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EXPERT RESEARCH STUDY ON THE CURRENT STATE SITUATION AND NEEDS IN THE HEALTH SECTOR IN CAMBODIA WITH THE FOCUS ON MOTHER AND CHILD CARE

VYPRACOVÁNÍ ODBORNÉ STUDIE ZAMĚŘENÉ NA ANALÝZU POTŘEB V SEKTORU ZDRAVOTNICTVÍ V KAMBODŽI SE ZAMĚŘENÍM NA OBLAST PÉČE O MATKU A DÍTĚ

Country: Cambodia

NOVEMBER

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This Report has been commissioned by the Czech Development Agency (CzDA). The views and opinions are those of the consultants and do not necessarily reflect the views and opinions of the CzDA.

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Abbreviations

ADB	Asian Development Bank
AFH	Action for Health
AOP	Annual Operational Plan
BEmONC	Basic Emergency Obstetric & Newborn Care
BFH	Baddish for Health
BMZ	German Federal Ministry for Economic Cooperation and Development
CARD	Council for Agricultural and Rural Development
CBHI	Community based Health Insurance
CC	Commune Council
CD	Communicable Disease(s)
CRDB/CDC	Council for the Development of Cambodia
CRVS	Civil registration and Vital Statistics
CzDA	Czech Development Agency
CEmoNC	Comprehensive Emergency Obstetric & Newborn Care
CMC	Cambodia Midwives Council
CPA	Complementary Package of Activities
DA	Department of Administration
DfAT	Department of Foreign Affairs and Trade of the Australian Government
DF	Department of Finance
DHS	Cambodia Demographic and Health Survey 2014, National Institute of Statistics, Ministry of Planning, Directorate General for Health, Ministry of Health, Phnom Penh, Cambodia, The DHS Program ICF International Rockville, Maryland, USA, September 2015
DoPM	Department of Preventive Medicine
DP	Development Partners
DPHI	Department of Planning and Health Information
DRH	District Referral Hospital
ECD	Early childhood development
EMONC	Emergency Obstetric & Newborn Care
FHD	Family Health Development
HC	Health Centre
HCMC	Health Centre Management Committee
HCP	Health Coverage Plan
HEF	Health Equity Fund
H- EQIP	Health Equity and Quality Improvement Programme
HSP3	3rd Health Sector Strategy
HSS	Health System Strengthening
IAD	Internal Audit Department
ID	International Department
IECD	Integrated Early Childhood Development
IMCI	Integrated Management of Childhood Illnesses
JICA	Japan International Cooperation Agency - JICA
KC	Kampong Chnang
KFW	German Development Bank
KOICA	Korea International Cooperation Agency
LB	Lifebirths
MCH	Maternal and Child Health
MEF	Ministry of Economy and Finance
MDG	Millennium Development Goal
MNPs	Multiple Micronutrient Powders
MoCS	Ministry of Civil Service
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice

MoND	Ministry of National Defence
MoP	Ministry of Planning
MSGs	Mother-Support Groups
MoI	Ministry of Interior
MOLISA	Ministry of Labour,
MoLVT	Ministry of Labor and Vocational Training
MoP	Ministry of Planning
MoSAVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MPA	Minimum Package of Activities
NCD+	Non-Communicable Disease(s)
NGO	Non-Governmental Organisation
NQEMT	National Quality Enhancement Monitoring Tools
NSPC	National Social Protection Council
NSPPF	National Social Protection Policy Framework 2016 -2025, the Royal Government of Cambodia, March 2017
NSSF	National Social Security Fund
OD(O)	Operational (Health) District (Office)
PHD(O)	Provincial Health Department (Office)
PIN	People in Need
PP	Phnom Penh
PRH	Provincial Referral Hospital
QAO	Quality Assurance Office
RACHA	Reproductive and Child Health Alliance
RGoC	Royal Government of Cambodia
RH	Referral Hospital
RHAC	Reproductive Health Association of Cambodia
RMNCHN	Reproductive Maternal New-born Child Health and Nutrition
RMNH	Reproductive, Maternal and Neonatal Health
SHIC	Social Health Insurance Committee
SHPA	Social Health Protection Association
SHPP	National Social Security Fund
SPPF	National Social Protection Policy Framework
SWOT	Strengths, weaknesses, opportunities, threats
TWGH	Technical Working Group Health
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC	University of Research Company
USAID	United States Agency for International Development
USD	United States Dollars
VHSG	Village Health Support Group
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

SUMMARY

A study was undertaken in the period October - November 2017 for the Czech Development Agency (CzDA) as a reference document for the design and formulation for the next funding period in the health sector of the Kingdom of Cambodia.

The CzDA provided a framework for which a pointed situational analysis was requested in view of feasibility and viability for a period of five years. This framework contained:

- A programmatic focus on Mother and Child Health (MCH), prevention of chronic malnutrition and health insurance
- A geographic focus on the province Kampong Chhnang
- Birth certificate: support to the systematic registration of all new born
- Vulnerable groups (ethnic minorities)
- The probable annual budget was estimated with 500 000 Euro per year.

The study team followed a typical methodology for a study of this nature. It comprised a desk review (Terms of Reference of the study, related policies, strategies, guidelines of the Royal Government of Cambodia (RGoC), donor and project strategies, plans and reports; reports, plans of Non-Governmental Organisations (NGOs), related research papers), key informant interviews in Phnom Penh (PP) (Ministry of Health (MoH), German International Cooperation (GIZ) and GFA - Social health protection project, Muskoka, Musefo -, AFH, CHC, FHD, World Vision, UNFPA, UNICEF) and visits to the province for direct observations, interviews (Kampong Chhnang (KC) Provincial Health Department (PHD), Provincial Referral Hospital (PRH), Provincial Birth Certificates Bureau, Operational Districts (OD) Boribo and Kampong Tralach, District Referral Hospitals (DRH) and visits to Health Centres (HC). Group discussions were held with HC staff and members of community support groups (Health Centre Management Committee (HCMC) and Village Health Support Group (VHSG).

The document provides relevant background information on related governmental and development partners' (DP) policies and strategies, on the evolution of maternal and child health including malnutrition, the province KC, supply side health financing mechanisms, and birth certificate procedures. An overview is included on the main actors in the health sector in Kampong Chhnang.

Key points are the remarkable progress in the reduction of maternal mortality ratio and infant mortality rate over the last decades. In this light, additional funding might rather have an impact on neonatal mortality, which makes more than 52% of all causes of infant mortality, than on further reduction of maternal mortality. However, further progress will only be evidenced in the reduction of mortalities over a longer period beyond the envisioned funding period. Proxy indicators will have to be applied to evidence progress. Similar reasoning is valid for the reduction of (chronic) malnutrition. Cooking and feeding habits and limited knowledge about nutritious food items (type, frequency and diversity of food) appear to be the main causes of inadequate food intake, less so poverty as a direct cause. Striking is also the access and use of sanitation and water. While access to clean water appears less of an issue, it is more the use of it at household level – hand-washing after defecation, before cooking and eating is subject to awareness and behaviour change, i.e. work on community level. Only around 50% of the population has access to proper sanitation, which needs to be addressed through community-involving increase of latrines and the use of them.

Work on community level is a priority for the increase of awareness, knowledge, and eventually aptitude and behaviour change in nutrition and recognising danger signs in pregnancies and pre-delivery, nutritious food items and the use of them for regular diversity and enriched food while also prevention of chronic diseases (diabetes and hypertension), water and sanitation.

Kampong Chhnang does not inhabit indigenous ethnic minorities, however two specific vulnerable groups are identified:

- Around 60000 people live on boats, depend largely on fishing and are exposed to even more difficult environmental conditions, while the supply side responded with five, also floating, health centres. Especially sanitation habits are presenting a major risk factor.
- A second, though with other characteristics, vulnerable group are the, mainly female, textile factory workers. No reliably accurate figure could be obtained on the currently employed workers. Factors impacting negatively on the health of the factory workers and consequently on their children during pregnancy and during the first 1000 days of life include overly long and mostly standing working hours and over time, the low wages, and distance from home to work. In consequence women tend to eat poorly, are too tired to cook and go to sleep without dinner. Children, also at breast feeding age, are left with the grandmothers, who themselves have no/limited knowledge about health and nutrition and are more difficult to reach to modify their habits.

During the recent years some innovative methods were introduced also in reaching the communities. NGOs activities are usually going through the existing community structures, such as the Health Centre Management Committee (HCMC) and the Village Health Support Group (VHSG) with active participation of community, village and commune members. "People in Need" (PIN) commenced with an innovative approach to reach women through voice messages, reminding on preventative services in the health centres and sending health and nutrition related educative messages. Receivers have to be registered and have to pay monthly a small, symbolic, fee, which seems to stimulate their interest and cooperation. While it is too early to see effects on impact level, the interest and participation appear encouraging.

Demand side health financing schemes are looked at. Community based health insurance (CBHI) initiatives were not sustained, because the NGOs could not sustain their overhead costs after their dual role during the past Health Sector Strategy, when the NGOs functioned also as "Health Equity Fund Operator" through which they covered their overhead costs. Since this role has changed and reduced the scope of work, the overheads are not covered and could not be maintained through the CBHI because it would increase the premiums to a level un-payable by the insurance card holders. The further roll out of the institutional social and health protection schemes is a larger and slow undertaking, with target groups such as civil servants and private sector formal employees.

Based on the framework of CDA and the current situational analysis the study team made a SWOT analysis on the interventions which would respond to the framework given by the CDA for the study. The SWOT aims to provide a reference for further decisions by the CDA and includes the priority areas of:

- Programmes of neonatal care and non-communicable diseases
- Health financing schemes (social and health insurance and community health insurance)
- Human resource capacity building/ training /coaching as cross cutting key element in the other priority areas
- Community work in nutrition, water/WASH
- Infrastructure divided in upgrading, rehabilitation, small new works and equipment
- Birth certificates

INTRODUCTION

The Czech Development Agency (CzDA), the contracting authority, is participating in developing the bilateral development cooperation programme between the Czech Republic and Cambodia for the period 2018 – 2023. The emphasis of the cooperation is inclusive social development, which will amongst others focus on the support to the healthcare sector with specific emphasis in the area of mother and child health care (MCH).

To design projects effectively within the defined time frame, an initial study is required to analyse the current situation of the Cambodian healthcare. For this reason the study was commissioned and aims at providing the contracting authority with an overview on priority health needs of communities, focusing on MCH, child malnutrition, health insurance and vital registration as birth certificates as well as the set up and operations of the health care system in Cambodia.

Cambodia comes from a deeply traumatic history. During the Khmer Rouge period all social sectors were destroyed and the majority of educated professionals were killed or had fled the country. Thereafter during the past 2 decades (since the Paris Peace Agreement in 1991) the country has successfully re-established peace and stability in the past two decades and national elections were held in 1993, 1998, 2003, 2008, 2013.

According to the human development report 2014 the per capita income was in 2013 USD 1,036 (136 out of the 187 countries on the human development index). Cambodia is predominantly an agricultural country with a total land area of 181,035 square kilometers.

In 2016 the Ministry of Planning (MoP) estimated the total population to be 15.45 Million. 80.5 percent of the population lives in rural areas, the population density is 75 per square kilometer while 1.3 million inhabitants reside in Phnom Penh. The average household size is 4.7 and the total male to female sex ratio is 94.7. The literacy rate among male adults is 84 percent and among females 76 percent. Currently, it is estimated that the percentage of the total population living below the poverty line fell to 19.8 percent in 2011 (MOP, 2012).

Objectives of the Study[1]

The objective of this study was to provide analyses of the current status of the communities' needs as related to MCH in Cambodia as well as of the health care delivery system.

As requested by CzDA, the report is structured following strictly the points listed in the TORs and is divided into two main parts:

Part I consists of:

- Policies, Regulations and Programmes focusing on Mothers and Childcare and Child Malnutrition
- Background information and Primary Data on MCH
- System of Setting up and Functioning of Social and Health Insurance
- Access to a Health Care Facility for Vulnerable groups, Children and Orphans and for Ethnic Minorities
- Operation and the Role of Individual Health Facilities (Health Center, Referral Hospital) in the Area of Mother and Childcare and Child Malnutrition in the province of the study focus: Kampong Chhnang

Part II covers:

- Needs of Local Communities in the Area of Mother and Childcare
- Stakeholders Analysis
- Priorities and Options for the Use of the CDA Funds

[1] See Terms of References annexed to this report, Annex 6

Methodology

The research study was based on a comprehensive review of relevant Governmental documents including statistics, policies, strategies and programmes of the Ministry of Health (MoH), Ministry of Planning (MoP) and the Ministry of Interior (MoI) of the Royal Government of Cambodia (RGoC) and other relevant actors. In addition, the team also reviewed reports of donors and international organisations. The documents review was complemented by field visits and data gathered during the key informants (KI) interviews, focus group discussion (FGD) and observations from Phnom Penh and Kampong Chhnang Province. In order to not raise false expectations from the potential beneficiaries of CzDA support and in order to avoid duplication of questions used during formulation, the study does not outline detailed specifics on exact equipment and infrastructure but rather outlines possible areas for interventions. The interventions are analysed using SWOT analysis and take into account the possible integration of other desired sectors for intervention, namely WASH and Education.

Principles

The study team adhered to basic principles:

- Needs based:
  The study is based on available data, triangulated with information collected directly from and with communities, as well as health services providers, respectively their managers
- Making a difference:
  The proposed options aim at interventions with a likelihood to make a concrete difference for families in the supported communities
- Gaps and complementarily
  Emphasis is given to avoid overlaps and duplication and rather identify gaps in order to identify interventions, complementary to already existing support.
- Consensus
  The study team aims at a joined understanding and agreement between the health authorities on national, provincial and OD level, development partners and the CDA on the needs as well the options for interventions.

Steps

The study process was carried through the following phases:

1. **Desk review** (policy, strategy and implementation documents of public sector, NGOs, UN agencies, donors)
   - see annexed list of documents consulted
2. The desk review was accompanied by **initial meetings** by the team member based in Phnom Penh at National, Provincial and OD level:
   - Director of AFH, CHC, FHD director on social health insurance project
   - Director of Provincial Health Department of Kampong Chhnang
   - Chief of the technical bureau and chief of maternal and child health in the Provincial Health Department (PHD) of Kampong Chhnang
   - Director of the OD – Boribo
   - Director of the District Referral Hospital (DRH) (CPA1)
   - Director of the DRH –Kampong Tralach
   - Director of the OD Kampong Tralach
   - Health center (Trapaing Chan) chief, midwives, staff
   - Health center Long Vek, chief and midwives
   - HCMC/VHSG members
3. The entire team was **in country** between the 16th and the 24th November. The purpose of the stay was to:

1. Detail further the identified needs within the given framework of the CzDA.
2. Identify and describe the implementation options for CzDA and the most suitable modalities.
3. Approach the above points aiming at a consensus between the various beneficiaries, the administration and CzDA. The team understand its role as technical advisor, facilitating the engagement.

For this purpose further key informant interviews and group discussions were held:

- **Interviews and meetings on national level included**
  - MoP
  - MoH insurance
  - MCH director or Nutrition director
  - NGOs which were implementing a health insurance scheme (CHC, FHD, AFH)
  - UNFPA, UNICEF
  - GIZ for health insurance, nutrition and M GIZ Social health protection project, project, GIZ/GFA Muskoka (maternal health), GIZ/GFA multi-sectoral food and nutrition security project
  - World Vision, technical lead for nutrition, health and WASH
- **In Kampong Chhnang province**
  Locations (health centres, hospitals) which were expected to receive support in infrastructure and procurement. Community agents/focus group discussions with Health Centre Management Committee (HCMC) and Village Health Support Group (VHSG) members with four agenda points:
  1. Clarification on the purpose of the meeting: it is not to give any promise, but to help the donor and us to understand better the situation and needs.
  2. What is the understanding about maternal health, where are problems, what works well, where are the difficulties, what can be done about it by the communities and how can the donor support? - not as a wish list, but to tell us why and how support could work.
  3. Same as point 2 about child health and nutrition.
  4. What does the community know about Health Insurance, what are the expectations, what can the communities do? What and HOW can a donor support?

Limitations

The main limitation derived from the lack of accurate, more recent data, the absence of potential key informants of the MoH and some NGOs active in MCH and/or nutrition, even though not in KC. However, these limitations are not unusual in this setting and present rather the nature of this type of work. The team found alternative sources of information to describe the situation fairly. The study team also believes to have overcome the language barriers by flexibly adjusting to situations and worked out translation and interpretation capacities within the team.

Workplan

TABLE 1: WORKPLAN FOR THE FIELD STUDY

Date	Time	Baseline data collection	Person met
24-10-2017	9:00 - 10:00	AFH director on social health insurance project	Dr. Long Leng
25-10-2017	10:00 - 11:30	Director of Provincial Health Department of Kampong Chhnang	Dr. Prak Vun
25-10-2017	14:00 - 15:30	Chief of the technical bureau of Provincial Health Department of Kampong Chhnang	Dr. Ker Chanthearith
26-10-2017	9:30 - 11:30	Director of the Operational District – Boribo (CPA1)	Dr. Chhun Buntha
26-10-2017	14:00 - 15:30	Director of the District Referral Hospital (CPA1)	Dr. Seung Samnang
27-10-2017	9:00 - 11:00	Director of DRH –Kampong Tralach	Mr. Mom Sieng Heng
27-10-2017	14:00 - 15:30	Director of Operational District Kampong Tralach	Mr. Chuon Sokhum
30-10-2017	9:00 - 10: 30	HCMC/VHSG members	FGD with members
16-11-2017	10:00 - 11:30	CHC (Insurance NGO)	Mr. Mr. Heng Bunsieth
16-11-2017	14:00 - 15:00	Action for Health	Dr. Long Leng Mr. Yang Sopheap
16-11-2017	15:30 - 17:00	FHD	Mrs. Kunthea Mr. Chhon Hok
16-11-2017	10:00 - 11:30	CHC (Insurance NGO)	Mr. Mr. Heng Bunsieth,
17-11-2017	9:30 - 12:00	GIZ Social Health Insurance	Mr. Bern Mr. Kelvin Mr. Jacob
17-11-2017	14:00 – 15:30	GFA MCH Project	Dr. Mary Mohan
18-11-2017	11:00 - 12:00	GFA Nutrition	Dr. Wolfgang Weber
19-11-2017	14:30	Travel to Kampong Chhnang	
20-11-2017	8:30 - 10:30	Provincial Health Department	Dr. Prak Vun Mr. Ker Chanthearith
20-11-2017	11:00 - 12:00	Provincial Referral Hospital	Dr,Karavuthy Dr.Meas Duthy Dr. Sok Kong Medical Assistant –Yim Phalla MW. Kang Morann
20-11-2017	14:00 - 16:00	Provincial Bureau of Birth Certificate	Mr. Un Sopheap
21-11-2017	9:00 - 12:00	Operational district and referral hospital Boribo	Dr. Chhun Buntha Dr. Seung Samnang
21-11-2017	14:00 - 15:00	Group discussion with health centre Trapaing Chan Group discussion with HCMC/VHSG member	Mrs. Prak Sovanna, HC deputy Mrs. Khuth Vanthun Mr. Ek Sameoun

Date	Time	Baseline data collection	Person met
			Mrs. Porn Kim
22-11-2017	9:00 - 12:00	Operational district and referral hospital Kampong Tralach	Mr. Chuon Sokhun Dr. Ke Vanna, Dr. Pok Phalla Dr. Bunna Line
22-11-2017	13:00 - 15:00	Health center Long Vek, HCMC and VHSG members	
22-11-2017	9:30 - 11:00	World Vision Nutrition Project	Dr. David Raminashvili
22-11-2017	14:30 - 15:30	UNICEF (nutrition)	Dr. Arnaud Laillou

Outline of the report

The report chapters are structured according to the topics in the ToR, divided into 7 chapters. Part I covering chapter 1 – 5 and Part II consisting of chapter 6 to 8.

Part I

Chapter 1 serves as an introduction to the health sector of Royal Government of Cambodia, outlining the structure of the health system in Cambodia, listing the main health policies and regulations and presenting an overview of international and local NGOs active in health sector in Cambodia and then in Kampong Chhnang.

Chapter 2 describes and analyses the status of maternal and child healthcare in Cambodia. Although as pointed out the last RGoC survey was held in 2014 and the new one is planned for the year 2018. The study collected and used the most recent data where possible.

Chapter 3 is then fully dedicated to analyses of the social and health insurance, the new developments in this area as well as the available results from past interventions and lessons learned.

Chapter 4 describes the aspects around obtaining birth certificates and the impact of lack of such.

Chapter 5 is further elaboration on some aspects introduced in Chapter 1, specifically the various roles public health facilities have, and the requirements set by the MOH which must be fulfilled by the health facilities.

Part II

Chapter 6 leads into the needs of local communities in Kampong Chhnang, which was established by the CzDA as the province of focus of this study. Kampong Chhnang is then analysed in terms of needs in MCH, situation of the health facilities, health insurance and birth certificate.

Chapter 7 is fully dedicated to analyses of the stakeholders in health sector in Cambodia. Again, this chapter draws upon the introduction made in chapter 1 of the various interventions and international and local actors active in health system.

Chapter 8 then offers a brief conclusion on the main findings in the report and provides the recommendations for possible interventions of the Czech Development Agency. Those are presented through a SWOT analyses and where possible indicate a link to education or WASH sector. The intentions are not that all interventions are meant to be implemented, but rather offer alternatives as a base, according to the preferences of CzDA and available total funds. Included are also insurance interventions because of the expressed interest of CzDA, however these are not recommended because of the unlikely financial sustainability beyond the funding period.

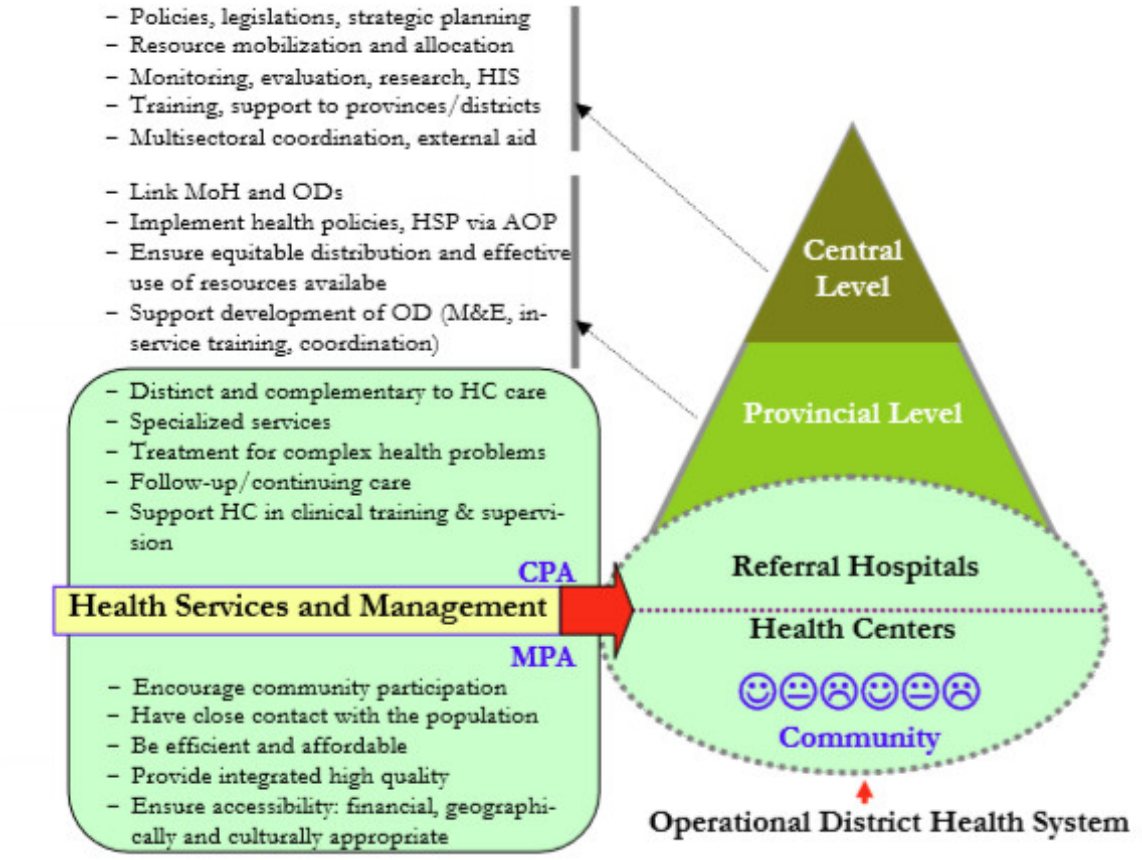
PART I

1 LEGISLATIVE REGULATIONS AND PROGRAMMES FOCUSING ON MOTHERS AND CHILDCARE AND CHILD MALNUTRITION

1.1 Overview of the basic functions of the Ministry of Health in Cambodia

The MOH has implemented a health sector reform since 1994. The main objective of the reform was "*to improve and extend primary health care through the implementation of a district-based health system approach*". The health sector reform changed from administrative-based health service delivery to the population and accessibility-based health system organization. As a consequence, the current Cambodian health system is organized into three levels: central, provincial and operational district level (as depicted in Figure 1) and roles and functions of each level are clearly defined. The organisational structure and responsibilities of the key health actors are outlined, this is then further supported by the MoH organogram in Chapter 7 where the various lines of reporting are pointed out.

FIGURE 1: HEALTH SYSTEM ORGANISATION[2]



The Health Coverage Plan (HCP) is a framework for developing the health system infrastructure, based on a combination of population and geographical criteria, taking into account quality of care and availability of resources. It aims to:[3]

[2] MOH website

[3] Health Coverage Plan 2010, Abbreviations: TWGH = Technical Working Group Health, RMNCHN = Reproductive, Maternal, Neonatal and Child Health and Nutrition; CD = Communicable Diseases; NCD+= Non-Communicable Diseases; HSS=Health System Strengthening; PHD= Provincial Health Department, OD= Operational District, PRH= Provincial Referral Hospital, DRH = District Referral Hospital, HC = Health Center, HCMC= Health Centre

- Develop health services by defining criteria for location of health facilities and their catchment areas;
- Allocate financial and human resources in equitable way with improved efficiencies
- Ensure that population health needs are met in an equitable way through coverage of the whole population
- Define health policy
- Develop planning and strategy for the health sector
- Develop regulations/guidelines to maximize the quality of health services in the public and private sectors
- Monitor, control and evaluate the administrative and technical work of
- institutes subordinate to the MoH
- Research how to develop the health sector
- Manage resources (human, material, financial, and information) at central, provincial, municipal, district, khan and C/S level
- Organize preventive programs and nursing care to decrease the incidence of disease
- Coordinate other resources
- Oversee production, trade and distribution of drugs, medical equipment and paramedical equipment in all public and private health facilities
- Control food safety

1.2 Related and Relevant Legislative Regulation

In this section major health and nutrition policies and their development/reform are briefly introduced. To the main ones belong the implementation of the two Health Strategic Plans for the years 2003 – 2007 and 2008 – 2015 and the current, third for the period 2016 – 2020. In general, the goals of the reform are to improve the service delivery, financing, human resources and system governance.

1.2.1 Maternal Health policies and programme inputs[4]

- 1995: Birth spacing policy
- 1996: Health coverage plan
- 1996 – 2006: Health workforce development plan
- 1997: Safe motherhood policy
- 1997: Legislation on abortion
- 2006: Comprehensive midwifery review
- 2006-2010, 2013-2016: National reproductive and sexual health strategies
- 2007: High level midwifery taskforce
- 2007 Midwife salary scale increased
- 2007: Prakas – Government delivery incentive scheme
- 2008: Midwifery training – three year direct entry
- 2008-2009: EmONC and delivery care quality assessments
- 2009: ANC behaviour change campaign
- 2010-2015: Fast Track Initiative - road map for reducing maternal and newborn mortality
- 2016-2020: Fast Track Initiative - road map for reducing maternal and newborn mortality
- 2017-2020: National Strategy for Reproductive and Sexual Health in Cambodia Phnom Penh
- 2010-2015: EmONC improvement plan
- 2016-2020: EmONC improvement plan

1.2.2 Child health Policies and Programme inputs[5]

- 1990 – onwards: Immunisation policies and plans
- 1994, 1996 and ongoing Vitamin A policies - vitamin A linked with routine immunisation (1996)
- 1996: Health coverage plan

Management Committee, CC= Community Council, VHSG= Village Health Support Group, MSG= Mother Support Group, DPHI=Department of Planning and Health Information; DF= Department of Finance; DA= Department of Administration; DoPM= Department of Preventive Medicine

[4] "Success factors for women's and children's health: Cambodia", Ministry of Health, Cambodia 2015

[5] Ibid.

- 1996-2006 and ongoing: Health workforce development plan
- 1997: National policy on ARI/CDD and cholera control
- 1997: National malaria and dengue control programmes
- 1998: Policy & guidelines on Integrated Management of Childhood Illnesses (IMCI) in health centres
- 2002, 2008 National policy on infant & young child feeding
- 2003-2007: Cambodia nutrition investment plan
- 2003-2008: Health strategic plan
- 2004: Child survival benchmark review and high level consultation
- 2004: Child survival steering committee and management committee - child survival scorecard - exclusive breastfeeding campaign
- 2005: Sub-decree 133 on marketing of products for infant & young child feeding
- 2006-2015: Child survival strategy
- 2016-2020: Child survival strategy
- 2008-2012: The strategic framework for food security & nutrition
- 2008-2015: Health strategic plan
- 2016-2020: Health strategic plan
- 2009-2015: The national nutrition strategy
- 2016-2020: The national nutrition strategy
- 2010-2015: Fast Track Initiative / road map for reducing maternal and newborn mortality
- 2016-2020: Fast Track Initiative / road map for reducing maternal and newborn mortality

1.2.3 Nutrition Policies and Strategies

- 2001: Interim guidelines on management of acute malnutrition
- 2008-2012: Strategic framework for food security and nutrition in Cambodia (SFFSN) 2008
- 2009-2015: National nutrition strategy 2009
- 2010-2013: National communication strategy to promote the use of iron/folic acid supplementation for pregnant and post partum women
- 2011-2013: COMBI- campaign to promote complementary feeding in Cambodia
- 2011-2013: National communication strategy for promotion of Vit A in Cambodia 2011
- 2011: National guidelines/policy on micronutrient supplementation to prevent and control micronutrient deficiency in Cambodia
- 2016-2020: National nutrition strategy 2016

The cooperation on the MCH topics are mainly done among the Ministry of Health and the Ministry of Education which has introduced the reproductive sexual health and right into its curricula for grade 5th, 6th ,7th ,8th, 10th and 11th. The School Health Department of the Ministry of Education has also supported the hygiene and sanitation for primary school children. Other ministries contributing to MCH are the Ministry of Agriculture, Forestry and Fisheries with their focus on nutrition, the Ministry of Interior responsible for the birth certificates, and the Ministry of Planning which is in charge of the ID poor system.

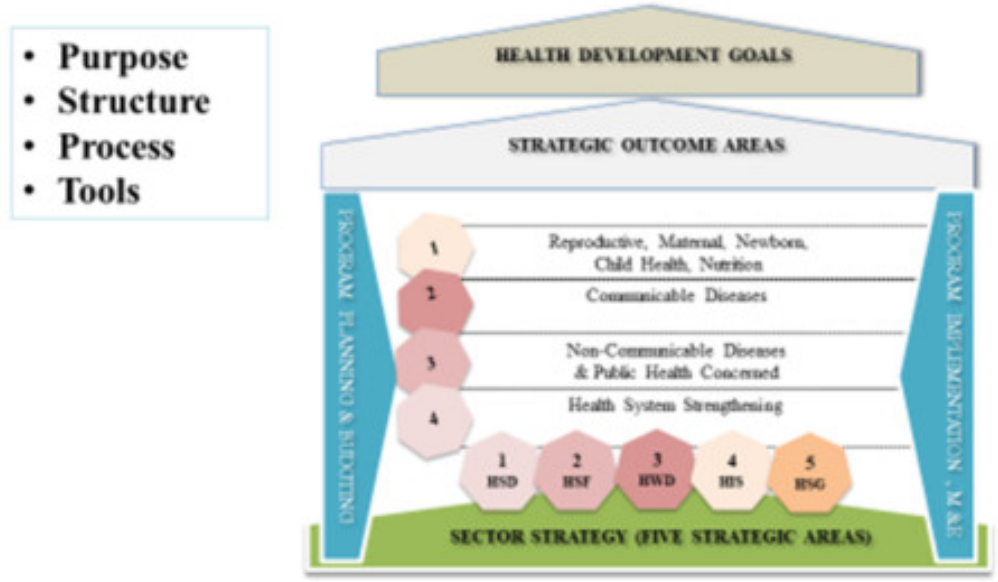
1.3 Overview of Governmental Programme priorities and strategies for MCH

1.3.1 Priorities of the GoC in Mother and Child Care

The MoH is solely responsible for the organisation and delivery of the public sector health services. The Directorate General for Health oversees health service delivery through 25 MoH Provincial Health Departments (PHDs) comprising 81 health Operational Districts (ODs), distributed according to population. Each PHD operates a provincial hospital and governs ODs. Each OD covers 100 000–200 000 people with a Referral Hospital delivering a Complementary Package of Activities (CPA), mainly secondary care, and a number of Health Centres. Health Centres cover 10 000–20 000 people and provide a Minimum Package of Activities (MPA), consisting mainly of preventive and basic curative services. Less formal Health Posts are located in remote areas.

Below, Figure 2 illustrates the Core Priorities of the Ministry of Health in the Current Health Strategic Plan:

FIGURE 2: OPERATIONAL FRAMEWORK HSP[6]



Maternal and Child Health is a core priority in the Health Sector Strategy 3 Framework. The MoH issued policies[7] which are enabling effective progress in Reproductive, Maternal and Neonatal Health (RMNH). They include promotion of institutional delivery, financial incentive for each live birth in a public health facility and a reasonable midwifery staffing standard for facilities (including at least two secondary midwives per health centre). Table 2 summarises the changes in selected indicators between 2008 and end 2014. It also identifies gaps in data collection due to insufficient quality of recording.

The Cambodia Health Strategies respond to specific health needs of the population in MCH Care:

- Support of the infrastructure, equipment and materials to improve the quality of maternal and child/neonate services
  - Operation theater, delivery room, neonate room as well as some necessary equipment, materials at the provincial referral hospital and district referral hospitals and some health centers
  - Upgrading EmONC facilities (Emergency of obstetric and neonatal care)
- Quality/ skills and capacity building of medical staff in MCH
  - Upgrading skills in delivery care, neonate emergency care and post-delivery care

[6] The third Health Strategic Plan 2016-2020 (HSP3), "Quality, Effective and Equitable Health Services", Department of Planning & Health Information, May 2016
[7] Emergency obstetric & newborn care (EMONC) improvement plan 2016 – 2020; MoH, June 2016

    - Upgrading skills in birth spacing education, nutrition/malnutrition, prevention of severe disease among children
    - Providing trainings on child nutrition, prevention and treatment of child diseases, neonate emergency care, breast-feeding, obstetric/delivery care.
    - Skill-coaching and monitoring related to MCH.
- Strengthen midwifery skills through competency-based training in breastfeeding, proper nutrition, emergency obstetric and neonatal care and through expanding opportunities for practice and on-site coaching especially at health centres or referral hospitals to
    - Improve quality and quantity of ante-natal care
    - Improve quality of intra-partum/delivery care
    - Improve quality and quantity of post-natal care
    - Reinforce early initiation of exclusive breastfeeding
    - Increase coverage and quality of safe abortion services
    - Improve appropriate new-born care practices
- Behavioural change and communication promotion for both health providers and villagers at the community level for MCH through the village health support groups (VHSGs) and Mother-Support Groups (MSG).
    - Strengthening the network between community and health services (community mothers, VHSGs, MSGs)
    - Promoting community health awareness and health education activity
    - Mothers/child emergency referral of MCH problems to public services
    - Capacity building of the commune council members (HCMC) to promote birth certificate especially among poor households
    - Capacity building of the community agents (VHSGs, MSGs) - Kampong Chhnang does not receive support
    - Screening for child malnutrition (underweight/stunting children) and health education
    - Conducting community need assessment in regard to maternal, child care and nutrition
    - Design a special community BCC tool to implement the MCH and nutrition intervention.
    - Increasing quality, availability and accessibility of FP services
- Support of Social Health Protection for the poor households to use MCH services.
- Remove financial barriers to access health services - The full package of reproductive, maternal and newborn health services should be included in benefit packages of Health Equity Funds and national health insurance.

Progress in **EmONC** to date has been strongest in terms of expanding coverage of Comprehensive EmONC care (CEmoNC)8. By early 2015, Cambodia had exceeded international standards for CEmONC coverage and the number of functional Basic EmONC (BEmONC) facilities have also expanded, even though to a lower degree. Between 2009 and 2015, the number of CEmONC facilities increased from 25-37 and the number of BEmONC from 19 to 110, but only 28 of those upgraded BEmONC facilities were found to be fully functional.

TABLE 2: SUMMARY OF MAIN PROGRESS IN EMONC BETWEEN 2008 AND 2014

(in *italic* less reliable data)

Domain/Indicator	Baseline 2008	Progress 2014	Remarks
Number of functional EmONC facilities (defined as 3 months performance of all signal functions) Number of EmONC facilities recommended for upgrade	44, out of 143 recommended EF, out of a total of 347 assessed (incl. 40 private) 99 recommended for upgrade	63, out of a total 178 assessed (no private) 115 recommended for upgrade	Applying the extended definition of 7 and 9 signal functions performed in the last 12 months improves the figures and shows missing signal functions
Density of functional EmONC facilities, per 500,000 population	1.64	2.3511	Expectation: at least 5
Density of functional CEmONC facilities, per 500,000 population	0.93	1.31	Expectation: 1.0 (met in 2014)
Geographic distribution of EmONC	5 provinces had none	1 province had	Depending on size of

[8] Emergency obstetric & newborn care (EMONC) improvement plan 2016 – 2020; MoH; June 2016

facilities		none (Kep)	population. USE MAPS
Proportion of births in functional EmONC facilities	11.4%	23.5%	Should be minimum 15% but can go up to 100% (optimal)
Proportion of births in all EmONC facilities	17.8%	35.0%	same
Met need for obstetric complications in functional EmONC facilities	*12.7%*	*23.6%*	*Indictor not built on reliable definitions of DOC (Direct Obstetric Complications)*
Met need for obstetric complications in all EmONC facilities	*14.5%*	*30.0%*	*same*
Proportion of births by Cesarean section (in CEmONC facilities)	1.3%	3.9% (22.6% in Phnom Penh)	
Direct Obstetric Case Fatality Rates in functional EmONC facilities	*0.75%*	*0.19%*	*Indictor not built on reliable definitions of DOC (Direct Obstetric Complications)*
Direct Obstetric Case Fatality Rates in all EmONC facilities	*0.74%*	*0.16%*	*same*
Intra Partum mortality rates	*1.2%*	*1.53%*	*Indicator not built on reliable definitions of intrapartum stillbirths and very early newborn deaths*
Proportion of Indirect Obstetric complications	*29.0%*	*16.7%*	*Indicator not built on reliable definitions of Direct and Indirect OC Obstetric Complications*
Number of maternal complications referred OUT of EmONC facilities to higher level in one year	2545	5512	Causes: hemorrhage, obstructed labour, Pre/eclampsia, preterm, anemia, others
Number of maternal complications referred INTO EmONC facilities from lower level in one year	2135	5274	Missing the causes of referral
Number of newborn complications referred OUT of EmONC facilities to higher level	258	336	Causes: low birth weight, prematurity, respiratory problems, sepsis, jaundice, others
Number of newborn complications referred INTO EmONC facilities from lower level in one year	0	993	Missing the causes of referral
% of functional EmONC facilities with 2 or more secondary midwives	84%	98%	
% of non-functional EmONC facilities with 2 or more secondary midwives	45%	74%	
% of midwives trained in	34%	86%	
administering MgSO4 for pre/Eclampsia			
and performed this signal function in last 3 months	(12%)	(30%)	

*Emergency obstetric & newborn care (EMONC)
**Comprehensive obstetric & newborn care (CEmONC)

The **National Nutrition Programme**[9] contains four components with key elements in each of them.

[9] Nutrition status and nutrition, intervention in Cambodia, National Maternal and Child, Health Center

BOX 1: NATIONAL NUTRITION PROGRAMME

- **Micronutrient Interventions Programme**
  - Anaemia Prevention and Control Program
  - (WIFA, IFA)
  - Multiple Micronutrient Powder Supplementation Programme
  - National Vit A Program
  - National Iodized deficiency Disorder
- **Infant and Young Child Feeding Programme**
  - Baby Friendly Hospital Initiative (BFHI)
  - Baby Friendly Community Initiative (BFCI)
  - Management of Acute Malnutrition
- **Collaboration and Coordination**
  - Nutrition Working Group (government institutions and development partners)
  - Food Security and Nutrition working group (government institutions and development partners)
  - Link with MDGs Spanish Fund (CFC, anaemia reduction strategy and management of acute malnutrition)
  - National Council for Nutrition
  - Council Agricultural and Rural Development
- **Nutrition Policies and Strategies**
  - Interim Guidelines on management of Acute Malnutrition 2011
  - COMBI- Campaign to Promote Complementary Feeding in Cambodia : 2011-2013
  - National Communication Strategy to Promote the Use Iron/Folic Acid Supplementation for Pregnant and Post Partum Women 2010 –2013
  - National Nutrition Strategy 2009 2009-2015
  - National Nutrition Strategy 2016 2016-2020
  - National Communication Strategy for Promotion of Vit A in Cambodia 2011 2011-2013
  - Strategic Framework for Food Security and Nutrition in Cambodia (SFFSN) 2008 2008-2012
  - National Guidelines/Policy on Micronutrient Supplementation to Prevent and Control Micronutrient Deficiency in Cambodia (2011)

The current nutrition programme includes three priorities in small and at scale interventions:

1. Complementary Feeding Promotion
2. Multiple Micronutrient Powders (MNPs)
3. Management of Acute Malnutrition

BOX 2: SMALL AND AT SCALE NUTRITION

- **Current nutrition interventions - intervention implemented in small scale**
  - Complementary feeding promotion
  - Multiple micronutrient powders for children 6-24 months
  - 2 provinces in 2011 plus NGOs support areas (WVC)
  - Management of acute malnutrition
    31 hospitals (2011).
    5 HCs plus 14 HC (2011-2012)
  - Weekly iron/folic acid supplementation for women of reproductive age
    6 provinces (2011),
    Baby Friendly Hospital Initiative (BFHI) – 13 hospitals (2011)
    Baby Friend Community Initiative (BFCI) – 4,421 villages (2010)
- **Current nutrition interventions - intervention implemented at scale**
  - Vitamin A supplementation for children 6-59 months and postpartum mothers
  - Iron/folic acid supplementation for pregnant and postpartum women
  - Breastfeeding promotion
  - Salt Iodization
  - In-service training in nutrition (MPA 10)

1.3.2 Sources and Health Financing of Government Funding for Health Services

Currently, the Ministry of Health operates the health system by using the government budget that is financed through the Ministry of Finance and Economics. In addition to this, another portion of external funding came from the H-EQIP pooled resource which is contributed to from partner donors.

This government and external funding is allocated to the human resource salary, incentive, monitoring, capacity building and to some small amount contributed to renovation or construction of health infrastructure.

Despite this financing input to the overall health system – it is reported by stakeholders or service providers at the provincial level that further financial resources are assumed to be required for the renovation of health infrastructure and equipment and community health activity.

The table below portrays the sources and the financing scheme of government funding for health services.

TABLE 3: SOURCES AND FINANCING SCHEME OF GOVERNMENT FUNDING FOR H. SERVICES[10]

Scheme	Implementer/operator	Target Population	Benefit/services	Provider-payment mechanism	Coverage/remark
Tax funding via government budget	MEF, MOH, PHD, OD, RH, HC	All population sector	Recurrent budget, staff, drugs and supplies	Line item budget and in-kind including equipment and drugs	Public health facilities nationwide
User fees	Health-care facilities	All population sectors with capacity to pay	All available services at health-care facilities	Fee-for-service; lump-sum or case-based	98% of health facilities implement user fees
User fee exemptions	MOH, health facilities	Poor patients	MPA and CPA	Fee waiver	Public health facilities nationwide
Global health initiatives and national vertical disease programmes	National programme managers	Patients with TB, malaria, AIDS, and children for vaccination	Treatment for TB, malaria and AIDS patients and children <1 year	Free of charge	Nationwide
Health Equity Funds	NGOs (and pilot projects with CBOs)	The eligible poor (those below the national poverty line)	MPA and CPA services; food, transport, funeral expenses	Official standardized case-based payment	In 1 NH, 51 RHs and 458 HCs; covers 76% of the targeted and 20% of the national population
Government Subsidy schemes (SUBO)	MOH, PHD, OD	The eligible poor (those below the services national poverty line)	MPA and CPA services	Official flat rate	Implemented in 6 NHs, 11 RHs and 57 HCs
Voluntary private health insurance	Private companies	People with capacity to pay	Selected health services	Fee-for-service	Where available
Vouchers for reproductive health	NGOs	Poor women	Reproductive health services	Fee-for-service; in some cases, transport costs	In 9 ODs (with 5 RHs and 121 HCs) and 4 private clinics; covers 255 324 women
Occupational risk	MOLVT, NSSF	Formal private-sector workers	Medical treatment, temporary/ permanent disability, funeral expenses and survivor benefit	Fee-for-service	Covers 6107 enterprises with 847 165 workers

[10] Adapted from Health Systems in transition, vol. 5 no. 2 2015, The Kingdom of Cambodia Health System Review, pp.56-57

Scheme	Implementer/operator	Target Population	Benefit/services	Provider-payment mechanism	Coverage/remark
Maternity benefits	MOLVT, NSSF, MOSVY, NSSFC	Pregnant women in the format private sector and civil servants (incl. spouses)	From private sector, 3 months maternity leave with 50% salary; for civil servants, 3 months maternity leave with full salary and cash incentive of US$ 150 per new¬ born	Salary payment	Nationwide
Social health insurance	NSSF, NSSFC	Formal-sector workers and civil servants	Still to be defined	Under discussion: aiming for simple case payments for hospital and (probably) primary care	Not yet commenced.
Special Operating Agency (SOA) facilities	MOH, donors, HSSP	All population in the coverage area	Delivery of MPA and CPA health services	Line-item budget, user fees, and a Service Delivery Grant	0 SOAs in 9 provinces and 22 ODs with 8 provincial hospitals, 16 RHs, 291 HCs and 63 health posts. 6 more ODs scheduled to commence SOA status in 2014
Midwifery incentive	HC and RH	Midwives working in public facilities	Safe delivery and live births	Case-based payment of US$ 15 at RH and US$10 at HC per live birth paid to midwives	Nationwide

Abbreviations used in the table above are further explained in the footnote.[11]

1.4 Overview of Programmes of foreign Donors, NGOs and International Organisations

1.4.1 Donors supporting the Health Sector

Health EQIP

The largest contributor to the health sector is the donor group which joined the pool which is funding the Health Equity and Quality Improvement Programme (H- EQIP). The pool H-EQIP derives from its predecessor, Health Sector Support Project (HSSP 2) and intends to work towards a higher degree of sustainability of the new approaches, in particular the Health Equity Fund (HEF) and the Service Delivery Grand (SDGs) through improved resource mobilisation as well as its management and the results-based

[11] CBO = community-based organization; CPA = complementary package of activities; HC= Health Centre; HEF = Health Equity Fund; HIP = Health Insurance Project; HSSP = Health Sector Support Program; MEF = Ministry of Economy and Finance; MOH = Ministry of Health; MOLVT = Ministry of Labour and Vocational Training; MPA = minimum package of activities; NGO = nongovernmental organization; NH = National Hospital; NSSF = National Social Security Fund; NSSFC = National Social Security Fund for Civil Servants; OD = Operational District; PHD = Provincial Health Department; RH = Referral Hospital; SUBO =government subsidy scheme; TB = tuberculosis. Source: Ministry of Health

focus of the HEF and of the SDGs. This includes improving the quality of health service delivery and, hence, the utilisation of services by the poor. The multipronged approach aims to strengthen health systems, in particular quality improvement (QI) of care.

The pool of H-EQIP is administered by the World Bank (WB) and funded by the WB, the Department of Foreign Affairs and Trade of the Australian Government (DfAT), the German Development Bank (KFW) and the Korea International Cooperation Agency (KOICA), with the financial volume as presented in the Box 3.

BOX 3:H-EQUIP CONTRIBUTIONS

H-Eqip pool partners	Volume (USD in millions)
WB	30
DfAT KOICA	36
KFW	14
Total	**80**
Government of Cambodia	94.2
Complementary by Bank of Japan	1
Total	**175.2**

Health EQIP is linked to the 3rd Health Sector Strategy (HSP 3) time frame, with the project development objective (PDO) to improve access to quality health services for targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia. It embraces the 3 components listed in the table.

TABLE 4: H-EQIP COMPONENTS

Component		Cost
Component 1	Strengthening health service (with sub-components, health centres, referral hospitals, etc.)	$74.20 M
Component 2	Improving Financial Protection and Equity	$70.00 M
Component 3	Ensuring Sustainable and Responsive Health Systems (with subcomponents, health system strengthening, infrastructure, project management.	$30.00 M
Component 4	Contingent Emergency Response (no financial figure found allocated)	

BOX 4: PDO INDICATORS

(a) Increase in the number of health centres (HCs) exceeding 60% score on the quality assessment of health facilities

(b) Reduction in the share of households that experienced impoverishing health spending during the year

(c) Reduction in OOP health expenditure as percentage of the total health expenditure

(d) Increase in the utilisation of health services by HEF beneficiaries

Project Development Objective (PDO indicators) are formulated – see in box.

The project beneficiaries are identified as the population of Cambodia, particularly the poor and vulnerable, and the public sector health care providers.

While Health EQIP and HSP 3 are building on the HSSP2 and HSP 2, particularly on the "Health Equity Fund" (HEF) for the social health protection of the poor and on Service Delivery Grant (SDGs) to health facilities and health administrations, H EQIP aims to focus on results-based management of the HEF and SDGs with a specific goal of improving

the quality of health service delivery and utilisation of services by the poor. The transition from HSP2 to HSP3 saw some significant changes which are also reflected in the design of H-EQIP:

- The SDGs are linked to performance of the health facilities. A fixed amount of Government funds will be allocated. An additional amount will be based on performance (see further below).
- A quality monitoring process under the SDG and a third-party verification system is being established through an independent governmental agency, the "Payment Certification Agency" (PCA). The PCA will verify the HEF operations and claims jointly with the HEF Implementer (HEFI) in July 2018 and take over this function by end-2018.
- Non-Governmental Organisation (NGOs) act as Health Equity Fund Operators (HEFO) which are charged with the community promotion of the HEF and post-identification[12] for the poor.
- The HEF implementer (HEFI), carried out by the University of Researches Company (URC)), was assigned during HSSP 2 to monitor and certify the HEFOs. The HEFO contracts of the HSSP 2 pool funded NGOs terminated in June 2016. However, URC is still the Implementer of the HEF funded by United States Agency for International Development (USAID) till mid-2018 when URC will commence joint verifications of the HEF with the PCA and completely hand over to the PCA by end 2018.
- H-EQIP will disburse funds against targets of health system-strengthening measures, using disbursement linked indicators (DLI).
- A multipronged approach will be applied to strengthen health systems, especially for improvements in quality of care, boosting provider knowledge (through both pre-service and in-service training), larger availability of critical infrastructure, and strengthening public financial management.
- The MoH is the implementing agency with its technical departments, the Internal Audit Department (IAD), Quality Assurance Office (QAO), the national programmes and the Provincial Health Department (Office) (PHD(O))s, Operational District (Office) (OD(O))s, Referral Hospital (RHs), and Health Center (HCs). Within the MoH, the Department of Planning and Health Information (DPHI) and the General Department of Administration and Finance (DAF) will act through established MoH processes.

The 1st component of H EQIP, the "Strengthening Health Service Delivery", covers the Service Delivery Grants (SDGs) with the subcomponents presented in the table below.

BOX 5: H-EQIP SUB-COMPONENTS OF COMPONENT1

Component 1 - subcomponents		Cost
Sub-component 1.1.	SDG for Health Centres	$35.2 M
Sub-component 1.2.	SDG for Referral Hospitals	$33.00 M
Sub -component 1.3.	SDG for Provincial Health Departments and Operational Districts	$6 M

The SDGs have been introduced during HSSP2 to provide supplementary funds to Special Operating Agencies[13] (SOAs) in addition to the budgetary funding from the Ministry of Health (MoH) in order to strengthen internal health service delivery contracting and to promote decentralisation. The SDG system was considered largely to have been successful and to be expanded to the entire country and the SDG results shall be verified at all levels of the health system.

The SDGs aim at improving the quality of health service delivery and management through incentivising performance with flexible funds for operating costs of health facilities, PHDOs and ODOs in addition to their operational budgets as defined in their Annual Operational Plans (AOPs):

- The fixed elements of the grants are budgeted at USD 6.8 million for 2016 (based on the continuation for the same annual amount throughout the lifetime of the project).
- The performance-based element is budgeted at annual USD 8 million (equally shared by the Royal Government of Cambodia (RGC) and Multi-donor Trust Fund (MDTF).

[12] Patients who claimed to have fallen into poverty after the formal registration of poor HH are visited and their poverty status assessed

[13] During HSSP2 SOAs were identified to be entitled to receive and work with SDG funds

The payment of SDGs to all HCs and hospitals, through the new national quality enhancement monitoring process, shall be linked to performance in the delivery of basic and comprehensive packages of services, the Minimum Package of Activities (MPA) and Complementary Package of Activities (CPA) which include as priorities full immunisation coverage and nutrition. QI shall be achieved through enhanced provider knowledge (pre-service and in-service training), higher availability of essential infrastructure and strengthened public finance management.

H-EQIP will offer SDGs to HCs, to hospitals for the provision of CPAs and for he management of ODs and PHDs. to assist in financing the MPA of HCs and improve their quality. The amount of the payment will be based on the utilisation (quantity) and on the quality of services provided. The financing formula is detailed in the joint Prakas[14] and the SDG Manual. Initially, the OD, with its HCs will implement the joint Prakas issued by the MOH and the SDG manual. It specifies the financing, the aggregate performance score based on the quantity and quality of services delivered by the HCs including the utilisation by the poor and vulnerable using the new National Quality Enhancement Monitoring Tools (NQEMT), applied quarterly. The results would be cross-checked and verified by the independent agency and, after its establishment, by the independent Payment Certification Agency (PCA). Once the results have been verified, the MoH will inform the Ministry of Economy and Finance (MEF) to make relevant SDG payments.

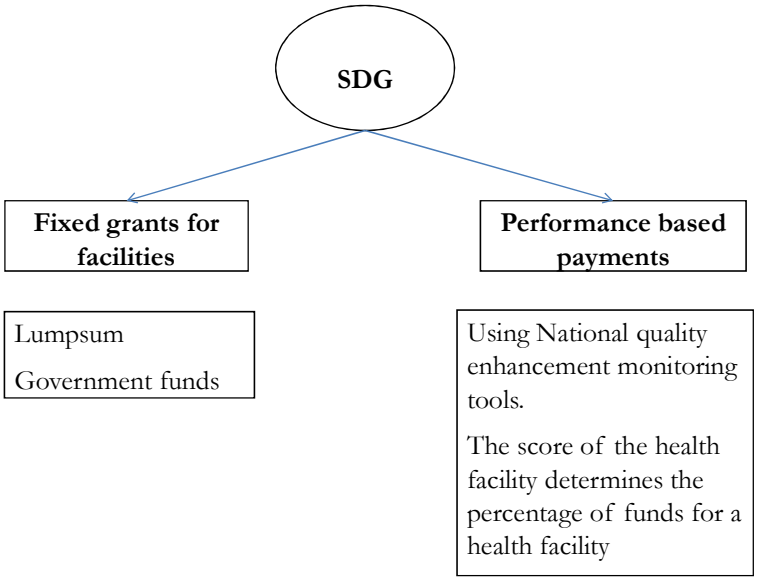
Eligible categories of expenditure for SDGs include minor works, goods, emergency purchase of drugs, recurrent costs, including supplies, short-term staff, consumables, communications, maintenance, transportation, accommodation, training, other incidental expenses, and performance bonuses for health workers.

1.4.2 Two Payment Systems of the SDGs

The SDGs contain two payment systems, a fixed amount, the Fixed Lump-sum Grants and a variable, performance based amount, the so-called Performance-based Grants (see figure 4 below).

[14] A Praka is a proclamation or a ministerial/inter-ministerial decision signed by the relevant ministers.

FIGURE 3: SDG DURING HSP3



1. **Fixed Lump-sum Grants**, introduced to the health sector for the first time in the 2016 budget and financed entirely by the RGC are allocated to all HCs and RHs throughout the country in fixed amounts for operational expenditures. These grants are allocated in addition to the operational budgets as elaborated in their annual operational plans (AOPs).
   The table lists the amount of the Fixed Lump-sum Grants for 2016, as allocated to each type of public health facilities. In a further refinement of the SDGs, the allocated amount of Fixed Lump-sum Grants will be adjusted based on demography, geographical access, and the need to improve quality and expand coverage of health services.

TABLE 5: ALLOCATION OF FIXED LUMP-SUM GRANTS FOR 2016*

Health Facility	Allocation/ Health Facility/ Year in 2016 (in Khmer Riel)	Allocation/ Health Facility/Year (in approximate USD equivalent)
HCs	12,000,000	3,000
RH-CPA1	100,000,000	25,000
RH-CPA2	150,000,000	37,500
RH-CPA3	200,000,000	50,000
Calculated at 1 USD =4,000 Riels		
* Source: Service Delivery Grants Operational Manual Health Equity and Quality Improvement Project (H-EQIP) November 4th, 2016 Ministry of Health Cambodia		

TABLE 6: ANNUAL 2016 LUMP-SUM GRANTS TO HEALTH FACILITIES BY TYPE[15]

Facility			Budget (KHR)			Budget (USD)		
Type	RHs	HCs	Per facility (M)	Total (M)	Per Capita	Per facility	Total	Per capita
HC	_	1,174	12	14,088	939	2,927	3,522,000	0.235
CPA-1 Hospital	53	–	100	5,300	353	24,390	1,325,000	0.088
CPA-2 Hospital	29	–	150	4,350	290	36,585	1,087,500	0.073
CPA-3 Hospital	18	–	200	3,600	240	48,780	900,000	0.060

[15] Source: Report no: PAD 1647; World Bank Project Appraisal Document, April 28, 2016

Total	**100**	**1,174**	**462**	**27,338**	**1,823**	**112,683**	**6,834,500**	**0.456**

2. **Performance Based Grants** will be equally co-financed by the RGC, WB and the MDTF. They will be provided to HCs, RHs, Provincial Referral Hospital (PRH), the ODOs and the PHDOs based on their quality of care and the performance scores (see further on assessment verification). The grants are estimated at US$40 million over the H-EQIP period 2016-2021. The performance based payments foresee incentives up to 80% of the SDG fund. The maximum annual performance based Grant per health facility will be defined based on lessons learned. The scores will be assessed during systematic reviews and will be measured by purpose and results:

   - **Grants for HCs** will be based on quality of their MPA. It means that a higher quality will lead to a larger allocated amount of the grant and also that an increased quality will produce better effectiveness of the services and higher demand for these services.
   - **Grants to RHs** will be based on the quality of CPA and their participation in capacity building and in promoting equity.
   - **Grants to ODO and PHDO** will be based on their degree in management performance, especially in supervision, coaching and capacity building.

While autonomy will be provided to HCs, RHs, and ODO/ PHDO for utilising the grants in their respective eligible expenditure areas, the performance based payments require an ongoing and multileveled monitoring and verification system. See distinct chapter below.

TABLE 7: PROPOSED SDGS BY LEVEL AND TYPE (US$ MILLIONS)[16]

Level	Fixed -RGC	Performance -H-EQIP		Total
		RGC	IDA/MDTF	
HC	17.6	8.8	8.8	35.2
CPA-1 Hospital	6.6	3.3	3.2	13.1
CPA-2 Hospital	5.4	2.7	2.7	10.8
CPA-3 Hospital	4.5	2.3	2.3	9.1
OD/PHD	0.0	3.0	3.0	6.0
Total	34.1	20.1	20.0	74.2

As mentioned above, the Fixed Lump-sum Grants complement the operational budget and are supposed to be used for promoting quality and equity and cannot be used for staff incentives.

The Performance-based Grants are supposed to be understood as a reward for the health facilities, ODOs, PHDOs for performing with good quality and for the certified assessors for conducting the ex-ante assessment. They can be spent for staff incentives up to 80% of the grant and at least 20% for expenditures, which are defined as eligible. The HFs are free to decide on a lower percentage to staff incentives and increase the proportion for eligible expenditures.

The Inter-Ministerial Prakas No 302 (signed by the MEF and MOH on March 25, 2016 and the instruction No 634, signed by MOH on May 23, 2016, define the SDG eligible expenditures as listed in the Table 8 below.

TABLE 8: LIST OF ELIGIBLE EXPENDITURES[17]

No.	List of eligible expenditures	Fixed-Grant	Performance Grant
1. Necessary recurrent spending for administrative works			
	Office supplies		
1	Photocopy and printing	X	X
2	Telephone cards for client satisfaction assessment		X
	Minor repairing and maintenance		

[16] Source: Report no: PAD 1647; World Bank Project Appraisal Document, April 28, 2016
[17] Source: Service Delivery Grants Operational Manual Health Equity and Quality Improvement Project (H-EQIP) November 4th, 2016 Ministry of Health Cambodia

3	Incinerators	X	X
4	Laboratory and medical equipment	X	X
	Hygiene		
5	Plastic bags, brooms, standard dustbins (yellow, green), water container, floor cleaning sticks	X	X
6	Soap, detergent, disinfectant cleanser, alcohol, tissues, towers, buckets	X	X
7	Transport and disposal of medical wastes (HC Only)	X	X
2. Spending for emergency rescue			
8	Gasoline for ambulance and	X	X
9	Alternative means for emergency referral	X	X
3. Emergency purchase of drugs medical equipment and consumable			
10	Gas for cold chain	X	X
11	Medical consumable (gauze…, bandage, syringe)	X	X
12	Drugs on emergency needs and that are shortfall from regular supply chain system	X	X
13	Minor equipment for patient care (blood sugar testing, urine sugar/protein/pH testing)	X	X
14	Reagents when not available from the regular supply	X	X
4. Promotion activities and other measures to improve quality of health service delivery			
15	Staff incentives based on performance		X
16	Per-diems, accommodation and transport costs		X

1.4.3 Institutional Arrangements

The MoH is in process to establish the Payment Certification Agency (PCA) as a Public Administrative Entity (PAE) under the MoH, in coordination with the MEF. The figure below presents that the institutional arrangements, while appearing complex, foresee a key position for the third party ex-post verification.

FIGURE 4: INSTITUTIONAL ARRANGEMENTS FOR SDG[18]

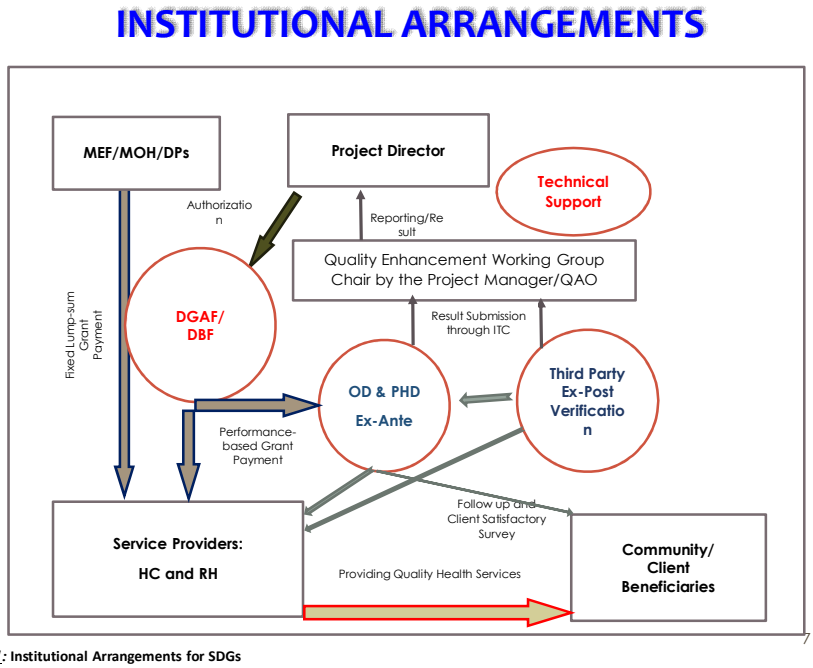


Figure1: Institutional Arrangements for SDGs

The **Third Party Agency** is the independent agency to certify the results obtained through the ex-ante assessments. This activity is called the 'ex-post verification' – see chapters below.

[18] Source: MoH presentation

1.5 Overview of NGOs and International Organisations active in MCH and Child Nutrition

A few organisations are pointed out below because of their institutional importance and/or innovative approaches.

UNICEF focussed mostly on child nutrition and vaccination in the north-eastern provinces Preah Vihear, Kratie, Stung Treng, Rattankiri and Mondulkiri. It implements nutrition related interventions[19]: as part of integrated early childhood development in its country programme 2016-18.

- **Providing adequate nutrition**: community health workers' skills in screening and treating children for acute malnutrition; feeding practices for children aged 0 to 24 months; promotion of best practices and complementary feeding for children aged 6 to 24 months; awareness campaigns on exclusive breastfeeding among the urban and wealthiest population.
- **Ensuring health services for every child**: covering capacity strengthening of service providers in nutritional support to children under 5, pregnant women, breastfeeding mothers and adolescent girls (in six selected districts), improvement plan for the national immunisation supply chain, an inter-sectoral longitudinal study on the impact of IECD on the survival and development of children.
- **Boosting access to clean water and sanitation:** increased access to sustainable improved rural water supply (including in arsenic and emergency-affected areas) for children under 5 years old and their caregivers, behaviour change and increased access to sustainable improved sanitation in rural areas, WASH in health care facilities, preschools and schools and technical support to the Government and local council members in risks analysis of disasters and WASH-specific preparedness plans, focusing on villages affected by arsenic or recurring emergencies.
- **Setting the foundation for lifelong learning:** support of the Government to develop plans for decentralised pre-school teacher training, to implement inclusive education in pre-schools, including for children with disabilities and multilingual education in pre-schools for children from ethnic minority communities.
- **Supporting local administrations to deliver critical services for ECD**: mapping households with social- and disaster-related risks and vulnerabilities, including households with disabilities and training and promoting and executing inclusive community planning and delivering social services relevant to ECD.
- **Engaging with communities to promote positive caregiver practices**: a comprehensive set of communication, education resources and initiatives on children's development needs for commune and village development committee members, religious leaders, parents, and caretakers, birth registration and positive child development practices, such as interactive caregiving, safe environments for children and learning through play and sports, resources monitoring for children in communities and messages on child development through radio and television programmes.

UNFPA supports the public sector with discrete funds for the implementation of the MCH programme in some provinces including Kampong Chhnang, even though with only 20000 USD. The Country Implementation Plan 2014-2017 emphasises:

1. Support to the Ministry of Health in the 9 north-eastern provinces.
    a. Support to Maternal and Child Health center and PHD:
    b. Support for the safe abortion and family planning.
    c. Support for youth and adolescent health
    d. Support for quality improvement in Emergency of Obstetric and Neonatal Care.
    e. Capacity building for midwives.
    f. Support to the Department of Human Resources of the MoH focusing on improving curriculum quality for midwives in school and nurses.
2. Support to the Ministry of Interior for commune council planning and decentralisation process
3. Support to the Ministry of Planning for the capacity building and planning at provincial government, district government and commune.

[19] Integrated early childhood development; UNICEF country programme 2016-2018

4. Support to the Ministry of Education to set up a school curriculum for the reproductive health among youth
5. Support to the Ministry of Woman and Affair for awareness raising to women on maternal health and violence

GIZ/GFA are implementing the Muskoka Phase II project for improving Maternal and Newborn Care), supporting Emergency Obstetric Care in 25 health facilities, covering both, the Basic EmONC and he Comprehensive EmONC in 4 provinces (Kampong Speu, Kampot, Kampong Thom and Kep).

The Multi-Sectoral Food and Nutrition Security, also implemented by GFA, focuses on awareness creation and behaviour change in the use of available food resources and cooking habits. The main focus of the project is to see whether a cascade type of educative interventions indeed can lead to changes of habits. The project is approaching the end of the first two of the foreseen four years. An impact on malnutrition rate cannot be expected at this stage, however observations so far would indicate that a slow process of awareness raising could be initiated and commenced.

1.5.1 Further externally funded MCH interventions in Cambodia

In addition to the above mentioned international organisation active in the MCH interventions, the following are having projects supporting MCH in various provinces, please see picture 2 for a detailed overview of the interventions in the MCH see Annex 3.

- UNFPA supports the public sector with discrete funds for the implementation of the MCH programme in some provinces including Kampong Chhnang, even though with only 20000 USD.
- KOFI (a project financed by KOICA) gave funds for MCH projects to three provinces: Battambang, Pursat and Pailin.
- UNICEF focussed mostly on child nutrition and vaccination in the north-eastern provinces Preah Vihear, Kratie,, Stung Treng, Rattankiri and Mondulkiri.
- Plan International has financed also some MCH activities in these above 4 provinces.
- The Australian NGO Child Fund supported some nutrition and MCH education activities in Kratie province.
- The NGO RACHA (Reproductive and Child Health Alliance) has received funds from GIZ and other donors to implement some community MCH in Kampong Speu, Kampot, Prey Veng and Kep.
- RHAC (Reproductive Health Association of Cambodia) is running 17 clinics which offer ANC, birth spacing, treatment of STIs, vaccination. in big cities
- WFP World Food Programme does not have a MCH specific activity, but is cooperates with the Ministry of Education on a school based food programme.
- Plan International has implemented the MCH and WASH in some north-eastern provinces of Cambodia.
- DFAT
- World Vision
- SAVE THE CHILDREN (INGO) has implemented the MCH projects in Kratie, Stung Treng and Rattanakiri

1.5.2 MCH interventions in Kampong Chhnang

Table 9 offers an overview of NGOs active in MCH field in Kampong Chhnang.

TABLE 9: OVERVIEW OF NGOS ACTIVE IN KAMPONG CHHNANG

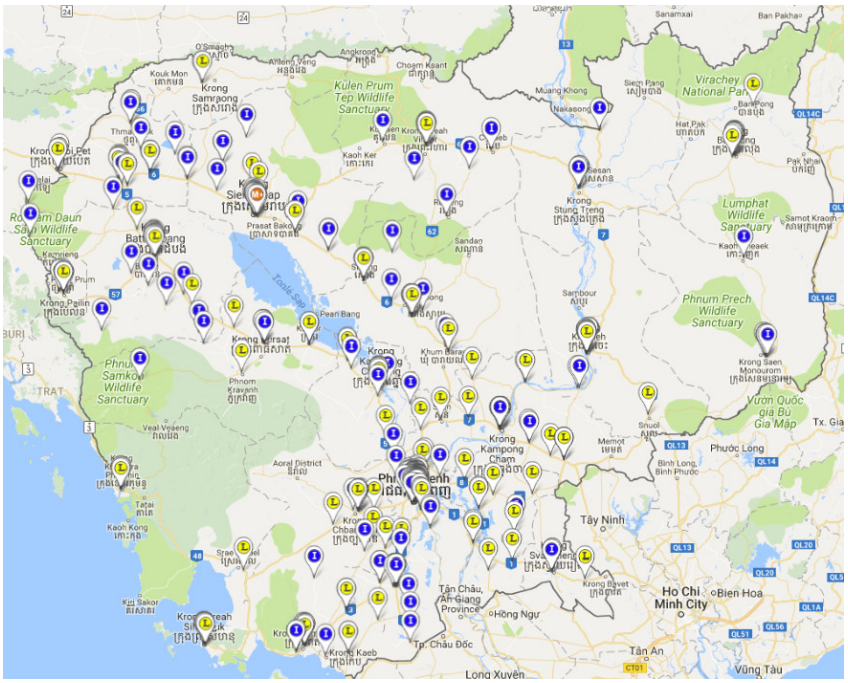
Name of the organisation	Name of intervention (s)
Cambodian Women for Peace and Development (CWPD)	○ Community Clean water supply and Sanitation (CCWSS) ○ HIV/AIDS intervention
Catholic Agency for Overseas Development (CAFOD)	○ Promoting Water, Sanitation and Hygiene (WASH) ○ Prevention, care and treatment HIV/AIDS
Community Poverty Reduction (CPR)	○ Community Based Prevention Care and Support for HIV/AIDS people
East Meets West Foundation (INGO)	○ Hygiene and Water Sanitation
Magna Children at Risk	○ Improvement of Health Care System with focus on HIV/AIDS and Nutrition
Partners in Progress (INGO)	○ Health Service, Health Education, Nutritional and Clean water for people along Mekong and Basac Rivers and Tonlesap Lake

Partners for Development (INGO)	○ Towards Elimination of Artemisinin-Resistant Parasites of Plasmodium Falciparum Malaria
People in Need (PIN)	○ Health education and MCH
Population Services Khmer (PSK)	○ HIV/AIDS, Reproductive and Sexual Health, Malaria and Child Survival in Cambodia
Reproductive Health Association of Cambodia (RHAC)	○ Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions
University Research Co., LLC	○ Control and prevention of malaria (cap-malaria)
World Vision Cambodia	○ Health and Nutrition Initiative in Area Development Program(ADPs)

1.6 Geographic focus of the Programmes

Picture 1 illustrates a map of the International (I) and Local (L) NGOs and where these organisations have their health interventions. As can be seen on the map majority of the actors are focused on more urban areas, Phnom Penh and surrouding areas and north west of the country. Interventions specific to Kampong Chhnang province are in detail described in Chapter 6 of this study.

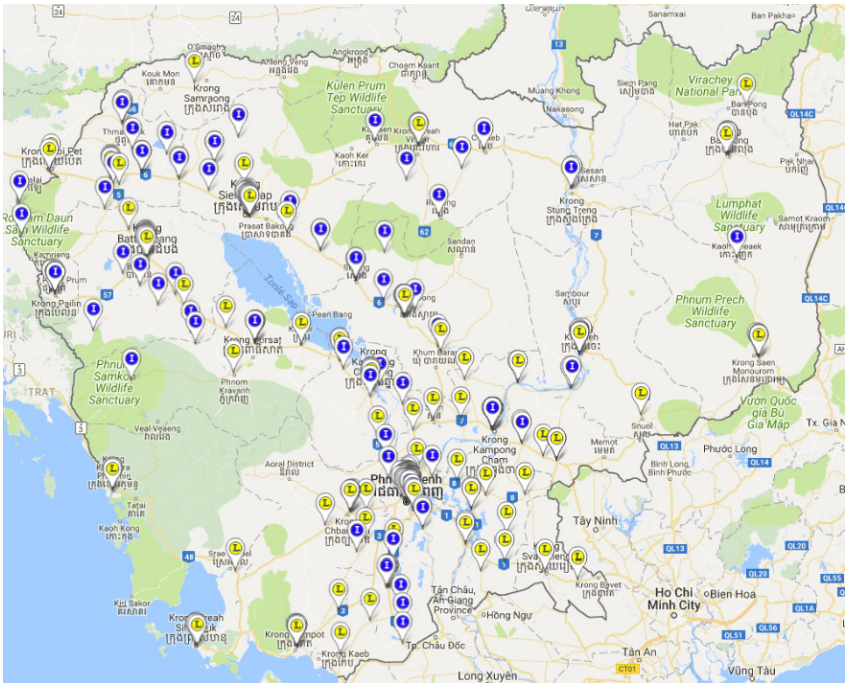
PICTURE 1: MAP OF INTERNATIONAL AND LOCAL ACTORS ACTIVE IN HEALTH SECTOR[20]



Picture 2 points to the location of interventions specific to MCH, a full list of live projects implemented by the international and local NGOs is then in the Annex 3.

[20] Source: https://www.dic.moh.gov.kh/map

PICTURE 2: MAP OF INTERNATIONAL AND LOCAL ACTORS ACTIVE IN MCH[21]



1.6.1 Innovation in MCH and Public Awareness

There are a few NGOs who try to bring innovations to the MCH. Among the interventions that international actors in the health sector tested are mainly distinguished innovative methods to disseminate information to the population. **People in Need (PIN)** and their programme, which includes 149 messages, tailored specifically to the needs of pregnant women.

The feedback received from one of the health centre visited in Borito district showed a main constrain of the communities in spreading information to women during pregnancy, however for post-delivery information dissemination appears easier. This difference is due to the fact that not each woman in rural communities owns a mobile phone. However, as soon as fathers also come to the health facility with their wives for the delivery, the phone number gets registered and they receive the messages suitable for the post-delivery care.

Another international actor using voice messaging is **Marie Stopes International Cambodia (MSIC)** who is also using mobile phone services in MCH for post-abortion counselling.

UNICEF Cambodia[22], together with the General Department of Identification (GDI) set up a pilot IVR platform using a combination of RapidPro and the cloud communication channels Twilio and Nexmo to support the creation of a direct reporting system from the commune to the central level – Department of Civil Registration, General Department of Identification with information being shared with the relevant districts and provinces.

Vattanakpheap and Child fund in Kratie and Stung Treng – they have explored an innovative intervention on promoting MCH messages through community campaign and community media – in which MCH and Nutrition messages were educated to communities through community theatre, video show and community campaign.

RHAC in Takeo – has promoted the MCH messages to communities through Tuk Tuk – a Tricycle Moto with loudspeaker which is going around communities.

Although the only innovative method identified was the use of mobile phones for information dissemination, there is space to include other innovative methods as well as broaden the mobile phone services from MCH

[21] Source: https://www.dic.moh.gov.kh/map
[22] https://community.rapidpro.io/stories/using-rapidpro-and-ivr-improve-birth-registration-cambodia/

also to include topics such as birth certificate reminders as a children rights issue. This could be a small and perhaps not expensive intervention given that the system already exists.

1.6.2 Initiatives of Donors / International Organisations / NGOs promoting Birth Certificates

While the birth registration system is recognised as essential also in view of child right protection, the RGoC received some technical and financial support in rolling out the system:

- Through UNICEF who received funding from the Japan Committee to support seventy-four communes to strengthen the registration of vital events. As a result, since 2011 the parents of newborn babies in the commune have been issued birth certificates.
    - The support aims at increased awareness with information and training of commune leaders and communities on the importance of birth registration, it's mechanisms and procedures and timings. The communes are also assisted in promoting the importance of registering other vital events such as marriages and deaths.
    - In 2013, UNICEF supported an awareness campaign with radio spots and poster through the country to promote among others birth registration.
- Other NGOs assisted in the community awareness, such as Save the children (not in Kampong Chhnang), Plan International (birth certificates as part of their early childhood programme (not in Kampong Chhnanh)), Child Fund and World Visions.

The system of birth registration is further described in Chapter 4 of this report.

1.6.3 Cooperation and Coordination between the various Organisations

The various organisation active in the health sector and in MCH and nutrition specifically do adhere to the guidelines of the MoH, however the cooperation among those actors is limited to information sharing rather than attempt to develop synergies in their programmes.

With regard to institutional cooperation, MCH is not only a focus of MOH, but other ministries focus their interventions to support MCH and those can be summarised as following: the Ministry of Education under the School Health Department has contributed with its priorities to child nutrition education and WASH projects, The Ministry of Rural Development has promoted community hygiene and sanitation to reduce the morbidity and mortality of children. The Ministry of Interior – under the decentalisation policy – has implemented a small fund to support the community maternal emergency referral system through commune council members. The Ministry of Women and Affairs has some small fund to support community awareness raising pertaining to womens health right and womens health.

It has been indicated that many of the players in MCH and nutrition use the same multiplayer community extension mechanism, MCHC and VHSG, MSG as the Linkage Community Agent to connect the health system and people to promote the community health awareness and support for any emergency referrals for women and children. In Kampong Chhnang, as will be further elaborated on in Chapter 6, members of both MCHC and VHSG were part of the focus group discussion and confirmed that they are cooperating with various organisations in the province.

1.7 Concluding remarks

This section outlines the structure of the health system in Cambodia and the roles health facilities at different levels have. The MoH is responsible for giving course to all health policies and governs both public, private as well as not-for-profit health facilities. The function of various health facilities in Cambodia is discussed in detail in Chapter 5.

Another part of this chapter lists the official government policies and regulations that shaped the MCH to date. As can be seen, the process of reforming the health sector has achieved progress in MCH however, as shown in section 1.3 of this chapter, maternal and child health remains a priority for the RGoC. As the following chapters describe, progress has been made. However, child, especially infant mortality, remains high.

The last part of this chapter gives an overview of the various foreign donors active in the health sector in Cambodia, including specific focus on MCH and malnutrition interventions in Cambodia as such and in Kampong Chhnang in particular. Also, attention is given to innovative approaches in MCH which are brought forward by the various international organisations active in health. Although many of the NGOs aim at improving the conditions for the population in various aspects, it has been observed that their cooperation is mainly on information sharing level as compared to potentially greater coordination of activities and their presence in Cambodia.

2 CURRENT STATUS OF MATERNAL HEALTH AND CHILD HEALTH IN CAMBODIA (PRIMARY DATA)

2.1 Health Sector in Cambodia

Since the 1991 Paris Peace Accord, Cambodia's economy has made significant progress after more than two decades of political unrest. However, Cambodia still remains one of the poorest and least developed countries in Asia, with the gross domestic product per capita estimated at approximately 4.4 million Riel or $1,215 in 2015 (US$1 = 4,087 Riel) (NSDP 2014-2018). Agriculture, mainly rice production, is still the main economic activity in Cambodia. Small-scale subsistence agriculture, such as fisheries, forestry, and livestock, is another important sector. Garment factories and tourism services are also important components of foreign direct investments.

Over the past two decades, Cambodia has made significant gains in rebuilding its health system through an extended process of health reform beginning in the 1990s. This has helped the country to make impressive strides in improving health outcomes over the last decade. Between 2000 and 2014, the maternal mortality rate (MMR) dropped from 437 to 170 (per 100,000 live births) and the under-five (U5) mortality rate dropped from 124 to 35 (per 1000 live births).[23]

Yet, in spite of these achievements, several challenges persist and new ones are emerging. Notably, the progress in reducing malnutrition has been slow - stunting showed a modest decline (from 50% in 2000 to 32 percent in 2014), but wasting increased (from 8 percent in 2005 to 10 percent in 2014) and underweight showed no change (28 percent in 2005 and 2014). Cambodia's maternal mortality rate is almost four times higher than the averages for the Asia Pacific region (47 per 100,000 live births).

A widely acknowledged limitation of the health system is the lack of well-trained, motivated and adequately-compensated staff, providing quality assured services. Although there has been a huge increase in the size of the workforce, health sector analyses in Cambodia point towards the need for improving governance and quality management of the health workforce who has worked at the CPA and MPA levels.[24]

Cambodia has one of the highest Maternal Mortality Ratios (MMR) in South East Asia[25]. However, it performs better than several countries in the region, including Indonesia, Myanmar, Lao PDR and Timor Leste (see table 10).

TABLE 10: MMR ON SOUTH EAST ASIA[26]

Country	Maternal Mortality Ratio (confidence interval)	Number of Maternal Deaths (Annual)
Timor Leste	270 (140-500)	110
Lao PDR	220 (130-370)	400
Myanmar	200 (120-350)	1900
Indonesia	190 (120-300)	8800
Cambodia	**170 (110-280)**	**670**
Vietnam	49 (29-84)	690
Thailand	26 (18-38)	180

Cambodia has made substantial progress in meeting the country's Millennium Development Goal 5 targets. From **2010 to 2014**, the maternal mortality ratio decreased, from 206 to 170 per 100,000 live births; the neonatal mortality rate decreased from 27 to 18 per 1,000 live births; deliveries by **skilled birth attendants increased from 71 per cent to 80 per cent in 2016**; and **modern contraceptive use increased from 35 per**

[23] CDHS 2000, 2014
[24] WHO, Mid-Term Report 2015
[25] Emergency obstetric & new-born care (EMONC) improvement plan 2016 – 2020; Ministry of Health; June 2016
[26] Source: Emergency obstetric & newborn care (EMONC) improvement plan 2016 – 2020; Ministry of Health; June 2016

cent to 56 per cent in 2016. There has been a significant increase in the availability and up take of ante-natal care**. In 2016, 96.6 per cent of expected pregnant women reported having at least two ANC** visits while **72 per cent of pregnant women went to ANC** at least four times. Nevertheless, significant challenges remain, including the quality of care; competency of health professionals and regulation of their practices; and the standards and regulation of pre-service health professional education, including for midwives.

The Health Strategic Plan (HSP II) 2008–2015 and the draft HSP III 2016–2020 recognise reproductive, maternal, newborn and child health as the most important priorities facing the health sector. Political commitment to maternal health is also reflected in the Ministry of Health's Fast Track Initiative Road Map for Reducing Maternal and Neo-Natal Mortality 2010–2015 and the new one 2016–2020, which sets out the priority interventions for the next five years in order to meet Cambodia's HSP III goals and targets. There has been a remarkable improvement in indicators related to reproductive and maternal health from 2010 to 2014 as noted above. [27]

MoH and UNFPA initiated the first Emergency Obstetric & Newborn Care (EmONC) assessment in 2009 to understand the availability and quality of EmONC signal functions at different levels of health facilities. The baseline study found that there were 1.6 EmONC and 0.9 comprehensive EmONC functional facilities per 500,000 populations. Based on the results of the assessment, the first EmONC Improvement Plan 2010–2015 was developed with technical and financial support from UNFPA.

In 2015, the second assessment was conducted in order to monitor progress and identify gaps and challenges in implementing the EmONC Improvement Plan 2010–2015. The review in 2015 found that there were 2.35 EmONC facilities and 1.31 comprehensive EmONC facilities per 500,000 population. While there has been an improvement in coverage and the number of EmONC facilities meeting the UN standard, coverage still remains below the globally accepted minimum of at least five facilities per 500,000 populations and there are still facilities which need strengthening as they are not yet implementing all of the signal functions.

Cambodia has achieved most of the health-related Millennium Development Goals (MDGs) even before the set deadline. The percentage of the population living below the poverty line has fallen from 48 percent in 2007 to 19 percent in 2012) and the maternal mortality ratio has halved since 2000.

TABLE 11: HEALTH SECTOR PERFORMANCE[28]

	Achievements	CMDG Targets
Infant mortality rate *per 1000 live birth (2014)*	28	50
Under-5 mortality rate *per 1000 live birth (2014)*	35	65
Measles immunization *% coverage (2014)*	79	90
Maternal mortality ratio *per 100 000 live birth (2014)*	170	250
Skilled birth attendant *% birth (2014)*	89	87
Contraceptive use *% married women aged 15-49 (2014)*	56	60

A report[29] of MoH from 2015 states the declines in **maternal mortality** are associated with the decline of the total fertility rate (from six to three during 1990 – 2012), with the higher birth interval and reductions in births to very young and very old mothers, with other socioeconomic improvements; and improved availability of and demand for skilled maternity care.

The fertility declines are related to higher contraceptive prevalence rates, socioeconomic and educational improvements. The proportion of women attending at least four antenatal care visits has significantly increased (more of these visits early in pregnancy, delivering with a skilled birth attendant and delivering at

[27] UNFPA 2016 Report
[28] Source: Cambodia, Ways moving toward UHC, Lo Veasnakiry, MD, MA, Director of Department of Planning and Health Information, MoH
[29] Success Factors for Women's and Children's Health, Ministry of Health, Cambodia, WHO 2015.

health facilities). There are considerably more facilities able to provide basic and comprehensive Emergency Obstetric and Newborn Care (EmONC).

The report also associates the reductions in **under 5 child mortality** as well as in severe stunting and underweight with i) improved coverage of effective interventions to prevent or treat the most important causes of child mortality – in particular essential immunisations, malaria prevention and treatment, vitamin A supplementation, early and exclusive breastfeeding – and ii) with improvements in socioeconomic conditions. The rate of decline in newborn mortality (in 2010 50% of all under 5 mortality) has been considerably slower than that of under 5 mortality. Mortality declines are much slower among the poor, less educated and rural populations. This equity gap remains an important challenge.

As presented in table 12, the mortality rates remain the highest in rural areas of Cambodia.

TABLE 12: NEONATAL MORTALITY, INFANT MORTALITY, UNDER-5 MORTALITY PER PROVINCES, MOTHER'S EDUCATION AND WEALTH QUINTILE[30]

Background characteristic	Neonatal mortality	Infant mortality	Under-5 mortality
Residence			
Urban	10	13	18
Rural	23	42	52
Province			
Banteay Meanchey	20	29	32
Kampong Cham	25	39	48
Kampong Chhnang	27	50	55
Kampong Speu	19	26	31
Kampong Thom	29	41	60
Kandal	17	30	40
Kratie	30	61	80
Phnom Penh	13	17	23
Prey Veng	33	64	75
Pursat	14	31	36
Siem Reap	17	40	56
Svay Rieng	20	46	63
Takeo	16	28	31
Otdar Meanchey	17	32	41
Battambang/Pailin	12	28	37
Kampot/Kep	20	38	44
Preah Sihanouk/ Koh Kong	20	35	42
Preah Vihear/ Stung Treng	25	70	79
Mondul Kiri/ Ratanak Kiri	36	72	80
Mother's education			
No education	22	63	79
Primary	22	37	46
Secondary	19	26	30
Wealth Quintile			
Lowest	27	62	76
Second	23	44	56
Middle	24	33	41
Fourth	18	27	33
Highest	12	16	19

In spite of the improvements, people living under or close to the poverty line and other vulnerable groups like persons with disabilities and older persons continue to have inadequate and unequal access to appropriate health services. However - data of three DHS surveys in Cambodia between 2000 and 2014 were

[30] Source: CDHS 2014

analysed[31], assessing the levels and trends of inequalities in maternal and child health and in service use referring to two measurements, the ratio between the wealthiest and the poorest, and the concentration index[32]. The results suggest considerable improvement in most health and health care indicators between 2000 and 2014 across the population, from the poorest to the wealthiest. Some indicators (under-five mortality rates, prevalence of anaemia, use of skilled birth attendants, use of any antenatal care) among the poorest are at least twice the levels among the wealthiest. Even though Cambodia fares better compared with many other developing countries that show increasing inequalities, substantial inequalities remain in health and health care between the wealthy and the poor.

Structural and technical quality of public health services has improved. These improvements have contributed to reduced maternal and child mortalities and burden of communicable diseases. However, quality of health services does not necessarily meet the needs and expectations of the population. Resource constraints have been important impediments to improving the quality of health services. This resulted in a mismatch between clinical best practices outlined in national clinical practice guidelines and protocols and delivered services. Effectively addressing these challenges, together with more investment in competency-based education of health professionals and alliedprofessionals, will improve quality of health care at both public and private sector.[33]

For the health outcomes, the infant mortality rate and under-five mortality rate are the least equitable indicators. In 2014, the poorest 20 percent of the population suffered infant mortality and under-five mortality rates at least three times higher than the wealthiest 20 percent and also to a smaller degree in child stunting and underweight.

Inequalities are decreasing for five indicators of key maternal and health services: any antenatal care visit, four or more antenatal care visits, skilled birth attendants, facility delivery, and contraceptive prevalence rate. Utilisation of medical treatment for children's diarrhoea and contraceptive prevalence demonstrate the least inequality. In 2014, similar proportions of children in all quintile groups received medical treatment for diarrhoea.

2.2 Indicators of Mothers' and Children' Health and Nutritional Status

The report[34] also points at improvements in the rates of stunted and underweight children, particularly in severe stunting, reductions in maternal and child anaemia and rates of vitamin A deficiency. The proportion of Cambodian households using iodized salt was 83% in 2010 and 66% of children was found insufficient urinary iodine concentration in 2014.

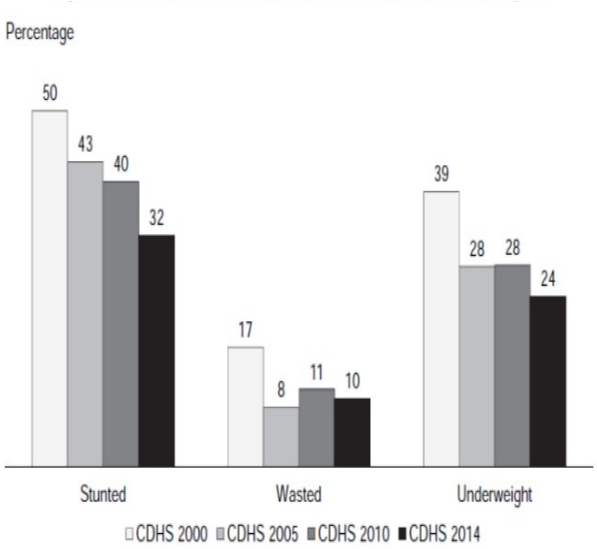
[31] Wang, Wenjuan. 2013. Assessing Trends in Inequalities in Maternal and Child Health and Health Care in Cambodia. DHS Further Analysis Reports No. 86. Calverton, Maryland, USA: ICF International

[32] The concentration index quantifies the degree of economic inequality and is a composite summary of inequality across the entire population.

[33] MoH, Health Sector Review Plan 2016

[34] Success Factors for Women's and Children's Health, Ministry of Health, Cambodia, WHO 2015

FIGURE 5: TRENDS IN CHILD UNDERNUTRITION 2000-2014[35]



Trends in children's nutritional status for the period 2000 to 2014 are shown in Figure 5. It shows that there have been improvements in the nutritional status of children in the past 14 years. The percentage of children stunted fell consistently from 50 percent in 2000 to 32 percent in 2014. The percentage of children wasted declined from 17 percent in 2000 to 8 percent in 2005 before increasing to 11 percent in 2010 and subsequently dropping slightly to 10 percent in 2014. Underweight declined from 39 percent in 2000 to 28 percent in 2005 and 2010 and then decreased to 24 percent in 2014. Although there have been improvements in the nutritional status of Cambodian children in the past decade and a half, there is still a need for more intensive interventions.

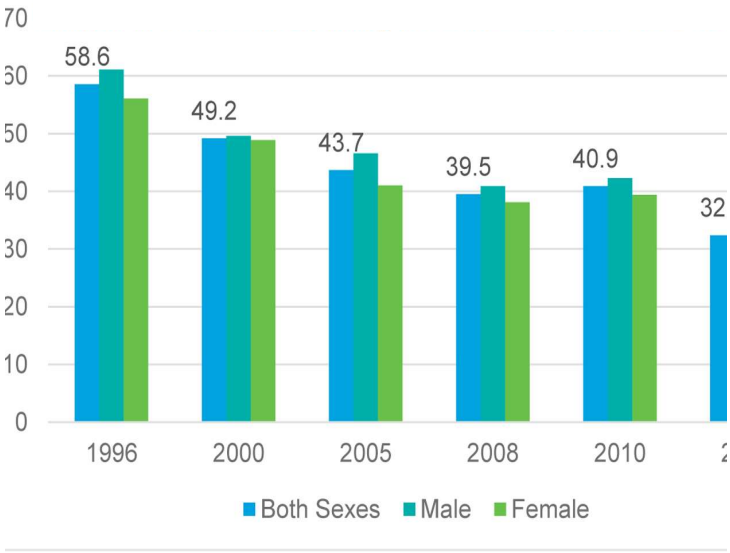
The prevalence of anaemia in children aged 6-59 months declined from 63.4% (2000) to 50% (2015). The prevalence of anaemia in pregnant women declined from 66.4% in 2000 to 52.7% in 2010. A national micronutrient survey in 2000 reported a vitamin A deficiency prevalence of 22% among children 6-59 months of age while a study conducted among young children in Svay Rieng health district between 2008 and 2010 reported a vitamin A deficiency prevalence of less than 3.5% at any time point.

A number of nutrition related policies are regularly revised and updated. The Cambodia Nutrition Investment Plan (2016-2020) addressed the high rates of malnutrition and micronutrient deficiencies through line ministries and relevant stakeholders. The National Policy on Infant and Young Child Feeding (2002, 2008) linked with maternal and child health programming. The Strategic Framework for Food Security and Nutrition (2008-2012) and the National Nutrition Strategy (2009-2015) established clear targets, indicators, and strategic areas of focus.

Policies make links with agriculture, water and sanitation, elimination of open defecation, lack of education, poverty reduction and health. A sub-decree on the Management of Iodized Salt

[35] Source: Nutrition status and nutrition, intervention in Cambodia, National Maternal and Child, Health Center (NMCHC/NNP)

FIGURE 6: PERCENTAGE OF U5 CHILDREN FOUND STUNTED BETWEEN 1996 - 2014[36]



Exploitation in 2003 intended to increase salt consumption and reduce iodine deficiency disorders. The National Guidelines for the Use of Iron Folate Supplementation in 2007 aim at the prevention and treatment of anaemia in pregnant and postpartum women. National vitamin A policies initiated twice-yearly vitamin A supplementation for children under 5 years through outreach services.

The government's commitment to enhance food security for all Cambodians at all levels was confirmed. The Resolution (Circular No 5) of the 2nd National Seminar on Food Security outlines government recommendations and priorities in the fields related to health, nutrition, education, irrigation, land issues, agriculture and rural development.

Food security is integrated as a crosscutting issue in the national poverty reduction strategy. A National Program of Food Security helps poor farmers to improve their food security and income generation options, supported through projects such as Farmer Field Schools and diversification of agricultural production. The Council for Agriculture and Rural Development (CARD) facilitates regular meetings of the Food Security Forums, offering an opportunity for all stakeholders engaging in food security (line ministries, donors, UN agencies, NGOs, research institutions).

TABLE 13: COUNTRY DATA

Indicator		Values	
	2014	2015	2016
Maternal mortality ratio	170/100 000 LB	**Last DHS was in 2014**	
Infant mortality rate	28/1000 LB		
Child Under five mortality rate	35/1000 LB		
Neonatal mortality rates	18		
Percentage of pregnant women who attend at least 4 antenatal care visits	66.5%	71.53%	72%
Percentage of safe deliveries (attended by trained birth attendant)	85%	85%	85%
Percentage of C-Section rate	5.37%	5.30	5.4
Percentage of home safe deliveries (attended by trained birth attendant)	NA	NA	NA
Proportion of Exclusive Breastfeeding within 1st hours	NA	70%	64.5%
Proportion of Birth Spacing among reproductive age	35%	33.18%	32.65%
Vaccination Rate among Children under 24 months	98%	95%	101%
Proportion of neonatal mortality during home deliveries	NA	NA	NA
Percentage of 2nd visit post-delivery care	39.7%	52%	54%
Percentage of wasting among children under 5 years	10%	NA	NA
Percentage of stunting among children under 5 years	32%	NA	NA
Prevalence of wasting among children under 18 years	NA	NA	NA
Prevalence of stunting among children under 18 years	NA	NA	NA
Incidence of diarrhoeal diseases among children under 5 years	13%	NA	NA

[36] UNICEF, Stunting in Cambodia evaluation 2017, April 2017

Indicator		Values	
	2014	2015	2016
Incidence of respiratory tract infection among children under 5 years	6%	NA	NA
Incidence of malaria among children under 5 years	2%	3%	1.5%
Percentage of population/families who have access to clean water	65%	NA	NA
Percentage of population/families who have sanitation facilities	46%	NA	NA
*Sources: CDHS 2014, MoH reports			

Although the health-related indicators on maternal and child care as well as nutrition have seen some improvement, as can be seen in Table 13, some problems still persist such as lack of exclusive breast-feeding, early time breast feeding, lack of nutritious foods at some rural communities, lack of health infrastructure and equipment, limited skills in saving lives for mothers and neonates during pregnancy, delivery and post delivery.

Birth weight is one of the major determinants of infant and child health and mortality. Children whose birth weight is less than 2.5 kilograms, or children reported to be "very small" or "smaller than average," are considered to have a higher than average risk of early childhood death. According to CDHS 2014, 8 percent were classified as low birth weight (less than 2.5 kilograms at birth), which is the same as the figure reported in 2010.

Breastfeeding is also one of the determinants contributing to child mortality – based on CDHS 2014, sixty-five percent of children less than age 6 months are exclusively breastfed, 64.6 percent are breastfed within the first hour in 2016, and the median duration of exclusive breastfeeding is four months. Based on the CDHS 2014, thirty-two percent of children under age 5 are stunted (height for age), 10 percent are wasted (height for weight), and 24 percent are underweight. Therefore, the chronic malnutrition is still high compared to other factors that are clearly contributing to child morbidity and mortality.

Malnutrition causes approximately 4,500 child deaths annually, which accounts for roughly one third of all child deaths in Cambodia[37]. More than 60 per cent of children aged 6 to 24 months, and about 80 per cent of children aged 6 to 8 months, do not consume the daily minimum acceptable diet. Disparities exist here as well: children from the poorest families are four times less likely to receive a minimum acceptable diet than children from the wealthiest families, and children living in rural areas are two times less likely to do so than those living in urban areas.

Table 14 shows the percentage of children under age 5 classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics as per the CDHS from 2014.

[37] Integrated early childhood development; UNICEF country programme 2016-2018

TABLE 14: NUTRITIONAL STATUS OF CHILDREN

	Height-for-age (STUNTING)			Weight-for-height (wasting)				Weight-for-age				
Background characteristic	% below	% below	Mean Z-score	% below	% below	% above	Mean Z-score	% below	% below	% above	Mean Z-score	Number of children
Age in months	-3 SD	-2 SD2	(SD)	-3 SD	-2 SD2	+2 SD	(SD)	-3 SD	-2 SD2	+2 SD	(SD)	
Residence												
Urban	5.9	23.7	(1.1)	2.0	7.5	3.1	(0.4)	2.6	14.8	1.9	(0.9)	674
Rural	9.4	33.8	(1.5)	2.4	9.9	1.8	(0.7)	5.0	25.4	0.4	(1.3)	4,219
Province												
Banteay Meanchey	6.9	28.6	(1.3)	0.7	7.8	0.7	(0.5)	5.3	17.0	0.0	(1.1)	241
Kampong Cham	8.6	33.5	(1.4)	1.5	8.1	2.2	(0.7)	4.2	25.7	0.8	(1.3)	692
Kampong Chhnang	13.5	42.8	(1.7)	3.1	11.2	2.2	(0.9)	5.1	35.6	0.0	(1.5)	173
Kampong Speu	10.0	40.5	(1.7)	2.5	11.5	1.3	(0.8)	6.9	29.4	0.0	(1.5)	318
Kampong Thom	10.7	36.4	(1.3)	3.1	13.0	3.4	(0.8)	7.1	27.7	1.9	(1.3)	217
Kandal	3.5	28.1	(1.3)	3.2	9.2	0.2	(0.8)	4.7	26.2	0.0	(1.3)	298
Kratie	10.5	38.4	(1.6)	2.7	6.5	0.5	(0.7)	4.4	25.1	0.0	(1.4)	180
Phnom Penh	4.9	17.9	(0.9)	1.0	8.4	3.7	(0.4)	2.2	12.9	3.4	(0.8)	391
Prey Veng	8.7	32.7	(1.5)	2.9	8.6	1.8	(0.6)	3.4	22.2	0.3	(1.3)	379
Pursat	18.4	38.8	(1.8)	5.7	12.3	4.7	(0.6)	7.9	31.6	0.4	(1.4)	200
Siem Reap	11.3	35.9	(1.5)	2.3	9.5	1.0	(0.7)	6.9	26.2	0.4	(1.3)	323
Svay Rieng	8.2	32.8	(1.4)	2.7	7.6	3.6	(0.6)	3.6	20.8	0.5	(1.2)	190
Takeo	6.4	30.7	(1.3)	5.0	14.6	1.5	(0.8)	4.4	22.7	0.0	(1.3)	258
Otdar Meanchey	14.0	36.3	(1.3)	7.2	15.1	5.3	(0.7)	5.2	26.4	0.0	(1.3)	78
Battambang/Pailin	5.0	24.9	(1.2)	0.3	7.9	0.7	(0.6)	1.8	18.2	0.5	(1.1)	388
Kampot/Kep	8.3	25.2	(1.4)	0.9	8.2	1.9	(0.7)	3.5	21.1	0.7	(1.3)	195
Preah Sihanouk/ Koh Kong	10.4	33.4	(1.4)	3.1	10.5	1.8	(0.6)	6.5	22.0	0.0	(1.2)	105
Preah Vihear/ Stung Treng	14.0	44.3	(1.8)	1.3	13.8	2.3	(0.7)	5.9	30.7	0.1	(1.5)	142
Mondul Kiri/ Ratanak Kiri	14.6	39.8	(1.6)	1.4	8.2	1.2	(0.6)	6.0	26.2	0.3	(1.4)	125
Mother's education												
No education	13.3	38.5	(1.6)	2.8	12.2	1.5	(0.7)	7.4	29.7	0.4	(1.4)	577
Primary	8.7	34.1	(1.5)	2.1	9.3	2.1	(0.7)	4.7	24.6	0.6	(1.3)	2,397
Secondary and higher	6.8	26.8	(1.3)	2.7	9.9	2.0	(0.7)	3.5	22.3	0.6	(1.2)	1,278
Wealth quintile												
Lowest	14.1	41.9	(1.7)	2.8	11.0	1.1	(0.8)	7.1	31.0	0.0	(1.5)	1,182
Second	9.8	37.1	(1.6)	2.3	11.4	2.1	(0.7)	5.7	27.5	0.5	(1.4)	998

	Height-for-age (STUNTING)			Weight-for-height (wasting)				Weight-for-age				
Background characteristic	% below	% below	Mean Z-score	% below	% below	% above	Mean Z-score	% below	% below	% above	Mean Z-score	Number of children
Age in months	-3 SD	-2 SD2	(SD)	-3 SD	-2 SD2	+2 SD	(SD)	-3 SD	-2 SD2	+2 SD	(SD)	
Middle	7.8	31.7	(1.4)	2.1	8.4	1.3	(0.7)	4.3	23.3	0.2	(1.3)	978
Fourth	6.9	29.1	(1.3)	2.5	9.3	2.4	(0.7)	3.5	22.0	0.8	(1.2)	844
Highest	4.1	18.5	(0.9)	1.9	7.4	3.3	(0.4)	1.7	13.0	2.1	(0.8)	891
Total	**8.9**	**32.4**	**(1.4)**	**2.3**	**9.6**	**2.0**	**(0.7)**	**4.7**	**23.9**	**0.6**	**(1.3)**	**4,893**

As can be seen in the table, the statement regarding the disparities between urban and rural areas are supported by the CDHS survey and confirmed by the UNICEF report from 2016 as a continuous issue. Stunting jeopardizes child survival and development by contributing to child mortality, morbidity, and disability, including impaired or non-optimal physical growth and cognitive development. In recent years, the global nutrition community has increased its focus on stunting. Developments in science have supported the causal relationship between stunting and short-term childhood development, as well as with long-term intergenerational effects on families. These relationships highlight the critical importance of nutrition during the first 1,000 days between a woman's pregnancy and her child's 2nd birthday, a period associated with risks of irreversible effects.[38] Cambodia has seen a decline in stunting of over 25 percentage points over the last 20 years but still has a high burden—the most recent figures show a stunting prevalence of 32% in 2014. According to this report, the highest rate was observed in a few provinces; those included Kampong Chhnang (42.8%); Kampong Speu (40%), and Rattanakiri/Mondulkiri (39%). International researches accepted that stunting is attributed by poor health, poor Water, Sanitation and Hygiene (WASH), as well as insufficient nutrition intake.

2.3 Concluding remarks

The most recent data available at the national level draw on the CDHS survey with the most recent one carried out in 2014 and one planned for the year 2018 as indicated on Ministry of Planning website. However, it can be concluded that the general trend of neonatal mortality is a decline to 18 per 1,000 live births in the year 2014. The highest maternal mortality is reported from the ministry of health (11 cases in Kampong Speu, 9 cases in Kampong Cham, 8 cases in Battambang, 7 cases in Kampong Thom, 5 cases in Kampong Chhnang), with the main causes identified being hemorrhage, eclamsia problems, septicaemia, cardiopathies and other causes. The number of women giving birth by skilled attendants has also increased reaching 80 per cent in the year 2016. The number of women giving birth at home is around 5 per cent (laboured by trained staff and TBAs) as reported by the ministry of health in 2016.

On the other hand infant mortality in Cambodia remains high, with the highest provinces at 72 percent in Rattanakiri/Mondulkiri, 70 per cent in Stung Treng, 64 per cent in Prey Veng, 61 per cent in Kratie and 50 per cent in Kampong Chhnang (CDHS 2014). The major factors for the infant and child mortality are low birth weight and lack of breastfeeding. As indicated above, children reported to be "very small" or "smaller than average," (less than 2.5 kg) are considered to have a higher than average risk of early childhood death and the mortality rate has in the period 2010 – 2014 remained the same, 8 per cent.

For child mortality rate per provinces – 80 per cent in Rattanakiri/Mondulkiri/Kratie, 79 per cent in Stung Treng, 75 per cent in Prey Veng, 63 per cent in Svay Rieng and 55 per cent in Kampong Chhnang – this is based on the CDHS 2014.

Chronic malnutrition remains high compared to other factors that are clearly contributing to child morbidity and mortality. As stated above, UNICEF reported[39] in 2016 that malnutrition causes approximately 4,500 child deaths annually with more 60 percent of children aged 6 to 24 months. For that reason, as will be seen in Chapter 6, nutrition remains one of the priorities in the government policies on MCH and policies are linked to agriculture, water and sanitation, elimination of open defecation, raising of education, poverty reduction and health.

[38] 2016, UNICEF, Stunting Evaluation
[39] Exact name of the documents

3 System of Setting up and Functioning of Social and Health Insurance

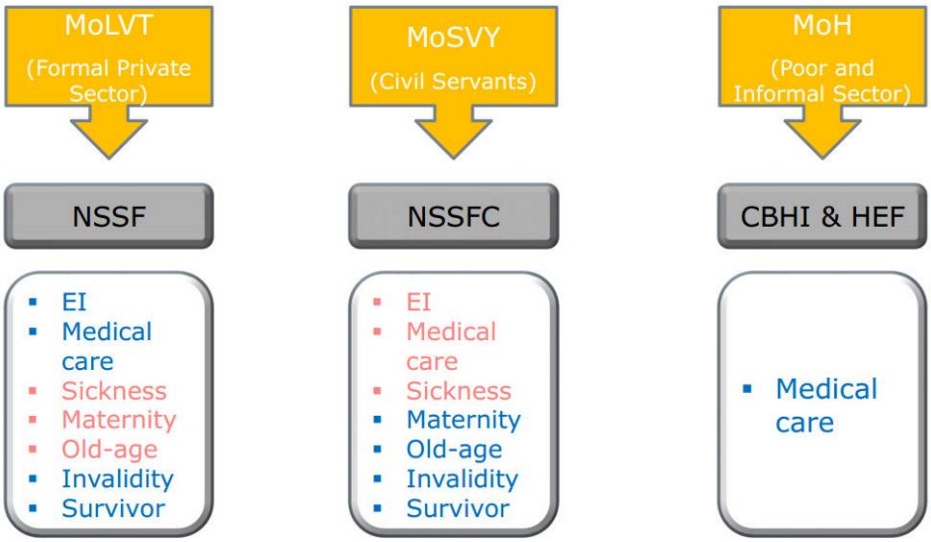
3.1 Current Social and Health Insurance Schemes

3.1.1 Social and Health Insurance Schemes Supported by the RGoC

Only approximately one fifth of Cambodians have social health insurance and many households fall into poverty due to the health-related expenditures. The RGoC embarked to develop a health insurance system[40] to reduce the impact of health-related expenditures on the households. It is a further significant process towards universal coverage and in poverty prevention/reduction. Policy guidelines and approaches have been elaborated in the Master Plan for Social Health Insurance, launched in March 2005 and in the Guideline for the implementation of community based health insurance in 2006 and in the new National Social Protection Policy Framework (SPPF) for the period of 2016 -2025. The current social protection system and the SPPF roadmap is summarised in the following figures.

The figure illustrates the social insurance master plan of the RGoC launched in 2005, including the identification of the respective ministry responsible for activities under each scheme:

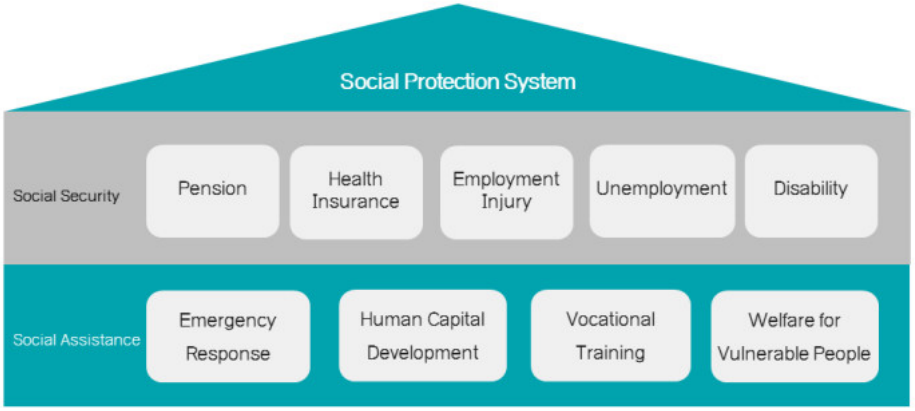
Figure 7: Social Security in Cambodia[41]



The vision of the RGoC with the SPPF roadmap is to simplify the management of the social protection system by establishing the National Social Protection Council (NSPC) with the purpose of integrating all social security operators, those being NSSF, NSSFC, NFV, PWDF into a single operator and to focus on two main pillars, namely Social Assistance and Social Security. [42]. The new social protection system can be best illustrated by the following figure:

[40] Guideline for the implementation of community based health insurance; Department of Planning and Health Information in collaboration with World Health Organisation and GTZ, Ministry of Health, June 2006.
[41] Source: Social Security in Cambodia, Employment Injury Insurance -EII presentation by Mr. Cheak Lymeng deputy Director of Policy Division, NSSF, Cambodia
[42] National Social Protection Policy Framework 2016 -2025, the Royal Government of Cambodia, March 2017

FIGURE 8: SOCIAL PROTECTION SYSTEM PLANNED UNDER THE NSSPF[43]



The SPPF is structured around two main pillars, the social assistance pillar and the social security pillar as is illustrated in the figure, and has been developed under the leadership of Ministry of Economy and Finance (MEF) in consultation with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY), the Ministry of Labour and Vocational Training (MoLVT), the Ministry of Health (MoH), the Ministry of Civil Service (MoCS), the Ministry of Planning (MoP), the Ministry of National Defence (MoND), the Ministry of Interior (MoI), the Ministry of Justice (MoJ), the Ministry of Education, Youth and Sport (MoEYS) and the Council for Agricultural and Rural Development (CARD).[44]

With roughly a fifth of its population estimated as living in poverty, there is a continued need in Cambodia for a focus on social protection as a means to reduce poverty, support the poorest, and address vulnerability to crises. Existing social assistance interventions include the Health Equity Funds, school feeding and scholarship programmes, and the Emergency Food Assistance programme. The social protection system also includes the National Social Security Fund for Civil Servants and

the National Fund for Veterans. The scope of these programmes is limited, however, and the coverage fragmented. Many poor and vulnerable households in rural and urban areas remain outside the reach of social assistance, and there is a need to ensure the coverage of social protection for the large number of internal migrants in Cambodia (roughly 2.5 million people), the majority of whom are youth.[45]

Fragmentation, limited coverage and lack of complementarity of existing interventions pose challenges to Cambodia's social protection system, as observed by the National Social Protection Strategy for the Poor and Vulnerable (2011-2015). There is a need to improve the targeting of social protection interventions through strengthened analysis of data on regional, gender, age, income and other variables to identify and respond to trends in social and economic vulnerability – including in the context of the ID Poor targeting mechanism. In the NSDP 2014-2018, the RGC commits itself to

strengthening the availability of data, improving the collection of reliable evidence required for decision-making through the national M&E system.

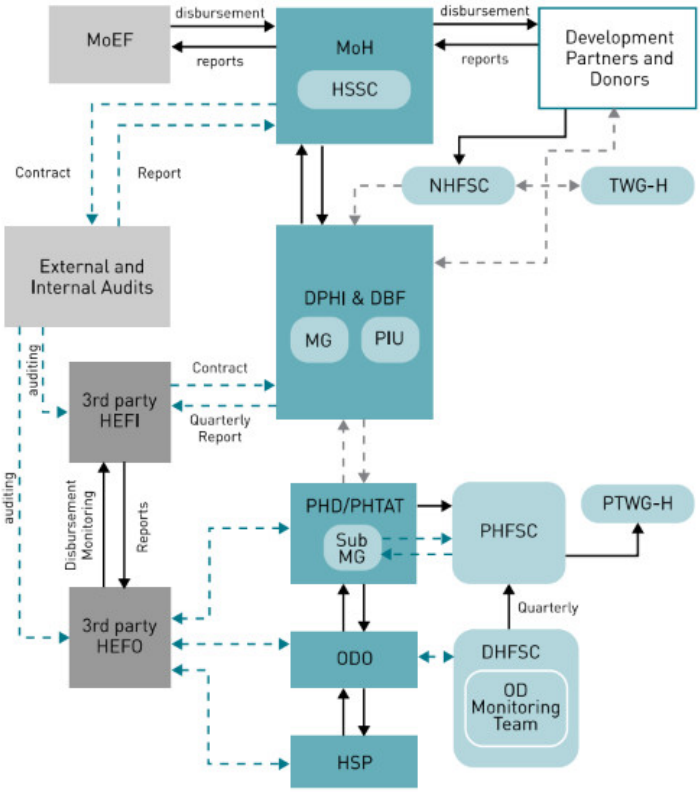
3.1.2 Management and Governance Structure of Health Insurance Schemes

The HEF is under the supervision of MoH, with support from different development partners and NGOs who acted as operators and currently function as the promoters of the HEF. It is financed by the RGoC with a contribution from the donor partners. On the other hand, the Community-Based Health Insurance schemes were and are under the management of NGOs and were financially supported either by donor partners as for example GIZ or its promotion was partially covered by the HEF in terms of combining promoting activities of HEF with CBHI.

[43] Ibid.
[44] ibid
[45] UNDAF 2016-2018

It has been stated that the management fragmentation has generated high operational costs, inconsistencies in terms of allowances and benefits, different criteria and options for members as well as differences in terms of priorities. The NSSPF is therefore a roadmap for the HEF to be in the future fully governed by the RGoC and the future of CBHI or other microcredit insurance initiatives and private insurances is to be promoted otherwise. Figure 9 below shows the previous governing structure of the NHEF, while the following Figure 10 is illustrating the NSSPF proposed management structure for the future of HEF.

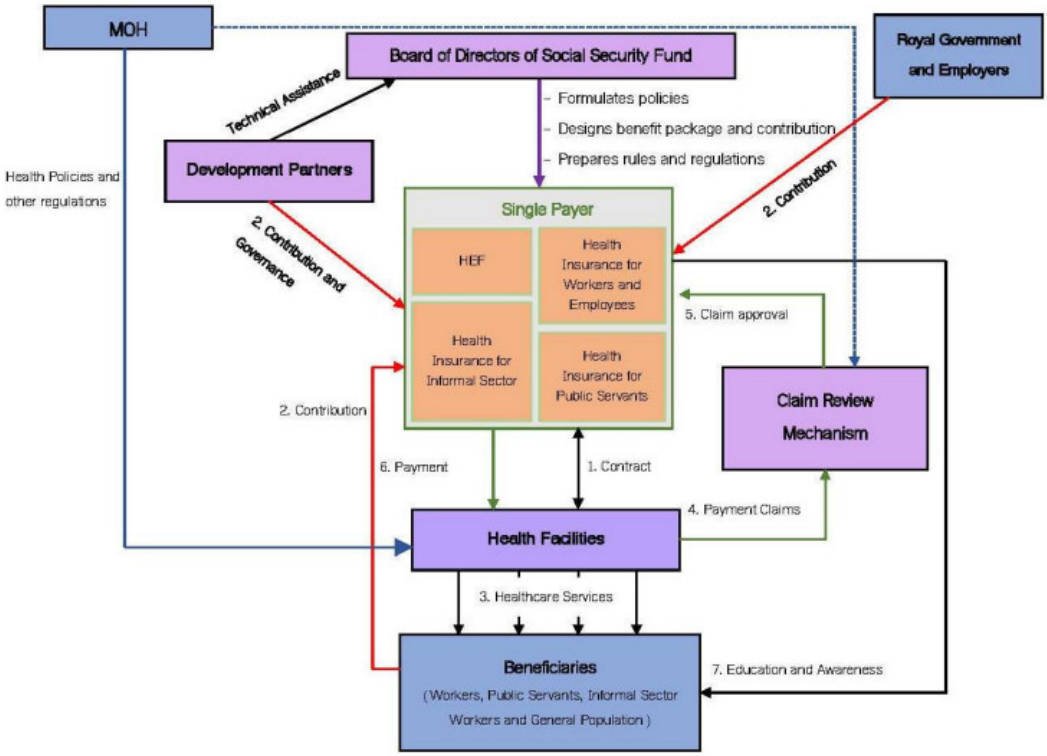
FIGURE 9: MANAGEMENT STRUCTURE OF THE HEALTHCARE SYSTEM 1



Legend: DBF, Department of Budget and Finance; DHFSC, District Health Financing Steering Committee; DPHI, Department of Planning and Health Information; HEFI, Health Equity Fund Implementer; HEFO, Health Equity Fund Operator; HSP, Health Service Provider; SSC, Health Sector Support Committee; MG, Monitoring Group; MoEF, Ministry of Economy and Finance; MOH, Ministry of Health; MoU, memorandum of understanding; NHFSC, National Health Financing Steering Committee; OD, Operational District; ODO, Operational District Office; PHD, Provincial Health Department; PIU, Planning Information Unit; PHFSC, Provincial Health Finance Steering Committee; PHTAT, Provincial Health Technical Advisory Team; PTWG-H, Provincial Technical Working Group for Health; TWG-H, Technical Working Group for Health

Source: Health Systems in transition, vol. 5 no. 2 2015, The Kingdom of Cambodia Health System Review

FIGURE 10: MANAGEMENT STRUCTURE OF THE HEALTHCARE SYSTEM 2



3.2 Health Insurance Types

The RGoC[46] recognises the potential of social health insurance as a major health care financing method to reach a more adequate, stable and efficient health care financing system that will promote improvement in quality in the delivery of an appropriate volume and mix of health services and remove financial barriers when seeking health care.

To reach universal health insurance coverage in Cambodia, a parallel and pluralistic approach the RGoC intended to:

- **Compulsory social health insurance** through a social security framework for the public and private salaried sector workers and their dependents, through addition of health care to the Social Security Law passed in 2002 and administered by the National Social Security Fund.
- **Voluntary insurance** through the development of community based health insurance (CBHI) schemes sponsored by different development partners, national non-government organisations in the initial stage and health care providers for non-salaried workers' families that can contribute on a regular basis. Social health insurance for this population sector should include all family members registered in the Cambodian Family Book.
- **Private health insurance** plans are considered to be at the very early development stage. Private insurances in Cambodia cover at the moment less than 5 % of the total population and are mainly available in urban areas and targeting the middle class. Companies are also operating as insurers when NGOs and private companies offer a health insurance package to their staff. According to the SPPF report, by the end of 2015, there were only 8 insurance companies. The premium collected was 9.2 million US-Dollars, an equivalent of 10.8% of the total insurance market. (p.27)
- Social assistance through the use of **health equity funds** and later government funds to purchase a health insurance for non-economically active and indigent populations.

[46] Master Plan for Social Health Insurance in Cambodia, Ministry of Health, December 2005

3.2.1 The Community Based Health Insurance

The CBHI Implementation Guidelines[47] shall apply to all CBHI schemes partnering with public and not for profit private health facilities in Cambodia. The Ministry of Health also encourages experimentation of alternative implementation designs (provided that the project proposal is submitted to a MOH appraisal and approval). The Ministry of Health will conduct an evaluation of CBHI guidelines implementation to identify recommendations in further policy making on CBHI in Cambodia.

The following stakeholders play a crucial role in the implementation and coordination of CBHI schemes:

- Ministry of Health: Bureau of Health Economics and Financing (BHEF), Department of Planning and Health Information (DPHI)
- Social Health Insurance Committee (SHIC)
- Provincial Health Department (PHD) and Operational District
- Health Care Providers (HCP): National Hospital, Referral Hospitals, Health Centre
- CBHI Consultative Committee (CBHI CC), including consumer and patients' associations and representatives of the population
- CBHI Steering Committee (CBHI SC)
- CBHI Implementers
- BHI Scheme supporters/funders

The guidelines should facilitate the implementation of CBHI schemes as a means of achieving universal coverage in the long run. They intend a network of CBHI schemes aiming with the same core principles in i) administrative prerequisites, ii) technical requirements, iii) general recommendations, iv) aspirations at the same purpose. This will allow merger and increase risk-pooling, leading to universal coverage. The guiding principles fall into 4 different categories:

1. Administrative pre-requisites: new community-based schemes shall fulfil administrative prerequisites and existing schemes shall adapt over time:
   - Registration of the NGO with the Ministry of Interior
   - Submission to the MoH for an agreement on the design and implementation arrangements, including the scheme's coordination with the equity funds operational in the same catchment's area and the detailed description of the group targeted by CBHI.
   - Regulations on qualifying periods for the entitled benefits according to the period of contribution payment and regulations on the cessation of entitlement when contribution payment is discontinued.
   - Contracts with the public health care facilities (HCs, RH) involving health authorities.
   - Information system covering registration, membership, membership history, records on payments of contributions, utilisation of health care and selected health and financial indicators as well as linkages with Equity Funds if applicable.
2. New CBHS shall adhere to technical principles and existing schemes shall adapt over time:
   - Premium revenues shall be invested into the scheme itself for its functioning costs, expansion (geographically, benefit package, quality improvement).
   - Contribution levels that are affordable to the majority of the households targeted for contribution to the social insurance scheme.
   - No payment is requested from the beneficiaries at the time and place of care.
   - Provision of out- and inpatient health services.
   - Contributions are made in addition to government health expenditures for health education-, health promotion- and disease prevention activities.
   - Provider payment methods according to requirements of the local context keeping a balance between stimulating utilisation and containment of costs. Pre-paid capitation is the preferred provider payment method.

[47] Guideline for the implementation of community based health insurance; Department of Planning and Health Information in collaboration with World Health Organisation and GTZ, Ministry of Health, June 2006.

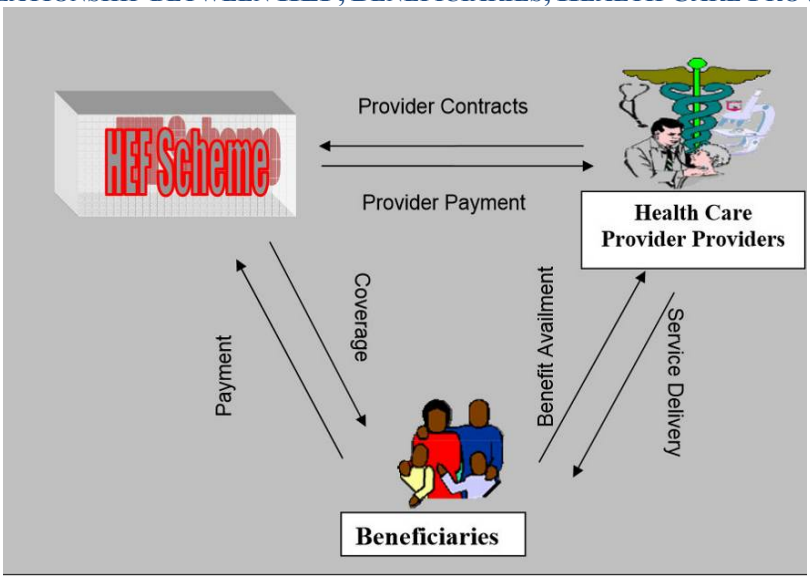
- Consultation with all stakeholder representatives in the development, operation, monitoring, evaluation and adaptation of the CBHI scheme including its coordination with the relevant equity fund.
- The CBHI scheme designates appropriate staff to participate in trainings coordinated by the DPHI, MoH.

Community Based Health Insurance Schemes were operated by a number of NGOs, cf. table, in 7 provinces and in Phnom Penh for the citizens working in the informal sector. According to the NSPPF[48] as of the end of 2015, 148,418 people joined these schemes. Their funding is based on contribution of their members and subsidies from development partners. The operation of the schemes is seen as a potential trend for the future development of social health insurance of the informal sector, however the findings from the implementing NGOs as well as the donor partners supporting the scheme point towards an at this moment unsustainable modality which is subsidy dependent.

3.2.2 Health Equity Fund

The purpose of the Health Equity Fund is to fund the user-free exemptions services at the public health facilities. The HEF scheme objective is to enable the pre-identified poor population to have access to services at Health Centres and Referral Hospitals and in case needed they can be referred to a higher level of services. The HEF can cover besides the health services, transport costs, food and funeral expenses.[49] According to the Health Financing Profile from May 2016, the MOH seems to be considering expansion of HEF to vulnerable groups other than the poor, such as the elderly, people with disabilities, and children under five.[50]

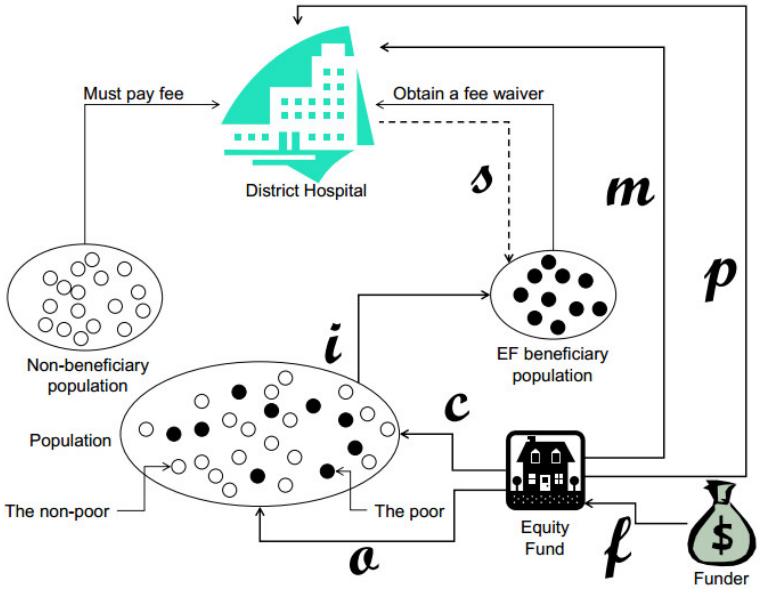
FIGURE 11: RELATIONSHIP BETWEEN HEF, BENEFICIARIES, HEALTH CARE PROVIDERS[51]



The below figure outlines the relationship between HEF, beneficiaries and contracted health care providers:

[48] National Social Protection Policy Framework 2016 -2025, the Royal Government of Cambodia, March 2017
[49] Health Systems in transition, vol. 5 no. 2 2015, The Kingdom of Cambodia Health System Review
[50] https://www.healthpolicyproject.com/pubs/7887/Cambodia_HFP.pdf
[51] Source: Ministry of Health, 2009, Implementation of the Health Equity Fund Guidelines

FIGURE 12: HEF FUNCTIONING



Mechanisms

The HEF scheme acts as a financial intermediary for the provision of accessible, affordable health services to its members. The beneficiaries are mostly pre-identified at home prior to seeking care by the ID-Poor survey[52] process implemented nationally through the Ministry of Planning. Services are provided free to beneficiaries and the HEFs directly reimburse the cost to the facility.

3.3 ID Poor mechanism governing access to HEF

Is a standardised process of identifying poor households which was established in 2006 by the Ministry of Planning (MoP). The aim of the programme is "to more efficiently achieve poverty reduction by providing a national, standardised mechanism for identifying poor households in need of assistance and encouraging the equitable distribution of resources to priority regions".[53]

In 2011 the RGoC issued Sub-decree No. 291 that formalised MoP as the agency responsible for Identification of the Poor Households and the ID Poor to be used as the source for providing assistance to those households.

The ID poor data is used for various social protection processes[54]:

- Free or discounted medical services (through HEF)
- Scholarships, waiving of tuition fees, support to poor children for general education and vocational training
- Distribution of agricultural inputs (seed, livestock, etc) and training on agricultural and animal husbandry techniques
- Allocation of social concession land
- Distribution of free food and basic necessities
- Food or cash for work schemes
- Cash transfer programmes (e.g. to improve child and maternal nutrition, health and education)
- A wide range of other activities targeted to poor communities and households by NGOs, pagoda committees, charities

In terms of management structure there is a cascade of national, sub-national and community structures involved in ID Poor management

[52] In districts omitted from ID-poor survey, the HEF operators carry out their own pre-identification survey for the facilities.
[53] ID Poor ATLAS Round 4_5 Eng Final
[54] Presentation on Summary of IDPoor_2013 08

FIGURE 13: CASCADE OF NATIONAL, SUB-NATIONAL AND COMMUNITY STRUCTURES INVOLVED IN ID POOR MANAGEMENT

According to the Sub-decree article 13, the identification of poor household must be based on interviewing households using the questionnaires prepared by MoP. The poverty indicators[55] are:

- Housing condition, which includes roof, wall, area, house quality (and specification of whether it is the household's property or is rented)
- Size of legally owned residential land and productive agricultural land
- Main source of income from growing crops or fishing, or other activities
- Animal raising (such as raising fish for sale)
- Ability to meet food requirements
- Number of household members unable to earn an income, relative to the total number of household members
- Material goods and equipment
- Means of transportation
- Unexpected problems or serious crises which cause the households to lose income, experience food shortages, sell property, or go into debt
- Number of children aged 6 to 11 years who missed school, and the reasons
- Situations which cause deterioration of the household's living conditions, such as the head of household (husband or wife) suffering from serious disability or chronic disease, households consisting exclusively of elderly members, households with orphans living with them, female-headed households with many young children, or households with no members with the capacity to work
- Situations which improve the household's living conditions, such as assistance from relatives or other income sources

3.3.1 HEF Funding source

The total expenditure in 2015 was USD 13,984,837.[56] The funding came from the government and international donors. According to the NSSPF report, as of 2017, around two million poor Cambodians have been receiving financial risk protection, through the HEF, when using healthcare services at public health facilities (health centres and referral hospitals) nationwide.

The HEF is meant to support the poor population, the holders of the ID-poor and refunds the user fees for the healthcare services on their behalf. The scheme covers both out-patient services (including birth delivery) and in-patient services (including surgeries). In addition to this, the HEF also covers the cost of referring the patients to the hospitals, food allowances, one caregiver in case the patient needs to stay in the hospital and funeral allowance.[57] Besides the HEF scheme, the RGoC Government has been contributing to the Kantha

[55] IDPoor SubDecree
[56] MoH, 2015 Annual Performance Monitoring Report, Volume 1
[57] National Social Protection Policy Framework 2016 -2025, the Royal Government of Cambodia, March 2017

Bopha Hospital Fund on an annual basis to support the provision of free out-patient and in-patient services to children nationwide. According to the NSSPF, in 2015, the Government's subsidy to the Kantha Bopha Hospital Fund increased to roughly 10 million US-Dollars. (p.27).

Until mid 2017, the MoH in collaboration with URC managed the HEF. The MoH acted as a supervisor of the NGO operators[58] and the payment system, while the URC provided the main administrative infrastructure and the monitoring and auditing of HEF.

3.3.2 Social and Health Insurance Schemes Supported by Donors, and International Organisations

A social health protection[59] project of the MoH was commissioned by the German Federal Ministry for Economic Cooperation and Development (**BMZ**) for the period 2009 to 2018. After Germany has been supporting the health sector in Cambodia since the mid-1990s, the cooperation of **GIZ** is targeting now the Cambodian MoH and other partners in four areas: i) health care financing, ii) improving health services, iii) citizen participation in the health system and iv) inclusion of vulnerable groups. The project provides national policy advice and supports the implementation of the national health strategy in the provinces of Kampong Thom, Kampot and Kep. The access of poor and vulnerable population groups to essential health services has improved as a result of the establishment of a social health insurance system.

Table 15 presents an overview of provider payment mechanisms by service and insurance providers.

TABLE 15: PROVIDER PAYMENT MECHANISMS BY SERVICE AND INSURANCE PROVIDER[60]

Health Provider	MOH	SOA	NSSF (work-place injury)	HEF	CBHI	Voucher	Private Insurance	OOP cost sharing
National Hospital	Line-item budget	na	Fee-for-service	Case-based	Fee-for-service and case-based	na	Fee-for-service	Fee-for-service
Provincial Hospital	Line-item budget	Service Delivery Grant and PBF	Fee-for-service	Case-based	Fee-for-service and case-based	Fee-for-service	na	Fee-for-service
Referral Hospital	Line-item budget	Service Delivery Grant and PBF	Fee-for-service	Case-based	Fee-for-service and case-based	Fee-for-service	na	Fee-for-service
Health Centre	Line-item budget	Service Delivery Grant and PBF	Fee-for-service	Case-based	Capitation and fee-for-service	Fee-for-service	na	Fee-for-service
Private Provider	na	na	Fee-for-service	na	na	Fee-for-service	Fee-for-service	Fee-for-service
Pharmacy	na	na	na	na	na	na	na	Fee-for-service
Charitable hospital	na	na	na	na	na	na	na	Fee-for-service
NGO facility	na	na	na	na	na	na	na	Fee-for-service

[58] There were 11 Health Equity Fund Operators:
[59] Social health protection, Commissioned by: German Federal Ministry for Economic Cooperation and Development (BMZ), Lead executing agency: Ministry of Health, Cambodia, 2009 to 2018
[60] Health Systems in transition, vol. 5 no. 2 2015, The Kingdom of Cambodia Health System Review

3.3.3 NGOs and other Actors contributing to Social and Health Insurance Schemes

As already described in the previous chapter there are various actors active in the social and health insurance schemes, the RGoC, donors, the private sector, voluntary contribution and the HEF. Since the notion of any insurance is very new to the Cambodian population, various actors are active in activating the population's awareness about insurance.

One of the non-governmental initiatives is the Social Health Protection Association(SHPA) [6162], which was established with the aim to provide a collective voice for the social health protection and micro-insurance schemes and to steer discussions on the policy development and guidelines and standards for schemes.

Currently, next to the private sector and Government led HEF, there are a few NGOs who have been engaged in the provision of insurances schemes. According to the MoH policy on social insurance – there are some local NGOs – AFH, BFH, FHD who have been engaged the provision of insurances schemes.

An overview of the organisation contributing to the health insurance scheme is listed in Table 16.

TABLE 16: NGOS ENGAGED IN THE PROVISION OF INSURANCE SCHEMES

Name of the local NGO	Type of insurance	Partner Organisations	Target provinces	Kampong Chhnang Province
Family Health Development (FHD)	• Health Equity Fund • SKY[63] insurance which was integrated into HEF	MoH (HEF) SKY took over from GRET	HEF Phnom Penh	
Buddhism for Health (BFH)	• Community Managed Health Equity Funds (CMHEFs) • National Health Equity Fund (NHEF) • Community Based Health Insurance (CBHI) • Social Accountability in Health	• URC (USAID funded) • GIZ • MoH, KOICA, UNFPA, UNICEF, WB • MoH (HSSP2)	Bantey Meanchey, Pailen, Battambang, Kampong Chan, Thong Khmun, Kampong Speu, Kampot, Takeo, Kep, Sihanouk, Parsat, Seim Reap, Prey Veng,	Kampong Chhnang
Action for Health (AFH)	HEF	MoH[64] USAID GIZ	Kampong Cham, Kampong Thom,	

3.4 Health Insurance Schemes in Kampong Chhnang

According to the PHD no community health insurance scheme is currently implemented in the province. Local NGOs who have implemented CBHI under the previous system have confirmed that no CBHI was accessible to the population.

Kampong Chhnang has 10 garment factories, which means that there is a health insurance provided to the workers of these factories under the government social health insurance scheme.

The HEF is utilised by the hospitals and is based on ID poor households. In case a health service seeker does not have a ID poor card and cannot afford the treatment the hospital still accepts the patient and does a post-identification of the ID poor card. The percentage of poor households in Kampong Chhnang based on the

[61] http://shpa.org.kh/

[62] Full members are: Action for Health (AFH), Action for Health Development (AHEAD), Buddhism for Health (BfH), Centre d'Etude et de Développement Agricole Cambodgien (CEDAC), Cambodian Health Committee (CHC), Cambodian Health Organization (CHO), Family Health Development (FHD), Patient Information Centre (MoPoTsyo), Pursat Community Health Support Fund Association (PCHSFA), Poor Family Development (PFD), Reproductive Health Association of Cambodia (RHAC). SHSFO. Angkor Chum OD Cooperative Health Insurance (STSA). Associate members are: Catholic Relief Services (CRS), Groupe de Recherche et d'Echanges Technologiques (GRET), Malteser International (MI), Women Organization for Modern Economy and Nursing (WOMEN)

[63] Integrated into HEF, FHD has around 6000 SKY customers

[64] Other partners supporting AFD: AFH, AusAID, BTC, GIZ, MediCAM, MIA, URC

data from 2010 differs across the province. The table below shows the categorisation of poor households by district in Kampong Chhnang.

TABLE 17: CATEGORISATION OF POOR HOUSEHOLDS BY DISTRICT IN KAMPONG CHHNANG*

District	Total households in coverage area[2]	Poor Households by poverty category						Sex head of Poor Households by poverty category[3]					
		Poor Level 1		Poor Level 2		Total		Poor Level 1		Poor Level 2		Total	
		Number	%	Number	%	Number	%	% Female	% Male	% Female	% Male	% Female	% Male
Baribour	12,253	2,877	23.5	2,441	19.9	5,318	43.4	36.9	63.1	36.7	63.3	36.8	63.2
Chol Kiri	7,118	1,522	21.4	1,764	24.8	3,286	46.2	25.6	74.4	18.1	81.9	21.6	78.4
Krong Kampong Chhnang	6,882	843	12.2	1,290	18.7	2,133	31.0	37.8	62.2	32.2	67.8	34.4	65.6
Kampong Leaeng	10,307	2,613	25.4	1,686	16.4	4,299	41.7	28.1	71.9	20.7	79.3	25.2	74.8
Kampong Tralach	19,261	2,951	15.3	2,469	12.8	5,420	28.1	39.3	60.7	30.7	69.3	35.4	64.6
Rolea B'ier	21,613	4,164	19.3	4,391	20.3	8,555	39.6	40.0	60.0	32.7	67.3	36.2	63.8
Sameakki Mean Chey	15,606	2,368	15.2	3,216	20.6	5,584	35.8	38.0	62.0	27.8	72.2	32.1	67.9
Tuek Phos	13,666	2,295	16.8	2,231	16.3	4,526	33.1	38.1	61.9	28.7	71.3	33.5	66.5
Total	**106,706**	**19,633**	**18.4**	**19,488**	**18.3**	**39,121**	**36.7**	**36.2**	**63.8**	**29.3**	**70.7**	**32.7**	**67.3**

* Source: IDPoor ATLAS Round 4 and 5_Eng Final p. 25

During the FGD with the hospital[65] employees the study team team observed that the level of awareness about CBHI or insurances for employees is low or not existent. When discussing the notion of insurance in general with the staff at the health centres[66] or community council level, it was apparent that the knowledge or awareness varies or is also not existent.

3.5 Concluding remarks

In Chapter 3 social and health insurance schemes are presented. Given that there is a shift towards a more comprehensive model provided by the Government, both the "old" and the planned system is described, outlining the types of social and health insurance in particular available to the population. The new system is developed by the government with technical assistance provided by the GIZ, who has sound experience with health insurance, in particular CBHI, in Cambodia.

Given the fact that for a large number of the population health services remain expensive to cover as out of pocket expenditure, special attention in this chapter was also given to the ID poor system. An ID poor registration mechanism is a precondition for people to make use of the HEF when seeking medical care in case they do not fall under any health insurance. In these cases, the Government takes over the responsibility to cover the medical costs. An overview of the various mechanisms covering medical costs is presented in table 17. It is worth to mention that the HEF is a highly subsidised form of a cost-covering mechanism in which the Government assumes a bigger role each year.

In general, there are high out of pocket expenditures for health services. However, all persons seeking help will be attended. In case a person does not fall under any of the health insurance systems, such as for example residents working in the informal sector (grey economy), but who do not fall into ID poor programme, they have to pay formal and often also informal contributions to the health facilities.

There is no specific social and health insurance designed specifically for minorities. However, most ethnic populations, as for example in Mondulkiri and Rattanakiri, are classified as the poorer population – so in general they will be holders of the ID Poor card and their medical expenses will be covered by HEF.

In case a person is not a holder of an ID Poor card they still will be attended to at the hospital and a post identification will take place and the cost waiver will apply to them. In case they are not eligible for the ID Poor card and therefore also not for a post identification, they will have to pay for the services by themselves.

[65] FGD,20.11.2017
[66] FGD 21,22,11.2017

4 Access to a Health Care Facility for Children and Orphans and for Ethnic Minorities

Access to health care services do not differ for ethnic minorities. There is in theory equal access to health services for everyone. However, in practice it can be assumed that financial implications of receiving health services are barriers for vulnerable groups.

With regard to Ethnic Minorities, it is known that the majority of minorities are located in Rattanakiri and Mondulkir provinces (75%). In Kampong Chhnang there are two minority groups[67], Muslim (15%) and Vietnamese (10%). No group would be denied health care when seeking care, however, the geographic location of the Vietnamese minority, living on floating house, might be a constraint to access health facilities.

4.1 Current Status of Children/Families without birth certificates

Birth registration in Cambodia remains a challenge, with only half of children under age five having a birth certificate (Cambodian Demographic Health Survey (CDHS) 2014). According to the survey[68] in 2014 the percentage of children under the age of 5 with birth certificates on country level was at 75.5% in urban and 62.0% in rural areas. Although these figures are significantly higher than those found in the 2010 CDHS (51 percent and 62 percent, respectively), the levels of registration vary greatly across the country as shown in Table 18 below and indicate still a high degree of gaps.

Table 18: Birth registration of children under age 5[69]

Percentage of de jure children under age 5 whose births are registered with the civil authorities, according to background characteristics, Cambodia 2014				
	Children whose births are registered			
Background characteristic	Percentage who had a birth certificate	Percentage who did not have a birth certificate	Percentage registered	Number of children
Age				
<2	59.4	7.8	67.2	3,125
2-4	66.8	10.5	77.4	4,680
Sex				
Male	64.8	8.9	73.7	3,940
Female	62.9	10.0	72.9	3,865
Residence				
Urban	75.5	8.8	84.4	1,066
Rural	62.0	9.5	71.6	6,739
Province				
Banteay Meanchey	61.7	10.5	72.2	372
Kampong Cham	54.1	15.8	69.9	1,086
Kampong Chhnang	71.5	4.0	75.5	263

[67] PHD report
[68] CDHS 2014
[69] Source: Cambodia Demographic and Health Survey 2014, National Institute of Statistics, Ministry of Planning, Directorate General for Health, Ministry of Health, Phnom Penh, Cambodia, The DHS Program ICF International Rockville, Maryland, USA, September 2015

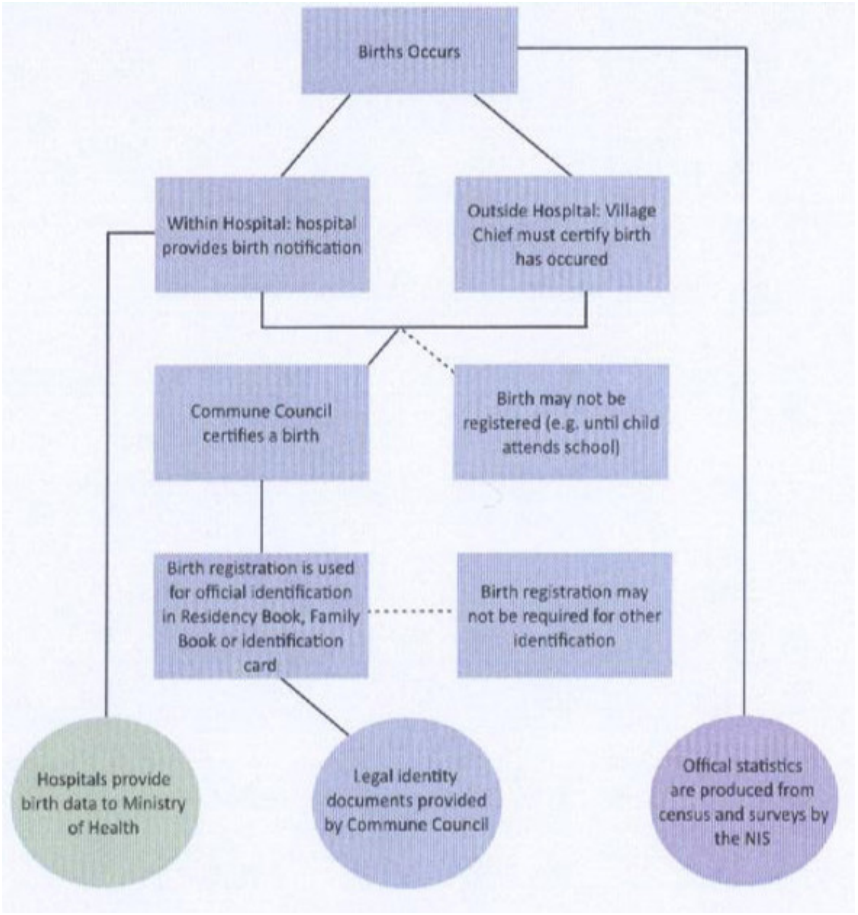
Kampong Speu	74.0	4.2	78.1	478
Kampong Thom	59.7	4.0	63.7	364
Kandal	80.1	4.0	84.1	530
Kratie	40.5	4.8	45.3	271
Phnom Penh	84.9	4.5	89.4	607
Prey Veng	73.7	5.5	79.2	592
Pursat	52.0	10.7	62.7	313
Siem Reap	70.5	2.0	72.6	536
Svay Rieng	84.7	2.8	87.5	297
Takeo	60.4	15.3	75.7	408
Otdar Meanchey	73.5	7.9	81.4	140
Battambang/Pailin	32.6	37.8	70.5	613
Kampot/Kep	75.8	1.1	76.9	321
Preah Sihanouk/Koh Kong	72.8	0.8	73.6	170
Preah Vihear/Stung Treng	62.8	3.7	66.5	234
Mondul Kiri/Ratanak Kiri	32.8	7.0	39.7	211
Wealth quintile				
Lowest	52.5	6.7	59.1	1,878
Second	60.7	8.8	69.6	1,586
Middle	65.6	9.9	75.4	1,554
Fourth	69.1	11.7	80.8	1,347
Highest	75.5	11.1	86.6	1,439
Total	63.9	9.4	73.3	7,805

4.2 Requirements to obtain a Birth Certificate

A policy has been developed and adjusted in 2000:

- Civil registration and Vital Statistics (CRVS) is the responsibility of the Ministry of Interior and has been supported mainly by UNICEF, ADB, Plan, UNHCR, UNFPA, USAID, JICA, URC, WHO
- In December 2000, sub-decree 103 was formulated. There are 2 categorisations how birth is registered:
    - Birth – births that were registered within 30 days of occurrence
    - Certified birth – birth registered after 30 days of occurrence
- Birth Certificates are registered by the Commune Chief. The birth registration process requires the family to provide either a hospital notification form or a proof of birth certified by the village chief.
- If registration takes place within 30 days of occurrence it is free of charge.
- If registration takes place after the 30 days of occurrence a fee must be paid. The fee is 10,000 Riel or 3,000 Riel in provinces ranked as low-income.

FIGURE 14: BIRTH REGISTRATION[70]



4.2.1 Mechanisms and Realities for Ethnic Minorities in obtaining Birth Certificates in Kampong Chhnang

The situation of ethnic minorities is complex and differs between the groups. As an example the Khmer Krom are briefly described. Based on a study carried out by GIZ, 20 -30 percent of Khmer Krom lack identity cards. The Cambodian Government[71] has publicly stated that because of their Khmer ethnicity, Khmer Krom people choosing to take up residence in Cambodia are entitled to citizenship under the Cambodian Nationality Law. However, access to Khmer (Cambodian) citizenship for Khmer Krom is far more difficult in practice.

When attempting to gain citizenship, many Khmer Krom are told they must have a permanent address in Cambodia. While recent campaigns (conducted in part by MIRO staff) have positively impacted Khmer Krom access to citizenship, 20 to 30 percent of Khmer Krom in Cambodia still do not have legal identification, and live without the rights protection they have been guaranteed as Khmer citizens. This has resulted in poor living conditions for Khmer Krom in Cambodia, with inadequate access to social services.

As Khmer Krom are often viewed as Vietnamese by the Cambodian public, they are ostracised and excluded from public life. In particular, Khmer Krom women struggle greatly, as 80 percent are illiterate and do not receive an education. As well, the unclear legal framework surrounding Khmer Krom citizenship has limited their ability to bring their injustices to court. Again, women in particular suffer from the shortcomings of the Cambodian judicial system, with many cases of domestic violence ignored by Cambodian authorities.

[70] Source: http://www.crvscambodia.org/upl/announced/crvs_assessment_signed_in_en.pdf[70] (seen on October 31 2017)
[71] http://mirocambodia.org/?page_id=11 visited on 31 October 2017

4.3 Situations Obligatorily Demanding Birth Certificates

A birth certificate is a prerequisite for school enrolment at the age of six, for protection efforts to prevent child labour, counter child marriage trafficking and for obtaining a legal identity card at the age of fifteen.

In turn a legal identity is required for a series of benefits and opportunities[72]:

- Obtaining employment authorisation
- Sitting for national examination
- Opening bank accounts
- Accessing police services
- Accessing the courts
- Becoming a member of a union
- Registering a business
- Joining the military service
- Voting
- Running for a public office
- Purchasing/registering land and motor vehicles
- Receiving government subsidies
- Overseas travel/employment
- Obtaining other identify documents
- Receiving protection against sexual exploitation, child labor and trafficking
- Receiving juvenile justice protection

The population of Cambodia has access to health facilities independently whether they are a holder of a birth certificate or not. However, it is foreseen in the future that a birth certificate will be needed for accessing health services. It was as well pointed out in the planned policy on social insurance and social assistance.

4.4 Public Awareness Creation on the Mechanism to obtain a Birth Certificate

Prompt registration at birth is seen[73] as an essential means for the protection of a child's right to identity, as well as to ensure the realisation of his/her fundamental rights. The protection efforts include also prevention of child labour by enforcing minimum-employment age laws; ensuring that children in conflict with the law are not treated legally and practically as adults; protecting children from under age military service or conscription; prohibiting child marriage; and reducing child trafficking as well as assessing children who are repatriated and reunited family members.

According to the Cambodia Demographic and Health Survey (CDHS) 2010, just over 62 per cent of children under five are registered in Cambodia, which is lower than the 2005 figure of 65 per cent.

In order to address a better birth certification mechanism, community awareness and commune council support need to be improved.

Since 2007, every commune/Sankat has a Commune Committee for Women and Children (CCWD), which was established as an institutional mechanism to coordinate between various stakeholders. Their role is to advocate for birth registration and together with the village chief encourage all parents to register births.

4.5 Initiatives of Donors / International Organisations / NGOs promoting Birth Certificates

As the birth registration system is recognised as essential also in view of child right protection, the RGoC received some technical and financial support in rolling out the system:

- UNICEF received funding from the Japan Committee for UNICEF to support seventy-four communes to strengthen the registration of vital events. As a result, since 2011 the parents of newborn babies in the commune have been issued birth certificates.

[72] Assessing the Quality and Use of birth, death and cause-of-death information in Cambodia
[73] UNICEF report 2014

- The support aims at increased awareness with information and training of commune leaders and communities on the importance of birth registration, it's mechanisms and procedures and timings.
- The communes are also assisted in promoting the importance of registering other vital events such as marriages and deaths.
- In 2013, UNICEF supported an awareness campaign with radio spots and posters through the country to promote among other birth registration.
- Also, some NGOs assisted in community awareness, such as Save the children (not in Kampong Chhnang), Plan International (birth certificates as part of their early childhood programme (not in Kampong Chhnanh)), Child Fund and World Visions.

4.6 Birth certificate situation in Kampong Chhnang

During the talks with the local communities' representatives, HCMC and VGHC it was confirmed that the birth certificate awareness raising is continuously supported and has impact on the level of registration. In one of the districts the claim was that 90% of the new born children are registered, the population that is not likely to have a birth certificate are elderly people.

During the meeting with the government representative on the provincial level, the number of population having a birth certificate reaches 90%, however 35% of those registrations are done incorrectly and need to be reissued.

4.7 Concluding remarks

In conclusion, to receive a birth certificate is a straight forward process, where a parent needs either a hospital notification form or a proof of birth certified by the village chief. Although having a birth certificate is needed for many formal registrations within the public system (for more information please see section 4.3) to receive treatment at a health care facility this is not a pre-requisite.

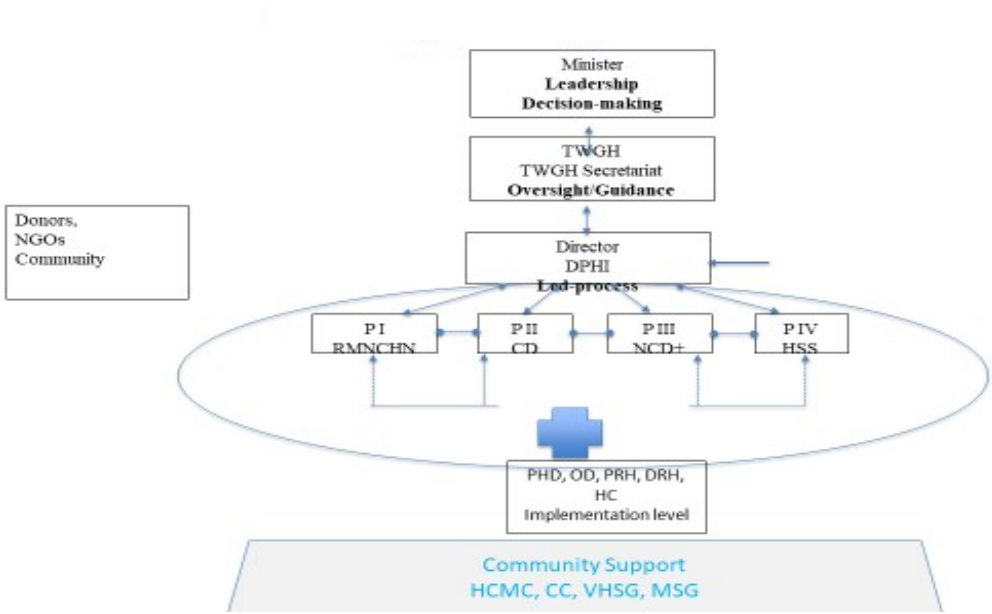
When it comes to promoting birth certificate registration at the health facilities, during the field visits it was not observed that health facilities would engage in promotion of birth certificates. They would issue the birth notification form, but no further information would be shared with the parents. On the other hand, the HCMC and VGHC together with the village chiefs would be the main promoters of birth certificates. The commune council, health center staff, HCMC, and village chief are the main key players in provision of birth certificates to the different population groups.

With regard to activites of donors and NGOs, those are elaborated on in Chapter 1 where a geographic mapping indicates activities related to MCH and which are further specified in Annex 3. In summary, regarding provinces with the highest minorities groups such are Mondulkiri and Ratanakiri provinces, the main actors among the international NGOs are Plan International and Save the Children. Plan International has implemented the projects of WASH, MCH and Nutrition, and Save the Children has implemented in some districts WASH and MCH focused projects. However, the main focus of this study was the province of Kampong Chhnang which does not have any major minority groups (the only 2 groups identified were 15% muslim and 10% Vietnamese), which is also further specified in Chapter 1 and Annex 3.

5 OPERATION AND THE ROLE OF INDIVIDUAL HEALTH FACILITIES (HEALTH CENTER, REFERRAL HOSPITAL) IN MCH-CARE AND CHILD-MALNUTRITION

The roles and functions of the various levels of the individual health facilities is in detail described in Chapter 1. In this chapter the report describes further in detail the various Complementary Packages of Activities delivered by the individual health facilities. In Chapter 6 then this baseline information based on the MOH regulations for hospitals and their respective CPA level will be further assessed against the level of met requirements in the selected province, Kampong Chhnang.

FIGURE 15: ORGANISATIONAL STRUCTURE AND RESPONSIBILITIES OF THE KEY HEALTH ACTORS



5.1 Roles and Functions of the National MOH Department and National Programmes

5.1.1 Ministry of Health

The overall role of the Ministry of Health can be summarised in the following points, that is to:

- Define health policy
- Develop planning and strategy for the health sector
- Develop regulations/guidelines to maximize the quality of health services in the public and private sectors
- Monitor, control and evaluate the administrative and technical work of institutes subordinate to the MoH
- Research how to develop the health sector
- Manage resources (human, material, financial, and information) at central, provincial, municipal, district, khan and C/S level
- Organize preventive programs and nursing care to decrease the incidence of disease
- Coordinate other resources
- Oversee production, trade and distribution of drugs, medical equipment and paramedical equipment in all public and private health facilities
- Control food safety

5.1.2 Municipal and Provincial Health Department -

As of December 2015, there are 25 Municipal/Provincial Health Departments (M/PHD) and 25 Municipal /Provincial Referral Hospitals that are under direct administration of the M/PHDs. The municipal/provincial

level is the interface between the central and operational district level. The main role of the M/PHDs is to link the MOH and ODs through:

- Interpretation, dissemination and implementing national health policies and health strategic plans through annual planning and budgeting.
- Supporting the development of ODs by regular supportive supervision and monitoring and evaluation.
- Ensuring equitable distribution and effective utilization of available financial and human resources.
- Mobilizing additional resources.
- Providing continuing education to health personnel in the province.
- Performing delegated regulatory functions of private health providers and pharmaceutical products.
- Promoting coordination and collaboration with relevant stakeholders, including local administrations.

5.1.3 Operational District Level (First Level)

As of December 2015, there are 94 OD offices covering 197 administrative districts/Khans. The Operational District is the most peripheral subunit within the health system, closest to the population, and composed of HCs/HPs and RHs. Its main role is to implement the Operational District health objectives through:

- Interpreting, disseminating and implementing national policies.
- Maintaining effective, efficient, and comprehensive health services (promotion, preventive, curative, rehabilitative) according the national clinical practice guidelines/protocols.
- Ensuring equitable distribution and effective utilization of available financial and human resources.
- Mobilizing additional resources for district health services.
- Providing in-service training to hospital and health center staff.
- Providing support to HCs/HPs and RHs through supportive supervision, monitoring and evaluation.
- Promoting coordination and collaboration with relevant stakeholders, including local administrations.

5.1.4 Referral Hospital (National hospitals, Provincial and District Hospitals)

As of December 2015, there are 102 referral hospitals, including 9 National Hospitals, 25 Municipal and Provincial Referral Hospitals and 68 district-based Referral Hospitals. Referral hospital services are distinct and complementary to those delivered by health centers. The type of health services delivered by RHs is defined by the MOH's Guidelines for Development Complementary Package of Activities (CPA) which includes 3 levels of CPA: CPA1, CPA2 and CPA3. The RH are foreseen to cover the optimal size of population of 100,000, they however cover a population ranging between 80,000 to 200,000 and are located in populated areas to be reachable within 2 hours drive or boat journey, and in rural areas not more than 3-hour drive or boat journey.

Main roles of RH are:

- Providing health services that cannot be delivered by health centers which includes: specialized services, diagnosis, follow-up and treatment for management of complex health problems.
- Supporting the health centers in the respective OD by clinical training.
- Conducting supportive supervision/clinical monitoring of respective HCs.

5.1.5 Health Center

As of December 2015, there are 1,141 HCs and 107 Health Posts which covered 1,633 Communes/Sangkat. The HC are foreseen to cover the optimal size of population of 10,000, they however cover a population ranging between 8,000 to 12,000 and are located in populated areas to be reachable within 10km or 2hrs walk maximum for the catchment area population.

Health centers deliver basic health care services as defined in the MOH's Guidelines for Minimum Package of Activities (MPA):

- MPA services
- Have close contact with the catchment area population

- Be efficient and affordable (financially and functionally)
- Provide integrated high quality promotive, preventive and basic curative services
- Ensure financial, geographical and culturally appropriate accessibility
- Encourage community participation in health

5.1.6 Health Post

Health Posts are meant as public health services providers for a distanced commune or village for which the nearest HC is more than 15 km and where there are possible geographical barriers (river, mountains or poor roads). Their range is a population of 2,000 to 3,000.

Activites performed:

- Support health center to refer any severe cases to health center or referral hospital
- Provided simple services such as vaccination, health education, ANC, family planning, delivery, PNC and treatment of simple diseases

5.2 Explanatory Notes to the Complementary Package of Activities (CPA)

- The **Operational District (OD)** is the lowest administrative unit, with two levels of health services.
- The first contact level for the public is a **health centre (HC)**, which provides the **Minimum Package of Activities (MPA**).
- The second level is a **referral hospital**, providing a **Complementary Package of Activities (CPA)**.
- A **provincial hospital** has a special status as it plays both a role for a referral hospital in an OD in which it is located and also for other ODs within the province.
- **Referral hospitals (RH)** are classified into 3 categories. The categories are based on number of staff including physicians, number of beds, drugs and medical equipment, and clinical activities.

BOX 6: CPA CATEGORIES - SUMMARY

CPA 1	Lowest hospital level 40–60 beds basic obstetric care, no major surgery (no general anaesthesia), no blood deposit or bank
CPA 2	60–100 beds CPA-1 services plus emergency care major surgery other specialized services such as blood transfusion;
CPA 3	100–250 beds major surgery and more activities than CPA-2 including various specialized services; all eight National Hospitals in Phnom Penh, and 21 of 24 provincial hospitals are CPA- 3 hospitals.

TABLE 19: CPA CATEGORIES[74]

Clinical Services	CPA 1	CPA 2	CPA 3
OPD & Triage	X	X	X
Emergency care	X	X	X
General medicine (adults)	X	X	X
Surgery		X	X
Obstetrics & Gynaecology Department	**BEDS 10**	**BEDS 20**	**BEDS 25-30C**
Paediatrics	**STANDARD BEDS - 17**	**STANDARD BEDS FOR 0-16 YEARS – 27 BEDS**	**STANDARD BEDS FOR 0-16 YEARS – 27 BEDS**
Surgery/Operation/ICU	X	X	X
Tuberculosis	X	X	X
Ophthalmology			X

[74] Ministry of Health National Guidelines on Complementary Package of Activities for Referral Hospital Development

Clinical Services	CPA 1	CPA 2	CPA 3
Mouth and Dental service	X	X	X
Mental Service	X	X	X
Infectious diseases: AIDS, Malaria	X	X	X
Para- clinic service			
Laboratory	X	X	X
Blood bank		X	X
Blood depot		X	
Imaging service (X-Ray, Ultrasound, ECG, Fribroscopy, Scanner)	X	X	X
Pharmacy	X	X	X
Administration and Finance			
Finance/accounting section	X	X	X
Administration/Personnel	X	X	X
Transportation, ambulance, security	X	X	X
Management of medical equipment	X	X	X
Warehouse for equipment and materials	X	X	X
Sanitation, waste management, and morgue	X	X	X
Laundry and canteen	X	X	X

TABLE 20: CPA HUMAN RESOURCES

Human Resource	CPA 1	CPA2	CPA3
Medical Doctors/Medical Assistants	5-7	11-14	23-40
Pharmacists	1-2	2-3	6-8
Dentists	2	2	2-3
Specialised Nurses/Nurses/PNs	15-22	22-32	86-132
Specialised MWs/MWs	6-8	7-10	16-22
Lab Technician	3	3-5	8-10
Imaging Technicians	2	3	3
Physiotherapists	1-2	2-3	3-4
Equipment/Building Technicians	2-3	3-5	5-7
Cleaners	2-3	3-4	10-20
Laundry staff	1-2	2-3	3-4
Kitchen worker	1-2	2-3	3-4
Drivers	1	1-2	1-2
Order-administrators	2-5	3-4	4-6
Accountant	1	1	2-4
IT	1-2	1-2	2-4
Receptionist	1	2	2-3
Security	2	2	2
Total Staff	**47-65**	**68-96**	**155-212**
Total Bed	**40-60 beds**	**60-100 beds**	**100-250 beds**

5.3 The requirements specific for MCH:

Based on the standard established by the MOH in the above table, the specifics are described below for each CPA level hospital with regard to the MCH, therefore focusing on the details for the Obstetrics & Gynaecology Department and Paediatrics.

5.3.1 CPA 1

CPA 1 is equipped for an estimated 1.000 deliveries per year. CPA 2 & 3 have over 2.000 deliveries per year. Ambulance access should be provided. This department ensures 24 hours service. The delivery rooms

practice aseptic procedures and should be next to the labour and recovery rooms, with direct access to the new-born care unit. This service should be separate from gynaecology. It has easy access to the operating theatre and intensive care unit (surgery), a new-born care unit, neonatal resuscitation equipment weighing equipment and measures. Also, easy access to X ray and echography and ECG. Ante natal policy in "outpatients". Delivery rooms should have walls and the floor resistant to chemical attack.

CPA1 must have an examination room of 12 msq, a consultation room for family planning, hygiene, nutrition and counselling of 12 msq, Midwife duty room –of 20 msq, and a Labour room of 20 msq. At a CPA 1 level hospital there is no requirement to have a neonatal care room, but it is required to have emergency neonate equipment.

5.3.2 CPA 2

CPA 2 is equipped for an estimated 2.000 deliveries per year. Ambulance access should be provided. This department ensures 24 hours service. The delivery rooms practice aseptic procedures and should be next to the labour and recovery rooms, with direct access to the new-born care unit. This service should be separate from gynaecology. It has easy access to the operating theatre and intensive care unit (surgery), a new-born care unit, neonatal resuscitation equipment weighing equipment and measures. Also, easy access to X ray and echography and ECG. Ante natal policy in "outpatients". Delivery rooms should have walls and floors resistant to chemical attack.

5.3.3 CPA 3

CPA 3 is equipped for an estimated 2.000 deliveries per year. Ambulance access should be provided. This department ensures 24 hours service. The delivery rooms practice aseptic procedures and should be next to the labour and recovery rooms, with direct access to the new-born care unit. This service should be separate from gynaecology. It has easy access to the operating theatre and intensive care unit (surgery), a new-born care unit, neonatal resuscitation equipment weighing equipment and measures. Also, easy access to X ray and echography and ECG. Ante natal policy in "outpatients". Delivery rooms should have walls and floors resistant to chemical attack.

CPA3 should have a clean delivery room of 50 msq, a sterilisation room of 15 msq, a Neonatal examination room of 15 msq, a recovery room of 12 msq, a maternity ward of 80 msq, a waiting room for family membes of 12 msq. Also, there should be a toilet and shower for the staff and a separate one for the patients as well as a baby-bath. CPA3 should have a neonate room with 2-5 beds in a room of a size of 10-20 msq, Sanitary Toilet, Sanitary Unit.

5.4 Financial Resources

Currently, the Ministry of Health operates the health system by using the government budget that is financed through the Ministry of Finance and Economics. In addition to this, another portion of external funding came from the H-EQIP pooled resource which is contributed from partner donors.

This government and external funding is allocated to the human resource salary, incentive, monitoring, capacity building and to some small amount contributed to renovation or construction of health infrastructure.

Despite this financing input to the overall health system – it is reported by stakeholders or service providers at the province level that additional financial resources are assumed to be required for the renovation of some health infrastructure and equipment and community health activities.

5.5 Human Resources

Since 2009 the department of human resource development of the MoH and the Cambodia Midwives Council (CMC) have made significant progress with UNFPA financial support in improving skilled midwives to ensure sufficiently trained midwives who can be mobilised to the public health facilities. Significant investment has been made by UNFPA and MoH to improve the quality of midwifery pre-service

education and developing and updating the curriculum. However, there is a lack of quality assurance monitoring or skilled practice of midwifery in the education system to ensure that all graduates have completed the required standard quality and skills with full competencies. The quality of teaching in those schools varies to some extend and there is a lack of quality assurance in place in order to ensure the teaching standards. [75]

In addition, the MoH is shifting its focus away from the short-term strategy of having primary midwives with minimal training skills who initially filled human resource gaps to a longer term strategy to provide quality midwives who have completed their education which meets the WHO standard.

5.6 Role of the MCH Services Provided by the Private Sector

The private sector has been enlarging over the years its service delivery role. Currently there are private hospitals, clinics and NGO clinics which provide MCH services, however most of them are located in urban areas.

In Phnom Penh and Siem Reap there are also hospitals run and owned by NGOs: Kuntheakbopha and Koma Angkor offering child health services.

RHAC also provides reproductive services to the general population – it has in total 17 clinics which are located in the main cities and capital. The reproductive services include family planning, antenatal care, abortion care, post-delivery care and vaccination. It also provides care for STDs and HIV counselling and testing.

On community level NGOs (such as RACHA, World Vision, People in Needs) carry out community based MCH health intervention and health education.

5.7 Concluding remarks

In Chapter 5 the health care delivery system is described, comprising the organisational structure and responsibilities on the side of public services providers and their links to the management levels. The MoH is the main responsible body for coordinating the health care providers, however other private and not-for-profit health facilities are available.

Each public health facility is obliged to have a standard protocol for provision of service, infrastructure, medical equipment, medicine and personnel classification allocation as indicated in this chapter under the CPA standards tables (table 19 and table 20).

When it comes to health care provided by health centres, these services are provided with the MPA package at the primary level of the health system. The MPA package services include vaccination, OPD of simple disease treatment, ANC, delivery, PNC, family planning, child disease treatment and health education.

In addition to the MPA package services, a health centre is the first level of screening for child malnutrition – screening for child underweight, stunting and wasting. In cases of mild malnutrition, the health center is allowed to monitor and treat mild malnutrition, however in case of severe malnutrition, those cases need to be referred to higher referral hospitals for malnutrition treatment and follow-up.

When it comes to access of the population to health centres, there are certain parameters that are considered when establishing a health centre such as catchment area for a population of 10,000 and their reachability to be within 10km or 2hrs walk. Similar requirements regarding catchment and reachability apply to each public health facility as outlined in section 5.1. The consequences related to the access barrier because of costs are in detail described in Chapters 3 and 4.

[75] UNFPA, Country Progress Report 2016

PART II

6 NEEDS OF LOCAL COMMUNITIES IN THE AREA OF MOTHER AND CHILD CARE

During the study, the Czech Development established by Agency that the focus should be given to specific province Kampong Chhnang. In this section, the general needs of the population in Cambodia are outline and later on a specific lens with MCH focus is applied to the Kampong Chhnang province.

6.1 Needs and Priorities of the Communities in MCH Care

The tables below depict the age distribution and household characteristics[76] of the Cambodian population:

TABLE 21: AGE DISTRIBUTION OF THE CAMBODIAN POPULATION

Age distribution of the Cambodian population*	
Age group	**Percentage of population**
<5	10.4%
0-14	29.2%
5-14	39 %
15-64	66.2%
65 +	4.6%
- 15-49 for WRA	27.9%
Total Pop	14.7 M
* Source: Ministry of Plan, NSDP 2014-2018	

The persons living in the household do not necessarily comprise a nuclear family. Family members registered in the official "Family Record Book" in Cambodia may include dependent elderly parents, orphans of deceased siblings, or relatives from other parts of the country living in.

TABLE 22: HOUSEHOLD INFORMATION

Household information			
Characteristic	**Urban**	**Rural**	**Total**
Total number of regular households			2,530,000
Mean size of households	5.4	5.0	5.1
Percentage of female headed households			29%

On average only one in five households has access to latrines, almost 30% of the population does not have access to safe drinking water and 17% of households have access to electricity. There are large disparities in living conditions between rural and urban areas.

Key MCH and Nutrition Gaps identified by the health sector review included:

- Maternal and childhood mortality, especially neonatal mortality, remain relatively high compared to other countries in the region. In addition, inequities in health outcomes across socio-economic groups persist.
- Malnutrition (acute and chronic) among women and children remains stubbornly high, severely impacting their health and development of cognitive abilities.
- Effective delivery of quality health services is constrained by inadequate resources, mainly under-staffing, limited diagnostic capacity, and insufficient supply of medicines and health commodities and appropriate infrastructure.
- Competency, skills and a complementary skill mix of health workers remain limited. The shortage of health workers has implications for the efficient delivery of health services at various levels and different facilities within the health system.

[76] Master Plan for Social Health Insurance in Cambodia, Ministry of Health, December 2005

- Inappropriate health care seeking of the population, especially in rural/remote areas i.e. delay in seeking care, self-medications.[77]

Cambodia still has fewer than half of the recommended number of EmONC facilities for the country (5/500,000 population)[78], and EmONC facilities are still largely concentrated at the hospital level and in urban areas, with one province still lacking any EmONC facilities. The needs of newborns with complications are also being insufficiently met, and deserve additional attention in the future. The key remaining challenges are:

- Only 63 facilities are fully functional as EmONC, with a large deficit in Basic EmONC compared to expected numbers according to the UN standards.
- Facilities providing EmONC are not equitably distributed across the country.
- EmONC services are still under-utilised and there is a strong unmet need for these services, including specific signal functions such as manual vacuum extraction, anticonvulsants, manual vacuum aspiration, and newborn resuscitation. They are underused compared to expected complications needing these interventions.
- The needs of newborns with complications are being insufficiently met and deserve particular attention.
- The proportion of births by Cesarean section is improving but remains below international standards (except in Phnom Penh) and availability of blood transfusion is still insufficient.
- The quality of EmONC services is still poor. It requires more training, coaching and staff skills refreshing and continued supportive supervision.
- Standards for EmONC procedures, although published and available, are not universally followed.
- Many patients still suffer delays in referral and treatment.
- Some financial barriers remain, particularly the "near-poor", the recent poor and marginalised groups.

6.2 MCH and Child Nutrition Needs in Kampong Chhnang Province

Kampong Chhnang province has an estimated a population of 537,513, 49380 children under 5 living in 120,061 households. The province is located in around 95 km distance from the capital of Cambodia, Phnom Penh. The province contains 7 administrative districts, 70 communes, and 560 villages. The health system is supported by one provincial referral hospital (CPA3) and 2 district referral hospital (CPA1), 41 health centres classified as MPA and 2 health posts.

A population of around 60,000, mostly Vietnamese migrants, live on floating houses along the big Tonlesap Lake. And around 50,000 factory workers are working in 9 garment factories. Some population is migrating to work outside their province[79], although their numbers could not be traced.
Kampong Chhnang province has an estimated 49,380 children under 5 living in 120,061 households and a population of 537,513. The province is located in around 95 km distance from the capital of Cambodia, Phnom Penh. The province contains 7 administrative districts, 70 communes, and 560 villages.

Health services are provided through:

- 1 provincial referral hospital (CPA 3),
- 2 district referral hospitals, Kampong Tralach and Boribo (CPA1)
- Number of hospital beds (1 PRH+ 2 DRHs) - 191
- Bed occupancy rate in 2016 118%
- 41 health centres
- 2 health posts
- 1120 VHSG – Mother Support Group

The following table shows recent data of key indicators:

77 Health Strategic Plan 2016-2020
[78] Emergency obstetric & newborn care (EMONC) improvement plan 2016 – 2020; MoH; June 2016
[79] This report is quoted from the director of PHD Kampong Chhnang

TABLE 23: KEY HEALTH INDICATORS IN KAMPONG CHHNANG PROVINCE[80]

Key health indicators	2015	2016
Percentage of delivery by trained skilled midwives	70%	65%
Percentage of ANC4		
Percentage of birth spacing	22%	20%
Percentage of C-Section at the PRH	3.84%	3.73%
Percentage of Post-natal care 2nd visit	52.70%	43.66%
Percentage of OPD Under 5 years per Years	1.24%	1.10%
Number of Dengue Fever among Children	411	408
Number of Acute Diarrhoea	8,121	7,986
Number of Acuter Respiratory Infections	16,121	15,143
Number of Diabetes	1.644	2.070
Number of Traffic accident with head injury	602	734
Number of Traffic accident without head injury	1.877	2.229
Number of TB Positive	300	494
Number of Malaria Positive	891	634

According to the 2016 report[81] and record of the provincial health department Kampong Chhnang, specific points in maternal, child health and nutrition needs include the following:

- Based on the field visit to community focus group discussion in Kampong Chhnang, children in rural areas still lack clean water and sanitary facilities, around 40% and 60% respectively.
- Most children, around 70%, in particular under 5 years of age, are still facing unhygienic eating practices.
- Due to multiple factors (limited mothers' knowledge, poverty, low education and lack of health education) lack of care and feeding with nutritious foods are prevalent.
- This includes lack of care and proper breast-feeding in particular during the early hours after delivery and within 6 months of age.
- Under-weight and stunted growth is prevalent at around 20-32% 82(CDHS).
- Based on the PHD reports common health problems among children under 5 years of age include lower and upper respiratory infections, pneumonia, lung diseases[83], intestinal parasites/infections, dysenteries and diarrhoea, which are likely caused by unhygienic practices of foods and water.

The PHD also reports about maternal health and obstetric care in the province:

- Knowledge among many women (more than 50% as observed by health centres midwives) in the reproductive age is poor on adequate children feeding practices, both in breast-feeding and in nutritious food.
- Knowledge is also low among women (more than 50% as observed by health centres midwives) on pregnancy, delivery, risks during pregnancy, deliveries, post-delivery period, good hygiene, foods and water hygiene, disease prevention and obstetric-related care.
- The health services in the province are still short in health infrastructure, medical equipment and materials to offer adequately MCH services. This includes lack of maternal and neonate operation rooms, wards and medical equipment at all levels for the emergency maternal and neonatal care. Field visits to PRH, DRHs/HCs and reported by PHD authorities noted that PRH, DRHs and some health centres currently are still in lack of a pre-term "waiting room", an obstetric/delivery room, neonatal care and emergency room and necessary medical equipment.
- The PHD reports also speak about the still limited human resources including midwives and medical doctors[84]. Based on the review of the PHD 2016 report many health centres and referral hospitals are under-staffed especially concerning midwives and medical doctors.

[80] Source: PHD Report 2016
[81] Source: PHD Report 2016
[82] Source: CDHS 2014
[83] Source: based on hospital records in 2016

- The human resource capacity, competencies and skills are the main challenging factor for the provision of effective MCH and nutrition services, in particular around 50% of medical staff are not sufficiently trained yet in:
    - Obstetric and neonatal emergency care and life saving skills
    - Nutrition management for mothers and pregnant women
- The quality of in service training is still inadequate including hands-on skill coaching from the master trainers.

Current **gaps in the health infrastructure and medical equipment**/supplies (based on the field visit to PRH and meetings with directors) include the following:

- Provincial hospitals
    - Lack of an obstetric and delivery ward equipped with emergency care equipment
    - Lack of a neonate care and emergency room and neonate emergency equipment
    - Lack of skilled midwives in EmONC
    - Operation room still not corresponding to the standard requirement
    - Lack of wards and services for malnutrition care, treatment and rehabilitation

Picture taken during the focus group discussion in the district hospital in Borito

- District referral hospitals
    - Lack of obstetric and delivery ward equipped with emergency care equipment
    - Lack of neonate care and emergency room and neonate equipment
    - Lack of skilled midwives in EmONC
    - Operation room still not responded to the standard requirement
    - Lack of specialty ward and service for malnutrition care, treatment and rehabilitation

[84] According to the MPA standard, each health centre should have two secondary midwives

- Health centres and communities
  - Limited number of skilled midwives to work at this level
  - HCMC and VHSG members still not well involved in the support of health education in particular about MCH and nutrition
  - Most mothers of children under 5 appear to have low knowledge on feeding, good nutrition for their children and how to care for the children in case of other severe illnesses
  - Lack of medical equipment and materials provided at this level in support for the EmONC facilities

Picture from the health centre in Borito during a focus group discussion.

Pictures are from one of the health centres visited in Borito, where a small delivery room was shown to the team, picture on the right side shows the cramped space of a delivery table and the entrance door

Picture on the left supports the observations from the health centre in Kampong Tralach and shows a waiting room from one of the health centre visited in Kampong Tralach.

Third picture from the top on the left side shows the clean water access point in the health centre in Kampong Tralach.

Last picture on the right bottom part of the page then shows the access to clean water point in Borito health centre, as can be seen the principle of collecting rain water is there, but the tubes are not connected to make it fully functional.

6.3 Capacity of Health Facilities in the MCH Service Provision in Kampong Chhnang

According to the provincial hospital director the bed occupancy rate was higher than 200% for the obstetric beds – this means that a number of deliveries, C-sections and complicated deliveries do not have an appropriate room space and beds.

Technical staff capacity in MCH:

Based on the study visit to Kampong Chhnang – generally staff appear more capable and skilled in the provision of maternal and child care services, including the operation of C-sections, safe induced abortions, normal delivery management and post-delivery care as well as malnutrition treatment at some health facilities. But in particular all new medical doctors and midwives have limited capacity and competencies in neonate care and complicated delivery management.

Infrastructure capacity in MCH/nutrition/sanitation/hygiene:

During the visit the study team also observed that both CPA1 and CPA3 hospitals are not well equipped with appropriate standard sanitary latrines reserved for the mothers and other children patients. Obstetric wards/rooms seem to be too small to accommodate more beds for the pre-delivery and post-delivery mothers and new-borns. All the three hospitals need an extension of the obstetric wards and some neonate equipment. The existing rooms/wards are not constructed in good quality.

Description: Picture top right are the toilets available to mothers and family members accompanying those in post-delivery ward. Picture down left is delivery room in the district hospital in Kampong Tralach with no room for the new born to be handled in case of emergency care. Down on the right side is a warmer which was available in the district hospital in Kampong Tralach. It is worth noting that no incubator is available in the province in public health facilities. There are two warmers available at the provincial hospital, however those seemed to be malfunctioning.

Community support in MCH – the existing community agents (VHSG and HCMC members) have been already trained in health education by some NGOs and by the MoH – but the community functions seem to be de-activated as many NGOs phased out in this province – therefore a re-activation of the community

agents is very crucial for future sustainability of the provision of health education as well as a behaviour change approach.

TABLE 24: CPA HUMAN RESOURCES IN KAMPONG CHHNANG DRHS AND PRH[85]

Human Resource	CPA 1 Requirement	Kampong Tralach (CPA1)	Boribo RH (CPA1)	CPA2 Requirement	CPA3 Requirement	PRH KC (CPA3)
Medical Doctors/Medical Assistants	5-7	9	4	11-14	23-40	27
Pharmacists	1-2	3	1	2-3	6-8	5
Dentists	2	2	?1	2	2-3	4
Specialised Nurses/Nurses/PNs	15-22	SN – 17 PN -5	4	22-32	86-132	78
Specialised MWs/MWs	6-8	SMW-7 PMW-2	?6	7-10	16-22	35
Lab Technician	3	5	2	3-5	8-10	11
Imaging Technicians	2	1	1	3	3	5
Physiotherapists	1-2	1	0	2-3	3-4	4
Equipment/Building Technicians	2-3	0	0	3-5	5-7	6
Cleaners	2-3	4	2	3-4	10-20	6
Laundry staff	1-2	2	0	2-3	3-4	2
Kitchen worker	1-2	2	0	2-3	3-4	0
Drivers	1	3	1	1-2	1-2	4
Order-administrators	2-5	0	1	3-4	4-6	1
Accountant	1	1	0	1	2-4	1
IT	1-2	0	0	1-2	2-4	0
Receptionist	1	0	0	2	2-3	0
Security	2	0	0	2	2	0
Total Staff	47-65	64	23	**68-96**	**155-212**	**189**
Total Bed	40-60 beds	**24 beds**	**12 beds**	60-100 beds	100-250 beds	**162 beds**

PHD reports review and visits to the hospitals in Kampong Chhnang lead to observations regarding meeting the CPA requirements by the DRH and PRH as following:

- PRH
  - Lack of neonate examination post delivery care room (15 msq)
  - Lack of patient toilet, shower, baby bath
  - Lack of neonate resuscitation equipment
  - No standard neonatal care room and sanitary toilet for patient/family
- RH Boribo – No standard ward for maternity/delivery room
  - No resuscitation equipment for neonates
  - No clean patient toilet, shower, baby bath
  - No resuscitation equipment to support for the post-delivery
- RH-Kampong Tralach
  - Maternity ward is badly constructed regarding the sewage system, toilet and floorage
  - No resuscitation equipment for neonates
  - The space is too narrow for the maternity ward

6.4 Concluding remarks

Chapter 6 summarises the outcome of the "fact finding" of the team in the province Kampong Chhnang which was selected by the CzDA as their geographic focus of interest. The findings are grouped in mother and child nutrition needs in the province, the capacity in MCH service provision, the health insurance

[85] Source: Records of PRH, DRHs

schemes and the current birth certificate situation in Kampong Chhnang. In general, it can be concluded that there is a lack of resources concerning neonatal care in Kampong Chhnang province. This is in terms of equipment mainly, however also during the talks it was identified that boosting the human recourse capacity needs special attention. The capacity building should be mainly focused on service training, when the trained person has a chance to actively observe and participate on real cases, not just theoretical training.

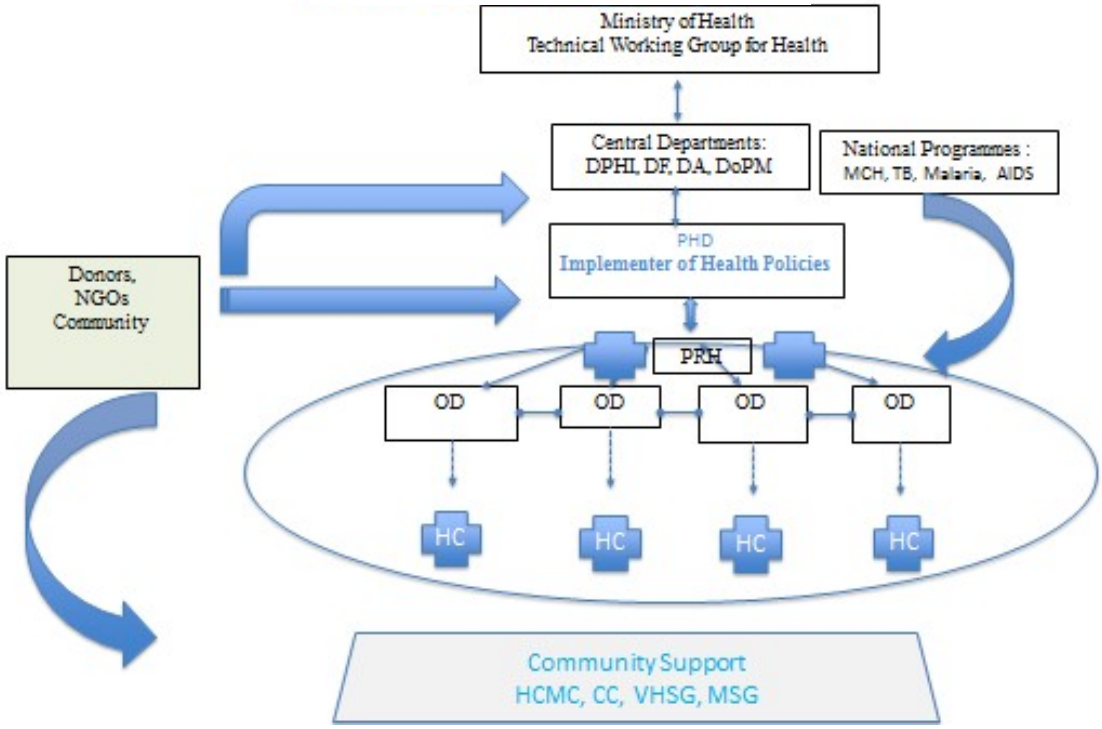
7 STAKEHOLDERS ANALYSIS

Under this point, the contractor itemises stakeholder analysis in health care about the care of the mother and childcare and child malnutrition. The stakeholder analysis will include the organisational structure, financial resources, human resources, development potential and specific activities in the care of mother and child.

7.1 Organisational Structure and Responsibilities

Figure 16 shows that the MOH is mandated by the RGoC to lead and manage the entire health sector – public services as well as the private sector.

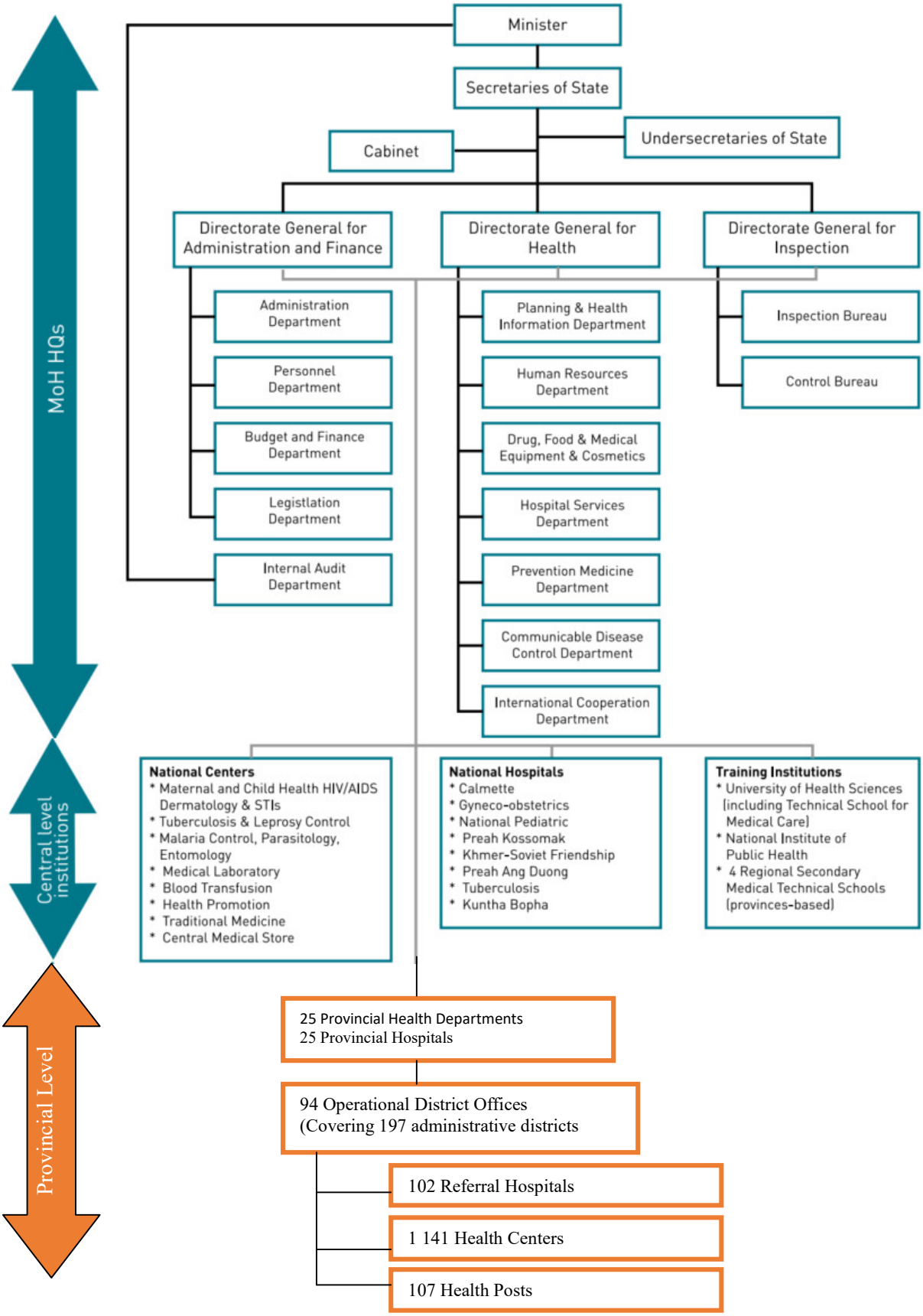
FIGURE 16: HEALTH ACTOR ORGANOGRAM



The health system is operating in a complex environment, given the diverse social determinants of health and interrelations between health and economic development. The Cambodian health system comprises of both public and private sector (including for-profit and non-for-profit health organizations). The public sector is the prominent provider of preventive services and inpatient admissions, whereas the private sector tends to dominate provision of outpatient curative consultations.[86]

[86] Health Sector Strategic Plan 2016-2020

FIGURE 17: ORGANISATIONALSTRUCTURE[87]



[87] Adapted from Health Systems in transition, vol. 5 no. 2 2015, The Kingdom of Cambodia Health System Review, **the orange windows contain updated data from November 2017**

7.1.1 Private Sector

The private sector has been enlarging over the years its service delivery role. Currently there are private hospitals, clinics and NGO clinics which provide MCH services, however most of them are located in urban areas.

7.1.2 Private Not-for-Profit Sector

The private not-for-profit sector play an important role in health service delivery in Cambodia through national and international non-governmental organisations. Most of them work at district and community level in collaboration with PHDs and ODs (including RHs and HCs), providing a range of services such as support of service delivery, community-based health networks, health education and promotion activities, encouragement of community participation in health etc. The operators of the Health Equity Funds and Community-Based-Health Insurance schemes were national NGOs. As of December 2015, there were over 180 NGOs working in the health sector. MEDICAM is an NGO, whose main role is to connect the NGO community with the MoH, especially in areas of policy and health strategy development, to coordinate NGO activities and to promote collaboration between NGOs and health institutions at all levels.

In Phnom Penh and Siem Reap there are also hospitals run and owned by NGOs: Kuntheakbopha and Koma Angkor offering child health services.

RHAC also provides reproductive services to the general population – it has in total 17 clinics which are located in the main cities and capital. The reproductive services include family planning, antenatal care, abortion care, post-delivery care and vaccination. It also provides care for STDs and HIV counselling and testing.

On community level NGOs (such as RACHA, World Vision, People in Need) carry out community based MCH health intervention and health education.

7.1.3 Private for-Profit Sector

The private-for-profit sector is an important provider of health services and has grown rapidly. While it is mainly concentrated in urban and economically advantaged areas, it is also becoming pervasive in rural areas. As of December 2015, there are 8,488 formal private providers/facilities (excluding 2,156 pharmacies and depot pharmacies), ranging from nursing care, pregnancy care, physiotherapy, consultation cabinet to clinic, polyclinic and hospital. Private health care is dominantly used for ambulatory treatment of illnesses, but less dominant for inpatient treatments and limited in the delivery of preventive health services. This sector accounts for the largest share of total health care spending.[88]

[88] Health Strategic Plan 2016-2020

7.2 Overview of Programmes of Donors, NGOs and International Organisations

TABLE 25: NGOS, INTERNATIONAL ORGANISATIONS ACTIVE IN MCH AND CHILD NUTRITION[89]

Donor	Sectors	Intervention related to MCH	Interventions related to Malnutrition	Birth certificates	Provinces of focus
International + UN					
ADB	Good governance, Agriculture, Physical infrastructure, Private sector development and employment, Capacity development and human resources development, Creation of a conducive environment for the RSIII	Promotion of health and nutrition			
USAID	Good governance, Health, Natural resources	Maternal and neonatal interventions target vulnerable populations in the eight provinces with the worst health indicators for child health and malnutrition	USAID will focus on increasing access to agricultural supplies, credit, and irrigation to raise and diversify incomes for households, expand their diets, and reduce seasonal and chronic hunger, and malnutrition		
WB	Health	Cambodia Health Equity and Quality Improvement Project (H-EQIP)			
UN WOMEN	Health				
UNFPA	Family planning & Sexual Reproductive Health				
UNICEF	Child Health and Nutrition	UNICEF supports essential maternal, new-born and child health (MNCH) interventions, including maternal and neonatal tetanus (MNTE), Integrated Postpartum Care-Community Care of Mothers and new-borns (IPPC-CCMN), COMBI, pneumonia and Integrated Management of Childhood Illness (IMCI) in 14 low-performing operational districts (ODs)serving the most deprived populations, benefiting 88,648 mothers and new-borns with convergent media and community-	• Enhanced support for children, caregivers, and communities for improved nutrition and care practices - Increased national capacity to provide access to nutrition interventions • Strengthened political commitment, accountability, and national capacity to legislate, plan, and budget for scaling up nutrition interventions • Increased country capacity and	UNICEF focused on increasing community demand and supported the Ministry of Interior to develop and pilot awareness-raising materials in three districts. This resulted in 7,082 children gaining a birth certificate, of whom around 30 per cent were registered	

[89] Source: Various International donor reports cf. the list of documents consulted in Annex 5

Donor	Sectors	Intervention related to MCH	Interventions related to Malnutrition	Birth certificates	Provinces of focus
		based programmes	delivery of services to ensure protection of the nutritional status of girls, boys, and women from the effects of humanitarian situations • Increased capacity of governments and partners, as duty bearers, to identify and respond to key human rights and gender equality dimensions of nutrition • Enhanced global and regional capacity to accelerate progress in child nutrition	within 30 days after birth. The programme will expand the pilot in 2014 Through increasingly influential work on social budgeting in partnership with EU and Sida, UNICEF's advocacy contributed to the upward revision of school operating budgets, with remote and poor performing schools getting a higher per student allocation	
WFP	Malnutrition		The NSDP is implemented in coordination between government, development partners and civil society organisations. SDG2 is primarily managed by the TWG on Social Protection, Food Security and Nutrition, the Nutrition Working Group, the Subgroup on Water, Sanitation and Hygiene and Nutrition, the TWG on Health, and the TWG on Agriculture; the Scaling Up Nutrition(SUN) movement and the Zero Hunger Challenge offer complementary platforms for advocacy and strategic planning		
WHO	Strategic Priority 1. Providing leadership for priority public health programmes Strategic Priority 2. Advancing universal health coverage Strategic Priority 3.	• Ending preventable maternal, new-born and child mortality – To reduce the maternal mortality ratio to 130 per 100 000 live births and reduce the neonatal mortality rate to 14 per 1000 live births by 2020,	Through strategic priority area 4 - Engaging in multisectoral collaboration and fostering partnership - for other health areas, such as NCDs, food safety, nutrition, road traffic injuries and disaster risk management		

Donor	Sectors	Intervention related to MCH	Interventions related to Malnutrition	Birth certificates	Provinces of focus
	Strengthening the capacity for health security Strategic Priority 4. Engaging in multisectoral collaboration and fostering partnership	WHO will: • support the country to increase the coverage of deliveries in health facilities to 90% by 2020; • support the country to increase the coverage of women and newborns receiving early postnatal care, within two days of delivery, to 95% by 2020; • support the country to increase the coverage of infants who are breastfed within one hour of birth to 76% by 2020; and • support the country to increase the percentage of infants under 6 months who are exclusively breastfed to more than 70% by 2020.	for health, among others.		
UNDP		Gender Equality and the Empowerment of Women			Kampong Cham, Prey Veng, Kampong Thom, Siem Reap, Takeo, Battambang/ Pailin, Kandal
European Union	Agriculture and rural development, physical infrastructure, private sector development and employment, capacity building and human resources development	Under capacity building and human resources development - health (JMI-based output 6.2) [Health] A functional and sustainable health system, producing improved results in health and providing access to an essential package of quality health services for all Cambodian people, particularly the poor and vulnerable, including women and children. LEAD PARTNERS: Germany, Switzerland, France	• Food security and nutrition	EU Strategy outcome 1: Improved efficiency and effectiveness of Cambodia's public institutions, systems and services according to international standards, making public service delivery more effective ('supply side of governance') - Key services, such as	

Donor	Sectors	Intervention related to MCH	Interventions related to Malnutrition	Birth certificates	Provinces of focus
		The progress in reducing maternal and child mortality, reducing the spread of communicable diseases and the country-wide expansion of Health Equity Funds (HEF) for the poor is excellent. The incidence of catastrophic health expenditure for the poor and vulnerable has decreased in Cambodia		birth registration and civil registry, need to be assured to all citizens.	
KOFI (Korean Development partner)					
EU member states					
Germany/GIZ	Health and social security, rural development	• health care financing improving health services citizen participation in the • health system inclusion of vulnerable groups • improving maternal and newborn care in Cambodia • strenghtening maternal and child health care in Cambodia • rights-based family planning and maternal health project			Kampong Thom, Kampot, Kep, Kampong Speu
Sweden/SIDA	Democracy, gender equality, human rights, education, climate and environment			Cf. EU	
Other bilateral cooperation					
Japan	JICA is focusing its support on strengthening the economic base by promoting agriculture, improving infrastructure, enhancing social development through health care and education, and strengthening governance through legal	Japan continues to support the health sector focusing on the maternal and child health care taking into account a viewpoint of strengthening health care system.	n/a	n/a	??

Donor	Sectors	Intervention related to MCH	Interventions related to Malnutrition	Birth certificates	Provinces of focus
	reform.				
China					
Republic of Korea	transport water management and public health education rural development	(Public Health) - implementation of Health Sector Strategic Plan aimed at improved sanitation, health, and well-being of the Cambodia people. These include reduction of maternal mortality ratio (MMR), infant mortality rate (IMR), under-5 mortality rate (U5mR). In addition, the prevalence of communicable diseases (e.g. HIV/ADIS, Dengue, etc.) and non-communicable and chronic diseases (e.g. cancer, diabetes, oral health, etc.) have reduced through the same period.			
Switzerland	Social development, local governance and citizen participation, agriculture and food security, as well as vocational education and training.				
NGOS					
Kantha Bopha Hospitals					
World Vision	Community MCH and Nutrition				Kampong Chhnang communities: Kampong Leang; Baribour; Baribour II; Chulkiri; Samaki Meanchey; Rolea Pha Ea
Pour un Sourired' Enfant	Food, health and protection;				
Plan International	Early Childhood Care and Development, Child Protection, WASH, Nutrition and Education	in Plans 4 sponsorship areas, Plan focuses on: building health centres, access to SRH services, nutrition	• Support to pregnant and lactating women with knowledge and skills to practice appropriate nutritious food intake and toaccess micro-	Support the Ministry of Interior to reduce barriers to registration for the most	Plan International has Plan Sponsorship-oriented target areas, those

Donor	Sectors	Intervention related to MCH	Interventions related to Malnutrition	Birth certificates	Provinces of focus
			nutrient supplementation • Train and support parents, care givers, and VHSGs to assess, monitor, and action child growth development, identify under-nutrition and respond appropriately • Support commune councils to accurately monitor the situation of child nutrition in their villages and follow up to ensure children receive treatment and rehabilitation from the relevant health services • Support local civil society (local NGO partners) to advocate with local authorities regarding their role in improving the situation of child nutrition in their villages • Coordinate and collaborate with key stakeholders to strengthen public health service delivery on management of malnourished children • Map and strengthen referral networks for malnourished children to ensure access to treatment, rehabilitation, and nutrition counselling • Support community groups to document and promote their innovative approaches for input to national level discussions on nutrition policy andstrategy (via the SUN CSA)	marginalised children and create demand for birth registration (through National level support and advocacy; 50 NGOs members of child rights coalitions)	are: Tboung Khmun, Siemriep, Stung Treng and Ratanak Kiri and Plan's target provinces covered by programmes and projects which are: Battambang, Kampong Thom, Kratie, Prey Veng, Kampot, and Kampong Chhnang
Cambodian Children's Fund	Early Childhood Care and Development, Child Protection, WASH, Nutrition and	provides free healthcare, childcare	Food and nutrition programs,		

Donor	Sectors	Intervention related to MCH	Interventions related to Malnutrition	Birth certificates	Provinces of focus
	Education				
Caritas	Community health	Battambong Community Health Program aim to improve health status of disadvantaged communities of Rattanak Mondul, Samlot, and Bovel-Monkol Borei district, through health center program and community based health activities with special emphasis on women and children. Project is a "drop in Center" to facilitate access to PLHA living far away from the health services so that they can get free accommodation at the Center. This Center is also a "Crisis Center" for PLHA women in crisis, abandoned women or destitute who need a place for "healing", place for care and support until their re-integration into the society. In 2007, 251 PLHA benefited from that Center	Improving infant nutrition trough nutrition support kit		Battambong, BanteyMeanchey, Siem Reap, PreahVihear, Stung Treng, Ratanakiri, Mondulkiri, Kratie, Kampong Thom, Kampong Cham, Phnom Penh, Kandal, Takeo
RACHA	Maternal and newborn health, family planning and reproductive health, child health, nutrition, infectious disease, health system strengthening, community health mobilization, WASH, drug management, community resources development				

7.3 Concluding remarks

In Chapter 7 the main stakeholders are presented on the side of government institutions and their health facility roles, as well as the role of private for-profit sector and the private not-for-profit sector in the health sector in Cambodia and MCH specifically. Also an overview of international donors and organsaitions is included in this chapter with a brief description of their activites provided in Table 25. The actors active in Kampong Chhnag are presented in Chapter 1 and elaborated on with a full list of current interventions in Annex 3.

8 CONCLUSIONS AND PRIORITIES AND OPTIONS FOR THE USE OF THE CZDA FUNDS

8.1 Conclusions

The most recent data available at the national level draw on the DHS survey with the most recent one carried out in 2014 and one planned for the year 2018 as indicated on the Ministry of Planning website. However, it can be concluded that the general trend of maternal mortality is a decline to 18 per 1,000 live birth in the year 2016.

The major factors for infant and child mortality are low birth weight and lack of breastfeeding. As indicated above, children reported to be "very small" or "smaller than average," (less than 2.5 kg) are considered to have a higher than average risk of early childhood death and the mortality rate has in the period 2010 – 2014 remained the same, 8 per cent.

The new plans of RGoC are introduced regarding establishing a system of social and health insurances. Although for a large number of the population health services remain expensive to cover because of the out of pocket expenditures, the Government's HEF is one source of covering costs. However, this system is only available to card holders of ID poor. There seem to be a large number of families that are not qualified for being ID poor card holders. For this part of the population the so called CBHI used to be available, which was subsidized by various international donors. However, this system has proven to be unsustainable and expensive to keep alive.

Birth certificates are a crucial document for countering child trafficking. The topic falls under the Ministry of Interior and progress has been made. In Kampong Chhnang the Department of birth certificates expressed the need on one side for capacity building for commune and village chiefs and on the other for considerable more awareness among the families. They require better understanding and also compliance with the current regulations. As analysed in Chapter 4, a birth certificate is not a prerequisite for accessing health care. The health facilities, as noted during the field visits, do not engage in the promotion of birth certificate to community villagers. The HCMC and VGHC together with the village chiefs are currently the main promoters of birth certificates.

The health care delivery system is described in Chapter 5. The MOH is the main responsible body for coordinating the health care providers. Each public health facility is obliged to have a standard protocol for provision of services, infrastructure, medical equipment, medicine and personnel classification allocation. Health centres are the primary level of the health system for the population and provide services such as: vaccination, OPD of simple disease treatment, ANC, delivery, PNC, family planning, child disease treatment and health education and the first level of screening for child malnutrition. Only mild malnutrition is dealt with at the health centres. In case of severe malnutrition, those cases need to be referred to higher referral hospitals for malnutrition treatment and follow-up.

The "fact finding" of the team in the province Kampong Chhnang which was selected by the CzDA as their geographic focus of interest is analysed in Chapter 6. The main stakeholders in the context of MCH who are active in KC are presented in Chapter 7. Based on the finding in Chapter 6 and the analyses in Chapter 7, reccomendations for possible interventions are listed in section 8.2. Those are indicative and in line with the framework of the study. The majority of the possible interventions can be combined with other sectors such as water and sanitation promotion but also possible infrastructures, as well as health education and raising awareness in the areas of MCH, birth certificate and WASH.

8.2 Priorities and Options for the Use of the CzDA Funds

This chapter addresses the areas for which the funding could possibly be used. These options are derived from the framework set by the CzDA and the current situation within this framework in the country, and in KC more especially as outlined in the previous chapters. Additional funding can be of added value for these intervention areas, however to varying degrees.

In addition to the background chapters, a brief analysis of the strengths, weaknesses, opportunities, and threats (**SWOT**) of these possible options (not of the current situation in KC) is presented in the table below.

Strategic interventions are listed next to the intervention areas in order to allow an understanding of the possible or likely nature of work. A **minimum amount of funding** volume per year is roughly estimated. It presents the minimum amount required to allow for a meaningful intervention.

In some of the intervention areas the weaknesses and threats appear to outweigh the opportunities. Nevertheless, they are listed in Table 26 because they were identified in the framework to be of interest for the CzDA and it is up to the reader of this paper to make the final decision.

Still, a specific point shall be about **maternal and infant/neonatal health:** maternal health has received substantial attention by the RGoC over a longer period with large support by the international development partners. Significant progress has been achieved, as outlined above. While MMR is still high in comparison to neighbouring countries, additional funding would have a rather small added value for the further - surely needed – progress. However, infant health and especially neonatal mortality require more than current attention in implementation, considering that 52% of deaths among children under 1 year of age are due to newborn deaths[90] (mainly pre-term deliveries outside of the PRH). Given the geographic focus and expected funding volume, possible interventions in neonatal health appear to have a higher added value, both on the supply as well as demand side, i.e. the neonatal care given by the health services as well as the habits and practices of pregnant women and their families during pregnancies, delivery and post-partum. Therefore, the following addresses - within MCH - rather neonatal health and does not include further maternal health.

On the other side, additional funds could be targeted to upcoming health conditions. **Non-communicable diseases** are rising and will see a sharp increase over the coming years due to the economic growth of the country and the associated change in life style including eating habits. Hypertension/cardiovascular diseases and diabetes are chronic health conditions which require other responses than non-chronic and non-communicable health problems such as injuries. The chronic diseases require special strategies in:

- Prevention (health education and behaviour change)
- Early detection (screening methods)
- Early treatment (early detection/diagnose, patient involvement, treatment, patient guidance/education)
- Regular follow up (screening for complications, treatment adjustments, treatment of complications, patient involvement, mental and educative support/peer support)
- Secondary and tertiary prevention of complication (heath education, behaviour change, screening and early treatment of complications)
- These strategies involve the active participation of the individual/communities as well as the health services
- **Capacity building of health human resources in health, village, commune and district administration** is dealt with as a cross cutting topic integrated under the respective headings

[90] Verbal information by GIZ/GFA 17.11.2017

TABLE 26: SWOT ANALYSIS OF SCENARIOS/OPTIONS

Priority area	Required	Strong	Weak	Opportunities	Threats
	(Amounts in Euro)				
• **Programmes**					
– **Neonatal Care**	1. Training of higher levelled trainers 2. Coaching of health staff by trainers ➢ Min. 200000/1st year, 100000/subsequent years	• Higher impact	– Long time required – Higher costs	• Capacity building	– Trainers might not stay in province or project
–	Possible approach (through NGO): i. Identify 2-3 trainers from central and possibly Provincial level ii. Provide training on updated neonatal care techniques iii. Provide training on training and coaching techniques and skills iv. Organise and finance training of health staff on provincial, district, HC level v. Organise and finance coaching schedule of health staff on provincial, district, HC level				
	3. Training (in Czech Rep., regional or PP) and posting of a neonatologist in KC PRH ➢ Min. depending training location	• High impact	– High investment costs	• Potential multiplier effect to OD level	– Neonatologist might not stay in the province or in the public sector
	Possible approach (through NGO): i. Identify 1 paediatrician to be trained as a neonatologist to be posted in Kampong Chhnang ii. Identify location for special training on updated neonatal care techniques iii. Send for training iv. Post to PRH as neonatologist , train and coach staff				
– **Non-communicable diseases**	1. Training of higher levelled trainers 2. Coaching of health staff by trainers 3. Creation of peer support groups ➢ Min. 200000/1st year, 100000/subsequent years	• Not yet supported area of work	– Less attention by national level	• Capacity building • Pioneering	– Trainers might not stay – The health system and policies are not committed yet fully by the government – Insufficient staff interested
	Possible approach (through NGO): i. Identify 2-3 trainers from central and possibly Provincial level ii. Provide training on updated NCD prevention, early detection, diagnosis, treatment and follow up iii. Provide training on training and coaching techniques and skills iv. Organise and finance training of health staff on provincial, district, HC level v. Organise and finance coaching schedule of health staff on provincial, district, HC level				

Priority area	Required	Strong	Weak	Opportunities	Threats
• **Health financing**					
– **Social and health insurance**	1. SHI skilled implementer (GIZ) 2. High number of trained staff ➢ Min. 200 000/ year	• Likely long term impact	– High overhead of implementer – Communities not much impacted by this scheme (at least on short/ medium term – Low visibility of CzDA	• Contribution to an ongoing process • Difference can be made in KC.	– Funds less visible if absorbed in the wider context. – Funds lost if policy change – Contributes on short/ medium term only to the labourers and civil servant not to the community
	Possible approach: i. Liaise with GIZ ii. Elaborate a cooperation agreement/MoU for an implementation in Kampong Chhnang iii. (Co)finance the extension of GIZ to Kampong Chhnang				
– **Community health insurance**	1. CHI skilled NGO 2. High number of trained staff ➢ Min. roughly 2000000/year	• Strong community engagement • Stronger impact on communities/near poor population	– Limited risk share	• Potential safeguard against catastrophic. expenditures	– Unsustainable overhead costs
	Since the CBHI would be financially not sustainable it is recommended not to get involved with CBHI. However, in case it is nevertheless wanted, a possible approach could be: i. Liaise with or tender for a CBHI offering NGO ii. Contract and monitor CBHI – NGO				
• **Human resource** (Lack of midwives' and doctors' skills in neonate/obstetric emergency care					
• Capacity building/ training /coaching		See under Neonatal Care			
• **Community**					
– **Nutrition**	1. Recruitment/training of community engaging people 2. Management and guidance system 3. Village campaigns/ promotion initiative cooking classes, house visits etc ➢ Min 100 000/year	• Strong community engagement • Potential of behaviour change in feeding/ cooking habits	– Behaviour change is a low progress – Impact on prevalence of stunting is likely not be shown	• Potential for linkages to community (e.g. community garden)	– High turnover of staff – Stakeholders might lose commitment if no short-term effect can be shown
	Possible approach (through NGO):				

Priority area	Required	Strong	Weak	Opportunities	Threats
	i. Recruit, guide, monitor, follow up community nutrition/communication staff (5-10) ii. Elaborate an extension network with community members through existing forums (VHSG and similar) to reach individual households iii. Elaborate, implement a range of communication techniques (village campaigns/ promotion, initiative cooking classes, house visits etc) iv. Establish M&E system				
	4. Training and posting of a nutritionist in KC PRH ➢ Min. depending training location	• High impact	– High investment costs	• Potential multiplier effect to OD level	– Nutritionist might not stay in the province or in the public sector
	Possible approach (through NGO): i. Identify 1 nutritionist to be updated/trained and posted in Kampong Chhnang ii. If required, identify location in Phnom Penh for training/update on nutrition iii. Send for training iv. Post to PRH as nutrionist to train and coach staff				
– **Water/WASH**	1. Community engagement (proper use of water) – see above 2. Village/OD based slap production ➢ Min 100 000/year	• Strong community engagement • Linking health sector, environment and community	– Behaviour change is a low progress	• Higher potential to have impact	– Risk of dispute over ownership and disruption of slap production
	Possible approach (through NGO): i. Link up to nutrition community engagement ii. Expand and include water &sanitation in community engagement				
Infrastructure/equipment					
Upgrading	1. Physical upgrade/ renovations 2. New small-scale constructions (mothers' waiting room", neonatal room in PHD, latrines for maternity ward) ➢ Min. can vary from costs for latrine up costs of new wards	• Reduction of physical distance to H.F. • No a priority for PHD	– Currently the challenge for upgrading CPAs are R willing to live and work in remote areas	– Component is expandable and reducible according to budget	– Staff is likely to be insufficient in number and/or capacity
	Possible approach (through NGO): i. In close cooperation with PHD/ODO update - not earlier than 3 months before planned works - the actual needs for upgrading and/or renovation of physical structures ii. Review list with planned works financed through the pool or other sources iii. In close cooperation with PHD/ODO identify actual gaps iv. Based on allocated budget and recent, updated gap analyses and in close cooperation with PHD/ODO set priority list				

Priority area	Required	Strong	Weak	Opportunities	Threats
	v. Tender, contract, follow up works				
Equipment (for neonatal care)	1. Incubators 2. EMNOC equipped ambulance 3. Neonatal care equipment ➢ Min. can vary from costs for latrine up to costs of new wards	• Neonatal care is under equipped (not available, not functional) • Seen as quality by staff and patient • "Quick win"	– No preventative maintenance system in place – Limiting factors are rather number and capacity of staff	• Higher acceptance of the NGO (provided NGO is the chosen modality) by staff and patients	– Breakdown/ short lifetime if not maintained
	Possible approach (through NGO): i. CzDA agree internally on a policy/strategy on medical equipment in absence of systemised preventative maintenance ii. Provided the policy foresees the procurement of equipment, update in close cooperation with PHD/ODO - not earlier than 3 months before planned procurement - the actual needs for EMNOC targeted equipment iii. Review list with planned procurement financed through the pool or other sources iv. In close cooperation with PHD/ODO identify actual gaps v. Based on allocated budget and recent, updated gap analyses and in close cooperation with PHD/ODO set priority list vi. Tender, contract, follow up procurement				
• **Birth certificates**	1. Community engagement 2. Trainings/supervision of communes, village chiefs ➢ Min 20 000 Euro/year	• Community engagement • Contribution to protection of child rights • High potential of impact with comparable low funds • Capacity building for community authorities and volunteers	– New/additional line Ministry for project – Outcome difficult to measure	• Potential for future cross sectoral support/ intervention	– Support to process with potential incorrect procedures
	Possible approach (through NGO): i. Link up to nutrition community engagement ii. Expand and include relevance and procedures on birth registration and certificate in community engagement iii. Liaise with Ministry of Interior on the roles and responsibilities of communes, village chiefs on responsibilities in the promotion, compliance and procedures of birth registration and certificates. iv. In cooperation with the provincial administration design a training programme for communes, village chiefs. v. Implement, monitor and adjust accordingly the training programme.				

9 ANNEXES

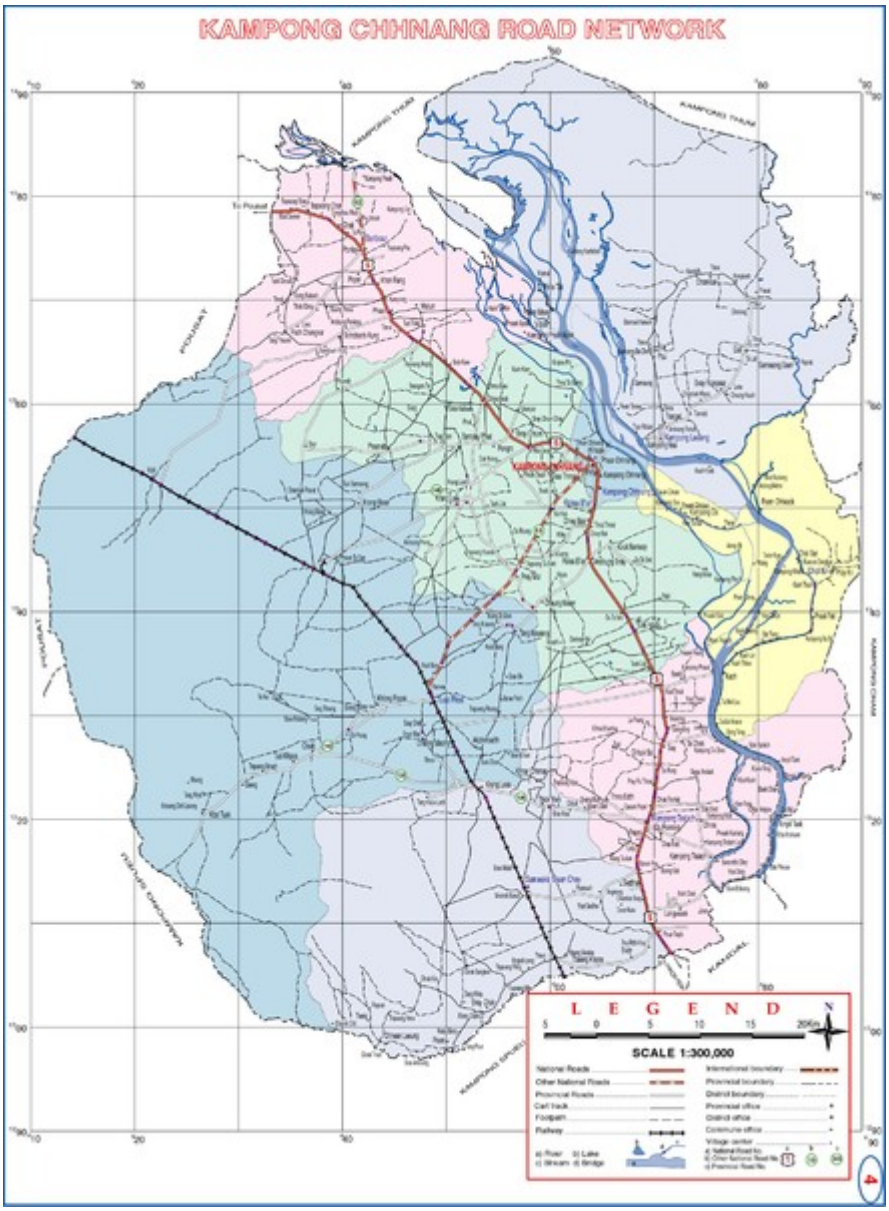
9.1 Annex 1: Country Map

PICTURE 3: CAMBODIA COUNTRYMAP[91]

[91] Source: http://www.un.org/Depts/Cartographic/map/profile/cambodia.pdf

9.2 Annex 2: Map of Kampong Chhnang

PICTURE 4: KAMPONG CHHNANG MAP*



* Source: http://www.mappery.com/map-of/Kampong-Chhnang-Province-Cambodia-Road-Map

9.3 Annex 3: NGOs, International Oganisations active in MCH and Child Nutrition in Cambodia

TABLE 27: LIST OF INTERVENTIONS IN HEALTH SECTOR IN CAMBODIA

N	Organisation	Type	Project
1	Action Against Hunger (AAH) Phnom Penh, Doun Penh, Chakto Mukh, st.St.228,, #40AEo,	I-NGO	1.Multi-sectoral Nutrition Project Project date: 2016-07-01 to 2019-07-31
2	Action Against Hunger (AAH) Preah Vihear, Preah Vihear, Kampong Pranak, st.NA, #NA	I-NGO	1.Nutrition Multi-Sectorial Approach, Project date: 2016-07-01 to 2019-06-30 2.Multi-sectoral Nutrition Project, Project date: 2016-07-01 to 2019-07-31
3	Action For Health (AFH) Phnom Penh, Chamkar Mon, Tuol Tumpung Ti Pir, st.167 corner 426, #40F	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
4	Action For Health (AFH) Kampong Speu, Chbar Mon, Rokar Thum, st.N.Road. 4, #Phd. Kampong Speu	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
5	Action For Health (AFH) Kampong Thom, Stoung, Kampong Chen Tboung, st.NA, #RH. Stong	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
6	Action For Health (AFH) Kampong Thom, Baray, Ballangk, st.NA, #RH: Baray	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
7	Action For Health (AFH) Kampong Cham, Kampong Cham, Kampong Cham, st.NA, #NA	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
8	Action For Health (AFH) Kampong Cham, Cheung Prey, Prey Char, st.N.Road.7, #R.H. Cheung Prey	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
9	Action For Health (AFH) Kratie, Snuol, Snuol, st.NA, #NA	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
10	Action For Health (AFH) Kratie, Chhloung, Chhloung, st.7, #NA	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
11	Action For Health (AFH) Ratanak Kiri, Ban Lung, Boeng Kansaeng, st.NA, #NA	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
12	Action For Health (AFH) Kampong Cham, Prey Chhor, Chrey Vien, st.N.Road.7, #R.H. Prey Chhor	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31

N	Organisation	Type	Project
13	Action For Health (AFH) Kampong Cham, Chamkar Leu, Svay Teab, st.71, #R.H. Chamka Leu	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
14	Action For Health (AFH) Kampong Cham, Batheay, Batheay, st.N.Road.6A, #R.H. Batheay	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
15	Action For Health (AFH) Mondul Kiri, Saen Monourom, Spean Mean Chey, st.NA, #NA	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
16	Action For Health (AFH) Kratie, Kracheh, Kracheh, st.NA, #NA	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
17	Action For Health (AFH) Svay Rieng, Svay Rieng, Svay Rieng, st.334B, #RH: Svay Rieng	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
18	Action For Health (AFH) Svay Rieng, Bavet, Prey Angkunh, st.N-Road-1, #RH: Chipu	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
19	Action For Health (AFH) Prey Veng, Prey Veng, Kampong Leav, st.11, #RH: KampongLeav	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
20	Action For Health (AFH) Preah Vihear, Preah Vihear, Kampong Pranak, st.NA, #NA	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
21	Action For Health (AFH) Prey Veng, Pea Reang, Roka, st.N-Road-8, #R.H. PeaRaing	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
22	Action For Health (AFH) Prey Veng, Peam Ro, Neak Loeang, st.NA, #R.H. Neak Leung	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
23	Action For Health (AFH) Prey Veng, Kampong Trabaek, Kampong Trabaek, st.N-Road-1, #R.H. Kampong TroBaek	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
24	Action For Health (AFH) Prey Veng, Preah Sdach, Preah Sdach, st.NA, #R.H. Preah Sdach	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
25	Action For Health (AFH) Prey Veng, Svay Antor, Svay Antor, st.11, #OD Svay Antor	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
26	Action For Health (AFH) Prey Veng, Me Sang, Chi	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal

N	Organisation	Type	Project
	Phoch, st.NA, #OD. Mesang		and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
27	Action For Health (AFH) Prey Veng, Kamchay Mear, Kranhung, st.8A, #R.H. KamChayMear	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
28	Action For Health (AFH) Kampong Thom, Stueng Saen, Kampong Roteh, st.Bro-Chea-Tib-Tay, #36	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
29	Action For Health-OD Angkor Chey (AF) Kampot, Angkor Chey, Tani, st.31, #RH.Angkor Chey	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
30	Action For Health-OD Chhuk (AFH) Kampot, Chhuk, Satv Pong, st.National Road 3, #RH Chhuk	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
31	Action for Health-OD Kampong Trach (AFH) Kampot, Kampong Trach, Kampong Trach Khang Kaeut, st.33, #RH Kampong Trach	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
32	Action for Health-OD Kampot (AFH) Kampot, Kampot, Kampong Bay, st.NA, #RH កំពត	L-NGO	1.Social Health Protection (Health Equity Fund, Contributory Health Protection Voucher Scheme), Maternal and Child Health (MCH), and HIV/AIDS-STD Program, Project date: 2015-01-01 to 2017-12-31
33	Adventist Development and Relief Agency (ADRA) Kampong Thom, Santuk, Kampong Thma, st.N.Road. 6,	I-NGO	1.Baray-Santuk Nutrition for Under-2s and Mothers Project (BS-NUM), Project date: 2015-03-01 to 2019-04-30 2.Enhance Mother/newBorn/child health in Remote Areas thru health Care & Community Engagement (EMBRACE), Project date: 2016-02-08 to 2020-03-31
34	Adventist Development and Relief Agency Cambodia (ADRA) Phnom Penh, Tuol Kouk, Phsar Depou Ti Muoy, st.554, #4	I-NGO	1.Child Health Outcomes Improved through Community Empowered Solutions (CHOICES for Children), Project date: 2014-07-01 to 2019-06-30 2.Baray-Santuk Nutrition for Under-2s and Mothers Project (BS-NUM), Project date: 2015-03-01 to 2019-04-30 3.arin Integrated Nutrition 4 All (NFA), Project date: 2012-11-01 to 2016-10-31 4.Enhance Mother/newBorn/child health in Remote Areas thru health Care & Community Engagement (EMBRACE), Project date: 2016-02-08 to 2020-03-31
35	Adventist Development and Relief Agency Cambodia (ADRA) Pursat, Pursat, Phteah Prey, st.N/A, #N/A	I-NGO	1.Child Health Outcomes Improved through Community Empowered Solutions (CHOICES for Children) Project date: 2014-07-01 to 2019-06-30
36	Avenir pour l'Enfant des Rizières (AER) Banteay Meanchey, Preah Netr Preah, Chob Vari, st.N.Road. 6, #NA	I-NGO	1.Nutrition in OD ProNetre-Preah, Project date: 2015-01-01 to 2016-12-31 2.Providing support to nutrition program in Preahnet Preah Banteay Meanchey Province, Project date: 2015-01-01 to 2017-12-31

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37	Bandoskomar (BK) Ratanak Kiri, Ban Lung, Labansiek, st.NA, #NA	L-NGO	1.Supporting Children Project date: 2015-03-01 to 2018-02-28
38	Bandoskomar (BK) Siemreap, Siem Reap, Kok Chak, st.15, #554	L-NGO	1.Supporting Children Project date: 2015-03-01 to 2018-02-28
39	Buddhism for Social Development Action (BSDA) Tboung Khmum, Krouch Chhmar, Krouch Chhmar, st.NA,	L-NGO	1.Community base care and support, Project date: 2015-10-01 to 2017-12-31 2.Community Base Prevention Care and Support (CBPCS), Project date: 2015-10-01 to 2017-12-31
40	Buddhism for Social development Action (BSDA) Kampong Cham, Kampong Cham, Kampong Cham, st.ខេមរភូមិន្ទ,	L-NGO	1.Community base care and support, Project date: 2015-10-01 to 2017-12-31 2.Community Base Prevention Care and Support (CBPCS), Project date: 2015-10-01 to 2017-12-31
41	Buddhist Library Cambodia Project (BLCP) Kampong Speu, Phnum Sruoch, Tang Sya, st.N.Road. 4,	L-NGO	1.Dental Health, Project date: 2015-01-01 to 2017-12-31 2.Dental Health Project, Project date: 2015-01-01 to 2017-12-31
42	Buddhist Library Cambodia Project (BLCP) Kampot, Kampot, Kampong Kandal, st.NA, #27	L-NGO	1.Dental Health Project date: 2015-01-01 to 2017-12-31
43	Build Your Future Today Center (BFT) Siemreap, Siem Reap, Sla Kram, st.NA, #0280	L-NGO	1.Supporting Healthcare and Community Nutrition Project date: 2017-02-01 to 2020-02-01
44	Cambodian Children's Fund (CCF) Phnom Penh, Mean Chey, Stueng Mean chey, st.6TB, #222	I-NGO	1.Community Health of Cambodian Children’s Fund, Project date: 2015-10-10 to 2018-10-10 2.Cambodian Children`s Fund, Project date: 2009-10-01 to 2012-10-01 3.Community Health of Cambodian Children's Fund, Project date: 2012-10-01 to 2015-10-01
45	Cambodian Children's Trust (CCT) Battambang, Battambang, Chomkar Somraong, st.NA, #NA	L-NGO	1.Medical Outreach Project Project date: 2016-01-01 to 2019-12-31
46	Cambodian People Living with HIV Network (CPN+) Pailin, Pailin, Pailin, st.NA, #RH Pailin	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31
47	Cambodian People Living with HIV Network (CPN+) Kampong Thom, Stueng Saen, Kampong Roteh, st.1, #28	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31
48	Cambodian People Living with HIV Network (CPN+) Preah Sihanouk, Preah Sihanouk, Pir, st.NA, #NA	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31
49	Cambodian People Living with HIV Network (CPN+) Prey Veng, Prey Veng, Kampong Leav, st.11 side, #215A	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31

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50	Cambodian People Living with HIV Network (CPN+) Banteay Meanchey, Serei Saophoan, Preah Ponlea, st.NA, #H.C. Ponlear	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31
51	Cambodian People Living with HIV Network (CPN+) Mondul Kiri, Saen Monourom, Spean Mean Chey, st.NA, #NA	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31
52	Cambodian People Living with HIV Network (CPN+) Battambang, Battambang, Rottanak, st.N.Raod. 5, #NA	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31
53	Cambodian People Living with HIV Network (CPN+) Phnom Penh, Tuol Kouk, Boeng Kak Ti Pir, st.606, #84	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31
54	Cambodian People Living with HIV Network (CPN+) Kandal, Ta Khmau, Prek Ruessey, st.2, #NA	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31
55	Cambodian Women for Peace and Development (CWPD) Pailin, Pailin, Tuol Lvea, st.NA, #NA	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30 3.Cambodia Integrated HIV/drug use Prevention Intervention Study (CIPI) Fund by UCSF through FHI 360, Project date: 2016-07-01 to 2018-06-30
56	Cambodian Women for Peace and Development (CWPD) Siemreap, Siem Reap, Svay Dankum, st.NA, #785	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30 3.Prevention, care and support of HIV/AIDS among Entertainment Worker (SMARTGirl Program) Fund by USAID/Flagship through technical support from KHANA, Project date: 2016-07-01 to 2018-06-30 4.Cambodia Integrated HIV/drug use Prevention Intervention Study (CIPI) Fund by UCSF through FHI 360, Project date: 2016-07-01 to 2018-06-30
57	Cambodian Women for Peace and Development (CWPD) Phnom Penh, Chamkar Mon, Tonle Basak, st.Sothearos, #128 D9-D10	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Community Clean water supply and Santation (CCWSS), Project date: 2015-11-01 to 2016-05-31 3.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30 4.Prevention, care and support of HIV/AIDS among Entertainment Worker (SMARTGirl Program) Fund by USAID/Flagship through technical support from KHANA, Project date: 2016-07-01 to 2018-06-30

N	Organisation	Type	Project
			5.Cambodia Integrated HIV/drug use Prevention Intervention Study (CIPI) Fund by UCSF through FHI 360, Project date: 2016-07-01 to 2018-06-30
58	Cambodian Women for Peace and Development (CWPD) Kampong Thom, Stueng Saen, Kampong Roteh, st.1, #026	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
59	Cambodian Women for Peace and Development (CWPD) Kampong Speu, Chbar Mon, Rokar Thum, st.NA, #NA	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
60	Cambodian Women for Peace and Development (CWPD) Kampong Chhnang, Kampong Chhnang, Kampong Chhnang, st.NA, #D13	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Community Clean water supply and Santation (CCWSS), Project date: 2015-11-01 to 2016-05-31 3.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
61	Cambodian Women for Peace and Development (CWPD) Kratie, Kracheh, Roka Kandal, st.73, #08	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
62	Cambodian Women for Peace and Development (CWPD) Takeo, Doun Kaev, Roka Knong, st.NA, #NA	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
63	Cambodian Women for Peace and Development (CWPD) Battambang, Battambang, Svay Por, st.133, #338	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30 3.Cambodia Integrated HIV/drug use Prevention Intervention Study (CIPI) Fund by UCSF through FHI 360, Project date: 2016-07-01 to 2018-06-30
64	Cambodian Women for Peace and Development (CWPD) Stung Treng, Stueng Traeng, Stueng Traeng, st.16, #NA	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30

N	Organisation	Type	Project
65	Cambodian Women for Peace and Development (CWPD) Koh Kong, Khemara Phoumin, Smach Mean Chey, st.6, #NA	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
66	Cambodian Women for Peace and Development (CWPD) Preah Vihear, Preah Vihear, Kampong Pranak, st.NA, #NA	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
67	Cambodian Women for Peace and Development (CWPD) Kampot, Kampot, Kampong Kandal, st.NA, #47	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
68	Cambodian Women for Peace and Development (CWPD) Oddar Meanchey, Samraong, Samraong, st.NA, #NA	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
69	Cambodian Women for Peace and Development (CWPD) Kandal, Ta Khmau, Ta Khmao, st.109, #37	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl), Project date: 2015-10-01 to 2017-12-31 2.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Project date: 2015-10-01 to 2018-06-30
70	Care Cambodia (Care) Ratanak Kiri, Ban Lung, Labansiek, st.46, #NA	I-NGO	1.Partnering to Save Live (PSL), Project date: 2015-04-16 to 2016-04-16 2.Partnering to Save Lives, Project date: 2016-05-01 to 2020-04-30
71	CARE Cambodia (care) Mondul Kiri, Saen Monourom, Spean Mean Chey, st.NA, #NA	I-NGO	1.Partnering to Save Live (PSL), Project date: 2015-04-16 to 2016-04-16 2.Partnering to Save Lives, Project date: 2016-05-01 to 2020-04-30
72	CARE International (CARE) Phnom Penh, Chamkar Mon, Tonle Basak, st.Preah Norodom Blvd, #216B, 4th fl	I-NGO	1.CARE, Project date: 2010-12-01 to 2011-05-31 2.Reproductive, Maternal, Neonatal and Child Health (RMNCH) Project, Project date: 2012-10-01 to 2016-03-31 3.Partnering to Save Lives, Project date: 2016-05-01 to 2020-04-30 4.Healthy Women, Healthy Workplace, Project date: 2016-05-01 to 2019-04-30 5.Improvement for Health Service Delivery in Remote and Marginalized Community, Project date: 2016-05-01 to 2019-04-30 6.Safe Homes, Safe Communities, Project date: 2016-05-01 to 2019-04-30 7.Sewing for a Brighter Future, Project date: 2016-05-01 to 2019-04-30

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			8.Healthy Food, Healthy Workplace, Project date: 2016-05-01 to 2019-04-30
73	CARITAS (CARITAS) Kampong Thom, Stueng Saen, Kampong Roteh, st.1, #NA	I-NGO	1.Center for Children and Adolescent Mental Health-CCAMH, Project date: 2015-01-01 to 2016-12-31 2.Community Health, Project date: 2016-01-01 to 2018-12-31 3.Prison Health, Project date: 2016-06-01 to 2018-12-31
74	Caritas Cambodia (CARITAS) Phnom Penh, Prampir Meakkakra, Boeng Proluet, st.198, #47	I-NGO	1.Prison Health, Project date: 2016-06-01 to 2018-12-31 2.Takeo Eye Hospital, Project date: 2011-04-01 to 2014-04-01 3.Community Health Program, Project date: 2011-01-01 to 2013-12-31 4.Home base care program, Project date: 2011-01-01 to 2013-12-31 5.Prison Health Program, Project date: 2011-01-01 to 2013-12-31 6.School and Community Based Rehabilitation (SCBR) and Inclusive Development of Children and young people in Cambodia. Project date: 2011-01-01 to 2013-12-31 7.Center for Child and Adolescent Mental Health Program, Project date: 2011-01-01 to 2013-12-31 8.Community Based Child and Adolescent Mental Health Program, Project date: 2011-01-01 to 2013-12-31 9.Caritas Takeo Eye Hospital, Project date: 2014-04-01 to 2017-04-01 10.Comprehensive Child and Adolescent Mental Health Program, Project date: 2017-04-01 to 2019-12-31 11.Community Health Program, Project date: 2017-04-01 to 2019-12-31 12.Prevention and rehabilitation for blind Cambodia, (Takeo Province, Takeo Eye Hospital), Project date: 2017-04-05 to 2020-04-01
75	Caritas Cambodia (CC) Mondul Kiri, Saen Monourom, Spean Mean Chey, st.NA, #NA	I-NGO	1.Center for Children and Adolescent Mental Health-CCAMH, Project date: 2015-01-01 to 2016-12-31 2.Community Health, Project date: 2016-01-01 to 2018-12-31 3.Community Health Program, Project date: 2017-04-01 to 2019-12-31
76	Caritas Cambodia (CARITAS) Battambang, Rukh Kiri, Prey Tralach, st.NA, #NA	I-NGO	1.Community Health Project date: 2016-01-01 to 2018-12-31
77	Caritas Cambodia (CARITAS) Battambang, Banan, Snoeng, st.NA, #NA	I-NGO	1.Center for Children and Adolescent Mental Health-CCAMH, Project date: 2015-01-01 to 2016-12-31 2.Community Health, Project date: 2016-01-01 to 2018-12-31 3.Community Health Program, Project date: 2017-04-01 to 2019-12-31
78	Caritas Cambodia (CARITAS) Siemreap, Siem Reap, Sala Kamreuk, st.លោកតាណីយ, #NA	I-NGO	1.Community Health, Project date: 2016-01-01 to 2018-12-31 2.Prison Health, Project date: 2016-06-01 to 2018-12-31 3.Community Health Program, Project date: 2017-04-01 to 2019-12-31
79	Catholic Agency for Oversea Development (CAFOD) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Muoy, st.Mao Seng Tung, #Room 25	I-NGO	1.Prevention, care and treatment HIV/AIDS, Project date: 2012-04-01 to 2015-03-31 2.Promoting Water, Sanitation and Hygiene (WASH), Project date: 2016-03-01 to 2018-02-28

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80	Catholic Relief Service (CRS) Battambang, Sampov Lun, Ta Sda, st.NA, #NA	I-NGO	1.Sustain HIV responses and moving towards elimination of new HIV infections in Cambodia, Project date: 2015-10-01 to 2017-12-31 2.The Increased Access to and Improved Quality of TB at OD and Community Levels, with Linkages to TB/HIV, Project date: 2017-01-01 to 2017-12-31 3.Towards Elimination of Artemisinin-Resistant Parasites of Plasmodium Falciparum Malaria, Project date: 2015-07-01 to 2017-12-31
81	Catholic Relief Services (CRS) Pailin, Pailin, Pailin, st.NA, #PHD Pailin	I-NGO	1.Sustain HIV responses and moving towards elimination of new HIV infections in Cambodia, Project date: 2015-10-01 to 2017-12-31 2.The Increased Access to and Improved Quality of TB at OD and Community Levels, with Linkages to TB/HIV, Project date: 2017-01-01 to 2017-12-31 3.Towards Elimination of Artemisinin-Resistant Parasites of Plasmodium Falciparum Malaria, Project date: 2015-07-01 to 2017-12-31
82	Catholic Relief Services (CRS) Phnom Penh, Doun Penh, Chey Chummeah, st.Norodom Blvd, #64	I-NGO	1.Sustain HIV responses and moving towards elimination of new HIV infections in Cambodia, Project date: 2015-10-01 to 2017-12-31 2.The Increased Access to and Improved Quality of TB at OD and Community Levels, with Linkages to TB/HIV, Project date: 2017-01-01 to 2017-12-31 3.Towards Elimination of Artemisinin-Resistant Parasites of Plasmodium Falciparum Malaria, Project date: 2015-07-01 to 2017-12-31 4.The Increased Access to and Improved Quality of TB at OD and Community Levels, with Linkages to TB/HIV., Project date: 2015-01-01 to 2017-12-31 5.Investing in Health System Strengthening in Cambodia, Project date: 2016-12-01 to 2017-12-31
83	Catholic Relief Services (CRS) Battambang, Battambang, Svay Por, st.101, #NA	I-NGO	1.Sustain HIV responses and moving towards elimination of new HIV infections in Cambodia, Project date: 2015-10-01 to 2017-12-31 2.The Increased Access to and Improved Quality of TB at OD and Community Levels, with Linkages to TB/HIV, Project date: 2017-01-01 to 2017-12-31 3.Towards Elimination of Artemisinin-Resistant Parasites of Plasmodium Falciparum Malaria, Project date: 2015-07-01 to 2017-12-31
84	Catholic Relief Services (CRS) Banteay Meanchey, Serei Saophoan, Preah Ponlea, st.N.Raod. 5, #Phd. Banteay MeanChey	I-NGO	1.Sustain HIV responses and moving towards elimination of new HIV infections in Cambodia, Project date: 2015-10-01 to 2017-12-31 2.The Increased Access to and Improved Quality of TB at OD and Community Levels, with Linkages to TB/HIV, Project date: 2017-01-01 to 2017-12-31 3.Towards Elimination of Artemisinin-Resistant Parasites of Plasmodium Falciparum Malaria, Project date: 2015-07-01 to 2017-12-31
85	Catholic Relief Services (CRS) Banteay Meanchey, Thma Puok, Thma Puok, st.56, #NA	I-NGO	1.Sustain HIV responses and moving towards elimination of new HIV infections in Cambodia, Project date: 2015-10-01 to 2017-12-31

N	Organisation	Type	Project
			2.The Increased Access to and Improved Quality of TB at OD and Community Levels, with Linkages to TB/HIV, Project date: 2017-01-01 to 2017-12-31 3.Towards Elimination of Artemisinin-Resistant Parasites of Plasmodium Falciparum Malaria, Project date: 2015-07-01 to 2017-12-31
86	Catholic Relief Services (CRS) Siemreap, Angkor Chum, Char Chhuk, st.NA, #RH. Angkor Chum	I-NGO	1.Sustain HIV responses and moving towards elimination of new HIV infections in Cambodia, Project date: 2015-10-01 to 2017-12-31 2.Towards Elimination of Artemisinin-Resistant Parasites of Plasmodium Falciparum Malaria, Project date: 2015-07-01 to 2017-12-31
87	Centro Italiano Aiuti all Infanzia (CIAI) Mondul Kiri, Saen Monourom, Sokh Dom, st.NA, #NA	I-NGO	1.Equity Project date: 2015-04-01 to 2018-03-31
88	Church World Service (CWS) Kampong Thom, Stueng Saen, Damrei Choan Khla, st.ដំរីជាន់ខ្លា, #៣៦	I-NGO	1.Promote Better Life Project date: 2015-07-01 to 2018-12-30
89	Community Poverty Reduction (CPR) Kampong Chhnang, Kampong Chhnang, B'er, st.NA, #NA	L-NGO	1.Community Based Prevention Care and Suport Project date: 2015-10-01 to 2017-12-31
90	Community Poverty Reduction (CPR) Banteay Meanchey, Serei Saophoan, Kampong Svay, st.HS, #NA	L-NGO	1.Community Based Prevention Care and Suport Project date: 2015-10-01 to 2017-12-31
91	Damnok Toek (DT) Prey Veng, Peam Ro, Preaek Khsay Ka, st.11, #NA	L-NGO	1.First Aid For Children Project date: 2015-01-01 to 2017-12-31
92	Daughter of Charity Cambodia (DC) Pailin, Pailin, Pailin, st.NA, #NA	I-NGO	1.COMMUNITY FAMILY HEALTH Project date: 2015-05-01 to 2018-04-30
93	Daughters of Charity (DC) Phnom Penh, Chamkar Mon, Phsar Daeum Thkov, st.99, #90	I-NGO	1.COMMUNITY FAMILY HEALTH Project date: 2015-05-01 to 2018-04-30
94	Daughters of Charity (DC) Takeo, Doun Kaev, Roka Knong, st.NA, #NA	I-NGO	1.COMMUNITY FAMILY HEALTH Project date: 2015-05-01 to 2018-04-30
95	Department of Foreign Affairs and Trade (DFAT) Phnom Penh, Chamkar Mon, Tonle Basak, st.National Assembly, #16B	Bi-Org	1.The Second Health Sector Support Program, Project date: 2009-01-01 to 2016-06-30 2.The Identification of Poor Households Program (ID Poor) Phase III, Project date: 2016-03-01 to 2019-02-28 3.The Partnering to Save Lives (PSL), Project date: 2012-03-01 to 2018-07-31
96	DOCOSTEOCAM (DSC) Phnom Penh, Doun Penh, Boeng Reang, st.Street 63 , ##87	I-NGO	1.Osteopathes for Children Project date: 2017-01-01 to 2019-12-31

N	Organisation	Type	Project
97	Dr. Keo San Charity (KeoSan) Kandal, Ta Khmau, Ta Khmao, st.NA, #NA	L-NGO	1.Provide Maternity service and Supporting for Promotion of Well Being and Health for Women and Children in Community with of Charge, Project date: 2014-01-01 to 2017-12-31
98	East Meets West Foundation (EMW) Phnom Penh, Saensokh, Phnom Penh Thmei, st.4, #18 Borey Piphub Thmey	I-NGO	1.Hygiene and Water Sanitation Project date: 2015-06-01 to 2018-05-31
99	EWHA SOCIAL SERVICES (ESS) Phnom Penh, Pur SenChey, Kakab, st.Russie Blvd, #RUPP-Campus-2	I-NGO	1.Improving community health Project date: 2015-01-01 to 2017-12-31
100	Foundation for International Development/Relief (FIDR) Phnom Penh, Tuol Kouk, Tuek L'ak Ti Bei, st.210, #82F	I-NGO	1.Pediatric Surgery Project, Project date: 2015-04-01 to 2016-03-31 2.Nutrition and Diet Management Project (NDMP), Project date: 2014-04-01 to 2017-03-31 3.Nutrition and Diet Management Project (NDMP), Project date: 2017-04-01 to 2019-05-31 4.Pediatric Surgery Project (PSP), Project date: 2017-04-01 to 2022-05-31 5.Nutrition Education and Promotion Project (NEPP), Project date: 2017-04-01 to 2020-03-31
101	Friends International (FI) Siemreap, Siem Reap, Sla Kram, st.NA, #457	I-NGO	1.Drug-HIV Project Project date: 2015-10-01 to 2017-12-31
102	Friends-International (FI) Phnom Penh, Chamkar Mon, Phsar Daeum Thkov, st.103, #89 B	I-NGO	1.Drug-HIV Project Project date: 2015-10-01 to 2017-12-31
103	General Board of Global Ministries (GBGM) Phnom Penh, Mean Chey, Boeng Tumpun, st.12BT, #152	I-NGO	1.Community Health Development and Community based Health Care, Project date: 2014-01-01 to 2016-12-31 2.Community Health Development and Community based Health Care, Project date: 2017-01-01 to 2019-12-31
104	Good Neighbors Cambodia (GNC) Phnom Penh, Tuol Kouk, Boeng Kak Ti Muoy, st.566, #77	I-NGO	1.Community Health Improvement Project, Project date: 2014-01-01 to 2016-12-31 2.Community Health Improvement Project, Project date: 2017-01-01 to 2019-12-31
105	Good Neighbors Cambodia (GNC) Mondul Kiri, Kaoh Nheaek, Srae Sangkum, st.NA, #NA	I-NGO	1.Community Health Improvement Project, Project date: 2014-01-01 to 2016-12-31 2.Community Health Improvement Project, Project date: 2017-01-01 to 2019-12-31
106	Helen Keller International Cambodia (HKI) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Muoy, st.322, #42	I-NGO	1.Integration of small-scale aquaculture with Homestead Food Production for improve household food security and nutrition in Rural Cambodia "Known as Fish on Farms", Project date: 2013-11-01 to 2016-10-31 2.Enhancing Coverage of and Adherence to Use of In-Home Fortification (Micronutrient Powders (MNPs) as part of an Infant and Young Child Feeding Strategy, Project date: 2013-11-01 to 2016-10-31 3.Assessment and Research on Child Feeding (ARCH), Project date: 2013-11-01 to 2016-10-31 4.School Health Programs Related to the Prevention and Control of the Soil-Transmitted Helminthes, Project date: 2013-11-01 to 2016-10-31

N	Organisation	Type	Project
			5.Multi-Benefit Food Health Enterprise Development and Model Program, Project date: 2008-01-01 to 2010-01-01 6.The Multi-benefit Food and Health Model Development Program., Project date: 2010-11-01 to 2013-10-31 7.MULTI-BENEFITS FOOD AND HEALTH MODEL DEVELOPMENT PROGRAM, Project date: 2010-11-01 to 2013-10-31 8.THE MULTI-BENEFITS FOOD AND HEALTH MODEL DEVELOPMENT PROGRAM, Project date: 1970-01-01 to 1970-01-01 9.Scale Up of Homestead Food Production for Improved Household Food Security and Nutrition in Cambodia Called "Family Farms for the Future" (FF4F)., Project date: 2016-11-01 to 2019-10-31 10.Enhanced Homestead Food Production for Improved Food and Nutrition among Women and Children (EHFP)., Project date: 2016-11-01 to 2019-10-31 11.Assessment and Research on Child Feeding (ARCH)., Project date: 2016-11-01 to 2019-10-31 12.Testing an Integrated and Innovative Women-Centered Homestead Food Production Model as a Means to Improve Food Security, Nutrition and Women's Empowe1ment in Cambodia for Future Scale Up (women-centered EHFP)., Project date: 2016-11-01 to 2019-10-31
107	International Cooperation Cambodia (ICC) Phnom Penh, Saensokh, Tuek Thla, st.371-4th, #7B1	I-NGO	1.Hygien Education Project date: 2013-01-01 to 2018-12-31
108	International Cooperation Cambodia (ICC) Ratanak Kiri, Ban Lung, Boeng Kansaeng, st.NA, #NA	I-NGO	1.Hygien Education Project date: 2013-01-01 to 2018-12-31
109	Italian Association for Aid to Children (CIAI) Phnom Penh, Chamkar Mon, Boeng Trabaek, st.135, #2	I-NGO	1.Equity Project date: 2015-04-01 to 2018-03-31
110	Japan Heart (JH) Phnom Penh, Tuol Kouk, Phsar Depou Ti Muoy, st.150, #104	I-NGO	1.Technical Support to Medical Services and Health Education, Project date: 2015-09-01 to 2018-09-01 2.Hospital Construction for Essential Public Health in Ponhea Leu Referral Hospital, Project date: 2015-08-01 to 2018-08-01 3.Technical support of Medical services and Health education, Project date: 2015-09-01 to 2018-09-01
111	Japan Heart (Ponhea Leu) (JH) Kandal, Ponhea Lueu, Vihear Luong, st.5, #H. Por-Nhea-Leur	I-NGO	1.Technical Support to Medical Services and Health Education, Project date: 2015-09-01 to 2018-09-01 2.Technical support of Medical services and Health education, Project date: 2015-09-01 to 2018-09-01
112	Jumpah (Jumpah) Kampong Speu, Samraong Tong, Trapeang Kong, st.NA, #NA	L-NGO	1.Improving health care in community Project date: 2015-05-05 to 2018-05-05
113	Katie People Living with HIV Network (CPN+) Kratie, Kracheh, Kracheh, st.7, #NA	L-NGO	1.Sustain Hiv responses and moving towards elimination of new HIV infections in Cambodia Project date: 2015-10-01 to 2017-12-31

N	Organisation	Type	Project
114	Khana (Khana) Phnom Penh, Chamkar Mon, Tonle Basak, st.71, #33	L-NGO	1.Implementation of KHANA Strategic Plan 2016-2020 Project date: 2016-01-01 to 2020-12-31
115	Khemara (Khemara) Phnom Penh, Russey Keo, Ruessei Kaev, st.N.Raod. 5, #Ottarawatei Pagoda	L-NGO	1.Prevention HIV/AIDS, among Entertainment Women and MSM Project date: 2016-01-01 to 2017-12-31
116	Khemara (KHM) Preah Sihanouk, Preah Sihanouk, Buon, st.NA, #NA	L-NGO	1.Prevention HIV/AIDS, among Entertainment Women and MSM Project date: 2016-01-01 to 2017-12-31
117	La chaine de l'éspoir (Chaine) Phnom Penh, Doun Penh, Srah Chak, st.Preah Monivong, #Calmet Hospital	I-NGO	1.Cardiologic Project date: 2015-01-01 to 2018-12-31
118	Louvain Cooperation (LD) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Muoy, st.282, #17c	I-NGO	1.Community Mental Health, Non Communicable Diseases, Food Security and Nitrition Project date: 2015-01-10 to 2017-12-31
119	M'Lop Tapang (MT) Preah Sihanouk, Preah Sihanouk, Buon, st.NA, #NA	L-NGO	1.MLop Tapang Medical Program Project date: 2015-01-01 to 2017-12-31
120	Maddox Jolie-Pitt Foundation (MJP) Battambang, Battambang, Rottanak, st.NA, #Group#02	I-NGO	1.Providing Basic Quality Health Care Services in Samlaut District Millennium Village Samlart, Project date: 2008-12-01 to 2011-12-01 2.Providing Basic Quality Health Care Services in Samlout District., Project date: 2015-04-01 to 2018-04-01
121	Magna Children at Risk (Magna) Phnom Penh, Doun Penh, Phsar Chas, st.75, #3	I-NGO	1.Improvement of Health Care System with focus on HIV/AIDS and Nutrition Project date: 2016-01-01 to 2018-12-31
122	Marie Stopes International Cambodia (MSIC) Phnom Penh, Chamkar Mon, Tonle Basak, st.41, #12Eo	I-NGO	1.Reproductive Health, Sexual Health and Family Planning Program, Project date: 2013-10-20 to 2016-10-19 2.Reproductive Health, Sexual Health and Family Planning, Project date: 2008-10-01 to 2013-10-01 3.Reproductive Health, Sexual Health and Family Planning, Project date: 2016-10-20 to 2019-10-19
123	Men's Health Cambodia (MHC) Phnom Penh, Doun Penh, Srah Chak, st.75, #28 B 5	L-NGO	1.Aids HealthCare for MSM Project date: 2015-10-01 to 2017-12-31
124	Men's Health Cambodia (MHC) Siemreap, Siem Reap, Sla Kram, st.NA, #102	L-NGO	1.Aids HealthCare for MSM Project date: 2015-10-01 to 2017-12-31
125	Men's Health Cambodia (MHC) Siemreap, Siem Reap, Sala Kamreuk, st.វត្តបូព៌, #458	L-NGO	1.Aids HealthCare for MSM Project date: 2015-10-01 to 2017-12-31

N	Organisation	Type	Project
126	Men's Health Cambodia (MHC) Koh Kong, Khemara Phoumin, Dang Tong, st.NA, #NA	L-NGO	1.Aids HealthCare for MSM Project date: 2015-10-01 to 2017-12-31
127	Men's Health Cambodia (MHC) Kampong Cham, Kampong Cham, Veal Vong, st.7 (old), #124A	L-NGO	1.Aids HealthCare for MSM Project date: 2015-10-01 to 2017-12-31
128	Men's Health Social Service (MHSS) Pailin, Pailin, Pailin, st.NA, #NA	L-NGO	1.Aids HealthCare for MSM Project date: 2016-01-01 to 2017-12-31
129	Men's Health Social Service (MHSS) Phnom Penh, Chamkar Mon, Tumnob Tuek, st.179, #12	L-NGO	1.Aids HealthCare for MSM Project date: 2016-01-01 to 2017-12-31
130	Men's Health Social Service (MHSS) Kampong Thom, Stueng Saen, Kampong Roteh, st.na, #na	L-NGO	1.Aids HealthCare for MSM Project date: 2016-01-01 to 2017-12-31
131	Men's Health Social Service (MHSS) Kampong Speu, Chbar Mon, Rokar Thum, st.NA, #57	L-NGO	1.Aids HealthCare for MSM Project date: 2016-01-01 to 2017-12-31
132	Men's Health Social Service (MHSS) Kampong Chhnang, Kampong Chhnang, Kampong Chhnang, st.N.Road 5, #NA	L-NGO	1.Aids HealthCare for MSM Project date: 2016-01-01 to 2017-12-31
133	Men's Health Social Service (MHSS) Banteay Meanchey, Serei Saophoan, Preah Ponlea, st.NA, #NA	L-NGO	1.Aids HealthCare for MSM Project date: 2016-01-01 to 2017-12-31
134	Men's Health Social Service (MHSS) Banteay Meanchey, Paoy Paet, Phsar Kandal, st.5, #E01	L-NGO	1.Aids HealthCare for MSM Project date: 2016-01-01 to 2017-12-31
135	Men's Health Social Service (MHSS) Battambang, Battambang, Sla Ket, st.520, #NA	L-NGO	1.Aids HealthCare for MSM Project date: 2016-01-01 to 2017-12-31
136	Mercy Medical Center Cambodia (MMC) Phnom Penh, Chbar Ampov, Preaek Thmei, st.112, #0228	I-NGO	1.MMCCambodia Medical Care, Community Health &Education, and Training Center Project Project date: 2015-07-01 to 2018-06-30
137	Missionaries of Charity (MC) Phnom Penh, Prampir Meakkakra, Boeng Proluet, st.Monivong Blvd, #475	I-NGO	1.Home of Love, Home of Peace, Home of Joy, Home of Hope Project date: 2015-01-01 to 2017-12-31

N	Organisation	Type	Project
138	NOKORTEP FOUNDATION ORGANIZATION (NF) Phnom Penh, Dangkao, Prey Sa, st.Path, #09	L-NGO	1.Hospital NOKORTEP Women, Project date: 2012-08-17 to 2016-08-17 2.THE NOKOR TEP WOMEN'S HOSPITAL, Project date: 2016-09-01 to 2021-09-30
139	Notre Sante (Nas) Pailin, Pailin, Pailin, st.NA, #NA	I-NGO	1.Mother and Children health care, Project date: 2016-01-01 to 2018-12-31 2.Mother and Children Health Care, Project date: 2011-01-01 to 2013-12-31 3.Mother and Children Health Care, Project date: 2016-01-01 to 2018-12-31
140	Operations Enfants du Cambodia (O.E.C) Battambang, Battambang, Rottanak, st.NA, #NA	L-NGO	1.NOURISH, Project date: 2014-06-09 to 2019-06-08 2.NOURISH, Project date: 2014-06-09 to 2019-06-08
141	Organization for People's Health (OPH) Phnom Penh, Saensokh, Phnom Penh Thmei, st.88P6, #22E0	L-NGO	1.Mobility Clinic of Poor Community Project date: 2015-04-01 to 2018-04-01
142	Partners in Compassion (PC) Kampot, Kampot, Kampong Kandal, st.NA, #09	L-NGO	1.Sustain Reduction of HIV/AIDs Related inovtatity (NOURISH) Project date: 2014-01-01 to 2018-12-31
143	Partners in Compassion (PC) Pursat, Pursat, Phteah Prey, st.NA, #NA	L-NGO	1.Sustain Reduction of HIV/AIDs Related inovtatity (NOURISH) Project date: 2014-01-01 to 2018-12-31
144	Partners in Compassion (Bati) (PC) Takeo, Bati, Chambak, st.2, #NA	L-NGO	1.Sustain Reduction of HIV/AIDs Related inovtatity (NOURISH) Project date: 2014-01-01 to 2018-12-31
145	Partners in Compassion (Doun Keo) (PC) Takeo, Doun Kaev, Roka Knong, st.ផ្សារណាត់, #NA	L-NGO	1.Sustain Reduction of HIV/AIDs Related inovtatity (NOURISH) Project date: 2014-01-01 to 2018-12-31
146	Partners In Progress (PIP) Phnom Penh, Russey Keo, Tuol Sangke, st.Camko R1, #T114-5	I-NGO	1.Health Service, Health Education, Nutritional and Clean water for people along Mekong and Basac Rivers and Tonlesap Lake, Project date: 2016-05-01 to 2019-05-01 2.Project Health Service, Nutritional Supplement, and Health Education for people along Mekong and Basac Rivers and Tonlesap Lake., Project date: 2010-05-01 to 2013-05-01
147	PH Japan Foundtion (PHJ) Kampong Cham, Kampong Cham, Veal Vong, st.NA, #NA	I-NGO	1.The Project of Primary Health Care System Strengthening for Mothers and Children in Kampong Cham Province, Project date: 2014-09-01 to 2017-08-31 2.The Project of Primary Health Care System Strengthening for Mothers and Children in Kampong Cham Province, Project date: 2014-09-01 to 2018-09-04
148	Phnom Srey For Development (PSOD) Kampong Cham, Kampong Cham, Boeng Kok, st.NA, #NA	L-NGO	1.Smart Girl, Project date: 2015-01-01 to 2017-12-31 2.ARK(AidsReduction In kampong Cham), Project date: 2015-01-01 to 2017-03-31
149	Phnom Srey organization for development (PSOD)	L-NGO	1.Smart Girl

N	Organisation	Type	Project
	Tboung Khmum, Ponhea Kraek, Kaong Kang, st.No. 8, #NA		Project date: 2015-01-01 to 2017-12-31
150	Phnom Srey organization for development (PSOD) Ratanak Kiri, Ta Veaeng, Ta Veaeng Leu, st.NA, #NA	L-NGO	1.Smart Girl Project date: 2015-01-01 to 2017-12-31
151	Plan International (plan) Tboung Khmum, Suong, Suong, st.N.Raod. 7, #NA	I-NGO	1.Improving Reproductive Health, Maternal, New born and Child Health, and Nutrition Program, Project date: 2013-07-01 to 2016-06-30 2.Improving the Availability and Consumption of Nutritious Food for under five Children and Women of Reproductive age from poor families in Stung Treng Provinces., Project date: 2016-07-01 to 2019-06-30
152	Plan International Cambodia (PLAN) Phnom Penh, Chamkar Mon, Tonle Basak, st.Sothearos, #Phnom Penh Center	I-NGO	1.Improving Reproductive Health, Maternal, New born and Child Health, and Nutrition Program, Project date: 2013-07-01 to 2016-06-30 2.Improving the Availability and Consumption of Nutritious Food for under five Children and Women of Reproductive age from poor families in Stung Treng Provinces., Project date: 2016-07-01 to 2019-06-30 3.Integration of Sexual Reproductive Health and Nutrition in Technical Vocational Education Training Program Project date: 2016-07-01 to 2019-06-30 4.Maternal, Infant, and Child Community Based Nutrition, Project date: 2016-07-01 to 2019-06-30 5.Adolescent Reproductive and Nutrition Health Project, Project date: 2016-07-01 to 2019-06-30
153	Plan International Cambodia (PLAN) Kampong Thom, Stueng Saen, Kampong Roteh, st.NA, #NA	I-NGO	1.Improving Reproductive Health, Maternal, New born and Child Health, and Nutrition Program, Project date: 2013-07-01 to 2016-06-30 2.Improving the Availability and Consumption of Nutritious Food for under five Children and Women of Reproductive age from poor families in Stung Treng Provinces, Project date: 2016-07-01 to 2019-06-30
154	Plan International Cambodia (Plan) Ratanak Kiri, Ban Lung, Boeng Kansaeng, st.NA, #NA	I-NGO	1.Improving Reproductive Health, Maternal, New born and Child Health, and Nutrition Program, Project date: 2013-07-01 to 2016-06-30 2.Improving the Availability and Consumption of Nutritious Food for under five Children and Women of Reproductive age from poor families in Stung Treng Provinces., Project date: 2016-07-01 to 2019-06-30
155	Plan International Cambodia (PLAN) Siemreap, Siem Reap, Sala Kamreuk, st.ฝมศกา, #NA	I-NGO	1.Improving Reproductive Health, Maternal, New born and Child Health, and Nutrition Program, Project date: 2013-07-01 to 2016-06-30 2.Improving the Availability and Consumption of Nutritious Food for under five Children and Women of Reproductive age from poor families in Stung Treng Provinces, Project date: 2016-07-01 to 2019-06-30
156	Population Service International Cambodia (PSI/Cambodia) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Muoy, st.334, #29	I-NGO	1.Technical Assistance, Funding and Commodities for Health, including HIV/AIDS, Reproductive and Sexual Health, Malaria and Child Survival in Cambodia Project date: 2016-01-01 to 2018-12-31

N	Organisation	Type	Project
157	Population Services Khmer (PSK) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Muoy, st.334, #29	L-NGO	1.HIV/AIDS, Reproductive and Sexual Health, Malaria and Child Survival in Cambodia. Project date: 2016-01-01 to 2018-12-31
158	Pour un Sourire d'Enfant (PSE) Phnom Penh, Mean Chey, Stueng Mean chey, st.NA, #402	I-NGO	1.Health Care of PSE Project date: 1996-01-01 to 2018-12-31
159	Remote Area Kids Organization (RAKO) Siemreap, Siem Reap, Sla Kram, st.NA, #NA	L-NGO	1.Primary Health Care Project date: 2016-01-01 to 2019-12-31
160	Reproductive And Child Health Alliance (RACHA) Pailin, Pailin, Tuol Lvea, st.NA, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
161	Reproductive And Child Health Alliance (RACHA) Kampong Speu, Chbar Mon, Rokar Thum, st.N.Road. 4, #Phd. Kampong Speu	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
162	Reproductive And Child Health Alliance (RACHA) Battambang, Battambang, Rottanak, st.ផ្លូវជាតិលេខ 5, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
163	Reproductive And Child Health Alliance (RACHA) Battambang, Thma Koul, Ta Pung, st.NA, #District Hall. Thmor-Kol	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
164	Reproductive And Child Health Alliance (RACHA) Battambang, Battambang, Prek Preah Sdach, st.NA, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
165	Reproductive And Child Health Alliance (RACHA) Battambang, Moung Ruessei, Moung, st.ផ្លូវជាតិលេខ ៥, #ក្ដ	L-NGO	1.Empowering Communitie for Health (ECH) Project date: 2014-10-01 to 2019-09-30
166	Reproductive And Child Health Alliance (RACHA) Banteay Meanchey, Serei Saophoan, Ou Ambel, st.NA, #75	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
167	Reproductive And Child Health Alliance (RACHA) Banteay Meanchey, Mongkol Borei, Ruessei Kraok, st.NA, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30

N	Organisation	Type	Project
168	Reproductive And Child Health Alliance (RACHA) Banteay Meanchey, Paoy Paet, Phsar Kandal, st.NA, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
169	Reproductive And Child Health Alliance (RACHA) Banteay Meanchey, Thma Puok, Thma Puok, st.56, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
170	Reproductive And Child Health Alliance (RACHA) Siemreap, Kralanh, Kampong Thkov, st.68, #OD. KraLanh	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
171	Reproductive And Child Health Alliance (RACHA) Pursat, Pursat, Phteah Prey, st.NA, #MCH of Pursat	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
172	Reproductive And Child Health Alliance (RACHA) Pursat, Phnum Kravanh, Leach, st.55, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
173	Reproductive And Child Health Alliance (RACHA) Pursat, Bakan, Boeng Khnar, st.5, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
174	Reproductive And Child Health Alliance (RACHA) Pursat, Pursat, Phteah Prey, st.NA, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
175	Reproductive And Child Health Alliance (RACHA) Pursat, Krakor, Kbal Trach, st.N.Road 5, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
176	Reproductive And Child Health Alliance (RACHA) Siemreap, Angkor Chum, Char Chhuk, st.NA, #R.H. Angkor Chum	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
177	Reproductive And Child Health Alliance (RACHA) Phnom Penh, Chamkar Mon, Tonle Basak, st.71, #160	L-NGO	1.Empowering Communitie for Health (ECH) Project date: 2014-10-01 to 2019-09-30
178	Reproductive And Child Health Alliance (RACHA) Banteay Meanchey, Preah Netr Preah, Chob Vari, st.NA, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
179	Reproductive And Child Health Alliance (RACHA) Siemreap, Siem Reap, Sala Kamreuk, st.NA, #NA	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30
180	Reproductive And Child Health Alliance (RACHA) Siemreap, Soutr Nikom, Dam Daek, st.N. Road 6, #RH.	L-NGO	1.Empowering Communitie for Health (ECH), Project date: 2014-10-01 to 2019-09-30 2.Empowering Communities for Health, Project date: 2014-10-01 to 2019-09-30

N	Organisation	Type	Project
	Sotre-NiKom		
181	Reproductive Health Association of Cambodia (RHAC) Tboung Khmum, Ponhea Kraek, Kaong Kang, st.N. Road-7, #RH. PonheaKrek	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
182	Reproductive Health Association of Cambodia (RHAC) Takeo, Doun Kaev, Roka Knong, st.NA, #NA	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
183	Reproductive Health Association of Cambodia (RHAC) Tboung Khmum, Krouch Chhmar, Krouch Chhmar, st.NA, #NA	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
184	Reproductive Health Association of Cambodia (RHAC) Kampong Thom, Stoung, Kampong Chen Cheung, st.NA, #NA	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
185	Reproductive Health Association of Cambodia (RHAC) Kampong Cham, Kampong Cham, Boeng Kok, st.606, #31	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
186	Reproductive Health Association of Cambodia (RHAC) Kampong Speu, Chbar Mon, Rokar Thum, st.ផ្លូវជាតិលេខ៤, #NA	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
187	Reproductive Health Association of Cambodia (RHAC) Preah Sihanouk, Preah Sihanouk, Buon, st.NA, #555	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
188	Reproductive Health Association of Cambodia (RHAC) Phnom Penh, Tuol Kouk, Boeng Kak Ti Pir, st.606, #31	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS

N	Organisation	Type	Project
			and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
189	Reproductive Health Association of Cambodia (RHAC) Kampong Chhnang, Baribour, Popel, st.N.Raod. 5, #RH. BoriBaur	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
190	Reproductive Health Association of Cambodia (RHAC) Kampong Chhnang, Kampong Chhnang, Kampong Chhnang, st.5, #NA	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
191	Reproductive Health Association of Cambodia (RHAC) Koh Kong, Khemara Phoumin, Smach Mean Chey, st.3, #RH: Smach MeanChey	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
192	Reproductive Health Association of Cambodia (RHAC) Koh Kong, Srae Ambel, Boeng Preav, st.48, #RH. SreAmbel	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
193	Reproductive Health Association of Cambodia (RHAC) Kampot, Kampot, Kampong Kandal, st.ตต, #๕๑	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
194	Reproductive Health Association of Cambodia (RHAC) Siemreap, Siem Reap, Kok Chak, st.30, #NA	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
195	Reproductive Health Association of Cambodia (RHAC) Kampong Thom, Stueng Saen, Kampong Thum, st.NA, #NA	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
196	Reproductive Health Association of Cambodia (RHAC) Kampong Chhnang, Kampong Tralach, Peani, st.National road 5, #Rah Kampong Tralach	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS

N	Organisation	Type	Project
			and Other Infectious Disease Interventions, Project date: 2017-01-01 to 2019-12-31
197	Samaritan's Purse (SP) Phnom Penh, Chamkar Mon, Phsar Daeum Thkov, st.504, #9A/B	I-NGO	1.Maternal Infant and Child Health (MIACH), Project date: 2014-01-01 to 2016-12-31 2.STAR (Strong Tall and Robust) Children's Project, Project date: 2017-01-01 to 2019-12-31
198	Save Incapacity Teenagers (SIT) Kandal, Mukh Kampul, Preaek Anhchanh, st.6A, #NA	L-NGO	1.Community Base Prevention Care and Support Project date: 1999-08-03 to 2017-12-31
199	Save Incapacity Teenagers (SIT) Phnom Penh, Chraoy Chongvar, Preaek Lieb, st.6 A, #L 23	L-NGO	1.Community Base Prevention Care and Support Project date: 1999-08-03 to 2017-12-31
200	Save the Children (SC) Phnom Penh, Doun Penh, Chakto Mukh, st.242, #05	I-NGO	1.Partnering to Save Lives (PSL), a Maternal and Newborn Health Project, Project date: 2013-08-01 to 2016-07-31 2.NOURISH Project, Project date: 2014-06-09 to 2019-06-08 3.Partnering to Save Lives (PSL), Project date: 2016-08-01 to 2018-07-31
201	Save The Children (SC) Kratie, Kracheh, Ou Ruessei, st.NA, #NA	I-NGO	1.Partnering to Save Lives (PSL), a Maternal and Newborn Health Project, Project date: 2013-08-01 to 2016-07-31 2.NOURISH Project, Project date: 2014-06-09 to 2019-06-08 3.Partnering to Save Lives (PSL), Project date: 2016-08-01 to 2018-07-31
202	Save The Children (SC) Kratie, Chhloung, Chhloung, st.7, #OD. Chloung	I-NGO	1.Partnering to Save Lives (PSL), a Maternal and Newborn Health Project, Project date: 2013-08-01 to 2016-07-31 2.NOURISH Project, Project date: 2014-06-09 to 2019-06-08 3.Partnering to Save Lives (PSL), Project date: 2016-08-01 to 2018-07-31
203	Save the Children (SC) Pursat, Pursat, Phteah Prey, st.NA, #202A	I-NGO	1.NOURISH Project, Project date: 2014-06-09 to 2019-06-08
204	Save the Children (SC) Siemreap, Siem Reap, Svay Dankum, st.NA, #NA	I-NGO	1.NOURISH Project, Project date: 2014-06-09 to 2019-06-08
205	Save the Children Cambodia (CS) Stung Treng, Stueng Traeng, Srah Ruessei, st.34, #NA	I-NGO	1.Partnering to Save Lives (PSL), a Maternal and Newborn Health Project, Project date: 2013-08-01 to 2016-07-31 2.NOURISH Project, Project date: 2014-06-09 to 2019-06-08 3.Partnering to Save Lives (PSL), Project date: 2016-08-01 to 2018-07-31
206	Save the Children International (SCI) Battambang, Battambang, Rottanak, st.211, #181	I-NGO	1.NOURISH Project Project date: 2014-06-09 to 2019-06-08

N	Organisation	Type	Project
207	Service for the Health in Asian and African Regions(SHARE-Cambodia) (SHARE) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Bei, st.348, #20 T	I-NGO	1.Handing over Child Health Promotion In Svay Anthor Operational District, Prey Veng Province Project date: 2016-01-01 to 2017-04-01 2.Healthy children from beginning to 1000 days Project date: 2016-01-01 to 2021-12-31
208	Smile Cambodia (SC) Phnom Penh, Chamkar Mon, Tumnob Tuek, st.271, #Khmer-Soviet Hospita	L-NGO	1.Provision of Free Surgical Operations for Children with Cleft Lip, Cleft Palate and Facial Deformities Project date: 2014-01-01 to 2016-12-31 2.Provision of Free Surgical Operations for Children with Cleft Lip, Cleft Palate and Facial Deformities Project date: 2017-11-01 to 2020-11-01
209	Solidarite Bretagne Cambodge (SBC) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Muoy, st.NA, #Kossamakram	I-NGO	1.The World Mate Emergency Hospital & Randa Medical Centers in Battambang, Project date: 2016-03-01 to 2018-02-28 2.MEDICAL TRAINING AND MEDICAL CARE, Project date: 2016-11-01 to 2019-10-30
210	Sugar Palm Foundation Cambodia (SPPC) Kampot, Kampot, Kampong Bay, st.ផ្លូវជាតិលេខ ៣, #៦៧	I-NGO	1.សុខភាពស្ត្រី ខេត្តកំពត និងតាកែវ, Project date: 2013-07-01 to 2016-06-30 2.Khmer Reproductive Health Project (KRHP), Project date: 2017-02-01 to 2020-01-31
211	The Handa Foundation (THF) Battambang, Battambang, Rottanak, st.NA, #NA	I-NGO	1.The Handa Emergency Hospital, Project date: 2012-03-01 to 2015-02-28 2.The World Mate Emergency Hospital, Project date: 2015-03-01 to 2018-02-28 3.Handa Medical Centers in Battambang, Project date: 2015-03-01 to 2018-02-28
212	The Johanniter (Johanniter) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Muoy, st.306, #17	I-NGO	1.Community Mental Health in Ratanakiri and Mondulkiri Project date: 2016-04-01 to 2020-03-31
213	The Lake Clinic-Cambodia (TLC) Siemreap, Siem Reap, Svay Dankum, st.NA, #NA	L-NGO	1.Health Care Services on the shoreline of Tonle Sap lake & Stung Sen river Project date: 2016-01-01 to 2020-12-30
214	The Salvation for Cambodia People (SFCP) Phnom Penh, Mean Chey, Boeng Tumpun, st.St. 90BT ,Tnoat Chrum, #NA	L-NGO	1.Childhood Heart Operation Project Program Project date: 2017-05-01 to 2019-05-01
215	The World Bank (WB) Phnom Penh, Doun Penh, Chakto Mukh, st.Borodom Blvd, #113	Multi-Org	1.The Second Health Sector Support Program, Project date: 2009-06-19 to 2016-06-30 2.Health Equity and Quality Improvement Project, Project date: 2016-07-01 to 2020-06-30
216	Trauma Care Foundation (TCF-C) Battambang, Battambang, Svay Por, st.104A, #175	L-NGO	1.Traumatic Injury Management and Maternal and Perinatal Care Project date: 2015-06-01 to 2018-07-31

N	Organisation	Type	Project
217	United Nations Children's Fund (unicef) Phnom Penh, Doun Penh, Srah Chak, st.75, #11	Multi-Org	1.Child Survival and Development Programme Project date: 2016-01-31 to 2018-12-31 2.N/A Project date: 2005-01-01 to 2009-12-31
218	United Nations Children's Fund (UNICEF) Kratie, Kracheh, Kracheh, st.4, #NA	Multi-Org	1.Child Survival and Development Programme Project date: 2016-01-31 to 2018-12-31
219	United Nations Children's Fund (Unicef) Siemreap, Siem Reap, Sala Kamreuk, st.7 Makara, #048	Multi-Org	1.Child Survival and Development Programme Project date: 2016-01-31 to 2018-12-31
220	United Nations Population Fund (UNFPA) Phnom Penh, Chamkar Mon, Tonle Basak, st.Sothearos, #Phnom Penh Center, 5th fl	Multi-Org	1.Enhancing Sexual Reproductive Health Programme (SRH) Project date: 2016-01-01 to 2018-12-31
221	United States Centers for Disease Control and Prevention (US CDC) Phnom Penh, Tuol Kouk, Boeng Kak Ti Pir, st.Pennuth Boulevard, #80	Bi-Org	1.Kingdom of Cambodia Ministry Of Health - MOH Coag Phase I (Project date: 2012-09-29 to 2017-03-31) 2.National Institute of Public Health (NIPH) PHASE II (Project date: 2013-07-01 to 2018-03-31) 3.National Center for HIV/AIDS Dermatology and STDs (NCHADS) PHASE III (Project date: 2013-07-31 to 2018-03-31) 4.National Center for Tuberculosis and Leprosy Control (CENAT) PHASE II (Project date: 2015-04-01 to 2018-03-31) 5.National Institute of Public Health (NIPH) PHASE II (Project date: 2011-06-01 to 2016-05-31)
222	United States Peace Corps Cambodia (PCCambodia) Phnom Penh, Doun Penh, Chakto Mukh, st.256, #7A	Bi-Org	1.Community Health Education Project date: 2015-05-01 to 2020-05-01 2.Community Health Education Project date: 2015-05-01 to 2020-05-01
223	University Research Co., LLC (URC) Phnom Penh, Doun Penh, Chey Chummeah, st.214, #10, 2-3 floor	I-NGO	1.CONTROL AND PREVENTION OF MALARIA (CAP-MALARIA) Project date: 2012-03-01 to 2016-09-30 2.Quality Health Services (QHS) Project date: 2014-01-17 to 2019-01-16 3.Social Health Protection Project date: 2013-12-26 to 2018-12-25
224	University Research Co., LLC (URC) Tboung Khmum, Ponhea Kraek, Kaong Kang, st.No 7, #NA	I-NGO	1.Quality Health Services (QHS) Project date: 2014-01-17 to 2019-01-16
225	University Research Co., LLC (URC) Siemreap, Siem Reap, Sla Kram, st.NA, #44	I-NGO	1.Quality Health Services (QHS) Project date: 2014-01-17 to 2019-01-16 2.Social Health Protection Project date: 2013-12-26 to 2018-12-25
226	University Research Co., LLC (URC) Kampong Cham, Kampong Cham, Kampong Cham,	I-NGO	1.Quality Health Services (QHS) Project date: 2014-01-17 to 2019-01-16 2.Social Health Protection Project date: 2013-12-26 to 2018-12-25

N	Organisation	Type	Project
227	University Research Co., LLC (URC) Battambang, Battambang, Svay Por, st.501, #71	I-NGO	1.Quality Health Services (QHS) Project date: 2014-01-17 to 2019-01-16 2.Social Health Protection Project date: 2013-12-26 to 2018-12-25
228	Ven Mother Park Chung Soo's Won - Buddhist Relief Foundation (VMPCS WBRF) Battambang, Battambang, Prek Preah Sdach, st.NA, #NA	I-NGO	1.Non-profit services of medical clinic for poverty and Baby Daycare Center Project date: 2016-10-01 to 2019-10-31
229	W-Foundation Cambodia (CSVFW) Phnom Penh, Chamkar Mon, Tonle Basak, st.274, #PGCT Buiding	I-NGO	1.Healthcare Improvement Project Project date: 2015-05-04 to 2018-04-04
230	Wathnak Pheap (WP) Tboung Khmum, Ponhea Kraek, Kandaol Chrum, st.NA,	L-NGO	1.Integrated ECCD Nutrition and WASH project Project date: 2014-12-01 to 2017-12-31
231	Wathnak Pheap (WP) Phnom Penh, Chamkar Mon, Boeng Trabaek, st.101, #BB12	L-NGO	1.Integrated Nutrition Hygiene and Sanitation Program (NOURISH) in Siem Reap Province (Project date: 2014-06-09 to 2016-06-08) 2.Community Let Child Nutrition Project Phase II (CLCN) (Project date: 2016-09-01 to 2019-06-30)
232	Wathnak Pheap (WP) Kratie, Kracheh, Roka Kandal, st.NA, #NA	L-NGO	1.Implementation of Social Accountability Framework (I-SAF) (Project date: 2016-03-01 to 2018-12-31) 2.Community Let Child Nutrition Project Phase II (CLCN) (Project date: 2016-09-01 to 2019-06-30)
233	Wholistic Interest Through Health (WITH Cambodia) Phnom Penh, Tuol Kouk, Boeng Kak Ti Pir, st.St313, ##27A5	I-NGO	1.Health Care and Nutrition Project Project date: 2017-01-01 to 2019-12-30
234	Women Services Organization (WOSO) Kampong Speu, Kong Pisei, Snam Krapeu, st.143, #NA	L-NGO	1.Integrated Care and Prevention Project date: 2014-01-01 to 2016-12-31 2.Community Base Prevention Care and Support (CBPCS) Project date: 2017-01-01 to 2019-12-31
235	World Health Organization (WHO) Phnom Penh, Chamkar Mon, Boeng Keng Kang Ti Muoy, st.306, #61-64	Multi-Org	1.Country WHO collaborative programme 2016-17 Project date: 2016-01-01 to 2017-12-31
236	World relief Cambodia (WRC) Tboung Khmum, Suong, Suong, st.NA, #NA	I-NGO	1.Hope Program Project date: 2015-10-01 to 2018-09-30
237	World Relief Cambodia (WRC) Kampong Thom, Stoung, Kampong Chen Tboung, st.NA,	I-NGO	1.Hope Program Project date: 2015-10-01 to 2018-09-30
238	World Relief Cambodia (WRC)	I-NGO	1.Hope Program

N	Organisation	Type	Project
	Kandal, S'ang, Preaek Koy, st.21, #NA		Project date: 2015-10-01 to 2018-09-30
239	World Relief Cambodia (WRC) Phnom Penh, Tuol Kouk, Boeng Kak Ti Muoy, st.287, #30	I-NGO	1.Hope Program Project date: 2015-10-01 to 2018-09-30
240	World Relief Cambodia (Pursat-Veal Veng) (WRC) Pursat, Veal Veaeng, Pramaoy, st.55, #NA	I-NGO	1.Hope Program Project date: 2015-10-01 to 2018-09-30
241	World Vision Cambodia (wvi) Kampong Thom, Prasat Ballangk, Kraya, st.NA, #NA	I-NGO	1.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
242	World Vision Cambodia (WVI) Kampong Thom, Stoung, Kampong Chen Tboung, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
243	World Vision Cambodia (WVI) Kampong Thom, Kampong Svay, San Kor, st.No.6, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
244	World Vision Cambodia (WVI) Kampong Thom, Kampong Svay, Kampong Svay, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
245	World Vision Cambodia (WVC) Preah Vihear, Kuleaen, Kuleaen Tboung, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
246	World Vision Cambodia (WVC) Preah Vihear, Preah Vihear, Kampong Pranak, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
247	World vision Cambodia (WVI) Preah Vihear, Chey Saen, S'ang, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
248	World Vision Cambodia (WVI) Preah Vihear, Sangkum Thmei, Chamraeun, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
249	World Vision Cambodia (WVI) Preah Vihear, Chhaeb,	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-

N	Organisation	Type	Project
	Chhaeb Muoy, st.NA, #NA		02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
250	World Vision Cambodia (WVI) Preah Vihear, Rovieng, Rung Roeang, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
251	World Vision Cambodia (WVI) Siemreap, Puok, Sasar Sdam, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
252	World Vision Cambodia (Baribour 2) (WVC) Kampong Chhnang, Baribour, Phsar, st.N.Raod. 5, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
253	World Vision International (WVI) Siemreap, Soutr Nikom, Samraong, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
254	World Vision International (WVI) Banteay Meanchey, Mongkol Borei, Soea, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
255	World Vision International (WVI) Banteay Meanchey, Phnum Srok, Srah Chik, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
256	World Vision International (WVI) Phnom Penh, Chamkar Mon, Tonle Basak, st.71, #20	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
257	World Vision International (WVI) Siemreap, Kralanh, Kralanh, st.Group 10, #171	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
258	World Vision International (WVI) Battambang, Banan, Kantueu Muoy, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
259	World Vision International (WVI) Battambang, Koas Krala, Hab, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02)

N	Organisation	Type	Project
			2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
260	World Vision International (WVI) Battambang, Phnum Proek, Pech Chenda, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
261	World Vision International (WVI) Battambang, Battambang, Sla Ket, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
262	World Vision International (WVI) Battambang, Rukh Kiri, Sdok Pravoek, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
263	World Vision International (WVI) Battambang, Moung Ruessei, Kakaoh, st.ផ្លូវជាតិលេខ ៥, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
264	World Vision International (WVI) Siemreap, Chi Kraeng, Kouk Thlok Kraom, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
265	World Vision International (WVI) Siemreap, Chi Kraeng, Kouk Thlok Kraom, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
266	World Vision International (WVI) Banteay Meanchey, Thma Puok, Kumru, st.56, #51	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
267	World Vision International (WVI) Siemreap, Varin, Prasat, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
268	World Vision International (WVI) Battambang, Samlout, Ta Sanh, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
269	World Vision International (WVI) Banteay Meanchey, Serei Saophoan, Kampong Svay, st.4, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)

N	Organisation	Type	Project
270	World Vision International (WVI) Banteay Meanchey, Svay Chek, Sarongk, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
271	World Vision International (WVI) Siemreap, Siem Reap, Svay Dankum, st.NA, ##188	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
272	World Vision International (WVI) Banteay Meanchey, Preah Netr Preah, Chob Vari, st.N.Road. 6, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
273	World Vision International Cambodia (WVI) Kampong Thom, Stueng Saen, Kampong Thum, st.ប្រជាធិបតេយ្យ, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) 9Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
274	World Vision International-Cambodia (WVI-C) Kampong Speu, Basedth, Svay Rumpear, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
275	World Vision-Cambodia (WVC) Kandal, S'ang, Preaek Koy, st.21, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
276	World Vision-Cambodia (Baribour 1) (WVC) Kampong Chhnang, Baribour, Ponley, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
277	World Vision-Cambodia (Borei Cholsar) (WVC) Takeo, Borei Cholsar, Doung Khpos, st.129B, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) Project date: 2014-05-03 to 2017-05-02 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
278	World Vision-Cambodia (Chol Kiri) (WVC) Kampong Chhnang, Chol Kiri, Prey Kri, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
279	World Vision-Cambodia (Doun Kaev) (WVC) Takeo, Doun Kaev, Roka Knong, st.2, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)

N	Organisation	Type	Project
280	World Vision-Cambodia (Kampong Chhnang) (WVC) Kampong Chhnang, Kampong Chhnang, B'er, st.NA, #467C	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
281	World Vision-Cambodia (Kampong Leaeng) (WVC) Kampong Chhnang, Kampong Leaeng, Kampong Hau, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
282	World Vision-Cambodia (Kandal and Kampong Speu Operations) (WVC) Phnom Penh, Mean Chey, Chak Angrae Kraom, st.2, #688	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
283	World Vision-Cambodia (Khsach Kandal) (WVC) Kandal, Khsach Kandal, Sanlung, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
284	World Vision-Cambodia (Kiri Vong) (WVC) Takeo, Kiri Vong, Kiri Chong Kaoh, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
285	World Vision-Cambodia (Koh Andaet) (WVC) Takeo, Kaoh Andaet, Prey Khla, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) Project date: 2014-05-03 to 2017-05-02 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
286	World Vision-Cambodia (Ponhea Leu) (WVC) Kandal, Ponhea Lueu, Chhveang, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
287	World Vision-Cambodia (Rolea B'ier) (WVC) Kampong Chhnang, Rolea B'ier, Chrey Bak, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
288	World Vision-Cambodia (Samraong) (WVC) Takeo, Samraong, Sla, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) (Project date: 2014-05-03 to 2017-05-02) 2.Health & Nutrition Program in Area Programs (APs) (Project date: 2017-05-03 to 2020-05-02)
289	Youth With A Mission (YWAM) Stung Treng, Stueng Traeng, Stueng Traeng, st.22, #NA	I-NGO	1.Health Care Development in Stung Treng Province (Project date: 2014-01-01 to 2016-12-31) 2.Health Care and Youth Development in Stung Treng Province (Project date: 2017-01-01 to 2019-12-31)
290	Youth With A Mission (YWAM) Phnom Penh, Tuol Kouk, Boeng Kak Ti Pir, st.600, #20	I-NGO	1.Health Care Development in Stung Treng Province (Project date: 2014-01-01 to 2016-12-31) 2.Health Care and Youth Development in Stung Treng Province (Project date: 2017-01-01 to 2019-12-31)

9.3.1 List of intervention in MCH in Kampong Chhnang

N	Organisation	Type	Project
1	Cambodian Women for Peace and Development (CWPD) Kampong Chhnang, Kampong Chhnang, Kampong Chhnang, st.NA, #D13	L-NGO	1.Prevention HIV/AIDS, STI among entertainment Women (Smart Girl) Program: P1, P2, Project date: 2015-10-01 to 2017-12-31 2.Community Clean water supply and Santation (CCWSS), Program: P2 Project date: 2015-11-01 to 2016-05-31 3.Sustain HIV response and moving forward elimination of new HIV infection in Cambodia (SMARTGirl Program) Fund by NFM through KHANA, Program: P2, Project date: 2015-10-01 to 2018-06-30
2	Community Poverty Reduction (CPR) Kampong Chhnang, Kampong Chhnang, B'er, st.NA, #NA	L-NGO	1.Community Based Prevention Care and Suport, Program: P1, P2, P3, Project date: 2015-10-01 to 2017-12-31
3	Men's Health Social Service (MHSS) Kampong Chhnang, Kampong Chhnang, Kampong Chhnang, st.N.Road 5, #NA	L-NGO	1.Aids HealthCare for MSM, Program: P1, P2, Project date: 2016-01-01 to 2017-12-31
4	Reproductive Health Association of Cambodia (RHAC) Kampong Chhnang, Baribour, Popel, st.N.Raod. 5, #RH. BoriBaur	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Program: P1, P2, P3, P4, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Program: P1, P3, P4, Project date: 2017-01-01 to 2019-12-31
5	Reproductive Health Association of Cambodia (RHAC) Kampong Chhnang, Kampong Chhnang, Kampong Chhnang, st.5, #NA	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Program: P1, P2, P3, P4, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Program: P1, P3, P4, Project date: 2017-01-01 to 2019-12-31
6	Reproductive Health Association of Cambodia (RHAC) Kampong Chhnang, Kampong Tralach, Peani, st.National road 5, #Rah Kampong Tralach	L-NGO	1.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Program: P1, P2, P3, P4, Project date: 2014-01-01 to 2016-12-31 2.Improving Family Health by implementing Sexual and Reproductive Health, Maternal Health, HIV/AIDS and Other Infectious Disease Interventions, Program: P1, P3, P4 Project date: 2017-01-01 to 2019-12-31
7	World Vision Cambodia (Baribour 2) (WVC) Kampong Chhnang, Baribour, Phsar, st.N.Raod. 5, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs) Program: P1, P2, P4, Project date: 2014-05-03 to 2017-05-02 2.Health & Nutrition Program in Area Programs (APs) , Program: P1, P4, Project date: 2017-05-03 to 2020-05-02
8	World Vision-Cambodia (Baribour 1) (WVC) Kampong Chhnang, Baribour, Ponley, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs), Program: P1, P2, P4, Project date: 2014-05-03 to 2017-05-02 2.Health & Nutrition Program in Area Programs (APs) , Program: P1, P4, Project date: 2017-05-03 to 2020-05-02
9	World Vision-Cambodia (Chol Kiri) (WVC)	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs), Program: P1, P2, P4, Project date: 2014-

	Kampong Chhnang, Chol Kiri, Prey Kri, st.NA, #NA		05-03 to 2017-05-02 2.Health & Nutrition Program in Area Programs (APs), Program: P1, P4, Project date: 2017-05-03 to 2020-05-02
10	World Vision-Cambodia (Kampong Chhnang) (WVC) Kampong Chhnang, Kampong Chhnang, B'er, st.NA, #467C	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs), Program: P1, P2, P4, Project date: 2014-05-03 to 2017-05-02 2.Health & Nutrition Program in Area Programs (APs), Program: P1, P4, Project date: 2017-05-03 to 2020-05-02
11	World Vision-Cambodia (Kampong Leaeng) (WVC) Kampong Chhnang, Kampong Leaeng, Kampong Hau, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs), Program: P1, P2, P4, Project date: 2014-05-03 to 2017-05-02 2.Health & Nutrition Program in Area Programs (APs), Program: P1, P4, Project date: 2017-05-03 to 2020-05-02
12	World Vision-Cambodia (Rolea B'ier) (WVC) Kampong Chhnang, Rolea B'ier, Chrey Bak, st.NA, #NA	I-NGO	1.Health and Nutrition Initiative in Area Development Program(ADPs), Program: P1, P2, P4, Project date: 2014-05-03 to 2017-05-02 2.Health & Nutrition Program in Area Programs (APs), Program: P1, P4, Project date: 2017-05-03 to 2020-05-02

9.4 Annex 4: List of Documents Consulted

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29. National strategic development plan 2014-2018; Royal Government of Cambodia
30. Nutrition status and nutrition, intervention in Cambodia, National Maternal and Child, Health Center (NMCHC/NNP)
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9.5 Annex 5: List of Persons / Organisations Met

Name	Position	Date
PHNOM PENH		
Long Leng	AFH Director	24.10., 16.11.2017
Yang Sopheap	AFH	16.11.2017
Heng Bunsieth	CHC Executive director	16.11.2017
Mrs. Kunthea Chao	FHD, Executive director	16.11.2017
Hok Chuon	FHD, SKY Project Officer	16.11.2017
Sok Sokun	UNFPA MCH Manager	
Bernd Appelt	GIZ Social health protection project, project manager	17.11.2017
Bart Jacobs	GIZ Social health protection project, policy advisor	17.11.2017
Kelvin Hui	GIZ Soc. H. Prot. Proj., teamleader policy advisor, h. systems financing	17.11.2017
Mary Mohan	GIZ/GFA Muskoka project, team leader	17.11.2017
Wolfgang Weber	GIZ GFA Teamleader Multi-Sectoral Food and Nutrition Security	18.11.2017
David Raminashvili	World Vision, technical lead for nutrition, health and WASH	22.11.2017
Arnaud Laillou	UNICEF Nutrition Specialist	22.11.2017
Lucie Chudá	Emb. of the Czech Republic, Head of Development S.	23.11.2017
KAMPONG CHNANG (KC)		
PrakVoun	PHD KC Direktor	25.10., 20.11.2017
Ker Chanthearith	KC ,Vice-chief of Technical Bureau	25.10., 20.11.2017
Un Sopheap	KC, Birth certificate Bureau chief	
Som Mesa	PHD KC; Chief of MCH	20.11.2017
Sorith Thearavuthy	Provincial Hospital KC, Director	20.11.2017
Meas Duth Ty	Provincial Hospital KC , Chief of Technical Bureau	20.11.2017
Yim Phalla	Provincial Hospital KC; Medical Assistant	20.11.2017
Kang Borann	Provincial Hospital KC; Midwife	20.11.2017
Sok Kong	Provincial Hospital KC; Paediatrician	20.11.2017
Un Sopheap	Provincial Chief of Bureau of Birth Certification	20.11.2017
Chtuna Buntha	OD Boribo Director	26.10., 21.11.2017
Seung Samnang	OD Boribo referral hospital director	26.10., 21.11.2017
Chhorn Samnang	OD Boribo referral hospital, doctor	21.11.2017
Leng Sophorn	OD Boribo referral hospital Technical Bureau chief	21.11.2017
Seth Someun	OD Boribo referral hospital, midwife	21.11.2017
Bo Neath	OD Boribo referral hospital, doctor	21.11.2017
Meung Theara	OD Boribo referral hospital , midwife	21.11.2017
Toch Chanthea	OD Boribo referral hospital , midwife	21.11.2017
Hy Channa	OD Boribo referral hospital , midwife	21.11.2017
Cheng Sopheap	OD Boribo referral hospital , midwife	21.11.2017
Lek Phearum	OD Boribo referral hospital , midwife	21.11.2017
Phin Channy	OD Boribo referral hospital , midwife	21.11.2017
Chhem Thary	OD Boribo referral hospital, nurse	21.11.2017
Chantheng	OD Boribo referral hospital director	21.11.2017
Seung Khath	HC Trapaing Chief	21.11.2017
Pom Kim	HC Trapaing Chan midwife	21.11.2017
Prak Sovann	HC Trapaing Chan midwife	21.11.2017
Khut Vanthon	HC Trapaing Chan midwife	21.11.2017
Ek Sameun	HC Trapaing Chan nurse	21.11.2017

Thai Sithon	HC Trapaing Chan nurse	21.11.2017
Chuon Sokhun	OD Kampong Tralach director	27.10., 21.11.2017
Mom Sieng Heng	OD RH Kampong Tralach director	27.10.2017
Ke Vanna	RH Kampong Tralach deputy direcor	21.11.2017
Pok Phalla	RH Kampong Tralach deputy director, chief of obstetric	21.11.2017
Bunna Line	RH Kampong Tralach obstetric director	21.11.2017
Thun Sophea	HC Lung Vek chief	21.11.2017
Nhem Sarann	HC Lung Vek, midwife	21.11.2017
HCMC/VHSG	FGD members	30.10.2017
HCMC/VHSG	Lung Vek HC HCMC/VHSG members	21.11.2017
HCMC/VHSG	HC Trapaing Chan HCMC/VHSG members	21.11.2017
HCMC/VHSG	Prey Khmer HC HC Trapaing Chan	21.11.2017

9.6 Annex 6: Summary of the Terms of Reference for the Study

The justification for the call for services:

Czech Development Agency (CzDA) is participating in developing the Bileteral Cooperation Program between the Czech Republic and Cambodia for the period 2018 - 2023, which will include inclusive social development among which the healthcare sector and a specific emphasis on the area of mother and child healthcare. For developing the program effectively, it is necessary to elaborate the initial studies analysing the current situation of healthcare in Cambodia. The results of the study will provide the contracting authority with a comprehensive overview of the status, the functioning of the Royal Government of Cambodia healthcare system including health insurance. In addition, the needs of the local communities in the healthcare sector - mother and child health and nutrition specifically - will be analysed.

Requested services:

The subject of this call for services is to provide analysis of the current status of the health system in Cambodia with the focus on mothers and child health. The study will be based on the analysis of relevant documents (statistics, government programs and strategy of the Ministry of Health, Ministry of Planning and the Ministry of Interior and other relevant actors, reports of foreign donors and international organisations), as well as incorporating data from field visits.

The study will focus on the analysis of the following areas:

1) legislative regulations and programs focusing on mothers and child health and child malnutrition: A) overview of government programs of individual ministries; B) overview of programs of foreign donors, NGOs and international organisations;C) geographic focus of the programs referred to in paragraphs A) and B). (for this particular issue questions are available in the Appendix no. 1 of the call for services,
2) Obtaining and processing data (baseline data) in healthcare for the area of the study (mothers and childcare) (for this particular issue questions are available in the Appendix no. 1 of the call for services
3) The system of setting up and functioning of health insurance (analysis of current government and non-governmental, international health insurance programs: ID poor, NSSF, SHPP and others). ((for this particular issue questions are available in the Appendix no. 1 of the call for services
4) Access to a health-care facility for children and orphans and for ethnic minorities (for this particular issue questions are available in the Appendix no. 1 of the call for services
5) The operation and the role of individual health facilities (Health Center, Referral Hospital) in the area of care of mother and childcare and child malnutrition. (for this particular issue questions are available in the Appendix no. 1 of the call for services
6) Analyse the needs of local communities in the area of the mother and childcare. In this framework, the contractortogether with other relevant actors will define the priorities of local communities in thefield ofmother and childcare. (with the focus on reducing motherly and child mortality, child malnutrition, the technical capacity of health centres (health centre Referral hospital) and professional capacity medical staff and experts from the state administration (ministries, municipalities)
7) Stakeholders analysis. Under this point, the contractor itemises stakeholder analysis in health care about the care of the mother and childcare and child malnutrition. The stakeholder analysis will include the organisational structure, financial resources, human resources, development potential and specific activities in the care of mother and child)

Duration and schedule for the study

Expert work to develop the study will run from September to end of November 2017. Within the implementation, studies are required two trips to Cambodia, together with the maximum range of 25 days.

Questions from the annex 1 (reference made to in some of the points)

1) Legislations etc

I) How it works on different levels of the Ministry of Health? Who is responsible for what? (Ministry, PHD - Provincial Health Department, the Community - Operational Health District).

II) What official government documents (regulations, standards, etc.) does each Ministry in Cambodia concerning the care of mother and child have?

III) What are the current priorities of the Royal Government of Cambodia (RGoC) in the area of mother and child heathcare (MCH) (reducing child and maternal mortality, child malnutrition)?

IV) What are the relevant strategies of the the different RGoC Ministries for reducing child and maternal mortality?

V) What kind of foreign donors are active in the health sector? What is their focus (briefly in points). Which ones are active MCH and child malnutrition? What specific activities are implemented? How do the international organizations cooperate in this field? What local and foreign NGOs are active in this field?

VI) Who from foreign donors / international organizations / NGOs uses within the MCH, pregnant women, new mothers and child malnutrition innovative intervention such as system of voice / text / picture messages? In what geographical areas? Is there any cooperation among the various organisation in this area? If so, in what form?

2) Acquisition and processing of basic data (baseline data) for the care of the mother and child:

I) What was the maternal mortality rate in Cambodia (in the years 2014, 2015, 2016)? In which regions was the rate the highest (give at least 5 regions)? How many % of women being born in health facilities and at home much (in the years 2014, 2015, 2016)?

Ii) What was the infant mortality rate in Cambodia? (In the years 2014, 2015, 2016)? What was the proportion of neonatal mortality during home births in those years? In which provinces was registered the highest infant mortality rate?

III) What was the infant mortality rate (children under 5 years old) in Cambodia? (In the years 2014, 2015, 2016)? In which regions was registered the highest infant mortality rate (give at least 5 regions)?

IV) What was the situation in Cambodia on child malnutrition among children under five years old, children under 18 years old? (In 2014, 2015.2016). In which regions was the situation the worst? Doe sthe population in those areas have access to potable water/sanitation facilities?

3) The system setup and operation of health insurance (analysis of current governmental and non-governmental, international health insurance programs: ID poor, NSSF, SHPP and others).

I) Which programs concerning social and health insurance in Cambodia are there? Which of them are supported by the government, which by foreign donors and international organisations? If more players contribute to the fund, make a break down of the proportion that each contributes to. What rules and conditions of each health insurance system exist?

II) How does the poor ID program work? From what sources is it funded? How is ID Poor involved in the functioning of the Ministry of Health? Do residents receive medical treatment free of charge or do they have to contribute to the health care costs? How much is this contribution?

III) How is dealt with health care for residents who do not fall under any of the health insurance system? For example, residents working in the informal sector (grey economy) and the ones who do not fall under the ID Poor program?

4) Access to health care for children and people without birth certificates and for ethnic groups (minorities)

I) How does a child receive a birth certificate? What are the documents needed for requesting a birth certificate?

II) How is guaranteed/paid health care for residents without a birth certificate and with any health insurance? In the case of a pregnant women, can they give birth in a health facility even if they do not have a birth certificate and, if so, under what conditions?

III) Do medical facilities have a program for residents of villages/cities to inform them how they can apply for a birth certificate?

IV) How is the health insurance for children / residents who do not have birth certificates? What is the proportion of such people in the population?

V) Is there some type of health insurance for members of other ethnic groups living in the North of Cambodia? (E.g. Mondulkiri, Ratanakiri).

VI) What are the activities of other donors / international organizations / NGOs in this area?

V) In the north of the country is a large percentage of ethnic groups (minorities). How does issuing of birth certificates and health care provision work for these groups?

VI) Is there any program that keeps track of these ethnic groups (minorities)? How many? How many men, women, children under 5 years of age and children below 18 years? What are the main healthcare challenges that these groups face?

5) The operation and the role of individual medical devices

I) What are the standards for the health care provided in different health centers (eg. Medication that the center can provide to patients, number of doctors, nurses, required qualifications, rules regarding the equipment / instruments etc.)? How many residents / villages covered under individual health centers? Are there are regional disparities in the distribution Health centers? Which regions are facing shortages?

II) What type of health care centers provide?

III) Do health centers have special programs and / or procedures to fight child malnutrition?

IV) How often are pregnant women attending health centers before and after birth?

IV) Which criteria must a village / community meet to have a health center based there. Who decides and who financed it?

V) What is the difference in caring for residents registered in the ID program poor and for those who are not registered in the ID Poor Program?

VI) What type of care is provided by Referral hospital? Do they have some type of program and / or practice in the area of MCH? How many residents / villages are covered by an individual Referral hospital?

VII) Do referral hospitals have some standards that must be fulfilled regarding the capacity of medical personnel, equipment / devices, drugs?