Choeung Prey Referral Hospital  
Cost of the contract : **US\$27,535.00**  
Duration of the contract : 01<sup>st</sup> Jan. to 30<sup>th</sup> Sep. 2008

**Comments:**

Amendment # 1 : **US\$3,580.00**  
Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan. to 15<sup>th</sup> Dec. 2008  
Amendment # 2 : **US\$699.00**  
Amendment # 2 of the duration of the contract : 01<sup>st</sup> Jan. to 31<sup>st</sup> Dec. 2008  
Amendment # 3 : **US\$4,435.00**  
Total Contract Price : **US\$36,249.00**  
Amendment # 3 of the duration of the contract : 01<sup>st</sup> Jan. 2008 to 31<sup>st</sup> Mar. 2009

**Item3.19 PBHS-KC/2007/SER15: Health Equity Fund Operation in Provincial Referral Hospital of Kampong Cham**

Tendering mode: Negotiate procedure with the existing health equity funds operators.

The selection due to AFH is agreed to the terms and conditions of the existing contract.

Date of invitation for tender :  
Start date of the subcontracting contract : 01<sup>st</sup> January 2008  
Name of the subcontractor (or of the company) : Action for Health  
Subject of the contract: HEF operation in Provincial Referral Hospital  
Cost of the contract : **US\$41,989.00**  
Duration of the contract : 01<sup>st</sup> Jan. to 30<sup>th</sup> Sep. 2008

**Comments:**

Amendment # 1 : **US\$5,407.00**  
Amendment # 1 of the duration of the contract : 01<sup>st</sup> Jan. to 15<sup>th</sup> Dec. 2008

Amendment # 2	:	<b>US\$1,064.00</b>
Amendment # 2 of the duration of the contract	:	01 <sup>st</sup> Jan. to 31 <sup>st</sup> Dec. 2008
Amendment # 3	:	<b>US\$6,698.00</b>
Total Contract Price	:	<b>US\$55,158.00</b>
Amendment # 3 of the duration of the contract	:	01 <sup>st</sup> Jan. 2008 to 31 <sup>st</sup> Mar. 2009

**Item3.20 PBHS-KC/2008/SC01: Pre ID for Poor Households in Kampong Cham**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender	:	
Start date of the subcontracting contract	:	01 <sup>st</sup> January 2008
Name of the subcontractor (or of the company)	:	Action for Health (AFH)
Subject of the contract:		Pre ID for Poor Households in Kampong Cham Province
Cost of the contract	:	<b>US\$43,667.03</b>
Duration of the contract	:	01 <sup>st</sup> Jan. to 15 <sup>th</sup> May 2008

**Item3.21 PBHS-KC/2008/SC02: Voucher Programme**

Tendering mode: Direct negotiate procedure with AHRDHE who is running the health equity funds in the area.

Date of invitation for tender	:	
Start date of the subcontracting contract	:	01 <sup>st</sup> January 2008
Name of the subcontractor (or of the company)	:	Association for Human Resources Development and Health Education.
Subject of the contract:		Voucher Programme for Chamkar Leu Referral Hospital
Cost of the contract	:	<b>US\$548.50</b>
Duration of the contract	:	01 <sup>st</sup> Jan. to 30 <sup>th</sup> Sep. 2008

**Item3.22 PBHS-KC/2008/SC03: Voucher Programme for CP/BT**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender	:	
Start date of the subcontracting contract	:	01 <sup>st</sup> January 2008
Name of the subcontractor (or of the company)	:	Action for Health

Subject of the contract: Voucher Programme for Choeung Prey and BT  
 Cost of the contract : **US\$811.00**  
 Duration of the contract : 01<sup>st</sup> Jan. to 30<sup>th</sup> Sep. 2008

**Item3.23 PBHS-KC/2008/SC04: Voucher Programme for PC/KM**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender :  
 Start date of the subcontracting contract : 01<sup>st</sup> January 2008  
 Name of the subcontractor (or of the company) : Action for Health  
 Subject of the contract: Voucher Programme for Prey Chhor and KM  
 Cost of the contract : **US\$608.00**  
 Duration of the contract : 01<sup>st</sup> Jan. to 30<sup>th</sup> Sep. 2008

**Item3.24 PBHS-KC/2008/SC07: ID Poor Project – CP/BT**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender :  
 Start date of the subcontracting contract : 01<sup>st</sup> May 2008  
 Name of the subcontractor (or of the company) : Action for Health  
 Subject of the contract : ID Poor Project – PC/KM  
 Cost of the contract : **US\$4,539.64**  
 Duration of the contract : 01<sup>st</sup> May to 31<sup>st</sup> July 2008

**Item3.25 PBHS-KC/2008/SC09: ID Poor Project – PC/KM**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender :  
 Start date of the subcontracting contract : 01<sup>st</sup> May 2008  
 Name of the subcontractor (or of the company) : Action for Health  
 Subject of the contract : ID Poor Project – PC/KM  
 Cost of the contract : **US\$4,437.79**

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

**Item3.26 PBHS-KC/2008/SC10: ID Poor Project – CL/ST**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender :  
Start date of the subcontracting contract : 01<sup>st</sup> May 2008  
Name of the subcontractor (or of the company) : Action for Health  
Subject of the contract : ID Poor Project – PC/KM  
Cost of the contract : **US\$4,037.48**  
Duration of the contract : 01<sup>st</sup> May to 31<sup>st</sup> July 2008

**Item3.27 PBHS-KC/2008/SC11: Voucher System CL/ST**

Tendering mode: Direct negotiate procedure with AHRDHE who is running the health equity funds in the area.

Date of invitation for tender :  
Start date of the subcontracting contract : 01<sup>st</sup> June 2008  
Name of the subcontractor (or of the company) : Association for Human Resources Development and Health Education.  
Subject of the contract: Voucher System for Chamkar Leu Referral Hospital & ST  
Cost of the contract : **US\$483.00**  
Duration of the contract : 01<sup>st</sup> June to 30<sup>th</sup> June 2008

**Item3.28 PBHS-KC/2008/SC12: Voucher System PC/KM**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender :  
Start date of the subcontracting contract : 01<sup>st</sup> June 2008  
Name of the subcontractor (or of the company) : Action for Health  
Subject of the contract: Voucher System for Prey Chhor Referral Hospital & KM  
Cost of the contract : **US\$910.00**  
Duration of the contract : 01<sup>st</sup> June to 30<sup>th</sup> June 2008

**Item3.29 PBHS-KC/2008/SC13: Voucher System KC/KS**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender :  
Start date of the subcontracting contract : 01<sup>st</sup> June 2008  
Name of the subcontractor (or of the company) : Action for Health  
Subject of the contract: Voucher System for Kampong Cham Referral Hospital & KS  
Cost of the contract : **US\$1,190.00**  
Duration of the contract : 01<sup>st</sup> June to 30<sup>th</sup> June 2008

**Item3.30 PBHS-KC/2008/SC14: Voucher System CP/BT**

Tendering mode: Direct negotiate procedure with AFH who is running the health equity funds in the area.

Date of invitation for tender :  
Start date of the subcontracting contract : 01<sup>st</sup> June 2008  
Name of the subcontractor (or of the company) : Action for Health  
Subject of the contract: Voucher System for Choeung Prey Referral Hospital & BT  
Cost of the contract : **US\$693.00**  
Duration of the contract : 01<sup>st</sup> June to 30<sup>th</sup> June 2008

**Item3.31 PBHS-KC/2008/SC19: Primary Midwives Training for PHD-KC**

Tendering mode: Direct negotiate procedure with The Regional Training Center for Kampong Cham (RTC-KC) who is a Midwifery Training Institution Center.

Date of invitation for tender : 12<sup>th</sup> May 2008  
Start date of the subcontracting contract : 01<sup>st</sup> July 2008  
Name of the subcontractor (or of the company) : The Regional Training Center for Kampong Cham Province (RTC-KC)  
Subject of the contract: Primary Midwifery Training for 30 PHD staff in KC Province.  
Cost of the contract : **US\$29,598.00**

Duration of the contract : 01<sup>st</sup> July 2008 to 30<sup>th</sup> June 2009

**Item3.32 PBHS-KC/2008/SC20: Primary Midwives Training for PHD-KC**

Tendering mode: Direct negotiate procedure with The Regional Training Center for Kampong Cham (RTC-KC) who is a Midwifery Training Institution Center.

Date of invitation for tender :

Start date of the subcontracting contract : 01<sup>st</sup> July 2008

Name of the subcontractor (or of the company) : Provincial Health Department

Subject of the contract: Primary Midwifery Training for 30 PHD staff in KC Province.

Cost of the contract : **US\$15,600.00**

Duration of the contract : 01<sup>st</sup> July 2008 to 30<sup>th</sup> June 2009

**Item3.33 PBHS-KC/2008/SC21: Electric and Water Pump System**

Tendering mode: Request for 3 quotations from local suppliers. The selection due to Advantec Source is cheapest than the others suppliers.

Date of invitation for tender : 24<sup>th</sup> June 2008

Start date of the subcontracting contract : 07<sup>th</sup> July 2008

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

Subject of the contract: Supply and install the electric and water pump system

Cost of the contract : **US\$4,505.00**

Duration of the contract : 07<sup>th</sup> July to 14<sup>th</sup> July 2008

**Item3.34 PBHS-KC/2008/SC22: English Training**

Tendering mode: Single source selection procedure. Australian Center for Development is selected to be an English training provider.

Date of invitation for tender :

Start date of the subcontracting contract : 01<sup>st</sup> September 2008

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

Subject of the contract: English Training for PHD Staffs in Kampong Cham

Cost of the contract : **US\$1,101.00**

Duration of the contract : 01<sup>st</sup> Sep. to 15<sup>th</sup> December 2008



# **ANNEX 6 : List of the equipments acquired during the project**

(Note: The equipment was group by the purchased and delivery date in each Item, both for Project, loan to partner and handover to Government part)

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
IT	1	UPS 600 VA power tree - Internet	02-Nov-04	34.00
IT	1	Fax Machine	13-Nov-04	240.00
Furnit	1	Bookshelf	16-Nov-04	140.00
Furnit	1	Desk for office	16-Nov-04	305.00
Furnit	1	Desk for office	16-Nov-04	125.00
Furnit	1	Desk for office	16-Nov-04	125.00
Equip	1	Safe Box	16-Nov-04	260.00
Furnit	1	Swivel Chair	16-Nov-04	60.00
Furnit	1	Swivel Chair	16-Nov-04	60.00
Furnit	1	Swivel Chair	16-Nov-04	60.00
IT	1	Table for computer - Printer and Fax	16-Nov-04	50.00
IT	1	CPU for Desktop HP Compaq	31-Dec-04	1,020.00
IT	1	Desktop CPU	31-Dec-04	
IT	1	Desktop CPU	31-Dec-04	
IT	1	Desktop Monitor	31-Dec-04	1,020.00
IT	1	Desktop Monitor	31-Dec-04	1,020.00
IT	1	UPS for desktop Computer	31-Dec-04	
IT	1	UPS for desktop Computer	03-Jan-05	37.00
IT	1	UPS for desktop Computer	03-Jan-05	37.00
IT	1	Printer	04-Jan-05	427.00
Veh	1	Car	05-Jan-05	25,180.00
Veh	1	Car	05-Jan-05	28,230.00
Veh	1	Car	05-Jan-05	25,180.00
Tel	1	Handphone	15-02-05	149.00
IT	1	UPS 600VA power tree	25-Feb-05	34.00
Furnit	1	Desk for office	08-Mar-05	130.00
Furnit	1	Desk for office	08-Mar-05	130.00
Furnit	1	Desk for office	08-Mar-05	130.00
Furnit	1	Desk for office	08-Mar-05	130.00
Equip	1	Refrigerator	28-Mar-05	220.00
Equip	1	Water Cooler	28-Mar-05	100.00
Furnit	1	Swivel Chair	11-Apr-05	80.00
Furnit	1	Swivel Chair	11-Apr-05	80.00
Furnit	1	Swivel Chair	11-Apr-05	80.00
IT	1	LCD Projector HP VP6120	06-May-05	1,650.00
IT	1	Desktop Monitor	09-May-05	990.00
IT	1	Laptop	09-May-05	1,829.00
IT	1	Laptop	09-May-05	1,829.00
IT	1	Laptop	09-May-05	1,829.00
Equip	1	Auto Voltage	17-May-05	58.00
IT	1	Photocopier Machine & Printer	17-May-05	5,544.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Cabinet Wood	29-May-05	140.00
Furnit	1	Table for meeting room	29-May-05	50.00
Furnit	1	Table for printer & Copy Machine	29-May-05	50.00
Tel	1	Handphone	02-Jun-05	65.00
Equip	1	Camera, Digital	18-Jul-05	335.00
Veh	1	Motorbike	19-Jul-05	1,150.00
Veh	1	Motorbike	19-Jul-05	1,150.00
Veh	1	Motorbike	19-Jul-05	1,150.00
Veh	1	Motorbike	19-Jul-05	1,150.00
IT	1	Hub 8 port	18-Aug-05	30.00
Equip	1	Electric Kettle	23-Aug-05	35.00
Equip	1	Water Cooler	23-Aug-05	105.00
IT	1	Photocopier Machine & Printer	24-Aug-05	1,930.00
Furnit	1	Fan Hatari	25-Aug-05	19.80
IT	1	External hard disk	27-Aug-05	100.00
Furnit	1	Table for printer	31-Aug-05	30.00
Equip	1	Auto Voltage	01-Sep-05	52.00
Furnit	1	Bench	01-Sep-05	95.00
Furnit	1	Bench	01-Sep-05	95.00
Furnit	1	Bookshelf	01-Sep-05	190.00
Furnit	1	Cabinet 4 drawers	01-Sep-05	118.00
Equip	1	Camera, Digital	01-Sep-05	320.00
IT	1	CPU for Computer	01-Sep-05	920.00
Furnit	1	Desk for office	01-Sep-05	140.00
Furnit	1	Desk for office	01-Sep-05	140.00
Furnit	1	Desk for office	01-Sep-05	140.00
IT	1	Desktop CPU	01-Sep-05	
IT	1	Desktop Monitor	01-Sep-05	920.00
Furnit	1	Metal Folding Chair	01-Sep-05	18.00
Furnit	1	Metal Folding Chair	01-Sep-05	18.00
Furnit	1	Metal Folding Chair	01-Sep-05	18.00
Furnit	1	Metal Folding Chair	01-Sep-05	18.00
Furnit	1	Metal Folding Chair	01-Sep-05	18.00
Equip	1	Safe Box	01-Sep-05	250.00
Furnit	1	Swivel Chair	01-Sep-05	75.00
Furnit	1	Swivel Chair	01-Sep-05	75.00
IT	1	UPS for desktop Computer	01-Sep-05	33.00
Equip	1	Laminating Machine	12-Sep-05	38.00
Equip	1	Laminating Marchine	12-Sep-05	38.00
IT	1	Desktop CPU	21-Sep-05	
IT	1	Desktop Monitor	21-Sep-05	920.00
Equip	1	Auto Voltage	22-Sep-05	52.00
Furnit	1	Bench	22-Sep-05	95.00
Furnit	1	Bookshelf	22-Sep-05	190.00
Furnit	1	Cabinet 4 drawers	22-Sep-05	118.00
Equip	1	Camera, Digital	22-Sep-05	280.00
Furnit	1	Desk for office	22-Sep-05	140.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Desk for office	22-Sep-05	140.00
Equip	1	Electric Kettle	22-Sep-05	35.00
Furnit	1	Metal Folding Chair	22-Sep-05	18.00
Furnit	1	Metal Folding Chair	22-Sep-05	18.00
Furnit	1	Metal Folding Chair	22-Sep-05	18.00
IT	1	Photocopier Machine & Printer	22-Sep-05	1,240.00
IT	1	Printer	22-Sep-05	155.00
Equip	1	Safe Box	22-Sep-05	250.00
Equip	1	Standing Fan	22-Sep-05	31.00
Furnit	1	Swivel Chair	22-Sep-05	75.00
Furnit	1	Swivel Chair	22-Sep-05	75.00
IT	1	UPS for desktop Computer	22-Sep-05	35.00
Equip	1	Water Cooler	22-Sep-05	105.00
Furnit	1	Table for printer	29-Sep-05	32.00
Equip	1	Standing Fan	25-Nov-05	31.00
IT	1	Desktop CPU	15-Dec-05	
IT	1	Desktop Monitor	15-Dec-05	920.00
IT	1	Desktop Monitor	15-Dec-05	920.00
Furnit	1	Metal Folding Chair	16-Dec-05	17.00
Furnit	1	Metal Folding Chair	16-Dec-05	17.00
Furnit	1	Metal Folding Chair	16-Dec-05	17.00
Furnit	1	Metal Folding Chair	16-Dec-05	17.00
Furnit	1	Metal Folding Chair	16-Dec-05	17.00
Furnit	1	Metal Folding Chair	16-Dec-05	17.00
IT	1	Printer Digital	16-Dec-05	1,250.00
IT	1	Printer Digital	16-Dec-05	1,250.00
Furnit	1	Bench	17-Dec-05	85.00
Furnit	1	Bench	17-Dec-05	85.00
Furnit	1	Bookshelf	17-Dec-05	190.00
Furnit	1	Bookshelf	17-Dec-05	190.00
Furnit	1	Cabinet 4 drawers	17-Dec-05	115.00
Furnit	1	Cabinet 4 drawers	17-Dec-05	115.00
Equip	1	Camera, Digital	17-Dec-05	265.00
Equip	1	Camera, Digital	17-Dec-05	265.00
Furnit	1	Desk for office	17-Dec-05	140.00
Furnit	1	Desk for office	17-Dec-05	140.00
Furnit	1	Desk for office	17-Dec-05	140.00
Furnit	1	Desk for office	17-Dec-05	140.00
IT	1	Desktop CPU	17-Dec-05	
Equip	1	Laminating Machine	17-Dec-05	38.00
Equip	1	Laminating Machine	17-Dec-05	38.00
Equip	1	Safe Box	17-Dec-05	250.00
Equip	1	Safe Box	17-Dec-05	250.00
Furnit	1	Swivel Chair	17-Dec-05	68.00
Furnit	1	Swivel Chair	17-Dec-05	68.00
Furnit	1	Swivel Chair	17-Dec-05	68.00
Furnit	1	Swivel Chair	17-Dec-05	68.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
IT	1	UPS for desktop Computer	17-Dec-05	35.00
IT	1	UPS for desktop Computer	17-Dec-05	35.00
Equip	1	Auto Voltage	18-Dec-05	45.00
Equip	1	Auto Voltage	18-Dec-05	45.00
Equip	1	Standing Fan	18-Dec-05	21.00
Equip	1	Standing Fan	18-Dec-05	21.00
Equip	1	Water Cooler	18-Dec-05	157.00
Equip	1	Water Cooler	18-Dec-05	157.00
Furnit	1	Table for printer	20-Dec-05	31.00
Furnit	1	Table for printer	20-Dec-05	31.00
Veh	1	Motorbike	26-Dec-05	1,100.00
Veh	1	Motorbike	26-Dec-05	1,100.00
IT	1	Laptop	22-Feb-06	1,650.00
IT	1	UPS PTC	28-Feb-06	35.00
IT	1	LCD Projector	30-Mar-06	2,280.00
IT	1	Laptop	07-Jun-06	1,580.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	3,100.00
Air	1	Air Conditioner	17-Jul-06	450.00
Air	1	Air Conditioner	17-Jul-06	450.00
Building	1	PMU building	17-Jul-06	55,753.38
Furnit	1	Bookshelf	02-Aug-06	140.00
Furnit	1	Bookshelf	02-Aug-06	145.00
Furnit	1	Bookshelf	02-Aug-06	145.00
Furnit	1	Bookshelf	02-Aug-06	145.00
Furnit	1	Bookshelf	02-Aug-06	145.00
Furnit	1	Bookshelf	02-Aug-06	90.00
Furnit	1	Bookshelf	02-Aug-06	145.00
Furnit	1	Bookshelf	02-Aug-06	145.00
Furnit	1	Bookshelf	02-Aug-06	145.00
Furnit	1	Bookshelf	02-Aug-06	85.00
Furnit	1	Bookshelf	02-Aug-06	145.00
Furnit	1	Cabinet Metal	02-Aug-06	185.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	30.00
Furnit	1	Chair for Desk	02-Aug-06	85.00
Furnit	1	Chair for Desk	02-Aug-06	85.00
Furnit	1	Chair for Desk	02-Aug-06	85.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting	02-Aug-06	35.00
Furnit	1	Chair for meeting room	02-Aug-06	33.00
Furnit	1	Chair for meeting room	02-Aug-06	33.00
Furnit	1	Chair for meeting room	02-Aug-06	33.00
Furnit	1	Chair for meeting room	02-Aug-06	33.00
Furnit	1	Chair for meeting room	02-Aug-06	33.00
Furnit	1	Chair for meeting room	02-Aug-06	33.00
Furnit	1	Chair for meeting room	02-Aug-06	33.00
Furnit	1	Chair for meeting room	02-Aug-06	33.00
Furnit	1	Conference Table	02-Aug-06	1,130.00
Furnit	1	Desk for office	02-Aug-06	140.00
Furnit	1	Desk for office	02-Aug-06	155.00
Furnit	1	Desk for office	02-Aug-06	140.00
Furnit	1	Desk for office	02-Aug-06	175.00
Furnit	1	Desk for office	02-Aug-06	155.00
Furnit	1	Desk side table	02-Aug-06	85.00
IT	1	Scanner	20-Sep-06	280.00
IT	1	Scanner	20-Sep-06	280.00
IT	1	LCD Monitor	03-Oct-06	185.00
IT	1	Laptop	25-Oct-06	1,850.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Equip		1 set of scale for PRH	27-Dec-06	\$ 7.00
Furnit		Bed for blood collection activities	27-Dec-06	\$ 285.00
Veh	1	Roof rage for PRH blood collection car	27-Dec-06	\$ 215.00
IT	1	Desktop CPU	29-Dec-06	
IT	1	Desktop Monitor	29-Dec-06	980.00
Equip		Scale for PRH blood collection	05-Jan-07	\$ 8.00
Equip	1	Coffee Maker	23-Jan-07	29.00
Veh	1	Ambulance for PRH	21-Feb-07	\$ 23,891.94
IT		LG Washer machine	13-Mar-07	\$ 950.00
IT	1	External hard disk	28-Apr-07	140.00
Furnit	4	4 sets of 1.5 HP air conditioner for PRH Surgery Room	10-May-07	\$ 1,740.00
Furnit		Lab Consumable & Equip for RHs	10-May-07	\$ 3,164.75
Furnit	4	4 sets of Automatic Shaker for PRH Blood Section	19-May-07	\$ 160.00
Furnit		Adjustable chair for Microscopist for 3DRHs & Bed for Blood Collection for PRH Blood section	19-May-07	\$ 465.00
Furnit		IV Standing (Made in China) for RH_CL	19-May-07	\$ 542.50
Furnit		Lab Reagent & consumables for 3DRHs	19-May-07	\$ 66.60
Furnit		Lamp for PRH Surgery Room	19-May-07	\$ 174.00
Furnit		Portable Speaker XB 11S for PRH Blood Section	19-May-07	\$ 70.00
Furnit		Chairs, plastic (Thai quality) for 3DRHs	21-May-07	\$ 117.00
Furnit		Lab Furnit for PRH	23-May-07	\$ 921.00
Furnit	1	1 set of 1.2L Lamp for PRH Surgery Room	25-May-07	\$ 14.50
IT	1	UPS for LCD	29-May-07	30.00
Furnit	1	Book shelves	02-Jun-07	132.00
Furnit	1	Book shelves	02-Jun-07	145.00
Furnit	4	Chair for Desk	02-Jun-07	152.00
Furnit	3	Chairs for desk	02-Jun-07	170.00
Furnit	1	Dest for office	02-Jun-07	140.00
Furnit	1	Dest for office	02-Jun-07	155.00
Furnit	1	Monitoring chart box for PRH□	08-Jun-07	\$ 610.00
Furnit		Equip for RH-CL	21-Jun-07	\$ 280.00
Furnit		folding bed for PRH	21-Jun-07	\$ 201.00
Furnit	1	Bookshelf	22-Jun-07	140.00
Furnit	1	Swivel Chair	22-Jun-07	85.00
Furnit	1	Bookshelf	26-Jun-07	192.00
Furnit	1	Chair SG 768 C	26-Jun-07	76.00
Furnit	1	Desk for office	26-Jun-07	150.00
Furnit	1	Swivel Chair	26-Jun-07	85.00
Furnit		folding bed for PRH	29-Jun-07	\$ 270.50
Furnit	1	Lab consumables for RH -CL	10-Aug-07	\$ 59.10
Furnit	1	cupboard for PRH	20-Aug-07	\$ 95.00
Furnit	1	IV stand for PRH	22-Aug-07	\$ 560.00
Furnit	1	Supply of laboratory instrument and reagents for RHs	24-Aug-07	\$ 3,725.60
Furnit	1	Folding Table	29-Aug-07	16.00
Furnit	1	Desk for Office	15-Oct-07	115.00

Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Bookshelf	30-Oct-07	145.00
Furnit	1	Bookshelf	04-Jan-08	205.00
IT	1	Desktop CPU	11-Jan-08	
IT	1	Desktop Monitor	11-Jan-08	1,115.00
IT	1	UPS for desktop Computer	11-Jan-08	
Equip	1	8 Channel Differential Cell Counter	24-Jan-08	\$ 193.00
Equip	1	8 Channel Differential Cell Counter	24-Jan-08	\$ 193.00
Equip	1	8 Channel Differential Cell Counter	24-Jan-08	\$ 193.00
Furnit	1	Bench chair (4 seats)	01-Feb-08	\$ 75.00
Furnit	1	Bench chair (4 seats)	01-Feb-08	\$ 75.00
Furnit	1	Bench chair (4 seats)	01-Feb-08	\$ 75.00
Furnit	2	Bench chair (4 seats)	01-Feb-08	\$ 150.00
Furnit	1	Chair for Desk	01-Feb-08	\$ 48.00
Furnit	1	Chair for Desk	01-Feb-08	\$ 48.00
Furnit	1	Chair for Desk	01-Feb-08	\$ 48.00
Furnit	1	Desk for Office (140cm)	01-Feb-08	\$ 195.00
Furnit	1	Desk for Office (140cm)	01-Feb-08	\$ 195.00
Furnit	1	Desk for Office (140cm)	01-Feb-08	\$ 195.00
Furnit	1	Filling Cabinet (Glass top & Bottom)	01-Feb-08	\$ 240.00
Furnit	1	Filling Cabinet (Glass top & Bottom)	01-Feb-08	\$ 240.00
Furnit	1	Filling Cabinet (Glass top & Bottom)	01-Feb-08	\$ 240.00
Equip	1	Microcuvett henocue	01-Feb-08	\$ 255.00
Equip	1	Microcuvett henocue	01-Feb-08	\$ 255.00
Equip	1	Microcuvett henocue	01-Feb-08	\$ 255.00
Equip	20	Wast Container (Out door)	01-Feb-08	\$ 530.00
IT	1	Desktop Computer (Dell Optiplex 755N Minitower /)	28-Mar-08	\$ 870.00
IT	1	Desktop Computer (Dell Optiplex 755N Minitower /)	10-May-08	\$ 870.00
IT	1	Desktop Computer (Dell Optiplex 755N Minitower /)	10-May-08	\$ 870.00
IT	1	Desktop Computer (Dell Optiplex 755N Minitower /)	10-May-08	\$ 870.00
IT	1	Desktop Computer (Dell Optiplex 755N Minitower /)	10-May-08	\$ 870.00
IT	1	HP Deskjet D4260 Color CB641A	10-May-08	\$ 95.00
IT	1	HP Deskjet D4260 Color CB641A	10-May-08	\$ 95.00
IT	1	HP Deskjet D4260 Color CB641A	10-May-08	\$ 95.00
IT	1	HP Deskjet D4260 Color CB641A	10-May-08	\$ 95.00
Equip	30	Wast Container (Out door)	02-Jun-08	\$ 855.00
Tel	1	Hand Phone	30-Jun-08	147.00
IT	1	Printer	14-Jul-08	93.00
Equip	2	Suction Unit	25-Jul-08	\$ 226.00
Equip	12	Haze Gelled deep cycle battery 100-12V	14-Aug-08	\$ 2,160.00
Equip	2	Shallowless Lamp on stand - 4 bulbs	19-Aug-08	\$ 600.00
Furnit	2	Adjustable metal 6 shelves	01-Sep-08	\$ 150.00
Furnit	2	Adjustable metal 6 shelves	01-Sep-08	\$ 150.00
Furnit	2	Adjustable metal 6 shelves	01-Sep-08	\$ 150.00
Furnit	2	Adjustable metal 6 shelves	01-Sep-08	\$ 150.00
Furnit	2	Adjustable metal 6 shelves	01-Sep-08	\$ 150.00
Furnit	2	Adjustable metal 6 shelves	01-Sep-08	\$ 150.00
Furnit	1	Metal book shelves with three shelves	01-Sep-08	\$ 186.00
Furnit	1	Metal book shelves with three shelves	01-Sep-08	\$ 186.00



Cat.	Q.	Description	Purchase date	Purch. value US or EUR
Furnit	1	Metal book shelves with three shelves	01-Sep-08	\$ 186.00
Furnit	1	Metal book shelves with three shelves	01-Sep-08	\$ 186.00
Furnit	3	Metal bookcases with gralss doors	01-Sep-08	\$ 558.00
Furnit	3	Metal bookcases with gralss doors	01-Sep-08	\$ 558.00
Furnit	3	Metal bookcases with gralss doors	01-Sep-08	\$ 558.00
Furnit	3	Metal bookcases with gralss doors	01-Sep-08	\$ 558.00
Furnit	3	Metal bookcases with gralss doors	01-Sep-08	\$ 558.00
Furnit	3	Metal bookcases with gralss doors	01-Sep-08	\$ 558.00
Furnit	7	Metal filling cabinet (Glasses top & steel bottom)	01-Sep-08	\$ 1,995.70
Furnit	2	Metal foldable bed with mattress	01-Sep-08	\$ 161.20
Furnit	1	Metal folding table	01-Sep-08	\$ 21.60
Furnit	1	Metal folding table	01-Sep-08	\$ 21.60
Furnit	1	Metal folding table	01-Sep-08	\$ 21.60
Furnit	1	Metal folding table	01-Sep-08	\$ 21.60
Furnit	1	Metal folding table	01-Sep-08	\$ 21.60
Furnit	1	Metal folding table	01-Sep-08	\$ 21.60
Furnit	4	Metal folding table with wooden cover	01-Sep-08	\$ 446.40
Furnit	4	Metal Office Desks with Glass cover (160 cm)	01-Sep-08	\$ 694.40
Furnit	4	Metal Office Desks with Glass cover (160 cm)	01-Sep-08	\$ 694.40
Furnit	4	Metal Office Desks with Glass cover (160 cm)	01-Sep-08	\$ 694.40
Furnit	4	Metal Office Desks with Glass cover (160 cm)	01-Sep-08	\$ 694.40
Furnit	4	Metal Office Desks with Glass cover (160 cm)	01-Sep-08	\$ 694.40
Furnit	4	Metal Office Desks with Glass cover (160 cm)	01-Sep-08	\$ 694.40
Furnit	4	Metal Office Desks with Glass cover (160 cm)	01-Sep-08	\$ 694.40
Furnit	1	Metal Partition Screen (3 panels)	01-Sep-08	\$ 31.00
Furnit	1	Metal Partition Screen (3 panels)	01-Sep-08	\$ 31.00
Furnit	1	Metal Partition Screen (3 panels)	01-Sep-08	\$ 31.00
Furnit	1	Metal Partition Screen (3 panels)	01-Sep-08	\$ 31.00
Furnit	1	Metal Partition Screen (3 panels)	01-Sep-08	\$ 31.00
Furnit	1	Metal Partition Screen (3 panels)	01-Sep-08	\$ 31.00
Furnit	2	Metal Three drawers filling cabinet	01-Sep-08	\$ 297.20
Furnit	2	Metal Three drawers filling cabinet	01-Sep-08	\$ 297.20
Furnit	2	Metal Three drawers filling cabinet	01-Sep-08	\$ 297.20
Furnit	2	Metal Three drawers filling cabinet	01-Sep-08	\$ 297.20
Furnit	2	Metal Three drawers filling cabinet	01-Sep-08	\$ 297.20
Furnit	2	Metal Three drawers filling cabinet	01-Sep-08	\$ 297.20
Furnit	1	Desk for office	20-Oct-08	\$ 135.00
Furnit	1	Desk for office	20-Oct-08	\$ 135.00
Furnit	1	Desk for office	20-Oct-08	\$ 135.00
Furnit	1	Desk for office	20-Oct-08	\$ 135.00
Furnit	1	Desk for office	20-Oct-08	\$ 135.00
Furnit	1	Desk for office	20-Oct-08	\$ 135.00
Furnit	1	Swivel Chair	20-Oct-08	\$ 40.00
Furnit	1	Swivel Chair	20-Oct-08	\$ 40.00
Furnit	1	Swivel Chair	20-Oct-08	\$ 40.00
Furnit	1	Swivel Chair	20-Oct-08	\$ 40.00
Furnit	1	Swivel Chair	20-Oct-08	\$ 40.00
Furnit	1	Swivel Chair	20-Oct-08	\$ 40.00



Cat.	Q.	Description	Purchase date	Purch. value US or EUR
IT	1	Router Wireles	28-Nov-08	60.00
Equip	162	Wast Container (In door)	12-Dec-08	\$ 486.00
Equip	6	6 Solar for 6 HCs (Light system & Pump)		\$ 45,459.29
Equip	9	6 Solar for CL, PC & CP		\$ 15,975.00
Equip	1	Automatic X-Ray Film Processor		\$ 5,496.00
Equip		Basic Medical Equip		\$ 73,935.64
Equip	1	Electo Surgical Unit		\$ 3,181.00
Equip	18	Hospital Bed		\$ 3,870.00
Equip	3	Pluse-Oximeter		\$ 1,305.00
Equip	11	X-Ray Film Viewer		\$ 1,012.00
Equip	1	X-Ray Marchine and accessories		\$ 25,666.00

### Annex 7. Trainings

Training type	Country, Institution, Duration	Number of trained people	Date start	Date End	Days	Subject, content and level
<b>Traineeship</b>						
Case Management	Calmet Hospital	62	01-Jul-08	30-Sep-08	5	Ambulance Management
Case Management	MoH and Kampong Cham PHD	73	27-Mar-06	31-Mar-06	4	Emergency Services
Case Management	Provincial Hospital Kampong Cham	18	01-May-06	07-May-06	6	CDD, ARI and Dengue
Case Management	National MCHC, Cambodia	1	04-Sep-06	20-Oct-06	46	Safe Delivery
Case Management	Provincial Hospital Kampong Cham	20	18-Sep-06	23-Sep-06	5	CDD, ARI and Dengue
Case Management	National MCHC, Cambodia	1	04-Oct-06	04-Dec-06	61	Emergency Obstetric Care
Case Management	Provincial Hospital Kampong Cham	20	23-Oct-06	28-Oct-06	5	CDD, ARI and Dengue
Case Management	Angkor Children Hospital Siem Reap	6	07-Dec-06	05-Jan-07	29	Pediatric ICU
Case Management	Provincial Hospital Kampong Cham	20	23-Oct-06	28-Oct-06	5	CDD, ARI and Dengue
Echo training	Calmet Hospital	3	01-May-07	30-Jul-07	90	Echo training
Case Management	Provincial Hospital Kampong Cham	84	01-Apr-07	30-Jun-07	5	CDD, ARI and Dengue
Case Management	Angkor Children Hospital Siem Reap	24	01-Jul-07	30-Sep-07	5	Dengue Case Management
Echo training	Calmet Hospital	3	01-Jan-08	30-May-08	90	Echo training
X ray training	Calmet Hospital	3	01-Jan-08	30-May-08	90	X ray training
Clinical Skill (DU)	Cambodia, University of	1	01-Apr-05	30-Oct-06	545	Dermatology

Clinical Skill (DU)	Health and Science Cambodia, University of Health and Science	1	01-Dec-05	30-May-07	545	Pneumology
Clinical Skill (DU)	Health and Science Cambodia, University of Health and Science	1	01-Feb-07	30-Jul-08	545	Peidiatric Surgery
Clinical Skill (DU)	Health and Science Cambodia, University of Health and Science	1	01-Feb-07	30-Jul-08	545	Douleur
Clinical Skill (DU)	Health and Science Cambodia, University of Health and Science	1	01-Feb-07	30-Jul-08	545	Emergency, ICU
English Language training	ACD Kampong Cham	80	01-Nov-05	30-Dec-08	900	English Language
Health Financing	KIT tropical Institute, Holland	1	12-Aug-05	31-Aug-05	19	Health Sector Reform and financing
Health Financing	Phillipine	3	17-Oct-06	21-Oct-06	4	Social Health Insurance
Health Service Management	Cambodia, NIPH	6	01-May-05	30-Oct-05	180	Management
Health Service Management	Cambodia, NIPH	9	01-Aug-07	30-Jul-08	180	Management
Health Service Management	Phillipine	3	01-Apr-07	30-Apr-07	25	Management
Hospital Service Management	Cambodia, NIPH	14	01-Mar-06	25-Feb-07	180	Management
Case Management	Provincial Hospital Kampong Cham	30	12-Jun-06	21-Jun-06	9	Nursing Care, Hygiene and Sanitation
Lab technical skill	NIPH Phnom Penh	12	01-Jul-07	30-Sep-07	25	Laboratory skill
Monitoring-Supervision	Kampong Cham PHD, MoH	18	01-Apr-08	30-Sep-08	5	HC master assessors
Theatre Management	University of Health and Science, Phnom Penh	2	01-Jan-06	30-Oct-07	545	Management of Theatre
Diabet Case Management	New Zealand	1	25-03-08	05-04-08	10	Diabetes case management
<b>Scholarship</b>						
Primary Midwife	Kampong Cham RTC	30	01-Jul-08	30-Jul-09	300	Formal course for Primary midwife
<b>Workshop</b>						
Case Management	Kampong Cham PHD	95	12-Dec-06	15-Dec-06	3	Pediatric Emergency

Case Management	Steng Treng Hospital	18	31-Jan-05	01-Feb-05	1	Medico-Surgical Workshop
Case Management	Siem Reap	19	17-May-05	18-May-05	1	Surgical Congress
Case Management	Phnom Penh	12	25-Nov-05	26-Nov-05	1	Surgical Congress
Case Management	Provincial Hospital Kampong Cham	12	13-Dec-05	14-Dec-05	1	Surgical workshop
Case Management	Kampong Cham province, PHD	12	29-Nov-06	30-Nov-06	1	PMTCT workshop
Case Management	Kampong Cham Province, PRH	95	12-Dec-06	15-Dec-06	3	Neonatal Care
Case Management	MoH	73	27-Mar-06	31-Mar-06	4	Emergency Services
Case Management	Kampong Cham Province, PRH	12	13-Dec-05	14-Dec-05	1	Surgical Discussion
Case Management	Provincial Hospital Kampong Cham	4	23-Nov-05	25-Nov-05	2	Emergency, triage, assessment and treatment (ETAT)
Case Management	Provincial Hospital Kampong Cham	2	03-May-06	05-May-06	2	Emergency, triage, assessment and treatment (ETAT)
Emergency Management	Kampong Cham Province	10	03-Oct-06	04-Oct-06	1	Ambulance Management
Health Education	Siem Reap	2	24-May-05	25-May-05	1	School Health Workshop
Health Education	Kampong Cham	90	09-Dec-05	10-Dec-05	1	Education about HEF
Health Education	Kampong Cham Province	53	16-Dec-05	17-Dec-05	1	Community Health Education
Health Education	Kampong Cham Province	47	27-Feb-06	28-Feb-06	1	Community Health Education
Health Education	Kampong Cham Province	33	02-Mar-06	03-Mar-06	1	Community Health Education
Health Education	Kampong Cham Province	41	05-Sep-05	06-Sep-05	1	Community Health Education
Health Education	Kampong cham Province, PHD	350	20-Dec-06	21-Dec-06	1	Community Health Education (diabet day)
Health Education	Kampong cham Province, PHD	105	21-Dec-06	22-Dec-06	1	Community Health Education (Private Sector)

Health Education	Kampong cham Province, PHD	60	19-Oct-05	20-Oct-05	1	Community Health Education
Health Financing	Siem Reap Province	6	18-Mar-05	29-Mar-05	11	Health Financial Seminar
Health Financing	Phnom Penh	6	25-Apr-05	26-Apr-05	1	Health Equity fund workshop
Health Financing	Kampong Cham PHD	37	11-Aug-05	12-Aug-05	1	Financial Reporting
Health Information system	PHD Kampong Cham	12	18-Jul-05	19-Jul-05	1	Computerized HIS
Health Service Management	Lao PDR	26	23-Oct-06	27-Oct-06	4	District Health System
Hospital Service Management	Singapore	1	28-Aug-06	30-Aug-06	2	Hospital Management
Monitoring-Supervision	Kampong Cham Province, Prey Chhor OD	50	23-Nov-06	24-Nov-06	1	Annual Review
Monitoring-Supervision	Kampong Cham Province, PRH	57	19-Dec-06	20-Dec-06	1	Annual Review
Monitoring-Supervision	Kampong Cham Province, Cheung Prey OD	52	26-Dec-06	27-Dec-06	1	Annual Review
Monitoring-Supervision	Kampong Cham Province, Chamkar Leu OD	46	28-Dec-06	29-Dec-06	1	Annual Review
Monitoring-Supervision	Kampong Cham Province, PRH	45	19-Jan-06	20-Jan-06	1	Rational Drug Use
Monitoring-Supervision	Kampong Cham Province, Chamkar Leu RH	30	24-Apr-06	28-Apr-06	4	Rational Drug Use
Health Congress	Kampong Cham Province	220	28-Apr-05	29-Apr-05	1	Provincial Congress
Health Congress	Kampong Cham Province	250	01-Feb-07	02-Feb-07	1	Provincial Congress
Health Congress	Kampong Cham Province	250	01-Apr-08	02-Apr-08	1	Provincial Congress
Monitoring-Supervision	Kampong Cham province, PHD	70	30-Mar-06	31-Mar-06	1	Annual Review
Monitoring-Supervision	Kampong Cham province, PHD	48	03-Oct-05	04-Oct-05	1	Annual Review
Monitoring-Supervision	Kampong Cham province, PHD	30	14-Feb-06	15-Feb-06	1	Integrated Supervision
Monitoring-Supervision	Kampong cham Province, PHD	6	13-Dec-05	15-Dec-05	2	Integrated Supervision

Monitoring-Supervision	Kampong cham Province, PHD	12	14-Feb-06	15-Feb-06	1	Integrated Supervision
Monitoring-Supervision	Kampong cham Province, PHD	12	18-Oct-05	19-Oct-05	1	HIS
Monitoring-Supervision	Siem Reap Province	32	08-May-08	09-May-08	1	Annual Sharing Event
Monitoring-Supervision	Kampong Cham Province	19	15-Mar-06	16-Mar-06	1	Health System Monitoring
Monitoring-Supervision	Kampong Cham Province	20	05-Apr-06	06-Apr-06	1	Health System Monitoring
Quality Management	Kratie	14	30-Jun-05	01-Jul-05	1	QI workshop
Quality Management	Kampong Cham PHD	35	26-Jul-05	28-Jul-05	2	QI workshop
Quality Management	Kampot Province	3	05-Sep-05	06-Sep-05	1	CQI workshop
Quality Management	Kratie Province	4	19-Feb-06	24-Feb-06	5	CQI workshop
Quality Management	Mongkol Borei Hospital	2	28-Aug-06	29-Aug-06	1	Hospital Assessment
Quality Management	Battambang Province	2	21-Dec-06	22-Dec-06	1	CQI workshop
<b>Other</b>						
Clinical Skill	Kampong Cham Province, PRH	86	01-Jan-07	30-Dec-07	21	Practical Skill for safe delivery
Surgical Skill	Kampong Cham Province, PRH	5				On the job training by surgical expert

## ANNEX 8. Backers Interventions

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

Bailleurs de fonds intervenant dans le même projet				
Backers	Name of the Intervention	Budget	Main objectives	Comments
None				
Bailleurs de fonds contribuant à un même objectif spécifique				
Backers	Name of the Intervention	Budget	Main objectives	Comments
None				