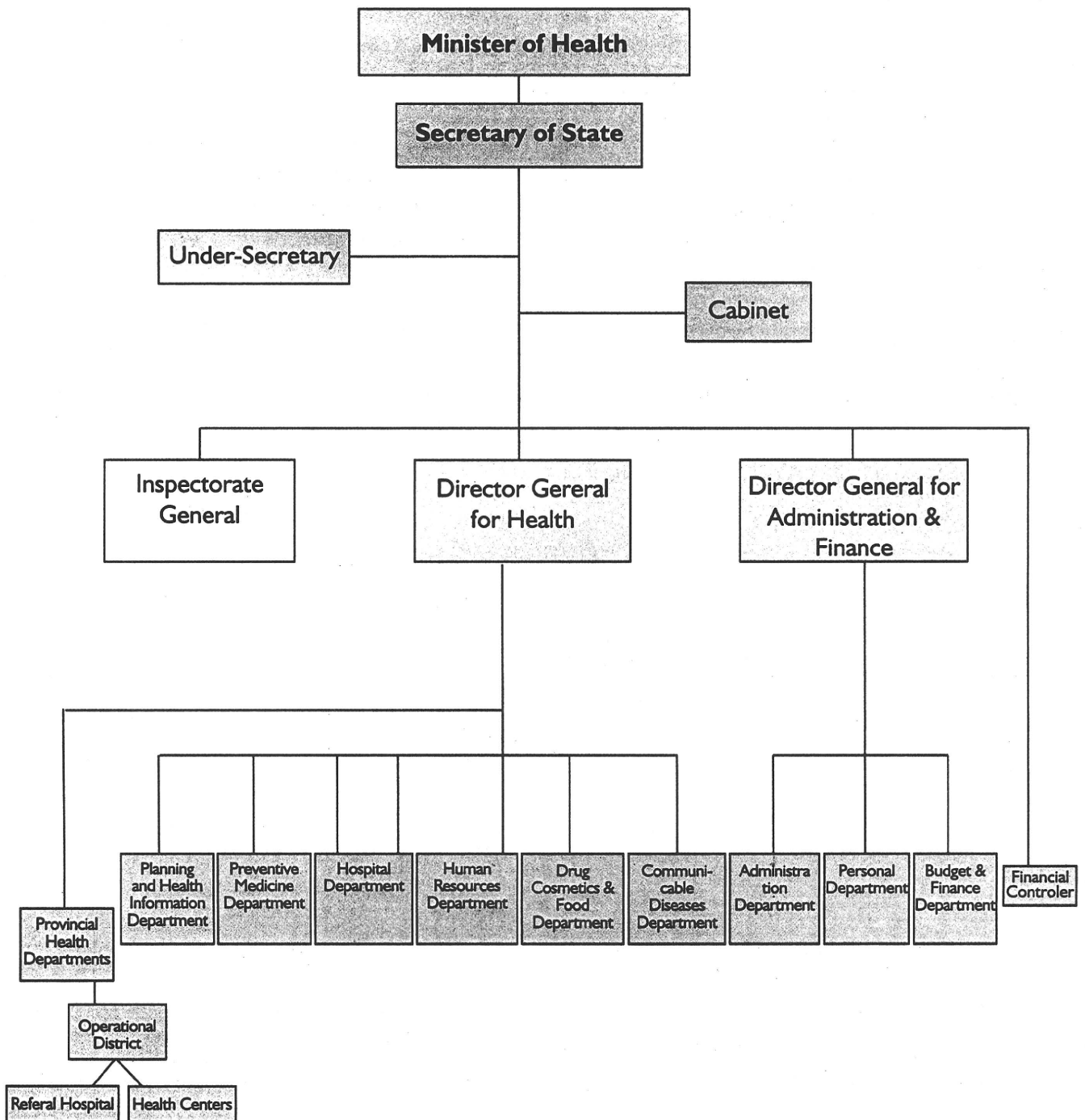


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ANNEX A1. ORGANIZATIONAL CHART OF CENTRAL LEVEL MINISTRY OF HEALTH*

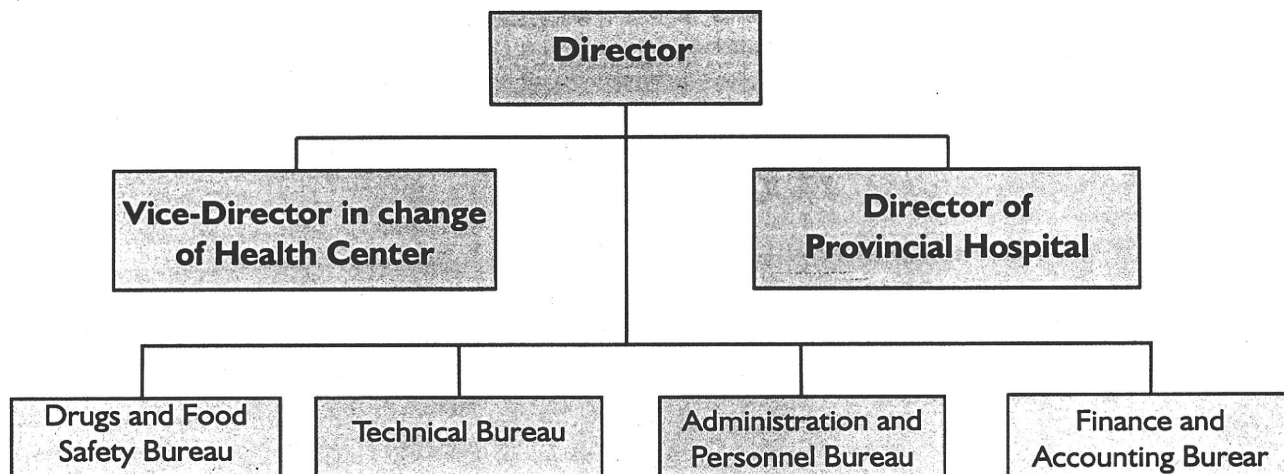
ANNEX A1. ORGANIZATIONAL CHART OF CENTRAL LEVEL MINISTRY OF HEALTH



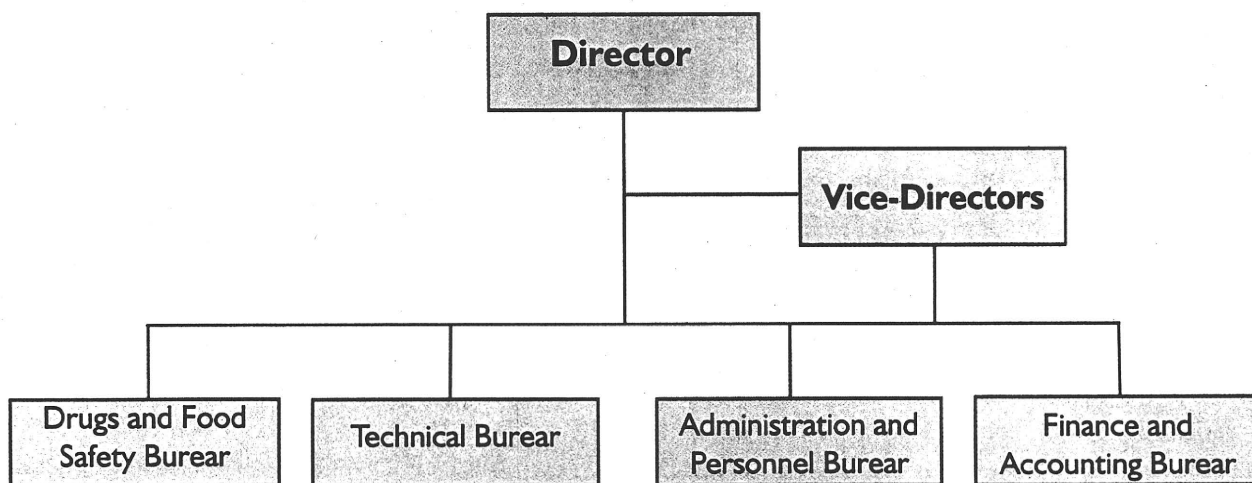
*Accounting to sub-decree No 67, 1997

ANNEX A2. ORGANIZATIONAL CHART FOR PROVINCIAL LEVEL*

ONE OPERATIONAL DISTRICT



MORE THAN ONE OPERATIONAL DISTRICT



*According to Circular No 308, 1998

ANNEX B. HEALTH SECTOR STRATEGIC PLAN FRAMEWORK



Outcomes

- Reduced IMR, MMR, U5MR, TFR, and household health expenditure especially among the poor.
- Improved nutritional status among children and women
- More effective and efficient health system

Goal of the strategic plan
 Enhance health development sector wide to improve the health of the people of Cambodia, especially mothers and children, thereby contributing to poverty alleviation and socio-economic development.

Strategies by key areas of work	Outcomes	Strategic actions	Priority	Time frame	Responsibility
<p><i>Health service delivery:</i></p> <p>A. 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</p>					
Improved coverage	Improved coverage	<ul style="list-style-type: none"> • Finish revision of health coverage plan • Convert former district hospitals to health centers according to revised health coverage plan • Strengthen outreach services • Work through inter-ministerial channels on school health, and on military and prison services 	<p>++</p> <p>++</p> <p>+</p> <p>+</p>	<p>•</p> <p>•</p> <p>↔</p> <p>↔</p> <p>↔</p>	<p>Chair: PM Department (Dept.)</p> <p>Co-chair: -Hospital Dept. -Planning Dept. -National Programmes.</p>
<p>B. Strengthen the delivery of quality basic health services through health centers and outreach based upon minimum package of activities</p>					
Increased utilization of preventive and curative services especially by the poor	Increased utilization of preventive and curative services especially by the poor	<ul style="list-style-type: none"> • Review and revise the MPA to especially target the top priority diseases and other problems such as malnutrition • Improve community participation by strengthening link between health centers and the village health support groups • Adapt and implement different packages for health posts and for outreach • Develop and implement appropriate health service delivery approaches to urban poor populations • Develop and implement a national child health initiative 	<p>++</p> <p>++</p> <p>++</p>	<p>•</p> <p>↔</p> <p>↔</p> <p>↔</p> <p>↔</p>	<p>Chair: PM Department</p> <p>Co-chair: -Planning Dept. -National Programmes</p>
<p>C. Strengthen the delivery of quality care, especially obstetric and paediatric care, in all hospitals through measures such as the complementary package of activities</p>					
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 delivery of quality care, especially obstetric and paediatric care, in all hospitals through measures such as the complementary package of activities	<ul style="list-style-type: none"> • Finalise and implement CPA according to role of hospitals at district, provincial, and national level, building upon evidence based practices • Develop and implement a package of laboratory activities for different levels of the health system • Systematically improve referral system to, and emergency obstetric care in, referral hospitals 	<p>++</p> <p>++</p> <p>++</p>	<p>•</p> <p>↔</p> <p>↔</p> <p>↔</p>	<p>Chair: Hospital Dept.</p> <p>Co-chair: -Planning Dept. -Pre. Med. Dept.; -National Programmes</p>

ANNEX B: HEALTH SECTOR STRATEGIC PLAN FRAMEWORK



Strategies by key areas of work	Outcomes	Strategic actions	Priority by resource allocation	Time frame (2003-2007)					Responsible Department/Institution based on the 20 Strategies
				Y1	Y2	Y3	Y4	Y5	
<p>D. Strengthen the management of cost-effective interventions to control communicable diseases</p>	<p>Reduction of prevalence rates of communicable diseases</p>	<ul style="list-style-type: none"> • Further develop and implement comprehensive plans for 4-6 priority diseases • Deliver priority communicable disease interventions in integrated ways at OD level through MPA delivery system 	<p>+++</p>	●	←	→	←	→	<p>Chair: CDC Dept. Co-chair: -Planning Dept. -National Programmes -PM Dept.</p>
				<p>●</p>	←	→	←	→	
<p>E. 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</p>	<p>Increased availability of supplies and functioning equipment Effective referral system</p>	<ul style="list-style-type: none"> • Strengthen plans and systems to ensure effective, efficient and cost-efficient management of supplies, facilities, and transport • Further develop and implement efficient, effective and cost-effective maintenance and procurement service to ensure optimal operation of equipment and facilities at all times to ensure quality services • Improve technical capacity and management including resource availability for referral system • Develop and strengthen quality of the laboratory system at all levels • Strengthen implementation of laws on drug and vaccine quality and food control 	<p>+++</p>	←	→	←	→	←	<p>Chair: Drug Dept. Co-chair: -Planning Dept. -Hospital Dept. -National Blood Bank</p>
				<p>●</p>	←	→	←	→	
<p><i>Behavioral change:</i></p>									
<p>F. Change for the better the attitudes of health providers sector-wide to effectively communicate with consumers, especially regarding needs of the poor, through sensitization and building interpersonal communication skills</p>	<p>Appropriate practices and healthy lifestyles as a result of informed decisions, especially by women</p>	<ul style="list-style-type: none"> • Raise awareness among public, private, NGO health providers about quality health services and professional ethics (accountability) including inter-personal communication skills • Support and cooperate with pharmacists, private practitioners, professional health associations and traditional healers to promote appropriate client referral • Work with HRD to improve health providers attitudes and behaviour towards consumers • Further develop and implement procedures to monitor and evaluate providers communication skills and practices 	<p>++</p>	●	←	→	←	→	<p>Chair: Health Promotion Centre Co-chair: -PM Dept. -Hospital Dept.</p>
				<p>●</p>	←	→	←	→	



Strategies by key areas of work	Outcomes	Responsible Department/Institution based on the 20 Strategies
<p>G. Empower consumers, especially women, to interact with other stakeholders in the development of quality health services through mass media and inter-personal communication</p>		<p>Chair: Health Promotion Centre Co-chair: PM Dept.</p>
<p>H. Promote healthy lifestyles and appropriate health seeking behaviour through advocating for healthy environments, implementing, counselling, and behavioural change activities</p>		<p>Chair: Health Promotion Centre Co-chair: -PM Dept. -National Programmes</p>
<p><u>Quality improvement:</u></p> <p>I. Introduce and develop a culture of quality in public health, service delivery and their management through the use of Ministry of Health quality standards</p>	<p>Institutionalized capacity in the health sector for quality improvement and assurance is developed and a culture of quality management grows within the country</p>	<p>Chair: NIPH Co-chair: -Hospital Dept. -Preventive Medicine Dept. -Planning Dept. -National Programmes.</p>

ANNEX B: HEALTH SECTOR STRATEGIC PLAN FRAMEWORK



Strategies by key areas of work	Outcomes	Strategic actions	Priority by resource allocation	Time frame (2003-2007)					Responsible Department/Institution based on the 20 Strategies
				Y1	Y2	Y3	Y4	Y5	
<p>O. Allocate financial resources to improve the accessibility of health services for the poor through alternative health financing schemes</p>	<p>Increased cost-effectiveness and efficiency of health service delivery systems</p> <p>Reduced financial barriers to access to hospital services for the poor</p>	<ul style="list-style-type: none"> Evaluate pilot projects to improve access by the poor and implement equity funds in selected areas Formally introduce boosting in areas with good management capacity and support from local authority Scale up official health financing schemes with user fees Continue contracting with appropriate providers in poor, remote operational districts Enable incentives to staff working in remote areas and priority mission groups 	<p>+++</p> <p>++</p> <p>+++</p> <p>+++</p> <p>+++</p>	→	→	→	→	→	<p>Chair: Planning Dept.</p> <p>Co-chair: -Finance Dept.</p>
				→	→	→	→	→	
<p>P. Ensure transparent, efficient and effective health expenditures through strengthening resource allocation, coordination of different sources of funds, and monitoring</p> <p><i>Institutional development:</i></p> <p>Q. Organizational and management reform of structures, systems and procedures of the Ministry of Health to respond effectively to change</p>	<p>Improved transparency in management of funds</p> <p>Increased efficiency, effectiveness, and accountability of the Ministry of Health at all levels</p>	<ul style="list-style-type: none"> Improve resource allocation decision making and link to performance Establish and strengthen internal audit function Strengthen monitoring and evaluation process <p>Clarify roles and functions, lines of accountability and decision-making, delegation of authority at all levels of the Ministry of Health, including national programmes, national hospitals and other national health institutions</p> <p>Designate document reference centers/focal points for national programmes/institutions, laboratories, and Ministry of Health central level departments</p> <p>Further develop and implement health management information system</p> <p>Develop an integrated planning and budgeting system in all ministry departments and institutions at all level</p>	<p>++</p> <p>++</p> <p>+++</p> <p>+++</p> <p>+++</p>	→	→	→	→	→	<p>Chair: Budget and Finance Dept.</p> <p>Co-chair: -Planning Dept. International Relations Office</p> <p>Chair: Planning Dept.</p> <p>Co-chair: -Budget and Finance Dept. -International Relations -Administration Department -Personnel</p>
				→	→	→	→	→	



Strategies by key areas of work	Outcomes	Strategic actions	Priority by resource allocation	Time frame (2003-2007)					Responsible Department/Institution based on the 20 Strategies
				Y1	Y2	Y3	Y4	Y5	
	Laws are appropriate and fully enforced	<ul style="list-style-type: none"> • Systematically organize how to ensure evidence based decision making and practice through research and the evaluation of pilots • Develop a common protocol, clear costing, and responsibilities for contracting • Strengthen capacity to draft and implement health and health related laws and regulation; strengthen collaboration with the Ministry of Justice • Strengthen the institutional and technical role of the National Center for Health Promotion to carry out its mandate on coordination, quality assurance and training 	++	●	→	→	→	→	Chair/Co-chair
			+++	●	→	→	→	→	
			++	●	→	→	→	→	
			+++	●	→	→	→	→	
R. Effective public private partnership to improve accessibility, quality and affordability through the promotion of private sector participation and enforcement of regulations.	Improved supervision and regulation of private services	<ul style="list-style-type: none"> • Implement effective ways of getting compliance with regulation on registration and licensing of private facilities/ providers including pharmacies/pharmacists • Promote private sector participation in increasing health services coverage and in addressing key health issues • Encourage and support NGOs to work on essential services (mainly MPA and CPA) • Promote appropriate use and reduce harmful practice of informal sector services (traditional birth attendants, Kru Khmer, etc.) 	++	●	→	→	→	→	Chair: Hospital Dept. Chair: -Planning Dept.
	Increased participation of private sector in health service delivery		++	●	→	→	→	→	
S. 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.	Increased public awareness on prevention of chronic diseases	<ul style="list-style-type: none"> • Increase awareness and understanding of potential health consequences of poor diet and environmental factors such as industrial pollution, the mis-use of pesticides and global warming • Develop comprehensive plans for priority chronic and other non-communicable diseases that address prevention, screening, treatment, palliative care and rehabilitation and also plans for other problems such as 	+	●	→	→	→	→	Chair: PM Dept. Co-chair: -Hospital Dept. -National Programmes
			+++	●	→	→	→	→	

ANNEX B: HEALTH SECTOR STRATEGIC PLAN FRAMEWORK

ANNEX B: HEALTH SECTOR STRATEGIC PLAN FRAMEWORK



Strategies by key areas of work	Outcomes	Strategic actions	Priority by resource allocation	Time frame (2003-2007)					Responsible Department/Institution based on the 20 Strategies
				Y1	Y2	Y3	Y4	Y5	
<p>T. Further develop the health sector to strengthen management effectiveness throughout the health service by:</p> <p>1) Enhancing management and leadership culture sector-wide</p>	<p>Effective and efficient approach to sector wide management through joint planning, monitoring and evaluation</p>	<p>injuries, malnutrition, mental health, and tobacco use</p> <ul style="list-style-type: none"> • Develop and implement health preparedness plan for disasters such as floods, and for public health crises management • Further develop and implement plans for monitoring emerging public health problems such as tobacco alcohol and drug abuse • Further extend and enforce occupational health measures 	+++	↔	↔	↔	↔	↔	Chair / Co-chair
			++	↔	↔	↔	↔	<p>Chair: Planning Dept. Co-chair: -Finance Dept. -International Relations -Administration -Personnel -National Programmes -NIPH</p>	
			+	↔	↔	↔	↔		
		<ul style="list-style-type: none"> • Introduce a management development and leadership programme for senior and mid level managers using the learning from experience approach rather than formal training courses • Improve capacity of managers through training enabling them to be more responsive to health needs and more accountable to outcomes • Introduce a system to monitor performance managers to ensure delegated authority is used with transparency and according to an agreed set of norms of good governance • Encourage and help managers develop quality client oriented services 	+++	↔	↔	↔	↔	↔	
			++	↔	↔	↔	↔	↔	
			++	↔	↔	↔	↔	↔	



Strategies by key areas of work	Outcomes	Strategic actions	Time frame (2003-2007)					Responsible Department/Institution based on the 20 Strategies Chair /Co-chair
			Y3	Y4	Y5	Y6	Y7	
2) Increasing effective decentralization and deconcentration	Improved accountability and effectiveness of the health system	<ul style="list-style-type: none"> • Delegate appropriate authority enabling managers to be more responsive to service needs • Examine all possible options and implement selected options for effective management of hospitals • Encourage the establishment of public administration institutions particularly hospitals, on a case by case basis • Ensure that any autonomous hospital provides the services required by the poor effectively and efficiently 	→	→	→	→	→	Chair: Planning Dept. Co-chair: -Budget and Finance Dept. -Internationals Relations Office -Administration Dept. -Personnel Dept. -National Programmes
3) Institutionalizing sector wide management	Improved stewardship of the sector by the Ministry of Health	<ul style="list-style-type: none"> • Continue the development of sector wide approach and ensure consistency with the health needs of the population • Strengthen international cooperation and relations through the further development of the international relation office • Improve capacity of Ministry of Health to coordinate sector financing 	→	→	→	→	→	Chair: Planning Dept. Co-chair: -Budget and Finance Dept. -Internationals Relations -Administration -Personnel

ANNEX B: HEALTH SECTOR STRATEGIC PLAN FRAMEWORK

ANNEX C. HEALTH SERVICE DELIVERY COMPONENTS 2003-2007

Components	Desired Outcome by the end of 2007	MPA (Minimum Package of Activities) Health Centre Level			CPA (Complementary Package of Activities) Referral Hospital Level			Private Sector	National Programme / National Hospital
		Outreach	At Health Centre	CPA (District Hospital) 1	CPA+ (Provincial Hospital) 2	CPA++ (Some Provincial Hospitals) 3			
1.1 Immunization	80% of children below 1 year of age fully immunised	<ol style="list-style-type: none"> 1. Community mobilization 2. Register target groups 3. Provide immunization education 4. Information education communication 5. Surveillance on vaccine preventable diseases 	<ol style="list-style-type: none"> 1. Provide immunization (OPV) 2. Check immunization status and refer for completion 3. Management of referred cases 4. Assess, notify (and refer) AEFIs 5. Health education 	Same as 1	1. Same as 2 and diagnosis of severe cases and AEFI.	1. Same as at Health Centre level for #2, #3 and #4 2. Provide immunization according to NIP protocol under the authorization of the Ministry	Same as with CPA++		
1.2 Management of Pediatric Illnesses (Acute Respiratory Infections, Diarrhoea, Dengue, Malaria, Malnutrition, Measles, etc.)	<ol style="list-style-type: none"> 1. At least 50% of children with ARI and/or fever are brought to a qualified provider 2. 80% children with diarrhoea given ORT, 35% given ORS 	<ol style="list-style-type: none"> 1. Detect severely sick children and refer 2. Promote appropriate home treatment (e.g. oral rehydration) and care seeking behavior 	<ol style="list-style-type: none"> 1. Management of referred cases 2. Counseling of mothers and health education 	Same as 1: Surgical services	Same as 2: Specialized services	Provide health care according to national guidelines			
1.3 Nutrition and Growth Promotion	<ol style="list-style-type: none"> 1. 35% to start breastfeeding in 1st hour of birth 2. 25% infants under 5 months exclusively breastfed 3. Reduce underweight to 31% among children 6-59months 4. Reduce iron deficiency anemia to 43% in pregnant women and 42% in children 6-59months 5. Increase households using iodised salt to 80% 	<ol style="list-style-type: none"> 1. Distribution of micronutrient supplements (Vit A, Iron/Folic acid) 2. Information Education Communication on appropriate infant and young child feeding 3. Regular growth monitoring focusing on children <2 yrs. 4. Promotion of iodised salt use 5. Detection and treatment of anemia 	<ol style="list-style-type: none"> 1. Same as at Health Centre 2. Management of severe malnutrition and anemia 3. Specialised rehabilitation centers for malnutrition 4. Law enforcement on marketing of breast milk substitute (formula etc.) 	Same as 1	1. Same as 2	1. Same as 1 2. Law enforcement on marketing of breast milk substitute (formula etc.)			

I. Child Health and Nutrition

Components	Desired Outcome by the end of 2007	MPA (Minimum Package of Health Centres)			National Programme / National Hospital		
		Outreach	At Health Centres	Special Level			
1.4 Neonatal care	<ol style="list-style-type: none"> Increase delivery by trained health staff to 60% (2001-2005) Elimination of neonatal tetanus by 2005 	<ol style="list-style-type: none"> Promote clean childbirth practices (hand washing, umbilical care) and essential neonatal care (e.g prevention of hypothermia and hypoglycemia) Provide BCG, OPV₀ and give yellow card through outreach 	<ol style="list-style-type: none"> Promote early breast feeding Provide immunization according to national protocol. 	<p>CPA (Provincial Hospital) ²</p> <p>CPA (Same Provincial Hospitals) ³</p> <p>Same as 1 Research</p>	<ol style="list-style-type: none"> Follow national protocol Notification of cases to public sector. 		
2. Maternity							
2.1 Reproductive Health	<ol style="list-style-type: none"> Reduce maternal mortality ratio by 8% Improved antenatal care coverage by 60% (at least 2 antenatal care visits by trained health staff) Reduce night blindness to 4% among pregnant women. 	<ol style="list-style-type: none"> Provide information education on healthy pregnancy, safe delivery and birth spacing Provide Tetanus Toxoid vaccination Detect and refer pregnant women with high risks to appropriate facility. Provide obstetric first aid Breastfeed within one hour of delivery 	<ol style="list-style-type: none"> Same as outreach Get obstetric history check up and Iron/folate supplementation through outreach Reproductive tract infections screening and treatment Provide basic emergency obstetric care 	<ol style="list-style-type: none"> Same as Health Centre Perform blood grouping Provide expanded emergency obstetric care 	<ol style="list-style-type: none"> Same as 1 Provide comprehensive emergency obstetric care 	<ol style="list-style-type: none"> Same as 2 Treatment of referred cases 	<p>Follow Ministry's policy and guidelines.</p>
b) Delivery - Essential Obstetric Care and Emergency Obstetric Care	<ol style="list-style-type: none"> Increase delivery by trained health staff to 60% (2001-2005) Increase justified Caesarian section to 2%. 	<ol style="list-style-type: none"> Home delivery by trained providers Newborn care Health education Vit A supplement Organise transport for obstetric emergency 	<ol style="list-style-type: none"> Same as Health Centre Conduct normal and assisted delivery Provide expanded emergency obstetric care and referral 	<ol style="list-style-type: none"> Same as 1 Provide comprehensive emergency obstetric care 	<ol style="list-style-type: none"> Same as 1 Same as 2 	<ol style="list-style-type: none"> Same as 2 Clinical trial study/ research 	<p>Follow national guideline</p>
c) Post-partum Care	<ol style="list-style-type: none"> Increased coverage of postnatal care by trained health staff 	<ol style="list-style-type: none"> Counseling on diet, feeding, birth spacing, and immunization Perineum, breast care Early detection of complications and referral 	<ol style="list-style-type: none"> Same as at Health Centre Management of referred cases and other complications 	<ol style="list-style-type: none"> Same as 1 Treat reproductive tract infections, manage post-partum haemorrhage and other complications 	<ol style="list-style-type: none"> Same as 2 Manage post-partum mental disorders 	<ol style="list-style-type: none"> Same as 2 Manage post-partum mental disorders 	<p>Provide postnatal care services according to national protocol and authorization</p>

Components	Desired Outcome by the end of 2007	MPA (Minimum Package of Activities) Health Centre Level		CPA (Complementary Package of Activities) Referral Hospital Level			Private Sector	National Programme / National Hospital
		Outreach	At Health Centre	CPA (District Hospital) 1	CPA + (Provincial Hospital) 2	CPA++ (Some Provincial Hospitals) 3		
2.1.2 Birth Spacing	Increased contraceptive prevalence rate to 35%.	1. Inform and provide pills, condoms. 2. Counseling and referral for other method 3. Treat or refer side effects and complications	1. Same as outreach 2. Injections 3. Intra-uterine devices at selected Health Centres 4. Treat side effects.	1. Same as at Health Centre 2. Norplant if available.	1. Provide permanent methods. 2. Treatment of side effects and complications	1. Same as 2 2. Clinical trials / research	1. Social marketing for pills, condoms (sales outlets, pharmacies) 2. Community-based distribution to underserved 3. Provide services	
2.1.3 Abortion a) Safe abortion b) Post abortion management	1. Reduce septic abortion 2. Reduced complications from abortion 3. Reduce fatality due to abortions.	1. Inform and refer to appropriate facility 2. Provide birth spacing methods	1. Same as outreach 2. Assess and manage abortion cases 3. Refer septic abortions and complications. 4. Provide birth spacing methods.	1. Manage referrals 2. Safe abortion 3. Manage septic abortion 4. Refer complications	1. Same as 1 2. Blood transfusion. 3. Surgery if needed	1. Same as 2	Follow Ministry's guidelines	
3. Communicable Disease Control								
3.1 Sexually Transmitted Infections a) Case management and education for general population	STI case management based on syndromic approach will be available in all MPA Health Centres	Encourage people to get STI treatment properly	1. Treatment using syndromic approach by Health Centre staff in 200 Health Centres 2. Health education	1. Clinical diagnosis by laboratory staff in 20 provinces 2. Information education communication by infectious disease ward staff	Information education communication by infectious disease ward staff	1. Clinical diagnosis and treatment by national clinic staff 2. Special campaign for special events	1. Diagnosis and treatment by national clinic staff 2. Special campaign for special events	
b) Case management and education for high risk group to support 100% condom use programme	At least 90% of direct sex workers will receive regular STI check-up and treatment	Information education communication by peer educator in the community	Special STI clinic for high risk population					Clinical diagnosis, treatment by Provincial STD clinics (27 specialised clinics)

MPA (Minimum Package of Activities) - Health Sector		Outreach		At Home		Private Sector	National Programme / National Hospital
Components	Desired Outcome by the end of 2007	Outreach	At Home	Private Sector	National Programme / National Hospital	Private Sector	National Programme / National Hospital
3.2 HIV/AIDS	1. Work with authorities and brothel owners for 100% condom use 2. Reduce HIV seroprevalence rate to 2.1% by 2007 3. All commercial and casual sex acts are protected by condoms 4. All patients with HIV disease referred to the appropriate level in continuum of care 5. Voluntary testing and counseling available on demand in all urban centres 6. All HIV positive pregnant to receive counseling, all newborns exposed to HIV will receive appropriate therapy and care	7. Work with authorities and brothel owners etc for 100% condom use 8. Home based palliative care to support persons living with AIDS by 2 Health Centre staff in collaboration with NGOs staff and community based organisations	Provide voluntary testing and counseling	Same as 1 Care and treat opportunistic infections	Same as 2 Same as 2 Clinical research		1. Provide voluntary testing, counseling and treatment by national clinic
3.3 Tuberculosis	High Cure rate > 85% Case Detection (at least 70%)	1. Health Education 2. Defaulter tracing 3. Early detection of cases 4. Refer suspect and/or severe cases 5. Directly Observed Treatment Short Course (DOTS) at home	1. DOT for inpatient and ambulatory cases 2. Health education 3. Quality control of slides by the TB laboratory	Same as 1	Same as 2	Early detection and refer with sputum sample for investigation at nearby TB units	
3.4 Leprosy	Reduce prevalence rate to less than one case per 10,000 population	Early detection and referral	1. Treat confirmed cases according to protocol 2. Follow up leprosy patients 3. Contact examination	1. Same as 1 2. Contact examination monitoring	Surgery	1. Refer all suspected cases	1. Confirm, treat and follow up all leprosy patients 2. Contact examination 3. Rehabilitation

ANNEX C: HEALTH SERVICE DELIVERY COMPONENTS

Components	Desired Outcome by the end of 2007	MPA (Minimum Package of Activities) Health Centre Level			CPA (Complementary Package of Activities) Referral Hospital Level			Private Sector	National Programme / National Hospital
		At Health Centre	CPA (District Hospital)	CPA+ (Provincial Hospital)	CPA++ (Some Provincial Hospitals)				
3.5 Dengue Haemorrhagic Fever 3.5.1 Clinical management, prevention and surveillance	Reduce case fatality rate to less than 1% nationwide Reduce annual morbidity rate to less than 60 per 100,000	1. Detect and refer severe DHF cases to district hospital 2. Assess and classify cases and refer 3. Report suspect cases 4. Health education on dengue prevention	1. Assess and classify dengue cases and refer if needed. 2. Treatment dengue cases according to national guideline 3. Health education and community mobilisation 4. Report cases to Provincial Health Dept. 5. Report possible outbreaks to the Provincial Health Dept.	1. Assess classify and treat severe cases 2. Refer if needed 3. Mobile health education before and during outbreak period 4. Report cases 5. Collect and send specimens for virological testing 6. Entomology surveillance 7. Investigation and outbreak response	1. Manage severe cases 2. Health education 3. Report to Communicable Disease Control Dept., Ministry of Health	1. Provide treatment according to guidelines and refer. 2. Health education on dengue prevention 3. Report to DHF control programme, Ministry of Health on a weekly basis	1. Pre-emptive strike with mass larviciding in high risk areas 2. Mass media health education campaigns		
3.6 Malaria 3.6.1 Clinical Management, prevention and surveillance	Reduce the malaria morbidity and mortality by 30% (compared to the baseline year 2002).	1. Early diagnosis of simple malaria with microscopy and treatment according to protocol 2. Refer severe cases 3. Health education 4. Report cases	1. Same as health center 2. Treat referred cases 3. Refer complicated malaria cases for dialysis if needed	1. Same as 1 2. Treatment of referred cases and other severe cases 3. Refer complication for dialysis if needed	1. Same as 2	1. Provide treatment according to national protocol and refer 2. Report cases 3. Participate as marketing of rapid test, combination therapy and hammock nets	Purchase and distribution of bednets and insecticide to provinces		
3.7 Lymphatic Filariasis	100% of endemic implementation units to be under mass chemotherapy by 2007	1. Early diagnosis of new cases and refer 2. Clinical management of elephantiasis disability	1. Treatment of new cases 2. Store drugs for mass drug administration	Same as 1	Same as 2	Refer new cases to district hospital	1. Collection of all old cases 2. Prepare and launch MDA at all IUs 3. Surgery for elephantiasis		
3.8 Schistosomiasis Helminthiasis	Reduce morbidity due to - Schistosomiasis less than 5% and maintain the low prevalence - Helminthiasis less	1. Health education 2. School health education and deworming 3. Passive case detection and treat symptomatic cases	1. Health education 2. Passive case detection and treatment of Schistosomiasis	Treat severe Schistosomiasis and refer for surgery	Same as 2	Report to National Malaria Centre	1. Conduct surveillance 2. Monitor and evaluate 3. Annual mass treatment 4. Develop IEC		
3.9 Disease Surveillance (Alert system) and Outbreak Response	Reduce morbidity and mortality of outbreak prone diseases	1. Report, investigate and treat according to national guidelines 2. Refer severe cases	1. Same as at Health Centre 2. Treat referred cases	Same as 1	Same as 2	Notify and refer cases according to protocol	Outbreak intelligence and coordination of control interventions		

Components	Desired Outcome by the end of 2007	MPA (Minimum Package of Activities) Health Centre Level		CPA (Community Package of Activities) District Health Centre Level	CPA++ (Some Provincial Hospitals) 3	Private Sector	National Programme / National Hospital
		Outreach	At Health Centre				
4. Other Components							
4.1 Eye Care	1. Reduced blindness rate to < 0.5% 2. To eliminate locally endemic blindness	1. Health education on primary eye care 2. Provide basic eye care in community Provide appropriate information education communication	1. Provide primary eye care services; 2. Refer patients.	1. Treat referred patient 2. Refer complications	Specialized eye care services	Provide eye care based on national guidelines	
4.2 Oral Health	1. Reduce decayed teeth (Caries dentaire) 2. Better oral health for all	1. Early detection 2. Basic psychosocial intervention and education 3. Promotion of basic family-based rehabilitation 4. Promotion of community participation	Oral health education and treatment	1. Oral health education and treatment 2. Specialized surgery	Same as (2)	Provide oral health services by Ministry's authorization and procedures	
4.3 Mental Health	50% of patients could access mental health services	1. Health education 2. Search for disabled elderly persons 3. Community mobilization for long term care	1. Same as Health Centre 2. Treat severe cases (Outpatient Dept) 3. Treat severe cases in crisis center 4. Liaison psychiatry	1. Same as 1 2. Treat very severe and complicated cases. 3. Basic rehabilitation 4. Counseling	1. Same as 2 2. Family session 3. Counseling 4. Psychotherapy		
4.4 Health Care of the Elderly	70% of people above 60 years and their families aware of the prevention of chronic diseases and disabled factors	1. Health education 2. Search for disabled elderly persons 3. Community mobilization for long term care	Same as at Health Centre	Same as 1	Same as 2	Same as 3	
4.5 Injuries and Accidents	1. Injured patients have access to appropriate palliative treatment and rehabilitation services 2. Increase public awareness on injury prevention especially to the head	1. Provide public health education 2. Refer severe cases	1. Same as Health Centre 2. Physical rehabilitation 3. Provide appropriate case management	Same as 1	Same as 2 Prosthetic/ orthopaedic care	Provide services according to protocol	

Components	Desired Outcome by the end of 2007	MPA (Minimum Package of Activities) Health Centre Level			CPA (Complementary Package of Activities) Referral Hospital Level			Private Sector	National Programme / National Hospital
		Outreach	At Health Centre	CPA (District Hospital)	CPA+ (Provincial Hospital)	CPA++ (Some Provincial Hospitals)			
4.6 Cancer prevention, treatment and care	<ol style="list-style-type: none"> 70% of cancer patients are registered 70% of population has access to primary prevention 30% reduction of morbidity rate from common cancers 20% of cancer patients can access palliative and pain relief care 	<ol style="list-style-type: none"> Provide health education Refer suspected cases of cancer Palliative care 	<ol style="list-style-type: none"> Same as at outreach Health education on self breast examination Early detection on common cancer Refer suspected cases of cancer 	Same as Health Centre	<ol style="list-style-type: none"> Same as 1 Provide palliative and pain relief care Management of referred cases 	<ol style="list-style-type: none"> Same as 2 	Same as 3		
4.7 Prevention and Control (Diabetes, Cardiovascular Diseases)	50% of population over 35 years old aware of the need for routine healthy medical check up	<ol style="list-style-type: none"> Provide health education Refer suspected cases 	<ol style="list-style-type: none"> Early detection of cases Refer suspected cases Health education 	<ol style="list-style-type: none"> Same as at Health Centre Level Management of referred cases 	Same as 1	Same as 2	Same as 3		
4.8 Disaster Management	Reduce disaster impact on health by 80%	<ol style="list-style-type: none"> Awareness of preparedness response Health education First aid Active disease surveillance 	<ol style="list-style-type: none"> Health education First aid Referral 	<ol style="list-style-type: none"> First aid Surgical treatment Refer 	<ol style="list-style-type: none"> Same 1 Mass casualty management 	Same as 2	Disaster preparedness and response according to national guidelines	Same as 3	
4.9 Environmental Health	Reduce the health impact of polluted environment especially by arsenic and pesticides	Health education, awareness of risk areas, collaboration with other ministries and NGOs	<ol style="list-style-type: none"> Health education First aid Referral 	<ol style="list-style-type: none"> Clinical surveillance on the diseases caused by arsenic Provide intervention measures Referral 	<ol style="list-style-type: none"> Same as 1 	Same as 2			

ANNEX D: GLOSSARY OF TERMS

Accelerated district development (ADD)

A budgetary reform programme that was first initiated in 1996 to enable operational district health teams to gain more access to national budget funds as a complementary measure to the existing disbursement system. The allocations are specified in a special portion of the budget, Chapter 13, and disbursed from provincial treasury and released directly to operational district teams as cash advances.

Audit and Clinical audit

Audit is an investigation into whether an activity meets explicit standards, as defined by an auditing document, for the purpose of checking and/or improving the activity audited. Clinical audit is the systematic critical analysis of the quality of care, including the procedures for diagnosis and treatment, the use of resources, and the resulting outcome and quality of life for the patient.

Autonomous

The ability of an institution to manage and take decisions without being controlled by the government. However, strategic direction is provided by a board or a steering committee. In Cambodia, the term 'public administration institution' is commonly applied.

Birth spacing

In Cambodia birth spacing is understood as the practice or method to delay births, i.e. extend the interval between births, usually but not always, within marriage.

Boosting

Performance-based contracts to provincial and district health departments who in turn issue sub-contracts to health facilities to deliver health services based on working principles of ensuring quality, coverage targets, social development outcomes with delegated authority on management and regulation of staff and finances

Budget management centers

Cost centres with responsibility to manage and spend an allocated budget from the government specific to their activities. The configuration is as follows:

- The central Ministry of Health as Central Budget Management Centre Level 1, national institutes and national programmes - Central Budget Management Centre, Level 2;
- The provincial health departments - Provincial budget management centers level 1 and operational district offices Provincial Budget Management Centre, Level 2.

Chronic conditions

Health problems that persist over time and require some degree of health care management. Examples include cardiovascular disease, cancer, diabetes, and depression. The prevalence of chronic conditions is rising worldwide because of increased longevity, urbanisation, unhealthy lifestyles, and the spread of smoking.

Complementary package of activities (CPA)

A package of services for delivery at referral hospitals, complementary to the package for primary care services, the minimum package of activities (MPA) at health centre level. The CPA has different levels of care, i.e. by secondary, tertiary and sub-speciality (at national hospitals). These levels are termed CPA, CPA+ and CPA++.

Contracting out

Contracting an agency to deliver health services in a given area (district / provincial) with full authority to manage systems and personnel, including hiring and firing, setting salaries and prices with agreement to ensure outcomes based on health policy framework of the government

Contracting in

Contracting management from an agency to run government health services in a given area (district/provincial) within civil service rules and regulations to ensure outcomes based on the health policy framework of the government

Decentralisation and Deconcentration

'Decentralisation' is about devolving central government authority or systems to other levels. Decentralisation is a means to an end and not an end in itself. Decentralisation requires a number of preconditions including sufficient local administrative and managerial capacity as well as financial decentralisation. Monitoring is also important as is striking a balance between tight control and the independence needed to motivate providers.

'Deconcentration' is mainly about rationalising workforce at the lower levels of the system, in order to empower peripheral personnel for efficient management and implementation.