

## 附 属 資 料

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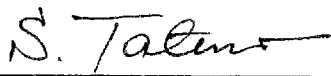


**MINUTES OF MEETINGS  
BETWEEN  
THE JAPANESE PROJECT CONSULTATION TEAM  
AND  
THE AUTHORITIES CONCERNED OF  
THE KINGDOM OF CAMBODIA  
ON  
THE JAPANESE PROJECT-TYPE TECHNICAL COOPERATION  
FOR THE MATERNAL AND CHILD HEALTH PROJECT**

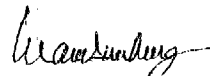
The Japanese Project Consultation Team (hereinafter referred to as "the team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Seiki Tateno, visited the Kingdom of Cambodia from 1 July 2001 to 7 July 2001 for the purpose of reviewing activities of the Maternal and Child Health Project (hereinafter referred to as "the project"), and discussing the future implementation plan of the project.

During its stay, the team exchanged views and had a series of meetings with the officials concerned of the Kingdom of Cambodia about the activities of the project.

As a result of the meetings, both sides agreed on the matters in the document attached hereto.



**Dr. Seiki Tateno**  
Leader of the Project Consultation Team  
Japan International Cooperation Agency  
Japan



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

## **Matters Discussed and Recommendations**

In order to ensure the quality of care in NMCHC as top referral hospital and training center for human resource development, the following were discussed and recommended.

Cambodian side and Japanese side agreed on the following matters:

### **1) Cost sharing of training budget**

- 1-1) Cost sharing of training budget among Cambodian and Japanese side for Provincial Staff Refreshment Training Courses. MOH will try to negotiate with MOEF for covering the expenses according to the Mid-level Manpower Training scheme.**

### **2) Medical equipment maintenance**

- 2-1) In order to expand medical equipment maintenance activities in NMCHC to National Hospital level, MOH would clarify the structure of the National Workshop, and assign appropriate engineer/technician to the National Workshop as soon as possible.**
- 2-2) Cost of spare parts should be included in the budget for medical equipment purchase.**

### **3) Referral System**

- 3-1) Establish the effective referral system between National Hospitals and referral hospitals in Phnom Penh and Provinces.**

### **4) Revised PDM**

Both side agreed to add activity 1-12 and to revise the PDM as follows:

#### **4-1) Additional activities**

- 1-12 Implement the National program "Prevention of Mother-to-Child transmission of HIV/AIDS" in NMCHC**

#### **4-2) Revised activities**

- 1-1 Reorganize Training Division in NMCHC**
- 1-5 Establish system for appropriate drug and material management in NMCHC**
- 3-5 Cooperation with MOH and other hospitals in medical equipment maintenance and repair and establish National Workshop in NMCHC**

### **5) Human resources allocation**

- 5-1) Appropriate human resource allocation by MOH is necessary to ensure the quality of care, especially staff allocation for replacement of retired, as well as the staff received training course either in abroad or within the country.**

## **Agenda & Discussion**

- 1 Brief Report on the Achievement of FY2000**
- 2 Cost sharing for refreshment training course for Health Center and Referral Hospital Midwives and physicians**
- 3 Collaboration between MOH and NMCHC on National Workshop for medical equipment maintenance**
- 4 Policy of Referral system within Phnom Penh Municipality**
- 5 Adjustment of Project Design Matrix of JICA MCH Project**

## **Achievement of the Project in the fiscal year 2000**

### **1) Strengthening of NMCHC as Top referral hospital**

#### **1-1) Hospital management**

After introducing user fee and its related functional structure for 3 years, MOH tried to set up guideline for National Hospitals. NMCHC also revised TOR of functional structure, such as Financial, Drug and Material Procurement, and Controller Committee and submitted to MOH for the reference. Indicator of hospital service shows that patients' number and bed occupancy rate become plateau after 3 years of increase. An Annual Report of NMCHC activities was produced by Cambodian side.

For financial management, user fee income is stable corresponding to the number of patients. Exemption rate (6% in total income) is also not changed. For drug and material procurement management, quarterly planning and purchase, both from CMS and user fee was started after new national budget system (PAP) was introduced in September 2000.

For medical equipment maintenance, daily maintenance system by user was started in ICU/OT. In laboratory, annual maintenance contract was carried out by a local supplier, using user fee.

#### **1-2) Clinical/paraclinic and nursing activities**

System and structure from previous years of the Project were continued in Clinical and Nursing Division. In-service training of basic nursing skill for team leaders in Nursing Division was prepared. In Clinical Division, junior staff was involved in Provincial Doctor Training as trainees, which functioned as in-service training to improve their knowledge in emergency obstetric care.

In Laboratory, quality control system was started and registration system was changed to grasp its activities. It also helped to make a plan for the supply of necessary reagents from CMS. Cytology training was started for one year at Faculty of Medicine for one doctor and one laboratory technician for the future introduction in NMCHC.

#### **1-3) Prevention of Mother to Child Transmission of HIV/AIDS (PMTCT) Program**

Being selected as a pilot site for National program of PMTCT, preparation for implementing the program was started. Core staff was selected and infection control manual in NMCHC was finalized as a part of activities.

## **2) Strengthening of NMCHC as Training Center**

### **2-1) Training Division (TOT Unit)**

Number of staff was increased (2 physicians and 1 midwife) and reorganized. TOR and job description was re-clarified. Training Division collaborated with Nursing Division for preparing in-service training and conducted Midwife Training Course for health center and referral hospitals. For the Provincial Doctor Training Course, Training Division took part of administrative management to accomplish the training.

## **3) Improvement of MCH capabilities in OD**

### **3-1) Refreshment training course for midwife and physician**

Midwife training course continued at NMCHC; three courses for health center midwife, 1 course for referral hospital midwife. Hearings from the participants of previous health center midwife training courses were organized to evaluate its impact of training course. Training was useful for most of the health center midwives. Improvement of basic knowledge for safe and clean delivery, first aid, and health education including relationship between TBA are recommended and revision of training curriculum was started.

For physicians, 1<sup>st</sup> training course for emergency obstetric care was prepared by the staff in Clinical and Training Division, and conducted at NMCHC. Five physicians from Provincial Hospitals were participated for three months.

Supervision was conducted to evaluate the trainees of the Midwife Training Course for health center in 4 provinces ( Kg.Speu, Kg. Chhang, Kg. Thom, and Kg. Cham ). To revise the previous distribution of TBA kit and Midwife kit to health center and NGOs, hearing session was organized and continuing TBA kit distribution through PHD/OD or NGO was recommended.

### **3-2) MCH Symposium**

First MCH symposium was organized under the collaboration with Safe Motherhood National Program to improve quality of care in OD by distributing information of clinical and nursing management, health education, and National program activities with participants from PHD, provincial hospital staff, and medical association.

## **4) Collaboration**

Second Hospital Management Seminar was conducted to share the experiences from Provincial Hospital directors and discuss the problems of management.

For the planning of provincial Midwife/Doctor training, discussion between Department of Human Resource Development, PHD advisor, and NGOs are carried out to avoid duplication of participants and course.

## **Future Project Plan of Action**

### **1) NMCHC as top referral hospital**

#### **1-1) Hospital Management**

Functional committees are to be reorganized after the election of member according to MOH guideline. Appropriate planning for finance and procurement are needed for the future sustainability.

#### **1-2) Clinical and nursing activities**

Selecting some topics in priority, standard protocol of patient management is to be set up or revised and in-service training for medical staff will be conducted. Based on the management guideline, paraclinic activities are also re-arranged.

#### **1-3) PMTCT program**

After staff training for counseling and testing, universal precaution and other related matters, PMTCT program is to be implemented at OPD and IPD in NMCHC.

### **2) NMCHC as Training Center**

Restructuring of Clinical, Nursing, and Training Division are needed through set up of consultancy group.

### **3) Improvement of MCH capabilities in OD**

MCH capabilities on essential obstetric care and emergency obstetric care are strengthened through continuation of refreshment trainings for provincial health staff (both Midwife and Doctor, health center and referral hospital), supervision, and MCH symposium.

Supervision is to be reorganizing by revising checklist and system of supervision.

Curriculum of both Midwife Training and Provincial Doctor Training are to be revised from the results of hearing and supervision.

### **4) Collaboration between National Hospitals and PHD/OD, Department of Human Resource Development**

Through MCH symposium, hospital management seminar, or supervision, collaboration is to be strengthened between PHD/OD and National Hospitals. Regular meeting between Municipality Hospitals and National Hospitals for referral system should be started.