KINGDOM OF CAMBODIA
NATION RELIGION KING

Annual Project Progress Report

Health Equity and Quality Improvement Project (H-EQIP)

January – December 2018

Table of Contents

I. Introduction

The Health Equity and Quality Improvement Project (H-EQIP) builds upon the innovations and achievements supported and scaled up in the Health Sector Support Project (HSSP) 2002-2008 and the Second Health Sector Support Program (HSSP2) 2008-2016. In particular, it consolidates and scales up proven and potentially transformative interventions such as the Health Equity Funds (HEFs) and Service Delivery Grants (SDGs). The key evolutionary shifts in project design and implementation include: (i) mainstreaming implementation of project activities through Royal Government of Cambodia (RGC) systems; (ii) increasing funding flows to the decentralized, implementation level; (iii) building domestic capacity to take over project implementation support and monitoring roles; and (iv) strengthening the results-based-focus of the project through the use of output-based payments through the HEF, performance-based financing through the SDGs, and the use of Disbursement Linked Indicators (DLIs). Through these initiatives, H-EQIP accelerates overall reforms in the health sector, improves social health protection for the poor and vulnerable groups and expands access to and coverage of health care services, while strengthening their quality and affordability, and creating sustainable government institutions for health care management.

II. Project Overview

The H-EQIP, with a total financing of US$175.2 million was approved by the World Bank Board of Executive Directors on May 19, 2016 and became effective on November 9, 2016. The project is financed by International Development Association (IDA) Credit of US$ 30.0 millionequivalent to the RGC, RGC's counterpart financing of US$94.2 million, and a Multi-Donor Trust Fund (MDTF) with contributions from DFAT, KfW, and KOICA of US$50.0 million. In addition, the Japan Policy and Human Resources Development Trust Fund finances activities to support the strengthening of health sector monitoring and evaluation through complementary financing of US$1.0 million equivalent.

In October 2018 an additional financing to the Project was approved. With an additional contribution by KfW of US$6 million equivalent, the total recipient-executed MDTF envelope for H-EQIP will become US$56 million, bringing the total financing of the Project to US$181.2 million equivalent.

III. Implementation Status Details

With this annual report, the H-EQIP is reaching the middle of its 5 year journey. Impressive progress has been made during this year with project implementation. Several activities which were pending in the previous years have been kick-started and other activities which were implemented since early in the project have continued to progress well.

The Payment Certification Agency (PCA) has been officially established, adequately staffed, and is fully operational to carry out HEF field monitoring and invoice certification. The ICT development firm for the SDG National Quality Enhancement Monitoring (NQEM) process is in place and is in the process of developing the ICT system. Furthermore, the HEF Promoters (HEF-Ps) are on board with staff positioned in all hospitals to conduct post-ID poor, and procurement for the construction of the planned 45 health centers is about to conclude. The following describes progress by each Project component:

Component 1: Strengthening Health Service Delivery

This section describes progress made during this reporting period (January-December 2018) regarding the disbursement of SDG fixed lump-sum grants to health facilities. The section also

describes the roll-out of performance-based SDG grants to health facilities, ODs, and PHDs based on their quality of care performance scores, as evaluated by trained assessors and with third party cross-verification.

Sub-components 1.1 and 1.2. Service Delivery Grants for Health Centers and Referral Hospitals

Fixed lump-sum grants: For the year 2018, the allocation of fixed lump-sum grants was increased for RHs according to their CPA level. Fixed Lump-sum Grants were allocated at 12 million Riels and 24 million Riels to HC with the population less than 10,000 and more than 10,000 population respectively; and at 200 million Riels, 250 million Riels, and 300 million Riels to RH CPA1, CPA2 and CPA3, respectively (Table 1).

Table 1. Amount of fixed lump-sum grants by facility level

Health Facility	Allocation/ Health Facility/ Year in 2016 (in KHR and USD equivalent)	Allocation/ Health Facility/ Year in 2018 (in KHR and USD equivalent)
HCs	12 million Riels (3,000 USD)	24 million Riels for HC with pop > or = 10,000 (6,000 USD) and 12 million Riels for HC with pop <10,000 (3,000 USD)
RHs-CPA 1	100 million Riels (25,000 USD)	200 million Riels (37,500 USD)
RHs-CPA 2	150 million Riels (37,500 USD)	250 million Riels (50,000 USD)
RHs-CPA 3	200 million Riels (50,000 USD)	300 million Riels (62,500 USD)

The fixed lump-sum grants continued to be released to all health facilities on a regular basis. The availability of the grants at the facility level allowed health facilities to spend funds to address emergency needs, such as on procurement of essential medicines in the case of shortfalls, emergency referrals for patients, and to purchase small/routine use medical equipment or maintenance of existing medical equipment.

Training of trainers and cascade trainings on financial management (FM) were conducted to all public health facility staff across the nation (see Financial Management performance section on page 12). As a result, FM capacity at health facilities, including for bookkeeping, has showed continuous improvement in the majority of RHs and HCs, with facility staff feeling more confident in independently handling FM and having received further clarity on the use of the funds. Some facilities have expressed concerns about the list of eligible expenditures and procurement thresholds under the fixed lump-sum grants, and have requested a revision of these to allow for larger scale infrastructure improvements. Facilities, and RHs especially, have expressed that it is increasingly difficult to spend the remaining funds under the fixed lump-sum grants and are accumulating funds. This issue will be taken up for discussion between MOH and MEF in a small working group and is expected to be finalized at the H-EQIP mid-term review in April 2019.

Performance-based grants: During this period, the phase 2 roll-out of the performance-based SDGs was completed, covering an additional 345 health centers in 33 ODs, 23 RHs and 8 PRHs in 8

provinces to date, the performance assessments have been rolled out to all 802 HCs, 56 RHs, 21 PRHs, 67 ODOs and 22 PHDs. Four additional rounds of ex-ante SDG assessment for phase 1 facilities as well as one round for phase 2 have been carried out on schedule, as per the 2018 annual instruction. Additionally, five rounds of ex-post assessment have been completed.

Performance-based SDG grants are disbursed quarterly to HCs, RHs, PRHs, ODs, and PHDs against performance scores. Based on the 2018 Annual Instructions the allocations of the grants increased in 2018 from 2017 amounts to 4,860,000 Riels (from 3,847,500 Riels) for HCs; 36,450,000 Riels (from 30,375,000 Riels) for CPA-1 hospitals; 48,600,000 Riels (from 40,500,000 Riels) for CPA-2 hospitals; and 81,000,000 Riels (from 60,750,000 Riels) for CPA-3 hospitals. In addition, an additional 2,400,000 Riels per quarter was allocated to HCs with indigenous populations, earmarked for conducting activities to promote awareness and increase utilization of health services among these populations (health outreach activities in difficult to access communities, promote the support and participation of HCMC and VHSG in delivering health education messages and health service delivery to indigenous population, and to bridge communication related to health and service delivery between HCs and communities and vice versa). An additional 600,000 Riels to ODs and 3,240,000 Riels to PHDs was also provided per quarter to spend on travel costs for conducting quality ex-ante assessments and coaching at difficult to access HCs and for conducting cross-province quality assessments at PRHs, respectively. Furthermore, a total of 88 HCs in the 14 provinces with the highest populations of IP have been identified as remote and serving high concentrations of IP communities, and have been included in the ex-ante assessment using IP Scorecards (for HCs and ODs), beginning in Q1 of 2018.

To ensure that ODs and PHDs have the full capacity to conduct the ex-ante assessment on time, at least two additional assessors from each phase 1 OD and PHD have also been trained along with the cascade training provided for Phase 2 assessors (at least two additional phase 1 assessors joined in the phase 2 training) and at least two additional assessors from each OD and PHD for phase 2 and phase 3 will also be trained on the NQEM program (two additional assessors for phase 2 and for phase 3 are planned). To date, 198 PHD and 360 OD assessors in 22 provinces and 67 ODs have been trained on the SDG assessment and 96 additional assessors from these PHDs/ODs have been trained to use the tools. Table 3 and Table 4 below provide a detailed summary of the number of PHD and OD assessors trained for Phase 1 and Phase 2, as well as the number of health facilities (RH and HC) that underwent the ex-ante SDG assessment in Phase 2.

Table 2. No. of PHD and OD Assessors Trained (Phase 1 & 2)

Province/OD	OD	No. of PHD Assessors trained (Phase 1 + 2)	No. of OD Assessors trained (Phase 1 + 2)
Banteay Meanchey		**12**	**16**
	Poipet		8
	Preah Net Preah		8
Battambang		**10**	**20**
	Battambang		8
	Sangkae		6
	Maung Russei		6
Kampong Cham		**12**	**37**
	Chamkar Leu		6
	Choeung Prey		4
	Prey Chhor		6

	Srey Santhor		4
	Stueng Trang		5
	Batheay		4
	Koh Sotin		4
	Kang Meas		4
Kampong Chhnang		**8**	**11**
	Kampong Chhnang		6
	Boribo		5
Kampong Speu		**8**	**22**
	Kampong Speu		6
	Kong Pisey		8
	Ou Dongk		4
	Phnom Srouch		4
Kampong Thom		**8**	**5**
	Kampong Thom		5
Kandal		**8**	**16**
	Ang Snuol		4
	Ksach Kandal		4
	Muk Kam Poul		4
	Leuk Deak		4
Koh Kong		**8**	**10**
	Smach Mean Chey		6
	Srae Ambel		4
Mondul Kiri		**8**	**6**
	Sen Monorom		6
Phnom Penh		**8**	**12**
	Bassak		4
	Dang Koa		4
	Preaek Phnov		4
Preah Vihear		**9**	**10**
	Tbeng Meanchey		10
Prey Veng		**12**	**33**
	Kamchay Mear		4
	Pearaing		6
	Preah Sdach		6
	Svay Antor		4
	Sithor Kandal		5
	Krong Prey Veng		4
	Baphnom		4
Pursat		**10**	**20**
	Bakan		6
	Sampov Meas		6
	Kravanh		4
	Krakor		4
Ratanakiri		**8**	**12**
	Banlong		6
	Borkeo		6
Siem Reap		**9**	**33**
	Kralanh		8
	Siem Reap		8

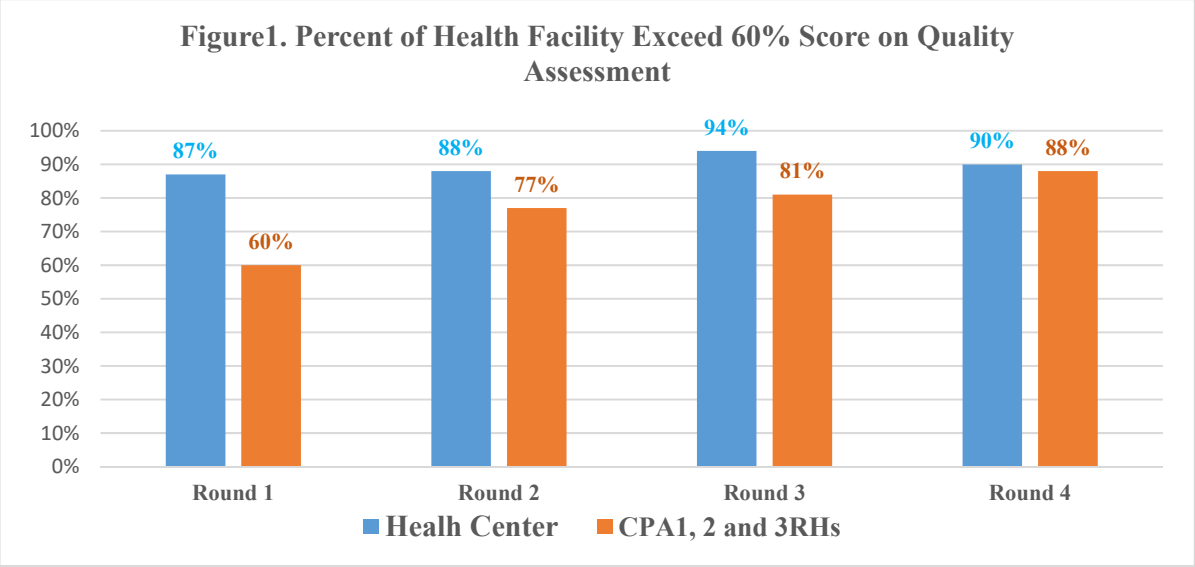
	Sotr Nikum		9
	Angkor Chhum		8
Stung Treng		**9**	**8**
	Stung Treng		8
Svay Rieng		**8**	**12**
	Chi Phu		4
	Romeas Hek		4
	Svay Teap		4
Takeo		**12**	**31**
	Ang Rokar		6
	Bati		4
	Daun Keo		8
	Kirivong		4
	Prey Kabass		5
	Koh Andeth		4
Oddar Meanchey		**10**	**14**
	Samraong		8
	Anlong Veng		6
Kep		**6**	**4**
	Kep		4
Pailin		**6**	**4**
	Pailin		4
Tbong Khmum		**9**	**24**
	Kroch Chhmar		4
	Memut		6
	O Reang Ov		4
	Ponhea Krek		6
	Dambae		4
	Total	198	360

Table 3. No. of HC and RH conducted ex-ante SDG assessment (Phase 2)

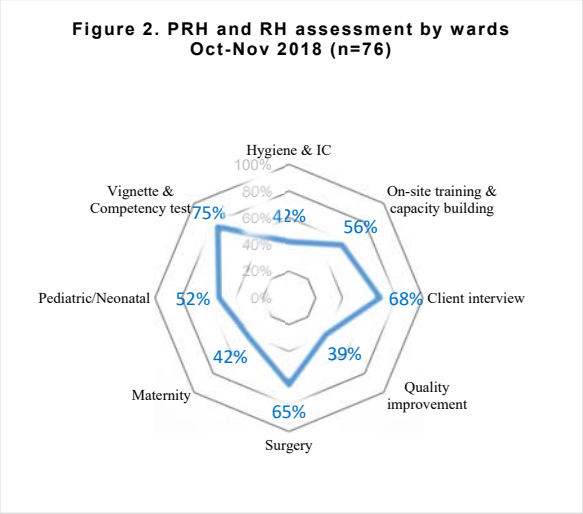
Province	OD	No. of HC assessed	No. of RH assessed
Banteay Meanchey	Mongkol Borei		1
	Poipet	16	1
	Preah Net Preah	15	2
Battambang	Battambang		1
Kampong Cham	Kampong Cham-Kg. Siem		1
	Chamkar Leu	12	1
	Choeung Prey	7	1
	Prey Chhor	11	1
	Stueng Trang	12	1
	Batheay	8	1
	Kang Meas	8	
Koh Kong	Smach Mean Chey	7	1
	Srae Ambel	6	1
Mondul Kiri	Sen Monorom	11	2
Preah Vihear	Tbeng Meanchey	27	2

Prey Veng	Krong Prey Veng		1
	Pearaing	9	1
	Preah Sdach	11	1
	Sithor Kandal	11	1
Pursat	Sampov Meas		1
	Bakan	11	1
Ratanakiri	Banlong	15	1
	Borkeo	10	1
Siem Reap	Siem Reap	29	1
	Kralanh	16	1
	Sotr Nikum	25	1
	Angkor Chhum	21	2
Stung Treng	Stung Treng	12	1
Takeo	Ang Rokar	12	1
	Bati	14	1
	Daun Keo	15	1
	Kirivong	13	1
	Prey Kabass	13	2
	Koh Andeth	11	1
Oddar Meanchey	Samraong	26	1
	Anlong Veng	11	1
Tbong Khmum	Memut	13	1
	Ponhea Krek	11	1
	Dambae	6	1
Total		**455**	**43**

SDG performance scores: Based on the ex-ante and ex-post assessments, the number of health facilities exceeding the 60% quality score threshold on the performance assessment has consistently increased from round 1 to round 4 for RHs and declined in round 4 of the assessment for HCs in phase 1 facilities (Figure 1). However, this was due to the roll-out of phase 2 of the SDG assessments at this time, which introduced the assessment at new facilities and increased the total number of facilities assessed from 453 HCs to 802 HCs and 43 RHs to 77 RHs. Improvements have also been seen in facility management, cleanliness, hygiene and infection control, and staff knowledge and competency. However, quality improvement and health care waste management both remain key areas to be improved, particularly in terms of documenting quality improvement in hospitals and the functioning of high temperature incinerators in hospitals and HCs.



The areas scoring the highest are HEF management at Health Centers and the Vignette and Competency test at the RH level, with average scores of 71% and 75%, respectively. Areas scoring the lowest include Financial Management at Health Centers (49%) and Quality Improvement (39%). Figures 2 and 3 below summarize average 2018 performance scores from ex-ante verification and Table 2 summarizes average SDG performance scores by facility level.



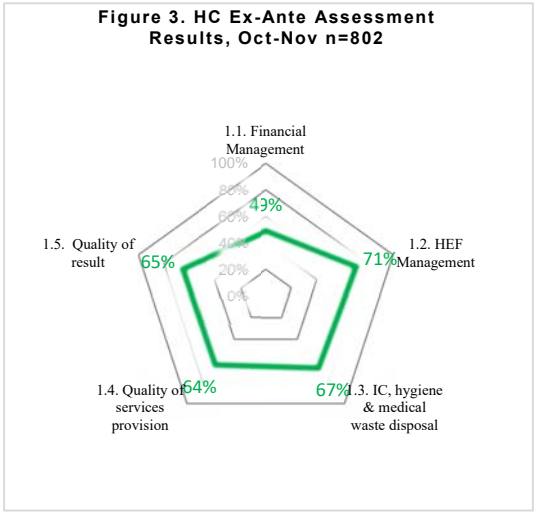


Table 4. Summary of SDG performance scores by health facility level

Health facility level	Total number of facilities/offices nationwide	Number of facilities/ offices assessed	Average SDG performance score(round 4 in Q4, 2018)	Number of facilities/offices scoring above 60% (round 4 in Q4, 2018)
PRH	25	13	80%	88%
RH	89	30	72%	
HC	1205	455	76%	90%
PHD	25	14	96%	
OD	102	34	93%	

Sub-component 1.3. Service Delivery Grants for PHD and OD:

Fixed lump-sum grants are not eligible for PHDs and ODs.

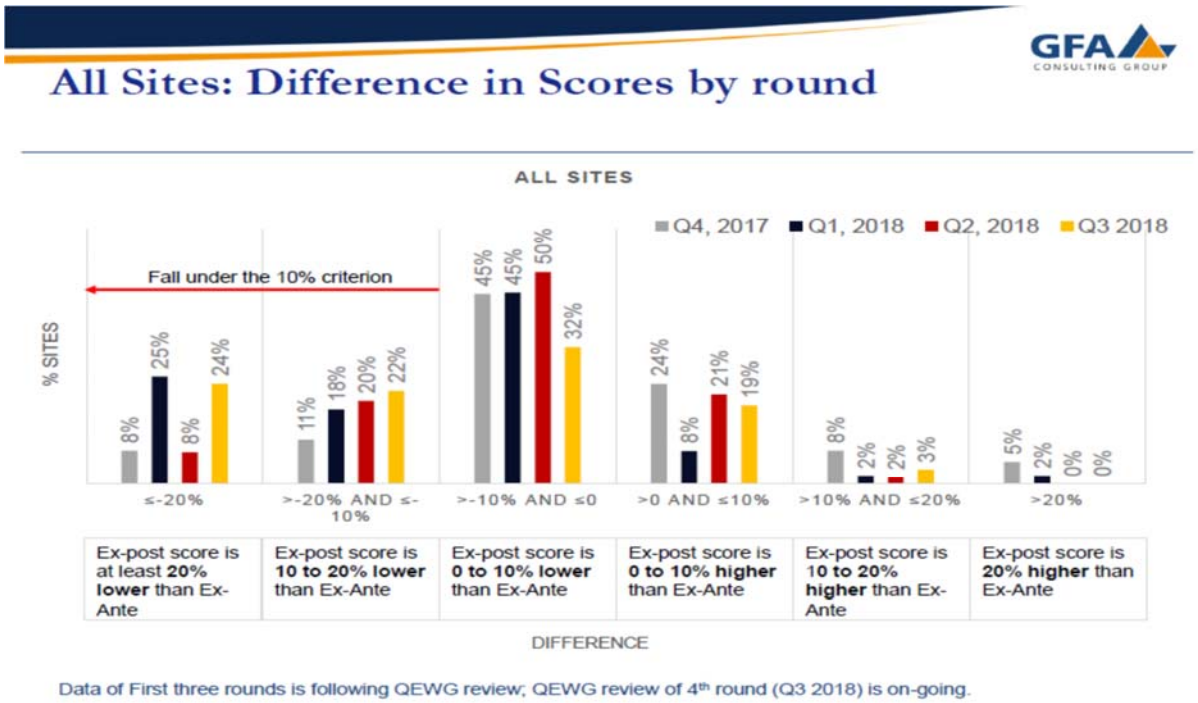
Performance-based grants are being disbursed to PHDs and ODs based on their performance scores, assessed by certified PHD assessors from a different province (for PHDs) or by PHDs from the same province (for ODs). A total of 67 ODs and 22 PHDs in 22 provinces have been assessed during this period.

The assessment tools and training curriculum were also updated in December 2018 in order to improve the quality of the training and ensure adequate time for participants to practice neonatalie and mamanatalie skills needed to conduct appropriate assessment and coaching. Additionally, the general coaching guide and FAQs to clarify the NQEM tool were developed in consultation with all relevant national programs and disseminated to all PHD and OD assessment teams in December 2018. Coaching protocols for each vignette will be prepared after the existing vignettes are updated.

There was an issue regarding the unavailability of operational costs for PHD and OD levels to conduct the ex-ante assessment and coaching. These processes are instrumental to support the quality improvement at health facilities, and discussions have taken place on possibilities to secure operational costs to ensure that these processes are carried out properly.

Ex-post verification: Ex-post verification for all rounds of ex-ante assessment completed to date have been conducted by an independent external firm, GFA. Results were reviewed by a small working group (Quality Enhancement Working Group); validated with relevant facilities, ODs, and PHDs; and action has been taken to address any discrepancy in results between ex-ante and ex-post assessment results in a transparent manner. Examples of discrepancies found include: (i) no adequate hand washing station, (ii) inappropriate use of alcohol for hand washing, (iii) waste disposal does not comply with national guidelines, and (iv) no performance management calculation for performance based distribution. The degree of discrepancy by each round of ex-post verification performed is summarized in the graph below.

Figure 4. Discrepancies between SDG ex-ante and ex-post assessment score



The process of transitioning the ex-post SDG assessment validation role to the PCA is underway and the complete transfer is expected in July 2019. To date, eight core staff have been recruited by the PCA to assume the SDG ex-post verification functions. Staff are comprised of two medical doctors, four nurses, and two midwives. Six core staff have been trained and certified as qualified assessors by the Quality Assurance Office (QAO) team and have thus far been joining the ex-post verification with GFA. A workshop on the transition of ex-post verification responsibilities from GFA to the PCA was conducted on November 5, 2018, and a formal handover is being planned accordingly.

There remains a critical need for adequate PCA staff in order to take over the ex-post verification function from GFA. In order to meet the revised DLI 5 Year 2 target the PCA will need to recruit additional staff to meet at least a total of 15 staff for the ex-post function. PCA indicated their intention to put in place short-term experts using the DLI funds if sufficient number of staff is not in place for the ex-verification role by March 2019, however, more permanent solutions are being discussed. To support the PCA in their ex-post verification function, a financing option is planned using a reallocation of DLI 2 funding. This is further described in the Component 3 section below.

The contract for the consulting firm to assist the QAO in developing an ICT system was signed in June 2018. The ICT tablet platform for the NQEM assessment process is being developed and is expected to be tested in April and May 2019. The final application is expected to be launched during Phase 3 of NQEM assessment roll-out, expected to commence in July 2019. The scope of the contract with the firm has also been expanded to include additional software for ex-post verification and an additional requirement that the firm developing the application should procure tablets for use in the assessment.

Component 2: Improving Financial Protection and Equity

The following describes the progress made in 2018 under Component 2, building on the progress during the last one and half years and the challenges that the project has experienced thus far.

HEF Benefit package: A new HEF benefit package was approved and an inter-Ministerial Prakas on HEF benefit package was signed by MEF, Ministry of Labor and Vocational Training, and MOH on May 8, 2018. The new Prakas on HEF non-medical and medical benefits was disseminated to all public health facilities in May 2018 and began implementation at health facilities in June 2018. The new benefit package was also updated in the PMRS.

Expansion of HEF to five national hospitals has been rolled out. The training of staff on both benefit package and PMRS was completed in March 2018, supported by PCA and URC. Provision of services to HEF patients at these additional hospitals began in April 2018. The PMRS was also upgraded in September 2018 to include the certification of HEF claims for informal workers.

Transition of HEFI to PCA: The PCA operational manual was signed by the Minister of Health on May 9, 2018. The PCA office is currently temporarily located within MOH, and both MOH and MEF intend to support the construction of a PCA office premises in the near future.

The certification of HEF payment claims was conducted by 59 seconded staff from URC and was overseen by the PCA director for the first half of 2018 until June 2018. The complete transition of the HEFI role to the PCA, including management of the PMRS, took place in July 2018. The seconded staff were also contracted directly by the PCA at this time. As of 2018, the PCA is adequately staffed and is fully capable to perform HEF certification activities. There are a total 91 staff members, comprising 17 civil servants, 59 staff contracted by the PCA, and 15 staff seconded from URC (including 10 programmers, 5 health information quality assurance). There is a challenge, however, in staff retention, given that about two-thirds of current staff are contracted staff. This has been a particular problem for programmers.

HEFO transition to health facilities: HEF payments continue to be on track with payments completed on time. The average time for processing HEF payments is 4 days by the Department of Budget and Finance (DBF). Management of HEF by health facility staff has improved significantly with increased capacity for recording and management of HEF benefits in many facilities. There was some confusion over the lower reimbursement rate for OPD services at health centers based on the absence of L1 quality assessment, as per the criterion laid out in the previous HEF Benefit Package. With the revised HEF Benefit Package, this differential has disappeared.

HEF Promoters: The revision of the post-ID questionnaire to align with the updated ID-poor system of MoP was completed along with instructions to be used for training of HEF-P staff. The contracts with Health Equity Fund Promoters (HEF-Ps) were signed in June 2018 and a launch workshop and series of trainings (training of trainers and three regional trainings) were carried out in September 2018. As of June 2018, HEF-Ps have since been positioned in all referral hospitals and supervision visits to support the HEF-P staff to effectively perform their roles and responsibilities were conducted by the Department of Planning and Health Information (DPHI) from November 2018. Table 5 below summarized the number of HEF-P staff at each RH.

However, in some hospitals, the number of HEF-P staff was found to not meet the number of staff required in the HEF-P contracts and current HEF-P performance is limited to conducting the Post-ID assessment. Other activities, such as HEF promotion, patient concierge, and patient satisfaction assessments, have not been carried out as foreseen due to some constraints with facility awareness on the role of HEF-Ps and logistics. These issues need to be discussed with HEF-P management and the roles of HEF-Ps clarified with hospital management. There are also concerns on the availability of staff to conduct post-ID around the clock, including at nights and over the weekends and public holidays. Also, a few new hospitals do not have HEF-P staff in place because they were not included in the original HEFP contract, and the HEF-P contract should be amended to include these new hospitals.

Table 5. List of RH with number of HEF-P staff

No.	Province	Referral Hospital	No. of HEF-P staff	Date (staff posted)
1	Siem Reap	Siem Reap Provincial Hospital	3	15-Jun-2018
		Sotr NiKum Referral Hospital	2	15-Jun-2018
		Puok Referral Hospital	2	20-Jun-2018
		Kalakh Referral Hospital	2	20-Jun-2018
		Angkor Chum Referral Hospital	2	01-Dec-2018
		Head Office	3	15-Jun-2018
2	Preah Vihear	Preah Vihear Provincial Hospital	3	20-Jun-2018
3	Oddar Meanchey	Oddar Meanchey Provincial Hospital	3	20-Jun-2018
		Anlong Vaeng Referral Hospital	2	20-Jun-2018
4	Kampong Thom	Kampong Thom Provincial Hospital	3	20-Jun-2018
		Baray -Santuk Referral Hospital	2	20-Jun-2018
		Stong Referral Hospital	2	20-Jun-2018
5	Kratie	Kratie Provincial Hospital	3	15-Jun-2018
		Chhlong Referral Hospital	2	15-Jun-2018
		Snoul Referral Hospital	2	15-Jun-2018

6	Stung Treng	Stung Treng Provincial Hospital	2	15-Jun-2018
7	Tbong Khmum	Kroch Chhmar Provincial Hospital	2	15-Jun-2018
		Tbong Khmum Referral Hospital	2	15-Jun-2018
		Memut Referral Hospital	2	15-Jun-2018
		O'Reang Ov Referral Hospital	2	15-Jun-2018
		Ponhea Krek Referral Hospital	2	15-Jun-2018
8	Mondul Kiri	Mondul Kiri Provincial Hospital	2	15-Jun-2018
		Koh Nhek Referral Hospital	2	15-Jun-2018
9	Ratanakiri	Ratanakiri Provincial Hospital	2	15-Jun-2018
		Bokeo Referral Hospital	2	15-Jun-2018
10	Battambang	Battambang Provincial Hospital	3	15-Jun-2018
		Maung Russey Referral Hospital	2	15-Jun-2018
		Sampov Loun Referral Hospital	2	15-Jun-2018
		Thma Koul Referral Hospital	2	15-Jun-2018
11	Banteay Mean Chey	Cambodia-Japan Friendship Provincial Hospital	2	15-Jun-2018
		Serei Sophon Referral Hospital	2	15-Jun-2018
		Poipet Referral Hospital	2	15-Jun-2018
		Phnom Srok Referral Hospital	2	15-Jun-2018
		Preah Net Preah Referral Hospital	2	15-Jun-2018
		Thma Puok Referral Hospital	2	15-Jun-2018
12	Pursat	Pursat Provincial Hospital	2	15-Jun-2018
		Bakan Referral Hospital	2	15-Jun-2018
		Krakor Referral Hospital	2	15-Jun-2018
		Kravanh Referral Hospital	2	15-Jun-2018
13	Pailin	Pailin Provincial Hospital	2	15-Jun-2018
14	Phnom Penh Municipal	National Pediatric Hospital	3	15-Jun-2018
		Meanchey Referral Hospital	2	15-Jun-2018
		Dang Kao Referral Hospital	2	15-Jun-2018
		Samdech Ov Referral Hospital	2	15-Jun-2018
		Pochentong Referral Hospital	2	15-Jun-2018
		Prek Phnov Referral Hospital	2	15-Jun-2018
		Cambodia-China Friendship National Hospital	2	15-Jun-2018
		Preah Kossamak National Hospital	2	15-Jun-2018
		Khmer-Soviet Friendship National Hospital	2	15-Jun-2018
		Calmette National Hospital	2	15-Jun-2018
		Preah Ang Duong National Hospital	2	15-Jun-2018
		Monicipal Hospital	2	15-Jun-2018
		National Maternal and Child Health Center	2	15-Jun-2018
15	Kampong Speu	Kampong Speu Provincial Hospital	2	15-Jun-2018
		Kong Pisey Referral Hospital	2	15-Jun-2018
		Ou Dong Referral Hospital	2	15-Jun-2018
		Trapeang Kraloeung Referral Hospital	2	15-Jun-2018

16	Kampong Chhnang	Kampong Chhnang Provincial Hospital	2	15-Jun-2018
		Boribo Referral Hospital	2	15-Jun-2018
		Kampong Tralach Referral Hospital	2	15-Jun-2018
17	Kandal	Chey Chumneas Provincial Hospital	2	15-Jun-2018
		Lvea Em Referral Hospital	2	15-Jun-2018
		Pognealeu Referral Hospital	2	15-Jun-2018
		Saang Referral Hospital	2	15-Jun-2018
		Kandal Stung Referral Hospital	2	15-Jun-2018
		Ang Snuol Referral Hospital	2	15-Jun-2018
		Kean Svay Referral Hospital	2	15-Jun-2018
		Koh Thum Referral Hospital	2	15-Jun-2018
		Khsach Kandal Referral Hospital	2	15-Jun-2018
		Leuk Deak Referral Hospital	2	15-Jun-2018
		Bunrany Hun Sen Rokakong Referral Hospital	2	15-Jun-2018
18	Kampot	Kampot Provincial Hospital	2	15-Jun-2018
		Angkor Chey Referral Hospital	2	15-Jun-2018
		Chhouk Referral Hospital	2	15-Jun-2018
		Bun Rany Hun Sen Koh Sla Referral Hospital	2	15-Jun-2018
		Kampong Trach Referral Hospital	2	15-Jun-2018
19	Takeo	Takeo Provincial Hospital	3	15-Jun-2018
		Ang Rokar Referral Hospital	2	15-Jun-2018
		Bati Referral Hospital	2	15-Jun-2018
		Kirivong Referral Hospital	2	15-Jun-2018
		Koh Andeth Referral Hospital	2	15-Jun-2018
		Prey Kabas Referral Hospital	2	15-Jun-2018
20	Koh Kong	Provincial Hospital	2	15-Jun-2018
		Sre Ambel Referral Hospital	2	15-Jun-2018
21	Preah Sihanouk Ville	Preah Sihanouk Ville Provincial Hospital	2	01-Dec-2018
22	Kep	Referral Hospital	2	15-Jun-2018
23	Prey Veng	Prey Veng Provincial Hospital	2	15-Jun-2018
		Baphnom Referral Hospital	2	15-Jun-2018
		Kamchay Mear Referral Hospital	2	15-Jun-2018
		Kampong Trabek Referral Hospital	2	15-Jun-2018
		Mesang Referral Hospital	2	15-Jun-2018
		Nak Leurng Referral Hospital	2	15-Jun-2018
		Pearaing Referral Hospital	2	15-Jun-2018
		Preah Sdach Referral Hospital	2	15-Jun-2018
		Sithor Kandal Referral Hospital	2	15-Jun-2018
		Svay Antor Referral Hospital	2	15-Jun-2018
24	Kampong Cham	Kampong Cham Provincial Hospital	3	15-Jun-2018
		Batheay Referral Hospital	2	15-Jun-2018
		Chamkar Leu Referral Hospital	2	15-Jun-2018

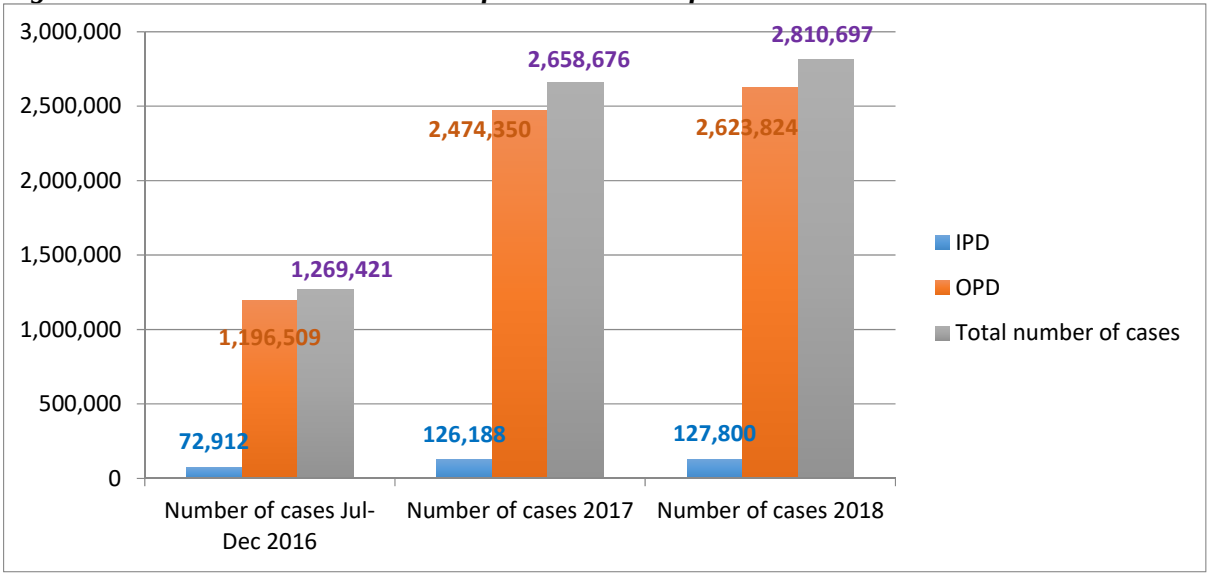
		Cheung Prey Referral Hospital	2	15-Jun-2018
		Prey Chhor Referral Hospital	2	15-Jun-2018
		Srey Santhor Referral Hospital	2	15-Jun-2018
		Hun Sen Stung Trang Referral Hospital	2	15-Jun-2018
25	Svay Rieng	Svay Rieng Provincial Hospital	2	15-Jun-2018
		Chi Phou Referral Hospital	2	15-Jun-2018
		Romeas Hek Referral Hospital	2	15-Jun-2018
		Svay Chrum Referral Hospital	2	15-Jun-2018
		Svay Teap Referral Hospital	2	15-Jun-2018
		Total	226	

Financing of HEF: The total expenditure for HEFs in 2018 is USD 14,381,427, of which USD12,452,344 was for medical expenses and USD 1,929,084 was for non-medical benefits. The RGC national budget covered approximately 59% of this cost. The remaining 43% of HEF expenditure was covered by IDA and MDTF funding through H-EQIP, with a total of US$ 6 million. Table 6 and Figure 5 below summarize the cumulative HEF utilization during H-EQIP.

Table 6. Cumulative HEF utilization during H-EQIP

Medical Benefits	**Number of cases Jul-Dec 2016**	**Number of cases 2017**	**Number of cases 2018**	**Disbursement (in USD) Jul-Dec 2016**	**Disbursement (in USD) 2017**	**Disbursement (in USD) 2018**
OPD	1,196,509	2,474,350	2,623,824	1,372,162	2,552,167	5,480,861
IPD	72,912	126,188	127,800	2,470,470	3,149,731	3,169,514
Total number of cases	1,269,421	2,658,676	2,810,697	3,842,632	8,346,444	12,452,344
Non-medical benefits	**Number of cases 2016**	**Number of cases 2017**	**Number of cases 2018**	**Disbursement (in USD) Jul-Dec 2016**	**Disbursement (in USD) 2017**	**Disbursement (in USD) 2018**
Transportation	-	164,639	121,987	-	944,272	836,623
Food allowance	-	109,620	163,415	-	713,185	1,075,611
Funeral cost	-	957	1,124	-	14,355	16,850
Total number of cases	-	275, 216	286,526	-	1,671,812	1,929,084

Figure 5. Cumulative HEF utilization for medical benefits



Component 3: Ensuring Sustainable and Responsive Health Systems

Sub component 3.1: Health System Strengthening

Significant progress in DLI implementation has been reported during this period. This section reviews and discusses the progress of disbursement and achievement of DLI targets for Year Zero, Year 1, and Year 2, including modification of indicators for DLI 4 and DLI 5, adjustment of funding for DLI 2, and the progress of achievements for 3 additional DLIs included as part of the additional financing to the project (DLI 7, 8 and 9).

DLI work plans: The year Zero work plans for DLI 1, DLI 3, DLI 4, and DLI 6 were submitted to MEF in two tranches on October 25, 2017 and December 21, 2017 and were approved on February 22, 2018 and May 11, 2018, respectively. The full amount for each DLI has been received by respective MOH departments or entities for implementation of planned activities.

DLI achievements in 2018: A supplementary DLI report for year 1 was submitted on January 30, 2018 and included achievement of remaining year Zero targets. The report confirmed the **full achievement** of the remaining year Zero targets for DLI 5 (Sustainable health purchasing arrangements). This was verified and endorsed by the H-EQIP MDTF Management Committee during the 4th ISM in April 2018, and an additional payment of US$250,000 was approved accordingly. In addition to the achievements against year 1 targets reported in July 2017, including partial achievement of DLI 3 and full achievement of DLI 6, a total of US$1,162,313 was disbursed in September 2018 for these periods (Table 7).

The DLI report describing the status of achievement for year 2 targets and remaining year 1 targets was also submitted on time to the World Bank on July 31, 2018. Upon review of the independent verification report, it was concluded that following achievements were confirmed, and an additional US$1,600,000 was approved for disbursement (Table 7):

- For remaining year 1 DLI targets, with a total of USD$ 700,000 approved for disbursement:
  - DLI 3 (C2 hospitals fully equipped to provide emergency obstetric care and neonatal care) now **fully achieved.**

- DLI 5 (Sustainable health purchasing arrangements) **fully achieved**.

- In terms of year 2 DLI achievements, it was concluded that the following achievements were confirmed, with a total of USD$900,000 approved for disbursement:
  - DLI 5 (Sustainable health purchasing arrangements) **fully achieved**.
  - DLI 6 (Timeliness of HEF and SDG payments) **fully achieved**.

A detailed summary of DLI achievements by yearly targets is in Annex B. With these achievements, the total amount approved for achievements in 2018 was US$ 2,762,313, and the cumulative amount approved thus far for year Zero, year 1, and year 2 DLIs is US$4,800,000 (Figure 6). A breakdown of DLI disbursements from the MDTF is in Table 7 below.

Figure 6. Cumulative value of DLIs achieved

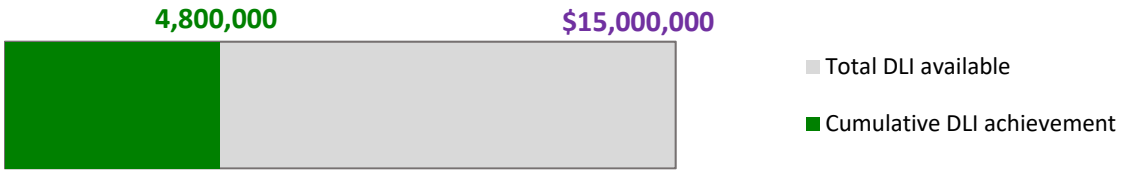


Table 7. DLI Disbursements from MDTF

Number	Date disbursed	Amount
1	5 April 2017	US$1,000,000
2	12 June 2017	US$1,037,687
3	27 September 2018	US$1,162,313
4	23 January 2019	US$1,600,000
Total disbursement		US$ 4,800,000

For DLI 1, competency-based pre-service curricula have been updated for five courses so far and updates to two more courses are anticipated by the end of this year. Additionally, faculty members have been trained on the use of integrated skills laboratory accordingly.

The progress against achievement of DLI 2 targets during the first 2 years of implementation is significantly slow and it is unlikely to achieve its targets. Therefore, as agreed with the pooled fund partners, the allocation for year 3 and year 4 targets has been reprogrammed, with a portion of the DLI value also being reallocated to DLI 5 to further support the PCA to carry out its ex-post SDG assessment role and for the PMRS transition. The remaining funds will continue to be used for in-service training by HRD.

DLI 3, DLI 5, and DLI 6 have successfully achieved their targets for year Zero and year 1, and some of the year 2 targets have been confirmed or are likely to be achieved, pending supporting documents. DLI 3 requires official confirmation by NMCHC that the two referral hospitals (Stong and Memut RHs) have fulfilled criteria as CEmONC standard facilities.

For DLI 4, year 2 sub-indicator 1 on “all ex ante assessment teams have used ICT and tablets for conducting ex ante assessment”, the ICT system is in the final stage of testing and anticipated to be

launched around mid-2019. For sub-indicator 2a on "2 additional assessors from every OD and PHD trained and certified as qualified assessors", the training of additional assessors was completed in September 2018, and is thus achieved. For sub-indicator 2b on "30% of coaching activities include experts from national program managers at OD, PHD, and/or national level and/or expert from RHs" is achieved and pending the submission of supporting documents. DLI 4 targets have also been modified to reflect the MOH decision that the L2 assessment will be discontinued and replaced with the ex-ante and ex post quality assessment using the NQEM Tool. The funds originally for the L2 assessment have been reprogrammed to DLI 5 in order to further support the PCA to carry out its SDG ex-post assessment role and for the PMRS transition.

Additional financing to the Project: In October, 2018, an additional financing (AF) to the project was processed with USD $6 million contribution from KfW to the MDTF. The AF expands the scope of the project and it's development impact, with a focus on supporting enhanced services for cervical cancer screening and treatment (CCS&T), hypertension and diabetes screening and treatment (H/D S&T), and long-term family planning (LTFP) services. Three additional DLIs (DLI 7, 8, 9) were added on the set-up and roll-out of these services, and to incentivize delivery of services, as described in the table below.

Table 8. New DLI Indicators Added under AF (Subcomponent 3.1) (US$, millions)

New DLIs	Total Value (US$, millions)
DLI 7: Number of ODs enabled to provide quality cervical cancer screening and treatment (CCS&T) services	3.0
DLI 8: Number of ODs enabled to provide quality hypertension and diabetes screening and treatment (H/D S&T) services	1.5
DLI 9: Number of ODs providing quality long-term family planning (LTFP) services	1.5

For these additional DLIs, DLI 7 has nearly achieved year 2 targets for both sub-indicator 1 and sub-indicator 2 on "Guidelines specifying detailed OD readiness criteria to deliver CCS&T services are adopted" and "Baseline data provided on the percentage of eligible target groups screened in ODs enabled for CSS&T services", respectively, pending submission of supporting documents. For DLI 8, a similar operational annex specifying the criteria required for ODs to be "enabled" to provide H/D S&T will need to be developed. Last, for DLI 9, sub-indicator 1 on "Training module for calculating need for FP commodities prepared by the Department of Drugs, Food and Cosmetics" was achieved. Remaining year 2 sub-indicators (2, 3, and 4) are pending clarification and assessment of supporting documents. The workplans for each DLI will be prepared and submitted to MEF for pre-approval.

Sub component 3.2: Health Infrastructure Improvement

Progress against planned infrastructure development and civil works financed by H-EQIP this year is as follows:

Construction of 45 Health Centers: The designs have been finalized and the bill of quantities (BOQ), land title study, and environmental and social screening have been completed. Updated documents have been submitted in the Systematic Tracking of Exchanges in Procurement (STEP) for review by the World Bank. The procurement of the firm to construct the HCs is under way and the contract is

expected to be signed in January 2019.

Construction of 15 maternity and neonatal units for referral hospitals: Site visits for all planned 15 maternity and nenonatal units at RHs were conducted and it was decided that 8 small size (15 x 30m) and 7 large size (18 x 40m) maternity and obstetric wards would be constructed. The detailed drawings and designs have been completed and BOQ, land titles, and environmental and social screening report were submitted to WB in September 2018 for review. The procurement of the construction firm is now in progress and is expected to be concluded in March 2019.

Construction of 2 Provincial Hospitals (Pailin and Oddar Meanchey): Site visits were conducted and the ToRs for the consulting firm to support the detailed drawings/designs, engineering, and supervision of the construction of the 2 PRHs has been finalized. Recruitment of a consulting firm is in process. Work progress will be sped up so that all constructions can be completed within the H-EQIP lifespan.

The ToRs for this consultancy firm also include supervision of all planned civil works under the project. While the firm is being recruited, it is estimated that there will be a gap with no civil works supervision firm for approximately the first 3 months of the contract for the construction of the 45 HCs. It has been discussed that MOH will fill this gap and MOH civil works engineers will conduct supervision until the consultancy firm is on board.

Component 4: Contingent Emergency Response:

No reallocation of financing has been made with regards to any crisis or emergency requiring the Immediate Response Mechanism.

IV. Financial management performance

Progress in terms of project FM is advancing, and the overall FM performance of the project was upgraded to Satisfactory. The DBF has taken full ownership on the project's FM and disbursement functions and expressed a strong commitment toward good FM of the project. Adequate government staff has been assigned to H-EQIP. Submission of the Interim Financial Reports (IFRs) for the four quarters of 2018 was completed on time. Documentation for the prior advance from IDA and MDTF has been completed for expenditure up to September, 2018. The auditor's opinion on the financial statements for the period ending on December 31, 2017 is unmodified (clean).

In terms of the external audit of the project, MEF has a contract with an external firm, KPMG. KPMG began fieldwork in early June 2018 and submitted the audit report on September 21, 2018. The deadline for the audit report was June 30, 2018 and it has been discussed that in subsequent years the audit firm should be closely monitored by MEF and MOH to ensure timely submission of the audit.

Six regional training of trainers (ToT) on FM were completed between January and April 2018 (Table 9). HC and RH staff have been trained on HEF and SDG-related FM as part of the cascade training (Table 10). This cascade training was completed for 25 provinces and carried out by accountants of ODs and PHDs that had been trained by DBF.

Table 9. ToT training on FM for PHD trainers/facilitators

No.	Date	Venue	PHDs/ODs	Number of people trained

1	27 February – 01 March 2018	Siem Reap province	• Banteay Meanchey • Oddar Meanchey • Battambang • Kampong Thom • Preah Vihear	61
2	05 – 07 March 2018	Battambang province	• Kandal • Pursat • Kampong Chhnang • Pailin	66
3	13 – 15 March 2018	Kampong Cham Province	• Phnom Penh • Tbong Khmum • Kratie • Mondul Kiri	60
4	20 – 22 March 2018	Kampot Province	• Prey Veng • Svay Rieng • Presh Sihanouk • Steung Treng	64
5	02 – 04 April 2018	Siem Reap Province	• Kampong Cham • Kampot • Kampong Speu	59
6	23 – 25 April 2018	Mondulkiri Province	• Takeo • Koh Kong • Kep • Siem Reap • Ratanakiri	63
			Total	373

Table 10. SDG FM training for health center and referral hospital staff

No.	Date	Provinces	ODs	# of health facility	# of people trained
1	13-16/08/2018	Stung Treng	Stung Treng	14	14
3	2018//08/17-15	Siem Reap	Siem Reap	29	30
4	21-23/08/2018		Kalakh	16	16
5	21-23/08/2018		Angkor Chum	23	22
6	28-30/08/2018		Sotr NiKum	25	27
7	7-10/08/2018	Mondul Kiri		01	12
8	1-3/08/2018	Kampong Thom	Baray -Santuk	22	22
9	08-10/08/2018		Stong	10	09
10	15-17/08/2018		Kampong Thom	21	20
11	11-14/09/2018	Banteay Mean Chey	Mongkol Borei	23	23
12	11-14/09/2018		Thma Puok	14	15
13	17-20/09/2018		Preah Net Preah	15	17
14	17-20/09/2018		Poipet	16	17
15	06-09/08/2018	Takeo	Daun Keo	15	19
16	07-10/08/2018		Kirivong	13	12
17	13-16/08/2018		Ang Rokar	12	13
18	14-17/08/2018		Koh Andeth	11	10
19	20-23/08/2018		Prey Kabass	15	14

20	21-24/08/2018		Bati	14	14
21	06-08/09/2018	Kampong Speu	Ou Dongk	9	9
22	11-13/09/2018		Kong Pisey	21	21
23	25-27/09/2018		Phnom Srouch	6	6
24	17-19/09/2018		Kampong Speu	18	18
25	18-21/09/2018	Preah Vihear	Tbeng Meanchey	28	28
26	02-05/10/2018	Kep	Kep	5	5
27	06-09/08/2018	Krate	Kratie	20	20
28	13-16/08/2018		Chhlong	10	10
29	05-08/11/2018	Battambang	Sampov Luon	11	11
30	30/10-02/11/2018		Sangkae	14	14
31	02-05/10/2018		Maung Russei	12	12
32	16-19/10/2018		Battambang	23	23
33	12-15/11/2018		Thma Koul	18	18
34	21-25/08/2018	Kandal	Muk Kam Poul	7	7
35	21-24/08/2018		Ksach Kandal	17	17
36	07-10/08/2018		Lvea Em	12	12
37	14-17/08/2018		Leuk Deak	7	7
38	04-07/09/2018		Ang Snuol	7	7
39	14-17/08/2018		Kean Svay	8	9
40	04-07/09/2018		Ponhea Leu	10	10
41	28-31/08/2018		Koh Thom	11	11
42	07-10/08/2018		Takhmao	12	12
43	28-31/08/2018		Saang	14	14
44	21-24/08/18	Oddar Meanchey	Samraong	26	26
45	28-31/08/18		Anlong Veng	12	12
46	7-9/08/18	Ratanakiri	Banlong	15	15
47	20-22/08/18		Borkeo	11	11
48	21-24/08/18	Tbong Khmum	Suong	5	10
49	21-24/08/18		Tbong Khmum	16	31
50	28-31/08/18		Dambae	7	13
51	27-30/08/18		Kroch Chhmar	10	20
52	20-23/08/18		O Reang Ov	21	26
53	7-10/08/18		Memut	14	27
54	07-10/08/18		Ponhea Krek	13	26
55	5-7/11/18	Preah Sihanouk	Preah Sihanouk	15	17
56	21-24/08/18	Koh Kong	Smach Mean Chey	7	7
57	14-17/08/18		Srae Ambel	7	7
58	13-16/11/18	Pailin	Pailin	6	10
59	18-21/09/18	Svay Rieng	Chi Phu	10	10
60	18-21/09/18		Svay Rieng	14	14
61	25-28/09/18		Svay Teap	11	11
62	25-28/09/18		Romeas Hek	12	14
63	4-7/09/18	Prey Veng	Sithor Kandal	12	12
64	11-14/09/18		Baphnom	9	9
65	4-7/09/18		Peam Chor	10	10
66	11-14/09/18		Prey Veng	8	8
67	11-14/09/18		Svay Antor	12	12
68	4-7/09/18		Peam Ro	12	12
69	18-21/09/18		Preah Sdach	12	12
70	11-14/09/18		Kanhchriech	9	9
71	18-21/09/18		Kampong Trabek	14	14
72	18-21/09/18		Mesang	10	10
73	4-7/09/18		Pearaing	10	10
74	18-21/09/18		Kamchay Mear	9	9

75	4-7/12/18	Phnom Penh	Chaktomouk	5	5
76	27-30/11/18		Bassak	8	8
77	4-7/12/18		Dang Koa	8	8
78	27-30/11/18		Preaek Phnov	6	12
79	4-7/12/18		Sen Sok	6	6
80	13/16/11/18		Por Senchey	7	7
81	13/16/11/18		Mekong	5	5
82	12-14/09/18	Kampong Cham	Stueng Trang	12	27
83	29-31/18/18		Kampong Cham - Kg. Siem	14	30
84	22-24/08/18		Chamkar Leu	12	31
85	26-28/08/18		Koh Sotin	8	17
86	5-7/08/18		Srey Santhor	12	30
87	19/21/19/18		Kang Meas	9	20
88	08/10/08/18		Choeung Prey	8	24
89	1-3/09/18		Prey Chhor	12	24
90	15-17/18/18		Batheay	9	27
91	18-21/09/18	Kampong Chhnang	Kampong Chhnang	18	18
92	25-28/09/18		Kampong Tralach	15	15
93	2-5/10/18		Boribo	11	11
94	20-23/08/18	Pursat	Bakan	12	12
95	27-30/18/18		Krakor	10	10
96	31/07-3/08/18		Kravanh	9	9
97	14-17/08/18		Sampov Meas	12	12
98	6-9/08/18	Kampot	Chhouk	26	26
99	27-30/08/18		Kampot	14	14
100	20-23/08/18		Kampong Trach	15	15
101	13-16/08/18		Angkor Chey	11	11
			Total	1262	1495

V. Project Procurement

Based on the project procurement package, the following progress was made this year:

Procurement of project goods: Procurement of medical equipment and furniture for HCs, maternity wards, and hospitals has not yet been initiated.

Procurement for project works:

- Bidding documents for the construction of 15 maternity and obstetric wards are in progress and are expected to be completed at the end of quarter 1, 2019
- The contract for the procurement package for the construction of 45 HCs is expected to be signed in January 2019.
- The selection of a firm to design and supervise the construction of two PRHs and supervise the construction of 45 HCs and 15 maternity ward buildings is at the shortlist stage and expected to be completed by April 2019.

Procurement for project services:

- Most individual consultants for the project have been recruited, but high staff turn-over is reported. Additional procurement was carried out to select replacement consultants.
- Recruitment of HEFPs and the ICT firm were successfully completed

Ex-post review of central procurement by MOH was carried out by the World Bank team through a document review of selected sample contracts. No serious issues were noted.

VI. Environmental and Social Safeguards

The environmental and social safeguard consultant was appointed in February 2018 and civil works is progressing. From August 28-31, 2018 two staff from the MOH Preventative Medicine Department (PMD) and one key staff from the World Bank attended a training on project supervision and environmental and social management in the Philippines. From April 10-13, 2018 the same staff attended a training on environmental and social management of construction in the Philippines.

In terms of civil works, field visits to the proposed construction sites were completed. The PMD, H-EQIP engineers, and DBF teams conducted the environmental and social impact screening for the 45 planned HCs, 15 maternity and obstetric wards, and 2 PRHs. The social and environmental screening report was developed, submitted to the World Bank for review, and received a No Objection for construction of the 45 HCs and 15 maternity and obstetric wards. All construction will be carried out inside the perimeter of existing health facilities and there are no major environmental and social risks associated with these small-scale civil works.

The construction of the two planned PRHs (Pailin and Oddar Meanchey) is at the planning phase. As construction will involve demolishing some old buildings, environmental management and infection prevention and control precautions are being considered.

The Indigenous People's (IP) scorecards were introduced in January 2018 and have been reported to considerably improve H-EQIP's performance in terms of IPs. Performance on regular integrated outreach to remote areas as well as work with community level volunteers has improved remarkably. The average score of the 70 HCs eligible for the IP scorecard assessment increased from 9% in Q1 2018 to 39% in Q2, 63% in Q3, and 71% in Q4 2018. 39 of these 70 health centers achieved 80% or higher scores, indicating a high level of achievement on outreach and community volunteer indicators. However, by end of 2018, there were 22 HCs that had not been assessed using the IP scorecard despite being identified as serving a high concentration of IPs. 8 of these 22 HCs were in phase 1 provinces.

Healthcare Waste Management (HWM) has improved in many facilities, but requires further improvement. Compliance with guidelines at health facilities needs to be further strengthened, especially with regard to collection, storage, treatment, and disposal of hazardous wastes. Additionally, some deteriorated incinerators need to be replaced, especially at HCs. Water and sanitation conditions also need several improvements.

Gender assessment: Based on the consultative workshop held in 2017 to discuss the findings of the gender assessment, the assessment report was revised and was endorsed by MOH in April 2018. The findings and recommended actions from the assessment were presented to the MOH Gender Mainstreaming Action Group (GMAG) and PMD on May 11, 2018.

The following recommendations from the assessment have already been implemented in H-EQIP: (i) a midwife is mandatory in all SDG assessment teams; (ii) SDG FAQs have been issued specifying that female assessors should take responsibility for calling female clients and male assessors for male clients; (iii) an IP scorecard was introduced in 2018 to increase allocation of SDG performance grants to health facilities in remote/difficult to access areas for improved outreach and involvement of community volunteers; (v) new designs of HCs introduced under H-EQIP ensure that additional space

for a waiting room and pre- and post-delivery room are included; (vi) the H-EQIP Results Framework was revised along with the Additional Financing and Project restructuring to include one new indicator that includes sex disaggregation, as well as an indicator on cervical screening for women.

VII. Project Monitoring

Implementation Support Mission (ISM):

Two ISM visits were conducted jointly by the Ministry of Health and H-EQIP pooled fund partners during this year, including the 4th ISM in April 2018 and 5th ISM in October 2018 (see ISM reports for detailed activities, findings, and follow-up recommendations).

- The 4th ISM was conducted from April 19-27, 2018. Pre-ISM field visits were carried out by MDTF partners from April 9-11 to Koh Kong Province and from April 18-20 to Phnom Penh, Pursat, Battambang, and Kampong Thom provinces to visit 10 HCs, 9 RHs, and met with PHDs and ODs. The objectives of the field visits were to review the overall progress and operational management of the project at the point of service delivery, including the implementation of HEF and SDGs; overall achievement against annual health targets and challenges at health facilities; and the status of environmental and social safeguards.
  A summary of the findings and recommendations from the field visits are as follows:

  - SDGs: Similar to findings at the facilities visited in other provinces last October 2017, the mission found that the fixed lump-sum grant continues to flow smoothly to health facilities, with the majority of facilities reporting that they had received the grant up to the 1st quarter of 2018. Health facilities reported feeling comfortable managing the grant, appreciated the support given by ODs and PHDs, and felt that the grants help them to provide better quality of care. Most facilities visited reported spending the grants on drugs and medical consumables. However, several facilities requested clarification on the list of eligible expenditures and the procurement threshold. Many facilities reported difficulties in spending the full grant on small-scale infrastructure improvements and operational expenditures and were accumulating the grant, as a result. Training on how to budget and maximize the use of different funding sources at the facility level is felt to be needed.

  - HEFs: Health facilities visited felt confident in managing HEF benefits and recording utilization in the PMRS. Post-ID at provincial hospitals was discontinued in December 2017, resulting in significant drop of HEF patients and an increase in exemption cases. There were also inconsistencies with regards to the disbursement of transportation allowances for women delivering at HCs, with some HCs providing these allowances, while others were not aware of the transportation allowance provided to pregnant women for delivery under HEF. Similarly, it was found that while some of the HCs claimed free services from HEF for services provided under the national programs, there were some HCs that had never made any claims for HEF reimbursements for these services.

  - Infection control and waste management: Considerable improvements were seen in terms of hygiene, cleanliness, and medical waste management. Colored bins and bags were seen, categorizing waste according to waste types. Sharps and infectious wastes were also being properly disposed of. However, as found in other facilities/provinces visited in the previous missions, a few incinerators were found to be not well functioning and, in some cases, there was insufficient supply of safe boxes for disposing sharp instruments.

- The 5th ISM was conducted from October 30- November 2, 2018. Additional pre-mission field visits were undertaken by MDTF partners during October 22-26, 2018 to Kandal, Kratie,

Kampong Thom, Mondul Kiri, Phnom Penh, Preah Vihear, Ratanak Kiri and Stung Treng provinces. The team visited 4 national hospitals (Preah Kossamak Hospital, National Pediatric Hospital, Calmette Hospital, and Khmer Soviet Friendship Hospital), 2 Health Posts, 16 HCs, 4 RHs, and 3 PRH, as well as met with PHDs and ODs. The objectives of the field visits were to review the overall progress and operational management of the project at the point of service delivery, including the implementation of HEF and SDGs; overall achievement against annual health targets and challenges at health facilities; and the status of environmental and social safeguards. The following summarizes the findings of the field visits:

- SDGs: SDG fixed lump-sum grants were reported to have contributed to quality improvement at health facilities, particularly in the areas of cleanliness and hygiene, drug supply and storage, waste management, and availability of electricity and water. The impact of performance-based grants on staff attendance and behavior was also noted. Health facilities reported to feel more confident in using the funds and financial reporting has improved as a result of FM training provided. However, the eligibility criteria for the fixed lump-sum grant remains subject to interpretation and further clarification is needed. It was also expressed that the eligible expenditure items and procurement threshold should be extended to cover repairs or purchasing of new equipment, infrastructure improvements, and/or outreach activities exceeding the ceiling of US$500. Stock-outs of Hepatitis-B vaccines were also found in some health facilities visited.

- SDG assessment and coaching process: Some HCs visited reported that they found the coaching by ODs and PHDs to be very useful for enhancing their technical skills and identifying areas for quality improvement. However, a few other HCs felt that the quality of coaching could be improved. It was also raised that certain aspects the assessment tool do not reflect the national guidelines on what the facilities are required to have, including for certain drugs (dopamine), equipment (neonatal catheter), and infrastructure requirements (central sterilization department). Therefore, the NQEM tool should be revised to address these gaps. Other challenges reported that are faced by the NQEM assessors include non-availability of staff when the assessment team is on a visit, low staff capacity, and the lack of a feedback loop between the NQEM assessors and the ex-post verification team.

- HEF: HEF-Ps were available in all hospitals visited except for the new RH in Preah Vihear province, which was upgraded after the HEF-P contract was signed. However, some RHs had only one HEF-P staff member instead of the two or three staff required. The Post-ID at hospitals is working well with the help of HEF-P staff, however there is a lack of clarity on the role of HEF-P in the community with regard to health promotion activities. HEF utilization remains low and a high number of exemption cases were reported at some RHs visited. The mission advised hospital management that Post-ID should be conducted rather than exempting patients with expired Poor ID cards. Some issues that could impact the quality and coverage of HEF, especially for the national hospitals, were also raised and discussed. These included a lack of clarity on the transportation allowances to be provided under HEF; substantial differences in National Social Security Fund (NSSF) and HEF payments for same services, thereby adding to the excess load of uncomplicated cases being treated without referrals at the national hospitals; limitations for providing quality services to HEF patients in terms of provision of specific/expensive supporting services such as scanner/CT scan, T3/T4 test, pathology test which are either not available in the hospitals or the hospitals are in partnership with private firms; and the insufficient pricing for HEF ambulance transfers from remote PRHs to the national level.

Annex A: List of key events held in 2018

1) Second phase of cascade training for SDG ex-ante assessors completed: September 2018
2) Workshop on the transition of ex-post verification responsibilities from GFA to the PCA: November 5, 2018
3) Training of staff at national hospitals on both benefit package and PMRS completed: March 2018
4) Training to HEF-Ps (training of trainers and three regional trainings): September 2018
5) Supervision visits of HEF-P staff by DPHI from: November 2018
6) Fieldwork by external audit firm, KPMG from: June 2018
7) ToT on FM in Siem Reap province: February 27 –March 1, 2018
8) ToT on FM in Battambang province: March 5-7, 2018
9) ToT on FM in Kampong Cham province: March 13-15, 2018
10) ToT on FM in Kampot province: March 20-22, 2018
11) ToT on FM in Siem Reap province: April 2-4, 2018
12) ToT on FM in Mondulkiri province: April 23-25, 2018
13) Project supervision and environmental and social safeguards management training in the Philippines: August 28-31, 2018
14) Environmental and social safeguards management of construction training in the Philippines: April 10-13, 2018
15) Gender assessment findings and recommended actions presentation to MOH and MOH Gender Mainstreaming Action Group: May 11, 2018
16) 4th ISM: April 19-27, 2018
17) 5th ISM: October 30- November 2, 2018

Annex B: Summary of DLI achievements by year

Year Zero				
DLI	**Targets**	**DLI value**	**Percent (%) approved**	**DLI value approved 2018**
DLI 1: Comprehensive pre-service training program in foundational courses for medical and nursing professionals implemented by the University of Health Sciences (UHS)	1. Competency- based pre-service curricula in foundational courses updated for at least 2 training courses to be delivered by UHS for medical and nursing professionals 2. Standards of operation adopted by UHS for faculty on how to use and maintain the UHS integrated skills laboratory	**US$800,000**	**100%** (Indicator fully achieved in July 2016 reporting)	**US$0**
DLI 2: Comprehensive in-service training program on MPA for health workers implemented by MOH	1. At least 13 MPA in-service training modules reviewed and updated by the MOH 2. At least 20 PHDs complete a health worker's training needs assessment for at least 5 prioritized in-service training modules to quantify number of persons requiring training	**US$400,000**	**0%** (Indicator not yet achieved)	**US$0**
DLI3: C2 hospitals fully equipped to provide emergency obstetric care and neonatal care	1. Updated guidelines adopted by the MOH, detailing the facilities and human resources criteria to be met by C2 hospitals for the provision of emergency obstetric and neonatal care 2. Baseline survey carried out and costed plan developed by the MOH for addressing C2	**US$400,000**	**100%** (Indicator fully achieved in January 2017 reporting)	**US$0**

	hospitals' facilities and human resources gaps for the provision of emergency obstetric and neonatal care			
DLI 4: Health service quality monitoring in MOH enhanced	1. Supervisory checklists measuring service delivery performance for health centers and C1, C2 and C3 hospitals field tested and disseminated by MOH to at least 80% of PHDs and ODs 2. The quality assurance office of MOH adequately staffed according to MOH plan with fulltime qualified experts and contractual staff	**US$500,000**	**100%** (Indicator fully achieved in January 2017 reporting**)**	**US$0**
DLI 5: Sustainable health purchasing arrangements established by the Recipient	1. Transition manual adopted by MOH, specifying the roles, responsibilities, functions, operational milestones and costs for the transition of health purchasing functions from HEFI to PCA 2. PCA has been formally established	**US$500,000**	**100%** (Indicator partially achieved with 60% achievement in January 2017 reporting and fully achieved in January 2018 reporting)	**US$250,000**
DLI 6: Timeliness of HEF and SDG payments improved	Financial procedure guidelines and standards for HEF and SDG disseminated by MOH among key PHD, OD and central staff	**US$400,000**	**100%** (Indicator fully achieved in January 2017 reporting)	**US$250,000**
TOTAL value approved in 2016				**US$1,000,000**
TOTAL value approved in 2017				**US$1,350,000**
TOTAL value approved in 2018				**US$250,000**
TOTAL value approved for Year Zero Targets to date				**US$2,600,000**

Year One				
DLI	**Targets**	**DLI value**	**Percent (%) approved**	**DLI value approved 2018**
DLI 1: Comprehensive pre- service training program in foundational courses for medical and nursing professionals implemented by the University of Health Sciences (UHS)	1. Competency-based pre-service curricula updated for at least 7 additional training courses 2. At least 12 faculty trained on how to use the integrated skills laboratory	**US$800,000**	**0%** (Indicator not yet achieved)	**US$0**
DLI 2: Comprehensive in-service training program on MPA for health workers implemented by MOH	1. At least 20 PHDs have reduced the number of health workers requiring training on 5 prioritized in-service training modules by at least 10% 2. At least 10 PHDs have provided annual training activity reports on in-service MPA training to MOH based on MOH's new human resource management information system (HRMIS)	**US$400,000**	**0%** (Indicator not yet achieved)	**US$0**
DLI3: C2 hospitals fully equipped to provide emergency obstetric care and neonatal care	At least 10% of C2 hospitals above the baseline have met the criteria specified in the updated guidelines	**US$400,000**	**100%** (Indicator partially achieved in July 2017 reporting and fully achieved in January 2018 reporting)	**US$200,000**
DLI 4: Health service quality monitoring in MOH enhanced	1. At least 80% of PHD and OD staff have been trained and have used the supervision checklists at least 2 times over	**US$500,000**	**0%** (Indicator not yet achieved)	**US$0**

	the previous calendar year. 2. L2 assessment tool and protocols reviewed, updated and approved by the DOH.			
DLI 5: Sustainable health purchasing arrangements established by the Recipient	1. PCA management board and operational guidelines established 2. PCA has established counter-verification capacities	**US$500,000**	**100%** (Indicator fully achieved in January 2018 reporting)	**US$500,000**
DLI 6: Timeliness of HEF and SDG payments improved	At least 50% of HCs and hospitals have received HEF and SDG payments within the timelines specified in the guidelines	**US$400,000**	**100%** (Indicator fully achieved in July 2017 reporting)	**US$0**
TOTAL value approved in 2017				**US$600,000**
TOTAL value approved in 2018				**US$700,000**
TOTAL value approved for Year 1 Targets to date to date				**US$1,300,000**

Year Two				
DLI	**Targets**	**DLI value**	**Percent (%) approved**	**DLI value approved 2018**
DLI 1: Comprehensive pre- service training program in foundational courses for medical and nursing professionals implemented by the University of Health Sciences (UHS)	1. Competency-based pre-service curricula updated for at least 8 additional training courses 2. At least 29 additional faculty trained on how to use the integrated skills laboratory 3. At least 230 medical and nursing students trained based on the new competency based curricula	**US$800,000**	**0%** (Indicator not yet achieved)	**US$0**
DLI 2: Comprehensive in-service training program on MPA for health workers implemented by MOH	1. At least 20 PHDs have reduced the number of health workers requiring training on 5 prioritized in-service training modules by at least 20% 2. At least 15 PHDs have provided annual training activity reports on their in service MPA training to MOH based on the new HRMIS	**US$400,000**	**0%** (Indicator not yet achieved)	**US$0**
DLI3: C2 hospitals fully equipped to provide emergency obstetric care and neonatal care	At least 20% of C2 hospitals above the baseline have met the criteria specified in the updated guidelines	**US$400,000**	**0%** (Indicator not yet achieved due to pending supporting documentation)	**US$0**
DLI 4: Health service quality monitoring in MOH enhanced	The second nationwide L2 assessment of health centers and C1, C2 and C3 hospitals	**US$1,000,000**	**0%** (The funds originally for the L2 assessment have been	**US$0**

	completed and disseminated by MOH		reprogrammed to DLI 5 in order to further support the PCA to carry out its SDG ex-post assessment role and for the PMRS transition.)	
DLI 5: Sustainable health purchasing arrangements established by the Recipient	1. PCA fully staffed and operational for the HEFI role 2. PCA has established integrated health output and FM software	**US$500,000**	**100%** (Indicators fully achieved in July 2018 reporting)	**US$500,000**
DLI 6: Timeliness of HEF and SDG payments improved	At least 60% of HCs and hospitals have received HEF and SDG payments within the timelines specified in the guideline	**US$400,000**	**100%** (Indicator fully achieved in July 2018 reporting)	**US$400,000**
TOTAL value approved in 2018				**US$900,000**
TOTAL value approved for Year 2 Targets to date				**US$900,000**

Annex C: Results Framework

Project Development Objective Indicators

Increase in number of health centers exceeding 60% score on the quality assessment of health facilities. (Number, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	49%		Baseline +10%	Baseline +20%	Baseline + 50%
Achievement		49%	314	442	
Date	30-Apr-2016	10-Aug-2016	Q4, 2017	Q4, 2018	30-Jun-2021

Notes: *Out of 1205 targeted HCs 807HCs were assessed in Q1, Q2, Q3 and Q4 2018. Among those assessed, 442 HCsexceeded 60% score.*
Source: *Source: MOH assessment results.*

Reduction in the share of households that experienced impoverishing health spending during the year. (Percentage, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	0.9		0.8	0.8	0.7
Achievement		0.9	0.9	0.9	
Date	30-Oct-2015	10-Aug-2016	05-Oct-2017		30-Jun-2021

Notes: *Baseline from Cambodia Socioeconomic Survey (CSES) 2014. The CSES 2016 report is still in the printing house as reported by the National Institute of Statistic (NIS), Ministry of Planning, and will be ready for distribution in few more weeks from now. The 2017 CSES report may be available around October or November 2018*
Source: *NIS focal point.*

Reduction in out of pocket health expenditure as percentage of the total health expenditure. (Percentage, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	62.30		59.00	58.00	55.00
Achievement		n/a	62.30	62.30	
Date	30-Oct-2015		30-Oct-2017		30-Jun-2021

Notes: *Baseline from National Health Accounts (NHA) 2013. The 2016 NHA was already submitted by WHO to MOH (early April 2018) for approval and it is expected to be disseminated in July 2018.*

Increase in the utilization of health services by HEF beneficiaries. (Percentage, Custom). To be changed to "Increase in the number of outpatient services (episodes) covered by HEF"					
Description	Baseline	2016	2017	2018	End Target
Target	51%		55%	60%	81%
Achievement		n/a	n/a	n/a	
Date	30-Oct-2015				30-June-2021

Notes: *The national Health Congress (NHC) only recorded number of cases and not individual HEF users who utilized OPD services at HC and hospitals.*

Intermediate Results Indicators

Percentage of health centers having stock-outs of 14 essential medicines. (Percentage, Custom). This indicator was dropped.					
Description	Baseline	2016	2017	2018	End Target
Target	4.73	<5	<5	<5	<5
Achievement		4.01	n/a	n/a	
Date	2014	30-Jul-2016			30-Jun-2021

Note: *The NHC reports did not include this indicator and despite all efforts made to obtain this data, it has not been possible. It has been agreed to drop this indicator. However, given the importance of monitoring this indicator, it will be monitored through the results of quality scorecards under the NQEM process which also report on drug availability.*

Proportion of health centers with functioning health center management committees. (Text, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	64%		Baseline + 5%	Baseline + 10%	Baseline + 25%
Achievement		64%	75%	76%	
Date	24-Mar-2017		31 Dec 2017	31 Dec 2018	30-Jun-2021

Notes: *This data is from the 2018 NHC report, p. 137*

Percentage of health center, CPA-1, CPA-2, and CPA-3 facilities that receive payments based on performance that includes quality scores within 90 days of the end of the quarter. (Percentage, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	0.00		50%		70%
Achievement		n/a	100%	100%	
Date	30-Oct-2015		05-Oct-2017	24-Apr-2018	30-June-2021

Notes: *All assessed health facilities already received this payment around 28-30 March 2018 (DBF released this payment on 23rd March 2018. The data will be updated with the coming Implementation Status Result report which is due in December 2018.*
Source: DBF focal person

Reduction in the variance in score on Health Center quality assessment. (Text, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	53 percentage points				43 percentage points
Achievement		53%	73.07%	87.03%	
Date	30-Oct-2015	10-Aug-2016	Q4, 2017	Q4, 2018	30-June-2021

Notes: *The highest score was 97.88% and the lowest score was 24.81% for round 2 in Q4, 2017. The highest score was 96.88% and the lowest 9.85% for round 6 in Q4, 2018. The variance is expected to become lower when MoH/QAO share a standard coaching guideline which will improve the coaching quality.*
Source: *MOH assessment results for 6 rounds.*

Percentage CPA-1, CPA-2, and CPA-3 facilities having a 60% quality score in previous quality assessments. (Text, Custom)					
Description	Baseline		2017	2018	End Target
Target	not yet available		Baseline + 10%	Baseline + 20%	Baseline + 50%
Achievements		18.00	16.67%	52.63%	
Date	30-Oct-2015	10-Aug-2016	Q4, 2017	Q4, 2018	30-Jun-2021

Notes: *All 76 CPA1, CPA2 and CPA3 hospitalsQ4 /2018. After round 6 for Phase 1 and first round for phase 2of ex-ante assessment in Q4 2018, there are 40 (or 52.63%) hospitals have 60% quality score assessment.*
Source: *MOH assessment results.*

Outpatient Department (OPD) consultations (new cases only) per person per year. (Number, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	0.59		0.75	0.80	0.95
Achievement		0.63	0.71	0.72	
Date	30-Oct-2015	31-Dec-2016	31-Dec-2017	31-Dec-2018	30-Jun-2021

Notes: *This data is from the 2018 National Health Congress Report (NHC) p 11.*

Number of University of Health Sciences courses that adopt competency-based curricula with trained faculty and use of skills laboratory (DLI 1). (Number, Custom)

Description	Baseline	2016	2017	2018	End Target
Target	0		2	9	25
Achievement		2	2	2	
Date	30-Jul-2016	10-Aug-2016	05-Oct-2017	01-Jul-2018	30-Jun-2021

Notes: *competency-based pre-service curricula have been updated for seven courses so far and faculty members have been trained on the use of integrated skills laboratory*
Source: *MoH submission letter to WB dated July 31, 2017 on DLI Report for Year 1.*

Percentage of health centers, hospitals and OD/PHD receiving HEF and SDG payments within specified timelines. (Percentage, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	0		40%	50%	80%
Achievement		n/a	100%	100%	
Date	30-Oct-2015		05-Oct-2017	24-Apr-2018	30-Jun-2021

Source: *DBF administrative data*

Percentage of HMIS reports submitted on time. (Percentage, Custom)					
Description	Baseline	2016	2017	2018	End Target
Target	95.00		95%	95%	95%
Achievement		90.04%	95.10%	97.00%	
Date	30-Oct-2015	31-Dec-2016	31-Dec-2017	31-Dec-2018	30-Jun-2021

Note: *This data is from the 2018 National Health Congress Report (NHC) p 130.*