

Managing public health crises is a major challenge. All societies need rescue, health and public health services to respond immediately and effectively to major disasters. The following three types of services are components of health protection:

- Monitoring and protection against communicable diseases
- Protection against non-communicable environmental hazards
- Planning for and response to emergencies

Typical events that the health system may have to respond to are floods, fires and various types of accidents, and major outbreaks of infectious diseases such as dengue or gastrointestinal disease. In disaster/emergency management the unexpected, unimaginable and unlikely also have to be considered. For example, major epidemic in animals that has implications for human health or an act of terrorism, such as a bomb blast or deliberate release of chemical or biological agents.

CHAPTER 3: STRATEGIC PLAN DIRECTION & SCOPE

What is new in this strategic plan for the health sector ?

For the first time we, in the Ministry of Health, Kingdom of Cambodia, have a sector wide strategic plan for all stakeholders. Sector wide and all stakeholders mean the private sector and partners as well as Ministry of Health employees and others. We would like everyone to work within the framework of this strategic plan and its desired outcomes. We call this approach sector wide management.

For the first time we have developed a mission statement, values and working principles, and a policy statement. We used them to guide our thinking during the process of determining the strategic plan and we hope everyone will use them when implementing the strategic plan.

For the first time six priority areas of work have been identified through a wide consultative process. These are health services delivery, behaviour change, quality improvement, human resource development, health financing, and institutional development. The six areas must be given high emphasis if we are to achieve, and maintain, a good reduction in those mortality and morbidity rates that are causing us greatest concern.

For the first time while the control of communicable diseases through cost-effective public health interventions remains crucial we are also paying more attention to chronic diseases and to other emerging public health issues in an attempt to reduce the burden of potential problems in the future.

For the first time health outcomes are given for the whole sector not just on an ad hoc basis in some programmes.

For the first time we have developed a strategic plan that is linked to the planning-budgeting cycle of the ministry and to a medium term expenditure framework. This will guide the use of resources during implementation.

Targets, goal and strategies

In box 1b are the millennium related development targets that the ministry has set for the period of this strategic plan. There are also some targets in annex C and in volume 3, the monitoring and evaluation framework. The following goal, strategies and outcomes are all linked to the targets. At Annex B, the strategic plan framework, you can see a summary of the strategies and desired outcomes, plus strategic actions. Detailed actions or activities will be developed at each level of the health system according to needs and problems, in annual operational plans.

Goal

The goal of the strategic plan can be seen in the box below. It is a guide to the general direction that all the strategies are leading towards.

Box 2. Goal of the strategic plan

Enhance health sector development in order to improve the health of the people of Cambodia, especially mothers and children, thereby contributing to poverty alleviation and socio-economic development.

Outcomes for the goal are:

- Reduced infant mortality rate
- Reduced child mortality rate
- Reduced maternal mortality ratio
- Improved nutritional status among children and women
- Reduced total fertility rate
- Reduced household health expenditure, especially among the poor
- More effective and efficient health system

Strategies within key areas of work

Key areas of work - The strategies result from a consultative process involving Ministry of Health policy makers and implementers together with partners and other stakeholders –see Annex E. During the process six areas of work were identified as needing to be given serious consideration during the period 2003 – 2007 if the health of the people of Cambodia is to improve. The areas are shown in box 10.

Box 10. Key areas of work

- Health service delivery
- Behavioural change
- Quality improvement
- Human resource development
- Health financing
- Institutional development

The six areas are listed in a conceptual logical order. Unless things change in how and where health services are delivered we will not succeed in reducing the seriously high levels of mortality and morbidity in the country, especially among mothers and children. Issues surrounding communication, lifestyle and quality are linked to the demand for, and use of, health services. Whatever is done over the next five years has major implications for human resources and for the financing of the health sector. Unless there are changes in the health sector as a whole, as an institution, then the chances of successful achievement of the intended outcomes are limited. During implementation health service delivery is top priority but all the other areas need to be considered as vital to each other and to health services. Therefore due weight should be given to each of the other areas depending on needs and problems at each level of the health system.

Strategies -There are 20 strategies and they have been grouped according to the key areas of work. The strategies are our priorities for the system as a whole and they reflect the values and principles of the ministry. While all the strategies are important there are 8 essential core strategies. These can be seen in box 11 below. The criteria for choosing these 8 were urgency, cost-effectiveness, and feasibility.

The strategies are a guide for resource allocation and for work at each level of the health system. Outcomes are given after the strategies for each subject area in the following pages in this chapter.

*Box 11. The eight essential core strategies**Health service delivery*

- 1.** Further improve coverage and access to health services especially for the poor and other vulnerable groups through planning the location of health facilities.
- 2.** Strengthen the delivery of quality basic health services through health centers based upon minimum package of activities.
- 3.** Strengthen the delivery of quality care, especially for obstetric and paediatric care, in all hospitals through measures such as the complementary package of activities.

Behavioral change

- 4.** Change for the better the attitudes of health providers sector wide to effectively communicate with consumers especially regarding the needs of the poor through sensitisation and building interpersonal communication skills.

Quality improvement

- 5.** Introduce and develop a culture of quality in public health, service delivery and their management through the use of Ministry of Health quality standards.

Human resource development

- 6.** Increase the number of midwives through basic training and strengthen the capacity and skills of midwives already trained through continuing education.

Health financing

- 7.** Ensure regular and adequate flow of funds to the health sector especially for service delivery through advocacy to increase resources and strengthening financial management.

Institutional development

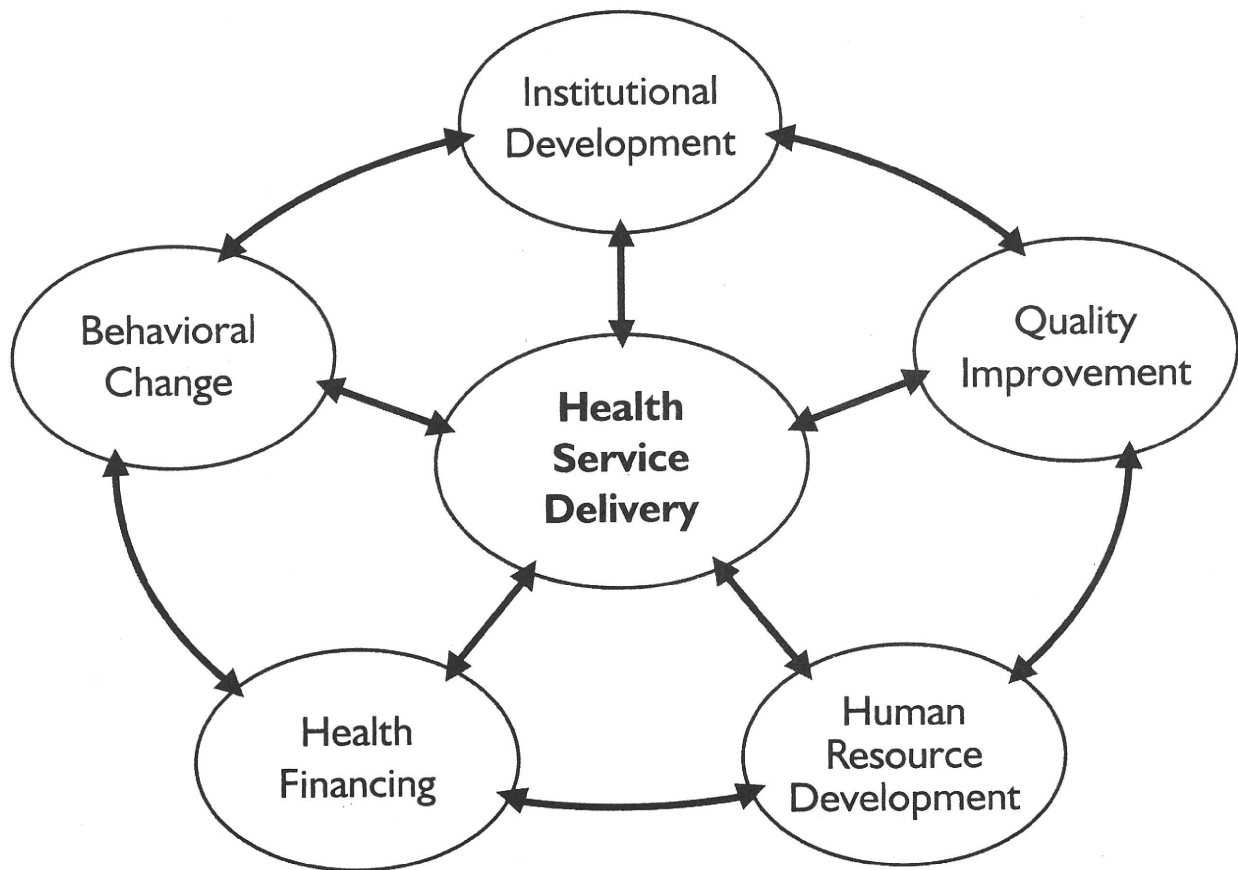
- 8.** Organizational and management reform of structures, systems and procedures in the Ministry of Health to respond effectively to change

Health service delivery

In the Ministry of Health we have made some impressive strides forward in our planning and implementation to address issues such as equity, accessibility and affordability of health services. But if we are to make a serious, sustained impact on reducing the extremely high levels of mortality and morbidity especially among poor people and particularly mothers and infants, and on having a healthier population by 2007, we need to do a lot more work sector-wide solving some priority issues in health service delivery. These include improving coverage and utilization, and health systems, integrating the national programmes especially at provincial level and below, implementing a quality based approach and evidence based interventions, and promoting both community and private sector participation in the planning and practice of health service delivery.

Health services therefore have a central place in this strategic plan and the other strategies can be seen in support of achieving health service delivery outcomes –see figure 1 below. This is right for this time in the country but may need to change in the next strategic plan 2008 onwards.

Figure 1. The central place of health services



During the process of developing the health service delivery strategies the ministry considered the matrix of essential services at annex C, priority health service interventions (see box 12 below), and issues such as the optimum mix of services, their location, and the most cost-effective options. The issues were explored through asking questions such as 'what should we do more of, and better? what should we do less of, or stop? what should we start to do? what should we be doing differently and what should continue as before?'

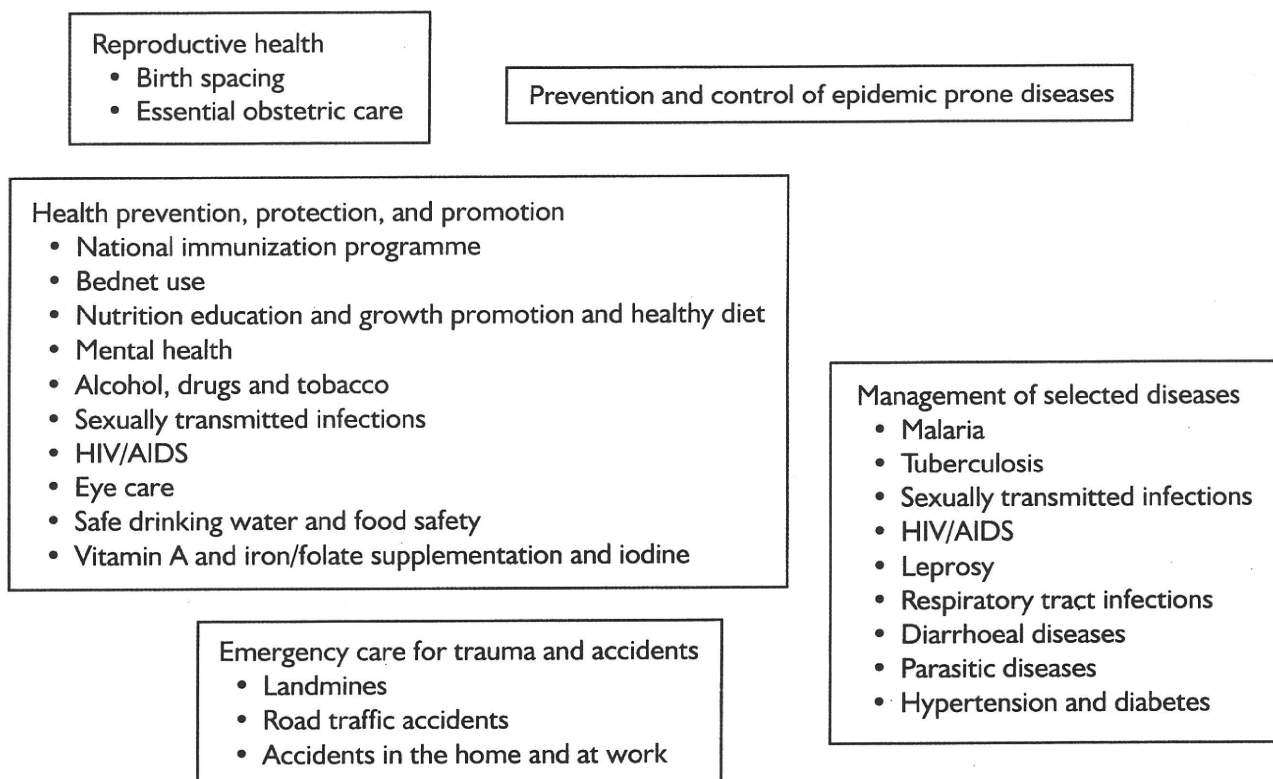
Strategies:

- Further improve coverage and access to health services especially for the poor and other vulnerable groups through planning the location of health facilities and strengthening outreach services.
- Strengthen the delivery of quality basic health services through health centers and outreach based upon minimum package of activities.
- Strengthen the delivery of quality care, especially obstetric and paediatric care, in all hospitals through measures such as the complementary package of activities.
- Strengthen the management of cost-effective interventions to control communicable diseases.
- Strengthen the management and coverage of support services such as laboratory, blood safety, referral, pharmaceuticals, equipment and other medical supplies and maintenance of facilities and transport.

Outcomes:

- Improved coverage
- Increased utilisation of preventive and curative services especially by the poor
- Reduction of prevalence rates of communicable diseases
- Increased availability of supplies and functioning equipment
- Effective referral system

Box 12. Priority health service interventions*



* See annex C for the choice of cost-effective interventions

Behavioural change

We need to enable consumers to have information that will allow them to make decisions about what they will do to have better health for their families and themselves, for example, start early breastfeeding, never start smoking, or the benefits of knowing one's HIV status.

It is widely acknowledged that while some health care providers are excellent communicators with their clients overall the health sector has a weak reputation for responsiveness to consumer needs, especially of the poor. This may partly account for the predominance of relying on private sector care resulting in low utilization of cost effective public health interventions in the public sector. While simultaneously improving quality of care we need to both enhance the capacity of providers to be more responsive to, and communicate better with, consumers and empower consumers to have a say on what is done, how, and when, in the provision of care.

In the Ministry of Health we have put a lot of effort into strategies for saving lives and treating acute conditions, particularly related to communicable diseases, since the end of the war. This work needs to continue because mortality rates for women and children are still very high. But there now needs to be a major effort to promote healthy lifestyles so that we prevent a high burden of chronic conditions such as cancer, diabetes, cardiovascular disease, and depression. And to address other emerging public health issues such as road traffic accidents and substance abuse.

The prevention of a rise in chronic conditions cannot be addressed just by the actions of the Ministry of Health. Interministerial collaboration is crucial, for example on legislative and policy development on healthy environments, and on tobacco advertising.

Strategies:

- Change for the better the attitudes of health providers sector wide to effectively communicate with consumers, especially regarding the needs of the poor, through sensitisation and building interpersonal communication skills.
- Empower consumers, especially women, to interact with other stakeholders in the development of quality health services through mass media and inter-personal communication.
- Promote healthy lifestyles and appropriate health seeking behavior through advocating for healthy environments and implementing counselling and behavioural change activities.

Outcome:

- Appropriate practices and healthy lifestyles as a result of informed decisions, especially by women

Quality improvement

There has been much talk over the past few years on the need to improve various aspects of quality. Some work has been done but it has been patchy.

We want to achieve quality of prevention and care for consumers, quality of life and health improvements for the population, and quality management.

This is a huge agenda of work including service delivery and behaviour change, as it means addressing equity, accessibility, effectiveness, efficiency, appropriateness and responsiveness. So for this strategic plan we have developed two top priorities. These are covered in the following strategies.

Strategies:

- Introduce and develop a culture of quality in public health, service delivery and their management through the use of Ministry of Health quality standards.
- Develop and implement minimum and optimum quality standards for the public and private sectors incorporating pro-poor and gender issues through the use of appropriate tools.

Outcome:

- Institutionalised capacity in the health sector for quality improvement and assurance is developed and a culture of quality management grows within the country
- Improved quality of health services sector wide

Human resource development

In this strategic plan human resource development is all about planning the workforce, managing it, and training and educating people. There is some excellent capacity and relevant skills among some of our workforce. However, we need to ensure that by 2007 this statement reads 'There is excellent capacity and relevant skills among all our workforce'. Because the environment in which we are living and working is constantly changing we need to ensure that there is an ongoing process that enables everyone to gain new technical information and acquire the ability to do new things and existing things differently. Both basic and continuing education in health need to reflect this. We also need to ensure that our workforce feels it is important to the Ministry and country.

Furthermore, if we are to successfully address the high mortality and morbidity rates and promote a healthier population we need to better ensure that the right staff are in the right place, in the right numbers, at the right time, with the right skills and attitudes.

Strategies:

- Increase the number of midwives through quality basic training and strengthen the capacity and skills of midwives already trained through quality continuing education.
- Strengthen human resource planning to reduce mal-distribution of the numbers and type of workforce through identification of posts and the reallocation of staff.
- Enhance the management and technical skills and competence of all Ministry of Health workforce through quality, comprehensive training, education, retention and support measures.

Outcomes:

- Better essential obstetric care
- Improved performance and distribution of health staff
- Improved management and technical skills of health staff throughout the sector
- Effective management of health personnel

Health financing

We have a sound policy framework for financing. But this policy has to be understood within the context of a sector that is under-funded and suffers from poor access to pledged/agreed allocations. Furthermore, one of our biggest challenges is to make sure that the financial contributions that people make to the health sector in the form of fees are fair and give value for money, especially for the poor. Various financing schemes are being tested including official user-fees and boosting strategies.

Fundamental to the success of any scheme to ensure fairness of financial contribution is sound accounting and audit. To make the best use of our limited resources we must also work towards more transparent, effective and efficient health expenditures. All these management issues are achievable. The biggest threat to doing so is the continuing low salary levels of our workforce.

Strategies:

- Ensure regular and adequate flow of funds to the health sector especially for service delivery through advocacy to increase resources and strengthening financial management.
- Allocate financial resources to improve the accessibility of health services for the poor through alternative health financing schemes.
- Ensure transparent, efficient and effective health expenditures through strengthening resource allocation, coordination of different sources of funding, and monitoring.

Outcomes:

- Improved total public expenditure from internal and external sources
- Improved regularity and adequacy of funding flow to health
- Increased cost-effectiveness, and efficiency of health service delivery systems
- Reduced financial barriers to access to hospital services for the poor
- Improved transparency in management of funds

Institutional development

The health sector is under much pressure. Mortality and morbidity are very high, staff are poorly motivated, and resources limited. The role of the Ministry of Health is also undergoing change as concepts such as sector wide management are developed. The scale of institutional strengthening needed to address these and other issues is considerable. A major shift is required from a bureaucratic style based on civil service practices to a more flexible and creative managerial culture if significant change is to be achieved.

The implications of the stress on managers of their current work and managing change are daunting. Work or actions therefore in the first year will be limited to ensuring clarity about roles and functions and development of leadership and management skills at all levels of the sector and particularly the central level.

As an institution, the ministry not only needs more effective and efficient management but also, on the technical side, to give much greater attention to chronic diseases and health lifestyles. These pose public health and economic threats to our country. We need to both manage chronic conditions better and have an increased emphasis on prevention to reduce their impact. We will develop comprehensive plans for priority chronic diseases that address prevention, screening, treatment, palliative care and rehabilitation. We will also have plans for other emerging public health problems such as injuries and substance abuse.

Strategies:

- Organisational and management reform of management structures, systems and procedures in the Ministry of Health to respond effectively to change.
- Effective public private partnership to improve accessibility, quality and affordability through the promotion of private sector participation and enforcement of regulations.
- Enhance Ministry of Health capacity to address chronic and other non-communicable diseases and emerging public health problems through raising awareness and developing comprehensive plans.
- Further develop the health sector to strengthen management effectiveness throughout the health service by:
 - a) Enhancing management and leadership culture sector-wide
 - b) Increasing effective decentralization and deconcentration
 - c) Institutionalising sector wide management

Outcomes:

- Increased efficiency, effectiveness, and accountability of the ministry at all levels
- Laws are appropriate and fully enforced
- Improved supervision and regulation of private services
- Increased participation of private sector in health service delivery
- Increased public awareness on prevention of chronic diseases
- Effective and efficient approach to sector wide management through joint planning, monitoring and evaluation
- Improved accountability and effectiveness of the health system
- Improved stewardship of the sector by the Ministry of Health

Risks and assumptions

In the real world things sometimes happen that can seriously hinder the successful achievement of the best written plans. Through asking 'what if...?' time and time again the ministry concluded that the risks in Box 13 below are the most important ones. We have considered the risks during the development of this strategic plan and to the extent possible we also need to monitor, minimise and manage them during implementation.

While developing the strategies the ministry also listed the assumptions against which they were set – also in box 13. These assumptions will be an important part of the implementation monitoring and evaluation process to see the rate of progress towards achievement of the outcomes we are aiming for.

Box 13. Risks and assumptions

Risks:

- Poor macroeconomic growth reducing government allocation to health sector
- Interruption of support from international agencies as a result of changes in their policies or because of political instability
- Forthcoming elections and potential for political instability
- Resistance to change within the Ministry of Health and overall government especially concerning human and financial resource management
- Salaries of the health workforce do not rise sufficiently
- Not enough attention to health promotion and changing health and health seeking behaviour
- No change in the way that vertical programmes operate resulting in provincial implementers having limited opportunity for change management or doing things differently
- No improvement in quality of care

Assumptions:

- Continuing and accelerating economic growth
- Continuing stability of the political situation in the country
- Willingness to reform the Ministry of Health to respond to changing health system needs
- Continuity of resource availability (domestic and international)
- Increasing transparency about income and expenditures
- Increasing transparency and performance and needs-based human resource management

Overall, the strategic plan:

- Reflects the need to think creatively if we are going to be even more successful in the future.
- Highlights pro-poor interventions.
- Has strategies and outcomes that link the targets in box 1b, to the policy statement, the priority problem indicators in box 4, the health and disease priorities in box 5, and the key areas of work in box 10.
- Takes an incremental approach to change. There is no sudden, surprise big change to be introduced immediately.
- Is not prescriptive. It allows for flexibility at different layers of the health system.
- Recognises that improving the health status of the people of Cambodia depends not only on actions within the health sector, but also on factors outside the sector.

CHAPTER 4: IMPLEMENTATION ISSUES

This chapter outlines the process to operationalise the various strategies, i.e. planning annual programme activities, deciding on resource allocation, arrangements to finance the implementation process and the monitoring and evaluation of programme performance. As the strategic plan underpins a common vision for all stakeholders in the sector, building partnerships is of critical importance and the last section indicates plans to achieve this.

Implications for ways of working, for resources, and for legislation

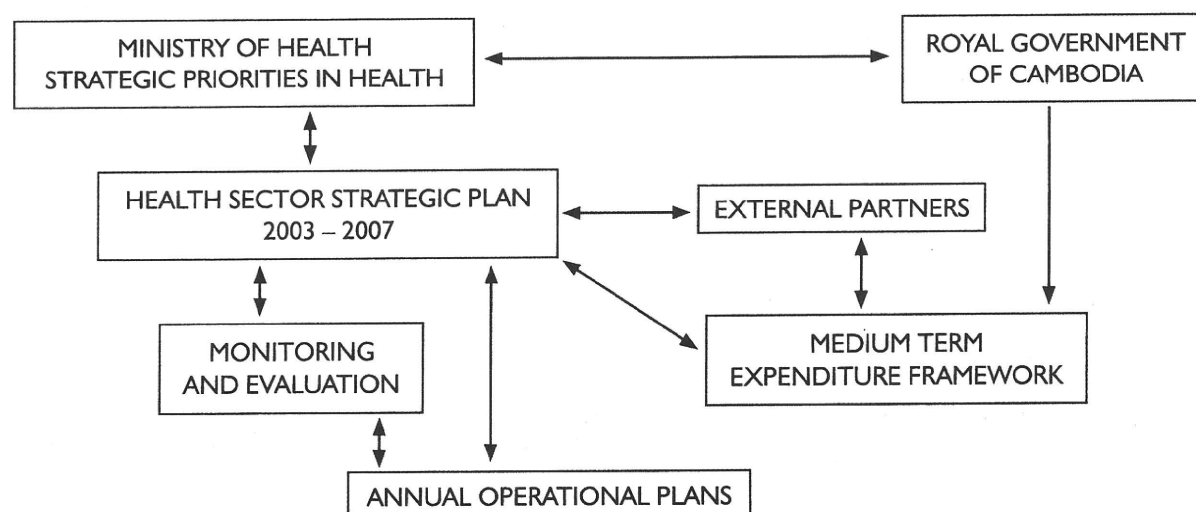
There are a number of implications of this strategic plan. The key ones are the need for:

- The values and working principles of the Ministry of Health to be really adopted by all stakeholders, that they are not just rhetoric
- Continued emphasis on systems development and capacity building
- Emphasis on creating competence for the management of change and organizational development
- Increased delegation and capacity to manage effectively and efficiently at delegated levels
- Increased decentralization and deconcentration
- Linking planning with need and with health financing
- Integration of national health programmes at the operational district level
- Partners to work within the framework of the strategies and their desired outcomes
- Systematic and regular monitoring and evaluation using appropriate health, management and financial indicators
- Additional resources for some of the strategies, so some work will have to be phased in as resources become available
- Ensuring consistency between legislation and Ministry of Health and other health related policies and their effective implementation
- Emphasis on health outcomes for the population

The implementation of the strategic plan is a challenge for all stakeholders, the government, all levels of the ministry, private sector providers, the consumers and external partners.

The diagram below shows how the strategic plan leads to the development of implementation or operational plans under new arrangements within the planning cycle. The operational plans will also be scaled to match available funding detailed in the medium-term expenditure framework that draws together resources from a variety of origins. Performance is measured against the strategic plan and the local level based annual plans, through an ongoing monitoring and evaluation process.

Figure 2. The strategic planning & implementation process



Implications for change management during implementation

To make a move from strategic plan to implementation, responsibilities for the strategies within the key areas of work have been assigned to lead departments and implementing units according to currently defined budget management centres (see Annex B). We need to keep working together as we have done during the design phase, to ensure issues are raised and ideas flow bottom up to feed into strategic decisions. This calls for coordination structures and processes that enable staff at the periphery to participate in decisions that affect sector-wide priorities.

Support from central level to provincial planning and implementation is essential and mechanisms such as coordination will help identify responsibilities from both levels to ensure joint accountability in achieving planned outcomes. Ownership of strategy implementation has to be with line managers at all levels, as it is they who will make most things happen, hence the emphasis on building management capacity including leadership skills. At present, those with operational responsibility have limited authority for expenditures. As part of moving towards effective decentralisation, the devolution of authority will be mapped out particularly for financial decisions.

The period 2003-2007 also calls for closer working relationships between the central ministry's Department of Planning and the Department of Budget and Finance, particularly to integrate planning and budgeting, and to monitor expenditures against activities and to validate reported expenditures and outputs, i.e. through performance budgeting and performance audits. Likewise, closer linkages between the Personnel Department and Human Resource Development Department are also envisaged.

Another key task is to support the planning process of some lead central level departments and programmes as their roles and contribution to the sector becomes more clear with the strategic direction for the next five years. There is a critical need for institutional measures that strengthen teamwork at all levels.

Financing the strategic plan

The strategic plan comprises many components that will be funded by the government and different agencies through technical and financial assistance. Several mechanisms will be used including through the national budget, loans, grants and donor budgetary support. External financing for this strategic plan 2003-2007 will not be pooled and funds will be targeted to specific actions or activities featured in the strategic framework.

The medium term expenditure framework will be the key financial plan for the sector indicating planned expenditures for major actions/activities against implementing units, i.e. the budget management centers (see volume 2). The framework—also a requirement to support larger government financial reform strategies - will present resource needs estimated through cost projections of planned activities and financial allocations based on the current resource envelope. Projecting the resource envelope for the later part of the strategic plan cycle will be less accurate as government and donor financing flows are contingent on many external factors and subject to changes in priorities. The spending limits for this period will be indicative and updated annually as expenditures are monitored and information on resource availability becomes more precise throughout the planning cycle. The medium term expenditure framework will indicate shortfalls and duplications against major activities that would enable the government and its partners to plan jointly and allocate resources more efficiently.

The institutional process of monitoring expenditures and making informed decisions indicate the need to strengthen the capacity of the central ministry as well as provincial and district staff in financial management.

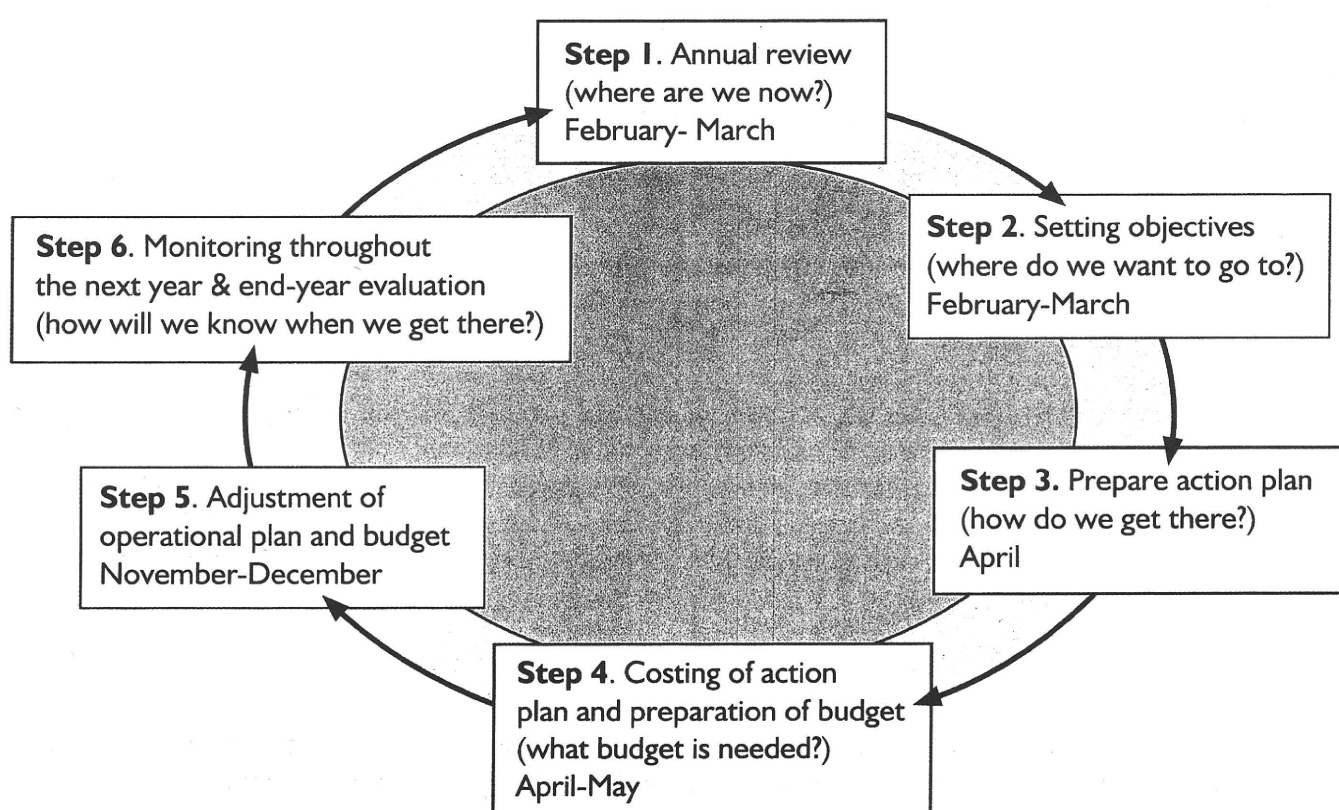
Planning-budgeting process

To date, there have been limitations to effectively link planning and financing as the budgeting cycle precedes provincial planning timetables to meet the time lines for budget negotiations and resource allocation decisions with the Ministry of Economy and Finance. Also, unpredictability about being able to access allocated funds had created uncertainty in implementing planned activities, which has led peripheral staff to produce ambiguous operational plans. For the period of 2003-2007, a new process will be put in place where strategic priorities will provide a basis for annual plans, and those plans will be costed and budgeted based on a resource envelope that includes both government and external funds.

During the period of 2003-2007, the ministry will integrate planning, budgeting and monitoring at the level of budget management centers. In 2003, implementation of this integrated planning approach will be piloted in three provinces. The remaining 21 provinces will follow the previous planning cycle but all provinces will incorporate the priorities of the strategic plan. The 2003 planning cycle will follow the new approach of integrated planning and budgeting. Hopefully, 2004 will be the first year that all budget management centers will produce operational plans linked to budgets.

National strategies will be incorporated into annual operational plans of the central and provincial health departments indicating actions/activities by time lines and their estimated budgetary needs. In order to accomplish this, the current planning process at the provincial and district level will assume a three-year rolling process that starts mid-financial year by reviewing progress made in the past year, and identifying priority actions or activities for the next year. Such work will be costed and correspondingly, financial allocations will be indicated based on the available resource envelope and established expenditure guidelines.

Figure 3. Revised Ministry of Health planning cycle, 2002



Note:

- By May-June provinces will submit next year's action plan and budget (Annual Operational Plan) to the MoH.
- The MoH Planning and Finance Departments will review action plans and budget, provide feedback, and if necessary suggest to revise action plan and/or budget.

Planning-budgeting tools

The ministry has several tools to help the planning and budgeting process including a:

- Framework for operational planning at central and provincial level highlighting a new planning cycle, and the steps in defining objectives and targets based on strategic priorities (volume 4)
- Planning manual that indicates the process for incorporating national level priorities into annual operational plans and corresponding budget estimates at the provincial level
- Monitoring tools, including health and financial information systems that indicate programme outputs and their corresponding expenditures

The operational plans developed by budget management centres should include objectives for all government and externally financed work, within the framework of the strategies in this strategic plan. The operational plans should meet requirements for preparation of the annual budget of the Ministry of Health. Thus, the planning process for 2003-2007 will gradually merge to be in line with the government's budget cycle and the overall agreed allocation to the health sector. By mid-strategic plan period, it is envisaged that the annual plans will be results-based and monitored to improve accountability of public sector health expenditures. At the end of each year, as part of the sector wide management approach, the ministry and its partners will review progress with implementing operational plans and expenditures.

It is vital that the operational plans clearly define measurable outcomes and outputs that can be monitored. Overarching assumptions and risks will again be considered during the development of operational plans including the analysis of local situations concerning the willingness and support from partners, i.e. local authorities, other ministries and external partners.

Bottom-up approach and integration

A bottom-up approach is a key guiding principle for this planning-budgeting process. The planning process will start with district level plans that will merge into provincial plans that relate national priorities to work at the local level. The Planning Department of the Ministry of Health will take the lead role in guiding the development, and quality control of plans from both the central and provincial level. Proposed plans and budgets will be assessed by both the Department of Planning and the Department of Budget and Finance who will then make joint decisions to allocate financial resources against activities.

Stakeholder consultation is valued and representatives from other government and non-governmental agencies, commune council representatives, consumer representatives such as village health support groups will participate in identifying priorities. Their participation will later extend to joint monitoring at the field level.

Efforts will also be made to integrate the operational plans of national programmes into provincial plans. Coordinating with the Planning Department, each programme will convey national level objectives and targets to the provincial health departments before the operational district planning process starts, who will then translate them into provincial targets and activities. All programme activities, including training, supervision, special campaigns, with the exception of epidemic outbreak responses, will be integrated into the provincial planning cycle.

New work and its implications for planning

New work in health service delivery is mostly around the revision and completion of the health coverage plan and standardisation such as for the minimum and complementary packages of activities.

For behaviour change the new work is challenging and includes developing and implementing a national policy on information, education and communication/behaviour change focusing on coordination, quality standards, dissemination of relevant materials and training, using the mass media and inter-personal communications skills to encourage consumers to adopt appropriate health seeking behaviour and use quality health services, and standardising procedures and coordinating monitoring and evaluating systems to measure behaviour change among providers and consumers.

Most of the new work is in the area of institutional development and in quality improvement. For institutional development, actions needing to be implemented in this five year strategic plan are closely related to strengthening management and leadership in the Ministry of Health and working towards excellent collaboration and coordination with partners to ensure effective use of available resources, both internal and external.

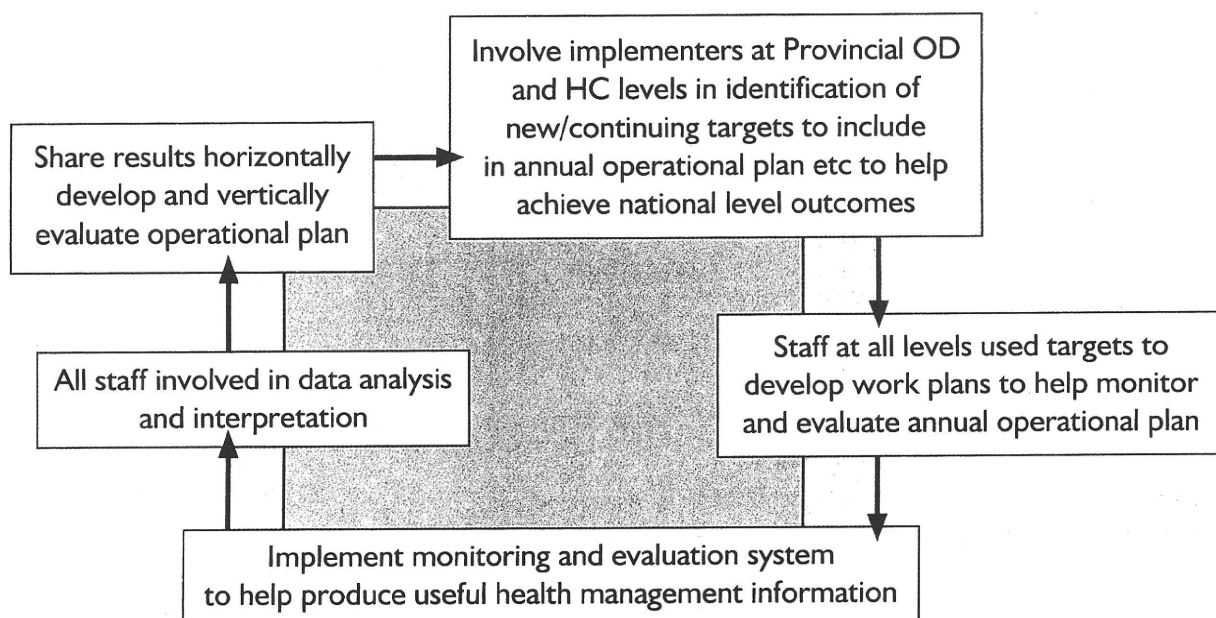
Quality improvement is another area in which new work should mostly be started in years one and two. The actions focus mainly on developing a quality culture throughout the sector by implementing quality standards, quality seal and awards for quality.

Within the area of human resource development, the focus of the work in years one and two is on ensuring the appropriate quantity and quality of staff in particular midwives.

Monitoring and evaluation process

There is critical need to build capacity for monitoring and evaluation at all levels. The Planning Department of the central Ministry of Health will take the lead in providing technical support and coordinate with all other departments and programmes in the monitoring process. The monitoring and evaluation system will also weave in field audit activities on verifying service output indicators as well as expenditures according to plan activities. Efforts will be made to discuss achievements and shortcomings with providers, managers and stakeholders at the field level to provide feedback and incorporate monitoring data into the planning and decision-making process. At sector level, findings from monitoring and evaluation will be incorporated into further planning, decision-making and resource allocation actions.

Figure 4. Ministry of Health monitoring and evaluation cycle, 2002



All levels of the health system need to incorporate the 20 strategies given in the health sector strategic plan 2003-2007 into their monitoring and evaluation work. To help with this the Ministry of Health:

- Has developed a matrix for use by provincial level, central level departments and health facilities (see Volume 3). This gives the 20 strategies with columns for activities, planned outputs, targets, indicators and means of verification. The latter should mainly be routinely collected information. To allow for differences between provinces in particular and to encourage flexibility the columns have not been filled in by central level Ministry of Health. They are open for stakeholders to fill in as appropriate.
- Has also developed a matrix for use by central level Ministry of Health that gives outcomes instead of targets, and the indicators include equity and poverty related ones (see volume 3). The targets set by others should contribute to achieving the outcomes. The means of verification includes surveys and reviews.
- Would like all partners to use the ministry's management information subsystems to save both time and money by not creating duplicative systems of information for separate project, programmes or institutional requirements (see examples of subsystems in following box).

Management health information subsystems applied both in the private and public sectors

- Epidemiological surveillance
- Services within health facilities
- Referral
- Human resource development
- Financial management
- Institutional management
- Facilities management
- Logistics management

- Is encouraging the development of a monitoring and evaluation process or approach that is seen as useful by implementers, allows accountability and transparency, and is efficient and effective.

In the near future the monitoring and evaluation system will have four core components:

- A revised version of the health information routine reporting system linked to the existing systems but emphasising sector wide management issues
- Routine service delivery studies
- An extended financial reporting system
- A limited number of knowledge, attitude and practice surveys of households

The working principle of the monitoring and evaluation process is based on linking indicators to implementation progress and financial allocations. The scale of actions includes developing a bottom-up system that brings in field level indicators to be compiled for a summary of progress at sector level. The following scope of work is envisaged:

- Routine monitoring through monthly, quarterly and annual reports on activities, plan outputs and expenditures from 2003 onwards
- Annual sector level performance reviews on outcome indicators and the implementation and expenditures of major activities
- Mid-term evaluation early 2005 to review strategic plan performance at the sector level
- Final evaluation through an overall sector review and a national health survey in 2006.

The overall impact of this strategic plan will be evaluated at the sector level through the following categories of indicators:

- Improvement in health outcomes including health status, healthy lifestyles and behaviour of the population especially among the poor and socially disadvantaged
- Reduction in household health expenditures with particular reference to the poor
- Improvement of the capacity of the Ministry of Health on institutional and other management change

At the outcome level, the following groups of indicators will be monitored as corresponding to the 6 key areas of work:

- Access to, utilisation and coverage of health services especially among the poor and remote areas of the country
- Improvement in quality of health services in both public and private sectors
- Adoption of appropriate health seeking behaviour and healthy lifestyles among the population
- Improvement in responsiveness and skills of health providers sector-wide
- Wider interaction between providers and consumers at all levels
- Increased levels of funding to health service delivery
- Improvement in leadership and management capacity sector-wide at all levels

Where appropriate, indicators will be disaggregated to urban/rural location, region and gender, to the extent permitted by data availability. The outcomes for the strategic plan were given earlier in Chapter 3 and are also in Annex B. In Volume 3, the monitoring and evaluation framework is information about indicators of achievement of the outcomes, and the means of verification of the indicators.

At the output level, on an annual basis, the government and partners will jointly review the operational plans and budgets, their implementation and expenditures. The progress with major work and the level of support channeled for implementation in terms of technical and financial assistance will be monitored through the management information system and the medium term expenditure framework.

The performance indicators and interpretations of the outcomes will be disseminated widely using existing structures such as the Annual Health Congress and the coordinating committees of the ministry. The issues raised will feed into joint decisions and strategic planning process in the health sector.

Other management issues

Some other important implementation management issues can be seen in box 14, two pages further:

Consumer consultation

It is critical to build in mechanisms to obtain feedback from consumers, particularly to ensure the pro-poor approach of the strategic plan. Existing structures such as Village Health Support Groups will be used to collect information on preferences and opinions on service delivery strategies, quality and affordability.

It will also be important to assess consumer perspectives systematically country wide to feed into national level strategies and plans. Qualitative and/or quantitative customer surveys, with appropriate sampling to ensure representation of the poor and socially disadvantaged, will be spaced at mid and end cycle periods to inform whether intended outcomes are being achieved. The results will then be channeled through the monitoring and evaluation system to be incorporated into further planning and decision-making.

Building partnerships within government and local non-governmental sectors

Linkages within government, i.e. inter-sectorally are also valued and the ministry is strengthening these as a priority mainly through the sector wide management process. The prime areas for building institutional linkages with other ministries include the following:

- For planning and financing - with the Ministry of Planning and the Ministry of Economy and Finance
 - For mother and child health - with the Ministries of Education, Youth and Sports; Women and Veterans' Affairs; Social Affairs, Labour and Youth Rehabilitation; Information; and Rural Development
 - For environmental health and the control of important infectious diseases such as malaria and HIV/AIDS - with the Ministries of Education Youth and Sports; Information; Interior; Defence; Environment; Industry, Mines and Energy; Agriculture, Forestries and Fisheries; Culture and Fine Arts; Culture and Religious Affairs; Tourism; and Rural Development.
- Also the National AIDS Authority.
- For advocacy and other work about issues such as controlling the marketing of breast milk substitutes, and tobacco-related and other legislation, taxation and revenue implications - with the Ministry of Interior in particularly local authorities, and the Ministries of Information; and of Commerce.

Likewise, closer interaction between the Ministry of Health with professional associations, local NGOs and private for-profit sector organisations are also encouraged to bring in opportunities that are mutually supportive and lead to overall improvement of the health of the population.

Partnerships with external agencies

The key areas for building partnerships through the strategic plan are:

- Planning for priority actions and channeling technical and financial support
- Coordination to monitor and track progress with implementation
- Decisions on resource allocation for efficiency, reduced duplications, gaps and shortfalls in financing

Sector-wide management highlights the role of the Ministry of Health in proactively leading the process on the above work. Some tools that enable the ministry to accomplish the three activities are:

- This health sector strategic plan 2003-2007 states a common vision, strategies and outcomes for all partners as a guide to their inputs to the sector (volume 1)
- The medium term expenditure framework indicates support from different partners to specific components and activities in the strategic plan that helps in coordinating sector financing for more efficient results (volume 2)
- The monitoring and evaluation framework outlines agreed outcomes and provides the basis for joint reviews and performance monitoring (volume 3)

Several mechanisms are in place to facilitate coordination, of which the ministry's coordinating committee (CoCom) is the central forum for reporting, discussion and coordination among partners. The CoCom encourages debate on policy and strategic approaches and the membership includes all major partners including donors, technical assistance agencies, international organisations and non-governmental organisations. As and when needed, special CoCom meetings are held to review and discuss progress and map out further work. The terms of reference of the CoCom were revised early 2002 to encourage discussions on issues related to this strategic plan and efforts being taken to strengthen its effectiveness as a forum for policy debate.

At the provincial level, the provincial coordinating committee (ProCoComs) meetings provide opportunities

to coordinate and monitor health work being planned and implemented by government, local authorities, NGOs and others.

Other venues for sharing information include the regular meetings of MEDICAM (the lead coordinating agency for NGOs active in the health sector in Cambodia) and a monthly meeting among external partners coordinated by the World Health Organisation Office in Phnom Penh. The latter presently serves as a venue for open discussion among external agencies. However, as partner coordination improves it will be important to merge the meeting into CoCom by end 2003.

The principles of the partnership framework include:

- Consultation and sharing information on plans, financing, and management and technical support.
- Coordination to agree on co-financing and responsibilities to ensure plan outcomes.
- Respecting the ministry's choices and approaches as indicated in the strategic plan.
- Agreement on joint reviews and monitoring to: a) avoid unnecessary workload and extra burden of logistics on the government; and b) assess the contribution and comparative advantage of different partners.