

資 料

- 1 Joint Coordinating Committee 議事録（概略）
- 2 ミニッツ
- 3 合同評価報告書

1 Joint Coordinating Committee議事録（概略）

Joint Coordinating Committee議事録（概略）

1999年 8 月12日（木）

午前 8 時30分～10時

国立母子保健センター

（出席者）

カンボディア側：Dr. Mam Bunheng	Secretary of State, Ministry of Health
Dr. Kum Kanal	Acting Director of NMCHC
Dr. San Chansoeung	Vice-Director of NMCHC & Chief of Delivery
Dr. Tain Vuoch Chhemg	Vice-Director of NMCHC & Chief of OPD

日 本 側： 鴨下団長以下、評価調査団 6 名
明石チーフ・アドバイザー以下、専門家 6 名

1．歓迎の言葉

Dr. Mam Bunhengから、出席者一同を歓迎する挨拶があった。

2．プロジェクト報告

Dr. Kanalから、母子保健プロジェクトが開始されるまでの背景説明と、プロジェクト開始から現在までの活動状況の概要が報告された。（詳細は、Joint Evaluation Report参照）

3．評価の結論

鴨下団長から、当プロジェクトがカンボディア側および日本側のたゆまぬ努力と親密な協力により、当初の予想以上にうまくいったとの評価結果が報告された。また、当プロジェクトにこれまでかかってきたカンボディア側および日本側の関係者に対し、感謝する旨の発言がなされた。

4．評価方法と結果

中村団員から、今回の評価においてPCM手法を用い、当プロジェクトの効率性、目標達成度、効果、妥当性、自立発展性の 5 項目について協議・検討がなされた旨の説明があった。それぞれの項目の評価結果は、以下のとおり。

- 1) 投入と成果 ほとんど達成され、プロジェクトの残りの期間で目標は達成される見込みである。
- 2) 効 率 性 十分に満足できる。

- 3) 目標達成度 高い。
- 4) 効果および妥当性 かなり高い。
- 5) 自立発展性 一部は十分なレベルに達した。

5. コメントおよび提言

吉武団員から、「JICAの技術協力は相手の自立を支援するもので、協力期間が終了すれば協力の手を引くことになっている。そのために、カンボディア側が自立発展性を達成することは非常に重要である。」とのコメントがなされた後、プロジェクトの残りの期間およびその後の活動に対し、管理運営、臨床、研修・教育、指導活動の分野にそれぞれ提言がなされた（詳細は資料1 ミニッツ参照）。特に研修・教育分野では、資格を持った医療従事者を育てるうえで教育機関との連携が重要であること、指導活動分野では、NMCHCが国の母子保健政策の中心という役割を与えられている以上この活動を拡大・強化する必要があることが指摘された。

また、このプロジェクトを通じて、以下のような教訓が得られたとの報告があった。

- 1) 計画、モニタリング、評価という一連の流れが重要。
- 2) スタッフの参加意識の重要性。
- 3) 日本側としては、カンボディア側の自己依存を育てるためにリーダーシップやイニシアティブをカンボディア側に徐々に移管していく重要性を認識した。

6. 協議

箕浦団員から、97年開院当初に比較して外来での患者数の多さに驚いたとの感想が述べられた。

鈴木団員から看護部門に対し、2点ほど提言が寄せられた。

- 1) 適切な裏付けのある患者看護技術をスタッフ全員に伝えてほしい。
- 2) 妊娠から出産まで一環した教育、フォローアップを行うような体制が望ましい。

また、Dr. Man Bunhengからは、NMCHCを国の母子保健政策をリードするセンターとして活用していきたい、困難な点はあるが地方への展開、特にリフェラル・レベルの強化をプロジェクトの第2フェーズでやっていきたい旨の発言があった。

7. 日本側プロジェクトリーダーからのコメント

明石チーフアドバイザーから、「このプロジェクトを実施することはカンボディア側にとって大きなチャレンジであり、日本側にとってもそれにどのように協力できるかというチャレンジであると認識している。物事を達成するには、始めること、それから継続することが必要である。すでにわれわれは事を始めたので、あとはカンボディア側がドナーがいようといまいと継続していく努力が大切。残り8カ月でプロジェクト目標が達成されるよう努力していきたい。」旨の発言があった。

8．閉会の辞

Dr. Mam Bunhengから、成功する事業には協力と透明性が大切で、当プロジェクト実施にはそれが十二分にあったこと、カンボディアのMMRおよびIMRも以前よりは減少してきているが、これからもこの分野での協力活動が必要である旨の発言があり、最後に参加者への謝辞が寄せられ、閉会した。

以 上

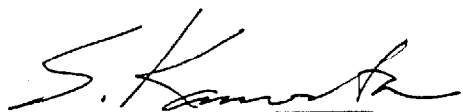
MINUTES OF DISCUSSIONS
BETWEEN THE JAPANESE EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED OF THE KINGDOM OF CAMBODIA
ON THE JAPANESE TECHNICAL COOPERATION
FOR
THE MATERNAL AND CHILD HEALTH PROJECT

The Japanese Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Shigehiko Kamoshita visited the Kingdom of Cambodia from August 2nd to 13th, 1999 for the purpose of evaluating the implementation and the achievements of the technical cooperation program concerning the Maternal and the Child Health Project (hereinafter referred to as "the Project") in the Kingdom of Cambodia based on the Record of Discussions signed on March 2nd, 1995.

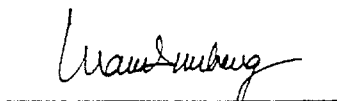
During its stay in the Kingdom of Cambodia, the Team had a series of discussions and exchanged views with the authorities concerned of the Government of the Kingdom of Cambodia.

As a result of the discussions, both sides agreed to record the matters in the document attached hereto.

Phnom Penh, August 12th, 1999



Dr. Shigehiko Kamoshita
Leader
Japanese Evaluation Team
Japan



Dr. Mam Bunheng
Secretary of State
Ministry of Health
Kingdom of Cambodia

ATTACHED DOCUMENT

1. Confirmation of Joint Evaluation Report

1.1 The Joint Coordinating Committee of the Project for Maternal and Child Health Care in the Kingdom of Cambodia (the Project) confirmed the Joint Evaluation Report, which was prepared and submitted by the Japanese Evaluation Team (the Team) and the Cambodian side.

1.2 The result of the evaluation is described in Joint Evaluation Report, that is:

- (a) Inputs have been efficiently provided and the expected outputs were almost achieved. In prospect, the Project will achieve its purpose by the end of the contracted terms.
- (b) The efficiency of the Project is reasonably satisfied.
- (c) The effectiveness of the Project is high.
- (d) The impact and the relevance of the Project are considerably high.
- (e) The sustainability of the Project partially reached to a sufficient level.

1.3 Conclusion

The Project has been successful owing to the untiring efforts and closed cooperation between Cambodia and Japan.

2. Future plans to the Project until March 31, 2000

Both sides confirmed the future plans until the end of the Project as agreed upon the R/D.

3. Recommendations

Based on the result of the evaluation, both sides confirmed recommendations as described in Joint Evaluation Report, that is:

SK.

<Management>

- (a) Annual plan should be formulated.---evaluation/monitoring should be done.
- (b) Financial security is necessary.
- (c) The concept of Total Quality Management (Quality Control) should be continued (quality-oriented, customer-oriented and next step is customer).
- (d) Health information system, especially hospital information system should be integrated and improved.

<Clinical>

- (e) Consecutive health care for mothers and children from pregnant to postpartum period should be done.

<Training/Education>

- (f) Coordination between educational institutes and teaching hospitals should be introduced to improve medical education system.
- (g) Training for provincial/referral level of health personnel should be continued.

<Supervision>

- (h) Supervision should cover MCH.
- (i) Supervisory activity by NMCHC should be strengthened in provinces and districts.

hr

S.K.

JOINT EVALUATION REPORT

ON

THE JAPANESE TECHNICAL COOPERATION

FOR

THE MATERNAL AND CHILD HEALTH PROJECT

IN THE KINGDOM OF CAMBODIA

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

JAPAN

MINISTRY OF HEALTH
THE KINGDOM OF CAMBODIA

AUGUST 12, 1999

PHNOM PENH, THE KINGDOM OF CAMBODIA

CONTENTS

ABBREVIATIONS

1. INTRODUCTION.....	58
1-1. The Evaluation Team.....	58
1-2. Methodology of Evaluation.....	58
1-3. Key Criteria of Evaluation.....	59
1-4. Sources of Information Used for Evaluation.....	59
2. BACKGROUND AND SUMMARY OF THE PROJECT.....	60
2-1. Brief Background of the Project.....	60
2-2. Duration of Technical Cooperation.....	60
2-3. Objectives and Outputs of the Project.....	60
2-4. Implementing Agencies.....	61
3. PROJECT ACHIEVEMENT.....	62
3.1. Inputs.....	62
3.2. Activities.....	63
3.3. Outputs.....	64
3.4. Project Purpose.....	67
3.5. Overall Goal and Super Goal.....	67
4. EVALUATION BY FIVE CRITERIA.....	67
4.1. Efficiency.....	67
4.2. Effectiveness.....	69
4.3. Impact.....	69
4.4. Relevance.....	70
4.5. Sustainability.....	71
5. CONCLUSION.....	72
6. RECOMMENDATION.....	72
7. LESSONS LEARNED.....	73

ANNEX

ABREBIATIONS

ANC	Antenatal Care
ASEAN	Association of South East Asian Nations
C/P	Counterpart Personnel
CTG	Cardiotocography
FY	Fiscal Year
JICA	Japan International Cooperation Agency
KAP	Knowledge, Attitudes and Practice
M/D	Minutes of Discussion
MCH	Maternal and Child Health
MOH	The Ministry of Health
NMCHC	The National Maternal and Child Health Center
OB/GYN	Obstetrics and Gynecology
OJT	On the Job Training
OPD	Out Patient Department
PCM	Project Cycle Management
PDCA	Plan Do Check Action
PDM	Project Design Matrix
R/D	The Record of Discussion
TQM	Total Quality Control
TSI	Tentative Schedule of Implementation
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

1. INTRODUCTION

1-1. The Evaluation Team

The Japanese Evaluation Team (hereinafter referred to as “the Japanese Team”) organized by Japan International Cooperation Agency (hereinafter referred to as “JICA”), headed by Dr. Shigehiko Kamoshita, visited the Kingdom of Cambodia from August 2 to August 13, 1999 for the purpose of the joint final evaluation with the Cambodian Evaluation Team (hereinafter referred to as “the Cambodian Team”) on the Japanese technical cooperation for the Maternal and Child Health Project (hereinafter referred to as “the Project”), which is scheduled to terminate on March 31, 2000, according to the Record of Discussions (hereinafter referred to as “R/D”) signed on March 5, 1995.

The Japanese Team and the Cambodian Team discussed and studied together the efficiency, the effectiveness, the impact, the relevance, the sustainability and the future directions of the Project by using the Project Cycle Management method (hereinafter referred to as “PCM” method).

Through careful studies and discussions, the Japanese Team and the Cambodian Team summarized their findings and observations as described in this document.

1-2. Methodology of Evaluation

The Project was evaluated jointly by the Japanese and Cambodian Teams using the PCM method.

- The both teams examined the Project Design Matrix (hereinafter referred to as “PDM”) of this Project. A PDM is a summary table of the overall description of the Project, its objectives and environments.
- The both teams confirmed the achievements of the Project in terms of its objectives, outputs, activities and inputs stated in the PDM.
- The both teams conducted the evaluation based on the five (5) criteria, namely Efficiency, Effectiveness, Impact, Relevance and Sustainability, the descriptions of which are stated below.

1-3. Key Criteria of Evaluation

The evaluation was conducted based on the following five (5) criteria, which are the major points of consideration when assessing JICA-assisted development projects.

- 1) Efficiency: The efficiency is the measure for the productivity of the implementation process: how efficiently the various inputs are converted into outputs.
- 2) Effectiveness: The effectiveness is concerned with the extent to which the project purpose has been achieved, or is expected to be achieved, in relation to the outputs produced by a project.
- 3) Impact: The impacts are intended or unintended, direct or indirect, positive or negative changes that occur as a result of a project.
- 4) Relevance: The relevance is the measure for determining whether the outputs, the project purpose and the overall goal are still in keeping with the priority needs and concerns at the time of evaluation.
- 5) Sustainability: The sustainability is the measure for determining whether or not the project benefits are likely to continue after the external aid comes to an end.

1-4. Sources of Information Used for Evaluation

The following sources of information were used for this evaluation study.

- 1) The documents signed by the both teams prior to and/or in the course of the Project implementation such as, among others, the R/D, the Minutes of Discussions (hereinafter referred to as "M/D"), the Tentative Schedule of Implementation (hereinafter referred to as "TSI") and the annual reports of the National Maternal and Child Health Care Center (NMCHC).
- 2) PDM
- 3) The record of inputs from both teams and activities of the Project
- 4) Statistics
- 5) The questionnaires and the results of interviews with Japanese experts and Counterparts Personnel (C/P)
- 6) The results of evaluation workshops

2. BACKGROUND AND SUMMARY OF THE PROJECT

2-1. Brief Background of the Project

The health status of women and children in Cambodia is poor due to, among others, malnutrition, poor sanitation, the lack of equipment and supplies, and the lack of human resources. The estimated maternal mortality and infant mortality rates in Cambodia were 500 per 100,000 live births and 115 per 1,000 live births respectively, in 1993. The new Constitution of the Kingdom of Cambodia, adopted on September 21, 1993, declared that "the State shall give full consideration to children and mothers", in Chapter 6, Article 73. In response to that, the National Health Policy was formulated in January 1994 and prioritized the "reduction of infant and maternal mortality through the improvement of maternal and child health (MCH) care". To resolve the difficulties confronting the mothers and children, the Ministry of Health (MOH) had formulated Protection de Maternité et Infantier (PMI) Center (later renamed "MCH Center") adjacent to the January 7 Hospital, to conduct a wide range of preventive and curative activities in the field of MCH.

In such context, the Government of Cambodia requested the Government of Japan for technical cooperation with the purpose of improving the MCH status, especially focusing on the upgrading of the hospital activities of MCH Center as a top referral and training center in Cambodia.

In response to the request, the Government of Japan, through JICA, dispatched a Preliminary Survey Team followed by an Expert Survey Team and an Implementation Survey Team to discuss and agree on the framework of the project implementation with the Cambodian authorities. The Record of Discussions (R/D) was then signed on March 10, 1995.

2-2. Duration of Technical Cooperation

Five (5) years from April 1, 1995 to March 31, 2000

2-3. Objectives and Outputs of the Project

The original objectives and outputs of the Project stated in the R/D were reviewed by the Japanese Team and the Cambodian Team using the PCM approach, and modified as follows:

Super Goal: The status of maternal and child health in the Kingdom of Cambodia is improved.

Overall Goal: The service of maternal and child health in the Kingdom of Cambodia is improved.

Project Purpose: The activities of the National Maternal and Child Health Center (NMCHC) as the implementing center of the National Maternal and Child Health Program are improved.

Outputs:

- 1) The management capabilities of NMCHC are improved.
- 2) The training activities of NMCHC are strengthened.
- 3) The clinical care activities of NMCHC are improved.
- 4) The supervision activities of NMCHC are strengthened.
- 5) The promotion activities of NMCHC are strengthened.

The modified objectives, outputs and activities of the Project are described in the PDM for Evaluation shown in Annex-5.

2-4. Implementing Agencies

The Ministry of Health (MOH) and the National Maternal and Child Health Care Center (NMCHC)

3. PROJECT ACHIEVEMENT

Through the evaluation workshop, the both teams jointly assessed the achievements of the Project as described below.

3.1. Inputs

Please refer to the Record of Implementation of Inputs (ANNEX-9).

[The Japanese side]

1) Dispatch of experts to Cambodia

Twelve (12) long-term experts and 19 short-term experts were dispatched to the Project for technology transfer. And Seven (7) more short-term experts are scheduled to be dispatched during the remaining cooperation period.

2) Provision of machinery/equipment

Including the requested amount for FY 1999/2000, the machinery and equipment total valued at 129,820,000 Yen was provided for the Project activities.

3) Training of Counterparts Personnel (C/P) in Japan

The total of 40 C/P were dispatched to Japan for training (three personnel are now under training in Japan).

4) Local cost sharing

Including the planned amount for FY 1999/2000, a total amount of 61,502,000 Yen was provided to supplement a portion of the local expenditure.

[The Cambodian side]

1) Appointment of C/P and other staff

The total of 288 C/P at NMCHC have been assigned to the Project.

2) Allocation of operation fund

Including the planned amount for FY 1999/2000, a total amount of 108,753,000 Yen was provided to the Project as the operation fund.

3) Provision of facilities

The Project office space has been provided.

3.2. Activities

Project Activities were conducted as described below.

- 1) For Output 1: "Improvement in the management capabilities of NMCHC."
 - 5-1. Establish the organization and personnel system of NMCHC.
 - 5-2. Establish a drug and equipment management system.
 - 5-3. Establish a budgetary planning and management system that promotes the financial sustainability of NMCHC.
 - 5-4. Establish an information management system.
- 2) For Output 2: "Strengthening of the training activities of NMCHC."
 - 5-1. Develop training curricula and teaching materials.
 - 5-2. Carry out training of trainers.
 - 5-3. Carry out training for NMCHC staff and health personnel of provinces, districts and health centers.
 - 5-4. Follow up training results.
- 3) For Output 3: "Improvement in the clinical care activities of NMCHC."
 - 5-1. Establish a system of diagnosis and treatment.
 - 5-2. Carry out OJT in medical care, nursing and laboratory techniques.
 - 5-3. Carry out OJT in the maintenance of equipment and facilities.
- 4) For Output 4: "Strengthening of the supervision activities of NMCHC."
 - 5-1. Supervise the participants of health center level training courses.
 - 5-2. Supervise MCH activities in each province.
- 5) For Output 5: "Strengthening of the promotion activities of NMCHC."
 - 5-1. Carry out a KAP survey of pregnant women regarding antenatal check.
 - 5-2. Hold mothers' classes for pregnant women.
 - 5-3. Hold postpartum education classes for in-patients and their families.
 - 5-4. Develop promotion materials on MCH.

3.3. Outputs

Please refer to the Result of Workshop1: Achievement of the Project (ANNEX-7).

Most of the expected outputs were achieved in spite of the following inhibiting factors:

1) Output 1: The management capabilities of NMCHC are improved.

The management capabilities of NMCHC have been strengthened. The managerial class of C/P have considerably improved its management capabilities and the rest of the C/P have begun to undertake their work in a responsible manner.

On general hospital management, the technical bureau (the clinical division and the nursing division), the administrative bureau and the accounting bureau were established. A steering committee was established as the highest-level hospital management committee. Regular staff meetings have been held to discuss problems regarding the management and operation of NMCHC and improvements have been made. The personnel report, the accounting report, the drug and material report, the financial report and the statistics on out-patient, in-patient, various hospital activities and death cases have been presented monthly to the steering committee. The steering committee has reviewed the feasibility of personnel allocation and the appropriateness and balance of project expenditures based on these reports. A rotation system was introduced to physicians and midwives and will also be introduced to nurses this coming October.

On personnel management, the allocation of C/P is now appropriate except in the engineering section.

On financial management, the accounting bureau introduced a cost recovery system, a user-fee system and an exemption system. User-fees have increased the hospital income, thus JICA's financial support was gradually decreased.

On drug, material, equipment and facility management, several staff and committee meetings have been held regularly. The preventive and regular maintenance of facility has been conducted while keeping a daily record of maintenance. As a result, the use of medical equipment has increased.

On hospital information management, a patient registration system was introduced and patient documents can be managed more effectively and appropriately.

However, the motivation and commitment levels of some C/P could be further raised. Therefore, a more extensive training for C/P is still needed for smooth management of the hospital.

2) Output 2: The training activities of NMCHC are strengthened.

Midwife training courses have been held eight times with the total number of 148 participants from October 1997 to July 1999. With the assistance and contribution of the Japanese experts, C/P have developed OB/GYN manuals for midwives and utilized them in training midwives. The feedback on midwife training courses has been reflected in subsequent training courses. According to the evaluation by the participants, their knowledge has been increased and the sense of responsibility has been gradually strengthened. Midwife trainer's training courses have also been implemented.

The Doppler training course has been held 24 times in provinces and districts.

Training for medical students and OB/GYN specialists from the faculty of medicine, training for military doctors, and training for midwife students have been implemented regularly. The medical students started to participate in the case presentation of doctors' meetings as a result.

In-service training has been implemented for midwives and doctors to perform new activities under guidelines. In-service training for engineers and laboratory staff has also been properly implemented.

An oxygen concentrator training workshop was held in January 1999 with the support of JICA, MOH and UNICEF.

On the other hand, there are still some issues in this area. The training activities of NMCHC have not reached a standard norm of the ASEAN countries yet. The period of training is so short that the abilities of mid-level C/P can not be developed to conduct training course by themselves. The training courses do not cover the whole country and the national budget of the NMCHC is not enough for training activities.

3) Output 3: The clinical care activities of NMCHC are improved.

On the activities of the clinical division, many meetings and conferences, including committee meetings, have been held and the problems of clinical care were discussed. New treatment methods such as Magnesium Sulfate use, Cytotec use and new diagnosis methods such as CTG, Echography have been introduced and have been well sustained. C/P can conduct Caesarian section more accurately (Caesarian section rate is around 7 to 11 %). In addition to that, the total number of operation cases has been increased.

On the activities of the nursing division, many meetings and conferences including committee meetings have been held. In these meetings, C/P learned to discuss patient care and learned new skills. Through these meetings, C/P have exchanged their knowledge with each other and improved their skills. Maternity and gynecology wards

practice team care for patients to improve the patient care. With the assistance and contributions from the Japanese experts, C/P have revised the manuals on patient care and utilized them. The record of abnormal cases has been adopted to improve patient care.

The paraclinic chief meeting and laboratory staff meeting have been held regularly. Echography activities in the NMCHC have been increased considerably. During the past one year, the number of tests and test items were fairly increased. C/P have revised the method of tests and introduced new tests.

Although many of the C/P are committed to and have motivations for their work and have improved their activities, some of them have not improved their skills up to the desirable standards yet. Therefore, clinical activities require further strengthening.

4) Output 4: The supervisory activities of NMCHC are strengthened.

Regarding the supervision of outreach activities, follow up with the participants of midwife training courses have been implemented and the results of the evaluation of supervision have been properly incorporated into subsequent training courses. Regarding the supervision of NMCHC activities, supervision by senior staff has improved the quality of junior staff of the center.

The supervision of outreach activities has been conducted once a year. Each year, the activities had not been carried out nation-wide.

5) Output 5: The promotion activities of NMCHC are strengthened.

During the past two years, the total number of mothers' class participants has doubled from 407 to 867. The total number of postpartum class participants has increased from 24 to 351 and the total number of antenatal care (ANC) participants has also increased from 786 to 2,137.

Many promotion materials were produced such as a pamphlet of NMCHC, a leaflet on nutrition, a leaflet on admission to NMCHC, a poster of ANC, a leaflet of ANC, an ANC promotion video for TV spot, educational audio visual materials and mothers' class materials.

Upon request from UNICEF and other hospitals, NMCHC has provided lecturers as well as consultants.

However, NMCHC has not conducted nation-wide promotion activities.

3.4. Project Purpose

Please refer to the Result of Workshop1: Achievement of the Project (ANNEX-7).

The Project Purpose, “ the activities of the NMCHC as the implementing center of the National Maternal and Child Health Program are improved”, will be achieved by the end of the Project period.

3.5. Overall Goal and Super Goal

Please refer to the Result of Workshop1: Achievement of the Project (ANNEX-7).

The overall assessment of the achievement of the Overall Goal and the Super Goal is difficult because actual figures are not available at the time of the evaluation. There are several external factors that influence the Overall Goal and the Super Goal.

It can be said, however, that the Project has a significant impact on the improvement of the service and status of Maternal and Child Health in Cambodia.

4. EVALUATION BY FIVE CRITERIA

Through the evaluation workshop, the both teams jointly assessed the project's efficiency, effectiveness, impact, relevance and sustainability. And the both teams evaluated the Project as explained below.

Please refer to the Result of Workshop 2: Evaluation Grid (ANNEX-8).

4.1. Efficiency

The efficiency of the Project is reasonably satisfactory:

- 1) The appropriateness of the quality, quantity and timing of the Inputs
Inputs by both Japanese and Cambodian sides were sufficient to produce the intended Outputs for the following reasons.

[The Japanese Side]

- The number of long-term experts, the field of expertise and the competency of Japanese experts were appropriate. The long-term experts in the fields of OB/GYN and the maintenance of equipment were dispatched much later than the requested time due to recruitment difficulties and the event of 1997. As a result of delayed dispatch, the period of technology transfer was considered less than desirable by the experts.
- The timing, quality and quantity of the provision of machinery and equipment were appropriate on the whole.
- C/P training in Japan was effective on the whole. C/P trained in Japan have played major roles at NMCHC and are expected to contribute more in future. If the program of C/P training had been arranged in accordance with the situation in Cambodia, C/P training would have been more effective.
- Local cost support was appropriate.

[The Cambodian Side]

- In general, the allocation of the earnest C/P contributed to attain the Outputs.
- Although there still are problems such as the lack of skilled C/P for the maintenance of equipment and facility, the difficulty of finding spare parts in the market, the difficulty of establishing purchasing routes and the high cost of spare parts, the maintenance of machinery and equipment showed some progress. Preventive and remedial maintenance of facilities has been conducted by keeping the daily record of maintenance.
- NMCHC cannot fund clinical care training, supervision and promotion due to the lack of Government budget. Furthermore, the Government funding has been decreased as a result of the economic crisis of 1997. However, partial running costs has been covered by the user-fee income. In hospital management, the user-fee income was increased and JICA financial support was decreased.

- 1) The appropriateness of the quality, quantity, and timing of the Inputs in achieving the Outputs.

As mentioned in 3.3, the Outputs of the Project were almost attained. Therefore, the quality, quantity and timing of the Inputs mentioned above were appropriate.

- 2) Supporting System

The Joint Coordinating Committee was held several times and it helped improve situation of NMCHC.

- 3) Linkages with other development projects

NMCHC has been collaborating with, among others, UNICEF, UNFPA and WHO in the development of promotion materials. There was cooperation with UNICEF in the field of midwife training.

4.2. Effectiveness

The effectiveness of the Project is high:

- 1) Degree of achievement of the Project Purpose

As mentioned in 3.4, the Project Purpose will be achieved.

- 2) Degree of achievement of the Outputs

As mentioned in 3.3, the Outputs of the Project were almost attained.

- 3) Contributing and/or Inhibiting factors in achieving the Project Purpose

There are several contributing and inhibiting factors in achieving the Project Purpose. Please refer to the Result of Workshop 2: Evaluation Grid (ANNEX-8).

4.3. Impact

The positive Impact of the Project is considerably high:

- 1) Direct Impact (Impact on Project Purpose level)

There are several intended impacts of the Project. NMCHC has been recognized among the Cambodian people as the implementing center of the national maternal and child health activities in Cambodia. As a result of that, the number of deliveries, the

number of clients and the number of mothers' class participants have significantly increased.

There are also unintended impacts of the Project. For instance, the user-fee system and the structure system of NMCHC have been introduced to other hospitals in Cambodia as the national model systems.

2) Indirect Impact (Impact on Overall Goal level and Super Goal level)

As mentioned in 3.5, the Project has positively impacted on the service and status of the maternal and child health in Cambodia.

3) Inhibiting factors in achieving Overall Goal and Super Goal

Although there are several inhibiting factors, the Project has a positive impact on the achievement of the Overall Goal and the Super Goal. Please refer to the Result of Workshop 2: Evaluation Grid (ANNEX-8).

4.4. Relevance

The Project is highly relevant:

1) Relevance of the Super Goal / the Overall Goal

The Super Goal and the Overall Goal are still consistent with the policy of the Ministry of Health in Cambodia. The Super Goal and the Overall Goal still match the needs of Cambodian people.

2) Relevance of Project Purpose

The Project Purpose is still consistent with the policy of the Ministry of Health in Cambodia and it highly matches the needs of people.

3) Relevance of project design

Because of the good results identified through comparison with the old hospital, such as the increase in the number of clients and the improvement of management and technical skills of C/P, it can be said that the project design was appropriate.

4.5. Sustainability

The sustainability of the Project partially reached to a sufficient level while there still are some concerns:

1) Organizational Sustainability

Maternal and child health is given highest priority by the Government. Therefore, the Government of Cambodia will continue to support NMCHC.

The structure of the management and operation system of NMCHC is well organized in order to strengthen its activities. The managerial class of C/P have improved their management capabilities and other C/P have become responsible in conducting their work.

Since other organizations are interested in NMCHC, support from them is expected in future.

Since there are not enough qualified human resources, more training is necessary for organizational sustainability.

2) Financial Sustainability

NMCHC has been funded through the government budget from the beginning. While the government budget has been fixed, the income from the user-fees has been increasing every year. However, the funds have not been sufficient to run the NMCHC. Also, the activities of training, supervision and promotion are supported by donors including JICA. Therefore, more vigorous efforts by the Cambodian side are required to secure financial sustainability.

3) Material and Technical Sustainability

The abilities of C/P have been improved to promote the activities of NMCHC. But due to the lack of skilled personnel in Cambodia, NMCHC has not had enough qualified C/P. It is necessary to increase the number of skilled staff for the further development of NMCHC's activities.

5. CONCLUSION

It can be said that the Project has been a success owing to the untiring efforts and the close cooperation between Cambodia and Japan.

In the Project, the inputs have been efficiently provided and the expected outputs were almost achieved. In prospect, the Project will achieve its purpose by the end of the contracted terms regardless of some inhibiting factors.

6. RECOMMENDATION

With regard to the remaining months of the Japanese technical cooperation and the future orientation of the NMCHC, the following recommendations are made;

1) Recommendation from Short-term perspectives

<Management>

- Regulations should be enforced properly, and job descriptions should be developed.
- Total Quality Management (TQM) (Management training) activities should be continued.
- Patient management should be improved (patient flow at Out Patient Department (OPD), strategy of Antenatal Care (ANC)).
- Training management capacity should be improved.
- Working system (working shift) should be improved.
- Communication among staff and staff-clients should be improved.
- Proper in-service training as well as re-training for trainers should be implemented.
- Financial accountability should be considered more (duty fee, tariff, and budgetary source for commendation).

<Clinical>

- Integrated clinical care system (between inpatient-outpatient sections, among sections in OPD, health promotion) within NMCHC should be established.

<Training>

- Training at the provincial (referral) level should be started.

1) Recommendation from long-term perspectives

<Management>

- Annual plan should be formulated.---evaluation/monitoring should be done.
- Reliable funding sources are necessary.
- The concept of Total Quality Management (Quality Control) should be continued. (quality-oriented and customer-oriented)
- Health information system, especially hospital information system should be integrated and improved.

<Clinical>

- Continuous health care for mothers and children from pregnant to postpartum period should be done.

<Training/Education>

- Coordination between educational institutes and teaching hospitals should be introduced to improve the medical education system.
- Training of provincial/referral level health personnel should be continued.

<Supervision>

- Supervision should cover MCH.
- Supervision activity by NMCHC should be strengthened in the provinces and districts.

7. LESSONS LEARNED

For the effective planning, implementation and evaluation of future projects in cooperation scheme and other fields, the following lessons are drawn from the Project.

- 1) In cooperation scheme
 - Better understanding about JICA project-type cooperation scheme by C/P is necessary before the start of the project.
 - Initiative should be transferred from the Japanese side to C/P side gradually, effectively and properly.
 - The Combination of Grant Aid and Technical Cooperation is useful, especially for improving staff motivation, and for maintaining facility and equipment.
 - The Government should seriously consider the importance of the maintenance of facility and equipment.
 - Effort should be made to enable the C/P to introduce innovative ideas and to take initiatives in the course of their work (C/P should understand for whom they

work.)

1) In Practice

- An annual plan should be formulated.---Evaluation/monitoring should be done.
- A management structure should be established (organization, systems and regulations)
- The PDCA cycle should be used when managing human resources, materials/equipment, money and information.---Data should be collected and reported regularly to the Steering committee.
- Financial security is necessary.
- The concept of Total Quality Management (Quality Control) should be introduced. (quality-oriented and customer-oriented).

LIST OF ANNEXES

ANNEX-1	Schedule of the Joint Evaluation
ANNEX-2	Composition of the Japanese Evaluation Team
ANNEX-3	List of Personnel Consulted (including the attendance of workshop)
ANNEX-4	Tentative Schedule of Implementation
ANNEX- 5	Project Design Matrix for Terminal Evaluation
ANNEX- 6	Program of Evaluation Workshop
ANNEX- 7	Result of Workshop 1: Achievement of the Project
ANNEX- 8	Result of Workshop 2: Evaluation Grid
ANNEX- 9	Record of Implementation of Inputs -1. The Japanese Side -2. The Cambodian Side
ANNEX- 10	Indicators for Achievement of the Project

Schedule of Joint Evaluation

Aug. 1 (Sun)	15:15	(Ms. Nakamura) Arrival in Bangkok by JL 717
Aug. 2 (Mon)	09:50	Arrival in Phnom Penh by TG 696
	14:00	Consultation at JICA Cambodia Office
	15:00	Consultation at National Maternal and Child Health Center (NMCHC)
Aug. 3 (Tue)	08:00	Explanation about evaluation methodology to Project local staff
	09:00~	Information Collection and interview with C/Ps at NMCHC
Aug. 4 (Wed)	09:00~	Information Collection and interview with C/Ps at NMCHC
	14:00	Explanation about Pre-evaluation PCM to C/Ps
Aug. 5 (Thu)	14:00~	Pre-evaluation PCM workshop at NMCHC
Aug. 6 (Fri)	14:00~	Pre-evaluation PCM workshop at NMCHC
Aug. 7 (Sat)		Data Collection
Aug. 8 (Sun)		(Ms. Nakamura) Data Collection
	15:15	(Other members) Arrival in Bangkok by JL 717
Aug. 9 (Mon)	09:50	(Other members) Arrival in Phnom Penh by TG 696
	12:30	Courtesy call to Embassy of Japan
	14:00	Courtesy call to JICA Cambodia Office
	15:00	Courtesy call to MOH
	15:30	Consultation with JICA Project Team at NMCHC
Aug. 10 (Tue)	08:00	Evaluation PCM workshop at NMCHC (achievements)
	14:00	Evaluation PCM workshop at NMCHC (evaluation 5 items)
Aug. 11 (Wed)	08:30	Steering Committee on Project Evaluation (recommendations, future plan and Wrap-up) at NMCHC
Aug. 12 (Thu)	08:30	Joint Coordinating Committee on Joint Evaluation for the Project at NMCHC
	17:00	Signing of Minutes of Discussions and Joint Evaluation Report at MOH
	18:30	Reception sponsored by Mission
Aug. 13 (Fri)	09:00	Report to JICA Cambodia Office
	10:00	Report to Embassy of Japan
	16:45	Leave Phnom Penh for Bangkok by TG 699
Aug. 14 (Sat)	08:45	Leave Bangkok for Japan by JL 708

Composition of the Japanese Evaluation Team

1. Dr. Shigehiko KAMOSHITA (Team Leader)
President,
International Medical Center of Japan
2. Dr. Katsuhiro YOSHITAKE (Management)
Director, Expert Service Division, International Cooperation Bureau,
International Medical Center of Japan
3. Dr. Shigeki MINOURA (Obstetrics and Gynecology)
Director, Obstetrics and Gynecology Department,
International Medical Center of Japan
4. Ms. Toshiko SUZUKI (Nursing Management)
Director, Nursing Department,
International Medical Center of Japan
5. Mr. Ryuji MATSUNAGA (Cooperation Planning)
Deputy Director, First Medical Cooperation Division, Medical
Cooperation Department, Japan International Cooperation Agency
6. Ms. Chiaki NAKAMURA (Project Evaluation)
Project Manager, Global Link management, Inc.

List of Personnel Consulted (including the attendance of workshop)

1 Personnel answered to the final evaluation questionnaire

(A) Members of the Steering Committee of NMCHC :

Dr. Kum Kanal	Director of NMCHC
Dr. San Chansoeung	Vice director & Chief of Delivery
Dr. Tain Vuoch Chheng	Vice director & Chief of OPD
Dr. Tiv Say	Chief of Technical Bureau
Mr. Dek In	Director of Administration Bureau
Mr. So SokPhy	Vice director of Accounting Bureau
Mr. Hout Khom	Vice director of Administration
Dr. Prak Somaly	Vice director of Technical Bureau
Ms. Ching Chan Tach	Director Nursing Division

(B) Other Counterparts :

Dr. Or Sivarin	Chief of Training program
Dr. Sieng Tharith	Chief Dr. of Maternity
Dr. You Sophat	Chief Dr. of Operation Theater
Dr. Tan Borin	Chief Dr. of NCU
Dr. Seng Lenghuot	Chief Dr. of Paraclinic
Mr. Ly Sovan	Chief of Laboratory
Mr. Lay Kimthong	Chief of X-ray
Ms. Chen Sokhala	Chief Midwife of OPD
Ms. Ms.Ou Saroeun	Chief Midwife of Delivery
Ms. Aing Sareth	Chief Midwife of Maternity West
Ms. Ouk Chantha	Chief Midwife of Maternity East
Ms. Thai Leangchou	Chief Midwife of Gynecology
Ms. Chun Nay Im	Chief of Pharmacy
Mr. Kroch Sary	Chief Nurse of NCU
Mr. Nget Tithia	Engineer, Medical Equipment
Mr. Chum Toma	Engineer, Facility

(C) Japanese Experts:

Dr. Hidechika Akashi	Chief Advisor
Ms Kei Suzuki	Coordinator
Mr. Shoichi Shimizu	Maintenance of Equipment
Dr. Noriko Fujita	OB & GY

Ms Mari Morikane	Maternal Nursing
Ms Yoshiko Kudo	Laboratory Technology

2 Personnel interviewed

(A) Members of the Steering Committee of NMCHC (except Dr. Tiv Say)

(B) Other Counterparts (except Dr. Tan Borin)

(C) Japanese Experts

3 Participants in the Pre-evaluation PCM Workshop

(A) Members of the Steering Committee of NMCHC (except Dr. Tiv Say)

(B) Other Counterparts:

Dr. Or Sivarin	Chief of Training Program
Dr. Sieng Tharith	Chief Dr. of Maternity
Dr. You Sophat	Chief Dr. of Operation Theater
Mr. Ly Sovan	Chief of Laboratory
Ms. Chen Sokhala	Chief Midwife of OPD
Ms. Ms.Ou Saroeun	Chief Midwife of Delivery
Ms. Thai Leangchou	Chief Midwife of Gynecology
Ms. Chun Nay Im	Chief of Pharmacy

(C) Japanese Experts

4 Participants in the Evaluation PCM Workshop

(A) Members of the Steering Committee of NMCHC (except Dr. Tiv Say)

(B) Other Counterparts:

Dr. Or Sivarin	Chief of Training Program
Ms. Ms.Ou Saroeun	Chief Midwife of Delivery
Ms. Chun Nay Im	Chief of Pharmacy

(C) Japanese Experts

(D) Member of Ministry of Health

Mr. Chea Kimlong	Director, Budget and Finance Department
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5 Participants in the Joint Coordinating Committee

(A) Counterparts:

Dr. Kum Kanal	Director of NMCHC
Dr. San Chansoeung	Vice director & Chief of Delivery
Dr. Tain Vuoch Chheng	Vice director & Chief of OPD

(B) Japanese Experts

(C) Japanese Evaluation Team

(D) Members of Ministry of Health

Dr. Mam Bunheng	Secretary of State
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(E) Member of JICA Cambodia Office

Mr. Katsuyoshi Saito	Staff
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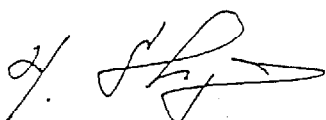
TENTATIVE SCHEDULE OF IMPLEMENTATION
OF THE JAPANESE TECHNICAL COOPERATION
FOR
THE MATERNAL AND CHILD HEALTH PROJECT

ANNEX-4

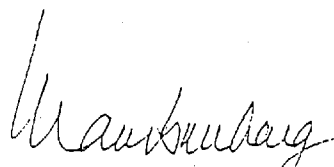
The Japanese Implementation Survey Team and the authorities concerned of the Royal Government of Cambodia have jointly formulated the Tentative Schedule of Implementation of the Japanese technical cooperation for the Maternal and Child Health Project as annexed hereto.

This has been formulated in connection with the Attached Document of the Record of Discussions signed between the Japanese Implementation Survey Team and the authorities concerned of the Royal Government of Cambodia, on the condition that the necessary budget will be allocated for the implementation of the Project by both sides, and that the Schedule is subject to change within the framework of the Record of Discussions whenever necessity arises in the course of the Project's implementation.

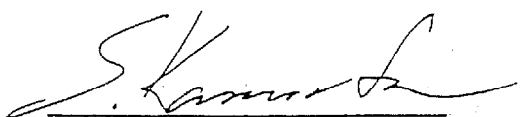
Phnom Penh, March 2nd, 1995



Mr. Hiroshi Shiojiri
Leader (Administrative),
Implementation Survey Team,
Japan International Cooperation Agency,
Japan



Dr. Mam Bunheng
Under Secretary of State for Health
Ministry of Health,
The Royal Government of Cambodia



Dr. Shigehiko Kamoshita
Leader (Technical),
Implementation Survey Team,
Japan International Cooperation Agency,
Japan

TENTATIVE SCHEDULE OF IMPLEMENTATION

I. ACTIVITIES	YEAR 1 APR.95 - MAR.96	YEAR 2 APR.96 - MAR.97	YEAR 3 APR.97 - MAR.98	YEAR 4 APR.98 - MAR.99	YEAR 5 APR.99 - MAR.2000
I-1 To strengthen the management capability of the NMCHC.					
(1) Organization, Human resources					
a. To strengthen the organization of NMCHC.	→				
b. To clarify job description (responsibility).	→				
c. To motivate staff of the NMCHC to perform a task.					→
(2) Equipment, drugs management					
a. To establish a record keeping system for equipment and drugs.			→		
(3) Finance for sustainability					
a. To establish a management system for the annual budget.		→			
b. To create some plans for income generation.					→
(4) Information					
a. To strengthen the system for information management.		→			
I-2 To strengthen training activities of the NMCHC.					
(1) To improve the training system for students, staff of NMCHC and trainers of provinces and districts.		→			→
(2) To improve teaching materials.	→	→			
(3) To strengthen training of trainers.	→		→		
(4) To follow up training results and create a method for evaluation.					→
I-3 To improve the knowledge, skill and attitude of staff in NMCHC.					
(1) To establish a diagnosis and treatment capability.		→			
(2) To keep patients' records and make accurate statistics.		→			
(3) To make a proper system for the usage of drugs and maintenance of equipment.					→

TENTATIVE SCHEDULE OF IMPLEMENTATION

II. INPUTS BY JICA	YEAR 1 APR.95 - MAR.96	YEAR 2 APR.96 - MAR.97	YEAR 3 APR.97 - MAR.98	YEAR 4 APR.98 - MAR.99	YEAR 5 APR.99 - MAR.2000
1. Dispatch of Japanese Experts (1) Chief Advisor (2) Coordinator (3) Midwife (4) Obstetrician and Gynecologist (5) Hospital Management Expert (6) Nurse (7) Neonatologist (8) Maintenance Expert of medical equipment (9) Health education Expert (10) Clinical Laboratory technician (11) Pharmacist (12) Radiology technician (13) Statistician (14) Expert in Other Fields	4~6 long-term experts 4~8 short-term experts	4~6 long-term experts 4~8 short-term experts	4~6 long-term experts 4~8 short-term experts	4~6 long-term experts 4~8 short-term experts	4~6 long-term experts 4~8 short-term experts
2. Counterpart Training in Japan (1) Obstetrician and Gynecologist (2) Neonatologist (3) Midwifery (4) Nurse (5) Other Fields as Necessary	2~3 persons	2~3 persons	2~3 persons	2~3 persons	2~3 persons
3. Provision of the Equipment for Technical Cooperation	☆	☆	☆	☆	☆
4. Japanese Mission to Cambodia		Consultation Team		Consultation Team	Evaluation Team
III. INPUTS BY CAMBODIA					
1. Assignment of Personnel (1) Ministry of Health (2) National Maternal and Child Health Center	Staffing in accordance with the Maternal and Child Health National Health Plan	Staffing in accordance with the Maternal and Child Health National Health Plan	Staffing in accordance with the Maternal and Child Health National Health Plan	Staffing in accordance with the Maternal and Child Health National Health Plan	Staffing in accordance with the Maternal and Child Health National Health Plan
2. Office Space (1) Ministry of Health (2) National Maternal and Child Health Center					
3. Annual Report	☆	☆	☆	☆	☆

Project Design Matrix for Terminal Evaluation (PDM-E):
The Maternal and Child Health Project in the Kingdom of Cambodia

Duration : April 1, 1995 to March 31, 2000

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Super Goal The status of maternal and child health in the Kingdom of Cambodia is improved.	- Maternal mortality rate in Cambodia decreases.	- National MCH Statistic Report and National Health Statistics Report of the MOH	
Overall Goal The service of maternal and child health in the Kingdom of Cambodia is improved.	- Ante-natal check-up rate in Cambodia increases. - Percentage of births attended by trained health personnel in Cambodia increases.	- National MCH Statistic Report and National Health Statistics Report of the MOH	Supporting conditions for national health development such as education, hygiene, infrastructure are improved.
Project Purpose The activities of the National Maternal and Child Health Center (NMCHC) as the implementing center of the National Maternal and Child Health Program are improved.	1 Number of out-patients increases. 2 Number of deliveries increases. 3 Bed occupancy rate becomes appropriate. 4 User-fee income (as % of total income) increases. 5 Revenue (rate) increases. 6 Degree of trainees' satisfaction with training increases. 7 Degree of patients' satisfaction with care increases. 8 Quality of complaints made by patients changes.	1,2,3 Monthly Report of Technical Bureau of NMCHC 4 Monthly Report of Accounting Bureau of NMCHC 5 Quarterly Financial Report of NMCHC 6 Post-training Questionnaires 7 Exit Survey of NMCHC 8 Opinion box for out-patients	- MOH supports NMCHC policies. - Cambodian economy and economic policies are stable.
Outputs 1 The management capabilities of NMCHC are improved.	1.1 General hospital management is upgraded. -Management and operation system of NMCHC is established. 1.2 Personnel management is upgraded. -Personnel Allocation is reported regularly. 1.3 Financial management is upgraded. -Income from the Cambodian sources as % of total income increases. 1.4 Drug, material, equipment and facility management is upgraded. -Usage of Drug/Material is reported regularly. -Medical Equipment Utilizing Rate increases. 1.5 Hospital information system is upgraded. -Registration system for patient management is functioned.	1.1 Organization Chart of NMCHC 1.2 Monthly Report of Personnel 1.3 Quarterly Financial Report of NMCHC 1.4.1 Monthly Report of Drug/Material in NMCHC 1.4.2 Medical Equipment Utilizing Rate in NMCHC 1.5 ID Card, Patient document	- Government budget for NMCHC is ensured. - Counterparts have a consistent understanding of the project.

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
2 The training activities of NMCHC are strengthened.	2.1 Midwife training is held regularly. -Number of training courses and trainees increase. -Percentage of correct answers given by trainees increases between pretests and posttests. 2.2 In-service training is held regularly. -Number of TOT (Training of trainers) increases. -Contents of medical student training improved. 2.3 Doctors training is held regularly. -Number of training curriculum and manual increase. 2.4 Capability of implementing other training is improved. -Number of kinds of training increases.	2.1.1 Training records 2.1.2 Results of Pretests and Posttests in MW training 2.2 Training records 2.3 Training curriculum 2.4 Training records	
3 The clinical care activities of NMCHC are improved.	3.1 Activities of the Clinical Division are strengthened. -Number of operation increases. 3.2 Activities of the Nursing Division are strengthened. -Nursing manual is introduced and used often. 3.3 Activities of the Paraclinic are strengthened. -Number of Laboratory test increases.	3.1 Monthly Report of Technical Bureau of NMCHC 3.2 Nursing manual 3.3 Monthly Report of Technical Bureau of NMCHC	
4 The supervision activities of NMCHC are strengthened.	4.1 Number of supervisory trips for the participants of training courses increases. 4.2 Introduction and use of evaluation form.	4.1 Supervision Record of NMCHC 4.2 Evaluation form for supervision	
5 The promotion activities of NMCHC are strengthened.	5.1 Number of attendants to mother's classes increases. 5.2 Number of postpartum classes and their attendants increases. 5.3 Number of developed promotion materials increases. 5.4 Number of visitors for ANC increases.	5.1 Monthly Report of Technical Bureau of NMCHC 5.2 Maternity Ward Report 5.3 Health Promotion Record of NMCHC 5.4 Monthly Report of Technical Bureau of NMCHC	

Narrative Summary	Inputs		Important Assumptions
Activities 1-1 Establish the organization and personnel system of NMCHC. 1-2 Establish a drug and equipment management system. 1-3 Establish a budgetary planning and management system that promotes financial sustainability of NMCHC. 1-4 Establish an Information management system. 2-1 Develop training curricula and teaching materials. 2-2 Carry out training of trainers. 2-3 Carry out training for NMCHC staff and provincial and health personnel of provinces, district and health centers. 2-4 Follow up training results. 3-1 Establish a system of diagnosis and treatment. 3-2 Carry out OJT in medical care, nursing and laboratory techniques. 3-3 Carry out OJT in maintenance of equipment and facilities. 4-1 Supervise the participants of training courses. 4-2 Supervise the MCH activity in each province. 5-1 Carry out KAP survey of the pregnant women for the antenatal check. 5-2 Hold Mother's class for pregnant women. 5-3 Hold Postpartum education class for in-patients and their families. 5-4 Develop promotion materials for MCH	Japanese side 1 Dispatch of experts (a) Long-term Chief Advisor, Coordinator, Nursing (management), Midwifery, Pharmacy, Maintenance of equipment, Obstetrics and gynecology, Clinical laboratory (b) Short-term Obstetrics and gynecology, Neonatology, Anaesthesiology, Clinical laboratory, Health education, ICU/OT Nursing, Nutrition, Financial management, Medical administrative management, Patient record management, Maintenance of facility, Radiology 2 Counterpart training (a) Training in Japan Individual training, Group Training, Specially offered training (b) Third-country training 3 Provision of machinery and equipment 4 Cost sharing for local	Cambodian side 1 Assignment of counterparts 2 Arrangement of buildings and facilities 3 Sharing of expenses for project implementation	<div data-bbox="1780 892 1921 911" data-kind="parent" data-rs="2">Pre-conditions</div> <div data-bbox="1691 989 1993 1166"> <ul style="list-style-type: none"> - The political situation is stable. - The state of affairs such as warfare that leads to evacuation of Japanese experts out of the country does not happen. - The economy is stable. </div>

Program of Evaluation Workshop

The Evaluation for Maternal and Child Health Project**Program of Introduction to Workshop**

14:00-, Wednesday, August 4, 1999

◆ Objectives

To understand the concept of the Evaluation Method based on the Project Cycle Management (PCM) that is used in managing JICA Projects.

◆ Program

- Opening
- Introduction to the Evaluation Method based on the PCM
- Questions and Answers
- Closing

◆ Venue

NMCHC Training Room 1

◆ Participants

6 Japanese experts and 16 C/P from NMCHC.

(Moderator: Chiaki Nakamura, PCM consultant, Member of the Japanese evaluation mission.)

◆ Working Language

English and Kumer

◆ Material used

- PDM for evaluation
- Worksheet for assessment of the achievement of the Project

The Evaluation for Maternal and Child Health Project

Program of Pre-Evaluation Workshop 1

14:00-17:00, Thursday, August 5, 1999

◆ Objectives

- 1) To review the project's objectives, outputs, activities, inputs, indicators, means of verification of indicators and important assumptions through the Project Design Matrix for Evaluation (PDM_E).
- 2) To assess the achievement of the Project.

◆ Program

- Opening
- Review of the PDM_E
- Assessment of the achievement of the Project
- Comments and discussions
- Closing

◆ Venue

NMCHC Training Room 1

◆ Participants

6 Japanese experts and 16 C/P from NMCHC.

(Moderator: Chiaki Nakamura, PCM consultant, Member of the Japanese evaluation mission.)

◆ Working Language

English and Kumer

◆ Material used

- PDM for evaluation
- Worksheet for assessment of the achievement of the Project

The Evaluation for Maternal and Child Health Project

Program of Pre-Evaluation Workshop 2

14:00-17:00, Friday, August 6, 1999

◆ Objectives

- 1) To share clear understanding on what to evaluate.
- 2) To evaluate the achievement of the Project, in terms of the five evaluation criteria, that is efficiency, effectiveness, impact, relevance and sustainability.

◆ Program

- Review of the result of the first workshop
- Group work to discuss the opinions to each evaluation items
- Plenary session to share the result of group work and further discussion
- Closing

◆ Venue

NMCHC Training Room 1

◆ Participants

6 Japanese experts and 16 C/P from NMCHC.

(Moderator: Chiaki Nakamura, PCM consultant, Member of the Japanese evaluation mission.)

◆ Working Language

English and Kumer

◆ Material used

- PDM for evaluation
- Worksheet for assessment of the achievement of the Project
- Worksheet for evaluation of the Project

The Evaluation for Maternal and Child Health Project

Program of Evaluation Workshop

8:30-, Tuesday, August 10, 1999

◆ Agenda for the Discussions

- 1) Finalizing of PDM for evaluation.
- 2) Drafting and finalizing of Joint Evaluation Report.
 - Project Achievement
 - Evaluation by Five Criteria
 - Conclusion

◆ Venue

Training Room 1

◆ Participants

6 Japanese experts, 11 C/P from NMCHC, 5 persons from Japanese Evaluation Team (excluding the consultant) and 1 person from MOH.

(Moderator: Chiaki Nakamura, PCM consultant, Member of the Japanese evaluation mission.)

◆ Working Language

English and Kumer

◆ Material used

- Joint Evaluation Report (Draft)
- PDM for evaluation
- Result of assessment of the achievement of the project
- Result of evaluation of the project

Achievement of the Project (based on PDM)

The Maternal and Child Health Project in the Kingdom of Cambodia

NARRATIVE SUMMARY OF OBJECTIVES	OBJECTIVELY VERIFIABLE INDICATORS (OVIs)	MEANS OF VERIFICATIONS	ACTUAL PERFORMANCE OF OVIs
SUPER GOAL The status of maternal and child health in the Kingdom of Cambodia is improved.	- Maternal mortality rate in Cambodia	- National MCH Statistic Report and National Health Statistics Report of the MOH.	The judgement of Super Goal is difficult because actual and reliable figures are not available at present time.
OVERALL GOAL The service of maternal and child health in the Kingdom of Cambodia is improved.	- Ante-natal check-up rate in Cambodia - Percentage of births attended by trained health personnel in Cambodia	- National MCH Statistic Report and National Health Statistics Report of the MOH.	The judgement of Overall Goal is difficult because actual and reliable figures are not available at present time.
PROJECT PURPOSE The activities of the NMCHC as the implementing center of the National Maternal and Child Health Program are improved.	1 No. of out-patients 2 No. of deliveries 3 Bed occupancy rate 4 User-fee income (as % of total income) 5 Running cost 6 Degree of participants' satisfaction with training 7 Degree of patients' satisfaction with care 8 Quality of complaints made by patients	1 Monthly Report of Technical Bureau of NMCHC 2 Monthly Report of Technical Bureau of NMCHC 3 Monthly Report of Technical Bureau of NMCHC 4 Monthly Report of Accounting Bureau of NMCHC 5 Quarterly Financial Report of NMCHC 6 Post-training Questionnaires 7 Exit Survey of NMCHC 8 Opinion box for out-patients	1 The total outpatient number was increased from 2,300 (March, 1997) to 4,319 (March, 1998) and 7,144 (March, 1999). 2 The no. of delivery per month reached from 282 (March, 1997) to 512 (March, 1998) and 542 (March, 1999). 3 The bed occupancy rate was increased from 60.35% (Sept, 1997) to 64.7 % (March, 1999). 4 User-fee constituted from 47 % (1997, Mid-half income) to 70 % (1998, 2nd-half income) in the hospital income. 5 Due to introduction of the user fee system, running cost has been ensured. 6 To the question about the contents of training, more than 70 % of participants answered "It meets our needs very much". To the question about the contents of lectures, 25 % of participants in the 1st MW training answered "understand all", 100 % of participants in the 7th MW training answered "understand all". 7 Both outpatients and inpatients favorably assess tarification and staff behavior at NMCHC. 8 Opinion and feedback collected through the opinion box have been discussed regularly in the Steering Committee and used for service improvement. The Steering Committee tries to reply to the opinions as much as possible.
OUTPUTS 1 The management capabilities of NMCHC are improved.	1.1 General hospital management: 1.1.1 C/Ps' awareness of their responsibility for hospital management 1.1.2 Management, operation system and cost recovery system of NMCHC 1.1.3 No. of Committees for hospital management 1.1.4 Rotation system 1.1.5 Regular meetings for general hospital management	1.1.1 Interviews to counterparts 1.1.2 Organization chart of NMCHC 1.1.3 List of committees for hospital management 1.1.4 Chart of Rotation system and name list 1.1.5 Staff meeting report	1.1.1 C/P become to undertake their work on their responsibilities. 1.1.2 Technical bureau, Administrative bureau and Accounting bureau were established in NMCHC. 1.1.3 Steering Committee was established as the highest hospital management committee and is held every Thursday. 1.1.4 Rotation system was introduced for physicians and midwives. The interval of rotation is six (6) months in Nursing division and Clinical division. The rotation period of chief level is more than one (1) year. 1.1.5 Regular staff meeting has been held 4 times (from September, 1999 to as of July, 1999). During these meetings, problems regarding the management and operation of NMCHC are pointed out and later it leads to improvement.

2 The training activities of NMCHC are strengthened.	1.2 Personnel management:	1.2.1 Monthly Report of Personnel	1.2.1 The allocation of C/P is appropriate except in the Engineering Section.
	1.2.1 Personnel Allocation	1.2.2 Monthly Report of Personnel	1.2.2 The monthly presentation of Personnel report has been started in the Steering Committee since 1998 to check the feasibility of personnel allocation and to understand the charge of the staff.
	1.2.2 Regular reports on Personnel management		
	1.3 Financial management:	1.3.1 Monthly Exemption Report	1.3.1 Exemption rate is from 3 to 8% in the User-fee income (1998).
	1.3.1 Exemption rate	1.3.2 Quarterly Financial Report of NMCHC	1.3.2 In the hospital income, User-fee was increased and JICA support was decreased from 15 % (1997, Mid half income) to 5 % (1998, 2 nd half income).
	1.3.2 Income from the Cambodian sources as % of total income	1.3.3 Monthly Report of Accounting Bureau of NMCHC	1.3.3 The presentation of accounting report has been started in the Steering Committee since 1998.
	1.3.3 Regular reports of Accounting	1.3.4 List of committees	1.3.4 Financial Committee is held biweekly, 2nd and 4th Tuesday. Controller Meeting is biweekly held .
	1.3.4 Regular Meeting of Financial Committee and Controller Meeting		
	1.4 Drug, material, equipment and facility :	1.4.1 Monthly Report of Drug and Material Committee of NMCHC	1.4.1 The monthly presentation of Drug and Material report has been started in the Steering Committee since 1998 to check the consumption and the expenditure.
	1.4.1 Regular of reports on Drug and Material	1.4.2 Medical Equipment Utilizing Rate in NMCHC	1.4.2 Utilizing rate of medical equipment increased from 87.7 % in 1998 to 91.6 % in 1999 (up to July).
	1.4.2 Medical Equipment Utilizing Rate	1.4.3 List of committees	1.4.3 Meeting for Facility and Medical Equipment is held monthly, Friday of the last week. Drug and Material Committee is monthly held.
	1.4.3 Regular Meetings for Facility and Medical Equipment, Drug and Material Committee	1.4.4 Daily record of maintenance of facility	1.4.4 Preventive and remedial maintenance of facility have been conducted by keeping the daily record of maintenance since April, 1997.
	1.4.4 Maintenance of facility		
	1.5 Hospital Information:	1.5.1 Monthly Report of Technical Bureau of NMCHC	1.5.1 Health information in the NMCHC about out-patient, in-patient, and activity, and financial report can be reported monthly in the Steering Committee.
	1.5.1 Regular reports on health statistics	1.5.2 ID card, Patient document	1.5.2 For patient management, Registration system was introduced. When the patient register, they can receive Patient document with own ID number and ID card. According to ID number, Patient document can be managed more effectively and appropriately.
	1.5.2 Registration system for patient management		
	2.1 Midwife training for MW of health centers	2.1.1 Training record	2.1.1 8 Midwife training courses have been implemented with the total no. of 148 participants (from October, 1997 to July, 1999).
	2.1.1 No. of Midwife training courses and participants	2.1.2 OB/GYN Manuals	2.1.2 With the assistance and contribution of Japanese experts, C/P have revised OB/GYN manuals and utilized them for training.
	2.1.2 Utilization of manuals for Midwife training courses	2.1.3 Results of Pretests and Posttests in MW training	2.1.3 The correction rate of written pretest were from 60 to 70 % and one of posttest were from 70 to 80 %. According to the evaluation, participants' knowledge and their sense of responsibility has been gradually strengthened.
	2.1.3 Percentage of correct answers given between pretests and posttests	2.1.4 Interview	2.1.4 After MW training, working group for the training holds the meeting regularly to evaluate and improve the training contents.
	2.1.4 Regular meeting of working group for evaluation of MW training		
	2.2 In-service training/student's training:	2.2.1 Training record	2.2.1 Midwife Trainer's Training was implemented from August 24 to September 9, 1998 with the total no. of 30 Midwife participants.
	2.2.1 No. of TOT (Training of trainers)	2.2.2 Training record	2.2.2 Training for medical students and specialists on OB/GYN from the faculty of medicine, training for military doctors, training for midwife students have been implemented to hold regularly. Medical students started to participate in the case presentation of doctor's meetings.
	2.2.2 Contents of students training		

3 The clinical care activities of NMCHC are improved.	2.3 Doctors training:	2.3.1 Training record	2.3.1 Doctors training is partially started. In-service training for STD was implemented from March 29 to April 2 with the total no. of 33 doctors participants. TOT for doctors will be implemented in August, 1999.
	2.3.1 No. of Doctors training courses and participants	2.3.2 Training curriculum	2.3.2 No. of training curriculum increases.
	2.3.2 No. of training curriculum and manuals for Doctors training courses		
	2.4 Other training:	2.4.1 Training record	2.4.1 Doppler training course have been implemented 24 times in provinces and districts with total no. of 319 participants (since August, 1997 to as of May, 1999). 1 Doppler training course will be implemented in December, 1999
	2.4.1 No. of Doppler training courses and participants.	2.4.2 Training record	2.4.2 Oxygen concentrator training workshop was held by JICA, MOH and UNICEF in January, 1999, with the total no. of 38 participants (OBY physicians, anesthesiologists and pediatricians) from 19 provinces.
	2.4.2 No. of Oxygen concentrator training courses and participants		
	3.1 Activities of the Clinical Division:	3.1.1 Monthly Report of Technical Bureau of NMCHC	3.1.1 Number of operation cases was increased from 54 (March, 1997) to 76 (march, 1998) and 107 (March, 1999).
	3.1.1 No. of operations	3.1.2 Monthly Report of Technical Bureau of NMCHC	3.1.2 Before new hospital was established, % of C/S was around 14-15 %. After new hospital was established, % of C/S was decreased. Staff can conduct C/S more appropriately result from the improvement of diagnosis skill. (% of C/S was 9 % in May, 1999).
	3.1.2 Condition of Caesarian section	3.1.3 Case Conference Record	3.1.3 Case conference has been held 87 times from September, 1997 to as of July, 1999.
	3.1.3 No. of case conference	3.1.4 List of Committees	3.1.4 Clinical Committee is held every Wednesday.
	3.1.4 No. of Clinical Committee	3.1.5 List of Committees	3.1.5 Clinical and Chief Meeting is held biweekly, 1st and 3rd Tuesday.
	3.1.5 No. of Clinical and Chief Meeting	3.1.6 New Diagnosis and Treatment Procedure List	3.1.6 New diagnosis and treatment procedures have been introduced and well sus
	3.1.6 No. of new diagnosis and treatment procedure	3.1.7 Interview	3.1.7 Ward conference of clinical division is held once a week.
	3.1.7 No. of ward conference (IPD)	3.1.8 Interview	3.1.8 OPD all staff, Paraclinic chief and Technical Bureau chief have held their meetings biweekly since June, 1999.
	3.1.8 Regular meetings of Integrated OPD	3.1.9 Monthly Report of Technical Bureau of NMCHC	3.1.9 Number of IPD admissions was increased from 644 (Sept, 1997) to 786(July, 1999).
	3.1.9 No. of IPD admissions		
	3.2 Activities of the Nursing Division:	3.2.1 Team care list	3.2.1 Maternity and Gynecology wards conduct team care for patients everyday to improve the care.
	3.2.1 Team care for patients	3.2.2 Ward conference list	3.2.2 Maternity and Gynecology wards have been held regular conference every week to discuss the problems and exchange information to improve the patients care.
	3.2.2 No. of ward conference	3.2.3 Manuals for nursing	3.2.3 With the assistance and contribution of Japanese experts, C/P have revised manuals for patients care and utilized them for patient's care.
	3.2.3 Manuals for nursing	3.2.4 List of Committees	3.2.4 Nursing Division Chief Meeting is held biweekly, 1st and 3rd Tuesday.
	3.2.4 No. of Nursing Division Chief Meeting	3.2.5 List of Committees	3.2.5 MW and Nurse Meeting is held biweekly, 1st and 3rd Wednesday.
	3.2.5 No. of MW and Nurse Meeting	3.2.6 Abnormal case record	3.2.6 Abnormal case record have been keeping properly.
	3.2.6 Abnormal case record keeping	3.2.7 List of Committees	3.2.7 MW/Nurse Committee is held every Friday.
	3.2.7 No. of MW/Nurse Committee		
	3.3 Activities of the Paraclinic:	3.3.1 Monthly Report of Technical Bureau of NMCHC	3.3.1 Echography activities in the NMCHC were increased from 232 (March, 1997) to 527 (March, 1998) and 725 (March, 1999).
	3.3.1 No. of echography tests	3.3.2 Monthly Report of Technical Bureau of NMCHC	3.3.2 No. of Laboratory tests were decreased from 3,300 (Jan, 1997) to 300 (Jan, 1998) due to the change of the condition of location. Before the new NMCHC was opened, old NMCHC was located on the center of a city and received many tests items from other private hospitals. Furthermore, the existence of another laboratory near to center caused
	3.3.2 No. of Laboratory tests	3.3.3 Laboratory Record	
	3.3.3 No. of test items	3.3.4 List of Committees	
	3.3.4 No. of Paraclinic Chief Meeting	3.3.5 List of Committees	
	3.3.5 No. of Laboratory staff meeting		

<p>4 The supervision activities of NMCHC are strengthened.</p>	<p>4.1 No. of supervisory trips for the participants of training courses 4.2 Introduction and use of evaluation form</p>	<p>4.1 Supervision Record of NMCHC 4.2 Evaluation form for Supervision</p>	<p>decrease of an outside order. However, no. of tests were dramatically increased from 300 (Jan., 1998) to 950 (Jan., 1999). 3.3.3 No. of Laboratory tests items was increased from 12 (Jan, 1998) to 17 (Jan, 1999). Revision of method, change of reagent, repair of a centrifuge and initiation of new method have been also performed properly. 3.3.4 Paraclinic Chief Meeting is held monthly, Wednesday of the 2nd week. 3.3.5 Laboratory staff meeting is held once a week.</p>
<p>5 The promotion activities of NMCHC are strengthened.</p>	<p>5.1 No. of attendants to mother's classes 5.2 No. of postpartum classes and their participants 5.3 No. of developed promotion materials 5.4 No. of visitors for ANC</p>	<p>5.1 Monthly Report of Technical Bureau of NMCHC 5.2 Maternity ward report 5.3 Health Promotion Record 5.4 Monthly Report of Technical Bureau of NMCHC</p>	<p>4.1 The supervisory trip has been organized to 16 provinces with 1 city and the Municipality (from October, 1996 to December, 1998) once a year. Since May, 1998, following up participants of MW training courses was added as a purpose of supervision. According to the evaluation of supervision, former participants have made progress in their knowledge and skills. 4.2 Evaluation form for Supervision was introduced and properly used.</p> <p>5.1 Daily mothers' class has been held regularly from October, 1997. No. of attendants of Mother's class was increased from 407 (October, 1997) to 616 (October, 1998) and 867 (May, 1999). 5.2 Postpartum class has been regularly held. The total no. of attendants was 5,994 (from May, 1997 to as of July, 1999). No. of attendants of Postpartum class was increased from 24 (March, 1997) to 258 (March, 1998) and 351 (July, 1999). 5.3 As a part of promotion activities, Pamphlet of the NMCHC was produced 2,000 copies in October, 1997, Leaflet of Nutrition was produced 10,000 copies in October, 1998, Leaflet of Admission to NMCHC was produced 5,000 copies in October, 1998, Poster of ANC was made 10,000 copies in March, 1999, ANC promotion leaflet was made 100,000 copies in March, 1999, ANC Promotion Video for TV spot was produced in Feb., 1999 and Educational audio visual materials about how to admit NMCHC for Delivery was produced in April, 1999. 5.4 Number of visitors for ANC increased from 786 (March, 1997) to 1,714 (March, 1998) and 2,137 (March, 1999).</p>

PLANNED ACTIVITIES	PLANNED INPUTS	ACTUAL INPUTS
1-1 Establish the organization and personnel system of NMCHC. 1-2 Establish a drug, materials, medical equipment facility management system. 1-3 Establish a budgetary planning and management system that promotes financial sustainability of NMCHC. 1-4 Establish an information management system. 2-1 Develop training curricula and teaching materials. 2-2 Carry out training of trainers. 2-3 Carry out training for the staff at NMCHC and health personnel of provinces, district and health centers. 2-4 Follow up training results and create a method for evaluation. 3-1 Establish a system of diagnosis and treatment. 3-2 Carry out OJT in medical care, nursing and laboratory techniques. 3-3 Carry out OJT in maintenance of equipment and facilities. 4-1 Supervise the participants of training courses. 4-2 Supervise the MCH activity in each province. 5-1 Carry out KAP survey of the pregnant women for the antenatal check. 5-2 Hold Mother's class for pregnant women. 5-3 Hold Postpartum education class for in-patients and their families. 5-4 Develop promotion materials for MCH.	The Cambodian Side 1 Assignment of counterparts 2 Arrangement of buildings and facilities 3 Sharing of expenses for project implementation The Japanese Side 1 Dispatch of experts (a) Long-term experts a. Chief Advisor b. Coordinator c. Nursing Management d. Pharmacy e. Maintenance of equipment f. Obstetrics and gynecology g. Midwifery h. Clinical laboratory Technology (b) Short-term experts a. Obstetrics and gynecology b. Neonatology c. Anaesthesiology d. Clinical laboratory e. Health education f. ICU/OT Nursing g. Nutrition h. Financial management i. Medical administrative management j. Patient record management k. Maintenance of facility l. Radiology 2 Counterpart training (a) Training in Japan Individual training Group training Specially offered training (b) Third-country training 3 Provision of machinery and equipment 4 Cost sharing for local	The Cambodian Side 1 Assignment of counterparts Total 288 staff at NMCHC 2 Arrangement of buildings and facilities 3 Sharing of expenses for project implementation 108,753 thousands Yen (total by projection) The Japanese Side 1 Dispatch of experts (a) Long-term experts: 12 (b) Short-term experts: 19 (7 more short-term experts are scheduled to be dispatched.) 2 Counterpart training (Total: 40) (a) Training in Japan a. Individual training : 16 (3 persons are now under training in Japan). b. Group training: 17 c. Specially offered training: 2 (b) Third-country training: 2 3 Provision of machinery and equipment Total amount for providing machinery and equipment was approximately 129,820 thousands Yen (total by projection) 4 Cost sharing for local: 61,502 thousands Yen (total by projection)

EVALUATION GRID

The Maternal and Child Health Project in the Kingdom of Cambodia

Please mark the grade and raise the reason for that evaluation in the column of the check results.

Grading for each question: A: Good, B: Fair, C: Poor

1. EFFICIENCY

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
1.1 Appropriateness of Inputs (Have the timing, quality, and quantity of Inputs been necessary and sufficient to achieve outputs?)	Japanese Side		
	1.1.1 Was the dispatch of experts timely and appropriate in terms of number of persons and level of fields of specialization?	1.1.1 -(number)Long-term experts had been dispatched to provide qualified skills to each division. However, it would have been more preferable if no. of experts, especially short-term experts had been dispatched more. -(field of expertise)Nearly most of related fields of OB/GYN hospital were covered. Need more experts in the fields of management, maintenance of equipment/machinery, pharmacy, technical section and training. -(timing)Long-term experts in the fields of OB/GYN and maintenance of equipment were dispatched much latter than the requests because of recruitment difficulties and war in 1997. The delay of dispatch of experts has been affected efficiency of technical transfer. -(cooperation term)The period of technology transfer was too short for experts in the fields of OG/BYN and maintenance of equipment due to the above reasons. -(competency of experts)Competency of experts were appropriate.	1.1.1 Average score: B -Time: B -Quality: A -Quantity: B -Need more experts.
	1.1.2 Was the provision of machinery/equipment timely and appropriate in terms of volume, cost and degree of utilization?	1.1.2 -(timing)Most of equipment was provided on time. However, delay of delivery due to the transportation problem and problem of distribution system in Cambodia had affected the effective technology transfer. -(quantity and quality)The quantity and quality of provided machinery and equipment was appropriate on the whole.	1.1.2 Average score: A -Time: A -Quality: A -Quantity: A -Spare parts are expensive and difficult to find out.
	1.1.3 Was the training of C/P in Japan timely and appropriate in terms of number of persons and fields of specialization?	1.1.3 -(contents of training)C/P training in Japan was satisfactory conducted on the whole. And it was beneficial to trained C/P. Program should have been arranged in accordance with the situation of Cambodia. -(duration and timing of the training)The duration of C/P training was too short.	1.1.3 Average score: B -Time: B -Quality: A -Quantity: B -Need more training.
	1.1.4 Was the local cost support of Japan appropriate?	1.1.4 -It was appropriate.	1.1.4 A

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
	<p>-qCambodian Side-r</p> <p>1.1.5 Was the assignment of counterpart personnel timely and appropriate in terms of number of persons and field of specialization?</p> <p>1.1.6 Was the maintenance conditions of provided equipment/facility appropriate?</p> <p>1.1.7 Was the project operational cost funded adequately by the Cambodian side?</p>	<p>1.1.5 - (number)The number of C/P in some fields has not been enough. Need more skilled C/P in the fields of management, information system and maintenance of equipment and facility. - (timing of assignment)Because of less no. of skilled personnel in Cambodia, it is difficult to assign C/P appropriately especially in the field of maintenance of equipment and facility. - (ability of C/P)In general, allocation of earnest C/P contributed to attain the outputs. However, to catch up the standard of region, need more training to improve the ability of C/P.</p> <p>1.1.6 -Medical equipment service record was introduced in 1998 and led to improvement of service of medical equipment. -Preventive and remedial maintenance of facility have been conducted by keeping the daily record of maintenance since April, 1997. -However, due to the insufficient no. of skilled personnel for maintenance of equipment and facility, the difficulties of purchase of spare parts in market and some materials are now deteriorated, more training for engineers is necessary to repair and replace the equipment.</p> <p>1.1.7 -Running cost has been ensured due to increase of User-fee income. In the hospital management, User-fee was increased and JICA support was decreased from 15 % (1997, Mid half income) to 5 % (1998, 2nd half income). -On the other hand, NMCHC can not fund for the activities of clinical care, supervision and promotion by themselves.</p>	<p>1.1.5 Average score: B -Time: B -Quality: B -Quantity: B -Need more skilled C/P.</p> <p>1.1.6 B -Need more training on maintenance and repair for our engineering staff.</p> <p>1.1.7 C -Lack of government budget.</p>
1.2 Has the project supporting system functioned well?	<p>1.2.1 Did the Joint Coordinating Committee function?</p> <p>1.2.2 Was there good support from other concerned organizations ?</p>	<p>1.2.1 -Joint Coordinating Committee was held several times and it helped the improvement of the situation of NMCHC same as now.</p> <p>1.2.2 -There is support from other concerned organizations, but they focus on only their programs.</p>	<p>1.2.1 A</p> <p>1.2.2 B</p>
1.3 Was the linkage with other cooperation project appropriate?	1.3 How was the linkage with other project?	1.3 -NMCHC has been worked together to make promotion materials with UNICEF, UNFPA, WHO and others. -There was cooperation in the fields of MW training with UNICEF.	1.4 A

2. EFFECTIVENESS

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
2.1 Degree of achievement of Outputs	<p>2.1.1 To what extent has Output No.1 (improved the management capability of NMCHC) been achieved?</p> <p>2.1.2 To what extent has Output No.2 (strengthened the training activities of NMCHC) been achieved?</p> <p>2.1.3 To what extent has Output No.3 (improved the clinical care activities of NMCHC)been achieved?</p> <p>2.1.4 To what extent has Output No.4 (strengthened the supervision activities of NMCHC)been achieved?</p> <p>2.1.5 To what extent has Output No.5 (strengthened the promotion activities of NMCHC)been achieved?</p>	<p>2.1.1 <u>Refer to the Achievement of the Project (Output 1)</u></p> <p>2.1.2 <u>Refer to the Achievement of the Project (Output 2)</u></p> <p>2.1.3 <u>Refer to the Achievement of the Project (Output 3)</u></p> <p>2.1.4 <u>Refer to the Achievement of the Project (Output 4)</u></p> <p>2.1.5 <u>Refer to the Achievement of the Project (Output 5)</u></p>	<p>2.1. B</p> <p>-Structure of management is improved and managers' level of C/P have responsibility sufficiently.</p> <p>-Clinical training is not enough.</p>
2.2 Degree of achievement of project purpose.	2.2 To what degree has Project Purpose "The activities of NMCHC are improved" been achieved?	2.2 <u>Refer to Achievement of the Project (Project Purpose).</u>	2.2 A -Management and technical skill are improved. -Operation of the hospital is stable. -No. of patient is increased.
2.3 Contributing factors	2.3 What are the factors contributed to the achievement of Project Purpose?	2.3 -Many C/P were trained in Japan. -Incentive money increases. -In terms of introduction to the User-fee, NMCHC can keep some money in the bank for running cost. -New structure (all of division) has been being proceeded well. -Several committees and meetings have been held and problems regarding management and operation has been pointed out and later it led to the improvement of service of NMCHC.	2.3 -Living standard of staff is improved. -Some of staff have received training.
2.4 Inhibiting factors	<p>2.4.1 What are the factors inhibiting the achievement of Project Purpose?</p> <p>2.4.2 In case of low achievement of Project Purpose, when is it likely to be achieved?</p>	<p>2.4.1 -Low salary for C/P. -Some C/P did not have enough KAP. -NMCHC has new system. So, it takes time for C/P to adapt new style to improve service of hospital.</p> <p>2.4.2</p>	<p>2.4</p> <p>-Low salary.</p> <p>-Economic situation is not advanced.</p> <p>-Knowledge and living standard of people are low.</p>

3. IMPACT

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
3.1 Impact on Project Purpose level? (from technical, institutional, environmental or other viewpoints)	<p>3.1.1 Apart from the improvement of the activities of NMCHC, what positive impact did the project planners intend to produce as a consequence of Project Purpose? (direct/Indirect impact)</p> <p>3.1.2 Is there any unintended positive situation produced by project outputs? (direct/Indirect impact)</p> <p>3.1.3 Is there any unintended negative situation produced by project outputs? (direct/Indirect impact)</p>	<p>3.1.1 -The awareness of NMCHC as an implementing center of the National Maternal and Child Health has been improved by the implementation of the Project. No. of deliveries, no. of clients and no. of attendants to mother's class has been increased.</p> <p>3.1.2 -User-fee system and structure system of NMCHC has been introduced to other hospitals in Cambodia as the national model systems.</p> <p>3.1.3</p>	<p>3.1. Average score: A</p> <p>3.1.1 -Implementation of the new NMCHC.</p> <p>-Quality of service has improved.</p> <p>-Information and education were strengthened.</p> <p>3.1.2 -User fee system was accepted by the staff.</p> <p>3.1.3 -Some staff has still asked under table money.</p>
3.2 Impact on Overall Goal and Super Goal level? (from technical, institutional, environmental or other)	<p>3.2.1 To what degree has Overall Goal "The service of maternal and child health in Cambodia is improved" been achieved?</p> <p>3.2.2 To what degree has Super Goal "The status of maternal and child health in Cambodia is improved" been achieved?</p> <p>3.2.3 Is there inhibiting factors in achieving Overall Goal and Super Goal?</p>	<p>3.2.1 -Other organizations also started MW training.</p> <p>-Former participants of MW training have progressed in their skill and knowledge and became to provide good service in their health centers and hospitals.</p> <p>-Through provision of equipment, the clinical care of health center and hospital was improved.</p> <p>3.2.2 -The Project directly has educated peoples on health care, and it is expected peoples will improve their knowledge on health care.</p> <p>3.2.3 -Insecurity of politics.</p> <p>-Lack of human resources.</p> <p>-Lack of accessibility and affordability.</p> <p>-Poor health knowledge of peoples.</p> <p>-Supporting conditions for national health development such as education, hygiene, infrastructure and economical and political stability are not ensured.</p>	<p>3.2. Average score: A</p> <p>3.2.1 -MW training and MCH activities were started by other organizations.</p> <p>-Supervision of MW activities and utilization of materials to strengthen their responsibilities.</p> <p>3.2.2</p> <p>3.2.3 -Real situation of the country.</p>

4. RELEVANCE

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
4.1 Relevance of Super Goal / Overall Goal	4.1.1 Are Super Goal (The status of maternal and child health in Cambodia is improved) and Overall Goal (The service of maternal and child health in Cambodia is improved) still consistent with the policy of the Ministry of Health in Cambodia ?	4.1.1 -The MCH is first priority of Government of Cambodia. -The improvement of service and status of MCH are still consistent with the policy of MOH because MOH would reduce maternal and infant mortality rates in Cambodia and want to improve the health of peoples.	4.1.1 A -Overall Goal is still consistent with policy of MOH.
	4.1.2 Does Super Goal/Overall Goal still match the needs of Cambodian peoples?	4.1.2 -Because MMR in Cambodia is still very high, the Overall Goal and Super Goal still match the needs of Cambodian peoples. -The MCH situation in rural areas have not improved much since 1995	4.1.2 A -Security is not good. -Knowledge of people is poor. -Lack of national budget.
	4.1.3 In case of low relevance, what are the reasons?	4.1.3 -There is no low relevance at the time of evaluation.	4.1.3 -
4.2 Relevance of Project Purpose	4.2.1 Is Project Purpose (The activities of NMCHC are improved) still consistent with the policy of the Ministry of Health in Cambodia ?	4.2.1 Project Purpose is still consistent with the policy of the MOH in Cambodia, because NMCHC is expected to be the model of MCH service in Cambodia.	4.2.1 A -NMCHC is a model for whole county.
	4.2.2 Does Project Purpose still match the needs of Cambodian peoples?	4.2.2 The Project provides credible health care to people and good health to people. In this context, Project Purpose highly matches the needs of peoples.	4.2.2 A -Need to strengthen health care.
	4.2.3 Is Project Purpose consistent with overall goal?	4.2.3	4.2.3 A
	4.2.4 In case of low relevance, what are the reasons?	4.2.4 -There is no low relevance at the time of evaluation.	4.2.4 -
4.3 Relevance of project design	4.3.1 Was the process and content of project planning appropriate?	4.3.1 -Because of increase of no. of clients, improvement of the management skills and technical skills of C/P, it can be said that project design was appropriate. -Good results compared with the old hospital. -It would have been more preferable if Cambodian side had taken initiatives.	4.3.1 B -NMCHC can not undertake all planned activities (60%).
	4.3.2 In case of low relevance, what are the reasons?	4.3.2 -There is no low relevance at the time of evaluation.	4.3.2 B -Must cooperate with Cambodian side and JICA.

5. SUSTAINABILITY

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
5.1 Organizational Sustainability	5.1.1 Is the Cambodian Government likely to continue policy support to NMCHC respectively?	5.1.1 -MCH is one of the highest priority concern of MOH. -Health promotion and prevention of MCH are policy of Government of Cambodia. -Therefore, Government of Cambodia will continue policy support to NMCHC.	5.1.1 A -NMCHC is under public sector and MCH is one of the priority of MOH and Government policy.
	5.1.2 Is administrative and operational system of NMCHC well organized?	5.1.2 -Managerial class of C/P improved their management capabilities and other C/P become to have responsible to their work. -The structure management system for each division has been set up in order to strengthen activities. -Need more training for engineering staff and doctors.	5.1.2 B -Structure is well organized but not good enough human resources and need more training for skill strengthening.
	5.1.3 Does NMCHC have enough support of other concerned organizations?	5.1.3 -Because other organizations are interested in NMCHC, the support from them are expected.	5.1.3 A -Suggest to JICA to support the network activities.
5.2 Financial Sustainability	5.2.1 Is operating expenses securely acquired?	5.2.1 -NMCHC has human resources, gets some support from government and has relation to client's usage service of MCH. -At present, however, almost maintenance and supply of medical equipment and facility are supported by JICA. -The price of materials and equipment is increasing. -The official support is not stable due to severe economy. -It is not enough amount of financial resources to maintain and develop NMCHC's activities, so more support is necessary.	5.2.1 B -National budget can not cover. -Suggest to JICA to support as well as.
	5.2.2 Is the official financial support guaranteed?	5.2.2 -National budget will increase year by year. However, the financial support from government will be not predict at all.	5.2.2 C -Government financial support will be not predict at all. Not suitable without external supports.
	5.2.3 Does NMCHC have its own revenue source? Is it used for the operating expenses?	5.2.3	5.2.3 A -Revenue was controlled by MOH and MOF. We can expend it for the operation activities in NMCHC not for MCH in the whole country.
5.3 Material and Technical Sustainability	5.3.1 Is the transferred technology properly utilized?	5.3.1 -C/P have abilities to promote the activities of NMCHC. -NMCHC has some progress, but still has problems. Need more training to C/P to improve their skills and attitude to clients.	5.3.1 B -Not enough appropriate C/P. Suggest to JICA to continue to assist on training (engineering training).

EVALUATION POINT	POINTS TO BE CHECKED	RESULTS OF QUESTIONNAIRE	COMMENTS FROM WORKSHOP
			<p>-Technical sustainability needs to be strengthened.</p> <p>-Long-term experts and long-term overseas training are needed.</p>
	5.3.2 Are the trained C/P appropriately posted?	5.3.2 -Some C/P are not posted appropriately because of lack of appropriate personnel allocation. -Need to strengthen personal management.	5.3.2 A -Selection of C/P is made by Committee decision, not individual decision.
	5.3.3 Does the trained C/P remain at NMCHC?	5.3.3 -This is related to regulation and related to money motivation.	5.3.3 B -Related to regulation and related to money motivation.
	5.3.4 Are the facilities and equipment well maintained?	5.3.4 -C/P improved the skills to maintain the facility and equipment by training, by motivating them and involving them. -It also depends on substantial user-fee.	5.3.4 B -No high technology on engineer. Suggest to JICA to give the high technology engineer to help NMCHC.

Record of Implementation of Inputs

JAPANESE SIDE

1. List of experts dispatched from Japan

Name of Experts	Field	Period
Long-term		
Dr. Takako Yamada	Chief Advisor	95/04/16 – 97/07/13
Mr. Tadashi Miyazaki	Coordinator	95/04/16 – 98/04/15
Ms Yoshiko Kawai	Midwifery	95/08/29 – 97/11/28
Ms Yasuyo Kawata	Maternal Nursing	95/11/19 – 97/04/18
Ms Naoko Fujita	Pharmacy	96/10/06 – 99/03/31
Ms Satomi Naito	Maternal Nursing	97/03/23 – 98/10/27
Dr. Hidechika Akashi	Chief Advisor	97/06/26 – 00/03/31(p)
Mr. Shoichi Shimizu	Maintenance of Equipment	97/06/26 – 00/03/31(p)
Ms Kei Suzuki	Coordinator	97/03/09 – 00/03/31(p)
Dr. Noriko Fujita	OB & GY	98/10/13 – 00/03/31(p)
Ms Mari Morikane	Maternal Nursing	98/10/13 – 00/03/31(p)
Ms Yoshiko Kudo	Laboratory Technology	99/04/01 – 00/03/31(p)
Short-term		
Dr. Etsuko Kita	Laboratory Technology	95/06/27 – 95/07/06
Dr. Toshiyasu Shimizu	OB & GY	95/06/27 – 95/07/10
Ms Yoshiko Kawai	Midwifery	95/06/27 – 95/07/10
Dr. Toshiyasu Shimizu	OB & GY	95/09/26 – 96/03/25
Mr. Yasuo Morikawa	Laboratory Technology	96/04/22 – 96/06/20
Mr. Takao Sugimoto	Hospital Management	96/04/22 – 96/06/20
Mr. Katsuo Tateno	Maintenance of Equipment	97/01/26 – 97/02/21
Dr. Naoshi Kuji	Hospital Management	97/03/02 – 97/04/05
Dr. Hidechika Akashi	Health Promotion	97/03/02 – 97/04/05

Ms Yoshiko Kudo	Laboratory Technology	98/01/26 – 98/03/31
Dr. Yasuo Inafuku	OB & GY	98/03/18 – 98/03/27
Mr. Shigeru Iyoku	Hospital Management	98/03/18 – 98/03/27
Dr. Kazumi Taki	Anaesthesiology	98/05/03 – 98/05/17
Dr. Takako Yamada	Neonatology	98/05/03 – 98/05/31
Ms Toshiko Hamano	Nutrition	98/05/03 – 98/05/31
Ms Keiko Hiraga	ICU Nursing	98/05/03 – 98/05/31
Ms Hiroko Shishido	Hospital Management	98/05/17 – 98/05/31
Mr. Tadashi Kasai	Maintenance of Facility	98/10/13 – 99/01/12
Ms Mayumi Shimizu	Health Education	99/01/19 – 99/03/18

2. List of machinery and equipment provided by the Japanese Side

See the attached list.

3. List of Counterpart personnel trained in Japan

See the attached list.

4. Allocation of expenses on local activities

See the attached list.

CAMBODIAN SIDE

1. Staff/personnel

See the attached list.

2. Arrangement of buildings and facilities

JICA Project Office in the NMCHC

3. Sharing of Expenses for Project Implementation

See the attached list.

LIST OF BIOMEDICAL EQUIPMENT (PROVIDED BY TECHNICAL COOPERATION)
NATIONAL MCH CENTRE

page No. 1

Operation Theatre

SECTION CODE NO 02

ID NO.	NAME OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	INSTALLATION	STATUS	PRICE IN US	REMARK
<u>OT-1</u>								
T95-013-010	Infant Warmer	DRAGER	8000	ARJM-001	3/1997	A GC	8,778	
<u>Recovery</u>								
T95-007-010	Oxygen Concentrator	AIRSEP	NEWLIFE	910093	1996	A GC	2,400	

NCU

SECTION CODE NO 03

ID NO.	NAME OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	INSTALLATION	STATUS	PRICE IN US	REMARK
<u>NCU Room</u>								
T	Refrigerator	GOLD STAR	GR-051FGS	50503040		A GC	292	
T95-014-010	Infant Warmer	NAKAMURA	NIW-2000	--	1995	A GC	6,098	
T95-016-010	Phototherapy Unit	DRAGER	4000	2M21000	1996	A GC	4,181	03.03.99, repaired.
T95-019-010	Bilirubin Meter	TOITU	BL-200	8118J89	1996	A GC	7,317	08.04.99, replaced the Analogue PCB.
T95-020-010	Hematocrit Centrifuge	HAWKSLEY	MHC	585473	1996	A GC	2,106	
T95-021-010	Pulse Oximeter	NELLCOR	N-180	2	1996	A GC	4,268	
T95-022-010	Syringe Pump	NAKAMURA	SP-60	3494	1996	B GC	3,659	
T96-001-010	Infusion Pump	NAKAMURA	FP-955	2083	03/1997	B GC	2,128	26.10.98, examined.
<u>Storage</u>								
T95-015-010	Portable Infant Incubator	NAKAMURA	H-100	19601109	1995	C GC	2,439	
T95-017-010	Portable Suction Unit	ATMOS	Atmos-26	MB154030	1995	C GC	1,461	

Delivery

SECTION CODE NO 05

ID NO.	NAME OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	INSTALLATION	STATUS	PRICE IN US	REMARK
<u>Delivery-1</u>								
T	Hot Cabinnet	TAIJI	8C2FR	02260		A GC	250	

STATUS: A; Fully Utilized, B; Partially Utilized, C; Not Utilized
 GC; Good Condition, WC; Working Condition, ; NW; Not Working

LIST OF BIOMEDICAL EQUIPMENT (PROVIDED BY TECHNICAL COOPERATION)
NATIONAL MCH CENTRE

page No.2

Delivery-2

T98-014-020	Infant Warmer	NAKAMURA	NIW-2000	9903394	12/07/99	A GC	3,342	
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Delivery-3

T98-014-010	Infant Warmer	NAKAMURA	NIW-2000	9903393	12/07/99	A GC	3,342	
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Maternity

SECTION CODE NO 06

ID NO.	NAME OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	INSTALLATION	STATUS	PRICE IN US\$	REMARK
T95-023-010	Fetal Actocardiograph	TOITU	MT-325	8019T38	1995	A GC	10,330	
	<u>East ward</u>							
T95-007-020	Oxygen Concentrator	AIRSEP	NEWLIFE	910743		A GC	2,400	
T98-025-010	Doppler Fetus Detector	TOITU	FD-400	8220KG5	10/04/98	A GC	1,700	
T98-025-030	Doppler Fetus Detector	TOITU	FD-400	7920385	10/04/98	A GC	1,700	
	<u>West ward</u>							
T98-025-020	Doppler Fetus Detector	TOITU	FD-400	0219X19	10/04/98	A GC	1,700	
T98-025-040	Doppler Fetus Detector	TOITU	FD-400	7920384		A GC	1,700	

Laboratory

SECTION CODE NO 07

ID NO.	NAME OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	INSTALLATION	STATUS	PRICE IN US\$	REMARK
	<u>Laboratory</u>							
T	Touch Mixer	SHIBATA	TTM-1	0380		B GC	333	
T	Shaker	KAYAGAKI	MR-5	47518		B GC	333	
T08-003-010	Ultrasonic Cleaner	IUCHI	US-4	100744	03/1998	A GC	1,667	Accompanied equipment.
T98-001-010	Water Bath	SANYO	BC-71G	702955	03/1998	A GC	833	Accompanied equipment.
T98-002-010	Electronic Balance	YMC	MK-600E	124705	03/1998	A GC	667	Accompanied equipment.

STATUS: A; Fully Utilized, B; Partially Utilized, C; Not Utilized
 GC; Good Condition, WC; Working Condition, ; NW; Not Working

LIST OF BIOMEDICAL EQUIPMENT (PROVIDED BY TECHNICAL COOPERATION)
NATIONAL MCH CENTRE

page No.3

Ultrasound

SECTION CODE NO 09

ID NO.	NAME OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	INSTALLATION	STATUS	PRICE IN US\$	REMARK
<u>Echo Room</u>								
T97-001-010	Ultrasonic Diagnostic Equipment	FUKUDA	UF-5500	29060126	04/1998	A GC	23,000	

OPD

SECTION CODE NO 11

ID NO.	NAME OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	INSTALLATION	STATUS	PRICE IN US\$	REMARK
T95-024-010	Coagulator	EMC	—	52279	05/1996	B GC	1,320	
T96-025-010	Doppler Fetus Detector	TOITU	FD-300	—		A GC	776	
<u>Birth Spacing 121</u>								
T96-040-010	Colour TV	SONY	KV-2965MT	1100426		A GC	2,750	
<u>Health Education</u>								
T96-040-020	Video Cassette Recorder	PANASONIC	NV-HD620	2900346		A GC	500	

Others

SECTION CODE NO 16

ID NO.	NAME OF EQUIPMENT	MANUFACTURER	MODEL	SERIAL NO.	INSTALLATION	STATUS	PRICE IN US\$	REMARK
<u>STORE</u>								
T95-100-010	Medical Light Stand	DAIKYO	270	09N001		A GC	842	
T95-100-020	Medical Light Stand	DAIKYO	270	09N002		C GC	842	
T95-100-030	Medical Light Stand	DAIKYO	270	09N003		C GC	842	

STATUS: A; Fully Utilized, B; Partially Utilized, C; Not Utilized
 GC; Good Condition, WC; Working Condition, ; NW; Not Working

Cambodia MCH Project

Equipment List provided by Technical Cooperation in the Fiscal Year 1995 (except biomedical equipment)

N o .	Name of Equipment	Specification	Manufacturer	Q .	Price	Purchase	ID No.	U s i n g P l a c e	Remark
1	Generator	AC Generator 220V/50Hz75KVA,3phase4wire	Denyo	1	US\$31,000.00	Cambodia	T95-001	Generator Room	
2	Overhead Projector	Portable Overhead Projector 2770	3M	1	US\$850.00	"	T95-002	Project Office	
3	Slide Projector	Kodak Ektagraghic II A Projector (220V,50Hz)	Kodak	1	US\$2,722.00	"	T95-003	"	
4	Slide Tray Spare	Ektagraghic Universal Slide Tray Model 2	Kodak	2	US\$82.00	"	—	"	
5	Slide Developer	Electoric Processor	Polaroid	1	US\$893.00	"	T95-004	"	
6	Mounter	Cutter Mounter with light	Polaroid	1	US\$119.00	"	—	"	
7	Mount	Mount for No. 6	Polaroid	500	US\$125.00	"	Consumables	—	
8	Slide Film	Polacrome CS 12 slides	Polaroid	20	US\$860.00	"	Consumables	—	
9	"	Polablue BN 12 slides	Polaroid	20	US\$740.00	"	Consumables	—	
1 0	Camera	AF single-lens reflex camera EOS 888	Canon	1	US\$500.00	"	T95-005	Project Office	
1 1	Video Monitor	29" color monitor 29FN1	SHARP	1	US\$860.00	"	T95-006	"	
1 2	VCR	Multi system video VC-MH80	SHARP	1	US\$390.00	"	T95-007	"	
1 3	Medical Books			93	US\$25,965.00	Singapore	T95-008	Library	S\$36,351.41
1 4	Project Car	PAJERO V32WNHL DIESEL 2800cc	Mitsubishi	1	US\$29,400.00	Cambodia	T95-009	Embassy Place	
1 5	Copy Machine	NP6016 Copy Speed:16CPM in A4 size	Canon	1	US\$2,680.00	"	T95-010	Library	
1 6	Personal Computer	Machintosh Power PC 6100/66CD,500MB HD	APPLE	1 set	US\$3,085.00	"	T95-011	Project Office	
1 7	Attach: HDD	HARD DISK 3 1/2 "540MB QUANTUM	APPLE	1	US\$323.00	"	—	"	
1 8	EX. RAM	8mb SIMM RAM	APPLE	1	US\$368.00	"	—	"	
1 9	UPS	UPS 500 500W	SANTAK	1	US\$300.00	"	—	"	
2 0	Printer	MAC LASER WRITER 360	APPLE	1	US\$1,694.00	"	T95-012	"	
2 1	Printer Cable	CABLE DRIVERS MAC PRINTER MDIN 8	APPLE	1	US\$14.00	"	—	"	

No.	Name of equipment	Specification	Manufacture	Q.	Price	Purchase	ID. No.	Using Place	Remark
1-1	OBGY Model of Abdominal	No.O115 Woman's Abominal Model	Sakamoto Model	1unit	¥114,000	Japan	T96-002	Library	
1-2	region	No.O116 Fetus - Normal Pregnancy Model	"	1unit	¥100,800	"	T96-003	"	
1-3		No.O116-1 Woman's Pelvis' Inside Model	"	1unit	¥183,000	"	T96-004	"	
2-1	Computer	PRESARIO 9222,PENTIUM 100MHz,8MB	COMPAQ	2	US\$ 4,900.00	Cambodia	T96-005	Accounting	
2-2	Printer	HP-LaserJet 5MP Printer	HP	2	US\$ 2,900.00	"	T96-006	"	
3-1	Doppler	FD-300	TOITSU	80	¥7,450,000	Japan	—	District Hospital	
3-2	Gel	Gel SG,250ml	"	1,000	¥860,000	"	Consumerbles	—	
3-3	Battery	9V Battery(006P)	TOSHIBA	1,000	¥190,000	"	"	—	
3-4	Ambubag	(with Mask) CF-560 , 250ml	ATOM	80	¥1,680,000	"	—	District Hospital	
3-5	Baby Stetoscope	Baby Stetoscope CA-1100	"	80	¥440,000	"	—	"	

Cambodia MCH Project

List of Equipment provided by Technical Cooperation in the Fiscal Year 1997 (except biomedical equipment)

N o .	Name of equipment	Specification	Manufacture	Q .	Price	Purchase	ID. No.	Place	Remark
1-1	OBGY Model	NM25 Simulator	Kyoto Kagaku	1	Y 221,000	Japan	T97-002	Project Office	
1-2	OBGY Model	NM36 Simulator	"	1	Y 220,000	"	T97-003	"	
1-3	OBGY Model	Pregnant Model No.0100 . 8 / unit	Sakamoto Model	1	Y 260,000	"	T97-004	"	
1-4	Educational Video	A340 Newborn Care 2 volume	"	1	Y 38,000	"	—	"	
	"	A65-1 Maternal Care 3 volume	"	1	Y 148,500	"	—	"	
	"	E553 Excise for Pregnant Women	"	1	Y 33,980	"	—	"	
	"	I2881-101 OB Anesthesia	Kyoto Kagaku	1	Y 48,000	"	—	"	
	"	I2919-361 Generation of Baby	"	1	Y 18,000	"	—	"	
2	Motorcycle	VIVA FD 110CD with Helmet	SUZUKI	47	US\$68,150.-	Cambodia	T97-005	Provincial MCH	
3-1	Doppler Fetus Detector	FD-300 portable	TOITSU	100	Y 9,900,000	Japan	—	District Hospital	
3-2	Ultrasonoci Gel	250 ML for FD-300 SG	"	1,000	Y 900,000	"	—	"	
3-3	Dry Battery	006P (9V) for FD-300	TOSHIBA	1,000	Y 100,000	"	—	"	
3-4	Infant Resucitation Bag	Ambu Bag Model R	AMBU	100	Y 5,000,000	"	—	"	
3-5	Baby Stethoscope	CA-1100 Baby Stethoscop	ATOM	100	Y 670,000	"	—	"	
4	Midwife Kit		TAN TAN	400	US\$ 32,908.-	Cambodia	—	Provincial MCH	
5	TBA Kit		TAN TAN	800	US\$10,848.-	"	—	TBA through NGOs	
6	Medical Books			160	US\$12,025.-	Thailand	—	Library	

No.	Name of equipment	Specification	Manufacture	Q.	Price	Purchase	ID. No.	Place	Remark
1	Display card kit	Apron Display for sex education and conception control guidance	JOICEF	100	¥ 1,240,000	Japan	—	District Hospital	
2	Autoclave	High Pressure Steam Sterilizer SPA 331	SAKURA	1	¥ 1,319,000	Japan	—	NMCHC/CSSD	
3-1	Doppler Fetus Detector	FD-300 portable	TOITSU	50	¥ 4,250,000	Japan	—	District Hospital	
3-2	Ultrasonoci Gel	250 ML for FD-300 SG	"	500	¥ 380,000	"	—	"	
3-3	Dry Battery	006P (9V) for FD-300	TOSHIBA	500	¥ 90,000	"	—	"	
3-4	Infant Resucitation Bag	Ambu Bag Model R	AMBU	50	¥ 1,900,000	"	—	"	
3-5	Baby Stethoscope	CA-1100 Baby Stethoscop	ATOM	50	¥ 300,000	"	—	"	
4	Midwife Kit		TAN TAN	400	US\$ 32,908.-	Cambodia	—	Provincial MCH	
5	TBA Kit		TAN TAN	800	US\$10,848.-	"	—	TBA through NGOs	
6	Doppler Fetus Detector	JD-250, Portable type	NAKAMURA	20	¥ 3,200,000	Japan	—	Provincial Hospitals	
7	Oxygen Concentrator	220/50 hz, output 5L/min.	NEW LIFE	20	US\$46,000.-	Cambodia	—	Provincial Hospitals	
8	Infant Warmer	NIW-2000	NAKAMURA	2	¥ 760,000	"	—	NMCHC/Delivery	

Cambodia MCH Project

List of Equipment provided by Technical Cooperation in the Fiscal Year 1999

No.	Name of equipment	Specification	Manufacture	Q.	Price	Purchase	ID. No.	Place	Remark
1	Spare Parts of Medical Equipment	Spare Parts for 90 kinds of medical Equipment which are used in the NMCHC	FUKUDA, NAKAMURA, and others	708	¥ 9,601,000	Japan	—	NMCHC	
2	Direct Projector	LUMINOUS-5	UCHIDA	1	¥ 415,000	"	—	NMCHC/Auditorium	
3	Haematologic Analyzer	Micro Cobas 60 OT Blood cell count	ABX	1	US\$18,200.-	Cambodia	—	NMCHC/Laboratory	
4	TBA Kit		TAN TAN	400	US\$10,848.-	"	—	TBA through NGOs	

NMCHC Staff participated in the JICA Training in Japan or third countries

Name	Training Course	Training Field	Period
Dr. Koum Kanal	C/P	OBGY	July 27 - Aug.12, 1995
Dr. Tan Borin	C/P	New Born Care	Oct. 17 - Dec. 9, 1995
Ms Ou Saroeun	C/P	Midwifery	Oct. 17 - Dec. 9, 1995
Dr. Or Sivarin	Group Training	Counter Measure for Improvement of IMR	Aug. 23 - Oct. 2, 1995
<i>Dr. Mam Bunheng(MOH)</i>	<i>Indivisual General Training</i>	<i>Administration of MCH</i>	<i>Nov. 30 - Dec. 9, 1995</i>
Ms Pal La Ine	Third Country Training	Family Planning	June 12 - July 7, 1996
Dr. Sann Chan Soeung	C/P	OBGY	July 16 - Aug. 30, 1996
Dr. Yo Sophat	C/P	Anesthesiology	July 16 - Nov. 3, 1996
Ms Deg Kheang	C/P	Midwifery	July 16 - Sept. 10, 1996
Mr. Kroch Sary	C/P	New Born Care	July 16 - Sept. 10, 1996
Dr. Tung Rathavy	Group Training	Counter Measure for Improvement of IMR	Aug. 19 - Sep. 30, 1996
Ms Chen Sokhala	Group Training	MCH Nursing	Jan. 13 - Mar. 9, 1997
Ms Thai Leang Chou	Group Training	MCH Nursing	Jan. 13 - Mar. 9, 1997
Ms Ching Chan Tach	Group Training	MCH Nursing	Jan. 13 - Mar. 9, 1997
<i>Dr. Hong Rathavuth (MOH)</i>	<i>Indivisual General Training</i>	<i>Maintenance of Medical Equipment</i>	<i>Oct. 30 - Nov. 15, 1997</i>
Dr. Tiv Say	C/P	OBGY	July 24 - Aug. 30, 1997
Dr. Tan Vuch Chheng	C/P	OBGY	July 24 - Aug. 30, 1997
Ms Oung Kab	C/P	Midwifery	July 24 - Aug. 30, 1997
Dr. Heng Chan Lida	C/P	New Born Care	July 24 - Aug. 30, 1997
Dr. Ou Kevanna	Group Training	Counter Measure for Improvement of IMR	Aug. 18 - Sep. 29, 1997
Ms Ang Sareth	Group Training	MCH Nursing	Jan. 12 - Mar. 8, 1998
Ms Ouk Chantha	Group Training	MCH Nursing	Jan. 12 - Mar. 8, 1998
Ms Chhe Sary	Group Training	MCH Nursing	Jan. 12 - Mar. 8, 1998
Dr. Sar Polin	C/P	OBGY	July 6 - Sept. 30, 1998
Dr. Lao Sunthareth	C/P	OBGY	July 6 - Sept. 30, 1998
Ms San Vanna	C/P	Midwifery	July 13 - Sept. 6, 1998
Dr. Sieng Sody	C/P	New Born Care	July 13 - Sept. 6, 1998
Ms Taing Phalla	Training Course Specially Offered	Women in Nutrition & Diet Improvement	Nov. 16 - Feb. 4, 1999
Mr. So Sok Phy	Training Course Specially Offered	Hospital Management	Jan. 11 - Mar. 19, 1999

Name	Training Course	Training Field	Period
Ms Oung Lida	Group Training	MCH Nursing	Jan. 11 - Mar. 7, 1999
Ms Khoeun Vimean	Group Training	MCH Nursing	Jan. 11 - Mar. 7, 1999
Ms Pa Yek Hun	Group Training	MCH Nursing	Jan. 11 - Mar. 7, 1999
Dr. Hy Soryaphea	C/P	OBGY	Jan. 21 - Mar. 9, 1999
Dr. Keth Ly Sotha	C/P	OBGY	July 6 - Aug. 28, 1999
Mr. Deth Samon	C/P	ICU Nursing	July 6 - Aug. 28, 1999
Mr. Srey Punlork	C/P	OT Nursing	July 6 - Aug. 28, 1999
Ms Sok Peou	Group Training	Clinical Care	July 22 - Jan. 24, 2000
Ms Chea Nha	Group Training	Hospital Pharmacy	Oct. 12 - Dec. 10, 1999
Mr. Ngeth Titya	Third Country Training	Maintenance of Medical Equipment	Oct. - Dec. 1999
Ms Kheng Sophan	Group Training	MCH Nursing	Jan. 10 - Mar. 5, 2000
Ms Srey Saomary	Group Training	MCH Nursing	Jan. 10 - Mar. 5, 2000
Ms Neal Sereychenda	Group Training	MCH Nursing	Jan. 10 - Mar. 5, 2000
total	C/P Training	1 9 people	
	Group Training	1 7 people	
	Training Course Specially Offered	2 people	
	Third Country Training	2 people	
	Total	4 0 people	
Other Organizations' Training Course			
Ms Suon Vanna	ASEAN Training	Midwife	Oct. 1, '96 - Au. 29, '97
Ms Mao Sotheary	ASEAN Training	Midwife	Oct. 1, '97 - Au. 28, '98
Ms Tan Thavry	ASEAN Training	Midwife	Oct. 1, '97 - Au. 28, '98
Ms Chun Nay Im	Indivisual Training	Pharmacy	Sept. 29 - Nov. 27, '98
Ms Eum Somaly	Indivisual Training	Medical Laboratory	Sept. 13 - Dec. 7, 1999

Cost Sharing for local by JICA

Description	1995	1996	1997	1998	1999	Total
Local Cost	\$95,726	\$83,219	\$65,854	\$57,203	\$45,833	\$347,835
Fuel/Training Cost (computer/English)		\$10,508	\$41,537	\$9,507	\$7,158	\$68,710
Promotional/Educational Activities Cost	\$8,971	\$9,005	\$26,636	\$31,197	\$31,750	\$107,559
Exchange Mission Cost				\$4,844		\$4,844
Total	\$104,697	\$102,732	\$134,027	\$102,751	\$84,742	\$528,949

Expenditures of 1999 is calculated based on the budget.

NMCHC Staff at 30 November 1998

No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv.	Position	(Job)	Others responsibility
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A- General Supervisor

1	Koum Kanal	15 12 1951	47	M	M.D	A	B	Acting Director		Ch-Ste
2	San Chan Soeun	05 12 1951	47	M	M.D	A1	B	V. Director		Ch-Cl, V.Ch-H.Fi Ste
3	Tan Vuochcheng	03 07 1951	47	F	M.D	A1	B	V. Director		Ch-H.Fi V.Ch-Cl Ste

B- Administration Bureau

1	Dek In	09 05 1943	55	M	M.A	A2		Ch-Ad-B		H.Fi Ste
2	Huot Khom	22 02 1954	44	M	M.A	A3		V.Ch-Ad-B		Ste

1. Administration Secretary

3	Prak Savuth	18 03 1961	37	M	S.N	B1		Ch-Secretary		Con
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2. Personal

4	Yin San	18 04 1946	52	M	M.A	B2		Ch-Personel		
5	Moeung Sokhan	12 03 1950	48	M	S.N	B2				

3. General Affair

	Huot Khom	22 02 1954	44	M	M.A	A3		Ch-GA		
6	Chea Roeun	10 08 1952	46	M	S.N	B1		V.Ch-GA	Security	
7	Chheun Lay	15 02 1950	48	M		C2			Security	
8	Dom Phan	14 11 1956	42	M		C2			Security	
9	Khiev Phon	01 02 1953	45	M		C2			Security	
10	Ngin Kimkea	26 04 1947	51	M		C2			Security	

4. Engineering Affair

11	Sim Limhorn	01 01 1943	55	M		B1		Ch-Engi	Water care	After retire Temp.User-fee
12	Chum Toma	15 06 1973	25	M	S. Electricity	B2		V.Ch-Engi		
13	Tep Ban	03 09 1944	54	M		C			Electrician	
14	Ith Ol	10 06 1954	44	M	P.N	C				

5. Driver

15	Phuok San	05 10 1951	47	M		C2			NMCHC	
16	Bun Sovan	17 05 1956	42	M		C2			NMCHC	
17	Hun Yun	01 12 1945	53	M		C2			Hospital	
18	Khim Phan	15 10 1950	48	M		C2			Hospital	
19	Tim Phon	10 10 1945	53	M		C2			Hospital	

6. Kitchen services

20	Chet Sarv	05 02 1954	44	F		B2				
21	Nuth Mara	20 05 1954	44	F		C2				
22	Say Chom	20 09 1953	45	F		C2				

7. Laundry (OT)

23	Heng Hun	16 04 1956	42	M	P.N	B2		Ch-W		
24	Kien Sambath	25 06 1958	40	M	P.N	C1				
25	Chea Lunn	09 12 1960	38	M	P.N	C1				
26	Yan Yun	01 01 1963	35	M	P.N	C1				
27	Em Phal	03 09 1950	48	M	P.N	C1				

C. Accounting Bureau

1	So Sokhpy	1961	37	M	Dip. fin	A2		V.Ch-Ac-B		H-Fi Ste
2	Much Phin	05 07 1953	45	M	Phar	B1				V.Ch-Con
3	Eat Mony	31 01 1967	31	F	Phar.A	B2				

No	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
4	Sek Putha	17 04 1955	43	M	Office staff	B2				
5	Mao Sarih	20 04 1947	51	F	P.N.	B2				
6	Chak Khemy	08 12 1967	31	F	S. financial	B2				
7	Uy Matin	27 07 1955	43	F	Office staff	B2				D/M
8	Chan Sophon	26 10 1954	44	M	Office staff	B2				st-con
9	Heng Sin	24 09 1957	41	M	S.N.	B2				D/M
10	Thlor PhengThim	29 07 1958	40	F	S.N.	B2				
11	Heng Soklay	04 11 1961	37	M	S.N.	B2				
12	Pheng Charda	15 05 1966	32	M	S.N.	B2				
13	Tun Ponrak	01 01 1962	36	F	S.N.	B2				
14	Seng Sary			M						Temp>User-fee

D. Technical Bureau

1. Technical Office

1	Tiv Say	25 01 1951	47	M	M.D	A2		Ch-Tec-B		H-Fi	Ch-D/M	CI	S
2	Prak Somaly	02 06 1957	41	M	M.D	A3		V.Ch-Tec-B		Con			S
3	Norng Mech	17 02 1945	53	M	M.A	B1				Con	st-co		
4	Muth Rin	07 03 1943	55	M	M.A	B1				After retire	Temp>User-fee		
5	Peng Nget	01 01 1953	45	M	S.N.	B2							
6	Sum Many	10 01 1955	43	F	S.N.	B2							
7	Poo Nary	03 06 1955	43	F	S.N.	B2							
8	Kong Sambo	03 07 1966	32	F	S.N.	B2							
9	Duong Huy Eng	28 04 1959	39	F	S.N.	B2							
10	Kol Nary	10 04 1952	46	F	P.N.	B2							
11	Ung Sen	22 02 1956	42	F	S.N.	B2							
12	Buth Sophin	09 07 1967	31	F	S.M.	B2							
13	Kol Noulsothalay			F	S.M.	B2				Jun.98 from disconnect	1 year		

2. Chief of Nursing Division

1	Ching Chantach	01 02 1956	42	F	MA	A3		Ch-ND		DM(4)	H-Fi		
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E- National Program

1- Training and Maternal and Child Health Program

1	Or Sivarin	08 09 1955	43	F	M.D	B2							
2	Chhin Lan	22 05 1955	43	F	M.D	B2							
3	Hel Leakhena	19 09 1957	41	F	M.A	B2							
4	Prang Chanthay	02 03 1959	39	F	S.M	C							

2- Cholera Program

5	Chhorn Vesna	12 01 1955	43	M	M.D	B2							
6	Keo Sony	19 08 1957	41	F	M.D	B2							
7	Ou Chuopthida	11 06 1969	29	F	S.N.	C							

3- Diarrhea Program

8	Bun Chanthan	02 08 1954	44	M	M.D	B2							
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4- ARI Program

9	Ou Kevanna	01 05 1954	44	M	M.D	B2							
10	Sao Sokunmalinv	10 11 1963	35	F	M.D	B2							
11	Hou Nareth	03 08 1957	41	F	S.N.	C							

5- Nutrition Program

12	Yang Sonavy	07 10 1955	43	F	M.D	B2							
13	Touch Dara	29 11 1955	43	M	S. Assistant	C							

No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
14	Khim Samrach	13 10 1961	37	F	S.M.	C		Librarian		
15	Oeun Bunthet	28 09 1962	36	F	S.N.	C				
16	Chou Soksay	01 01 1957	41	F	S.M.	C				

F. Pharmacy

1	Chun Nay Im	09 11 1953	45	F	Phar	B		Ch-Pharmacy		H-Fi V.Ch-D/M (C
2	Chea Nha	13 07 1955	43	F	Phar	B1		V.Ch-Pharmacy		
3	Chan Buntheoun	10 01 1955	43	M	S.N.	B2				st-con
4	Kim Chim	01 08 1952	46	M	S.N.	B2				
5	Soum Thavy	25 04 1962	37	M	S.N.	B2				
6	Som Sarin	05 04 1962	36	F	S.N.	B2				
7	Phuong Sin	20 08 1952	46	F	P.N.	B2				

G. Paraclinic

	Seng Lenghuot	31 12 1951	47	M	M.D	B		Ch-D		H-Fi D/M (C
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1. Radio X-ray

1	Lay Kimthong	10 04 1947	51	M	M.A	B1		Ch-W		
3	Chov Seang	07 03 1966	32	M	S.N.	C				
4	Pal Chamreun	02 01 1961	37	M	S.N.	C				
5	Oum Sokha	03 01 1961	37	M	S.N.	C				

2. Laboratory

1	Ly Sovann	25 12 1948	50	M	Phar	B1		Ch-W		D M
2	Nong Vary	07 17 1970	28	F	Phar.A	B2		V.Ch-W		
3	Ban sohom	10 01 1947	51	F	S.N.	B2		V.Ch-W		
4	Sok Narom	10 12 1968	30	F	S. Labo	C				
5	Por Saravuth	02 04 1969	29	M	S. Labo	C				
6	Im Somaly	15 09 1961	37	F	S. Labo	C				
7	Sam Thon	03 06 1972	26	M	S. Labo	C B2				
8	Ny Vuthy	01 01 1955	43	M	S. Labo	C				
9	Kaos Sina	02 08 1968	30	M	S. Labo	C				
10	Leang Phala	05 01 1968	30	M	S. Labo	C				
11	Ban Samleakhena	06 06 1966	32	F	S. Labo	C				
12	Yuos Sokun	01 08 1957	41	F	P.N.	C				
13	In Sochea			F	Phar.A					Start August
14	Im Pov			M	S. Labo					come back October

3. Echography

1	Seng Lenghuot	31 12 1951	47	M	M.D	B		Ch-D		
2	Ing Bophaphuong	10 03 1957	41	F	M.D	B2				
3	Chhing Rithy	10 01 1958	40	F	S.N.	C				
4	Kang Sinath	22 09 1949	49	F	S.N.	C				
5	Prown Duch Borasy			F	S.N.					Apr.98 from disconnect

4. ECG

H. Out Patient Department

1. Clinical Division Member

1	Tan Vuochchheng	03 07 1951	47	F	M.D		B	Ch-D	Fix.GY	
2	Kang Phannary	06 06 1955	43	F	M.D	B1		V.Ch-D	Fix.GY	
3	Mao Matha	05 09 1956	42	F	M.D	B1		V.Ch-D	Fix.B/S	
4	Hem Yen	30 06 1949	49	F	M.D	B1			Fix.Vacc	Con
5	Lam Phirun	27 08 1961	37	F	M.D	B2			Fix.B/S	
6	Suos Measchamroensokha	13 11 1957	41	F	M.D	B2			Fix.B/S	

No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
7	Em Yoeun	10 01 1946	52	M	M.D	B2				
8	Ing Sarath	19 08 1951	47	F	M.D	B2				
9	Touch Samon	07 12 1949	49	M	M.D	B2				
10	Hern Vannay	03 12 1956	42	F	M.D	B2				
11	Chhun Heang	06 04 1948	50	F	M.D	B2				
12	Sok Sem	25 02 1945	53	F	M.A	B2			Fix,ANC	
13	Pin Sohay	12 02 1955	43	F	M.A	B2			Fix,ANC	
14	Kuch Sarann	04 11 1945	53	F	M.A	B2			Fix,ANC	
15	Nuo Vannary	01 03 1967	31	F	M.A	B2				
16	Ouk Vanna	15 04 1955	43	F	M.A	B2				
17	Chring Vannarath	08 01 1963	35	F	M.A	B2				
18	Chao Channary	18 08 1952	46	F	M.A	B2				

2. Nursing Division Member

1	Chen Sokhala	25 12 1949	49	F	S.M.	B1		Ch-W		D-M
2	Bou Saroeun	01 01 1948	50	F	S.M.	B2		V.Ch-W		
3	Khoeun Vimean	04 06 1961	37	F	S.M.	B2		V.Ch-W		
4	Eng Saroun	14 05 1954	44	F	S.M.	C B2		TL		
5	Ly Nayheak	01 05 1950	48	F	S.M.	C B2		TL		
6	Poun Sarin	08 09 1949	49	F	S.M.	C B2		TL		
7	Chhim Y Khun	02 02 1948	50	M	S.M.	C		Fix		No-duty
8	Tang Mouy Lon	01 12 1948	50	F	S.M.	C		Fix		No-duty
9	Chhi Phiom	15 04 1953	45	F	S.N.	C		Fix (Vacc)		Duty
10	Dy Bopha	10 04 1951	47	F	S.N.	C		Fix (Vacc)		Duty
11	Touch Kiriann	06 02 1950	48	F	S.N.	C		Fix (Vacc)		No-duty
12	Bou Maly	01 01 1957	41	F	S.M.	C				
13	Bov Nech Y	16 08 1948	50	F	S.M.	C				
14	Chan Sophal	10 03 1957	41	F	S.M.	C				
15	Hang Sarv	06 11 1955	43	F	S.M.	C				
16	Hay Marin	06 12 1947	51	F	S.Nry	C				
17	Keng Savuoch	10 10 1945	53	F	S.M.	C				
18	Lim Channary	01 01 1955	43	F	S.M.	C				
19	Ma Narong	31 12 1947	51	F	S.M.	C				
20	Nget Sothany	18 01 1959	39	F	S.M.	C				
21	Phan Phanna	30 04 1958	40	F	S.M.	C				
22	Ten Sovannara	05 05 1965	33	F	S.N.	C				
23	Thak Phiom	10 03 1954	44	F	S.M.	C				
24	Cheam Sokunthea	18 07 1965	33	F	S.M.	C				
25	Keo Vantha	01 09 1965	33	F	S.M.	C				
26	Om Khemarin	07 01 1955	43	F	S.M.	C				
27	Seth Darann	01 12 1948	50	F	S.M.	C				
28	Som Ponly	30 12 1947	51	F	S.M.	C				
29	Uch Solha	28 08 1954	44	F	S.M.	C				
30	Ruos Saveoun	04 04 1953	45	F	P.Nry	C1		Fix		Duty
31	Chhin Sakun	07 04 1969	29	F	Cleaner	C2				

3. Dental

1	Chhea Manith	01 01 1958	40	M	Dent	B1		Ch-W		
2	Poch Sopearath	05 05 1970	28	M	Dent	B2				D/M
3	Um Chea	21 12 1957	41	M	P.N.	C1				No-duty

I. Maternity

1. Clinical Division

1	Seang Tharith	05 10 1952	46	M	M.D	B		Ch-D		C1
2	Lao Sunthareth	27 07 1949	49	M	M.D	B1		V.Ch-D		Ch-Con
3	Po Chinsamuth	25 02 1954	45	M	M.D	B1		V.Ch-D		

No	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
4	Pech Sovantheary	19 09 1959	39	F	M.D	B1				
5	Chhan Naneth	06 03 1966	32	F	M.D	B2				
6	Srey Sopha	10 01 1957	41	F	M.D	B2				
7	Pol Sereymethy	04 04 1956	42	F	M.D	B2				
8	Pen Soriyan	08 10 1962	37	F	M.D	B2				
9	Buth Sy Eng	21 11 1950	48	F	M.A	B2				
10	Ket Phany	29 05 1950	48	F	M.A	B2				

2. Nursing Division in Maternity East

1	Ouk Chantha	05 03 1948	50	F	S.M.	B1		Ch-W		D/M
2	Mao Yim	27 11 1950	48	F	S.M.	B2		V.Ch-W		
3	Uong Kap	01 12 1956	42	F	S.M.	B2		V.Ch-Ward		
4	Chan Sophon	10 07 1947	51	F	S.M.	C	B2	TL		
5	Bunsan Thangseang	28 09 1957	41	F	S.M.	C				
6	Kas Vantha	01 07 1953	45	F	S.M.	C				
7	Phang Mux	15 05 1957	41	F	S.M.	C				
8	Sath mary	01 06 1958	40	F	S.M.	C				
9	So Than	10 03 1957	41	F	S.M.	C				
10	Sok Chheng	02 02 1963	35	F	S.M.	C				
11	Tuy Sarom	13 08 1949	49	F	P.N.	C				
12	Ung Sakun	26 06 1949	49	F	S.M.	C				
13	Dith Kim Eng	05 07 1956	42	F		C2			Cleaner	
14	Ly Sokhan	08 12 1954	44	F		C2			Cleaner	

3. Nursing Division in maternity West

1	Ang Sareth	04 09 1949	49	F	S.M.	B1		Ch-W		D/M
2	Pao Sokha	15 01 1949	49	F	S.M.	B2		V.Ch-W		
3	Y Ngim Eng	15 07 1949	49	F	S.M.	B2		V.Ch-W		
4	Neal Serevchenda	09 09 1958	40	F	S.M.	C	B2	TL		
5	Deng Kheang	09 06 1959	39	F	S.M.	C	B2	TL		
6	Chhay Svengchea Ath	22 04 1965	33	F	S.M.	C				
7	Duong Sarocun	10 01 1950	48	F	S.M.	C				
8	Ek Chanlyna	02 11 1957	41	F	S.M.	C				
9	Ly Chantha	09 06 1964	34	F	S.M.	C				
10	Mak Kimlun	04 05 1956	42	F	S.M.	C				
11	Tep Sina	01 04 1956	42	F	S.M.	C				
12	Ou Vantha	25 02 1961	37	F	P.N.	C1				
13	Sao Ly	08 12 1954	45	F		C2			Cleaner	

J. Delivery

1. Clinical Division

1	San Chanseoun	05 12 1951	47	M	M.D	A1	B	Ch-D		V.ch-CI
2	Tiv Say	25 01 1951	47	M	M.D			V.Ch-D, Ch-Tec.B		H-Fl Ch-D/M CI S
3	Ouk Poly	31 12 1949	49	M	M.D	B1		V.Ch-D		
4	Lam Visakary	01 07 1958	40	F	M.D	B2				
5	Krouch Rayouneth	19 02 1961	37	F	M.D	B2				
6	Chan Kesna	07 10 1956	42	F	M.D	B2				

2. Nursing Division

1	Ou Sarocun	04 07 1950	48	F	S.M.	B1		Ch-W, V.Ch-ND		D/M
2	Pa Yekhun	09 02 1949	49	F	S.M.	B2		V.Ch-W		
3	Chhe Sary	09 10 1962	36	F	S.M.	B2		V.Ch-W		
4	Chhim Sitha	01 07 1956	42	F	S.M.	C	B2	TL		
5	Hun Khunmy	10 09 1948	51	F	S.M.	C	B2	TL		
6	Kheng Sophan	24 12 1956	42	F	S.M.	C	B2	TL		

No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
7	Ounng Lida	19 06 1968	30	F	S.M.	C	B2	TL		
8	Srey Saomary	10 10 1950	48	F	S.M.	C	B2	TL		
9	Chhim Cideth	12 02 1948	50	F	S.M.	C				
10	Hem Kimtha	24 02 1960	38	F	S.M.	C				
11	Kit Kimheang	24 08 1956	42	F	S.M.	C				
12	Loeung Leangheng	17 04 1957	41	F	S.M.	C				
13	Neang Vannara	15 05 1958	40	F	S.M.	C				
14	Phang Phearum	12 09 1960	38	F	S.M.	C				
15	Theng Huch	18 11 1948	50	F	S.M.	C				
16	Cheng Chungkear	20 12 1959	39	F	S.M.	C				
17	Chhin Lyrathana	25 05 1957	41	F	S.M.	C				
18	Chum Both	08 10 1955	43	F	S.M.	C				
19	Lim Malin	02 05 1958	40	F	S.M.	C				
20	Meas Sopheap	15 05 1957	41	F	S.M.	C				
21	Men Vandarin	25 01 1952	46	F	S.M.	C				
22	Ngov Kimsieng	10 05 1955	43	F	S.M.	C				
23	Oum Lin	09 03 1958	40	F	S.M.	C				
24	Svay Sary	19 05 1963	35	F	S.M.	C				
25	Kim Yun	06 07 1952	46	F		C2			Cleaner	
26	Phouk Savarn	25 10 1949	49	F		C2			Cleaner	

K. Gynecology

1. Clinical Division

1	Koum Kanal	15 12 1951	47	M	M.D			Ch-D		
2	Keth Lisotha	08 01 1955	43	M	M.D	B1		V.Ch-D		
3	Hy Soriyaphear	29 04 1953	45	F	M.D	B1		V.Ch-D		
4	Sar Polin	18 12 1952	46	F	M.D	B1				
5	Chheng Peng Hor	28 11 1953	45	M	M.D	B1				
6	Soeur Sothy	25 01 1961	37	M	M.D	B2				
7	Sar Sothary	19 09 1963	35	F	M.A	B2				
8	Kao Kimsriv	09 04 1950	48	F	M.A	B2				

2. Nursing Division

1	Thai Leangchou	27 01 1951	47	F	S.M.	B1		Ch-W		DM
2	Sann Vanna	11 04 1966	32	F	S.M.	B2		V.Ch-Ward		
3	Chea Sonita	03 03 1959	39	F	S.M.	C	B2	TL		
4	Khiev Chansath	01 08 1958	40	F	S.M.	C	B2	TL		
5	Suon Vanna	24 12 1962	36	F	S.M.	C	B2	TL		
6	Tong Sitheng	12 07 1961	37	F	S.M.	C	B2	TL		
7	But Thuok	15 10 1960	38	F	S.M.	C				
8	Ke Eat	11 01 1950	48	F	S.M.	C				
9	Leang Sina	12 05 1964	34	F	S.M.	C				
10	Manay Sakun	23 08 1949	49	F	S.M.	C				
11	Hem Savy	14 05 1954	44	F	S.M.	C				
12	San Malv	10 07 1947	51	F	S.M.	C				
13	Tep Mech	13 09 1959	39	F	S.M.	C				
14	Nhean Thol	05 08 1954	44	F	P.N.	C1				
15	Hom Siphoun	11 05 1955	43	F		C2			Cleaner	

L. Neonatal Care Unit

1. Clinical Division

1	Tan Born	10 07 1960	38	M	M.D	B		Ch-D		CI
2	Heng Chanlida	20 01 1964	34	F	M.D	B1				
3	Saing Sody	01 11 1965	33	F	M.D	B2				

No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
4	Mean Sitha	16 11 1964	34	M	M.D	B2				
5	Sar Vathanea	12 12 1963	33	M	M.D	B2				
6	Chhiv Sapheth	25 04 1955	43	M	M.D	B2				
7	Hen Ramy				M.D					Apr.98 come back from study
8	Chak Phka Chhouk	14 07 1960	38	F	M.A	B2				
9	Soum Rithy	05 11 1965	33	M	M.A	B2				
10	Tuy Pech	06 05 1971	27	M	M.A	B2				

2. Nursing Division

1	Kroch Sary	20 10 1953	45	M	S.N.	B		Ch-W		D/M
2	Heng Sarin	01 01 1959	39	M	S.N.	B2		V.Ch-W		
3	Nuon Sokha	02 03 1969	29	M	S.N.	C	B2	TL		
4	Um Sun	01 01 1949	49	M	S.N.	C	B2	TL		
5	Yung Nyka	08 06 1969	29	F	S.N.	C		Pheng Charda		
6	Kheiv Phannara	27 09 1962	36	F	S.N.	C				
7	Min Sopha	07 05 1972	26	F	S.N.	C				
8	Veak Phea	10 08 1964	34	F	S.N.	C				
9	Ou Ravy	03 05 1955	43	F	S.N.	C				
10	Tang Phala	20 04 1963	35	F	S.N.	C				
11	Vuth Navy	07 06 1969	29	F	S.N.	C				
12	Tim Chanvuthea	12 03 1965	33	F	S.N.	C				
13	Chhouk Sothear	29 12 1955	43	F	S.N.	C				
14	Dy Vanntha	13 04 1960	38	M	S.N.	C	B2	TL		

M. Operation Theater

1. Clinical Division

1	You Sophat	21 10 1953	45	M	M.D	B		Ch-D		Cl
2	Heng Chim	15 03 1948	50	M	M.D	B1			Fix	
3	Sang Sona	06 10 1961	37	M	M.D	B1			Fix	
4	Nuon Hy	07 04 1948	50	M	M.D	B2			Fix	
5	Sok Veasna	01 01 1955	43	M	M.D	B2			Fix	
6	Uch Kimyany	13 04 1957	41	M	M.D	B2			Fix	
7	Chao Chanthe	01 01 1954	44	M	M.A	B2			Fix	
8	Chay Thuok	20 07 1958	40	M	M.A	B2			Fix	
9	Pech Ron	14 04 1960	39	M	M.A	B2			Fix	Aug.98 from school

2. Operation Theater Ward

	Heng Chim	15 03 1948	50	M	M.D					
	Chao Chanthe	01 01 1954	44	M	M.D					
	Chay Thuok	20 07 1958	40	M	M.A					

3. Nursing Division

1	Srey Punlork	10 04 1950	48	M	S.N.	B1		Ch-W		D/M
2	Tek Montha	22 11 1973	25	F	S.N.	B2		V.Ch-W		
3	Hab Soksamrang	13 01 1968	30	M	S.N.	C	B2	TL		
4	Chak Bunthocun	05 10 1959	39	M	S.N.	C	B2	TL		
5	Sok Somrach	25 12 1959	39	M	S.N.	C	B2	TL		
6	Nhem Chv	24 07 1947	51	M	S.N.	C	B2	TL		
7	Huy Phengcheang	14 01 1969	29	M	S.N.	C				
8	Rin Sopha	03 09 1971	27	M	S.N.	C				
9	Kuoy Kimreth	10 02 1955	43	F	S.N.	C				
10	Kun Daneth	13 04 1955	43	F	S.N.	C				
11	Ty Boramey	05 01 1963	35	F	S.N.	C				
12	Kang Rady	04 04 1961	37	F	S.N.	C				
13	Meach Manika	13 06 1956	42	F	S.N.	C				
14	Kuch Siná	12 10 1964	34	F	P.N.	C				

No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
15	Danh Soeun	15 04 1955	43	F	P.N.	C				
16	Chea Sokleng	07 11 1966	32	F	P.N.	C				

4. Clinical Division in ICU and Recovery Room

	You Sopbat	21 10 1953	45	M	M.D					
	Sang Sona	06 10 1961	37	M	M.D					
	Nuon Hy	07 04 1948	50	M	M.D					
	Sok Veasna	01 01 1955	43	M	M.D					
	Uch Kimyany	13 04 1957	41	M	M.D					

5. Nursing Division ICU and Recovery Room

17	Dit Samon	23 04 1947	51	M	S.N.	B1		Ch-W		D/M
18	Chen Khemara	12 01 1953	45	F	S.N.	B2		V.Ch-W		
19	Iem Channath	09 10 1958	40	F	S.N.	C	B2	TL		
20	Sok Peo	12 08 1966	32	F	S.N.	C	B2	TL		
21	Long Silen	09 05 1965	33	F	S.N.	C				
22	Sok Phunsambath	20 04 1962	36	F	S.N.	C	B2	TL		
23	Kao Phally	30 10 1951	47	F	S.N.	C				
24	Uch Savann	02 10 1957	41	F	S.N.	C				
25	Sok Sokha	15 09 1953	45	F	P.N.	C1				
26	Ouk Saly	15 08 1960	38	F	P.N.	C1				
27	Nget Yuthida	01 01 1960	38	F	P.N.	C1				

6.CSSD

28	Kem Vanna	06 07 1974	24	M	S.N.	B1		Ch-W		D/M
29	Eang Som Aun	07 01 1963	35	F	P.N.	C1				
30	Toch Chealy	15 05 1949	49	F	P.N.	C1				
31	Nhean Khim	05 11 1957	41	M	P.N.	C1				
32	Prum Ran	10 09 1962	36	F	P.N.	C1				
33	Kao Mala	05 09 1953	45	F	P.N.	C1				
34	Ngan Travin	05 02 1965	33	F	S.Nursery	C1				
35	Uch Yom	06 12 1945	53	F		C2		Cleaner		

N. Temporary Staff

1. The salary provided by Ministry of health

1	Sa Monkimdeth	01 07 1976	22	M		C2		Ad-B	Office	
2	Chim Sam Ang	1962	36	F		C2		GY	Security	
3	Pham Samean	05 07 1969	29	M		C2		CSSD	CSSD	
4	Mony Sophal	15 08 1979	19	M		C2			Security	
5	Sok Kadeth	15 06 1974	24	M		C2			Security	
6	Chun Vuthy	17 03 1979	19	M		C2			Security	
7	Chuok Kadeb	12 08 1969	29	M		C2			Security	
8	Kung Vannak	24 06 1977	21	M		C2			Security	
9	Vith Vann	06 07 1974	24	M		C2			Security	
10	Sar Prak	20 06 1979	19	M		C2			Security	
11	Sin Nara	05 07 1967	31	M		C2			Security	
12	Mean Nay	25 06 1976	22	M		C2			Security	
13	Roeung Kin	15 10 1941	57	M		C2		OT	Laundry	
14	Hak Sa'ooun	19 04 1973	25	F		C2		Direction	Cleaner	
15	Meas Choeun	10 12 1975	23	F		C2		Staff room	Cleaner	
16	Man Sineth	05 11 1973	25	F		C2		Direction	Cleaner	
17	Bocun Oun	05 03 1979	19	F		C2		Staff room	Cleaner	
18	Hen Vanny	10 12 1956	42	F		C2		OPD	Cleaner	

2. The salary provided by user fee

1	Phai Sophea	01 05 1979	19	M		C2			Security	
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No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
2	Khoeun Chanthan	11 03 1979	19	M		C2			Security	
3	Yuos Sear	12 02 1972	26	M		C2			Security	→ Stop working
4	Oeun Neth	01 04 1972	26	M		C2			Security	
5	Sok Thav	06 06 1972	26	M		C2			Security	
6	Meak Ny	29 01 1968	30	F		C2		Mat-W	Cleaner	
7	Ream Sor Phea	29 01 1968	30	F		C2		Lobby	Cleaner	
8	Roeunng Phat		36	F		C2		Mat-E	Cleaner	
9	Kung Saroeun		20	F		C2		Mat-W	Cleaner	
10	Bou Tharann		18	F		C2		GY	Cleaner	
11	Kak Phoeun	15 05 1974	24	M		C1			Security	
12	Nget Vithea			M		C1		GA	Security	
13	Nguon Sokry			F				Mat	Cleaner	Apr.98 start
14	Sim Rim Hom							GA	Engineer	Apr.98 after retire
15	Mut Rim				MA			Technical	Officer	
16	Seng Sary							Account	Officer	May.98 start

17

O. National Program

1. Reproductive Health Birth Spacing and Sexual Health Program

1	Chhun Long	21 07 1955	43	M	M.D			Chief		
2	Tung Rathavy	29 11 1955	43	F	M.D					
3	Chea Rina	18 01 1962	36	F	S.M.					
4	Oum Chantha	13 03 1959	39	F	S.M.					
5	Ke Sokheang	01 01 1957	41	F	S.M.					
6	Seng Vutha	14 09 1954	44	F	S.M.					
7	Tang Sokunphala	24 03 1954	44	F	S.M.					

2. Polio Program

1	Ly Nareth	19 09 1960	38	F	Phar			Chief		
2	Svay Sareth	31 07 1954	44	M	M.D					
3	Ros Phalla	09 02 1955	43	F	Phar					
4	Nget Sary	03 06 1954	44	F	Phar					
5	Duong Pin Thol	22 09 1961	37	M	Phar					
6	Hang Sonv	22 11 1966	32	F	M.A					
7	Chra Gech Eng	1967	31	F	S.N.					
8	Phan Bun Nath	17 05 1957	41	F	S.N.					
9	Chhor Channy	28 10 1968	30	F	S.N.					
10	Duong Chanravy	01 01 1967	31	F	S.N.					
11	Or Vanthan	01 01 1950	48	F	S.N.					
12	Pech Molichenda	14 04 1963	33	F	P.N.					
13	Nov Sam Oeun	28 12 1958	40	M	Driver					
14	Chan Borith			M	Driver					
15	Chum Sophean			M	Driver					
16	Muong Soeun	10 12 1955	45	M	Driver					

3. Immunization Program

1	Chea kimly	02 09 1954	44	M	M.D					
2	Chheng Morn	20 01 1956	42	M	M.D					
3	Kong Heang Try	03 04 1960	38	M	Phar					
4	Ok Chivith	24 02 1967	31	M	Phar					
5	Theap Chan Than	01 01 1967	31	M	Phar					
6	Chhay San	05 10 1946	52	M	M.A					
7	Rath Santara	24 02 1964	34	F	M.A					
8	Sarin Nynara	24 12 1963	35	F	S.N.					
9	Suong Simorn	12 05 1955	43	F	S.N.					
10	Long Theara	02 05 1968	30	F	S.N.					
11	Om Sary	12 01 1971	27	F	S.N.					

No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
12	Khiev Sodarith	04 01 1973	25	F	S.N.					
13	Luv Sokdary	25 10 1970	28	F	S.N.					
15	Siv Sitha	10 06 1960	38	F	S.M.					
16	Mech Chan Thon	20 07 1970	28	M	Staff Officer					
17	Huot Bun Heng	24 10 1959	39	M	Driver					
18	Krouch Sam Oeun	01 04 1958	40	M	Driver					
19	Chheang Kana	04 01 1945	53	M	Driver					
20	Yang Vath	1945	53	M	Driver					
21	Chhim Sopheap			M	Driver					
22	Tep Svon			M	Driver					

P. Staff on study

1	Vong Sathvarany				M.A			M.D		
2	Ya Nareth				M.A			M.D		
3	Chea Mary				MW			M.D		
4	Pov Bun Thocun				M.D					
5	Sok Setha Both				M.D					
6	Yang vithyaboth				S.N			M.D		
8	Nuon Veasna				S.N			M.D		
9	Seng Phearak	27 10 1963	35	M	M.D			CES		
10	Sruoy Yina	09 02 1957	41	M	M.D			CES		

Q. Permission without salary staff

1	Keov Sopha			F	Assistant staff	W	K	V		
2	Hun Kunthea			M	Laboratory					
3	Chiv Sothnea			F	M. Midwife					
4	Im Sarann			F	M. Midwife					
5	Sun Natomy			F	M. Midwife					
6	Chhum Vanna	10 04 1950	48	F	M.A	B2				from Jul.98 1 year
7	Chuon Vanna			F	M.A					
8	Heng Uy			F	M.A					
9	Huor Ravy			F	M.A					
10	Krouch Rithyda			M	M.A					
11	Pheng Yek Sim			F	M.A					
12	Pov Sinath			F	M.A					
13	Seang Kosal			F	M.A					
14	Yim Yovany			F	M.A					
15	Nin Sok Rang Sv			M	M.D					
16	Suo Kim An			F	M.D					
17	Yi Sam An			F	Nursery					
18	Sok Gech	05 07 1957	41	F	P.N.	C1		ICU		
19	Ar Kea			M	Personel	W	K	V		
20	Ouk Sarann			F	Phar					
21	Bou Marina	27 05 1965	33	F	S.M.	Disconnect				
22	Chea Prey Mony			M	S.M.					
23	Chey Sothavy			M	S.M.					
24	Chhum Sopheap	21 09 1962	36	F	S.M.	B2		OPD		from Apr.98
25	Dang Sarath			M	S.M.					
26	Eng Veng Leang			F	S.M.					
27	Heng Thavy			M	S.M.					
28	Him Chanthol	13 07 1966	32	F	S.M.	Disconnect				
29	Kean Sivitha			M	S.M.					
30	Kol Nousokalay			M	S.M.					
31	Ly Chan Sopheap			M	S.M.					
32	Neal Somanear	22 03 1962	36	F	S.M.	C				from May.98

No.	Name	Date of Birth	Age	Sex	Qualification	Code Basic	Code Serv	Position	(Job)	Others responsibility
33	Pouk Moy			F	S.M.					
34	Prach Sokun			M	S.M.					
35	Prom Sethor			M	S.M.					
36	Say Sarphean Neary			M	S.M.					
37	Sok Chanthou			F	S.M.					
38	Suy Sovatha			M	S.M.					
39	Bech Sovann			F	S.N.					
40	Chca Van Eng			M	S.N.					
41	Chuon Voth Thoeun			M	S.N.					
42	Heng Chandarith			M	S.N.					
43	Huoy Chhay			M	S.N.					
44	Huy Dany			F	S.N.					
45	Kim Sokna			M	S.N.					
46	Lim Neang	14 09 1972	26	F	S.N.					from Mar-Aug 98 ?
47	Lim Eng			F	S.N.					
48	Lin Thampheap				S.N.					
49	Muong Sopha			F	S.N.					
50	Nou Soma			F	S.N.					
51	Pklong Borath			M	S.N.					
52	Prom Theary			M	S.N.					
53	Proum Duchborasy			F	S.N.					
54	Sin Chantha			F	S.N.					
55	Sroun Kim Heang			F	S.N.					
56	Sun Sokha	13 10 1960	38	M	S.N.	Disconnect		Admi		
57	Kao Samuth			M	Water Checker					
58	Cheng Pha			F	Woker					
59	Hann Socheata				Woker					
60	Nguon Chhay Leang			F	S.M.	C				from Oct.98 disconnect
61	Heng Sreydalya	01 10 1946	52	F	M.D	B2				From Sep.98

R. Sickness staff

1	Mao Sochiviny	17 12 1967	31	F	S.N.					
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S. Retire

12	Top Phat	07 07 1943	55	M				GA	Guardian Man	Jul.98
3	Keo Sao	25 04 1943	55	M	M.A					Jul.98
1	Rath Chantnou	18 08 1943	55	F	M.D	B2				Oct.98 retire

T. Stop working

1	Seng Sarath			F	S.M.	Jun.98	already spent 4 years disponsible			
14	Hou Thy Hong			F	TBA	Aug.98	already spent 4 years disponsible			

Sharing of Expenses for Project Implementation by the Cambodian side

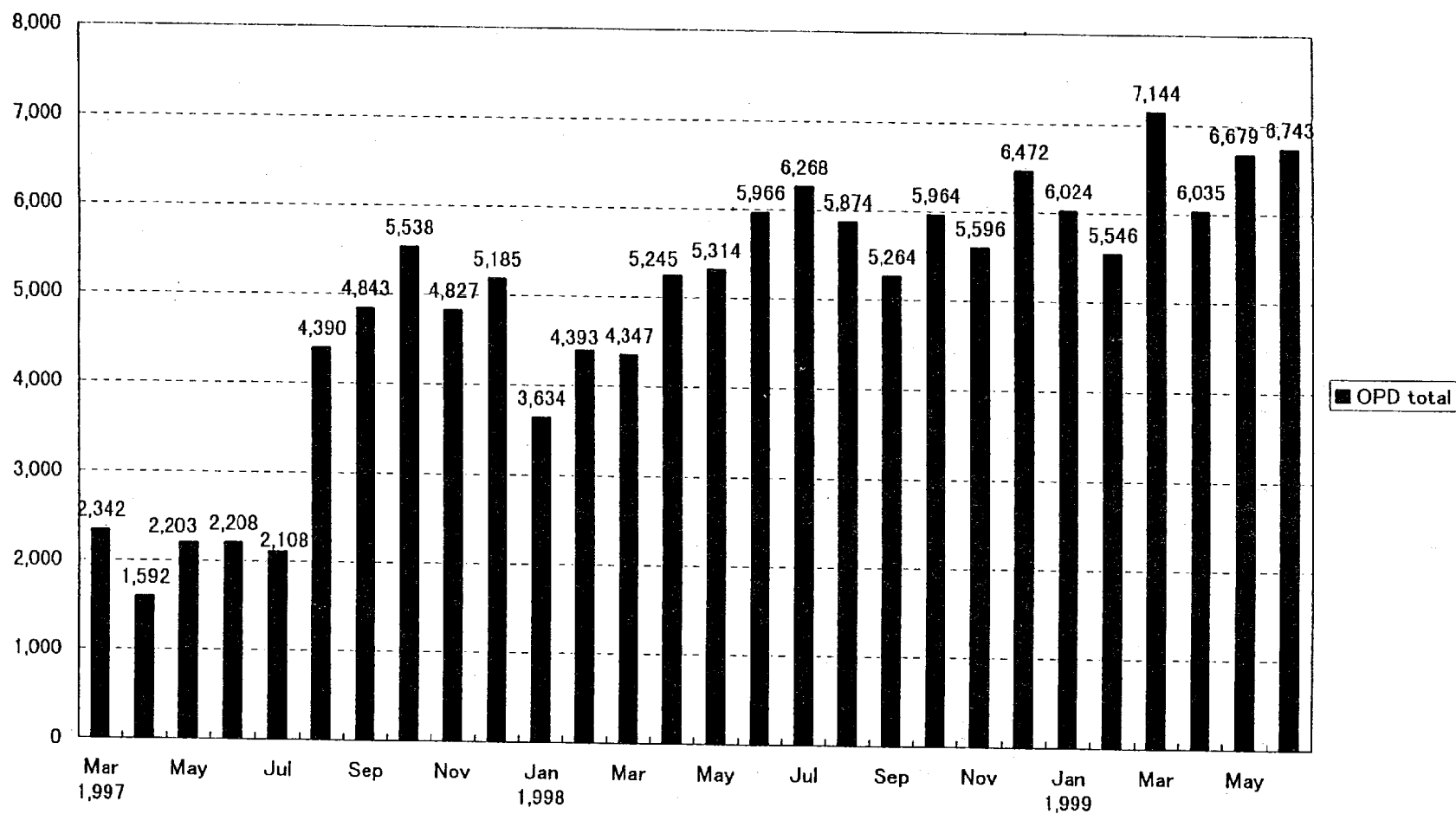
Personnel cost	National Budget	User fee
1997, Mid	148,158,150	338,301,600
1998, 1st Half	127,568,320	638,983,686
1998, 2nd Half	95,980,530	568,739,554

D/M cost	National Budget	User fee
1997, Mid	117,455,716	10,756,540
1998, 1st Half	144,825,044	124,764,827
1998, 2nd Half	124,293,272	103,480,427

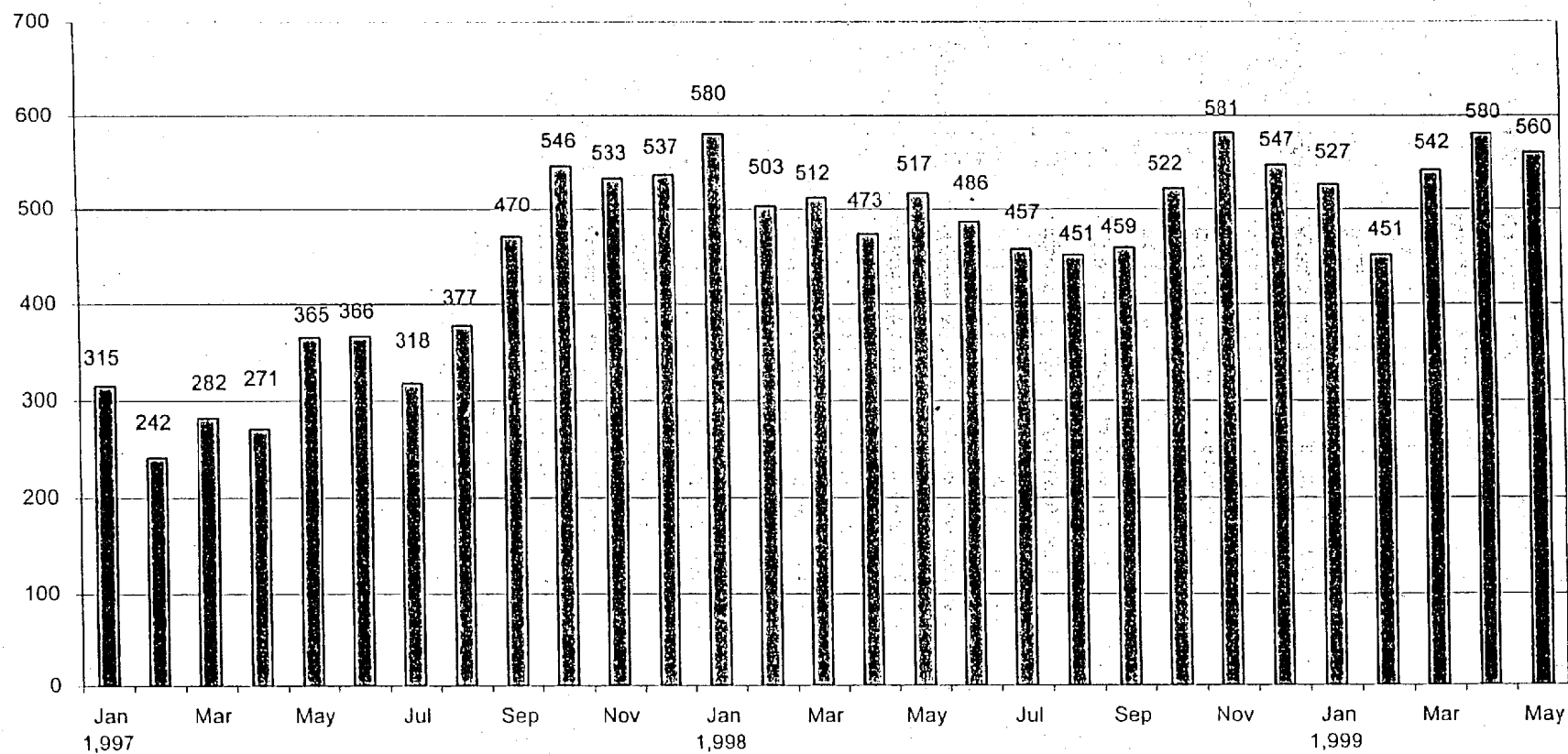
Running cost	National Budget	User fee
1997, Mid	208,825,041	55,970,435
1998, 1st Half	127,445,183	64,961,897
1998, 2nd Half	124,810,063	57,734,180

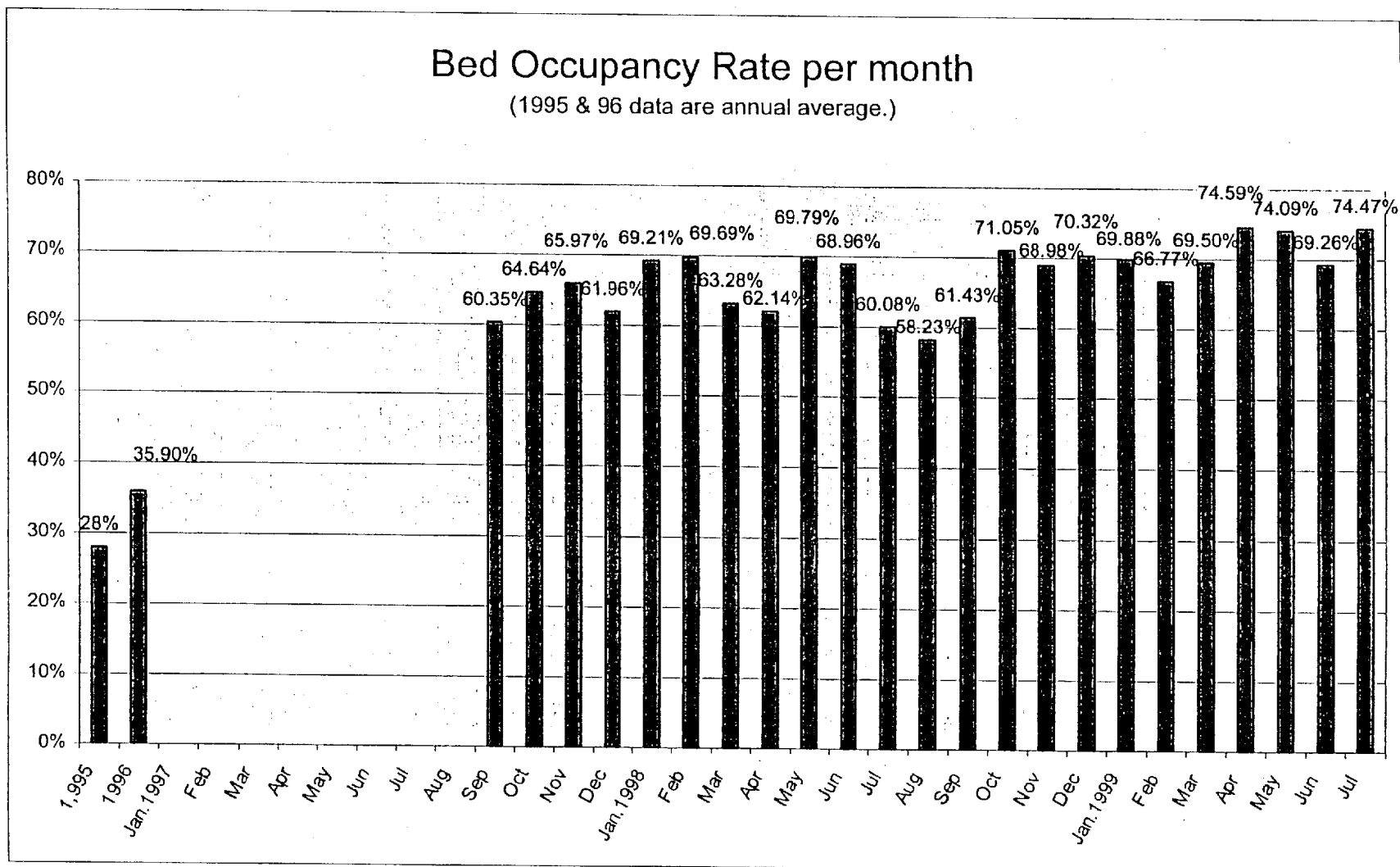
(These figures are approximate ones.)

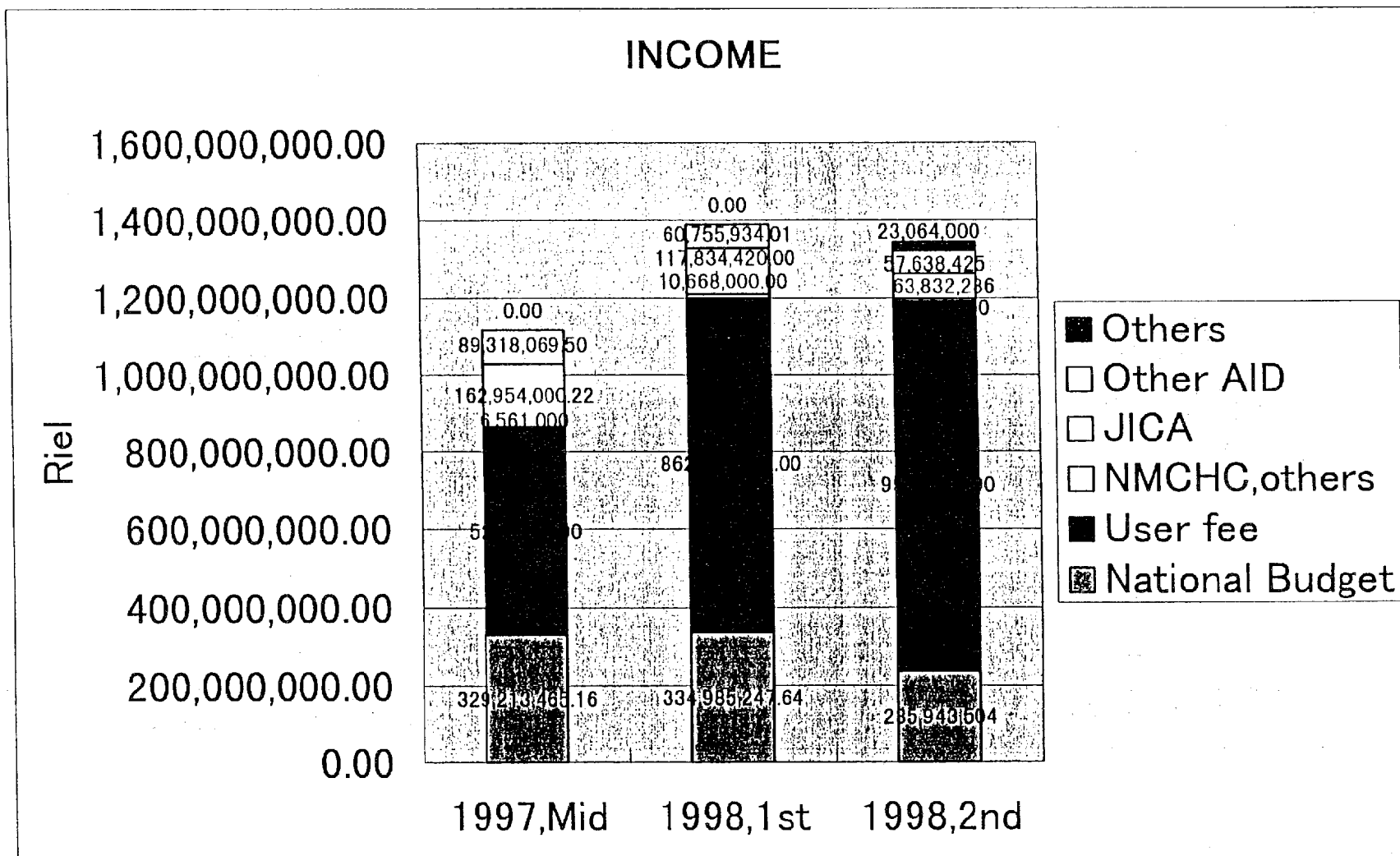
Total number of Out-patients per month



Delivery Total

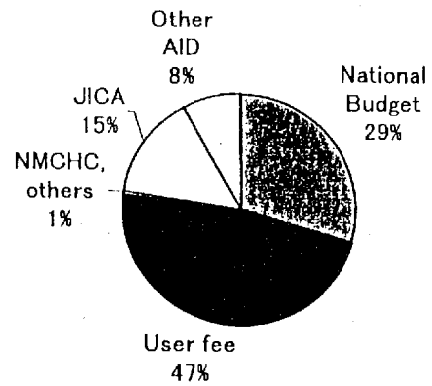






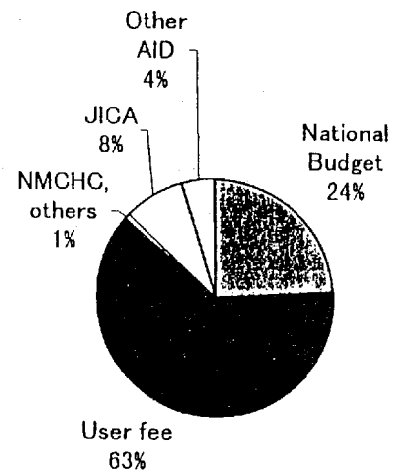
1997, Mid Half (Income)

Total 1,165,236,381.88 Riel



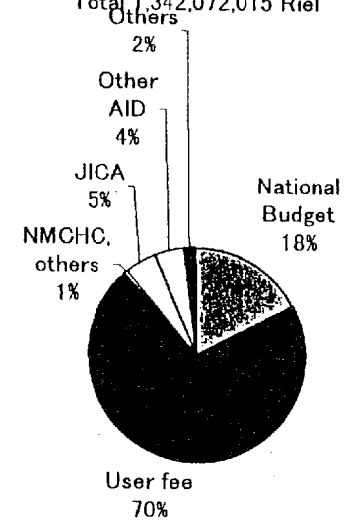
1998, 1st Half (Income)

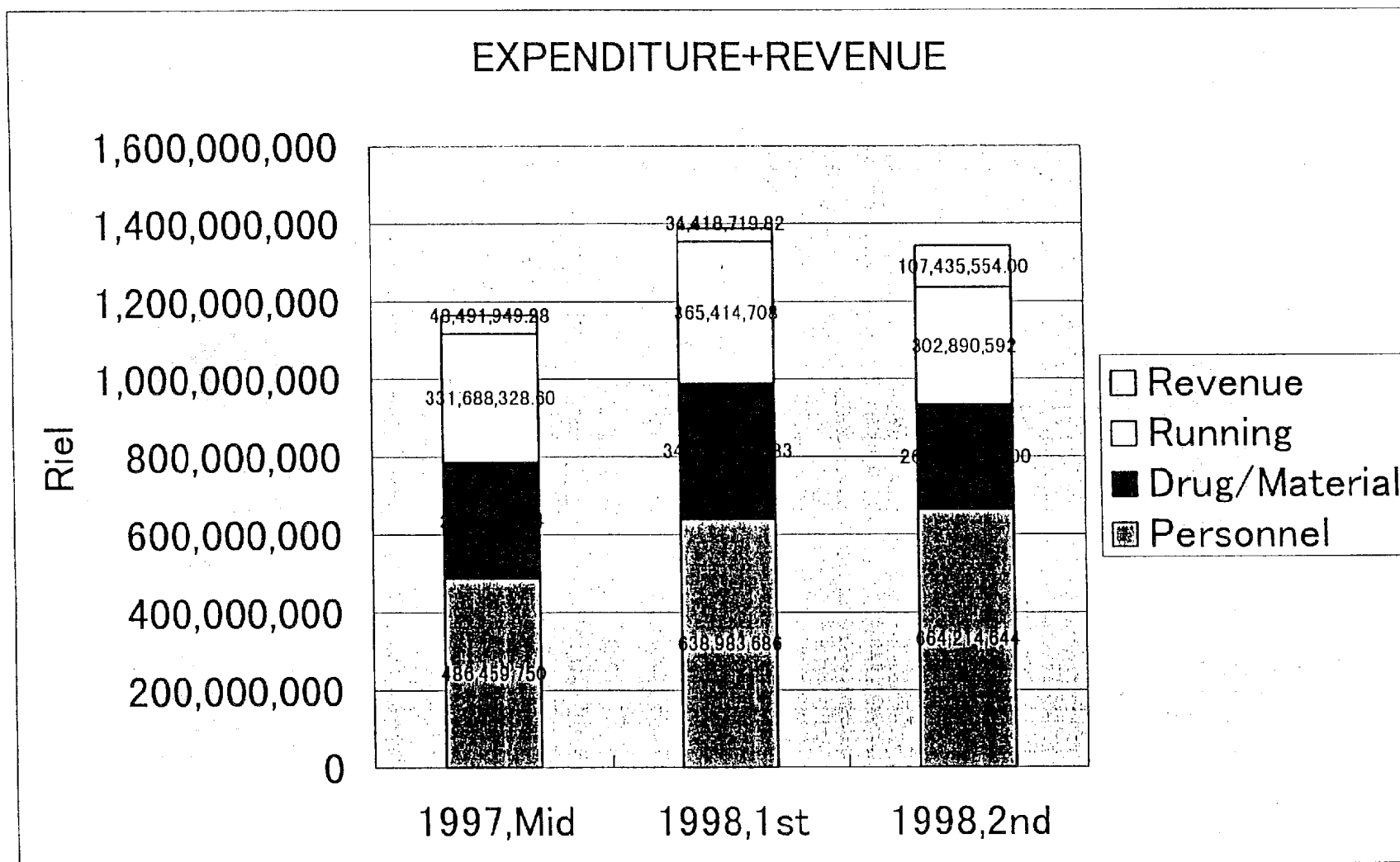
Total 1,386,996,951.65 Riel

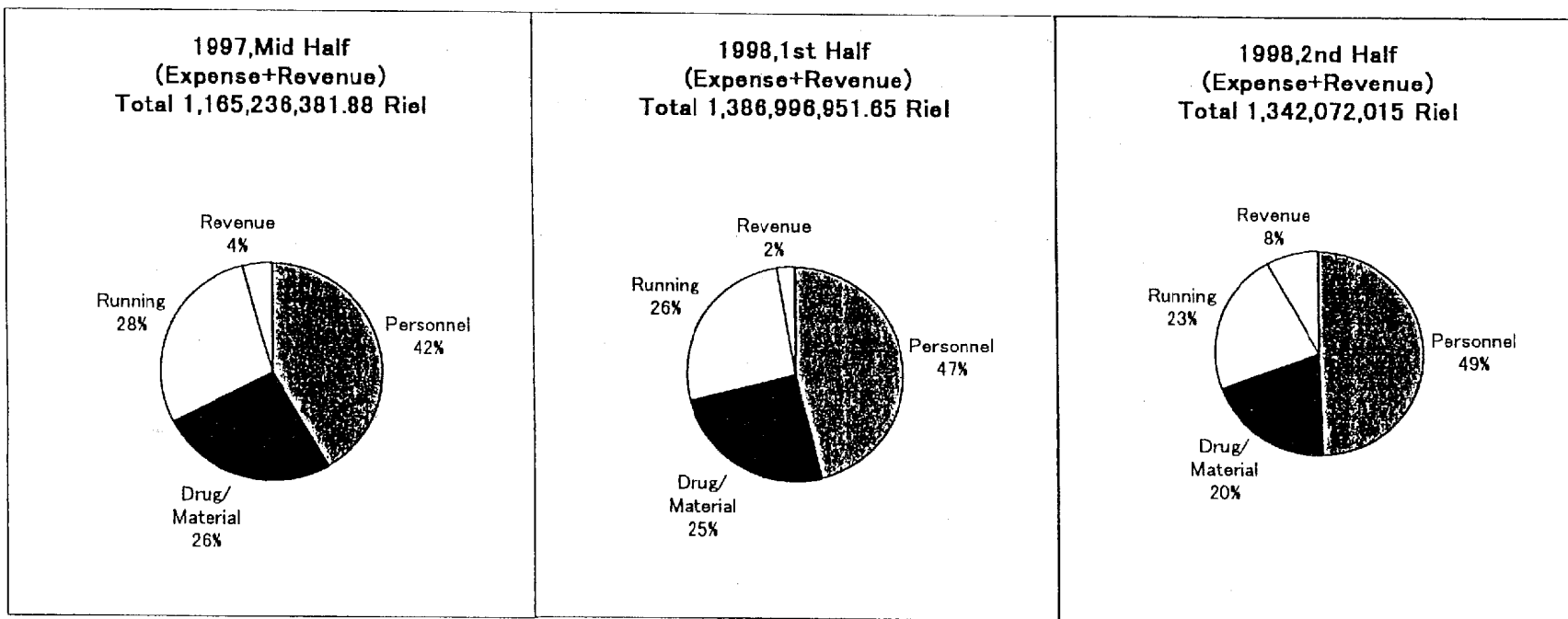


1998, 2nd Half (Income)

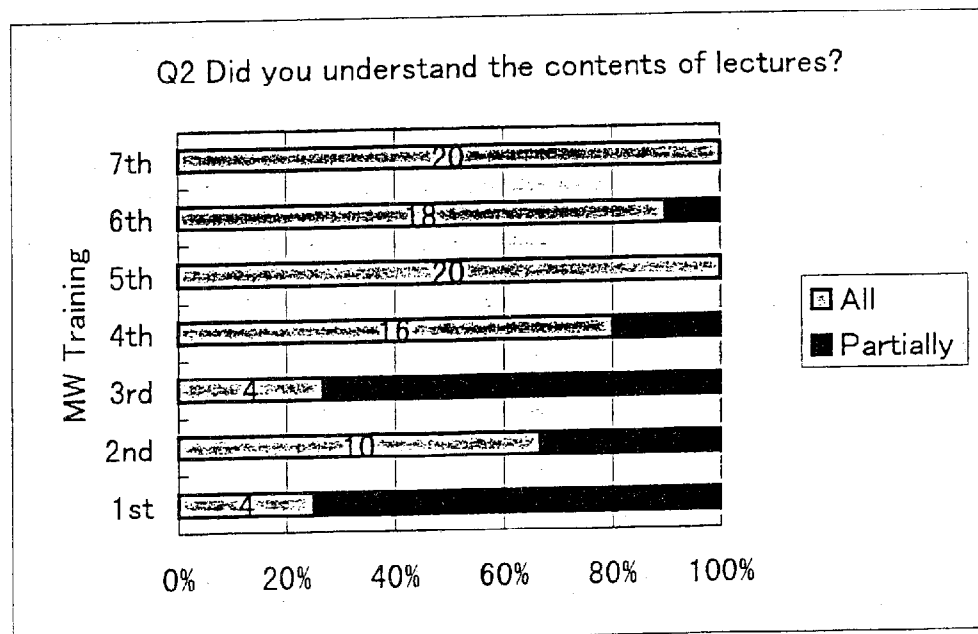
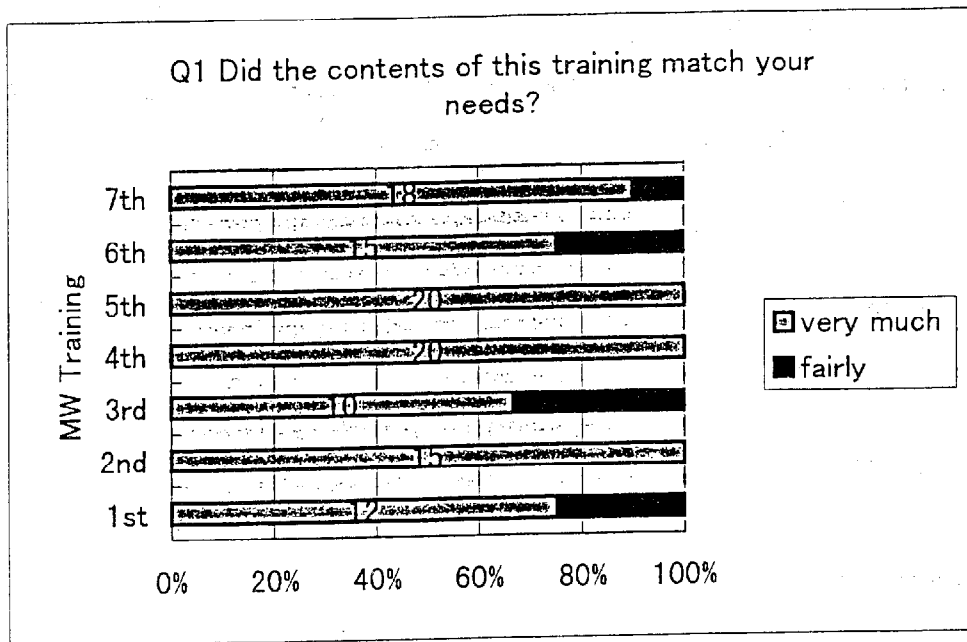
Total 1,342,072,015 Riel







Results of Post – Training Questionnaire



Results of the exit interview

A . OPD 51 Patients , April 2-7 , 1997

1. ANC - 27 Vaccination - 8 Gynecology - 2 Birth Spacing - 5 Echo - 6 X-ray - 2

2. Pay - 41 Non-pay (ANC more than 5 times) - 10

3. Were you demanded the money directory from the staff ?

Yes - 0 No - 51

4. What do you think about the price ?

Very expensive - 0 Relative expensive - 2 [Echo 10,000 R
Gy 4,000 R

Acceptable Price - 40 Cheap - 4 Very cheap - 5 (No pay)

5. Any problem ?

Yes - 8 Waiting time is to long - 5 Difficult to find the place - 3

6. Are the staff Kind ?

Very good - 0 Good - 51 Fair - 0 Bad - 0 Very bad - 0

7. Come again ?

Yes - 50 No - 0 I'm not sure - 1

B . In Patients - 46 , April 8-22 1997

1. Delivery - 20 Complication of pregnancy - 3 Abortion - 1 C/S - 8

Gynecology - 7 Cetopy - 4 Retension placenta - 1

2. Pay - 43 Not pay (yet ?) - 2 No answer - 1

3. Were you demanded ?

4. Price

Relatively expensive - 3 acceptable - 37 Cheap - 4

5. Food

Good - 16 Fair - 16 not eat yet - 14

6. Any problem ?

Yes - 7

Staff is not kind 1

Staff ask to clean the room 1

Staff don't educate other patients to keep clean toilet 1

Room is hot 3

Special room is expensive 1

7. Are the staff kind ?

Good - 45 Bad 1

8. Do you recommend this hospital to order people ?

Yes - 45 No - 0 I'm not sure - 1

Exit Survey Result

November - Decembre 1997

A. Out Patient Depaterment	Amount	Percentage
82 Interviewee come for		
Ante natal care	22	27%
Gynecology	12	15%
Baby fallow up	2	2%
Mother vaccination	3	4%
Dental	5	6%
Baby vaccination	8	10%
Birth spacing	5	6%
Laboratory	7	9%
Echography	5	6%
ECG	4	5%
Radio X-ray	9	11%
Total	82	
I Whether demanded		
demanded by staff	10	12%
not demanded by staff	72	88%
II Tarification		
Very expensive	5	6%
Expensive	3	4%
Acceptable	32	39%
Cheap	39	48%
Very cheap	3	4%
III Have a problem		
No problem	72	88%
Problem	10	12%
The problem were :		
Bad attitude	4	5%
Waiting long time	5	6%
Very difficult to find out staff	1	1%

IV Staff behavior		
Very good	0	0%
Good	26	32%
Appropriate	53	65%
Bad	3	4%
Very bad	0	0%
V Whether they come again		
want to come again	43	52%
No	4	5%
not sure	35	43%
B. Admission patient		
98 Interviewee come for		
Delivery	50	51%
Complicate during pregnancy	1	1%
Abortion	2	2%
Complication with post delivery	2	2%
Others	43	44%
I Whether demanded		
demanded by staff	5	5%
not demanded by staff	93	95%
II Tarification		
Very expensive	1	2%
Expensive	5	10%
Acceptable	30	63%
Cheap	12	25%
Very cheap	0	0%
III Food		
Very good	1	1%
Good	23	23%
Acceptable	66	67%
Bad (come to late)	4	4%
No answer (never test)	4	4%

IV Any problem with this center

No problem	92	92%
Problem	8	8%

V The problem were :

- Only one injection per day
- Bad attitude
- Drug provided too late
- Very difficult to find out staff

VI Staff behavior

Very good	4	4%
Good	80	82%
Aproprate	14	14%
Bad	0	0%
Very bad	0	0%

VII Whether come again

come again	90	92%
No	0	0%
not sure	8	8%

Propaganda

The patient can propagandize this hospital

Admission patient	90	92%	of 98 interviewers
OPD	43	52%	of 82 interviewers

The patient can not propagandize this hospital

Admission patient	8	8%	of 98 interviewers
OPD	4	5%	of 82 interviewers

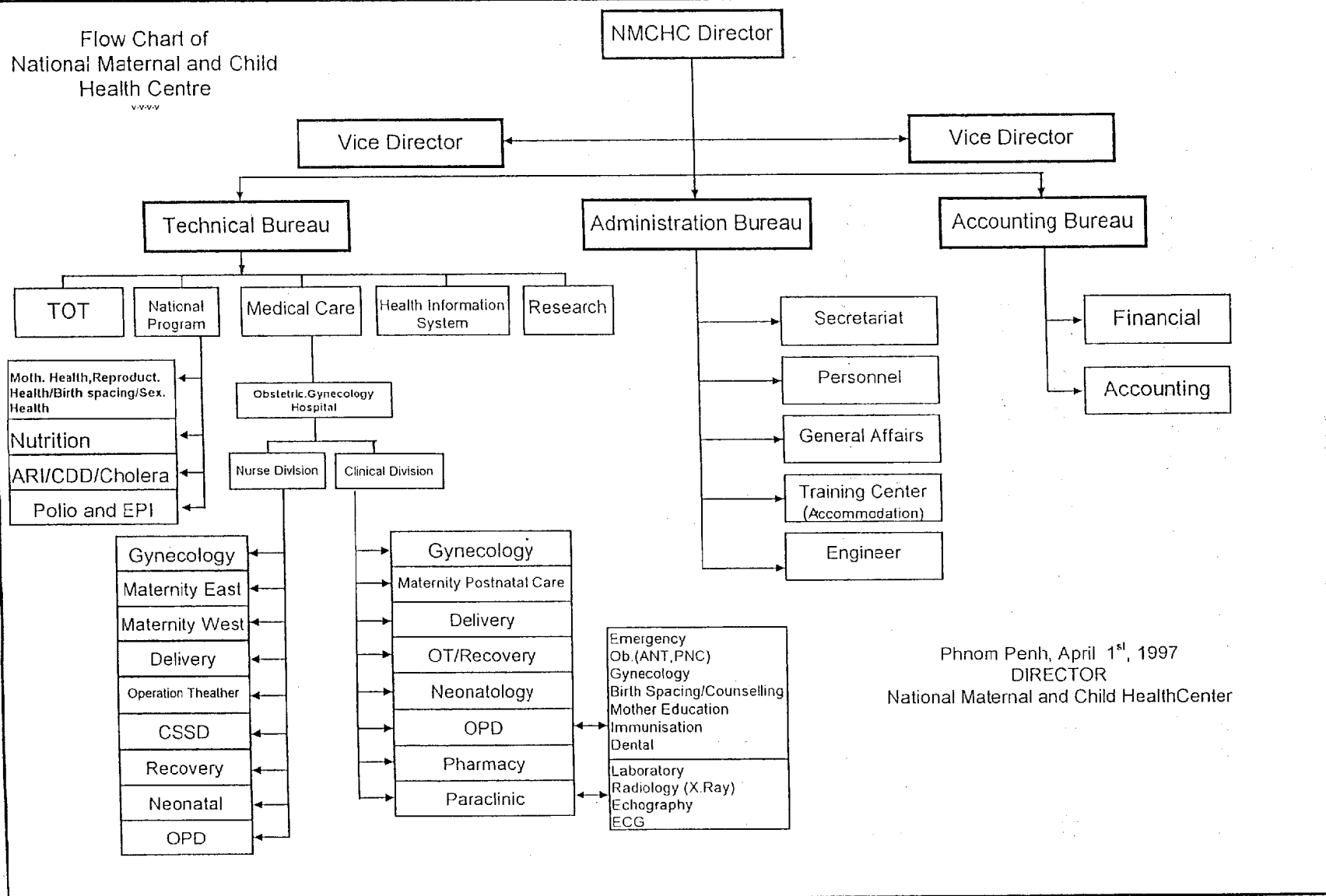
Suggestion

- Staff behavior and staff attitude should be change
- Medicine provision should follow prescription of doctor

Opinions from Clients in the Opinion Box

No.	Date	Contents					
		Under table money	Staff's bad attitude	Complaint on care	Suggestion to NMCHC	Request on service	Question to NMCHC ; Admiration
1	5-Jun-97	<input type="radio"/>					
2	28-Aug-97	<input type="radio"/>					
3	4-Sep-97				<input type="radio"/>		<input type="radio"/>
4	4-Sep-97					<input type="radio"/>	
5	4-Sep-97						<input type="radio"/>
6	11-Dec-97	<input type="radio"/>	<input type="radio"/>				
7	9-Jan-98						<input type="radio"/>
8	29-Feb-98	<input type="radio"/>					
9	29-Feb-98			<input type="radio"/>			
10	6-Mar-98				<input type="radio"/>		
11	13-Mar-98				<input type="radio"/>		
12	13-Mar-98		<input type="radio"/>				
13	19-Mar-98				<input type="radio"/>		
14	19-Mar-98			<input type="radio"/>			<input type="radio"/>
15	2-Apr-98	<input type="radio"/>	<input type="radio"/>				
16	30-Apr-98		<input type="radio"/>				
17	7-May-98		<input type="radio"/>				
18	15-May-98						
19	15-May-98				<input type="radio"/>		
20	15-May-98		<input type="radio"/>				
21	28-May-98		<input type="radio"/>				
22	4-Jun-98	<input type="radio"/>					
23	8-Jul-98		<input type="radio"/>			<input type="radio"/>	
24	8-Jul-98	<input type="radio"/>					
25	23-Jul-98		<input type="radio"/>				<input type="radio"/>
26	23-Jul-98		<input type="radio"/>				<input type="radio"/>
27	13-Aug-98						
28	3-Sep-98		<input type="radio"/>				
29	10-Sep-98				<input type="radio"/>		
30	10-Sep-98	<input type="radio"/>					
31	22-Oct-98		<input type="radio"/>				
32	19-Nov-98		<input type="radio"/>				
33	19-Nov-98	<input type="radio"/>					
34	19-Nov-98			<input type="radio"/>			
35	11-Dec-98		<input type="radio"/>				
36	21-Dec-98		<input type="radio"/>				
37	23-Dec-98					<input type="radio"/>	
38	23-Dec-98		<input type="radio"/>				
39	18-Feb-99	<input type="radio"/>		<input type="radio"/>			
40	18-Feb-99		<input type="radio"/>				
41	18-Feb-99	<input type="radio"/>					
42	18-Feb-99	<input type="radio"/>					
43	30-Mar-99		<input type="radio"/>				
44	30-Mar-99		<input type="radio"/>				
45	20-Apr-99				<input type="radio"/>		
46	24-May-99		<input type="radio"/>				
47	3-Jun-99		<input type="radio"/>				
48	3-Jun-99		<input type="radio"/>				
49	28-Jun-99		<input type="radio"/>		<input type="radio"/>		

Flow Chart of
National Maternal and Child
Health Centre



All Staff Meeting Record at NMCHC

The 1st Meeting: September 18, 1998 at 9:30 a.m.

Agenda (see the Steering Committee Minutes)

The 2nd Meeting: October 28, 1998 at 9:30 a.m.

Agenda ⇔ the problem of corruption

The 3rd Meeting: April 27, 1999 at 2 p.m.

Agenda ⇔ Report about each section's activities

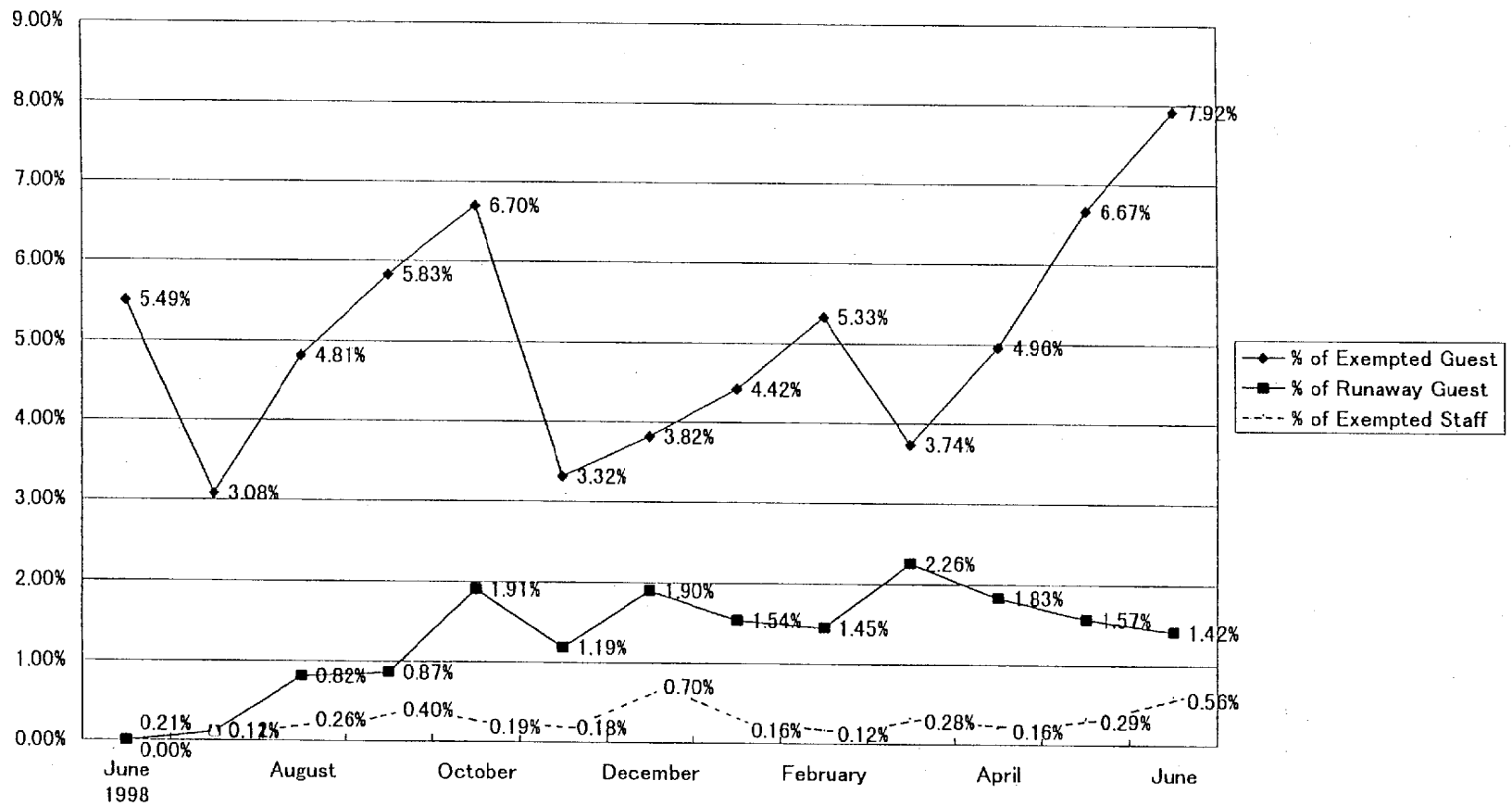
The 4th Meeting: July 27, 1999 at 2 p.m.

Agenda ⇔ Introduction of Regulations

LIST PERSONNEL IN ACTION 31 JULY 1999

N°	SERVICES	GOVERNMENT STAFF														Temporary		Grand Total	
		Doctor	Pharmac.	Finan	Dentis	Med.Ast	Mid.II	Nur.II	Labo.II+I	Nour.I+II	Nur.I	Staff.off.I+II	Mecan.Elec	Driver	Worker	TOTAL	National Budget		Use fee
1	Committee Director	3														3			R E C E I V E D U S E F E E
2	Administration Bur.					3		3			1		2	5	7	21	18	6	
3	Technic Bureau	2				2	3	6			1					14		1	
4	Accounting Bureau		2	2				5			1	3				13		1	
5	Pharmacie		2					4			1					7			
6	OPD	10			2	6	21	4		2	3				1	49	1		
7	Maternity	7				2	26								3	38		4	
8	Delivery	4					25								2	31			
9	Gynecologie	5				2	11				1				1	20	2		
10	Neonatal	7				4		14								25			
11	Paraclinique	3	3			1		6	9		1					23			
12	OT	7				2		22			17				1	49	2		
13	Program.IRA,CDD,Cholera	5						2								7			
14	Program.Nutrition	1					1	2								4			
15	Program.MCH	2				1										3			
16	Holi.Post Partum															0			
	Sub.Total(Recei. Use Fee)	56	7	2	2	23	87	68	9	12	26	13	2	5	15	307	23	12	342
17	Program.RH/BS/S.H	2					6									8			User Fee
18	Polio Eradication	2	4			1		5			1			4		17			
19	EPI	2	2			2	1	6				1		6		20			
20	Study (CES+Japan)	4				1	1	2								8			
21	Sick							1								1			
22	Disponible	6	1			7	22	11	1	1	2	1			2	54			
	Sub.Total(NotRe. Use Fee)	16	7			17	30	25	1	1	3	2		10	2	108			108
	Grand Total	72	14	2	2	34	117	93	10	13	29	15	2	5	17	415	23	12	450

Exemption Rate in the NMCHC



BIOMEDICAL EQUIPMENT (PROVIDED BY JICA)
UTILIZING RATE IN NMCHC, AS OF 1999

	NAME OF DIVISION	QTY. OF EQUIPMENT	FAIRLY UTILIZED	NOT UTILIZED		UTILIZING RATE (%)	
				DEFECTIVE *	OTHERS **	AMOUNT BASIS	QTY. BASIS
FOR EACH DIVISION	CSSD	2	2	0	0	100.0%	100.0%
	DELIVERY	22	22	0	0	100.0%	100.0%
	DENTAL	1	1	0	0	100.0%	100.0%
	EMERGENCY	5	5	0	0	100.0%	100.0%
	GYNECOLOGY	7	6	0	1	92.7%	85.7%
	ICU	2	2	0	0	100.0%	100.0%
	LABORATORY	21	15	0	6	37.7%	70.0%
	MATERNITY (W/E)	16	16	0	0	100.0%	100.0%
	NCU	22	19	0	3	94.5%	86.4%
	OPD	18	18	0	0	100.0%	100.0%
	OT, RECOVERY	22	22	0	0	100.0%	100.0%
	PHARMACY	2	2	0	0	100.0%	100.0%
	ECG, X-RAY, ECHO	9	9	0	0	100.0%	100.0%
	VACCINATION	2	2	0	0	100.0%	100.0%
	M. STORE	3	0	0	3	--	--
FOR WHOLE DIVISION	TYPE OF PROVIDING					(\$ 1,001,203/ 48,751)	
	GRANT AID, 1993	33	27	0	6	79.0% (\$ 112,633/ 23,684)	81.8 %
	GRANT AID, 1996	87	85	0	2	97.6% (\$ 782,275/ 18,641)	97.7 %
	TECHNICAL COOPERATION	31	26	0	5	93.7% (\$ 101,303/ 6,426)	83.9 %
	ACCOMPANIED EQUIPMENT	3	3	0	0	100.0% (\$ 4,992/ 0)	100.0%
TOTAL		154	141	0	13	95.1 %	91.6 %

* DEFECTIVE : Equipment itself has been defected.

** OTHERS : Due to the shortage of accessories, or to the technical problem for use.

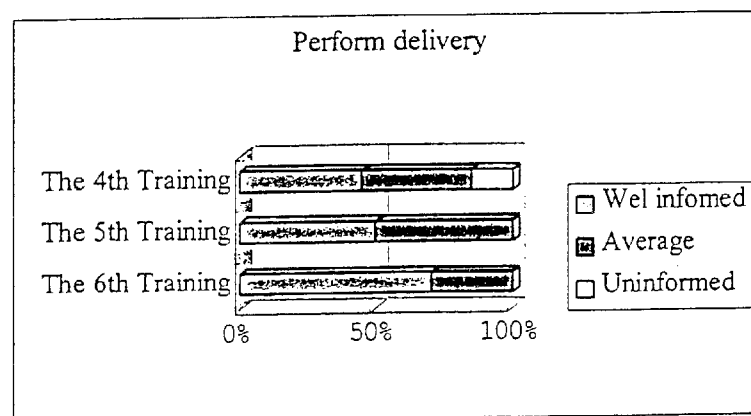
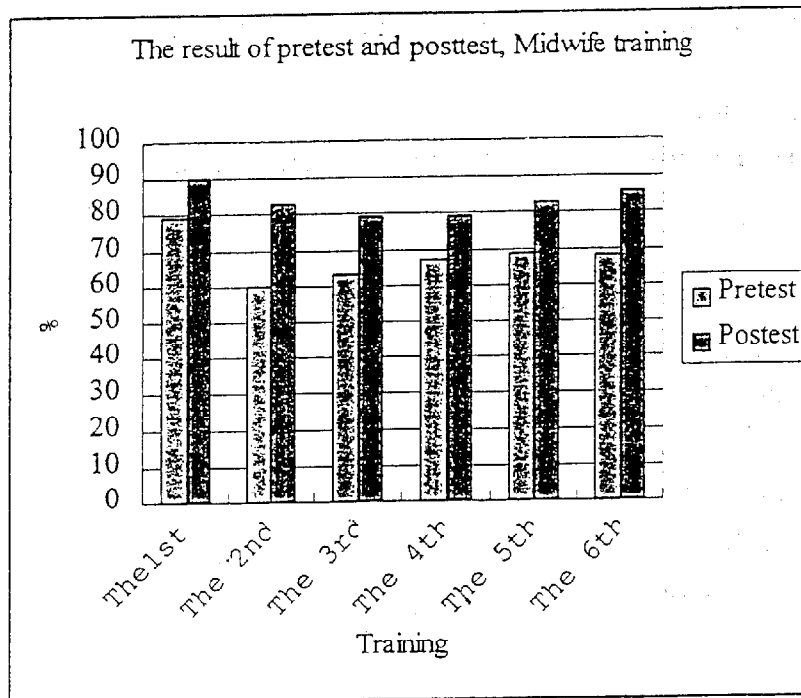
BIOMEDICAL EQUIPMENT (PROVIDED BY JICA)
UTILIZING RATE IN NMCHC, AS OF 1998

	NAME OF DIVISION	QTY. OF EQUIPMENT	FAIRLY UTILIZED	NOT UTILIZED		UTILIZING RATE (%)	
				DEFECTIVE *	OTHERS **	AMOUNT BASIS	QTY. BASIS
FOR EACH DIVISION	CSSD	2	2	0	0	(\$ 114,516)	
	DELIVERY	17	17	0	0	(\$ 131,390)	
	DENTAL	1	1	0	0	(\$ 23,533)	
	EMERGENCY	5	5	0	0	(\$ 12,193)	
	GYNECOLOGY	7	6	0	1	(\$ 18,125)	
	ICU	2	2	0	0	(\$ 20,100)	
	LABORATORY	20	11	1	8	(\$ 56,552)	
	MATERNITY (W/E)	16	16	0	0	(\$ 39,427)	
	NCU	21	18	0	3	(\$ 82,835)	
	OPD	15	15	0	0	(\$ 43,313)	
	OT, RECOVERY	17	17	0	0	(\$ 171,063)	
	PHARMACY	2	2	0	0	(\$ 1,237)	
	ECG, X-RAY, ECHO	8	7	0	1	(\$ 176,517)	
	VACCINATION	2	2	0	0	(\$ 1,484)	
	M. STORE	3	0	0	3	(\$ 2,526)	
FOR WHOLE DIVISION	TYPE OF PROVIDING					(\$ 894,811/ 70,977)	
	GRANT AID, 1993	29	22	1	6	60.5% (\$ 103,685/ 40,918)	75.9 %
	GRANT AID, 1996	80	76	0	4	97.1% (\$ 689,860/ 20,325)	95.0 %
	TECHNICAL COOPERATION	26	23	0	3	95.1% (\$ 96,274/ 4,742)	88.5 %
	ACCOMPANIED EQUIPMENT	3	0	0	3	0% (\$ 4,992/ 4,992)	0
TOTAL		138	121	1	16	91.9 %	87.7 %

* DEFECTIVE : Equipment itself has been defected.

** OTHERS : Due to the shortage of accessories, or to the technical problem for use.

The result of clinical practice in Midwife training



1. TOT in the NMCHC

August 24 - September 9, 1998

MW Trainers' Training

30 Midwives participated.

August 16 - 27, 1999

Doctor Trainers' Training

8 Doctors will participate in.

2. Oxygen Concentrator Training Workshop

January 26 and 27, 1999

From 19 Provinces, 38 participants attended.

3. MCH Symposium

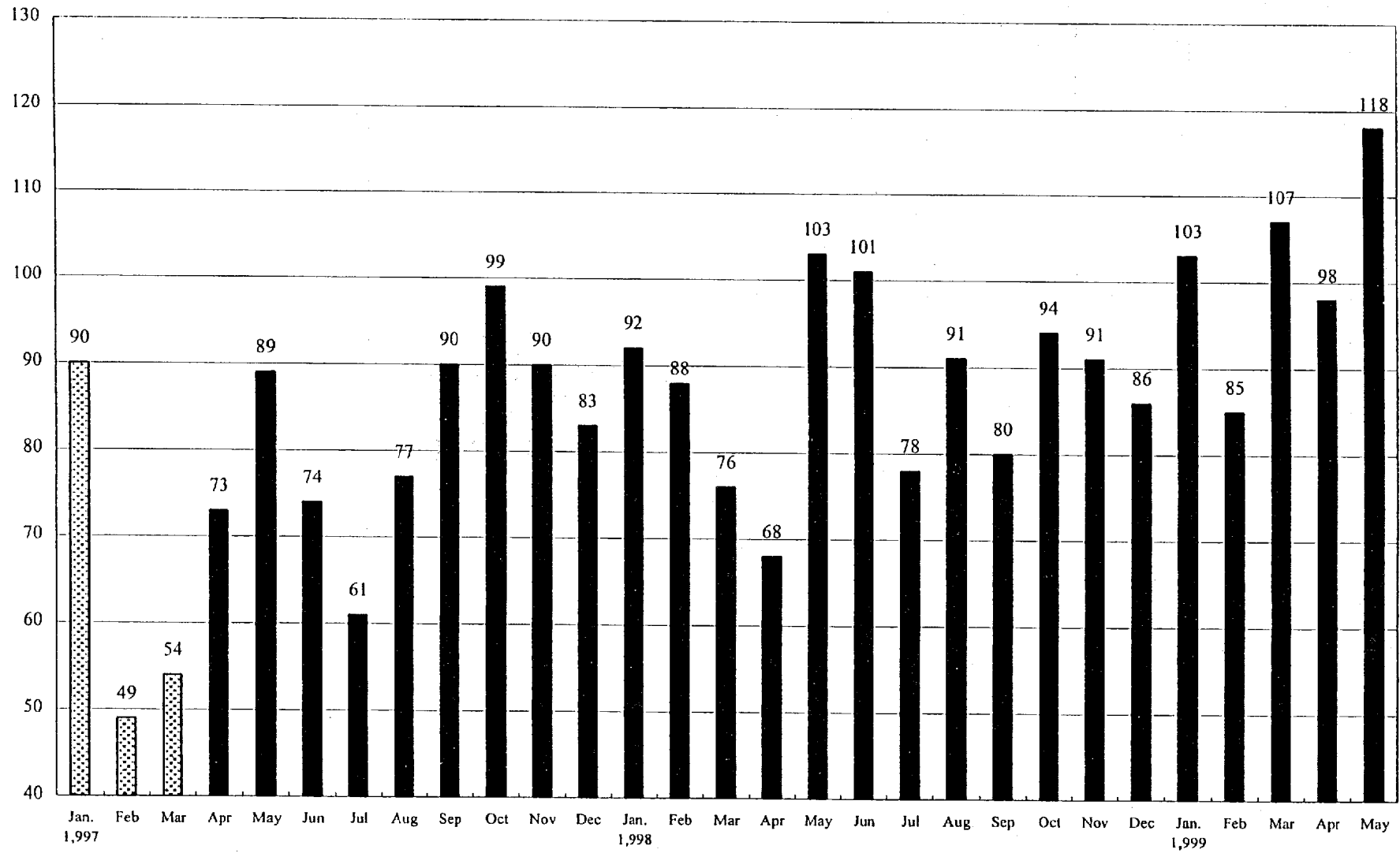
June 12 and 13, 1997

176 participants attended.

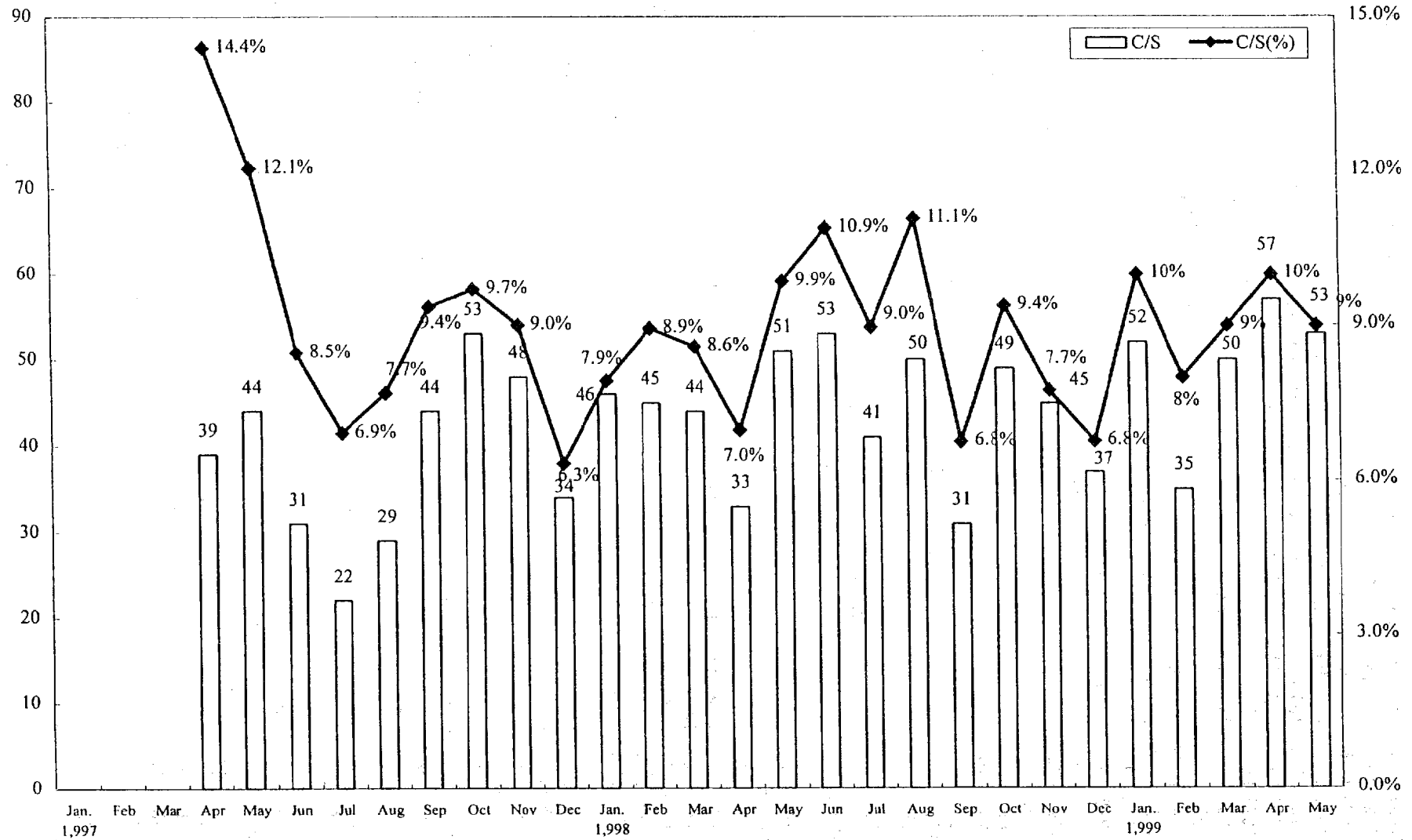
Number of Participants in Doppler Training

Training Period	Province	Number of District	Number of Participants
Aug. 25, 1997	Prey Veng	6	12
Aug. 25, 1997	Takeo	5	10
Aug. 26, 1997	Prey Veng	6	12
Aug. 26, 1997	Takeo	4	7
Aug. 27, 1997	Kampong Cham	8	16
Aug. 27, 1997	Phnom Penh	8	16
Aug. 28, 1997	Kampong Cham	8	16
Aug. 28, 1997	Kandal	5	20
Aug. 29, 1997	Kampong Speu	8	14
Aug. 29, 1997	Kampong Chhnang	7	13
Aug. 30, 1997	Svay Rieng	7	14
Feb. 22, 1999	Battambang	11	22
Feb. 23, 1999	Banteay Meanchey	9	18
March 1, 1999	Kampong Thom	8	16
March 3, 1999	Siem Reap	14	28
March 29, 1999	Kampot	7	14
March 29, 1999	Kep	1	2
March 30, 1999	Koh Kong	8	15
March 30, 1999	Sihanouk Ville	2	4
March 31, 1999	Pursat	5	10
March 31, 1999	Kartie	4	8
March 31, 1999	Kampot	1	2
May 4, 1999	Stung Treng	5	10
May 11, 1999	Rattanakiri	10	20
December, 1999	Mondulkiri	6	12
Total	22	163	331

OT(total operation)



C/S 1997-1999



Date	Department	Case presentation	Lecture	No.attenc
1997.9.26	No	<MD/MA meeting>		35
1997.10.3	No	<MD/MA meeting>		
1997.10.10	Anesthe	Eclampsia		
1997.10.16	NCU	Normal newborn baby(lecture type)		
1997.10.24	MD/MA m.	Each service presentation		
1997.11.6	Yes	?		
1997.11.7	MD/MA m.	Each service presentation		36
1997.11.19			Eclampsia(Anderson)	
1997.11.28	No			
1997.12.19	Anesthe	Anesthesia for obstetrics		
1998.1.2				
1998.1.8	NCU	Apgar score		
1998.1.16		Chriocarcinome		
1998.2.20			Oxytocin use(Kanal)	
1998.3.6				
1998.3.13				
1998.3.20				
1998.3.27	Deliv	Prolonged labour		
1998.4.3	Mat	Retain of placenta		27
1998.4.10				
1998.4.17				
1998.4.24	BS	Norplant, Implant		39
1998.5.1				
1998.5.8				
1998.5.15				
1998.5.22				
1998.5.29				18+4
1998.6.5	Anesthe?	Larhyngospasm	Urogravity(Akashi)	
1998.6.12	NCU	Routine evaluation		
1998.6.19	Mat	Partograph		31
1998.6.26	Gyne	C/S case		34+11
1998.7.3	Gyne	Fibroma uteri		27+9
1998.7.10				
1998.7.17	Mat	Ectopic pregnancy		25+10
1998.7.24	Echo			
1998.7.31				
1998.8.7				34+8
1998.8.14			(Glen)	30+21
1998.8.21	Gyne	C/S case		
1998.8.28		Mole, Choriocarcinoma postponed	Baby examination(video)	20+13
1998.9.6	OPD			
1998.9.11	NCU			
1998.9.18	No	<All staff meeting>		
1998.9.25				
1998.10.2	No	<IEC meeting>		
1998.10.9	Mat			26
1998.10.16	Yes	?		26+12
1998.10.23	No	<Holiday>		
1998.10.30	No	<King's birthday>		
1998.11.6	No	<Few attendants>		
1998.11.13				
1998.11.20			Cytotec(Prostaglandin)(Fujita)	
1998.11.27				
1998.12.4				
1998.12.11	Mat	Cardiopathy+pregnant(CES)		

* + : students no.

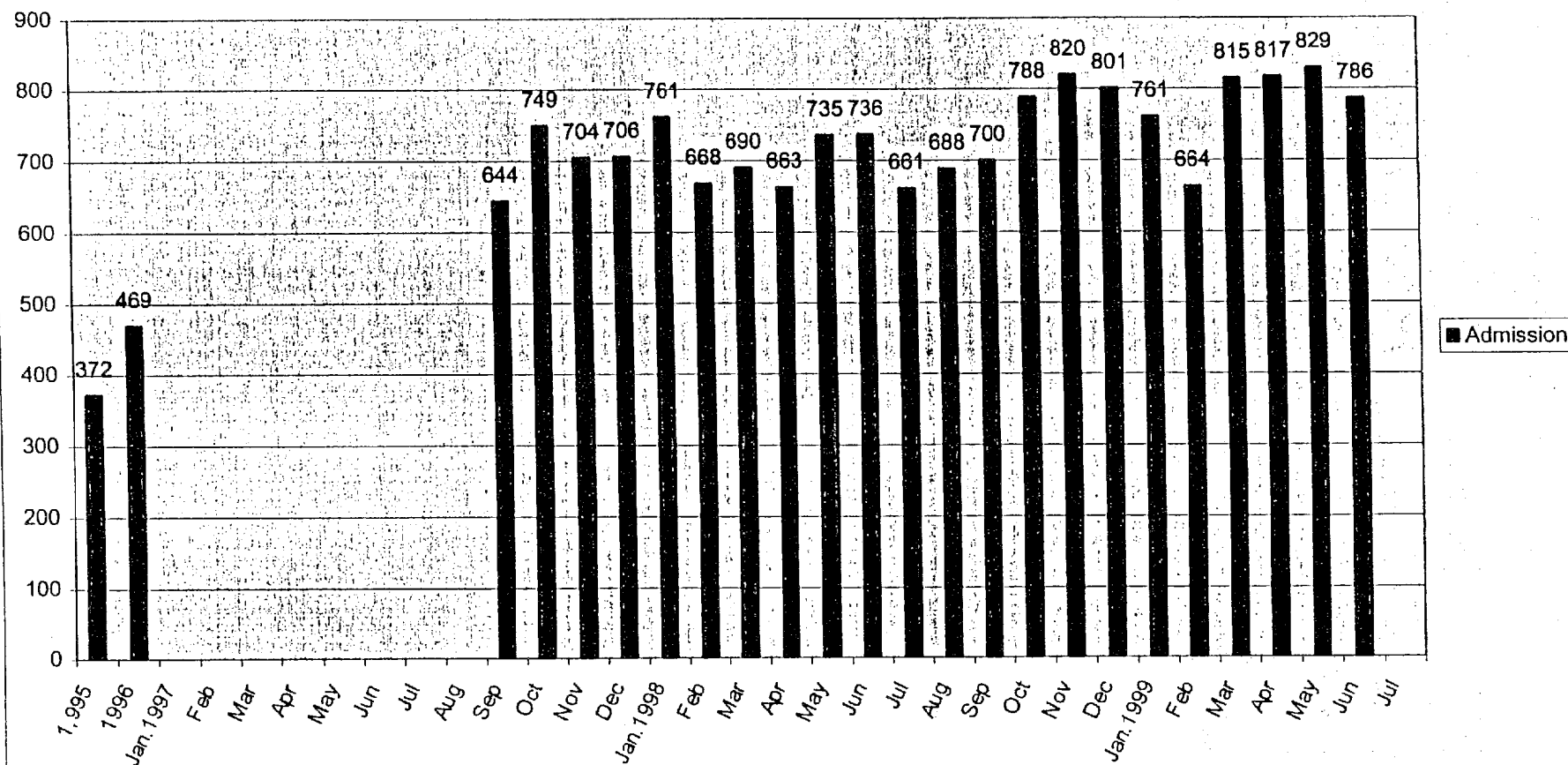
1998.12.18					
1998.12.25					
1999.1.1	No	<New year>			
1999.1.8			Mg sulfate use(Fujita)		
1999.1.15					
1999.1.22		random present (by CES)			
1999.1.29	Mat	Placenta previa			
1999.2.5	Gyne	Myome		31+15	
1999.2.12	OPD	ANC			
1999.2.19	Deliv	Normal deliv. Care			
1999.2.26					
1999.3.5					
1999.3.12					
1999.3.19					21
1999.3.26			Dystocia(Indian)		
1999.4.2					
1999.4.9	No	<Few attendants>			
1999.4.16	No	<Khmer New year>			
1999.4.23	Mat	Placenta previa	Eclampsia(Indian)		
1999.4.30	No	<Steering>			
1999.5.7	Mat	oxytocin use			
1999.5.14	Gyne	Ovarian cyst			
1999.5.21	Mat	Toxemia			
1999.5.28	Anesthe	Cardiopathy+pregnancy			
1999.6.4	Mat	Death case			
1999.6.11	No	<Holiday>			
1999.6.18					
1999.6.25	Para	Echo		36+4	
1999.7.2	OPD	OPD cases			
1999.7.9	No	<Safe Motherhood Session>			
1999.7.16	Deliv	CTG monitor usefulness	Breast cancer(Akashi)		
1999.7.23	Gyne	Post-ope infection	Breast cancer(Akashi)	24	

New Diagnosis and Treatment Procedure List

New Technology	Date of Introduction	Purpose
Fetal doppler	1996?	Diagnosis
Neonate incubator	1996?	Treatment
Spinal anesthesia	1996?	Treatment
CTG monitor	1997,4	Diagnosis
Electric knife	1994,4	Treatment
Abdominal Echo	1998,10	Diagnosis
Fetal measurement by Echo	1998,12	Diagnosis
Prostaglandin intra-vaginal	1999,1	Treatment
Magnesium sulfate	1999,1	Treatment
Labo new tests	1999,4	Diagnosis

Number of Admission Patient per month

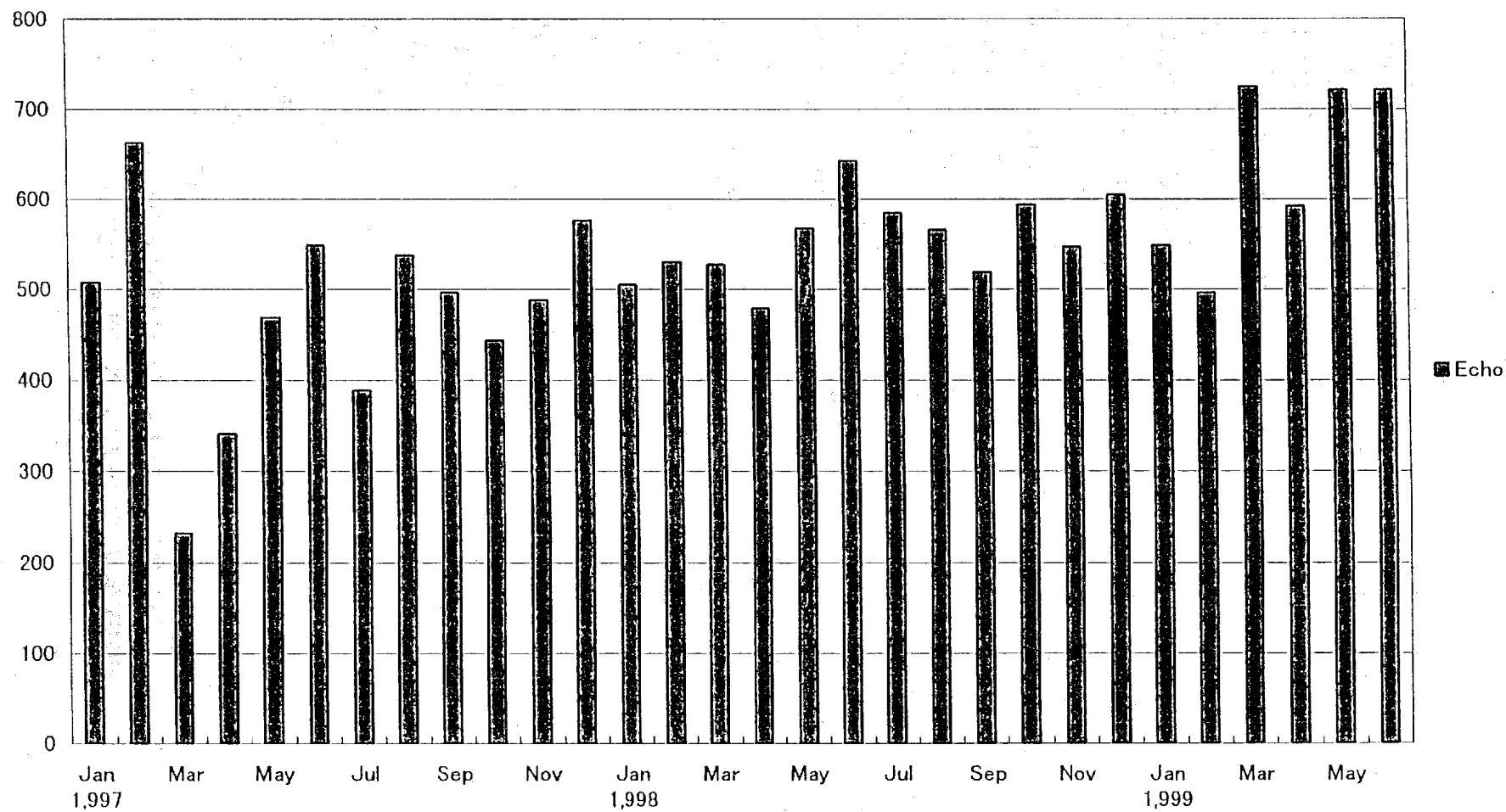
(1995 & 96 data are annual average.)



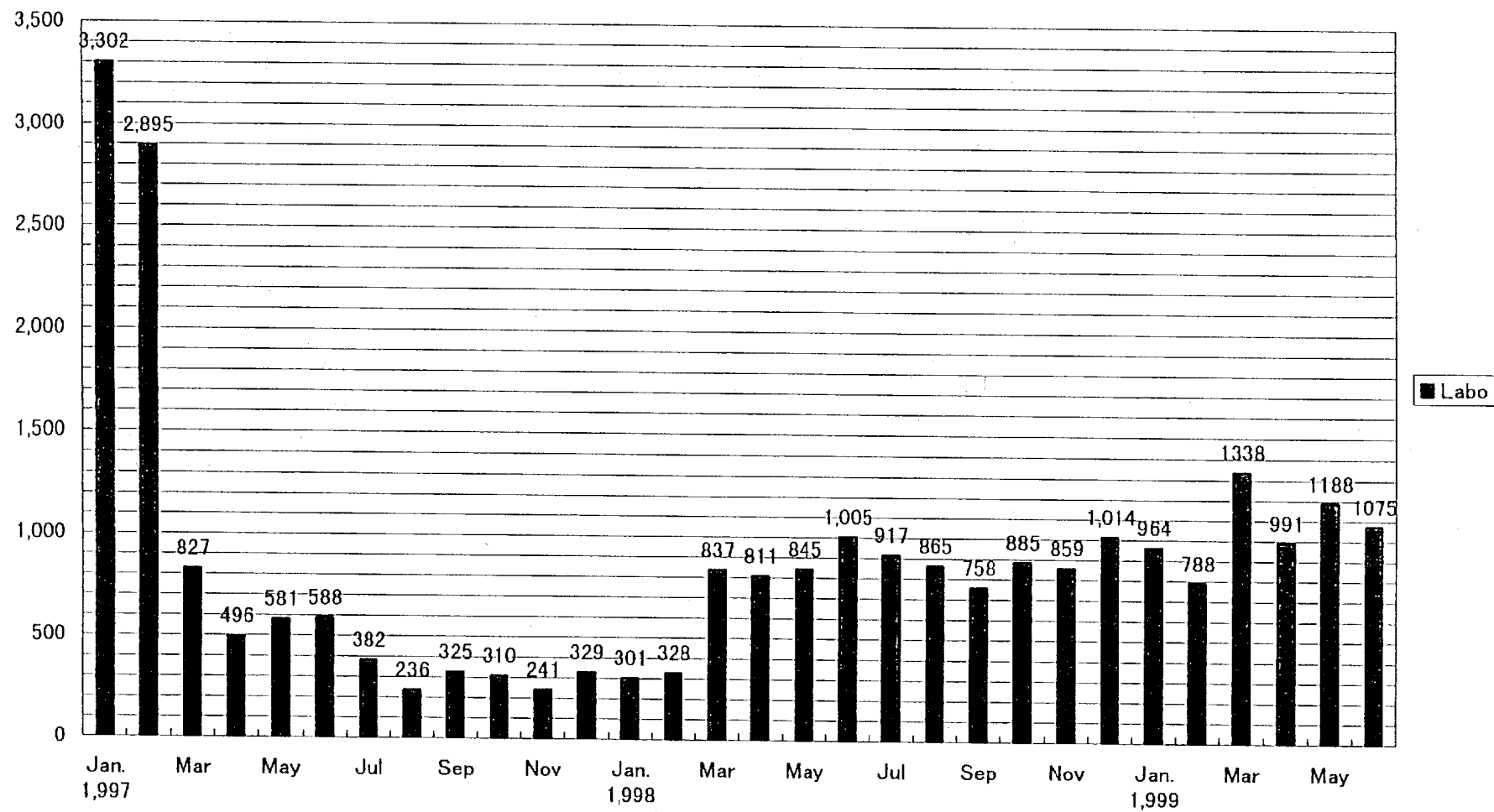
**Regular conference of each ward
In Nursing Division**

Ward	Schedule	Staff	Contents
Maternity East	Every Monday Morning	Midwives	*Information from chief *Discuss about problem
Maternity West	Every Monday Morning	Midwives	*Information from chief *Discuss about problem
Maternity East & West	Every Thursday Morning	Chief and Vice chief of Doctor & Midwife	*Exchange opinion each other *Discuss about problem
Gynecology	Every Morning	Doctors & Midwives	*Information from chief *Discuss about problem *Information sever cases

Echography Activities in the NMCHC



Laboratory Activities in the NMCHC



Activity of Laboratory

		Jan. 1998	Jul. 1999	comment
1.Hematology	WBC	○	○	
	Ht		○	repair of a centrifuge
	Hb.		○	
	Diff.	○	○	revise of method
	ESR	○	○	revise of method
	Bleeding time, Clotting time	○	○	revise of method
2.Others for blood	Maralia	○	○	revise of method
	Blood grouping ABO&Rh	○	○	
3.Urinalysis	Protein / Glucose	○	○	
	Sedimentation	○	○	revise of method
4.Others	Pregnancy test (hCG)	○	○	change of reagent
5.Serology	RPR for syphilis		○	initiate
	Widal test for typhi	○	○	revise of method
	HIV1/2-Ab for AIDS		○	initiate
	HBs-Ab		○	initiate
6.Parasitology	Ovum, ameba and parasite in stool	○	○	
7.Blood transfusion		○	○	

Supervision Activities Supported by JICA in Fiscal Year 1996

Date of visit	Province	Supervisor
October 1-6, 96	Battam Bang & Banteay Meanchey	Dr. Or Sivarin Dr. Hem Yen MA. Keo Sao
October 16-17-18, 96	Municipality	Dr. Tan Vouch Chheng Dr. Sar Polin Dr. Tung Rathavy Mr. Keo Sao Mr. Bun Sovan (driver)
December 17-20, 96	Kampong Speu & Kandal	Dr. Tung Rathavy Dr. Hem Yen Mr. Keo Sao Ms Ou Chuop Thida
December 16-21, 96	Prey Veng & Svay Rieng	Dr. Or Sivarin Dr. Ou Kevanna Ms Khim Samrech Mr. Mut Rim Mr. Bun Sovan (driver)
December 25-27, 96	Sihanuk Ville	Dr. Or Sivarin Dr. Hem Yen Ms Khim Samrech Mr. Keo Sao Mr. Bun Sovan (driver)
January 20-24, 97	Koh Kong	Dr. Ouk Poly Dr. Ou Kevanna MA. Keo Sao
January 20-25, 97	Takeo, Kampot & Kep	Dr. Or Sivarin Dr. Bun Chan Than Mr. Touch Dara Ms Oum Chan Than
	Kampong Chhnang Pursat	Dr. Tung Rathavy Dr. Hem Yen MA. Muth Rin Ms Pa Yekhun Mr. Bun Sovan (driver)

Date of visit	Province	Supervisor
February 10-13, 97	Kratie	Dr. Or Sivarin Dr. Kang Phannary Dr. Ou Kevanna MA. Much Rin
February 10-15, 97	Kampong Cham & Kampong Thom	Dr. Sar Polin Dr. Hem Yen MA. Keo Sao Ms Khim Samrech Mr. Bun Sovan (driver)
March 5-8, 97	Siem Reap	Dr. Tiv Say Dr. Hem Yen MA. Much Rin Ms Ou Chuop Thida
March 10-13, 97	Stung Treng	Dr. Or Sivarin Dr. Ou Kevanna Dr. Kang Phannary MA. Norng Mech

Supervision Activities Supported by JICA in Fiscal Year 1997

Date of visit	Province	Supervisor
May 21-24	Banteay Meanchey	Dr. Tung Rathavy Dr. Chhiv Saphet MA. Keo Sao Ms Oum Chan Than

Supervision activities in 1998 supported by JICA

Date of visit	Province	District	Supervisor
May 12	Takeo	Tram Kak	Ms. Pa Yek Hun Ms Aing Sareth Ms Sann Vanna Ms Y Ngin Eng Ms Uong Kab
May 13		Bati	Ms Ouk Chantha Ms Ching Chan Tach Ms Chhe Sary Ms Khoeun Vimean Ms Pov Sokha
June 16	Prey Veng	Kampong Trabek	Dr. Lao Sunthareth Ms Ouk Chantha
June 17		Kamchay Mear	Ms Moa Yim Mr. Kim Phorn (driver)
June 22 June 23-24	Kampong Cham	Kampong Siem Prey Chhor	Dr. Priak Somaly Ms Ou Saroeun
June 25	Kampong Thom	Baray	Ms Uong Kab Mr. Bun Savan (driver)
July 6	Battam Bang	Mong Reusey	Mr. Dek In
July 7	Pursat	Krakor	Ms Aing Sareth
July 9-10		Sampov Meas Operational Pursat	Pao Sokha Mr. Bun Sovan (driver)
November 23	Koh Kong	Sre Ambel	Dr. Hem Yen
November 24-25	Kampong Speu	Cbramorn Phnom Srouch	Ms Ouk Chantha Sann Vanna
November 26	Kampong Chhnang	Kampong Tralach	Mr. Bun Sovan (driver)
November 27		Rolea Phaier	
November 28		Operational K. Chhnang	
Nov. 30	Municipality Ph. Penh	Dangkor	Dr. Tan Vouch Chheng
December 1		South Operational	Dr. Ket Ly Sotha
December 2	Kandal	Ksach Kandal	Ms Y Ngin Eng
December 3		Lavear Em	Ms Soun Vanna Mr. Bun Sovan (driver)

Date of visit	Province	District	Supervisor
December 8	Kep Town		Dr. Prak Somaly
December 9	Kampot	Operational Chhouk	Ms Aing Sareth Ms Uong Kab Mr. Bun Sovan (driver)
December 14	Banteay Meanchey	Phnom Srok	Dr. Or Sivarin
December 15		Svay Chek	Ms Ching Chan Tach
December 16	Siem Reap	Siem Reap	Ms Deng Kheang
December 17		Chi Kreng Sot Nikom	Mr. Bun Sovan (driver)
December 21	Svay Rieng	Svay Chrum	Dr. Chhin Lan
December 22		Romeas Hek	Mr. Krouch Sary
December 23		Svay Chrum	Ms Mao Yim Mr. Bun Sovan
December 28	Kratie	Kratie	Dr. Or Sivarin
December 29		Chhlong	Ms Ching Chan Tach
December 30		Sambo	Ms Deng Kheang

Evaluation for Supervision Sheet

Health Center _____ Name of evaluate _____ Date _____

No. of ANC (average/month)		Knowledge of ANC	Use of White card (yes/no)	Activity of MC (yes/no)	Activity of BS (yes/no)	No. of Delivery (average /month)	
Home	HC					Home	HC
		*					

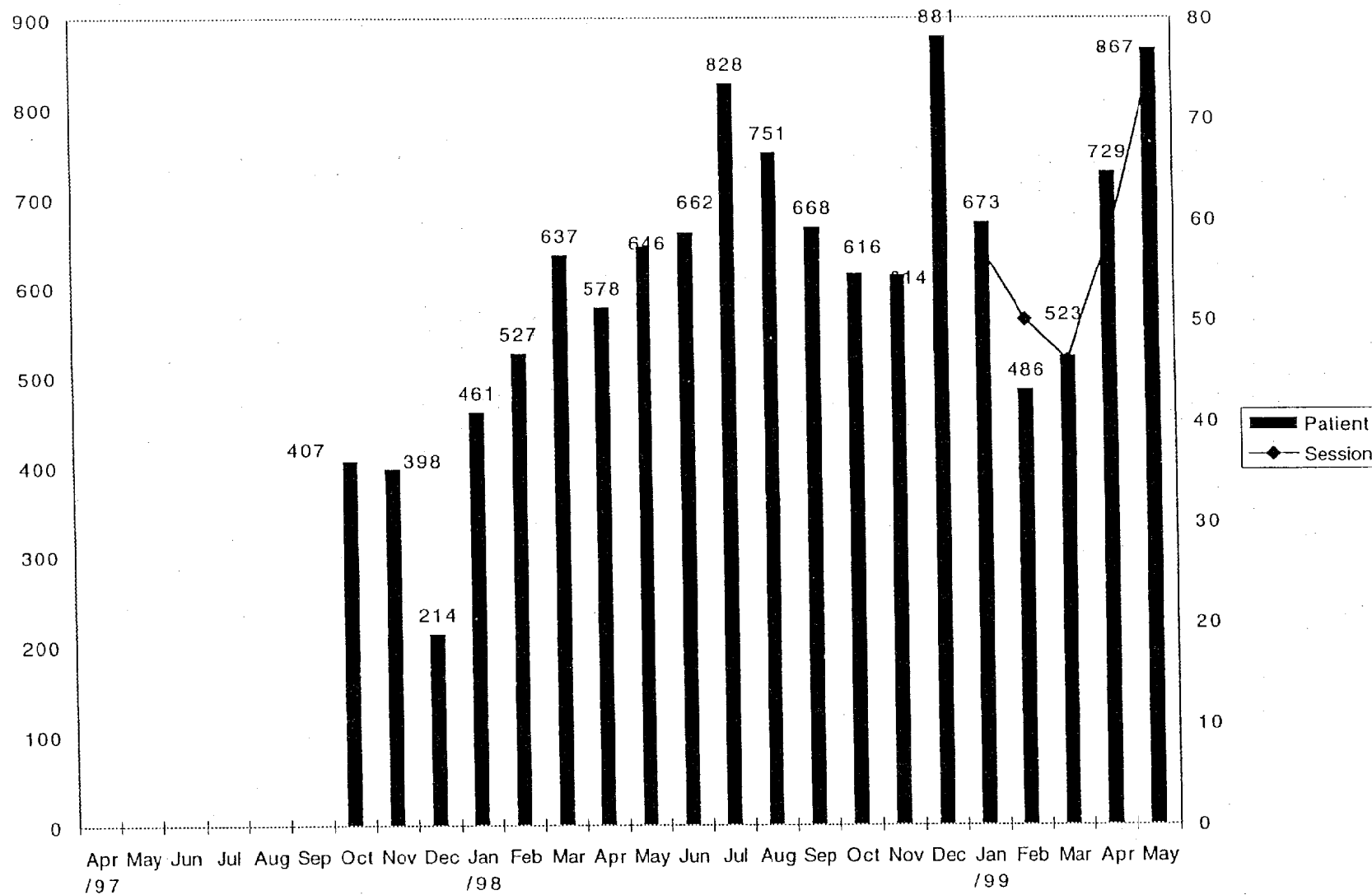
Use Partograph (yes/no)	Knowledge of Delivery	Knowledge of New born Care	Knowledge of Check of Placenta	Knowledge of Postpartum	Knowledge of Breast Care
	*	*	*	*	*

Check point for evaluation (Check column and calculate %)

- *Knowledge of ANC ☐ 1. Know about Frequency of visit
☐ 2. Check presentation by palpation
☐ 3. Check FHR
☐ 4. Give personal advice
☐ 5. Can evaluate normal or not (should referrer or not) _____ %
- *Knowledge of delivery ☐ 1. Check presentation by palpation & listen FHR
☐ 2. Check contraction and the stage of labor
☐ 3. Can do internal examination
☐ 4. If any problem can call physician. _____ %
- *Knowledge of newborn care ☐ 1. Keep warm baby
☐ 2. Secure Respiration
☐ 3. Clamp and cut umbilical cord cleanly _____ %
☐ 4. Check Apgar Score
- *Knowledge of check placenta
☐ 1. Check placenta
☐ 2. Check membrane _____ %
- *Knowledge of postpartum
☐ 1. Check bleeding (lochia)
☐ 2. Check uterus involution (Check fundus) Check
☐ 3. Check Vital signs _____ %
☐ 4. Check urine
- *Knowledge of Breast Care
☐ 1. Check breast or not
☐ 2. Know about care for abnormal breast _____ %

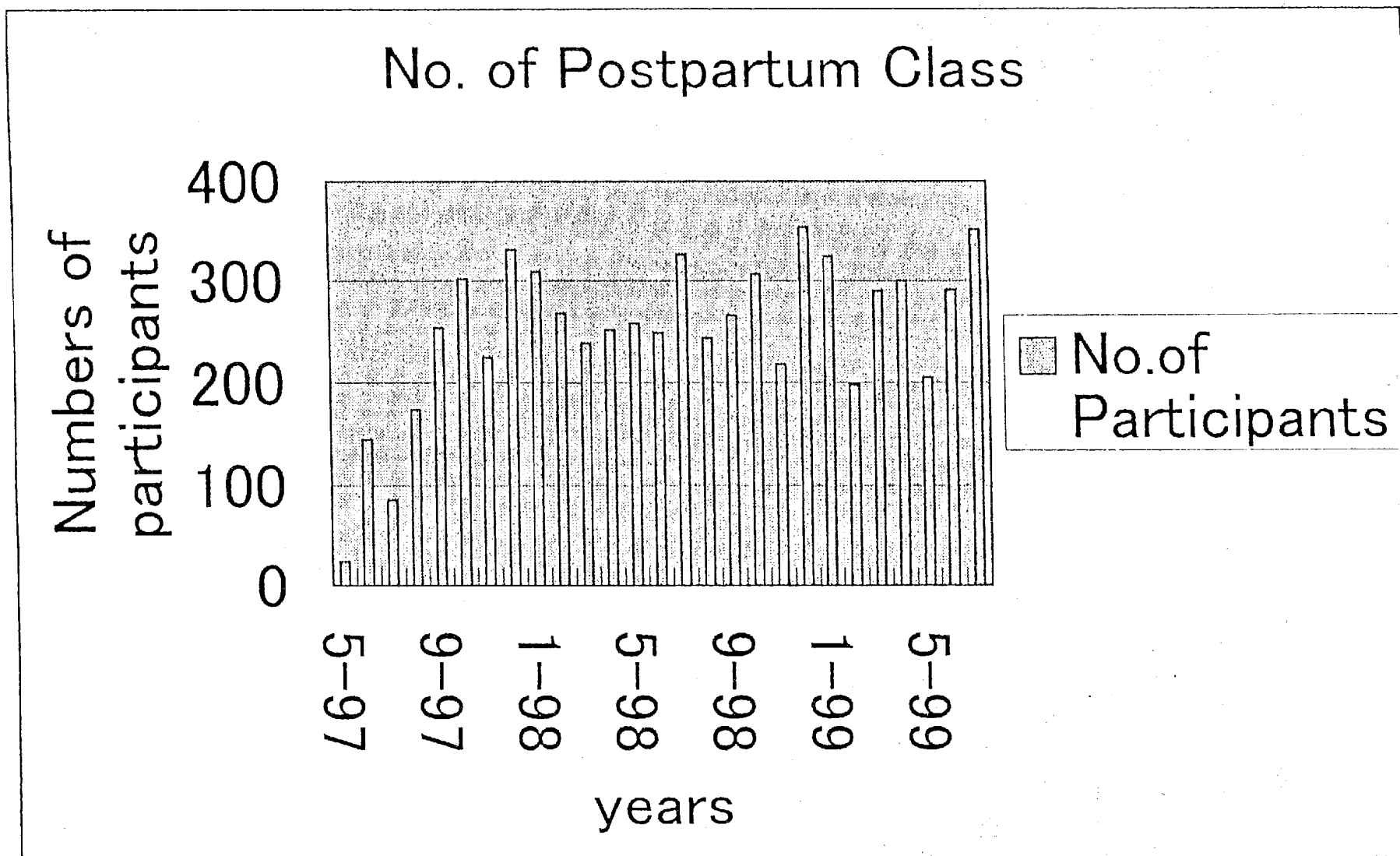
* This sheet should be followed with Supervision Check List .

Mothers' Class and Session



Postpartum Class

No	Month-Year	No.of Participants
1	5-97	24
2	6-97	145
3	7-97	86
4	8-97	174
5	9-97	254
6	10-97	302
7	11-97	225
8	12-97	331
9	1-98	309
10	2-98	268
11	3-98	239
	Total'97	2357
12	4-98	252
13	5-98	258
14	6-98	249
15	7-98	326
16	8-98	244
17	9-98	266
18	10-98	307
19	11-98	218
20	12-98	354
21	1-99	324
22	2-99	198
23	3-99	290
	Total'98	3286
24	4-99	300
25	5-99	205
26	6-99	291
27	7-99	351
28	8-99	
29	10-99	
30	11-99	
31	12-99	



Promtion Materials made by NMCHC

1. Pamphlet of the NMCHC	2,000 copies	October, 1997
2. Leaflet of Nutrition	10,000 copies	October, 1998
3. Leaflet of Admission to NMCHC	5,000 copies	October, 1998
4. Leaflet of ANC	100,000 copies	March, 1999
5. Poster of ANC	10,000 copies	March, 1999
6. ANC promotion Video for TV spot		February, 1999
7. Educational Video about how to admit NMCHC for Delivery		April, 1999

ANC by OPD record

