IHP+ 2016 MONITORING ROUND

COUNTRY REPORT

COUNTRY	CAMBODIA
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1 Introduction

This report summarises the findings from the 2016 IHP+ Monitoring Round in Cambodia. It focuses on reporting on Effective Development Cooperation (EDC) rather than making an assessment of Cambodia's health sector more generally.

IHP+ is a group of 65 partners committed to improving the health of citizens in developing countries by putting international principles for effective aid and development co-operation into practice in the health sector. In 2016, IHP+ organised its fifth Monitoring Round to assess signatories' performance against aid effectiveness commitments. The fifth IHP+ Monitoring Round tracked progress against eight EDC practices, using indicators for both IHP+ governments, including Cambodia, and for IHP+ Development Partners. Data collection included both quantitative and qualitative information. In addition to government and development partners, the qualitative survey also included civil society and the private sector.

After summarising the process and introducing some key contextual aspects, the report dicusses key findings for each EDC principle based on findings from the research exercise. The final sections of this short report provide additional observations as well as conclusions and recommendations.

2 Process of the 2016 IHP+ Monitoring Round in Cambodia

An official introduction of IHP+ 2016 Monitoring of Effective Development Cooperation in Cambodia's Health Sector was made by Dr. Sin Somuny, a National Expert, at the meeting of the secretariat of the Technical Working Group for Health held on 31st April, 2016.

After the introduction, emails from the secretariat to all DPs working to support the health Sector in Cambodia were sent with the deadline on 20 May. The email was sent to 15 development partners who regularly support Cambodia's Health Sector. With all effort of the National Expert to follow up with repeated emails, phone calls, and interviews, 14 DPs have responded except French Embassy. Among these 14 DPs, 12 DPs were face-to-face interviewed except US CDC and UNICEF due to their very busy schedule including travelling overseas. All detailed discussion by phone was held in assisting them in completion of the qualitative tool. Comments and observations between DPs and both national and international consultants completed on 22nd July, 2016. The World Food Program after interview and some more follow up decided to withdraw from the study, explaining that their funding to Cambodia's Health Sector is not significant. Thus, only 13 DPs have submitted their final completion of the forms. JICA, however, did not submit their quantitative form, explaining that their funding to the government of Cambodia has been submitted to the Council for Development of Cambodia (CDC) based on their MOU with the Royal Government of Cambodia.

The response from the government was supported and facilitated by the Department of International Cooperation of the Ministry of Health. Two senior officials from the Department of Planning and Health Information (DPHI) were interviewed in completion of the qualitative tool—Dr. Lo Veasna Kiry, Director of DPHI and Dr. Ly Vichea Ravuth, vice Director of DPHI. However, part of the qualitative tool has not been answered until 28th July—question 1 through 6 on page 7 and 8 of the tool because they chose not to. Similarly, for quantitative tool, it was found that no information available regarding the forward looking expenditure of each individual development partner and the amount that was disbursed in 2015.

An online survey was sent to about 40 NGOs actively working in Cambodia's Health Sector. 17 NGOs completed the survey. 10 of the 17 participated NGOs were invited to participate in the focus group discussion. 7 NGOs came to participate in the FGD which was held on 10th June, 2016.

A Private Sector Focus Group Discussion was conducted on 2nd July, 2016. Nine entities and constituencies from the Private Sector were invited to participate in the discussion. Five confirmed to come. However, only 3 did come for the discussion. Other two were followed up and interviewed the week after.

Findings from the exercise were presented to and discussed by health partners in December 2016. Meeting participants were then provided the opportunity to contribute written comments by mid January 2017. Following the discussion and review of written comments, conclusions and action points were presented to the TWG for Health in early March 2017 by WHO.

3 Key contextual aspects to EDC in Cambodia

The 2016-2020 joint program is called "Health Equity and Quality Improvement Program (H-EQIP)". This program is supported by the government and the DPs (WB, DFAT, KOICA, and KFW). The official who works on the program explained that the total amount of H-EQIP is 174.2 million US dollars (94.2 million from the Royal Government of Cambodia, 50 millions as grants and 30 million US dollars as concessional loan). This is a lump sum contribution and it is not possible to try to get each individual development partner's contribution. For all other partners, there is mechanism available to understand their disbursement in the past year to support the health sector as well as their forward looking expenditure—that is AOP and three-year rolling plan. These tools could capture and understand DPs' contribution to support Cambodia's Health Sector. At present, the Ministry of Health is not continuing to develop AOP and three-year rolling plan . Instead, they develop annual budget plan and strategic budget plan. Permission is required and granted by Minister of Health if one needs to look at the plans. Speaking with senior staffs there to understand if information for forward looking expenditure could be available for each DP, it was told that they have a lump sum of DPs' contribution.

4 Commitment to establish strong health sector strategies which are jointly assessed and strengthen mutual accountability

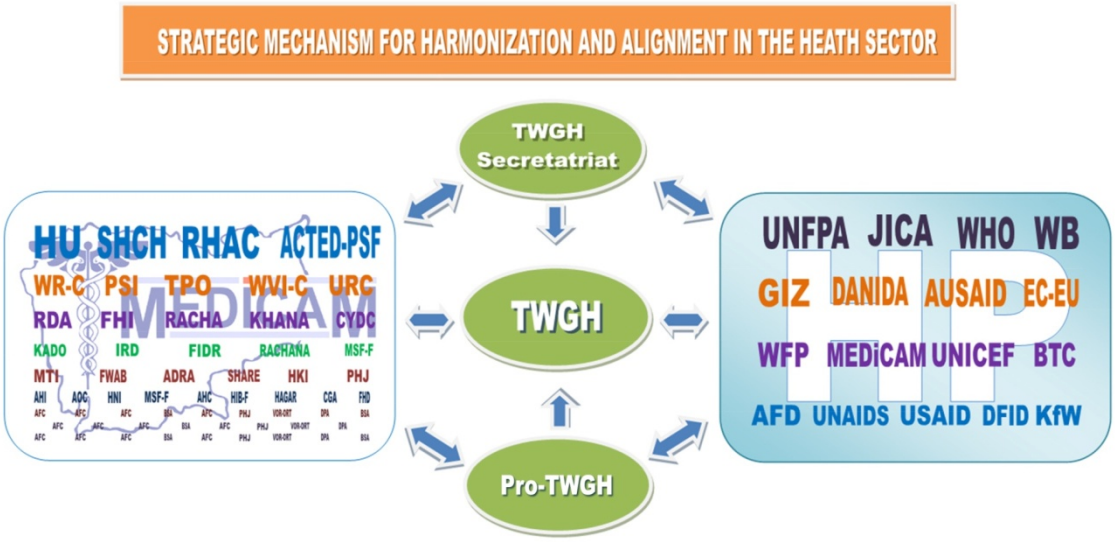
4.1 EDC Practice 1: Partners support a single national health strategy

The Cambodia's Health Strategic Plan Phase II 2008-2015) has been the most important tool for alignment (a new one—Health Strategic Plan Phase III 2016-2020 – is being developed. All

DPs have aligned their support with the Ministry of Health's Strategic Plan. The remaining biggest challenge is how their resources are put to support the country's priorities. Most DPs implement their own projects or programs using their own systems and under their leadership and management. The Health Sector Support Program Phase II or the current Health Equity and Quality Improvement Program are among the best examples which promote the country's ownership and leadership, leading to more sustainable, efficient, and effective use of DPs' resources.

Inclusiveness of the development process of the Health Sector's Strategic Plan is very critical in the promotion of alignment. Although Cambodia has included DPs and CSOs into the process, there remains a question as to how effective and influential their participation has been. Moreover, the Private Sector, one of the key partners in health service delivery, has not yet been invited to participate into the process.

Health Sector Stakeholders in Cambodia have established platforms to continue to promote alignment and harmonization. These include the Technical Working Group for Health (TWGH), its secretariat, sub TWGHs, Provincial TWGHs, Health Partner Group (co-facilitated by WHO and one shifting DP), the recently formed Providing for Health (P4HC+) group, and MEDiCAM, the membership organization for NGOs actively working in Cambodia's Health Sector. This is depicted in the chart below.



4.2 EDC Practice 5: Mutual accountability is strengthened

To promote and implement key principles of the Paris Declaration including mutual accountability, the Royal Government of Cambodia has established a higher level venue for strengthening the mutual accountability, called the Cambodia Development and Cooperation Forum (CDCF). The latter is facilitated by the Cambodia Development Council (CDC). Every year, DPs and the government officials from all sectors meet and decide together on the Joint Monitoring Indicators (JMIs). The CDCF meets once a year to approve the JMIs, and DPs inform the Royal Government of Cambodia of the pledges of funding they will commit to support. The Government Development Coordination Committee (GDCC) meets on a quarterly basis to monitor the progress of JMIs. In the last one or two years, this practice seems to have been under the review and appears not to have been revitalised since. However, the CDC is now promoting the implementation of Busan Consensus and Program-Based Approach (PBA),

enhancing more alignment and harmonization, country ownership, the use of the country systems, and mutual accountability.

At the Health Sector Level, the TWGH is a good venue, convening once a month and with participation by all DPs supporting the Health Sector, NGO representatives, and Ministry of Health's various departments and national programs, as well as two provincial TWGH Officials each month. The meeting usually provides updates on each program area of implementation—for example, TB program presented by CENAT, Malaria by CNM, Reproductive Maternal and Child Health by NMCHC. The platform used to be a place where quarterly disbursement of national resources from the national level to the operational level were presented.

To make the TWGH a better venue for promoting mutual accountability, government officials have suggested that there should be presentation of updates from the partners' side as well. Currently, there seems to be less information presented by the partners. DPs request that disbursement to the operational level on the quarterly basis should be revitalized. They also explained that Annual Operational Plan and three-year rolling plan was a very good tool to enhance mutual accountability. For the implementation of HSP3, they would like to see that these tools will be developed again.

Until two years ago Joint Annual Performance Review (JAPR) and Pre-Joint Annual Reviews were held. In addition, there was also mid-year review. The pre-JAPR was very critical because DPs, CSO representatives, and government officials met and discussed the achievements, challenges, and recommendations for each component of HSP2. During the interview with the government, they explained these events used to be supported by HSSP2. There was no more support from DPs for these events. Thus, the Ministry of Health only conducts a National Health Congress, considered more of a showcase. Most DPs recommend that these events be revitalised to promote mutual accountability.

Mutual accountability can be strengthened first and foremost through a transparent and comprehensive health budget that contains detailed information about health spending at national and sub-national level. Joint annual reviews would then assess accountability on both sides.

Partners supporting HSSP2 used Joint Mission and the Steering Committee as a mechanism to promote mutual accountability. The Global Fund on the other hand uses mechanisms outside the systems to enforce mutual accountability—the Local Fund Agency (LFA, the 'ear and the eye' of the Global Fund).

5 Commitment to improve the financing, predictability and financial management of the health sector

5.1 Practice 2a/b: Health Development Cooperation is more predictable

Most DPs have a five-year MoU or Agreement with the government. Thus, their forward-looking financial commitments are clear. For example, DPs who joined HSSP2 or currently join H-EQIP have five-year financial arrangements (HSSP2 from 2008-2015 and H-EQIP from 2016 to 2020). Some agencies, however, do not have predictable funding because their funding to the sector depends on Headquarters and other' bilateral commitments.

5.2 Practice 2c: Health Aid is on budget

The National Budget is usually approved by the National Assembly (Parliament) in December every year. National Health Budget is part of this package. Health Aid is considered additional and external funding to support the health sector.

Until two years ago, there was an Annual Operational Plan and the three-year rolling plan, in which DPs' and NGOs' contributions on a yearly basis and for the following three years could be found. This practice was discontinued a while ago and the Ministry of Health has developed an Annual Budget Plan and Strategic Budget Plan. The two documents could not be accessed when asked for during the interview with the government officials.

As each of the DPs explained, they have particular arrangements or agreement or MoU with the government for their financing-supported programs. For example, the Global Fund signs an agreement with the Principal Recipient (PR) and the implementation is executed under the oversight of CCM (Country Coordinating Mechanism), financially scrutinized by LFA. The HSSP2 or H-EQIP Partners sign their agreement with the government with concrete financial commitment that they will make.

Thus, the question should be "how the entire expenditure for Cambodia's Health Sector can be captured, both the national health budget and external funding?

6 Commitment to establish, use and strengthen country systems

DPs are supporting the country's priorities, but how their resources are allocated for Cambodia's Health System Strengthening may be different. Most DPs, according to this study, are running their own programs/activities without using the country's systems. The Global Fund is a key example. The Country Coordinating Mechanism (CCM), which is composed of CSO representatives, affected community, government officials, private sector, academic community, and DPs, appears to have no say in what LFA reports to the Global Fund. The CCM supposedly represents the country and therefore should have a final say on all communications between the country and the Global Fund. Furthermore, the GF allocates substantial resources for Principal Recipients (PRs) to monitor the outputs, manage procurement and execute the budget; this is done largely utilising the existing system or reallocating funds in order to strengthen it. The Health Information System, which is one of the backbones of Health System, is under-funded and not much used in reporting the intended targets and indicators. Replacing a country system with a multi-million-dollar entity such as UNOPS, an expensive system which competes with rather than supports the country's systems, may not be effective. Rather than focusing only on immediate outputs investing in a system that can ensure sustainable outputs and outcomes in the longer term is key.

HSSP2 or H-EQIP appears to be the right approach toward strengthening the country's systems and using the country's system. Through Special Operation Procedures (SOP) between DPs and the government, the resources from partners are put through the national systems and the Ministry of Health execute the program and financial management. No systems can be strengthened and used without taking some risks to use them and improve them—the only way that country ownership and sustainable development can be achieved.

6.1 Practice 3: PFM systems are used and strengthened

As mentioned above, except those supporting HSSP2, DPs do not use the Public Financial Management (PFM) system because the requirements and standards of PFM of the Royal Government of Cambodia have not met theirs. The DPs supporting HSSP2 apply specific SOPs agreed upon with government. GAVI is the second good example of using the country's systems and enhancing country ownership, leading to more sustainability.

Over ten DPs across all sectors including IMF and the WB are members of the TWG for PFM. The PFM of Cambodia is undergoing reform. Systems, however, can never be strengthened without being used and improved in the process. As long as DPs are putting their emphasis on outputs but not systems, the reform and use of the country's PFM can never become a reality.

6.2 Practice 4: Procurement systems are used and strengthened

As far as procurement systems are concerned, the situation and issues are very similar to the ones outlined above for PFM. No DPs would use the government procurement system as it is considered far below required standards and procedures. This is considered an area that is too sensitive to touch on for improvement. For example, the government chose not to respond to question 1 to 6 on page 7 to 8 of the government qualitative tool. Effective Development can never be fulfilled if the two government systems—procurement and PFM - will not be improved and used. Citizens, CSOs, and other pillars of a society need to participate in the reform of the systems. Such participation can be effective if DPs could provide an enabling environment for their participation. Other pillars of society should call for the government to provide leadership to encourage participation from all parts of society.

6.3 Practice 6: Technical support is coordinated and South-South Cooperation and Triangular Cooperation supports learning

The Ministry of Health does not have a National Technical Assistance Plan. Most DPs use their own procedures and provide TA on a needs basis. They nevertheless consult with relevant MoH departments in recruitment of consultants, sharing TORs or CVs, but the MoH rarely participates in the actual selection process. Consultants hired by DPs usually report to them, rather than reporting to the government.

During the development of HSP3, the Department of Planning and Health Information outlined the needs and requested DPs to provide support. This way, they harmoniously provided technical assistance according to the Plan. The Director of Department of Planning and Health Information who led and facilitated the development of HSP3 identified areas where technical assistance was needed and put forward a plan to discuss this during the meeting of the HSP3 Development Task Force. For example, Health Sector Analysis, the burden of disease, secondary data analysis of CDHS, Client Satisfaction Survey, etc. were presented and discussed. As a result, USAID and WHO supported the study of Disease Burden in Cambodia; GIZ supported the Client Satisfaction Survey; and USAID supported secondary data analysis of CDHS.

Technical Assistance can be well coordinated if the government is in the lead and discusses priority needs with partners. The government and DPs should work together and develop a national technical assistance plan on a yearly basis.

DPs do support SSC and TrC. However, lessons have not been documented and there appears to be no visible impact. For SSC and TrC to be more effective, there should be a TOR outlining next steps and the nature of lessons and experience that would be useful to facilitate policy

development in Cambodia. The draft TOR should be discussed among relevant stakeholders. Besides selecting the right country and context, selecting the right individuals, i.e. those who will actually implement lessons learned, is key.

7 Commitment to create an enabling environment for CSO and PS to participate in health sector development cooperation

7.1 Practice 7: Engagement of CSO

Cambodia's Health Sector through the Ministry of Health has provided a good deal of venues for CSO representatives to participate in policy processes as well as health sector strategic plan development processes. These forums include the Technical Working for Health (at the national level), Provincial Technical Working Groups for Health (at sub national level), sub TWGHs (for example, RNMCC, Malaria, TB, HIVAIDS), Pre-Joint Annual Performance Review, Joint Annual Performance Review, Health Partner Group, Task Forces for the development of Health Sector Strategic Plan, consultations, workshops/conferences, and more. However, while some CSOs appear to be less interested in policy-level work, others lack advocacy capacity. Information is often provided to CSOs at the meetings but not in time for CSOs to prepare their participation effectively.

Both government and some DPs seem to think that CSO engagement is currently good enough. Neither the government nor DPs provide financial support for CSOs to work on advocacy and policy processes. In discussions with the CSO Community the following recommendations came up:

- CSOs should have representatives in key décision-making forums (for example, during HSP3 Development, the Ministry of Health organized in seven taskforces but in addition to these task forces, there was a core team in which most decisions were taken. MEDiCAM was the CSOs representative in the core team).
- CSOs should work more closely with development partners. CSOs need to inform DPs of their concerns, policy bottlenecks or any empirical evidence to inform policy development.
- A health NGO platform such as MEDiCAM should continue to exist so that the coordination and representation can be done effectively and efficiently.
- CSOs should consult with their own constituency to ensure that they have consolidated the collective voice on key issues prior to attending policy meetings. Representatives should provide regular feedback to those they represent regarding key points of discussion and decisions taken at such meetings.
- For meaningful and effective participation, CSO representatives should be part of the process from the start to the end (on any specific strategic paper or policy development).
- Some suggested that CSO shadow meetings should be organized in parallel with government meetings. For example, during the implementation of HSP2, the Ministry of Health established four task forces—Reproductive Maternal, Newborn, and Child Health (RMNCH) Task Force, Communicable Disease (CD) Task Force, Non-CD TF, and Health System Strengthening (HSS) TF. Likewise, MEDiCAM established four CSO TFs on RMNCH, CD, NCD, and HSS respectively and organised quarterly meetings of those taskforces. CSO representatives were selected/elected through the CSO TFs to represent in the Ministry of Health's TFs of each of these areas--RMNCH , CD, NCN, and HSS.

7.2 Practice 8: Engagement of PS

Cambodia's Health Sector Strategic Plan has highlighted the importance of private sector engagement. The Health System has been defined to include the private sector, both for-profit

and not-for profit. In line with the health policy in which the private sector is considered a key partner in health service delivery as well as at the policy level, the Ministry of Health has established the sub Technical Working for Health for Public and Private Partnership (PPP). This is the point of engagement of the private sector in policy processes. However, FGD participants explained that the sub-TWGH for PPP is not yet functioning very well. There have been regular monthly meetings but the private sector members have not yet fully participated. This may be due to the PS not yet understanding the mutual benefits of participation. The Ministry of Health would be well placed to do more to try to engage the private sector. According to the FGD, a PPP Strategic plan will be developed in due course to identify more strategic ways of engagement between the public and private sectors.

None of the FGD participants have ever experienced any support from Development Partners to encourage participation in policy process, nor were they invited to consult with DP programs. The Midwifery Association has received support from UNFPA on the institutional development and capacity building but not for promoting participation in policy development.

The legal and regulatory environment is actually conducive for the private sector to present its views. Getting access to key forums and venues for advocacy is challenging. Currently, health professional associations are only part of the PPP sub TWGH but not invited to other important policy platforms.

8 Other observations

- Overall, DPs in Cambodia are very supportive of the monitoring exercise. WHO at country level is of great support for this study. Likewise, the Ministry of Health is also very supportive of the process, even if some sensitive issues such as those concerning procurement system were not answered.
- The process is time-consuming and sensitive to some extent.
- The Qualitative tool is lengthy, vague, and complicated, making responding difficult ; some areas are ambiguous. Some questions require high level input and this also takes time.
- There has been different understanding among participating DPs regarding what inclusion in the national budget means and hence how this question should be answered.
- Most importantly, all the tools should have been discussed with the National Expert to review and finalise prior putting into use.

9 Conclusion and recommendations

The following actions have been proposed by health partners following a preliminary discussion with the MOH:

EDC PRACTICE	
EDC 1 (Health sector plan)	• HPs support MOH for strengthening/revitalizing AOP process especially for strengthening information on funding sources (eg. Service delivery grants) • HPs support and improve coordinated inputs to the joint annual performance review (to be confirmed for 2018) • HPs support capacity strengthening of MOH for budget analysis, preparation, prioritization for budget allocation, costing, etc.
EDC 2 (Predictability of funding)	• HPs provide with MOH indicative budget figures of their confirmed or intended financial support to MOH for 2018 to help the budget preparation process
EDC 3 (PFM systems)	• HPs provide more coordination support to strengthen PFM/ Programme Based Budgeting in the health sector • HPs support transitional financing of global health initiatives for sustainability
EDC 4 (Procurement and supply systems)	• HPs continue support to strengthen supply chain management systems
EDC 5 (Mutual accountability)	• HPs will improve alignment of their monitoring indicators with HSP3/ SDGs, and support their joint monitoring (linked to JAPR and to strengthening of health information systems)
EDC 6 (Technical support and SSC)	• HPs provide MOH with a plan for expected missions and visits of external consultants • UN country team will improve harmonized approach for conditional cash transfers
EDC 7 (CSO engagement)	• HPs provide capacity building to CSOs for their effective roles in policy and advocacy • HPs support strengthening CSO coordination platform as well as the community involvement for service quality
EDC 8 (Private sector engagement)	• HPs will facilitate involvement of the private sector through strengthening the sub TWGH- PPP, eg support development of strategies, improve knowledge management of the PPP interface

10 Annex 1: list of DPs that were invited and those that participated

Nr	List of DPs active in the health sector	DPs invited to participate in 5th IHP+ Monitoring Round (please add an X if the DP was invited to participate)	DPs that participated (please add an X if the DP participated)
1	DFAT	DFAT	DFAT
2	GERMANY (GIZ&KFW)	GERMANY (GIZ&KFW)	GERMANY (GIZ&KFW)
3	USAID	USAID	USAID
4	JICA	JICA	JICA
5	FRANCE	FRANCE	
6	KOICA	KOICA	KOICA
7	WHO	WHO	WHO
8	WFP	WFP	
9	UNICEF	UNICEF	UNICEF
10	UNFPA	UNFPA	UNFPA
11	UNAIDS	UNAIDS	UNAIDS
12	GAVI	GAVI	GAVI
13	GFATM	GFATM	GFATM
14	US CDC	US CDC	US CDC
15	WB	WB	WB

** Please add more lines if necessary*

11 Annex 2: list of participating CSOs

Nr	List of CSOs active in the health sector	CSO participated in online survey (please add an X if the CSO participated)	CSO participated in focus group discussion (please add an X if the CSO participated)
1	ADRA		
2	AFH		X
3	CARE	X	
4	CHC	X	
5	CHEC		
6	FHD	X	
7	CRS	X	X
8	HACC	X	
9	HI		
10	ICRC	X	
11	KHANNA	X	
12	MSIC	X	
13	Operation ASHA		
14	PLAN INTERNATIONAL		
15	PSK	X	
16	RACHA	X	X
17	RHAC		X
18	SC		
19	SHCH	X	
20	TLC		
21	TPO	X	
22	URC		
23	WOMEN	X	
24	WVI		

25	MEDICAM	X	X
26	LD	X	
27	AIDS FOUNDATION	X	X
28	HEAD		X
29	FHI360		

** Please add more lines if necessary*

12 Annex 3: list of participating private sector organisations

Nr	**List of private sector active in the health sector** (as per the definition in the PS tool)	**Private sector organisation participated in focus group discussion** (please add an X if participated)
1	Medical Council	x
2	Pharmacy Association	x
3	Midwife Association	x
4	General Electric	
5	Cambodian Chamber of Commerce	x
6	Pharmaceutical Manufacturer Association	
7	Roomchang Dental & Aesthetic Hosp	x
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