

TA COMPLETION REPORT

Division: AWEH

TA NO./NAME: TA No. 2567-CAM: Managing Basic Health Services			TA AMOUNT APPROVED: \$500,000	SOURCE: JSF
EXECUTING AGENCY: Ministry of Health (MOH)			REVISED AMOUNT:	\$499,000
DATE:			TA AMOUNT UNDISBURSED: \$7,101.25 ¹	TA AMOUNT UTILIZED: \$491,898.75
APPROVAL: 8 May 1996	SIGNING: 30 May 1996	FIELD: 1 August 1996	CLOSING: ORIGINAL: 28 February 1998	ACTUAL: 30 September 2000
<p>TA DESCRIPTION</p> <p>The MOH's Health Coverage Plan identified the facilities and services to be provided by operational districts (ODs) as the focus for decentralized management of basic health services. District Health Management Teams (DHMTs) were to be established in every OD and supervised by the provincial health departments (PHDs). However, there was a lack of management training and management of health care delivery system was weak. The major issues were: (i) insufficiently trained staff; (ii) lack of coherent system of supervision; (iii) inadequate physical infrastructure for the district health offices; and (iv) little knowledge or understanding of benefit monitoring and evaluation (BME). Thus, improving decentralized management for delivery of health care services at provincial and district levels was given a high priority.</p> <p>TA OBJECTIVES AND SCOPE</p> <p>To develop the institutional capacity of the MOH to efficiently and effectively manage the basic health care delivery systems through strengthening the managerial capabilities of provincial and district health management teams to supervise, administer and support community health facilities developed under the ongoing Loan 1447-CAM(SF): Basic Health Services Project (BHSP). Specifically, the TA was to (i) provide DHMTs with relevant management skills; (ii) help establish supervisory systems for health centers (HCs) and referral hospitals (RHs); and (iii) introduce the concepts and methods of BME.</p> <p>TA INPUTS EVALUATION</p> <p>The TA was implemented by one international consultant (health systems specialist) and one domestic consultant (materials preparation specialist). The design and objectives of the TA were appropriate, and the terms of reference were adequate and successfully implemented by the consultants. The consultancy inputs, and the outputs of the TA had facilitated implementation of BHSP, in particular overcoming start-up activities, monitoring of project activities and establishing BME. The TA was supervised through review missions. The consultants' overall performance was satisfactory.</p> <p>TA OUTPUTS EVALUATION</p> <p>The TA assisted MOH in expediting loan effectiveness and establishing good teamwork for BHSP's Project Coordination Unit (PCU). The TA helped strengthen capacity in management and supervision by providing training that emphasized planning, supervision, finance/budgeting and essential drug management organized for DHMTs. Field assessment was conducted and DHMT district assistance plans were developed for optimal utilization of physical infrastructure provided under BHSP. Integrated supervisory checklists (ISCs) for HCs and RHs by DHMTs and PHD staff were developed, field tested, approved and implemented nationwide. Three ISCs with user's guides and training materials were developed in English and Khmer. The TA also assisted PCU in establishment of a monitoring system to assess commissioning of HCs and RHs, delivery of services by health services contractors and the effectiveness of supervision. Periodic unannounced spot visits were made to HCs and RHs to verify level of activity and whether supervision is taking place as reported. Results of these visits were entered into a continuously updated database.</p> <p>¹ Inclusive of the consultants' final claim for payment.</p>				

The supervisory systems were established in every OD except in the Health Services Contracting Pilot Project (HSCPP) and those in which another donor provides management support. DHMTs gained considerable assurance in their new roles and were able to effectively open and manage new health facilities. All the HCs constructed under the Project have been successfully opened and are operational. Supervisors felt that they had benefited from the training provided by BHSP and found the Project-developed supervisory systems appropriate and useful. However, they encountered difficulties in addressing problems identified during supervision due to lack of resources. Their capacity to motivate HC staff is limited by their low salaries.

The TA also assisted MOH in the design, management and analyses of BHSP's baseline survey, and concept and implementation of BME. The baseline survey provided MOH and the donor community with the first-ever population-based data on morbidity, mortality and related health indicators in Cambodia. The TA was closed later than originally planned due to the late start-up activities for BHSP.

TA OVERALL ASSESSMENT/RATING

The TA is considered successful and has fully met its objectives and scope. Systems developed under the TA have been implemented in the BHSP's area as well as nationwide. DMHTs with basic management training, use of ISCs and support for supervision have reached 100 percent achievement from zero. Sustainability of the monitoring systems is being insured through creation of a new loan-funded position within the PCU.

MAJOR LESSONS LEARNED

To make supervision more effective, the role and capacity in the supervisory teams should be strengthened by increased access to areas covered by ODs and by providing adequate resources to increase their salaries to effectively address problems identified in the course of supervision.

FOLLOW-UP ACTION AND RECOMMENDATIONS:

Training curricula and materials developed for training DMHTs on planning, finance/budgeting and essential drug management will be institutionalized and used for areas outside BHSP area as well. MOH will review and update the curricula and materials for their relevance, effectiveness and use in future externally aided projects, including the potential ADB follow-up project.

MOH has institutionalized the ISC developed under the TA. Operational policies and guidelines for supervision of HCs, RHs and ODs using ISCs will continue to be reviewed and updated based on MOH's Health Coverage Plan. MOH should continue to support supervision and monitoring the delivery of health care services, in particular benefits and health impact at the district and provincial levels.

The skills developed for BME and baseline values for mortality, morbidity and health status will assist the MOH in developing the masterplan for the health sector and establishing monitoring indicators. These skills and baseline values will also be useful for trend analysis for health status in the country and for monitoring the impact of various policy and project interventions.