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MINISTRY OF HEALTH



Guidelines

**For the
Benefit Package and Provider Payment
Of the
Health Equity Fund for the Poor**

June 2018

Foreword

Health Equity Fund refers to the financing scheme in social health protection which enables targeted population groups to access or utilize health care services free of charge in public health facilities that service cost is borne by the Royal Government of Cambodia, when donors funding finish.

It pays health providers at all public health facilities –health posts, health centres and hospitals- the user fees for healthcare services they provide to targeted population groups especially poor people.

The health services encompass preventive as well as curative care, outpatient consultations and inpatient admissions. The HEF also covers the cost associated with patient referrals and funeral expenses for inpatient death cases. The Health Equity Funds aims at enabling poor people to timely access quality health care by lowering financial barriers.

This document describes the standard benefit packages and provider payments for services rendered to poor people covered under the Health Equity Funds. It is part of the efforts of the Ministry of Health to improve efficiencies and quality of its services. The service packages provided in these guidelines is link with the Patient Management Registration System, will direct the health provider to the appropriate clinical protocols and the appropriate new technology to be applied against which they will be paid so patients receive the best quality health services. These National Guidelines can be considered as a living document that will be continuously updated with more service packages.

I am therefore very pleased to present this guideline to all stakeholders working in the health sector of Cambodia and especially to those involved in the operations of the Health Equity Fund system. *W/B*

Phnom Penh, *12* June 2018 *W/B*



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SECRETARY OF STATE

Acknowledgement

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Ministry of Health highly appreciate the efforts of the above people who contributed to the development of this document. Ministry of Health strongly hope that this document will be a good guidance for planning and implementation of the Health Equity Fund scheme.

ABBREVIATIONS

ART	Anti-retroviral therapy
CENAT	National Centre for Tuberculosis and Leprosy
CNM	National Malaria Centre
CPA	Complementary Package of Activities
DOTS	Direct observed treatment, short course
HEF	Health Equity Funds
HIV	Human Immunodeficiency Virus
IPD	In-patient admission
IUD	Intrauterine device
MOH	Ministry of Health
MPA	Minimum Package of Activities
NCHADS	National Centre for HIV, AIDS, Dermatology and STD
NHID	National health identification number
OPD	Outpatient visit
PAC	Post abortion care
P/DHFSC	Provincial/district health financing steering committee
PMRS	Patient management registration system
PPM	Provider payment
STI	Sexually transmitted infection
VCCT	Voluntary and confidential counselling and testing

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1. Introduction

The Government of Cambodia is committed to achieving universal health coverage for its population, hereby ensuring that all people can obtain the health services they need without facing financial hardship when accessing them. To achieve universal health coverage several factors must be in place, including:

- An efficient, well managed health system that addresses common health needs through appropriate quality services by:
 - informing and encouraging people to stay healthy and prevent illness;
 - timely detecting health conditions;
 - having the capacity to treat disease; and
 - assisting patients with rehabilitation.
- Affordability – a system for financing health services so people do not suffer financial hardship when using them. This can be achieved in a variety of ways.
- Access to essential medicines and appropriate technologies to diagnose and treat medical problems.
- Well-trained, motivated, sufficiently equipped health workers, able to provide the services to meet patients' needs based on the best available evidence.

To achieve universal health coverage, the Royal Government of Cambodia envisages a two-pronged approach, including social health insurance through the National Social Security Fund for salaried employees and civil servants, ex-civil servant, veterans and Health Equity Funds (HEF) that financially support for eligible poor people and other target group to access to health services at public facilities for eligible poor people

2. Objectives

The introduction of Service Packages with these Guidelines must be seen as part of the Ministry's intention to improve the quality of health services delivered to the HEF beneficiaries. As such the focus shifts from paying contracted health providers for services delivered to a category of patients towards actively purchasing defined health services provided in accordance with standards. Categories of patients include outpatients, inpatients, patients undergoing major surgery or women who delivered. Standards include services for a diagnosed condition delivered in accordance with clinical protocols.

To further improve the quality of care and to enable its verification, documentation of rendered services has to improve. This documentation includes summary of treatment forms and patient medical records. HEF Summary of Treatment Forms comprise simple, basic summaries of delivery of a HEF Service Package for invoicing purposes. Together with the more detailed patient medical records they allow reviews of service quality. The medical record review process will be introduced in a phased approach.

3. Clinical Practice Guidelines

The MOH has established diagnostic and treatment guidelines and protocols for clinical practice that stipulate the treatment to be given for a specified condition. These must be adhered to by providers when treating HEF supported clients, and all required treatment records must be completed in line with MOH instructions. Failure to do so may result in non-payment by the HEF.

The key clinical practice guidelines include, but are not restricted to:

- Clinical Practice Guidelines for Medicine
- Minimum Package of Activities Clinical Guidelines
- Complementary Packages of Activities
- Saft Motherood protoole for hospital and health center
- Family Planning Protocol
- Clinical Practice Guidelines for Neonatal Sepsis

- Prevention of Mother to Child Transmission National Guidelines
- Referral System Guideline
- Clinical Practice Guidelines for Pediatrics
- TB Diagnostic and Treatment Guidelines and Standard Operating Procedures
- NCHADS HIV Prevention, Counseling, Testing, ART and other treatment Guidelines and SOPs
- Infection Prevention and Control Guidelines

4. Targeted Population Groups

People who are members of households that are currently identified as poor by the national Identification of Poor Households Program (IDPoor) of the Ministry of Planning are eligible for HEF benefits. Each household receives that includes a household number, a picture of household members, their address, and the name of the head of household. The Equity Cards valid until the next round of IDPoor which is typically a period of three years. The Ministry of Planning provides the MOH with a complete data set of all households identified during each round of the IDPoor process that is incorporated into the MOH Patient Management Registration System (PMRS) and available to public health facilities to check the validity of IDPoor cards presented at the time that a HEF beneficiary seeks care.

During the IDPoor process there are some households that do not have every member present and who are therefore not included in the data collected by IDPoor. Additionally, in the three years between successive rounds of IDPoor data collection in a given area, some households may add members. HEF eligibility can be provided to new members of households identified as poor during the interim period between IDPoor rounds and registered at a public health facilities upon presentation of relevant documents that have been certified by local authorities that confirm the addition of a new household member.

Additionally, poor households that were missed by the IDPoor process can be post-identified at public health facilities at the time that they seek in-patient care. Post-identification is conducted as per the MOH Operation Manual For The Health Equity Fund. This service of post-identification is reserved for inpatient admissions and does not include clients seeking outpatient consultation. Following a successful post-identification interview every member of the poor client's household is registered as eligible for HEF benefits and the household is provided with a "Priority Access Card" that is valid for until the next anticipated round of pre-identification

Both "Equity Cards" and "Priority Access Cards" can be used throughout the country to access HEF supported health services at public health facilities nationwide. The PMRS provides every client registered into the system with a unique national health identification number (NHID) on health card that is associated with their health records and printed on a card provided to the client. A HEF eligible beneficiary can use their NHID instead of the household "Equity Card" or "Priority Access Card" to access their benefits.

5. Targeted Health Services

Section 4 above identifies population groups eligible for benefits supported by the HEF. All members of such a population group are eligible for all benefits of the HEF. In addition to these population groups, the MOH can designate targeted health services. A targeted health service is a benefit supported by the HEF that all Cambodian citizens can enjoy irrespectively of belonging to one of the aforementioned population groups. Targeted health services are selected based on an understanding that the population is better off if everybody receives these services to prevent negative health impacts on the population. Vaccination against common childhood illnesses is an example of such targeted health service.

Targeted health services are defined within the individual service packages while the MOH Prakas 497 ស្តីពី ផ្លូវលំ on May 8, 2018 the benefit packages of HEFs and allowance for Delivery workers and Payment Mechanism set facilities rate and other non medical benefit.

6. Service Packages

Each case of a HEF client seeking care at a public health facility is defined by a service package. Service packages are designed to complement, but not to duplicate, other sources of support provided to public health facilities by the MOH and its national programs. The number of service packages will expand and evolve over time and be periodically reviewed.

A service package contains six key elements:

1. **Facility Eligibility:** defines which types of facilities can provide the concerned service package;
2. **Clinical Indications:** for categorization of a case under the service package;
3. **Protocol:** The MOH protocol(s) to be followed;
4. **Services Covered:** Specific clinical services and tests that should be provided;
5. **Documentation:** What exact documentation is required to qualify the provider for payment from the HEF system;
6. **Health Facility Reimbursement:** Each service package includes codes which refer to the latest MOH Prakas which stipulates the monetary rates to be paid for medical services. It also indicates whether the service package is a targeted health service as described in Section 5 above.

There are two types of service packages: 1) specific; and 2) general. Specific service packages are based on MOH clinical practice guidelines and focus on a clear set of related clinical indications. They include options for laboratory and para-clinical tests and require more extensive documentation. A specific service package may include multiple visits over a defined period of time, the achievement of a treatment outcome with the client moving to another stage of treatment, or the client's case coming to a close. In such service packages payment is made to the facility according to the schedule in the service package, not each time the client is seen or treated.

General service packages are used by providers to categorize cases of HEF clients when the clinical indications of the case do not fit a specific service package. General service packages cover a single client visit for each case.

Over time the number of specific service packages will grow and the percentage of overall cases that are categorized as such will grow as well with a corresponding decrease in the use of general service packages.

A detailed list of service packages is provided in Session 11 "Medical Benefit Service Packages" of this document.

7. National Programs and Integration of Support

The Ministry of Health has national programs that address particular diseases or conditions. The most notable national programs in Cambodia are the National Center for Tuberculosis and Leprosy Control (CENAT), the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS), the National Maternal Child Health Center (NMCHC), and the National Malaria Center (CNM), and Department of Preventive Medicine. Each of these national programs provides direct support (budgetary and/or in-kind) for the delivery of respective services. Session 8.1 of this guideline, "Medical Benefit Service Packages" and Session 8.2 "Non-Medical Benefits" include guidance as to how the support provided by national programs is coordinated with support provided by the HEF to avoid confusion at the service delivery level and overlaps and/or gaps in the support provided to HEF clients.

8. Benefit Package

8.1. Medical Benefits

Health services for HEF clients are purchased from health facilities and include the full range of services defined in the Clinical Practice Guidelines, according to level of facility (MPA, Complementary Package of Activities 1 through 3, and National Hospitals). All services provided by individual health facilities are available at no out-of-pocket cost to HEF supported clients at any level of the health system. The monetary rates for medical benefits are provided in Prakas 497 សំណៅ ្រ្រង on May 8, 2018 the benefit packages of HEFs and allowance for Delivery workers and Payment Mechanism

8.2. Non-Medical Benefits

In addition to medical benefits, HEF clients are entitled to the non-medical benefit. These benefits include transportation cost reimbursements, food allowances, and funeral support. The detailed methods of calculation, and the monetary rate for non-medical benefits are provided in Prakas 497 សំណៅ ្រ្រង on May 8, 2018 the benefit packages of HEFs and allowance for Delivery workers and Payment Mechanism.

8.3. Exclusions

The HEF system provides support for members of targeted population groups to medical services as defined in Session 11. In general, all services as described in the MPA and CPA Guidelines provided at HEF-registered health facilities are included in the medical services that are supported. The following health services are excluded from HEF:

1. Select treatment options for cancer including chemotherapy, radiation therapy, and hormonal therapy
2. Organ transplants
3. Cosmetic surgery for the purpose of improving a person's appearance and/or removing signs of aging.
4. Acupuncture
5. Infertility treatments
6. Reimbursements for medications not included on the MOH list of essential medicines.

9. Provider Payment

9.1. Payment at Health Centers

Health Centers and Former District Hospitals that deliver services based on the MOH Minimum Package of Activities (MPA) Guidelines receive case based payments for the delivery of Specific and General service packages to target population groups as recorded in the MOH PMRS or in MOH registers that have prices determined by MOH Prakas and adjusted by quality measures as described in Section 9.3 "Linkages to the Quality of Care".

9.2. Payment at Hospitals

Hospitals that deliver services based on the MOH Complementary Package of Activities (CPA) Guidelines receive case-based payments for the delivery of service packages to HEF clients. The reimbursement level for each service package takes into account three elements:

1. Consultation fees (labor cost)
2. Investigation costs (extra reagents and supplies purchased by facilities)
3. Medicines and supplies (extra purchased by facilities).

The Cambodian public health system includes significant amounts of supply-side funding provided through the regular budget. Therefore, HEF reimbursement levels are designed to complement the costs of treatment by taking into account the best available evidence of treatment costs borne directly by health facilities; that is, costs that occur in addition to the government budget. Financial incentives are incorporated to encourage quality of care improvements.

At the end of every month each public health facility compiles and submits a detailed list of all service packages provided to HEF supported clients during the calendar month through the MOH Patient Management and Registration System (PMRS). Payment for service packages delivered to HEF supported clients is made directly to the public health facility through a bank-to-bank transfer according to the MOH Operation Manual For The Health Equity Fund.

In the months that follow submission of any HEF invoice by a public health facility, an independent rigorous monitoring process is conducted to ensure that the service packages provided to HEF supported clients are accurate and complete. Service package Summary of Treatment Forms that document the delivery of service packages to HEF clients and kept in dedicated binders in the hospital cashier's office are monitored for completeness and individual patient dossiers may be monitored for completeness of documentation and clinical quality.

Any discrepancies or lack of documentation found during the monitoring of documentation is used to make deductions from future invoices for any cases found that were not deemed complete or accurate. If a public facility creates false documents that are found during monitoring, double the amount of the case-based payment is deducted from a future invoice.

9.3. Linkages to Quality of Care

The HEF system has a long history of working to improve the quality of care through linkage of payment levels to measures of quality of care at facilities. There are currently three primary sources of information about the quality of care being delivered in public health facilities. The goal of instituting a quality of care-payment link is to incentivize health facilities to deliver higher quality health services.

1) The MOH quality enhancement process puts in place a quarterly assessment process that includes self-assessments, external assessments, and ex-post monitoring combined with coaching that will support quality improvements.

2) The HEF monitoring process samples client dossiers (at hospitals) and service registers (at health centers) and reviews them for completeness and adherence to standards using a set of standardized review tools.

The results of these two monitoring processes will be combined to provide an overall quality of care score that will determine reimbursement levels by the HEF. Additional inputs into the overall score used by the HEF may be developed over time.

The HEF reimburses facilities based on the number service packages provided to HEF beneficiaries minus any penalties associated with the submission of false claims or incomplete documentation (see above).

The overall payment by the HEF for medical services to each individual facility is further subject to change based on the quality of the care score derived from the two sources mentioned above. A quality of care score will be determined quarterly for each hospital and semi-annually for each health center based on the two separate sources of quality information: 1) the quarterly quality enhancement score; and 2) the Chart (Patient Dossier) and Health Register reviews conducted by the Payment Certification Agency (PCA). The exact algorithm to determine the score still needs to be developed. This section may be updated through an MOH Prakas or policy circular as necessary when this scoring process has been finalized in detail and if it is subsequently updated.

9.4. Summary of Treatment Forms

All services delivered to HEF clients at Referral Hospitals must be documented using the standard "Summary of Treatment Form". There is only one format for all types of cases at Referral Hospitals except for those accessing Methadone Maintenance Therapy (MMT). An example of this standard form which is printed out of the MOH Patient Management and Registration System at the time of admission is shown in Annex 1. The Summary of Non-Medical Benefits form is printed on the back of the Summary of Treatment Form.

9.5. Health Facility Reimbursements

HEFs reimbursement which refer to Prakas 497 សំរាប់ ជ្រក on May 8, 2018 the benefit packages of HEFs and allowance for Delivery workers and Payment Mechanism for monitoring and management in PMRS refer to table of code provided in the annex 2.

10. Medical Service Packages

10.1. General Service Packages

General Service packages are designed to be used when there are no appropriate Specific Service packages that are applicable. As the number and scope of Specific Service Packages expands, the General Service packages will be used less frequently.

10.2. TB Specific Service Packages

TB services command Specific Service packages because of their unique nature, their public health importance and the strength of CENAT's guidelines and protocols. The TB Service Packages can be linked through clinical pathways to have strong links with the HIV Service Packages.

10.3. HIV and STI Specific Service Packages

These four Specific Service Packages have been produced and technically appraised by NCHADS. In common with TB services, HIV services are of high public health importance and need to be linked to many other services over a prolonged period of time. The complexity of HIV management over prolonged periods of time is well captured in NCHADS guidelines, protocols and documentation.

10.4. NCD Specific Service Packages

These are based on Department of Preventive Medicine guidelines for type 2 diabetes.

10.5. Impairment Specific Service Package

These two service packages refer specifically to screening newborns and children aged 1 month to 5 years and cover cases screened at health center as well as (their referral to) district hospitals.

10.6 Referral Services

The reimbursement rate for patients referral services refer to Inter Ministerial Prakas 497 សំរាប់ ជ្រក on the benefit packages of HEFs and allowance for Delivery workers and Payment Mechanism.

11 Service Packages

The provision of health services under the Health Equity Funds should adhere to the instruction outlined in each service package that correspond to the kind of service. Respective payment amounts are provided in the inter-ministerial Prakas between the Ministry of Health and Ministry of Economy and Finance. Note that the categorization for the payment rates is according to level of health provider (MPA, CPA1-3, and National Hospitals) and groups of conditions. Notwithstanding, the procedures outlined in the Service Packages of these guidelines will have to be adhered to.

11.1 List of the services package

No	Code	Description	Type	PPM Unit
1	HC-Gen	General Consultations	General	Visit
2	HC-NBScreen	New Born Screening for Impairment Disability	Specific	Visit
3	HC-ChildScreen	Child 1month-5 years Screening for Impairment Disability	Specific	Visit
4	HC-TB1	Suspect TB Investigation with Sputum	Specific	Case
5	HC-TB2	Suspect TB Investigation no Sputum	Specific	Case
6	HC-TB3	DOTS Intensive Phase	Specific	Visit
7	HC-TB4	DOTS Maintenance Phase	Specific	Visit
8	HC-HIVSTI	HIV and STI Testing and Counseling	Specific	Visit
9	HC-Gyn1	Cervical Cancer Screening	Specific	Visit
10	HC-Gyn2	Breast Cancer Screening	Specific	Visit
11	HC-Dia1	Diabetes Screening	Specific	Visit
12	HC-Dia2	Diabetes Treatment and Follow-up	Specific	Visit
13	HC-LARFP	Long-acting Reversible Family Planning (IUDs/Implants)	Specific	Case
14	HC-Del	Delivery/Attempted Delivery/PAC	Specific	Case
15	HC-IPD	In-Patient Admission	General	Case
16	HC-EMG	Emergency (referral or no referral)	Specific	Case
17	RH-VCCT	HIV and Testing and Counseling at VCCT Centers	Specific	Visit
18	RH-OPDSpec	Specialized OPD Consultation	General	Visit
19	RH-Gyn1	Cervical Cancer Screening	Specific	Visit
20	RH-Gyn2	Breast Cancer Screening	Specific	Visit
21	RH-NBScreen	Newborn screening for impairment or disability	Specific	Visit
22	RH-ChildScreen	Child 1 month-5 years screening for impairment or disability	Specific	Visit
23	RH-STI	Management of STIs	Specific	Case
24	RH-TB1	Suspect TB Investigation with Sputum	Specific	Case
25	RH-TB2	Suspect TB Investigation no Sputum	Specific	Case
26	RH-TB3	DOTS Intensive Phase	Specific	Visit

No	Code	Description	Type	PPM Unit
27	RH-TB4	DOTS Maintenance Phase	Specific	Visit
28	RH-ART	ART Service	Specific	Person Month
29	RH-MMT	MMT OPD Consultation	Specific	Visit
30	RH-Dia1	Diabetes Screening	Specific	Visit
31	RH-Dia2	Diabetes Treatment and Follow-up	Specific	Visit Per Month
32	RH-Dia3	Uncontrolled Diabetes Consultation	Specific	Visit
33	RH-LARFP	Long-acting Reversible Family Planning (IUDs/Implants)	Specific	Case
34	RH-PermFP	Permanent Family Planning (Vasectomy and Tubal Ligation)	Specific	Case
35	RH-Del	Delivery/Attempted Delivery/PAC	Specific	Case
36	RH-IPDGen	In-Patient Admission with minor surgery	General	Case
37	RH-IPDSurg	In-Patient Admission with Major Surgery	Specific	Case
38	RH-Msurg	Minor Surgery	Specific	Case
39	RH-EMG	Emergency for critical illness in Emergency Room	Specific	Case

11.2. Instructions by Specific Service Package

Service Package 1
General Out-Patient Consultation

Code: **HC-Gen**

Facility Eligibility: Health Centers and Former Districts Hospitals

Clinical Indications: This service package covers all consultations at health centers that do not logically fit in any other service package. The specific clinical indications that are relevant to each consultation must be noted in the standard health center registers and client health books/materials

Protocol: MPA Clinical Guideline

Services Covered:

1. Consultation
 - Presenting complaint, history, family history and physical examination as appropriate
2. Investigation
 - As indicated by consultation
3. Treatment
 - Medication from the MPA Essential Medicines List as indicated
 - Referral to hospital if necessary
4. Counseling
 - Provide information on diagnosis, treatment plan, compliance and follow-up
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Health Center Registers.
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospital
HC-Gen	HC-Gen-1	HC-Gen-2

Targeted Health Service: Yes No

Var

Service package 2

Physical screening of newborns for impairments and disabilities at HCs level

Code: **HC-NBScreen**

Facility Eligibility: Health Centers and Former District Hospitals

Clinical Indications: This service package covers the physical screening of impairments, birth defects and disabilities in neonates (up to 28 days). The specific clinical findings must be noted in the respective screening forms. The names and contact details of positively screened children will be entered in the physical screening registers.

Protocol: National protocols for Physical Screening for Newborns (0 - 28 days) as per MPA guidelines and Safe Motherhood Protocol

Services Covered:

1. Consultation
 - History and physical examination as per guidelines
2. Investigation
 - As per guidelines
3. Treatment
 - Medication from the MPA Essential Medicines List as indicated
 - Referral to hospital as per guidelines
4. Counseling
 - Provide information to the caretakers on the reasons for hospital referral as per guidelines
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Physical screening forms for neonates
- Health Center screening referral register

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospital
HC-NBScreen	HC-NBScreen-1	HC-NBScreen-2

Targeted Health Service: Yes No

Service package 3

Physical screening of children (1 month – 5 years) for impairments and disabilities

Code: **HC-ChildScreen**

Facility Eligibility: Health Centers and Former District Hospitals

Clinical Indications: This service package covers the physical screening of impairments, birth defects and disabilities in young children (1 month – 5 years). The specific clinical findings must be noted in the respective screening forms. The names and contact details of positively screened children will be entered in the physical screening registers.

Protocol: National protocols for Physical Screening for Young Children (1 month – 5 years) as per MPA guidelines and Safe Motherhood Protocol

Services Covered:

1. Consultation
 - History and physical examination as per guidelines
2. Investigation
 - As per guidelines
3. Treatment
 - Medication from the MPA Essential Medicines List as indicated
 - Referral to hospital as per guidelines
4. Counseling
 - Provide information to the caretakers on the reasons for hospital referral as per guidelines
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Physical screening forms for young child (1 month-5 years)
- Health Center screening referral register

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospital
HC-ChildScreen	HC-ChildScreen-1	HC-ChildScreen-2

Targeted Health Service: Yes No

Service Package 4
Investigation of a Patient with TB symptoms who is Producing Sputum

Code: **HC-TB1**

Facility Eligibility: Health Centers and Former District Hospitals

Clinical Indications: As per CENAT diagnostic guidelines

Protocol: CENAT diagnostic guidelines

Services covered:

1. Consultation

- History and examination as per CENAT clinical protocols

2. Investigation

- Collection and smear-making using three sputum samples (spot-morning-spot samples)
- Sputum smear transportation to laboratory for microscopy
- If at high risk of TB, or high risk of MDRTB, collection and transport of one sputum sample for GeneXpert test and another sputum sample for conventional drug sensitivity (C&S) testing

3. Treatment

- 7-10 days of a first line broad spectrum antibiotic (excluding fluoroquinolones)
- Paracetamol for pain/fever
- Referral to hospital if condition is serious

4. Counseling

- Provide information about diagnostic tests and support the client's decision to be tested
- Provide basic information on TB and reassure the client that TB is curable.
- Help client cope with stress of being tested and a possible diagnosis of TB
- Emphasize the importance of the next visit.

5. Schedule Follow-up Appointment

6. Conduct Follow-up Appointment

- Provide client with results, provide appropriate counseling
- Refer Sputum+ patients to DOTS Intensive phase (TB Service Package 7) Refer Sputum- patients for further diagnosis (TB Service Package 6)

Documentation:

- Health Center Registers
- Standard CENAT Documentation
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service Package Codes	Health Center	Former District Hospital
HC-TB1	HC-TB1-1	HC-TB1-2

Targeted Health Service: Yes No

Service Package 5

Investigation of a Patient with TB symptoms who is NOT producing sputum

Code: **HC-TB2**

Facility level: Health Centers

Clinical Indications and Protocol: CENAT diagnostic guidelines

Services covered:

1. Consultation

- History and examination as per CENAT clinical protocols

2. Investigation

- Refer for Chest X-ray
- If at high risk of TB, or high risk of MDRTB, collection and transport of one sputum sample for GeneXpert test and another sputum sample for conventional drug sensitivity (C&S) testing
- Make clinical decision whether or not the patient has sputum negative TB. If TB is diagnosed transfer to Service Package 6 Health Centre DOTS Intensive Phase.

3. Treatment

- 7-10 days of a first line broad spectrum antibiotic (excluding fluoroquinolones)
- Paracetamol for pain/fever
- Referral to hospital if condition is serious

4. Counseling

- Provide information about diagnostic tests and support the client's decision to be tested
- Provide basic information on TB and reassure the client that TB is curable.
- Help client cope with stress of being tested and a possible diagnosis of TB.
- Emphasize the importance of the next visit.

5. Schedule Follow-up Appointment

6. Conduct Follow-up Appointment

- Provide client with results, provide appropriate counseling

Documentation:

- Health Center Registers
- Standard CENAT Documentation
- Referral letter to hospital if necessary

Facility Eligibility: All Public Health Centers

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospital
HC-TB2	HC-TB2-1	HC-TB2-2

Targeted Health Service: Yes No

Service Package 6
TB DOTS Intensive Phase

Code: ~~HC-TB3~~

Facility Eligibility: Health Centers and Former District Hospitals

Protocol: CENAT diagnostic guidelines

Clinical Indications. This TB DOTS service package covers all newly-diagnosed TB patients, (sputum positive or sputum negative) who have been diagnosed through the TB 1 and TB 2 service packages.

Services covered:

- 1. Consultation**
 - Multiple consultations with physicians and nurses
 - History and examination as per CENAT clinical protocols
 - Monitoring for progress and drug side effects
- 2. Investigation**
 - Collection and smear-making using three sputum samples (spot-morning-spot samples) after two months treatment
 - Sputum smear transportation to laboratory for microscopy after two months treatment
 - Refer for VCCT
 - Other investigations as clinically indicated
- 3. Treatment**
 - First line DOTS as per CENAT protocols
 - Other medication as indicated
 - Inpatient admission if condition is serious
 - Referral to higher level hospital if necessary
- 4. Counseling**
 - The importance of compliance.
 - Side effects
- 5. Schedule and conduct follow-up Appointments**
 - Transcribe patient's DOTS form details onto CENAT treatment form

Documentation:

- Health Center Registers
- CENAT DOTS treatment form
- Referral letter to higher level hospital if necessary

Health Facility Reimbursement Codes:

Service Package	Health Center	Former District Hospital
HC-TB3	HC-TB3-1	HC-TB3-2

There will be no reimbursement if the patient's treatment was not in line with CENAT protocols.

Targeted Health Service: Yes No

Service Package 7
TB DOTS Maintenance Phase

Code: **HC-TB4**

Facility Eligibility: Health Centers and Former District Hospitals

Protocol: CENAT diagnostic guidelines

Clinical Indications. This TB DOTS service package covers all TB patients who have completed Health Centre TB DOTS Intensive Phase service package 6.

Services covered:

1. Consultation
 - Multiple consultations with physicians and nurses
 - History and examination as per CENAT clinical protocols
 - Monitoring for progress and drug side effects
2. Investigation
 - Collection and smear-making using three sputum samples (spot-morning-spot samples) after two months treatment
 - Sputum smear transportation to laboratory for microscopy after two months treatment
 - Other investigations as clinically indicated
3. Treatment
 - First line DOTS Maintenance Phase as per CENAT protocols
 - Other medication as indicated
 - Inpatient admission if condition is serious
 - Referral to higher level hospital if necessary
4. Counseling
 - The importance of compliance.
 - Side effects
 - Schedule and conduct follow-up Appointments
 - Transcribe patient's DOTS form details onto CENAT treatment form

Documentation

- Health Center Registers
- CENAT DOTS treatment form
- Referral letter to higher level hospital if necessary

Health Facility Reimbursement Codes:

Service Package	Health Center	Former District Hospital
HC-TB4	HC-TB4-1	HC-TB4-2

There will be no reimbursement if the patient's treatment was not in line with CENAT protocols.

Targeted Health Service: Yes No

W

Service Package 8
HIV and STI Testing and Counseling at Health Centers

Code: **HC-HIVSTI**

Facility Eligibility: Health Centers and Former District Hospitals

Clinical Indications. This specific Service Package covers out-patient consultations for HIV and Syphilis Testing and Counseling and STI consultation at Health Centers.

Services Covered:

- Consultations with trained nurses who are trained in HIV finger prick testing
- Consultations with midwives who are trained in dual HIV-syphilis finger prick testing, and STI syndromic management.
- Includes:
 - Presenting complaint, history, contact history, physical examination, treatment of STI syndrome, contact tracing and patient education counseling
 - Pre-test HIV and syphilis counseling
 - Performing finger prick HIV tests for all clients (self-referred or referred by NGO) who need the test(symptomatic suggesting HIV infection, eligible TB or STI patients, partners of HIV reactive cases)
 - Performing dual HIV-syphilis tests for pregnant women
 - Post-test counseling
 - Provision of HIV and syphilis test result to the requested clients
 - Appropriate recording of the cases using registers at health centers
 - Issuance of the result and referral slips to VCCT center (for reactive finger prick HIV test) and to STI clinic (for reactive syphilis screening test)
 - Notification of reactive cases for HIV and syphilis to Case Management Coordinator/ HIV-STI OD Coordinator and Assistant (CMC and CMA)

Medications:

- All medications, condoms, and appropriate medical supplies supplied to facility by CMS.

Required Documentation:

- Health Center Registers
- Registers for HIV testing at health center
- Result and referral slip to VCCT Centre and Family Health Clinic if indicated

Health Facility Reimbursement Codes:

	Health Center	Former District Hospital
HC-HIVSTI	HC-HIVSTI-1	HC-HIVSTI-2

Targeted Health Service: Yes No

W

Service Package 9
Screening for Cervical Cancer

Code: **HC-Gyn1**

Facility Eligibility: Health Centers and Former Districts Hospitals

Clinical Indications: This specific service package covers screening for cervical cancer

Protocol: MPA Clinical Guideline

Services Covered:

- 1. Consultation**
 - History, family history and physical examination as appropriate.
- 2. Investigation**
 - As indicated by consultation.
- 3. Treatment**
 - Medication from the MPA Essential Medicines List as indicated.
 - Referral to hospital if necessary.
- 4. Counselling**
 - Inform to patients cervical cancer is the first most common of cancer of women in Cambodia
 - Linkages between HPV and cervical cancer
 - Inform to patients about cervical cancer scanning prevention
 - Information to patients about method of cervical cancer screening (VIA, Pap Smear, and informed method cervical screening available)
- 5. Schedule Follow-up Appointment if appropriate**
 - Repeat every years as recommended

Documentation:

- Health Center Registers
- VIA Test Record Form
- Cervical Cancer Screening Referral Letter if necessary

Health Facility Reimbursement Codes:

Service package code	Health Center	Former District Hospital
HC-Gyn1	HC-Gyn1-1	HC-Gyn1-2

Targeted Health Service: Yes No

**Service Package 10
Screening for Breast Cancer**

Code: **HC-Gyn2**

Facility Eligibility: Health Centers and Former Districts Hospitals

Clinical Indications: This screening for breast cancer covers all consultation, investigation with necessary referral for diagnosis and treatment if any positive result.

Protocol: MPA Clinical Guideline

Services Covered:

- 1- Consultation**
 - History, family history and physical examination as appropriate.
- 2- Investigation**
 - As indicated by consultation.
- 3- Treatment**
 - Medication from the MPA Essential Medicines List as indicated.
 - Referral to hospital if necessary.
- 4- Counselling**
 - Provide information on breast cancer diagnosis and follow-up
- 5- Schedule Follow-up Appointment if appropriate**
 - Repeat every years as recommended

Documentation:

- Health Center Registers
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service package code	Health Center	Former District Hospital
HC-Gyn2	HC-Gyn2	HC-Gyn2

Targeted Health Service: Yes No

Service Package 11
Screening for Diabetes Mellitus

Code: HC-Dia1

Facility covered: Health Centers and Former District Hospitals

Protocol: Clinical Practice Guidelines for Diabetes Mellitus and Blood Pressure control

Clinical Indications: This specific service package covers all services involved with screening and counseling persons for and about diabetes of persons with one or more risk factors (frequent urinating during night, polydipsia, aged ≥ 40 years, overweight, TB, sudden weight loss, Melioidosis, hypertension, history of stroke or ischaemic heart disease)

Services Covered:

1. Consultation

- History taking
- Vital information like blood pressure, height, weight, waist circumference
- Fasting Blood Sugar (FBS)

2. Medication:

- Referral to higher-level hospital if necessary

3. Counseling

- If present in the operational district: local Peer Educator Group
- Blood sugar and blood pressure targets bodyweight
- Behavioral changes regarding diet, exercise, smoking, alcohol
- Risk factors for diabetic complications and means to prevent these

4. Non-Medical Benefits:

- Self-management booklet with health education for record keeping
- A3-Diabetes Pyramid Poster

Health Facility Reimbursement Codes:

Service Package Code	HC	Former District Hospitals
HC-Dia1	HC-Dia1-1	HC-Dia1-2

Targeted Health Service: Yes No

Service Package 12
Diabetes Type 2 Quarterly Treatment & Follow-up

Code **HC-Dia2**

Facility eligibility: Health Centers and Former District Hospitals

Protocol:

Clinical Indications: This Hospital service package covers the treatment and follow-up of people diagnosed with Diabetes Mellitus. It is intended to be used for quarterly follow-up consultations to monitor clinical progress once stable. If more or less frequent consultations are needed use Diabetes Service Package 11: Single Consultation for Treatment and Follow-up.

Services Covered:

1. Consultation

- History since last consultation, including self-management, symptoms, treatment adherence and side effects, diet, exercise, smoking, alcohol
- Any glucose or HbA1c results since last consultation.
- Examination for blood pressure height, weight, waist circumference

2. Investigations

- Fasting blood glucose

3. Medication

- Medication as indicated by the Clinical Practice Guidelines
- Insulin Syringes

4. Counseling:

- Encourage diabetes patient to contact with other diabetes patients in the village and stay with Peer
- Behavioral changes regarding diet, exercise, smoking, alcohol
- Risk factors for diabetic complications and means to prevent these
- Adherence with and understanding of requirements for treatment
- Check ability of Self-monitoring, ask to see the patient self-management book and discuss the records and progress towards targets

Required Documentation:

- Letter from RH to continue for treatment and follow up

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospitals
HC-Dia2	HC-Dia2-1	HC-Dia2-2

Reimbursement: reimbursed on a visit basis following completion of required documentation.

Service Package 13

Long-acting Reversible Family Planning Methods using IUDs and Implants

Code: **HC-LARFP**

Facility Eligibility: Health Centers and Former Districts Hospitals

Clinical Indications: This long-acting reversibly family planning service package covers all consultations in which a HEF client is voluntarily seeking long-acting reversible family planning products and procedures.

Protocol: MPA Clinical Guideline

Services Covered:

1. Consultation

- History, family history and physical examination as appropriate.

2. Investigation

- As indicated by consultation.

3. Treatment

- Medication from the MPA Essential Medicines List as indicated.
- Referral to hospital if necessary.

4. Counseling

- Provide information on available FP methods diagnosis and follow-up
- Informed Consent Counseling

5. Schedule Follow-up Appointment if appropriate

Documentation:

- Health Center Registers
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospital
HC-LARFP	HC-LARFP-1	HC-LARFP-2

Targeted Health Service: Yes No

Service Package 14
Delivery, Attempted Delivery, or Post Abortion Care

Code: **HC-Del**

Facility Eligibility: Health Centers and Former Districts Hospitals

Clinical Indications: This service package covers deliveries, attempted deliveries, and post-abortion care with the relevant clinical indications recorded in health center registers and the MOH Mother Child Pink Book, MCH Book, or other client records.

Protocol: MPA Clinical Guideline

Services Covered:

- 1. Consultation**
 - History, family history and physical examination as appropriate.
- 2. Investigation**
 - As indicated by consultation.
- 3. Treatment**
 - Medication from the MPA Essential Medicines List as indicated.
 - Referral to hospital if necessary.
- 4. Counseling**
 - Provide information on breastfeeding, need for referral, FP methods diagnosis and follow-up.
- 5. Schedule Follow-up Appointment if appropriate**

Documentation:

- Health Centre Registers.
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospital
HC-Del	HC-Del-1	HC-Del-2

Targeted Health Service: Yes No

Service Package 15
In-Patient Admission

Code: **HC-IPD**

Facility Eligibility: Former Districts Hospitals

Clinical Indications: This general in-patient admission service package covers all non-specific admissions at Former District Hospital. This service package covers both out-patient and in-patient services provided to a client during one visit to a facility.

Protocol: MPA Clinical Guideline

Services Covered:

1. Consultation

- History, family history and physical examination as appropriate.

2. Investigation

- As indicated by consultation.

3. Treatment

- Medication from the MPA Essential Medicines List as indicated.
- Referral to hospital if necessary.

4. Counseling

- Provide information on diagnosis, treatment plan, discharge, compliance and follow-up.

5. Schedule Follow-up Appointment if appropriate

Documentation:

- Former District Hospital Registers.
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospital
HC-IPD	No	HC-IPD-1

Targeted Health Service: Yes No

Service Package 16
Emergency (Referral or No Referral)

Code: **HC-EMG**

Facility Eligibility: Health Centers and Former District Hospitals

Clinical Indications. This general service packages cover primary emergency intervention for patients or victims at risk to their life because their vital signs (temperature, pulse, HR, RR, and BP) are at risk due to acute illness or accidents e.g. unconsciousness, pain, bone fracture, drawn, snake bite...etc.

This emergency case includes examination, monitoring, and recording vital signs regularly and

Protocol: MPA Clinical Guideline

Services Covered:

1. Consultation

- History, family history and physical examination vital signed as appropriate.

2. Investigation

- Based on the result of emergency
- Continue monitoring

3. Treatment

- Medication from the MPA Essential Medicines List as indicated.
- treatment with medication/ equipment, IV fluids, oxygen, and other necessary emergency method in accordance with medical condition and preparation for referral to RH (issue a referral letter and medical record of patients/victims if needed)

4. Counseling

- Provide information on diagnosis, treatment plan, discharge from health center or former district hospitals, compliance and follow-up.

5. Schedule Follow-up Appointment if appropriate

Documentation:

- Health Center and Former District Hospital Registers.
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	Health Center	Former District Hospital
HC-EMG	HC-EMG1	HC-EMG2

Targeted Health Service: Yes No

W

Service Package 17
HIV Testing and Counseling at VCCT Centers

Code: **VCCT**

Facility Eligibility: MOH VCCT Centers

Clinical Indications. This specific Service Package covers out-patient consultations and testing for HIV Testing and Counseling at VCCT Centers located at referral hospitals with referral to Pre-ART/ART service.

Services Covered:

- Consultations with trained nurses and/or midwives who are trained in HIV testing and counseling based on SOP on HIV testing and Counseling recommended by the National HIV program.
- Includes:
 - Pre-test HIV testing and counseling
 - Performing HIV testing using the three-test algorithm recommended by the national HIV program
 - Post-test counseling
 - Provision of HIV test result to the requested clients
 - Issuance of result and referral slips to ART service
 - Recording the cases using the VCCT register and risk assessment form
 - Notification of HIV positive cases to Case Management Coordinator/HIV-STI OD Coordinator and Assistant (CMC and CMA)

Medications:

- All medications, commodities including HIV tests and condoms, and medical supplies appropriate to facility supplied by CMS.

Required Documentation:

- Registers and risk assessment forms at VCCT centers
- Result and referral slip to ART service if indicated

Health Facility Reimbursement Codes:

Service Package	VCCT Center
VCCT	VCCT-1

Targeted Health Service: Yes No

Service Package 18
Specialized Out-Patient Consultation

Code: **RH-OPDSpec**

Facility Eligibility: CPA1-3 Referral Hospitals and National Hospitals

Clinical Indications: This service package covers all specialized out-patient consultations at hospitals. The specific clinical indications that are relevant to each specialized out-patient services must be noted in the summary of treatment form.

Protocol: Clinical Practice Guidelines

Services Covered:

- 1. Consultation**
 - Presenting complaint, history, family history and physical examination as appropriate.
- 2. Investigation**
 - As indicated by consultation.
- 3. Treatment**
 - Medication from the CPA Essential Medicines List as indicated.
 - Minor surgery if indicated
 - Inpatient admission if condition is serious.
 - Referral to higher level hospital if necessary.
- 4. Counseling**
 - Provide information on diagnostic tests and support the client's decision to be tested.
 - Provide information on diagnosis, treatment plan, compliance and follow-up.
- 5. Schedule Follow-up Appointment if appropriate**

Documentation:

- Standard Patient Dossier Medical Records
- Hospital Registers
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service package code	CPA1	CPA2	CPA3	NH
RH-OPDSpec	RH-OPDSpec-1	RH-OPDSpec-2	RH-OPDSpec-3	RH-OPDSpec-4

Targeted Health Service: Yes No

Note: This service package can be used by hospitals for General OPD Consultations if there is no health center facility located within 10 kilometer of the hospital

AV

Service Package 19
Screening for Cervical Cancer

Code: **RH-Gyn1**

Protocol: Guideline for Cervical Cancer Screening

Facility eligibility:

Clinical Indications:

Risk factors (any one or more) that trigger screening:

- Previous VIA (visual inspection with acetic acid) test positive or abnormal PAP smear
- Human Papilloma virus infection, exposure to sexually transmitted infection
- Chronic cervico–vaginal infection
- Mother or sister with cervical cancer
- Long term oral contraceptive use more than 5 years (oestro-progestative)
- Immuno-suppression: HIV/AIDS and/or chronic corticoid-steroid use

Services Covered:

1- Consultation

- Presenting complaint, history, family history and physical examination as appropriate.
- History and examination as per MOH guideline for cervical cancer screening

2- Investigation

- As indicated by consultation.
- Inpatient admission if condition is serious., referral to other facilities
- Other investigations as clinically indicated, Visual Inspection with acetic acid (VIA), PAP smear test

3- Counseling

- Information to patients about method of cervical cancer screening (VIA, Pap Smear, AND informed method cervical screening available) and prevention

4- Schedule and conduct follow-up Appointments

Documentation

- Standard Patient Dossier Medical Records
- VIA Test Record Form
- Cervical Cancer Screening Referral Letter if necessary
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-Gyn1	RH-Gyn1.1	RH-Gyn1.2	RH-Gyn1.3	RH-Gyn1.4

Reimbursement: record of screening results in Treatment Summary form

Targeted Health Service: Yes No

W

**Service Package 20
Screening for Breast Cancer**

Code **RH-Gyn2**

Protocol:

Facility eligibility:

Clinical Indications:

Breast Cancer Risk factors (any one or more) that trigger screening:

- Early menopause
- First pregnancy at age of 30 or more
- Increased body weight at menopause stage

Services Covered:

1. Consultation
 - Presenting complaint, history, family history and physical examination as appropriate.
 - History and examination as per MOH guideline

1. Investigation
 - As indicated by consultation.
 - Inpatient admission if condition is serious and referral to other facilities if positive result
 - Other investigations as clinically indicated
 -
2. Counselling
 - Provide information on breast cancer diagnosis and follow-up
 -
3. Schedule and conduct follow-up Appointments
 - Repeat every year as recommended

Documentation

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service PackageCode	CPA1	CPA2	CPA3	NH
RH-Gyn1	RH-Gyn1.1	RH-Gyn1.2	RH-Gyn1.3	RH-Gyn1.4

Reimbursement: record of screening results in Treatment Summary form

Targeted Health Service: Yes No

Service Package 21-22

Referral consultation for children positively screened for impairments at Health Center level

Code: **RH-NBScreen** and **RH-ChildScreen**

Facility Eligibility: District Referral Hospitals

Clinical Indications: This service package covers the examination, diagnosis and medical interventions by doctors at the referral hospital for neonates and for young children who are positively screened for impairments, birth defects or disabilities by health center staff. The specific clinical findings must be noted on the back of the respective health center screening forms.

The names, contact details and medical findings of all children positively screened at Health Center level will be entered in the referral hospital physical screening register.

Protocol: National protocols for Referral Hospital Physical Screening for Newborns (0 - 28 days) and for Young Children (1 month – 5 years) (including referral pathways and on-line service directory)

Services Covered:

1. Consultation

- History and physical examination as per guidelines

2. Investigation

- As per guidelines

3. Treatment

- Medication from the CPA Essential Medicines List as indicated
- Other medical interventions (surgery, physiotherapy) as indicated
- Referral to other service providers as per guidelines: national hospitals, regional Physical Rehabilitation Centers, community based rehabilitation initiatives,

4. Counseling

- Provide information to the caretakers on diagnosis, treatment plan, compliance and follow-up as per referral pathways

5. Schedule Follow-up Appointment if appropriate

Documentation:

- Physical screening forms for neonate and for young child (1 month-5 years)
- Referral Hospital impairment referral register

Health Facility Reimbursement Codes:

Service Package Code	Hospital
RH-NBScreen	RH-NBScreen-2
RH-ChildScreen	RH-ChildScreen-2

Targeted Health Service: Yes No

Service Package 23
Management of Sexually Transmitted Infections

Code: **RH-STI**

Facility Eligibility: CPA1-3 and National Hospitals

Clinical Indications. This specific service package covers all out-patient screening and management consultations for STIs.

Protocol: CPA Guidelines

Services Covered:

1. Consultations

- Treatment of STI syndrome, HIV testing, contact tracing and patient education counseling
- STI lab tests to confirm the diagnosis
- Consultation for partners of the clients
- Syphilis confirmatory test and management of confirmed cases and their infants and partners

2. Investigations:

- Microbiology and serology tests and others as clinically indicated.

3. Medications:

- All medications, commodities including condoms

Required Documentation:

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Hospital registers.
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service package code	CPA1	CPA2	CPA3	NH
RH-STI	RH-STI-1	RH-STI-2	RH-STI-3	RH-STI-4

Targeted Health Service: Yes No



Service Package 24

Investigation of a Patient with TB Symptoms who is Producing Sputum

Code: **RH-TB1**

Facility level: CPA1-3 and National Hospitals

Clinical Indications and Protocol: CENAT diagnostic guidelines

Services covered:

1. **Consultation**
 - History and examination as per CENAT clinical protocols
2. **Investigation**
 - Collection and smear-making using three sputum samples (spot-morning-spot samples)
 - Sputum smear transportation to laboratory for microscopy
 - If at high risk of TB, or high risk of MDRTB, collection and transport of one sputum sample for GeneXpert test and another sputum sample for conventional drug sensitivity (C&S) testing
3. **Treatment**
 - 7-10 days of a first line broad spectrum antibiotic (excluding fluoroquinolones)
 - Paracetamol for pain/fever
 - Inpatient admission if condition is serious
 - Referral to higher level hospital if necessary
4. **Counseling**
 - Provide information about diagnostic tests and support the client's decision to be tested
 - Provide basic information on TB and reassure the client that TB is curable.
 - Help client cope with the stress of being tested and a possible diagnosis of TB.
 - Emphasize the importance of the next visit.
5. **Schedule Follow-up Appointment**
6. **Conduct Follow-up Appointment**
 - Provide client with results, provide appropriate counseling
 - Refer Sputum+ patients to intensive treatment (TB Service Package 25), refer sputum negative patients for further diagnosis (TB Service Package 5)

Documentation

- Standard Patient Dossier Medical Records
- Standard CENAT documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service package code	CPA1	CPA2	CPA3	NH
RH-TB1	RH-TB1-1	RH-TB1-2	RH-TB1-3	RH-TB1-4

Targeted Health Service: Yes No

Service Package 25

Investigation of a patient with TB symptoms who is NOT producing sputum

Code: **RH-TB2**

Facility level: CPA1-3 and National Hospitals

Clinical Indications and Protocol: CENAT diagnostic guidelines and clinical protocols

Services covered:

1. Consultation
 - History and examination as per CENAT clinical protocols
2. Investigation
 - Chest X-ray and others as clinically indicated
 - If at high risk of TB, or high risk of MDRTB, collection and transport of one sputum sample for GeneXpert test and another sputum sample for conventional drug sensitivity (C&S) testing
 - Make clinical decision whether or not the patient has sputum negative TB. If TB is diagnosed transfer to Service Package 26 Hospital or DOTS Intensive Phase 6 Health Centre.
3. Treatment
 - 7-10 days of a first line broad spectrum antibiotic (excluding fluoroquinolones)
 - Paracetamol for pain/fever
 - Admit if condition is serious
4. Counseling
 - Provide information about diagnostic tests and support the client's decision to be tested
 - Provide basic information on TB and reassure the client that TB is curable.
 - Help client cope with the stress of being tested and a possible diagnosis of TB and emphasize the importance of the next visit.
5. Schedule Follow-up Appointment
6. Conduct Follow-up Appointment
 - Provide client with results, provide appropriate counseling

Documentation:

- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Facility Eligibility: All Public Hospitals

Health Facility Reimbursement Codes:

Service package code	CPA1	CPA2	CPA3	NH
RH-TB2	RH-TB2-1	RH-TB2-2	RH-TB2-3	RH-TB2-4

Targeted Health Service: Yes No

Service Package 26
TB DOTS Intensive Phase

Code: **RH-TB3**

Facility level: CPA 1-3 and National Hospitals

Protocol: CENAT diagnostic guidelines

Clinical Indications. This TB DOTS service package covers all newly diagnosed TB patients, (sputum positive or sputum negative) who have been diagnosed through the TB 1 and TB 2 service packages.

Services covered:

4. Consultation
 - Multiple consultations with physicians and nurses
 - History and examination as per CENAT clinical protocols
 - Monitoring for progress and drug side effects
2. Investigation
 - Collection and smear-making using three sputum samples (spot-morning-spot samples) after two months treatment
 - Sputum smear transportation to laboratory for microscopy after two months treatment
 - Refer for VCCT
 - Other investigations as clinically indicated
3. Treatment
 - First line DOTS as per CENAT protocols
 - Other medication as indicated
 - Inpatient admission if condition is serious
 - Referral to higher level hospital if necessary
4. Counseling
 - The importance of compliance.
 - Side effects
5. Schedule and conduct follow-up Appointments
 - Transcribe patient's DOTS form details onto CENAT treatment form

Documentation

- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-TB3	RH-TB3-1	RH-TB3-2	RH-TB3-3	RH-TB3-4

There will be no reimbursement if the patient's treatment was not in line with CENAT protocols.

Targeted Health Service: Yes No

Service Package 27
TB DOTS Maintenance Phase

Code: **RH-TB4**

Facility Eligibility: CPA1-3 and National Hospitals

Protocol: CENAT diagnostic guidelines

Clinical Indications. This TB DOTS service package covers all TB patients who have completed Hospital TB DOTS Intensive Phase service package 26.

Services covered:

1. Consultation

- Multiple consultations with physicians and nurses
- History and examination as per CENAT clinical protocols
- Monitoring for progress and drug side effects

2. Investigation

- Collection and smear-making using three sputum samples (spot-morning-spot samples) after two months treatment
- Sputum smear transportation to laboratory for microscopy after two months treatment
- Other investigations as clinically indicated

3. Treatment

- First line DOTS Maintenance Phase as per CENAT protocols
- Other medication as indicated
- Inpatient admission if condition is serious
- Referral to higher level hospital if necessary

4. Counseling

- The importance of compliance.
- Side effects

5. Schedule and conduct follow-up Appointments

- Transcribe patient's DOTS form details onto CENAT treatment form

Documentation:

- Standard Patient Dossier Medical Records
- Standard CENAT Documentation
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-TB3	RH-TB3-1	RH-TB3-2	RH-TB3-3	RH-TB3-4

There will be no reimbursement if A) the patient lost to follow-up or B) the patient's treatment was not in line with CENAT protocols.

Targeted Health Service: Yes No

Service Package 28
Adult and Pediatric ART Service

Code: **RH-ART**

Clinical Indications. This service package covers patients identified by the MOH NCHADS Program as being HIV+ and defined as stable.

Facility Eligibility:

Protocol:

Clinical Indications:

Services Covered:

1. Consultations
 - Cotrimoxazol and/or IPT for eligible PLHIV according to clinical guidelines
 - Care and treatment for HIV exposed infants, including ARV prophylaxis, CPT, EID
 - Lab test for patient monitoring
 - Birth spacing service
 - Follow up of patients who miss the appointments with the support peer community workers at the ART site as well as CMC and CMA
2. Investigations:
 - CD4/viral load, DNA PCR, plus others as clinically indicated
 - Rapid test for cryptococcal antigens (LFA).
3. Medications:
 - All ART medications, FP commodities, and medical supplies appropriate to facility supplied by CMS.

Required Documentation:

- Visit forms (A, B, Exposed Infant Form)
- Lab request form and Lab result forms
- Entry into ART databases
- Referral form if indicated

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-ART	RH-ART-1	RH-ART-2	RH-ART-3	RH-ART-4

Targeted Health Service: Yes No

Service Package 29

Specialized Methadone Maintenance Therapy (MMT) OPD Consultation

Code: **RH-MMT**

Facility Eligibility: All MOH Approved MMT Facilities

Clinical Indications: This service package covers all specialized out-patient consultations at MOH approved MMT facilities. The specific clinical indications that are relevant to each specialized out-patient services must be noted in the summary of treatment form.

Protocol: National Program for Mental Health and Substance Abuse Methadone Maintenance Therapy Guidelines

Services Covered:

1. Daily Methadone Dosing
2. Weekly Medical Checkups for New Cases
3. Weekly Psychological Checkups for New Cases
4. Bi-weekly Medical Checkups for Continuing Cases
5. Bi-weekly Psychological Checkups for Continuing Cases
6. Blood Tests
 - Complete Blood Count
 - Hepatitis A, B, and C
7. Urine Tests
 - Methamphetamine presence
 - Opiate presence
8. Wound Care
9. Referral to Voluntary Confidential Counseling and Testing (VCCT) services.
10. Referral to relevant services at registered HEF facilities.

Documentation:

- Standard Patient Dossier Medical Records
- Hospital MMT Summary of Treatment Form Automatically Generated from PMRS
- Standard MOH Registers

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-MMT	n/a	n/a	n/a	RH-MMT-4

Targeted Health Service: Yes No

12

Service Package 30
Screening for Diabetes Mellitus

Code: **RH-Dial**

Facility covered: CPA1-3 and National Hospitals

Protocol: Clinical Practice Guidelines for Diabetes Mellitus and Blood Pressure control

Clinical Indications: This specific service package covers all services involved with screening and counseling persons for and about diabetes of persons with one or more risk factors (frequent urinating during night, polydipsia, aged ≥ 40 years, overweight, TB, sudden weight loss, Melioidosis, hypertension, history of stroke or ischaemic heart disease)

Services Covered:

1. Consultation

- History taking
- Vital information like blood pressure, height, weight, waist circumference
- Fundoscopy for Diabetic Retinopathy
- (non)fasting blood glucose
- HbA1c, Creatinin + urine albumin/protein + lipid profile + at least K+ electrolyte

2. Medication:

- Medication as indicated by the Clinical Practice Guidelines
- Insulin Syringes

3. Counseling

- If present in the operational district: local Peer Educator Group
- Blood sugar and blood pressure targets bodyweight
- Behavioral changes regarding diet, exercise, smoking, alcohol
- Risk factors for diabetic complications and means to prevent these

4. Non-Medical Benefits:

- Self-management booklet with health education for record keeping
- A3-Diabetes Pyramid Poster

Required Documentation:

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-Dial	RH-Dial-1	RH-Dial-2	RH-Dial-3	RH-Dial-4

Targeted Health Service: Yes No

Service Package 31
Diabetes Type 2 Monthly Treatment & Follow-up

Code RH-Dia2

Facility eligibility: CPA 1-3 and National Hospitals

Protocol:

Clinical Indications: This Hospital service package covers the treatment and follow-up of people diagnosed with Diabetes Mellitus. It is intended to be used for quarterly follow-up consultations to monitor clinical progress once stable. If more or less frequent consultations are needed use Diabetes Service Package 32: Single Consultation for Treatment and Follow-up.

Services Covered:

5. Consultation
 - History since last consultation, including self-management, symptoms, treatment adherence and side effects, diet, exercise, smoking, alcohol
 - Any glucose or HbA1c results since last consultation.
 - Examination for blood pressure height, weight, waist circumference
6. Investigations
 - Fasting blood glucose or RBG (+/- HbA1c one time per year), urine protein, creatinine, lipids, hepatitis C
7. Medication
 - Medication as indicated by the Clinical Practice Guidelines
 - Insulin Syringes
8. Counseling:
 - Encourage diabetes patient to contact with other diabetes patients in the village and stay with Peer
 - Behavioral changes regarding diet, exercise, smoking, alcohol
 - Risk factors for diabetic complications and means to prevent these
 - Adherence with and understanding of requirements for treatment
 - Check ability of Self-monitoring, ask to see the patient self management book and discuss the records and progress towards targets

Required Documentation:

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-Dia2	RH-Dia2-1	RH-Dia2-2	RH-Dia2-3	RH-Dia2-4

Reimbursement: on a quarterly basis following completion of required documentation.

Service Package 32
Single Consultation for Diabetes Treatment and Follow-up

Code: **RH-Dia3**

Clinical Indications: This Hospital Diabetes Service Package is to be used for diabetes-related consultations that are not covered by Diabetes Service Package 31: Monthly Treatment and Follow-up.

Facility eligibility: CPA 1-3 and National Hospitals

Protocol:

Services Covered:

1. Consultation

- History since last consultation, including reasons for missing last quarterly review, symptoms, compliance and side effects, diet, exercise, smoking, alcohol, glucose or HbA1c results since last consultation.
- Examination for blood pressure, height, weight, waist circumference, Fundoscopy, feet

2. Investigations:

- Fasting blood glucose, or non-fasting blood glucose +/- HbA1c, urine protein, creatinine, Lipids, Hepatitis C if unknown, other as per guidelines

3. Medication:

- Medication as indicated by the Clinical Practice Guidelines
- Insulin Syringes

4. Counseling:

- Encourage diabetes patient to contact with other diabetes patients in the village and stay with Peer
- Behavioral changes regarding diet, exercise, smoking, alcohol
- Risk factors for diabetic complications and means to prevent these
- Adherence with and understanding of requirements for treatment
- Check ability of Self-monitoring, ask to see the patient self management book and discuss the records and progress towards targets

Documentation:

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Referral letter to higher-level hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-Dia3	RH-Dia3-1	RH-Dia3-2	RH-Dia3-3	RH-Dia3-4

Reimbursement: Record of follow-up in Treatment Follow-up Summary form

Targeted Health Service: Yes No

Service Package 33

Long-acting Reversible Family Planning Methods using IUDs or Implants

Code: **RH-LARFP**

Facility Eligibility: CPA1-3 and National Hospitals

Clinical Indications: This long-acting reversibly family planning service package covers all admissions in which a HEF client is voluntarily seeking long-acting reversible family planning products and procedures.

Protocol: CPA guidelines

Services Covered:

1. Consultation
 - History, method choice and physical examination as appropriate.
2. Investigation
 - As indicated by consultation.
3. Treatment
 - Medication from the CPA Essential Medicines List as indicated.
 - Referral to hospital if necessary.
4. Counseling
 - Provide information on available FP methods and follow-up.
 - Informed Consent Counseling
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Hospital registers.
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service package code	CPA1	CPA2	CPA3	NH
RH-LARFP	RH-LARFP-1	RH-LARFP-2	RH-LARFP-3	RH-LARFP-4

Targeted Health Service: Yes No

Service Package 34

Permanent Family Planning Methods including Vasectomy and Tubal Ligation

Code: **RH-PermFP**

Facility Eligibility: CPA2-3 and National Hospitals

Clinical Indications: This permanent family planning service package covers all admissions in which a HEF client is voluntarily seeking vasectomy or tubal ligation procedures.

Protocol: CPA Guidelines

Services covered:

1. Consultation
 - History, method choice and physical examination as appropriate.
2. Investigation
 - As indicated by consultation.
3. Treatment
 - Medication from the CPA Essential Medicines List as indicated.
 - Referral to hospital if necessary.
4. Counseling
 - Provide information on available FP methods, their permanent nature and follow-up.
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Standard Patient Dossier Medical Records
- Hospital HEF Summary of Treatment form.
- Hospital registers.
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service package code	CPA2	CPA3	NH
RH-PermFP	RH-PermFP-2	RH-PermFP-3	RH-PermFP-4

Targeted Health Service: Yes No

Service Package 35

Hospital Delivery, including Attempted Delivery or Post Abortion Care

Code: **RH-Del**

Facility Eligibility: CPA1-3 and National Hospitals

Clinical Indications: This general hospital in-patient service package covers both outpatient and in-patient services provided to a client during one visit to a hospital facility for a delivery or attempted delivery with referral.

Protocol: CPA guidelines

Services covered:

1. Consultation

- Presenting complaint, history, family history and physical examination as appropriate.
- Admission to the appropriate ward.
- Management of labor and delivery if indicated
- Daily physical examination and assessment of clinical progress.

2. Investigation

- As indicated by consultation.

3. Treatment

- Medication from the CPA Essential Medicines List as indicated..
- Referral to higher level hospital if necessary.

4. Counseling

- Provide information on diagnosis, treatment plan, discharge, compliance and follow-up.

5. Schedule Follow-up Appointment if appropriate

Documentation:

- Standard Patient Dossier Medical Records
- Hospital Registers
- Hospital HEF Summary of Treatment form
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

CPA1	CPA2	CPA3	NH
RH-Del-1	RH-Del-2	RH-Del-3	RH-Del-4

Targeted Health Service: Yes No

Service Package 36
General Inpatient Admission

Code: **RH-IPDGen**

Facility Eligibility: CPA 1-3 and National Hospitals

Clinical Indications: This general hospital in-patient consultation service package covers all non-specific admissions that do not include major surgery (see General Service Package 37). This service package covers both out-patient and in-patient services provided to a client during one visit to a hospital facility

Protocol: CPA guidelines

Services covered:

1. Consultation
 - Presenting complaint, history, family history and physical examination as appropriate.
 - Admission to the appropriate ward.
 - Daily physical examination and assessment of clinical progress.
2. Investigation
 - As indicated by consultation.
3. Treatment
 - Medication from the CPA Essential Medicines List as indicated.
 - Referral to higher level hospital if necessary.
4. Counseling
 - Provide information on diagnosis, treatment plan, discharge, compliance and follow-up.
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Standard Patient Dossier Medical Records
- Hospital Registers
- Hospital HEF Summary of Treatment form
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service package code	CPA1	CPA2	CPA3	NH
RH-IPD	RH-IPD-1	RH-IPD-2	RH-IPD-3	RH-IPD-4

Targeted Health Service: Yes No

Service Package 37
Inpatient Admission Major Surgery

Code: **RH-IPDSurg**

Facility Eligibility: CPA2-3 and National Hospitals

Clinical Indications: This general hospital in-patient surgical service package covers all major surgical admissions. This service package covers both outpatient and inpatient services provided to a client during one visit to a hospital facility. All major surgical cases are defined as only those that include the use of general or epidural anesthesia during the procedure.

Services Covered:

1. Consultation:
 - Presenting complaint, history, physical examination,
 - Pre-operative assessment.
 - Multiple consultations with a surgeon, physician, medical assistant, nurse, or midwife, including counseling, surgery, anesthesia, pre- and post-operative care, and daily monitoring of progress.
2. Counseling:
 - The surgical procedure, its potential hazards, informed consent, type of anesthetic, recovery, pain relief.
3. Investigations:
 - As indicated by consultation
4. Medications:
 - All medications, anesthetic agents, Family Planning commodities, and medical supplies appropriate to facility supplied by Central Medical Stores.
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Standard Patient Dossier Medical Records
- Informed consent for Surgery
- Hospital Registers
- Hospital HEF Summary of Treatment form.

Health Facility Reimbursement Codes:

Service package code	CPA2	CPA3	NH
RH-IPDSurg	RH-IPDSurg-2	RH-IPDSurg-3	RH-IPDSurg-4

Targeted Health Service: Yes No



Service Package 38
Minor Surgery

Code: RH-MSurg

Facility Eligibility: CPA1-3 and National Hospitals

Clinical Indications: This general hospital minor service package covers all minor surgical admissions. This service package covers outpatient services provided to a client during one visit to a hospital facility. All minor surgical cases are defined as procedure for health issues and wound which is not life strengthening to patients or vulnerable.

Services Covered:

1. Consultation:
 - Presenting complaint, history, physical examination,
 - Pre-operative assessment.
 - Multiple consultations with a surgeon, physician, medical assistant, nurse, or midwife, including counseling, surgery, anesthesia, pre- and post-operative care, and daily monitoring of progress.
2. Counseling:
 - The surgical procedure, its potential hazards, informed consent, type of local anesthetic, recovery, pain relief.
3. Investigations:
 - As indicated by consultation
4. Medications:
 - Spend less than 1 hour using local anesthetic which is not seriously life strengthening or organ's functioned or part of human body. In general, minor surgery is not required for IPD, and the surgery procedure for the hospitals
 - All medications, anesthetic agents, and medical supplies appropriate to facility supplied by Central Medical Stores.
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Standard Patient Dossier Medical Records
- Informed consent for Surgery
- Hospital Registers
- Hospital HEF Summary of Treatment form.

Health Facility Reimbursement Codes:

Service package code	CPA1	CPA2	CPA3	NH
RH-MSurg	RH-MSurg-1	RH-MSurg-2	RH-MSurg-3	RH-MSurg-4

Targeted Health Service: Yes No

Service Package 39
Emergency for Critical Illness in Emergency Room

Code: RH-EMG

Facility Eligibility: CPA1-3 and National Hospitals

Clinical Indications. This general service packages cover emergency intervention for patients or victims at risk to their life. This emgency unit will provide constant medical attention (with specialized equipment) to critically ill patient such as stop bleeding, breathing assistance, neutralizing toxic from the blood, and the prevention of shock or surviving patients from shock.

Protocol: CPA Clinical Guideline

Services Covered:

1. Consultation
 - History, family history and physical examination vital signed as appropriate.
2. Counseling:

Provide information on diagnosis, treatment plan discharge, compliance and follow up
3. Investigation
 - Based on the result of emergency
 - Regular follow up with acute patients by qualify physician to monitor the complicated cases
4. Treatment
 - CPA Clinical Guideline
 - Medication from the CPA Essential Medicines List as indicated.
5. Schedule Follow-up Appointment if appropriate

Documentation:

- Health Center and Former District Hospital Registers.
- Referral letter to hospital if necessary

Health Facility Reimbursement Codes:

Service Package Code	CPA1	CPA2	CPA3	NH
RH-EMG	RH-EMG-1	RH-EMG-2	RH-EMG-3	RH-EMG-4

Targeted Health Service: Yes No

IDPoor No.	Patients Name:	Age	Gender:	Date:
				Clerk Name [Pre-Printed]
Address:	Province	District	Village	Signature
[Information in this box will be pre-printed by PMRS]				

HEF Service Packages – Tick only 1

SP Code	Physician Signature

SP Code	Physician Signature

Complete Date:
Complete Date:
Month:
Quarter:

Detailed Services Provided (Physician to Fill)

Ward	Services	Date

User Fee Assigned (Cashier)

Fee	Cashier Stamp.

Discharge Date:	Time:
Discharge Type:	Outcome:
Admission Diagnosis or ICD10 Code	Discharge Diagnosis or ICD10 Code
1.	1.
2.	2.
3.	3.

Date:
[Patient Name] (Pre-Printed)

Date:
Discharge Physician Signature and Name

Date:
Cashier signature and name

W

Payment Rate and Coding for monitoring and Management within PMRS for HEFs
Health Centers and Former District Hospital Level

N.o	Code PMRS	Description	Type	PPM Unit	Health Services (Inter Ministerial Prakas 497 ស្តង់ដារ. ២០១៦)	Rate (Riels)
1	HC-Gen	General Consultations	General	Visit	OPD	4,000
2	HC-NBScreen	New Born Screening for Impairment Disability	Specific	Visit	OPD	4,000
3	HC-ChildScreen	Child 1month-5 years Screening for Impairment Disability	Specific	Visit	OPD	4,000
4	HC-TB1	Suspect TB Investigation with Sputum	Specific	Case	OPD	4,000
5	HC-TB2	Suspect TB Investigation no Sputum	Specific	Case	OPD	4,000
6	HC-TB3	DOTS Intensive Phase	Specific	Visit	OPD	4,000
7	HC-TB4	DOTS Maintenance Phase	Specific	Visit	OPD	4,000
8	HC-HIVSTI	HIV and STI Testing and Counseling	Specific	Visit	OPD	4,000
9	HC-Gyn1	Cervical Cancer Screening	Specific	Visit	Screening for Cervical Cancer	20,000
10	HC-Gyn2	Breast Cancer Screening	Specific	Visit	OPD	4,000
11	HC-Dia1	Diabetes Screening	Specific	Visit	OPD	4,000
12	HC-Dia2	Diabetes Treatment and Follow-up	Specific	Visit	OPD	4,000
13	HC-LARFP	Long-acting Reversible Family Planning (IUDs/Implants)	Specific	Case	Long-acting Reversible Family Planning	20,000
14	HC-Del	Delivery/Attempted Delivery/PAC	Specific	Case	Delivery/PAC	80,000
15	HC-IPD	In-Patient Admission	General	Case	IPD	80,000
16	HC-EMG	Emergency (Referral or Non-Referral)	Specific	Case	Emergency (Referral or Non Referral)	20,000

Payment Rate and Coding for monitoring and Management within PMRS for HEFs
Hospital Level

No.	Code PMRS	Description	Type	PPM Unit	Health Services (Inter Ministerial Prakas 4976501f.03n)	Payment Rate			
						Hospital Level 1	Hospital Level 2	Hospital Level 3	National Hospital/Center
17	RH-VCCT	HIV and Testing and Counseling at VCCT Centers	Specific	Visit	OPD	10,000	16,000	32,000	40,000
18	RH-OPDSpec	Specialized OPD Consultation	General	Visit	OPD	10,000	16,000	32,000	40,000
19	RH-Gyn1	Cervical Cancer Screening	Specific	Visit	OPD	10,000	16,000	32,000	40,000
20	RH-Gyn2	Breast Cancer Screening	Specific	Visit	OPD	10,000	16,000	32,000	40,000
21	RH-NBScreen	Newborn screening for impairment or disability	Specific	Visit	OPD	10,000	16,000	32,000	40,000
22	RH-ChildScreen	Child 1 month-5 years screening for impairment or disability	Specific	Visit	OPD	10,000	16,000	32,000	40,000
23	RH-STI	Management of STIs	Specific	Case	OPD	10,000	16,000	32,000	40,000
24	RH-TB1	Suspect TB Investigation with Sputum	Specific	Case	OPD	10,000	16,000	32,000	40,000
25	RH-TB2	Suspect TB Investigation no Sputum	Specific	Case	OPD	10,000	16,000	32,000	40,000
26	RH-TB3	DOTS Intensive Phase	Specific	Visit	OPD	10,000	16,000	32,000	40,000
27	RH-TB4	DOTS Maintenance Phase	Specific	Visit	OPD	10,000	16,000	32,000	40,000
28	RH-ART	ART Service	Specific	Person Month	OPD	10,000	16,000	32,000	40,000
29	RH-IMMT	MMT OPD Consultation	Specific	Visit	OPD	10,000	16,000	32,000	40,000
30	RH-Dia1	Diabetes Screening	Specific	Visit	OPD	10,000	16,000	32,000	40,000
31	RH-Dia2	Diabetes Treatment and Follow-up	Specific	Visit Per Month	OPD	10,000	16,000	32,000	40,000
32	RH-Dia3	Uncontrolled Diabetes Consultation	Specific	Visit	OPD	10,000	16,000	32,000	40,000

**Payment Rate and Coding for monitoring and Management within PMRS for HEFs
Hospital Level**

No.	Code PMRS	Description	Type	PPM Unit	Health Services (Inter Ministerial Prakas 4976501f.1j7ñ)	Payment Rate			
						Hospital Level 1	Hospital Level 2	Hospital Level 3	National Hospital/Center
33	RH-LARFP	Long-acting Reversible Family Planning (IUDs/Implants)	Specific	Case	Long-acting Reversible Family Planning (IUDs/Implants)	20,000	20,000	20,000	20,000
34	RH-PermtFP	Permanent Family Planning (Vasectomy and Tubal Ligation)	Specific	Case	Permanent Family Planning (Vasectomy and tubal ligation)		100,000	100,000	100,000
35	RH-Del	Delivery/Attempted Delivery/PAC	Specific	Case	Delivery/PAC	80,000	80,000	80,000	80,000
36	RH-IPDGen	In-Patient Admission with minor surgery	General	Case	IPD	80,000	100,000	120,000	140,000
37	RH-IPDSurg	Minor Surgery	Specific	Case	Minor Surgery	160,000	200,000	400,000	400,000
38	RH-MSurg	In-Patient Admission with Major Surgery	Specific	Case	Major Surgery		320,000	1,000,000	1,200,000
39	RH-EMG	Emergency for critical illness in Emergency Room	Specific	Case	Emergency for critical illness in Emergency Room	250,000	250,000	300,000	320,000

Post Identification Questionnaire in Health Facilities

A) General Information

Interview Code:

A.1 Patient Information:

Patient Name : Age : Sex : Phone # :

Address : Village : Commune : District: Province:

House location in the village :

A.2 Information about respondent (Interviewee)

Name Age : Sex: relation(*relation to head of household*) : Phone #

A.3 Information whom confirm the family situation (Not family member) Such as Village Chief, Neighbours, Friends

Name Age: Sex : Related: Phone#

B) Information about family member (family member who is living in the family or absence less than 6 months (need supporting document of family record book, carnet of residence book, birth certificate, and certified letter from local governors etc..))

NO.	Name (Nick Name) <u>Start from Head of Household</u>	Sex	Year of Birth/Age		Relationship with head of family (1)	Occupation (2)	Education Level (3)
			Year of Birth	Age			
01(HH)							

(1)= Head of Family, Spouse, Child, Mother, Niece, Nephew, Other(2)= Occupation such as Farmer, Employee, Workers, civil servant, own business, studay, stay home

(3)= If study, which grade, for adult or children over 5 years old, and stop studying, please note what grade when he/she stop

C) General Houeshould Situation

C.1 House Ownership

Where do you live? *(Please ✓ One answer only)*

- a) Family owned House b) Rental House c) Staying with other family without rent
 - d) Homeless e) Stay with an institution : Name of Institution Phone # of contact person:.....
- if stay with institution, No need to answer below question (skip any difficult questionnaire such as house condition)
 if stay with other family without rent, please ask the same question as family owned house, but difference scoring (half of maximum score)

C.2 How many people living in the house? (include your family member, and others)

C.3 What is the floor area of the house / dwelling / room occupied by your household?

Main house Ground floor : Length= Width= Area (L x W) =

Main building Other floor if any: Length= Width= Area (L x W) =

Other building (kitchen ...) if any: Length= Width= Area (L x W) =

C.4 Latrine : Do your family have accessed a latrine? Yes No

If Yes, Hygien Latrine Basic Latrine

Whom latrine? Family owned latrine Share with other Family

For family who own the house or stay without rent (free) (House rental, skip C5 to C8)

Year of house construction ? : Used to renovate the house? No Yes, What year.....

C.5 Roof Type:and Condiiton:

C.6 Wall Type : and Condition :

C.7 Overall House Condition : Poor Averages Good

C.8 For Rental House (For family owned house or stay without rental, do not need to fill out this question (C8))

How much rental fee for month? :

C.9 Household Possession (Electronic Equipment)

NO.	Items	(Market Value)		Total (Riels)
		Quantity	Unit Price	
1	Mobile Phone			
2	Fan			
3	Radio			
4	Television			
5	Pump machine, Plow machine			
6	Other, (Refrigerators..)			
Total Possession Value				

C.10 Electricity

Do you connect to the electricity (private or public)? Yes No

If Yes : Cost per kw/h Averaes kw per month Averages cost per month

If No : use Generator use Battery use petrol Solar

C.11 Household Possession (Transportation)

How do you get to hospitals?.....

No.	Items	(Market Value)		Total (Riels)
		Quantity	Unit Price	
1	Bicycle			
2	Motobikes			
3	Small Boat			
4	Boat with engine			
6	Ox cart			
7	Tractors			
8	Others			
Total Cost				

C.12 Income

C.12.1 Income from Agriculture

C.12.1.1 Livestock

No.	Type	Big/Mature	Baby	Note (if the animal is not owned by the family, and you raised)
1	Cow/Ox/Buffalo			
2	Pigs			
3	Goat/Sheeps			
4	Chicken/Ducks	X		

C.12.1.2 Do you own agriculture land? No Rental Land Owned Land

if the family owned or rental land, please specific the land size(Please write total of all land and unit)

- Rice Field Area[‡] Places Total size -Other crop Areas [‡] Places Total size

C.12.2 Income beside agriculture activities (Any work related to agricultures is included in this table)

Note † List down only member who has income, and any member who has more than one sources of income, please write two separate row

No.	Name of family member who get income	Age < 18	Main occupation	Average income per day	Average day per	Average monthly
Total monthly income for all family members (Riels)						
Total monthly income beside agriculture activities per member (1)						

(1) Monthly income beside agriculture per member = (total monthly income beside agricultures/ number of family member)

C.13 Health and Disability

	Children + You Age < 65Yrs	Older Age ≥ 65 yrs
The number of family member who completely lose ability to work due to severe/chronic illness or severe disabilities		
The number of family member who lose about 50% of ability to work due to severe/chronic illness or severe disabilities		

C.14 Household Debt/Loan

Do your family have outstanding debt/loan?

No => if you want to borrow 400,000 Riels, will you be able to borrow ? Yes No

Yes => Total outstanding loan amount as of today Riels

C.15 Other information or opinion of interviewer (if any)

.....

.....

.....

Physically Observation Form

(observation from interviewer addition to questionnaire)

Interview Code.....

Name of Head of Family:

Family Address:		
<input type="checkbox"/> Phnom Penh	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural

1	Clothes	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Vulnerable <input type="checkbox"/> Average <input type="checkbox"/> Good Notice:.....
2	Jewelry	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Vulnerable <input type="checkbox"/> Average <input type="checkbox"/> Good Notice:.....
3	Mean of Transportation	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Vulnerable <input type="checkbox"/> Average <input type="checkbox"/> Good Notice:.....
4	Personal Value (Phone, Watches, etc..)	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Vulnerable <input type="checkbox"/> Average <input type="checkbox"/> Good Notice:.....
5	Overall Situation	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Vulnerable <input type="checkbox"/> Average <input type="checkbox"/> Good Notice:.....
6	Overall rate of observation:	<input type="checkbox"/> Very poor <input type="checkbox"/> Poor <input type="checkbox"/> Vulnerable <input type="checkbox"/> Average <input type="checkbox"/> Good Notice:.....

Summary of trustworthy answer provided rate:

Trusted base on questionnaire result and observation	<input type="checkbox"/> 80%	<input type="checkbox"/> 60%	<input type="checkbox"/> 50%	<input type="checkbox"/> 40%	<input type="checkbox"/> 20%
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Signed by Observer

Handwritten mark

Post Identification Instruction at Health Facilities

1. Introduction

The Royal Government of Cambodia (RGC) and the development partner have established Health Equity Funds to facilitate all citizens access to public health care services by providing free of charge health care services, and other benefits. So, the Health Equity Fund contributes the increasing of public health facilities' income as well as improve the quality of health services. The Health Equity Fund beneficiaries is a family who has equity card which issued by local authority, commune/sangkat through National Identification of Poor Household Program (IDPoor) of the Ministry of Planning. However, some people do not have equity cards, and are not able to pay for treatment during a visit to the public health facilities (poor or vulnerable households), therefore, the Ministry of Health has developed a tool to identify poor patients by interviewing the patient's relative/family in the health facilities (Post ID) to get priority access cards (PAC) and to be entitled to benefits from the Equity Fund Program.

2. General Procedure of Post ID

Post-identification will be conducted in the health facilities during working hours in the morning from 7:30 to 11:30 am and in the afternoon from 2:00 to 5:30 pm on weekdays. The official in charge of the interview should ensure that the answers from the patient or the patient's family are a reliable and correct answer. The officials in charge in the interview should have phone numbers of village chiefs in the catchment area of operational district or public health facilities to communicate with patient-related information. The interview process takes about 30 minutes. Based on this result, the beneficiaries will be immediately eligible to receive any benefit of Health Equity Fund including all member of their family based on conditions. The Post Identification process will be categories by its level of poor 1, poor 2 or vulnerable household with only one card for one family, "Priority Access Card" that is valid for until the next anticipated round of pre-identification through National Identification of Poor Household Program (IDPoor) of the Ministry of Planning in that specific provinces.

If the patients have already paid the user fees, then they passed the interviewed as poor or vulnerable families, the health facilities staff must refund the fees to the patient and the health facilities will be fully reimbursed by the HEFs program.

3. Post Identification Condition (Post ID)

The official in charge the interview will ask for documents from the patient or family to verify the identification such as: Family record book, Carnet of Resident book or national ID card before the interview.

If the patient cannot provide these documents, the interviewer will have to look at the situation and decide on the interview. If the family passed the interview, the interviewer will immediately provide the Priority Access Card to the patient or family, but card will include only two people, patients and one of their family member.

If the case where no family member who can provide the answer, the interviewer should seek out be close relatives or neighbors who know the patient's situation, and the respondents should be 16 years or older. If the interviewer interviews with homeless, she/he should determine the address according the location where they mostly stay. If a patient or family is migration, the interviewer should ask about the details of their hometown location as the following:

- Less than 6 months migration, the address will be used from the origin address
- Equal or more than 6 months migration, the determine address should be the current address which certified by the local authority

4. Instruction to questionnaire

4.1 General instruction on the question

The interviewer will find it difficult to obtain a trusted answer about the family situation when interviewed elsewhere than at home.

- The interviewer should try to establish a good atmosphere and get in touch closely with the respondents, using the informal way of asking for more answers during the interview in order to get a better understanding of the family situation.
- To help with this approach, the interviewer begins by greeting and asking some questions about the patient and in order to save time, the interview should informal talk to the patients while recording/copy the family information from family record book or carnet of resident book, etc.
- The interviewer should encourage the respondent not to be shy, but be sure to tell the purpose of giving true answers or giving a straightforward answer, if they cannot answer any of the questions.
- The interviewer should inform to the interviewee that the collection information may be later verified at the residence, so he/she must provide an honest answer, in the event of a false statement is found, his/her application will be rejected or remove from the health equity fund beneficiary list.
- The interviewer should be careful about the discrepancy between responses to some of the questions that may be different but can be relevant (eg, monthly electricity costs, not

equivalent to consumer of electronics). When the answers are not consistent, the interviewer should ask for a clarification.

- Interviewers may face some challenges if the respondent is not aware of the family details, even if he/she is one of family member. The interviewer should try to observe the respondent's understanding about the status of the family, the type of information you need, such as home, property, income, health, education and debt.
- If the respondent is not able to answer a lot of questions, the interviewer should ask him/her to call someone else who knows the situation better for the later interviews (must be during the hospitalization).
- If you are unable to find other respondents, the interviewer should see the patient by yourself or make a list of missing information and ask the respondent to get the information from the patient, then bring the information back to the interviewer.
- If you provide lack of information (cannot answer two or three questions), the interviewer should continue the interview to the end of the questionnaire and ask the respondent to ask the patient or relatives.

4.2 Technical Instruction detail

Below is the instruction how to fill out the Post ID questionnaire form: (The word *italic* is derived from the original form)

A. General Information

Below is a sample guide, but not for all questions, some of which may have different ways to answer. Interview Code: Interviewer provides an abbreviated of the health facilities' / date (year, month day)/ interview number. The interview number must start from 1 for each candidate per interview date. E.g. BTB / 18 02 23/01(Battambang/year.month.day./numbering of the patients

A.1 Patients Information

The telephone number may belong to another family member, but not a respondent's number.

A.3 Information whom confirm the family situation (not family member) such as village chief, neighbors, friends

This section only related to people who can be contacted by phone, so the section should start with questions such as: Do you know phone number of your villager? If not, ask a question to find the next person who is not a relative of the patient.

C.2 How many people living in the house? (including your family member and others)

Counting family members from table (B) who mostly stay in the patient's home which do not include member who are working away from home, but do not count those living in the same house without being listed in the table (B) as a relative living in the same house but not eating together.

C.4 Latrine: Do your family have accessed a latrine?

This includes the use of others' latrines so that they can ask: Where are your family members using latrine? Then, the questionnaire was different whether the family rented a home. As shown in the questionnaire, if family rent the house, the interviewer does not require to ask about condition of the

house (C.5, C.6 and C.7). However, if the family does not rent a house, you do not have to ask questions about rental fee, C.8.

C.9 Household Possession Electronic Equipment and C.11 Household Possession Transportation

In order to facilitate the comparison and household possession's value, the interviewer will use single currency, Riel, and it is an estimated market value (the estimated value only which is better to see the matching item in the table). Each item can be combined, with the same value, but if the same items has difference value, the written separately (eg, a family with two motorbikes with a different value, motorbike 1 = 800.000 Riel and motorbike 1 = 1.200.000 Riels).

C.10 Electricity

This electricity session has two difference questions, question for family who connect public electricity or private electricity and another question for family who use other source of power.

C.12 Income

Question on income are divided into two parts, income from agricultures, and other income. The labor in agriculture for others or company is consider to record in the other income list.

C.12.1 Income from agricultures

C.12.1.1 Livestock

The interviewer should fill out the table of livestock which family owned, and animal raised by family but do not owned

C.12.1.2 Do you own agriculture land?

This question includes the agriculture land used by the family but the land does not belong to them:

- Rental Land
- Owned land

In this session, there are two steps 1) Do you own agriculture land? Then 2) Ask more about the estimated land size, both owned and rental land, whether they are grown or not grown on both types of land.

C.12.2 Income beside agriculture activities

The interviewer should look at family members list table (B) and ask each member about the other income, and fill out the table of each family member income, and their job. If the same person has two jobs, then record in difference row.

Example: Safeguard crop field, and motorbike taxi

In the columns **average income per day** consider the average between minimum and maximum income over the period of time, for example a small canteen owner said after considering of expenditures on ingredients, the owner has 3000 Riels and sometime 20,000 Riels. Therefore, the averages owner income will be $(3000 + 20000) / 2 = 11500$ per day

In the columns **average day per month** consider the average between minimum and maximum period per month divided by 2. For example, the minimum working day is 7 days per month and the maximum is 21 days. So, the averages number of day per month will be $(7+21)/2 = 14$ days

C.13 Health and Disability

Interviewers should start the question: Do you have a family member with chronic illness or serious disability? If an interviewer asks and estimates the level of unemployment of members with chronic disease or disability, it is divided into 2 levels (completely lost ability to work, and losing about 50% of ability to work). The interviewer then completes the number of people who lost their jobs by age 65 and 65 years and older.

C.14 Household Debt/Loan

Does your family still have a debt/loan? Depending on the above answer, the interviewer must tick the answer for no debt or loan, and ask another and subsequent queries.

C.15 Other Information or Pinion of Intervier (if any)

The interviewer should write some of the information that has not been written in the list, which may be helpful in understanding the situation of the family. Filled out at the end of the interview or after the interview. For example, this family used to have an Pre-ID card from IDPoor Program, but did not have a new round of interview because they were not in the village .

5. Scoring Instruction**5.1 General instruction**

- For a detailed scoring instruction on each of these criteria, see annex 3c Assessment/Scoring Guide on the Interview Questions
- There are 11 criteria, so there are 11 points that the interviewer should evaluate based on the answers received during the interview.
- A web base will automatically calculate the scoring based on the result entry by interviewer

5.2 Detail Technical Instruction on how to score

Criteria 1: Comparable home size and the number of households living together base on annex 3c
E.g. Households with a 50-square-meter dwelling size and a total of 6 household member, will get 3 points, but one was living in a 50-square-meter house, with a total of 10 household members, will get 6 points

Criteria 2: Latrine, scoring are based on private or use of toilets with other families

Criteria 3: The situation of the home has 2 different ways of scoring

- **First Own House:** Scoring based on three main points
 - Roof
 - Wall
 - General condition of home Scoring: $(3A = 3A.1 + 3A.2 + 3A.3)$

- **Second Renting House:** household rent house will be scored on the rental fees, as well as number of households living in the house (3B).
- Household stay with other family without rent: The same ways of scoring as family owned house, but scoring method is difference where half of maximum score of family owned house will be given regardless household condition.

For example, a family who lives with other family without rent, If the house's roof is palm leave, then the maximum score is 6 points, but if the house roof is tiled. Then, it is half the maximum of 3 points. Particularly, the family who owned home and has a tiled roof, will get no score.

Criteria 4: (Household Possession Electronic): Scoring based on the total value of the household's assets

Criteria 5: (Electricity) is divided into two electricity connection, score 5A or 5B.

Criteria 6: (Vehicles) to score depends on the total value of the household's assets

Criteria 7: Income are divided into 2 different cases

- **Case (1)** have agricultural land or income from agricultural activities: for households with agricultural land or income from farming activities, whether they own a farm or does on other land.
- **Case (2)** no agricultural land or no agricultural incomes: for households who do not receive income from farming activities and do not own farm land. Households with labor on agriculture and families, raising less than 10 chickens also consider within this case too. The scoring will be based on the family's living area such as Phnom Penh, urban, and rural. To evaluate on the 7th criteria, the income is assessed on the following four categories:
 - 7.A.1 Livestock
 - 7.A.2 Agriculture Land
 - 7.B Income beside agriculture activities
 - 7.C Income from children

7.A.1 Livestock and 7.A.2 Agricultural land is used only for families with agricultural land or agricultural activities.

7.A.2 Scoring is different between doing the farm on owned land or other lands based on point 7.A.2A and 7.A.2B of annex 3c

7.B Other Income score differently, based on households with agricultural land or income from agricultural activities. In the first case (Case 1) included in annex 3c, Point 7.B.1 non agricultural (family with agriculture activities or non-agricultural income (family without agricultures activities) in the second cases (Case 2), found in annex 3c, point 7.B.2.

E.g. The first case (Case 1) has agricultural land or income from farm activities as below:

- 3 household members
- 1h.a of land (7.A.2 = 4 points)
- 1 cow (7.A.1 = 4 points)

Other income with an averages of 130.000 Riels each member (7.B.1 = - 6 points) So, the household income score is $4 + 4 - 6 = 2$ points

Note: Total (7=7.A.1 + 7.A.2 + 7. B.2) does not have to be negative.

7.C is an assessment of earnings by a family member under 18 year old, which can result in a score of 7.B decrease due to increased incomes, but earnings can be a sign of poverty of the family, thus adding 2 points for a family member who children earn income for the family.

Note: The total score of the 7th criteria do not exceed 16 points

Criteria 8: (health and disability): are based on the health status of the family by summarizing the scores of each family member, see the annex 3c

Criterion 9: (Debt/Loan): The score for these criteria is 2 different cases:

- 1- If the family does not have a debt and cannot afford to borrow/pay back
- 2- If the family has a debt and the remaining debt that need some time to pay back

Criteria 10: (Education) can be found in annex 3c by taking the information from Table (B) Important Family Information on page 1 of the list of question number 1

Criteria 11: (Labor Age): can be found in annex 3c by taking the information from C 12.2 Income beside agricultures

Scoring Level

Poor 1	Poor 2/Vulnerable	Non Poor
Over 58 Point	Between 42 to 58 points	Below 42 points
Maximum score 85		

At the end of the interview, an interviewer must fill out another form, which base on five-point observation as below:

- 1- Clothing
- 2- Jewelry
- 3- Transportation to the health facilities
- 4- Stuffed materials (watch phones, etc.)
- 5- General status / characteristics

For each point, the interviewer will estimate the level of poverty based on his/her observations. Then he/she will evaluate the confidence of the answer from 20% to 80%.

5.3 Conclusion

Conclusion 1:

If the results from questionnaire and an observation match the household poverty or vulnerability and trust in the answers above 50%, the interviewer should provide Priority Access Card to the family.

Conclusion 2:

If the results from questionnaire and an observation are matched, the household is poor, but the credibility of the answer is only 50% or less or does not match observation rate. The interviewer should try to call a second person who may be a village chief or someone other than a relative of the patient to check for further information in case of unclear information, or skeptical.

At the end of the interview, the interviewer will print out both pass and fail result for thumbprint and signed. This document will be kept by the number of the interview code and each day to be monitored and verified. The interviewer must keep information and other supporting documents, such as a copy of the treatment form, family record book and carnet of residence book by the local authority.

6. Issue Priority Access Card

While the interview, the interviewer will record the answer on the web-based system, then import into the Patients Management Registration System, print the summary of the interview result, which will show the priority access card number with an expiration date. The interviewer will copy the card number from the summary interview results and fill out the information on the Priority Access Card, then stamped by responsible institution who responsible for Post ID interview, and thumbprint by member of household or head of household.

7. Community Verification

The interviewer should conduct household verification where a favorable geographical area or an untrusted response prior to issuing a priority access card. If the family is not poor or vulnerable family and the family is in health facilities, the Health Equity Fund will support them one time and will not continue to support. The interviewer will remove the family from PMRS after he/she discharged from the health facilities as well as provide feedback to the family. In case of doubtful answers or a low score (Level 2), make an appropriate amount of monthly interview results to verify at the community. The responsible officer will take the completed questionnaire to measure and verify at community. In case the family is not poor or vulnerable, the officials in charged will withdrawing the Priority Access Card from Patients Management Registration System (PMRS), and provide feedback to the village or commune chief.

Household Questionnaire Score Guide Sheet

1. Size of House vs Size of household

Select only one based on number of household member	Score
For family which has 1 to 3 members : area $\leq 20\text{m}^2$ For family which has 4 to 6 members : area $\leq 30\text{m}^2$ For family which has 7 to 10 members : area $\leq 40\text{m}^2$ For family which has over 10 members : area $\leq 50\text{m}^2$	8
For family which has 1 to 3 members : $20\text{ m}^2 < \text{area} \leq 30\text{ m}^2$ For family which has 4 to 6 members : $30\text{ m}^2 < \text{area} \leq 40\text{ m}^2$ For family which has 7 to 10 members : $40\text{ m}^2 < \text{area} \leq 55\text{ m}^2$ For family which has over 10 members : $50\text{ m}^2 < \text{area} \leq 65\text{ m}^2$	6
For family which has 1 to 3 members : $30\text{ m}^2 < \text{area} \leq 40\text{ m}^2$ For family which has 4 to 6 members : $40\text{ m}^2 < \text{area} \leq 50\text{ m}^2$ For family which has 7 to 10 members : $55\text{ m}^2 < \text{area} \leq 65\text{ m}^2$ For family which has over 10 members : $65\text{ m}^2 < \text{area} \leq 75\text{ m}^2$	3
For family which has 1 to 3 members : $40\text{ m}^2 < \text{area}$ For family which has 4 to 6 members : $50\text{ m}^2 < \text{area}$ For family which has 7 to 10 members : $65\text{ m}^2 < \text{area}$ For family which has over 10 members : $75\text{ m}^2 < \text{area}$	0

2. Latrine (Pit Latrine/Pour Flush Latrine)

Categories	Score
Do not have accessed to a latrine	4
Have accessed to a shared latrine with other family	2.5
Have accessed to owned latrine	0

3. Overall House Condition

3A Family who live in their own house or live with others family

3A 1 : Type or Condition of Roof (Type of materials were made)

	Score
Thatch, leaves, tarpaulin/plastic, all old/salvaged corrugated iron, old wood, other lightweight materials	6
Mixture of new old/leftover corrugated galvanized iron sheets	4
Tiles, corrugated fibrous cement roofing sheets, concrete, new corrugated galvanized iron sheets	0

3A 2: Type or Condition of exterior Wall (for families with their own house only)

	Score
Palm Leaves, Thatch, Bamboo, No Wall	6
Wood	4
Brick, Cement	0

3A 3 : Overall Household Condition

	Score
Poor	4
Average	2.5
Good	0

3B Family who rent the house Rental Fees (Only house rental family)

	Score
For family which has 1 to 3 members : rent $\leq 20\$$ For family which has 4 to 6 members : rent $\leq 30\$$	16

For family which has 7 to 10 members : rent ≤ 45\$ For family which has over 10 members : rent ≤ 60\$	
For family which has 1 to 3 members : 20\$ < rent ≤ 40\$ For family which has 4 to 6 members : 30\$ < rent ≤ 50\$ For family which has 7 to 10 members : 45\$ < rent ≤ 70\$ For family which has over 10 members : 60\$ < rent ≤ 85\$	11
For family which has 1 to 3 members : 40\$ < rent ≤ 50\$ For family which has 4 to 6 members : 50\$ < rent ≤ 60\$ For family which has 7 to 10 members : 70\$ < rent ≤ 85\$ For family which has over 10 members : 85\$ < rent ≤ 100\$	5
For family which has 1 to 3 members : 50\$ < rent For family which has 4 to 6 members : 60\$ < rent For family which has 7 to 10 members : 85\$ < rent For family which has over 10 members : 100\$ < rent	0

4. Household Possession (Electronic)

	Score
Total value of appliances ranges from 0 to 400,000 Riels	6
Total value of appliances ranges from 404,000 to 800,000 Riels	4
Total value of appliances ranges from 804,000 – 1,200,000 Riels	2
Total value of appliances ranges from 1,204,000 Riels or more	0

5. Electricity Supplies

5A. Family who have electricity network connected to their house

Categories	Score
Household spent less than 15,000 Riels or used less than 20 kwh per month	8
Household spent from 15,100 - 30,000 Riels or used 21 - 49 kwh per month	5
Household spent from 30,100 Riels per month or more or used 50 kwh per month	0

5B. Family who do not connect to the electricity

Categories	Score
Petrol Lamp	8
Batterie or Solar System	5
Own generator	0

6. Household Vehicles

Categories	Score
Total value of vehicles ranges from 0 to 600,000 Riels	6
Total value of vehicles ranges from 604,000 to 1,200,000 Riels	4
Total value of vehicles ranges from 1,204,000 – 2,000,000 Riels	2
Total value of vehicles ranges from 2,004,000 Riels or more	0

7. Household income

7.A. Income generated from Agricultures

7.A.1 Livestock	Score
Don't have any Oxen Buffalo, Pig/goat and or have less than 30 chickens/ducks	6
Have one Ox or two small cows OR Two cows/buffalos raised by family but not owned, and or less than three pigs/goats or less than 50 chickens/ducks	4
Have more than One Ox or 3 small cows, or 3 cows/buffaloes raised by family but not owned, 3 pigs/goats or 50 chickens/ducks	0

	Score
7.A.2A Agricultures land owned by the household	
For family which has 1 to 3 members : land area \leq 0.6 Ha For family which has 4 to 6 members : land area \leq 1 Ha For family which has 7 to 10 members : land area \leq 1.5 Ha For family which has more than 10 members : land area \leq 2 Ha	6
For family which has 1 to 3 members : 0.60 Ha < land area \leq 1.2 Ha For family which has 4 to 6 members : 1.5 ha < land area \leq 2.5 Ha For family which has 7 to 10 members : 1.5 Ha < land area \leq 3 Ha For family which has more than 10 members : 2 ha < land area \leq 3.5 Ha	4
For family which has 1 to 3 members : land area > 1.2 Ha For family which has 4 to 6 members : land area > 2.5 Ha For family which has 7 to 10 members : land area > 3 Ha For family which has more than 10 members : land area > 3.5 Ha	0

7.A.2B Agriculture Land not owned by household (Rental)

	Score
For family which has 1 to 3 members : land area \leq 1Ha For family which has 4 to 6 members : land area \leq 1.5 Ha For family which has 7 to 10 members : land area \leq 2.2 Ha For family which has more than 10 members : land area \leq 3 Ha	6
For family which has 1 to 3 members : 1 Ha < land area \leq 2 Ha For family which has 4 to 6 members : 1.5 Ha < land area \leq 3 Ha For family which has 7 to 10 members : 2.2 Ha < area \leq 4 Ha For family which has more than 10 members : 3 Ha < land area \leq 5 Ha	4
For family which has 1 to 3 members : land area > 2Ha For family which has 4 to 6 members : land area > 3Ha For family which has 7 to 10 members : land area > 4Ha For family which has more than 10 members : land area > 5 Ha	0

7.B.1 Income beside agriculture activity (For Family within agriculture activity)

- Monthly income (average monthly income of each family member)	Score
Less than 40,000 riels	4
Between 40,000 riels and 70,000 riels	2
Between 70,000 riels and 100,000 riels	0
Between 100,000 riels and 125,000 riels	-3
Between 125,000 riels and 150,000 riels	-6
Between 150,000 riels and 175,000 riels	-9
Over 200,000	-12

7.B.2 Income beside agriculture activity (for Family without agricultures activity)

- Monthly income average monthly income of each member	Score
AVERAGE MONTHLY INCOME OF EACH HOUSEHOLD MEMBERS - For Phnom Penh = LESS than 165.000 Riels - For other urban areas = LESS than 138.000 Riels - For rural areas = LESS than 110 000 riels	16
AVERAGE MONTHLY INCOME OF EACH HOUSEHOLD MEMBERS - For Phnom Penh = BETWEEN 165.100 Riels - 336.000 Riels - For Other Urban areas = BETWEEN 138.100 Riels - 231.000 Riels - For rural Area = BETWEEN 110.100 Riels - 180.000 Riels	11
AVERAGE MONTHLY INCOME OF EACH HOUSEHOLD MEMBERS - For Phnom Penh = BETWEEN 336.100 Riels - 400.000 Riels - For Other Urban areas = BETWEEN 231.100 Riels - 300.000 Riels - For rural Area = BETWEEN 180.100 Riels - 230.000 Riels	5
AVERAGE MONTHLY INCOME OF EACH HOUSEHOLD MEMBERS	0

<ul style="list-style-type: none"> - For Phnom Penh = MORE than 400.100 Riels - For Other Urban areas = MORE than 300.100 Riels - For rural Area = MORE than 230.100 Riels 	
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7. C Income Generated by Children (aged under 18 years)

Total working children who have income (age under 18 years)		Total score = Total Children who have income x 2 points	Score of working children
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8. Illness Injury and Disabilities

Severe Illness/ Severe Disability	Score
At least two of household members aged under 65 have completely lost their ability to work (unable to earn an income/unable to learn)	10
One of household members aged under 65 has completely lost the ability to work OR At least two of household members aged under 65 have lost 50% of ability to work OR	7
One of household members aged under 65 has lost 50% of ability to work OR At least one of household members aged over 65 has completely lost the ability to work	4
No member of household aged under 65 has had severe Illness/severe disability OR Members of household aged over 65 have lost 50% of the ability to work	0

9. Family Debt/Loan

Categories	Score
The Family cannot borrow any money from someone even if it is 400,000 Riels The Family has debts of more than 1,200,100 Riels	3
The Family cannot borrow some money from someone even if it is between 400,000 to 800,000 Riels The Family has debts between 600,000 to 1,200,000 Riels	2
The Family doesn't have debts The Family has debts of less than 600,000 Riels	0

10. Education (Check answer in Table B)

Categories	Score
<u>Family who meet one of three criteria below:</u> <ul style="list-style-type: none"> - Head of household or spouse are uneducated or with attended grades 1 to 3 - At least one adult (aged over 16) has attended grades 1 to 3 - At least two children (aged under 16 years) are uneducated or drop out from school 	4
<u>Family who meet one of three criteria below:</u> <ul style="list-style-type: none"> - Head of household spouse are uneducated or have joint grade 4 to 6 - At least one adult (aged over 16) has attended grades 4 to 6 - At least a child (aged under 16) is uneducated or drop out from school 	2.5
Family who do not meet any of the criteria above	0

11. Working Age (Age Between 16 to 65)

Working age / total number of members of household	Score
Result $\leq 0,33$	4
$0,33 < \text{Result} < 0,66$	2.5
$0,66 \leq \text{Result} \geq 0$	0