

Table 2: Priority Public Health Programs 2003

| Agency | TB | Malaria | MCH | HIV/AIDs | B & M* | H Promotion | Others | Total |
|-----------------------------|------------------|------------------|-------------------|-------------------|----------|------------------|----------|-------------------|
| Multilateral | 450,000 | 833,636 | 2,153,372 | 6,130,935 | 0 | 395,270 | 0 | 7,134,957 |
| UNDP | | | | | | | | 0 |
| UNICEF | | | 1,445,000 | 750,000 | | 170,000 | | 2,365,000 |
| UNESCO | | | | | | | | 0 |
| WHO | | 603,636 | 558,372 | 131,679 | | 225,270 | | 1,518,957 |
| EU | | | | | | | | 0 |
| ADB | | | | 2,171,000 | | | | 2,171,000 |
| WB | 450,000 | 230,000 | 150,000 | 250,000 | | | | 1,080,000 |
| UNFPA | | | | 2,828,256 | | | | 2,828,256 |
| Bilateral | 2,933,000 | 500,000 | 7,775,700 | 20,128,666 | 0 | 340,070 | 0 | 9,177,436 |
| USAID | 2,000,000 | 500,000 | 5,000,000 | 15,000,000 | | | | 22,500,000 |
| AUSAID | | | | | | | | 0 |
| CANADA | | | | | | | | 0 |
| Germany | | | | | | | | 0 |
| Japan-JICA | 933,000 | | 1,025,000 | 70,000 | | | | 2,028,000 |
| UK | | | 1,750,700 | 5,058,666 | | 340,070 | | 7,149,436 |
| FRANCE | | | | | | | | 0 |
| NGOs | 0 | 0 | 1,106,445 | 123,860 | 0 | 687,184 | 0 | 1,917,489 |
| Assembly of God | | | 12,820 | | | | | 12,820 |
| World Relief Cambodia | | | 134,445 | | | | | 134,445 |
| Catholic Relief Services | | | | | | | | 0 |
| Health Unlimited | | | 866,140 | | | 687,184 | | 1,553,324 |
| JOCS | | | 93,040 | | | | | 93,040 |
| Pharmacies Sans Frontieres | | | | 123,860 | | | | 123,860 |
| Aids Medical Internationals | | | | | | | | 0 |
| MSF | | | | | | | | 0 |
| Medicine Sans France | | | | | | | | 0 |
| Total | 3,383,000 | 1,333,636 | 11,035,517 | 26,383,461 | 0 | 1,422,524 | 0 | 18,229,882 |

Table 3: Provision of Essential Specialised Services 2002

| Agency | Reha.of NH | Laboratory | ENT | Blood Pro. | NIPH | Traditional medicine | Others | Total |
|---------------------|------------------|------------------|----------|------------|----------|----------------------|----------|------------------|
| Multilateral | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WHO | | | | | | | | 0 |
| UNFPA | | | | | | | | 0 |
| Bilateral | 953,000 | 1,970,000 | 0 | 0 | 0 | 0 | 0 | 2,923,000 |
| FRANCE | 953,000 | 1,970,000 | | | | | | 2,923,000 |
| NGOs | 835,770 | 0 | 0 | 0 | 0 | 0 | 0 | 835,770 |
| Assembly of God | 24,670 | | | | | | | 24,670 |
| Medicine San France | 811,100 | | | | | | | 811,100 |
| Total | 1,788,770 | 1,970,000 | 0 | 0 | 0 | 0 | 0 | 3,758,770 |

Table 3: Provision of Essential Specialised Services 2003

| Agency | Reha.of NH | Laboratory | ENT | Blood Pro. | NIPH | Traditional medicine | Others | Total |
|---------------------|----------------|------------|----------|------------|----------|----------------------|----------|----------------|
| Multilateral | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| WHO | | | | | | | | 0 |
| UNFPA | | | | | | | | 0 |
| Bilateral | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FRANCE | | | | | | | | 0 |
| NGOs | 912,820 | 0 | 0 | 0 | 0 | 0 | 0 | 912,820 |
| Assembly of God | 12,820 | | | | | | | 12,820 |
| Medicine San France | 900,000 | | | | | | | 900,000 |
| Total | 912,820 | 0 | 0 | 0 | 0 | 0 | 0 | 912,820 |

Table 4: Sector Wide management & Cross-cutting issues 2003

| Agency | Sector management | SHMPlanning* | HRD | Others | Total |
|----------------------------|-------------------|----------------|------------------|----------------|------------------|
| Multilateral | 174,000 | 547,864 | 961,111 | 0 | 1,682,975 |
| UNDP | | | | | 0 |
| UNICEF | 174,000 | | | | 174,000 |
| WHO | | 547,864 | 161,504 | | 709,368 |
| EU | | | | | 0 |
| ADB | | | 799,607 | | 799,607 |
| WB | | | | | 0 |
| UNFPA | | | | | 0 |
| Bilateral | 0 | 299,618 | 123,000 | 666,400 | 1,089,018 |
| USAID | | | | | 0 |
| AUSAID | 0 | | | | 0 |
| JAPAN | | | 28,000 | | 28,000 |
| KOREA | | | 95,000 | | 95,000 |
| UK | | 299,618 | | 666,400 | 966,018 |
| Thailand | | | | | 0 |
| NGOs | 104,431 | 0 | 110,385 | 0 | 214,816 |
| Assembly of God | 25,870 | | | | 25,870 |
| World Relief Cambodia | 78,561 | | | | 78,561 |
| Aids Medical International | | | 110,385 | | 110,385 |
| Total | 278,431 | 847,482 | 1,194,496 | 666,400 | 2,986,809 |

Table 4: Sector Wide management & Cross-cutting issues 2003

| Agency | Sector management | SHMPlanning* | HRD | Others | Total |
|-----------------------------|-------------------|------------------|------------------|----------|------------------|
| Multilateral | 174,000 | 727,864 | 1,364,837 | 0 | 2,266,701 |
| UNDP | | | | | 0 |
| UNICEF | 174,000 | | | | 174,000 |
| WHO | | 547,864 | 161,504 | | 709,368 |
| EU | | | | | 0 |
| ADB | | 180,000 | 503,333 | | 683,333 |
| WB | | | 700,000 | | 700,000 |
| UNFPA | | | | | 0 |
| Bilateral | 0 | 2,800,000 | 0 | 0 | 2,800,000 |
| USAID | | | | | 0 |
| AUSAID | 0 | | | | 0 |
| JAPAN | | | | | 0 |
| KOREA | | | | | 0 |
| UK | | 2,800,000 | | | 2,800,000 |
| Thailand | | | | | 0 |
| NGO | 147,265 | 0 | 91,987 | 0 | 239,252 |
| Assembly of God | 12,820 | | | | 12,820 |
| World Relief Cambodia | 134,445 | | | | 134,445 |
| Aids Medical Internationale | | | 91,987 | | 91,987 |
| Total | 321,265 | 3,527,864 | 1,456,824 | 0 | 5,305,953 |

Table 5: Civil works

| Agency | 2002 | 2003 | 2004 | 2005 |
|---------------------|------------------|------------------|------------------|------------------|
| Multilateral | 1,790,403 | 2,459,000 | 5,587,000 | 5,587,000 |
| ADB | 552,903 | 859,000 | 1,162,000 | 1,162,000 |
| WB | 1,237,500 | 1,600,000 | 4,425,000 | 4,425,000 |
| Bilateral | 90,000 | 0 | 0 | 0 |
| JAPAN | | | | |
| Thailand | 90,000 | | | |
| NGOs | 0 | 0 | 0 | 0 |
| Total | 1,880,403 | 2,459,000 | 5,587,000 | 5,587,000 |

ANNEX C. REQUEST FORM FOR CONTRIBUTION FROM EXTERNAL AGENCIES

Name of Agency _____
 Contact Person _____
 Address _____
 Tel _____
 Email _____
 Fax _____

Information for 1 January - 31 December 2003 (for 2003-2007)

| Programme Area ¹ | Source of Funds ² | Receiving Agency ³ | Development Assistance (US\$) | | | | Salaries ⁷ | Operational costs ⁸ | Total |
|-----------------------------|------------------------------|-------------------------------|-----------------------------------|--------------------------------|----------------------------------|-------|-----------------------|--------------------------------|-------|
| | | | Technical Assistance ⁴ | Operational costs ⁵ | Capital Expenditure ⁶ | Total | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

- ² Technical Programme Areas such as a) Provision of basic health services (provincial / district level support of minimum and complementary service packages), b) Priority public health programmes (Maternal and child health, Malaria, HIV/AIDS, Tuberculosis, health education and promotion); c) Provision of essential specialised services (national hospitals, national institutes, national centres, national laboratories), d) Cross-cutting sectoral management (human resource development, strengthening health planning and management, etc)
- ³ Distinguish between core funds from parent organisation or from another donor, also whether loan or grant
- ⁴ To whom the assistance (financial or technical) is provided, also include NGOs, UN agencies
- ⁵ Consultant / expert advisory support (short term and/or long-term)
- ⁶ All other recurrent expenditures excluding consultant inputs
- ⁷ Expenditures for equipment and construction (amount expended only for the year listed)
- ⁸ Refers to co-financing of civil service salaries disbursed through the national budget systems
- ⁹ All other recurrent expenditures disbursed through national budget system



MINISTRY OF HEALTH

N°151-153, Kampuchea Krom Blvd
Phnom Penh, Kingdom of Cambodia
Tel & Fax: (855) 23 426 841 / 725 833
E-mail: moh_cabinet@bigpond.com.kh

**Kingdom of Cambodia
Nation Religion King**

3
volume
August 2002

MINISTRY OF HEALTH
Health Sector Strategic Plan
2003-2007

Framework for Monitoring and Evaluation

First Edition

| TABLE OF CONTENTS | PAGE |
|--|-------------|
| Foreword | 191 |
| Acknowledgements | 192 |
| Executive summary | 193 |
| Mission Statement, Values, and Working Principles of the Ministry of Health | 194 |
| Policy Statement | 195 |
| CHAPTER 1. Context | 197 |
| • Strategic plan summary | |
| • Goal, outcomes and strategies | |
| CHAPTER 2. Experience to date in monitoring and evaluation | 201 |
| • Is the data valid, useful, used and comprehensive? | |
| • Selected components of existing information systems | |
| • Household surveys | |
| • Indicators | |
| CHAPTER 3. Key messages | 205 |
| • Revised planning cycle | |
| • Planning at central, provincial, operational district, and facility level | |
| • Sector wide planning and plans | |
| • Linking with the other volumes of the health sector strategic plan | |
| CHAPTER 4. Monitoring and Evaluation | 209 |
| • Evaluation by objectives | |
| • Output and outcome evaluation | |
| • Assessment of data generated for monitoring and evaluation | |
| • Evaluation of monitoring and evaluation framework | |
| ANNEXES | |
| Annex A. Glossary of terms | 213 |
| Annex B. Additional components of existing information systems | 215 |
| Annex C. Monitoring and evaluation matrix for budget management centres | 218 |
| Annex D. National level outcomes, indicators and means of verification | 223 |

**KINGDOM OF CAMBODIA
MINISTRY OF HEALTH
HEALTH SECTOR STRATEGIC PLAN 2003-2007**

FOREWORD

I am very pleased to present this Strategic Plan for the further development of our country's health sector. Improving the health of the nation is at the heart of the policies of our Government. Although considerable progress has been made, as with the eradication of poliomyelitis, containment of HIV/AIDS and decrease in malaria, still too many women die in childbirth and our children go hungry and die from easily preventable diseases. Much more remains to be done in the years ahead.

This document provides the framework that will guide our efforts throughout the next five years. It reflects the values behind all that we do. In particular, we are determined that services should be equally available to all people, without discrimination by gender, age, ability to pay or place of residence. They must also especially focus on the needs of mothers and children as well as those of poor people. For them all, ill health can be a personal tragedy apart from being an economic burden that reinforces their impoverished circumstances.

To meet these ideals this plan includes strategies that will strengthen health services and improve outcomes. As a priority, we will target infant and maternal mortality rates with an aim to achieve significant improvements. The needs of deprived people in rural areas will receive special attention. We encourage the involvement of local communities in health affairs and intend to empower all people to take decisions based on informed choices. These proposals, together with many others in the plan, are all designed to improve the health of Cambodians and fulfill the Government's commitment, in 2002, to the ASEAN Nations ambitious Declaration on Healthy Lifestyles.

To bring about all the enhancements in clinical care and public health services we must also change and develop our support services. New ways of working must be brought in and greater emphasis be given to quality in all that we do. More efficient practices will be essential and systems and procedures must be revised. Seeking constant improvement must become our normal way of working. For all this we depend on the continued dedication of all our staff.

To make our ambitions possible, it will be essential to secure realistic funding. We are fortunate that this plan will be underpinned by support from many international partners, who are all committed to the same goals and outcomes. This strategic plan is the first step in moving towards sector wide management that weaves together all our efforts to improve health. This assistance, linked to our own Government's funding commitment will bring fruit to this plan. To all our donor partners and other external agencies, we are extremely grateful.

This Strategic Plan embodies our ambitions for a better and healthier future for all Cambodian people. I commend it most strongly.



H.E. Dr. Hong Sun Huot
Senior Minister and Minister of Health
Phnom Penh, August 2002

ACKNOWLEDGEMENTS

The monitoring and evaluation framework, which is volume 3 of the Health Sector Strategic Plan 2003-2007, was produced by the Department of Planning and Health Information with financial support from the World Health Organization. Sincere thanks and gratitude are due to the team who were assigned to this task without whom this document would not have been produced:

M&E Working Group

Dr. Soa Sovanratnak
Dr. Khol Khemrany
Dr. Sun Chamroeun
Mr. But Saben
Ms. Seng Y Deth

Dr. Tung Rathavy
Ms. Ly Nareth

Reproductive Health/MCH
EPI/MCH Programme

We particularly appreciated Dr. Char Meng Chuor, Director of the Department of Planning and Health Information for his valuable guidance and contribution to this work. We are also grateful to Mr. Jan De Jong, WHO Advisor, Mr. Henry Lucas, short-term consultant of the Institute of Development Studies at the University of Sussex and to Dr. Stephanie Simmonds, for their support in writing and commenting on the many drafts of this volume. Thanks are also due to Dr. Youk Sambath, Core Group Team Leader and Dr. Aye Aye Thwin, WHO Sector Wide Management Advisor, for their suggestions and support throughout this process.

Special thanks are also due to all our colleagues for their collaboration during the consultative meetings both at central and provincial levels, particularly the Central Ministry of Health's Departments, the National Programmes, the monitoring team of the Soth Nikum OD/Siem Reab, The Kg. Cham Provincial Health Department and Save the Children Australia's monitoring teams, the Kirivong Operational District's and the Enfant Et Development's monitoring Teams, and the Ang ROKAR OD's and the Association of Medical Doctor of Asia's monitoring teams of Takeo Provincial Health Department.



EXECUTIVE SUMMARY

This volume (3) of the health sector strategic plan 2003-2007 of the Ministry of Health is a framework for monitoring and evaluating the implementation of the strategic plan. It is a tool to help move from the strategies and outcomes in the strategic plan (see chapter 1 and volume 1) to successful, effective and efficient implementation at all levels of the health system. It is closely linked to the annual operational plans (volume 4) and in future years will influence the medium term expenditure framework (volume 2). This edition, August 2002, will be updated as and when necessary.

For the first time in the monitoring and evaluation work of the Ministry of Health we have the following principles on which work is implemented:

- **Sector wide monitoring and evaluation**

Fundamental to the monitoring and evaluation process is joint monitoring and evaluation with all partners: internal, external, public sector, private sector. The ministry encourages stakeholders to take part in the monitoring and evaluation cycle.

- **Linking monitoring and evaluation, operational plans and medium term expenditure plans**

Achievement of target and outcomes is dependant on a close link between planning, financing, and monitoring and evaluation. Unless we monitor and evaluate the work effectively and efficiently we will not know whether our plans and the allocations of money are useful and resulting in making a difference to the health of the people of Cambodia.

- **A health management information system**

In the Ministry of Health we are determined to have valid, useful information that really gives us a good picture of the health of the population and particularly, of mothers and children, the poor, and areas in greatest need. And that also helps us make evidence based decisions.

The monitoring and evaluation system will be based as far as possible on existing information activities. The aim, over the period of the strategic plan, will be to build on the most successful of these to develop a more integrated system and ensure that it is used in decision-making on priorities and resource allocation at all levels. Monitoring and evaluation will be addressed both in terms of strategic plan implementation management and as an objective: increased monitoring and evaluation capacity, allowing key stakeholders in the sector to design and implement policies and programmes on the basis of evidence.

Based on a review of existing activities, the monitoring and evaluation system will have four mutually reinforcing core components:

- A revised version of the HIS routine reporting system linked to the existing systems on human resources and drug use
- Routine service delivery studies - combining health management information data validation with basic facility assessments
- An extended financial reporting system
- A limited number of knowledge, attitude and practice surveys of households

MISSION STATEMENT OF THE MINISTRY OF HEALTH, KINGDOM OF CAMBODIA

The Mission of the Ministry of Health, Royal Government of Cambodia is commitment to ensure sector wide equitable, quality health care for all the people of Cambodia through targeting resources, especially to the poor and to areas in greatest need.

VALUES OF THE MINISTRY OF HEALTH

- Right to health
- Equity
- Pro-poor

WORKING PRINCIPLES OF THE MINISTRY OF HEALTH

- Social protection for vulnerable groups
- Listening to what people want
- Affordability and sustainability
- Focus on rural areas and the poor
- Capacity building including human resource development
- Sector wide management
- High quality evidence based interventions
- Good governance and accountability

POLICY STATEMENT 2003 -2007

The policy statement of the Ministry of Health, Kingdom of Cambodia is based on the national health policy, which can be found in the booklet called 'Health Situation Analysis 1998 and Future Direction for Health Development 1999-2003'.

The following 13 elements that comprise the policy statement provide the basis for this strategic plan. The 20 strategies in the strategic plan flow from these elements.

Policy statement

- Implement sector wide management through a common vision and effective partnerships among all stakeholders
- Provision of basic health services to the people of Cambodia with the full involvement of the community
- Provision of affordable, essential specialised hospital services
- Decentralization and de-concentration of financial, planning and administrative functions within the health sector
- Priority emphasis on prevention and control of communicable and selected chronic and non-communicable diseases, on injury, the elderly, adolescents and vulnerable groups such as the poor, and on managing public health crises
- Priority emphasis on provision of good quality care to mother and child especially essential obstetric and paediatric care
- Active promotion of healthy lifestyles and health-seeking behaviour among the population
- Emphasis on quality, effective and efficient provision of health services by all health providers
- Optimisation of human resources through appropriate planning, management including deployment and capacity development within the health system
- Increase promotion of effective public and private partnerships for effective and efficient basic and specialist care
- Effective use of the health information for evidence-based planning, implementation, monitoring and evaluation in the health sector
- Implement health financing systems to promote equitable access to priority services especially by the poor
- Further development of appropriate health legislation to protect the health of providers and consumers

CHAPTER 1

THE CONTEXT

What is new in the health sector strategic plan?

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. 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.

The vision of the strategic plan is to really make a difference, for the better, to the health of the people of Cambodia.

The strategic plan provides the direction and scope of the health sector over the next 5 years.

The government's intention is that it is used to focus and guide the actions of the Ministry of Health and all stakeholders so that everyone works towards making a difference, to meeting the government's planned outcomes.

Goal, outcomes, and strategies

The overall goal of the strategic plan is to:

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.

The outcomes we expect from effective and efficient achievement of 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

To get these results the government will, during the period 2003-2007, give priority to the six areas of work in box 1.

Box 1. Six priority areas of work

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

Strategies

To make significant progress towards the achievement of its mission and policy, Ministry of Health has adopted 20 strategies, these are intended to be the focus for action by the Ministry and all health sector partners over the next 5 years. All the strategies are important but 8 of them form the essential core. The core 8 strategies in the 6 priority areas of work are:

Health service delivery

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

Behavioural change

- Change for the better the attitudes of health providers sector wide to become more responsive to consumer needs especially of the poor through sensitisation and building interpersonal skills.

Quality improvement

- 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

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

Health financing

- 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

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

The other 12 strategies are as follows:

Health service delivery

- 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.

Behavioural change

- 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 behaviour through advocating for healthy environments, counselling, and implementing behavioural change activities.

Quality improvement

- 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.

Human resource development

- 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 and education and retention and support measures.

Health financing

- 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.

Institutional development

- 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 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

Inter-ministerial links

The health sector strategic plan highlights the importance of working closely with other ministries. As with volume 4, of particular relevance for this framework is the need to coordinate with the Ministry of Planning and the Ministry of Economy and Finance.

CHAPTER 2

EXPERIENCE TO DATE

Is the data valid, useful, used, and comprehensive?

Since the introduction of the current Ministry of Health, health information system in 1994 there have been concerns that data may be inflated at the point of collection, as there is an incentive for staff to over-report treatment on utilisation and essential drugs reporting forms in order to obtain surpluses which can be sold for profit. To check on this, the ministry carried out a health information validation study. This survey found no evidence of inflation of data, although this may reflect the fact that all those facilities visited were all in receipt of some form of donor support: inflation may be occurring in facilities that have less resources and less supervision.

A large amount of information is collected through the information system, some of which may not be necessary. There is limited analysis and use, especially at facility level.

The 2001 joint health sector review report mentions the need to have an effective integrated management information system to allow for accountability and transparency. This implies covering, and use by, private and NGO services as well as the public sector.

Selected components or subsystems of existing information system

The most important developments since 1990 are:

- Health information system
- Personnel database
- Financial reporting system
- National programme reporting/supervisory/health information systems
- Health activities monitoring table (Tableau de Bord)
- Monitoring and evaluation of contracted districts
- Household surveys
- Indicators

In addition, a number of major quantitative studies of health status and/or health service utilisation have been undertaken in recent years - see annex B for a summary of these and other existing components, and annex A for some definitions.

Health information system, Department of Planning and Health Information

The health information system of the Ministry of Health is the routine system for the monthly collection of health information. It provides information on: curative consultations; specific disease and illness incidence; hospitalisation and referral; in-patient discharges and deaths; obstetrics; birth spacing; EPI and Vitamin A; laboratory activities; malaria; leprosy; blood bank and dental activities.

The system is comprised of 4 monthly reporting forms: HC1 for health centres; HO2 for referral hospitals; DO3 for operational districts (aggregate data from all facilities); and Pro4 for the provincial health department (aggregate data from all operational districts).

Personnel database, Department of Human Resource Development

The computerised personnel database contains entries for all salaried staff of the Ministry of Health. It was initially established to allow monitoring of qualifications but has recently been linked with the salary file of the Personnel Department. The information maintained on each person include their age, sex, training qualifications, transfers, promotions, and current workplace. This database is updated quarterly, based on information provided by provincial health departments and central agencies (including national programmes).

Financial reporting system, Department of Budget and Finance

All levels are required to submit monthly income and expenditure reports. Facilities report to operational districts which prepare reports D1-3 to submit to the provincial health department. The departments prepare reports P1-3, which are submitted to the Department of Budget and Finance, central level Ministry of Health. Expenditure is reported by budget line item (D1 and P1), by location (D2 and P2), and includes income from donors and user fees (D3 and P3). The ministry at central level prepares similar reports, reporting total monthly expenditure.

National Malaria and Dengue Programme

Supervision checklists are maintained by national, provincial and operational districts teams to monitor disease incidence, adherence to treatment protocols, laboratory standards, equipment quality and drug supply and storage. Quality control and diagnostic accuracy checks are undertaken on a sample of blood slides from selected facilities.

National HIV/AIDS/STD Programme

Sero-sentinel and behavioural surveillance surveys are conducted annually. The health information system provides limited routine data on sexually transmitted infections. (Also see annex B for information on other national programmes).

Health activities monitoring table

This monitoring tool is maintained on a monthly basis by the great majority of health facilities and on a quarterly basis by operational districts and provinces. The tool was developed as a matrix to be displayed at health facilities. It is used primarily to display monthly utilization and coverage, with limited use of the data for monitoring purposes. The forthcoming revised planning manual will also include facility level planning and it is expected that regular monitoring of plan implementation will result in a more systematic use of the health activities monitoring table (Tableau de Bord).

Contracted districts

In the 5 contracted operational districts (Kampong Cham, Takeo, and Prey Veng) contractors have developed and are implementing their own monitoring systems. Although some have included data reported in the health information system and service registers it appears that most do not. They are contractually bound to submit quarterly monitoring reports. In most cases, however, these reports focus on whether or not certain services are provided by contracted health facilities. Only limited information on coverage and utilization is included. Other initiatives, such as Sotnikum and Thmar Pouk have established similar quarterly monitoring systems.

Household surveys

A number of health surveys with national coverage have been conducted during the last few years. These include:

- 1998 National Health Survey-a closely related survey is currently being repeated this year
- 2000 Cambodia Demographic and Health Survey
- 1997 and 1999 Cambodia Socio-Economic Surveys (this is being repeated this year).
The surveys also provides some data on health, including morbidity rates, health seeking behaviour, hospitalisation and household expenditures on health. The quality of the expenditure data, particularly in 1999 has been questioned

Indicators

In 1999 an indicator framework was developed to: monitor and evaluate health sector performance in improving health status through health sector reform; refine existing health policies considering the progress made; and enable policy-makers to determine the effectiveness of different policy alternatives. It contained 51 indicators, selected to answer key questions about the performance of the health sector and the impact of policy on health and development, listed under 5 headings:

- Overall development (8 indicators)
- Increasing financial resources (18 indicators)
- Increasing access and utilisation (12 indicators)
- Improving quality (7 indicators)
- Improving health outcomes (6 indicators)

The framework was used by the ministry for its sector performance report 2000 to provide an overview of the situation and progress

However, there was criticism of the framework, mainly of its lack of poverty and of institutional indicators. So, the indicators in the strategic plan 2003-2007 (see annex D) are now the ones to be used, not the 1999 framework, as they include not only health service delivery, quality, human resource development, and health financing indicators but also ones to cover behavioural change, institutional development and poverty. When developing their own operational plans each level of the health system needs to develop its own indicators adapted from annex B, to better reflect their own particular situation.

CHAPTER 3

KEY MESSAGES

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 annex C). 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.
- Is hoping that partners such as non-governmental organisations and bilateral and multilateral agencies may also find it interesting and useful to fill in the matrix for their own work/contribution. This will help show how they are helping to make a difference, to achieving the planned outcomes.
- 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 annex D). The targets set by others should contribute to achieving the outcomes. The means of verification includes surveys and reviews.
- Is developing the concept of a sector wide, integrated health management information system. The new system recognises the fact that the private sector needs to be monitored and that an information system also needs to include aspects such as drugs and logistics management. Different departments in the ministry are responsible for collecting information with a summary going to the Department of Planning i.e. for the annual report and for planning purposes.
- 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.