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1．主要面談記録

面談機関　カンボジア保健省（MOH）
日時　　2006年10月17日　9～10時
面談場所　カンボジア保健省　ASEAN Room
面談者　ポジション　Dr Or Vandine（Director, Dept. International cooperation/ relation）
　　Dr Lo Veasnakiry（Director, Dept. Planning and health information）
面会者　　小林、西村、佐藤、仲佐、松村、小原、小山内、Vattana（JICA現地事務所スタッフ）

■（調査団）HCのサービスをモニターするのは誰の役割なのか？中央の役割、NMCHCの役割はなにか？

✧（保健省）中央はPHDのマネジメントを監督、PHDはODのパフォーマンスを監督する責任がある、中央レベルがHCを直接監督する責任はないし、HCに行くことは本来は期待されていない、しかしながら、実態としては、いかざるを得ない事情があるなど、中央からHCに行くこともあるのが現状である。

■（調査団）保健システム全体を強化する責任はだれにあるのか？カンボジアでは多様な支援が入っているが、今後、なんらかの標準化などが必要なのではないか？　Contractingでは11OD、UNFPAは18ODを既に予算支援しており、さらに今後、GAVIの保健システム強化プログラムで15～20のODに予算が付く予定であるが、これらは、スキームも異なり、成果を測定する指標も違う。このことについてはどのように考えるか？

✧（Dr Vandine）これまで保健省は、鋭意努力して、保健システムを整えてきており、弱点もあるものの多くの仕組みが整ってきている。グローバルファンドでは、Result-Based Disbursementが行われている。設定している指標を達成しなければ、予算が取れない仕組みとなっており、時に無理があることがあるが、たとえば、グローバルファンドと他のNGOやContracting間で連携を行うなどの調整は行うようになってきている。

✧（Dr Kiry）以前は、独立（Stand Alone）のプロジェクトがあったが、現在は、ドナー間の調整は良くなってきている。国のレベルにおいては、年間計画（AoP）を作成しており、その年に計画されているリソース全てを把握することで、支援の重複を避け、ギャップを見つけることができるようになっている。州レベルにおいてもProvincial TWGHというPHDとドナーとの調整会合が開かれている。GAVIによる保健システム強化（Health System Strengthening）は、パフォーマンスベースのインセンティブをつけることになるだろうが、NGOへの委託はせずに、政府の仕組みを使って実施する予定である。

■（調査団）ODに保健行政の機能の主体が移っていっている中、PHDの役割は何か？

✧（保健省側）　計画立案、キャパシティビルディングを行うこと、資源動員を行うこと、OD以下のレベルを支援すること、モニタリングを行うこと、以上である。

■（Dr Kiry）：Integrateについてであるが、４つのIntegrationを行っている。1. Management Integration（PHD・ODという保健システム上のレベル、MPA・CPAの診療レベルに合わせた活動パッケージ、CMS（central medical store）による薬剤物品管理、等）、2. 年間計画AoP 作成 3. Training（州レベルでの研修計画はあるが、現状では、provision-basedであって、planning-basedにはなっていない）、4. Monitoring and Supervision（Health Information System保健情報システムには、26項目の情報がありこれを収集している）。

■（調査団）　JICAの技術協力プロジェクトでは、スタッフの直接の給与などは支払えない。そういった中、SBAに注目して、サステナビリティを重視しつつ本来の保健システムを強化したいと考えているが、どのように考えるか？

✧（Dr Kiry）材料やスパイスがなければスープは作れない。（著者注：「本当に乏しいリソースのところでは、スキーム上の制限を考えるべき」という喩えと思われる。）

■（保健省）現在、保健省では、HCで分娩し、かつ母子ともに健康であった場合に、１分娩当たり25ドルのインセンティブをつけよう、というSub-decreeを準備中である。まだ、内容や決定の時期などは不透明ではあるが、Demand側の行動変容のために、こういったSub-decreeを作ろうとしている。

面談機関　カンボジア保健セクターの他のJICA技術協力プロジェクト
日時　　2006年10月17日　15時半～17時半
面談場所　NMCHC Room312
面談者　ポジション　松尾　剛（医療機材維持管理システム普及プロジェクト　リーダー）、
　　伊達潤子（医療技術者育成プロジェクト　リーダー）
面会者　　小林、西村、佐藤、仲佐、松村、小原、小山内
資料　　医療機材維持管理プロジェクト　パンフレット
　　医療技術者育成プロジェクト　プロジェクト概要、RTC地図、RTC基本情報

■（松尾リーダー）

✧母子保健プロジェクトフェーズ１、フェーズ２により、国立母子保健センター内の「医療機材保守管理部」と「医療機材維持管理のためのワークショップ」が確立された。これらの経験と成果を生かして、現在のプロジェクトでは、保健省を中心とし、国立病院とCPA３リファラル病院の支援をおこなう形態となっている。特に、地方のヘルスサービス強化のために、国立母子保健センター内のワークショップの技術面、保健省のマネジメント面を利用・強化しつつ、中央と地方を橋渡しするプロジェクトとなっている。カンボジア国においては医療機材維持管理のキャパシティは高くはなく、各々の病院においてこれら管理を実施している担当者の職種もまちまちである。したがって、壮大な計画を描くのではなく、本来の業務の強化を地道に行うプロジェクトを実施している。しかしながら、国立母子保健センターと比較して、保健省本省においては、「本来業務」という考え方＝オーナーシップに課題があることも多い。こリファー、これまでのドナーの入り方に影響されているためと考えられる。プロジェクトにおいては、CPA３のリファラル病院18病院と４つの国立病院を対象としているが、特に中でも４つの病院について、サテライトと称し、支援強化の優先順位を高めている。

■（伊達リーダー）

✧プロジェクトの対象は、直接の対象は教員であって学生ではない。助産師の卒前教育については、本プロジェクトの対象とはなっていない。

面談機関　Meanchey Health Center（KgCham州、Sreisanthor OD）
　　コミュニティの保健人材（VHV、TBA）
日時　　2006年10月18日　９時～10時
面談場所　Meanchey Health Center（ミーンチェイHC）
面談者とポジション
　　✧ HCスタッフ（Mr Un Ouk　HC長、Ms Thia Moun　助産師）
　　✧ HCがカバーする地域のヘルスボランティア、TBA
面会者　　小林、西村、仲佐、松村、小原、小山内
同行　　NGO　SHARE　シェア＝国際保健協力市民の会
　　林　亜紀子（プログラム・アドバイザー）
　　ペウ（現地副代表）フン（プログラム・オフィサー）

HCの活動について

このHCで20年働いているHC長からの説明

■ このHCには６人のスタッフがいる。准医師１名、看護師１名、正規助産師１名、准看護師２名、１名の補助スタッフである。
■ このHCは、２つのコミューン（９村）をカバーしており、人口は約１万人である。
■ 産前健診、外来コンサルテーション、家族計画、結核、健康教育といったサービスを提供しており、日に40人の外来患者を診ている。しかし、このHCの中での分娩はない。
■ シェアが電気と水を確保できるように支援してくれた。
■ このHCにくる患者の問題として多いのは、子どものデング熱、急性呼吸器疾患である。HCで対応できない疾患は、ODのリファラル病院か、プノンペンにリファーし、１ヶ月あたり約５～６名のリファー症例がある。ODのリファラル病院には、馬車をつかって40分かかる。

TBAの活動について

■ この地域には、もともと９人のTBAがいたが、年をとったり亡くなったりして結局今も働いているのは３名のみである。２名の若い30代と40代の若いTBA２人もいる（詳細は不明）。
■ インタビューに参加した３人のTBAの月の分娩数は各々、６件、２件、10件で、一方、HC助産師の介助する分娩は、月に１～２件である。（この助産師は産休明けで子どもがまだ６ヶ月と小さいために、フルには働けてはいない。）
■ HCで分娩がない理由は、女性が自宅での出産を好むためである。（一同）
■ HCでの計画立案は、AoPをODの人と一緒に作成している。
■ TBAは、月に一度、HCでの会議がある。
■ TBAが何か問題のある妊婦をスレイセントーODのリファラル病院にリファーする際、リファラル病院の助産師は優しくしてくれる。というのも、TBA研修をリファラル病院やリファラル病院内HCの助産師が提供して、顔見知りであるため。
■ TBAが分娩介助を行う際には、徒歩でいくか、遠い場合は、家族がTBAをバイクで迎えにくるなどしている。

VHVの活動について

■ VHVは、出産後７日目に、HCに来るように、女性を対象として情報を提供しており、EPIと産後健診を受けるようにコミュニティで奨励している。別のVHVは、女性に産前健診にHCに行くように情報提供している。

■ VHVは、HCにおいて、月に一度の会議がある。

■ この地域においては、地域での分娩をHCに報告するのは、TBAではなくて、VHVである。

面談機関　スレイセントー保健行政区（OD）（Kg Cham州 Sreisanthor OD）

日時　　2006年10月18日　10時半～12時

面談場所　スレイセントー OD オフィス

面談者　ポジション　Dr Prak Ros（OD Director）、Dr Heg Kim Eng（OD Vice Director、RH担当），Mr Cheam Kun Chiv（OD Vice Director，HC担当）、Ms Tes Ravy（OD 母子保健担当 RH産科病棟助産師兼任、Secondary MW）

面会者　　小林、西村、佐藤、仲佐、松村、小原、小山内

■ （OD長）

✧ ODでは、感染症対策、母子保健対策、HCのネットワーク作りなどの活動をしている。ただ、人材が乏しいこと、予算が乏しいこと、保健施設そのものが少ないことが問題である。

✧ HCとの関係：HC長と助産師とは、月に１回、会合をODで開催している。ODとしては、ADBの予算を使って、MPA相当のHCに対しては月に１度、建物がないなどMPA相当ではないHCに対しては、四半期に一度視察を行い、問題解決に努めている。ADBやPATHといった外部からのリソースがあることから、定期的な視察を行うことができている。

■ （調査団）このODにおける最も大きな問題はなにか？

■ （OD長）

✧ 人材の不足が一番の問題である。スタッフの配置、リクルートの権限は保健省本省にあり、PHDやODにはない。昨年は、コンポンチャム州全体で、300人のスタッフの要望を提出したのだが、州として受け取った新規の人員は、30人に留まっている。

✧ 予算の不足と遅れも問題である。年間計画AoPを作成して予算の申請をしているものの、請求額どおり受け取ったことは、一度としてない。予算は足りない。予算請求と予算を受け取るプロセスが変更されており、複雑である。予算のうち、７割が現物支給、３割を金銭として受け取っているが、どちらも遅れがある。予算がないときは、活動ができないこともある。一方、これまで実施してきた活動を続けたいので、たとえば、アウトリーチの活動などは、ガソリン代や（冷却用）氷代などをヘルススタッフが支払っていることもある。

■ （調査団）PHDや中央とODの関係はどのようになっているか？

■ （OD長）

✧ PHDにおいては、月に１回、会合があり、OD長が参加している。このPHDでの全体会合のほかにも、国家プログラム毎の他の会議もあり、そういう場合にもPHDなどに出向く。年間計画AoPは、PHDとODとで協力して作成している。

✧ 中央との会合もあるが、頻度は多くはなく、不定期である。

■（調査団）施設での分娩が少ない理由は何だと考えるか？　リファーが必要な際には、どこに行くのか？

■（OD）

✧この地域においては、２割が施設分娩、３割が施設外だがヘルススタッフ介助による分娩、５割はTBAによる分娩である。1）まずは、施設が少ないことや、施設内に女性の滞在場所がないHCがあること。2）リファラル病院の利用が少ないこと（リファラル病院になぜ、患者が来ないのかについてのサーベイを実施したところ、帝王切開を提供していないから、というのが理由として上がった）。3）他に、プノンペンにいけば、施設分娩を提供しているわけだが、プノンペンでの分娩料金は高いため、通常の人は行かない。

✧スレイセントーODにあるリファラル病院は、CPA１というカテゴリーで手術機能がない。したがって、産科の重症例は、プノンペンの病院か、コンポンチャムリファラル病院に搬送する必要がある。距離的時間的に近いことから、前者が多い。

■（調査団）　サービス提供者の行動や態度に課題があることが、時にカンボジアにおいては指摘されるが、スレイセントーODにおいては、どうか？

■（OD）

● 課題があることもある。HCに分娩場所や滞在する場所が十分にあったとしても、助産師は、自宅での分娩介助を行っている。助産師は、HCで介助をすると、リファーHCの収入となってしまって、助産師個人の収入は減ってしまう。助産師１人が介助すれば、リファー助産師の収入となる。

■（調査団）この地域の母子保健サービス向上のために必要なことは何だと考えるか？

● （OD）

➢ サービスの質を良くすること－サービスの質が良くなければ、利用は増えないため。

➢ ヘルスケアサービスへのエントリーとなるように、産前健診を利用し、かつ産前健診で見つけることが可能な、妊娠中毒症などをみつけること。

➢ 健康教育が重要である、というのも、産前健診の数は上がっているが、分娩の数は増えていないことから、HCから遠いところに住んでいる人の行動に起因することもあると考えている。

➢ 産前健診の受診率をあげること。

➢ リファラル病院のケアの質を上げること。

➢ TBAやHCとの協力、コミュニティとの連携により、サービスの質や利用を上げること。

面談機関　国立母子保健センター（NMCHC）
日時　　2006年10月19日　８～９時半
面談場所　NMCHC Room312
面談者　ポジション　Prof Koum Kanal（NMCHC　センター長）
面会者　　小林、西村、佐藤、仲佐、松村、小原、小山内

■（カナールセンター長）カンボジア国において、既にJICAの技術協力プロジェクトの支援を10年受けている。この国においては、PMTCTは、母子保健と統合して行っていることから、PMTCT

として次期プロジェクトの案件を要請した経緯がある。しかしながら、PMTCTは、母子保健の一つのコンポーネントでしかなく、我が国としては、まだ母子保健そのもののニーズが大きいことから、次期プロジェクトにおいては、狭いスコープのPMTCTではなく、もっと広いスコープの母子保健、特に、９割の人が住む地方（農村部）における母子保健の強化についての支援を実施してほしいと考える。

■（カナールセンター長よりカンボジア国における現在の指標、保健システムについての説明）
- 人口保健調査(DHS)の2000年と2005年を比較すると、母子保健の多くの指標は改善しているが、妊産婦死亡率だけは、指標上変化が見られない。妊産婦死亡は、今でも大きな課題である。
- 先般実施された助産師レビューにおいて、すでに配置され勤務している助産師のサービスの質がまだ低いことが指摘されている。
- 政府は、HCから10Km圏内に対する、アウトリーチ活動の予算をカットしてしまった。距離的には、この圏内にあっても、サービスにアクセスできない人達はおり、一律の予算カットによる負の影響を懸念している。
- PMTCTプログラムは、現在、19州34ODにおいて54サイト存在する（2006年９月時点）。全国の約940あるHCを考えると、まだまだPMTCTサイトは少ない。グローバルファンドを用いて、順次拡大しているが、今後とも、さらなる拡大が必要である。

■（カナールセンター長）次期技術協力プロジェクトに対するアイディア
- 次期プロジェクトには、NMCHCも中央のレベルとして参加したい。地方の病院そのものがまだ弱体で充分な臨床実習を提供できないし、研修マネジメントもNMCHC研修部ほど良くない。NMCHCは、中央として、地方に対して、これまで得た経験や技能、力量を委譲していきたいと考えている。中でも、国全体の保健人材の研修カバレッジを早く上げるためには地方でも研修事業を行っていくことが望ましいと考えている。ただし研修の地方への展開は、すぐにはできず、徐々に中央が支援しながら実施していく必要がある。徐々に中央レベルから地方へ、権限や研修機能などを委譲していかねばならないと考えている。
- 政策上、SBAによる分娩介助を奨励しており、SBAに注目することは望ましいと考える。TBAに対する中央（保健省、NMCHC）のスタンスは、TBAそのものを否定しているわけではないが、少なくとも、TBA介助では妊産婦死亡が下がらないことも知られており、TBAに対するモニタリングが困難であるため、新たなTBAの育成は国として行う予定はない。既存のTBAがリスクを知ってHCやSBAにリファーすることを奨励しているし、既存のTBAが効果的に機能してもらえることは歓迎する。

面談機関　UNICEF
日時　　2006年10月19日　10～10時半
面談場所　UNICEF　オフィス
面談者　ポジション　Dr Thazin Oo（Head, Health and Nutrition Program）
面会者　　小林、西村、仲佐

■（調査団）UNICEFの活動について。HSPによる財政支援にUNICEFは支援しているのか。

✧UNICEFは財政支援には支援をしていない。独自で州レベルを支援している。州政府に支援することで、たとえばアウトリーチ活動の予算などを支援している。

✧2006-2010のCountry Programにおいて、UNICEFは６つの州を支援している。各PHDにユニセフのスタッフ（ドクター１名とアシスタント１名）が配置され、①Child Survival、②Maternal and Newborn Care、③Health Behavior Communicationの３分野で支援している。年間計画（AoP）作成を支援し、それに基づいて４半期毎に資金を提供している。（日当・アウトリーチ活動のための活動費等含む）

面談機関　リファラル病院（RH）に勤務している助産師
日時　　2006年10月19日　11～12時
面談場所　NMCHC Room307
面談者　ポジション　NMCHCにて助産師研修受講中のRH勤務の助産師５名
1. Kong Pisey RH、Kg Speu province州、2. Chhlong RH Kratie州、3. Kirivong RH Takeo州、4. Preah Vihear RHPreah Vihear州、5. Tbong Khmom RHKg Cham州
面会者　　小林、西村、小原、小山内
通訳・ファシリテーター
Dr Keth Ly Sotha（NMCHC研修部部長）、Ms. Chhing Chantach（NMCHC看護部長）、Ms. Nary（母子保健向上のための調査ローカルスタッフ）

■各病院での１ヶ月の分娩数は、15～25、８～15、17～25、12～14、13件である。５人のうち、３名は、女性の自宅での分娩の介助をしている。この３人の自宅分娩介助数は、４～８件である。
■病院での分娩介助と、自宅での分娩介助は、それほど異なるものではない。自宅での分娩介助は、分娩台がないことから、蹲踞の姿勢で行う。自宅においては、使う物品が若干ちがう、何かあった際には、一人で対応しなくてはならない。自宅分娩の介助を始める前に、TBAによる分娩介助を見学した。
■自宅での分娩介助を行うのは、突然呼ばれるのではなくて、妊娠中に少なくとも一度会い、問題がないかどうかを確認している。合併症がある女性は、RHを利用するよう勧めている。一人で対応しなければならないので、リスクのある分娩の介助をするのは、怖い。
■RHで働いていて困難なことは、医師がいない場合にはリファーせざるを得ないこと、物品が乏しいこと、医師でないと吸引分娩が行えないこと。HCからRHへのリファーに時間がかかることから、RHにたどり着いた場合には、手遅れになっているケースも少なくないこと。
■ODからの視察は、あるにはあるが、技術面の支援は乏しい。

面談機関　UNFPA
日時　　2006年10月19日　14～15時
面談場所　UNFPAオフィス
面談者　ポジション　Ms. Betina Mass（Country Representative）
　　Ms. Alice Levisay（Deputy Representative）
面会者　　小林、佐藤、小原

■（調査団）UNFPAは18ODにリプロダクティブヘルスを中心とした支援をしていると聞いている。援助のサステナビリティはどのように考えているか？　Contractingに関してはどのように考えるか？
■（UNFPA）
➢ カンボジア国においては、多くのアクターが、異なる領域と地域で働いているのが現状である。以前と比較して、これらの活動の調整や、透明性は向上してきている。例えば、公務員制度改革の実施とそれに対する保健省・関連ドナーのコミット、保健省内のドナー調整会合において、どのドナーがどれだけの日当を支払っているかの情報共有をしている、等。こういった調整や透明性の向上は、保健セクター内のセクターワイドマネージメント（SWiM）で取り組んでおり、こういった流れそのものがSWiMの成果でもあると考えている。
➢ UNFPAとしては、SWiMに、ADB、World Bank、DFIDとともに参加している。が、SWiMでは、UNFPAを含め、ほとんどの予算は、内部的にはパラレルになっていて、コモンバスケットの形態にはなっていない。UNFPAとしては、対象地域においては、もちろん、直接の給与補填は行ってはいない、また、Contractingの形態もとっていない。一方、政府からの公務員の給与のみでは、生活ができないことも事実であり、日当などの支払いは行っている。多様な資金提供のスキームが存在すること、今でも直接の給与補填を行うNGOなどもあることは、決して好ましいとは思わない。長期的には、サステナビリティは確保されねばならない。
➢ UNFPAは、これまで国家リプロヘルスプログラムと協力して活動をしてきている。一方、国家リプロヘルスプログラムをはじめ中央で策定した諸々の戦略は、フィールドレベルにおける翻訳が必要である。保健セクター全体として年間予算計画AoPの策定が実施されているなど、大枠のフレームワークの改善はみとめられるが、州レベル以下の公的セクターはまだまだ弱体である。地方レベル以下のなんらかの支援は今後も必要と考える。
➢ 今後、UNFPAとしては、貧困者ファンドの導入を考えており、プロポーザルを準備中である。当面は、６つのODでの実施を予定しており、リプロヘルスに重点を置く予定である。UNFPAのこれまでの経験からの教訓は、リプロヘルスについて、サービス提供サイドへの投入により、ある程度までは、サービス利用改善がおこる。しかしながら、一定以上のサービス利用改善を目指すならば、Demandサイドに影響をあたえる対策が必要である。これらより、UNFPAとしては貧困者ファンドの導入を考慮するに至った。
➢ UNFPAが支援し、国家リプロプログラムが実施している、CBD（Community Based Distribution－避妊具のコミュニティにおける配布）のパイロットは、非常にうまくいっている。このCBDワーカーは女性で、読み書きもできることから、今後、別の活動をこのワーカーに載せていくことが可能かもしれない。
■（調査団）　今後も、セクターワイドマネージメント（SWiM）に参加する予定か？

➢ (UNFPA)柔軟に対応したいと考えている。近々発表される予定のSWiMの評価結果も待ちたい。HSSPヘルスセクターサポートプロジェクトは、保健省の計画をサポートするためのものであって、プールファンドとはなっていない。保健省とドナーが合同で保健の改善状況についてモニタリングを行うなど、スキームとしての利点はある、こういった制度面の改善、効率化は、SWiMの成果である。

■ (調査団)　我々も、長年にわたりNMCHCを支援し、国家リプロヘルスプログラムとも協力関係にある。一方、多くの既存の戦略計画がSBAによる分娩介助率向上を目標にしているにもかかわらず、実際には、SBA分娩介助率向上に資する活動は多くはなく、この点がギャップであると認識しているがいかがか？

■ (UNFPA)　UNPFAが支援している家族計画には、特定の必要な介入が判明しており、支援しやすい。SBAの介助率向上は、国家目標ともなっていることから、もっと多くの活動や支援がこの分野に向けられるべきと考えている。最近発表されたばかりの、年間予算計画AoP2007を見ると、感染症関連には多大な支援があるにもかかわらず、母子保健分野を支援する活動の総額は、相対的に過少である。さらに、人口保健調査DHS2000と比較して、DHS2005において、妊産婦死亡率が下がっていないことから、他省庁が、政府の会合において、このことを引き合いに出した上で、保健省や国家リプロヘルスプログラムを非難しだしており、遺憾である。MMRという指標の特殊性や他の指標の改善を理解しないまま、不当な非難が行われている。UNFPAとしては、むしろこれを好機ととらえて、SBAによる分娩率向上のためにアドボカシーを行っていく予定である。JICAもぜひこの分野における支援を続けてほしい。

面談機関　コンポンチャム州　州保健局（PHD）
日時　　2006年10月20日　８～９時
面談場所　Phnom Prosh Hotel, Kg Cham
面談者　ポジション　Ms Tran Chheng Kruy（Chief of Technical Bureau、准医師、PHD）
　　Ms Peang Nara（母子保健担当、Secondary MW, PHD）
面会者　　小林、西村、仲佐、小原、小山内

■ Ms Kruyは准医師で、現在コンポンチャムPHDの技術部門のチーフであるが、以前は長らくPHDの母子保健担当として働いていた。20年以上と長年にわたり、州の母子保健向上に尽力している。

■ (調査団) コンポンチャム州における母子保健の課題はなにか？

■ (Ms Kruy)

✧ 産前健診の利用やRHの利用は改善傾向である一方、施設での分娩数の上昇は、緩慢である。

✧ 人材の不足は、一大問題である。助産師のニーズは高い。コンポンチャムにおいて助産師は300人いると公的報告書では記載されているが、我々のレベルでは、200人程度しか把握できていない。公的報告書ほど人数はいないと考えている。

✧ １人しか助産師がいないHCが問題である。１人しかHCに助産師がいない場合には、とにかく多くの責任が助産師に集中しており、働ききれない。HCに良い助産師がいれば、そのHCの活動は良くなる。

✧政府からの給与が少ないために、助産師そのものが働くのが容易ではない。

■（調査団）NMCHCにおいて研修を受講した助産師は研修後現場ではどうか？

➢（Ms Kruy）研修自体はとてもよく、技能の向上に役立っているが、問題は、研修後にNGOに引き抜かれてしまうことである。数としては、提示できないが、相当数が引き抜かれている。PHDの母子保健担当者も引き抜かれてしまった。NGOに引き抜かれた人材は、州外にもいってしまい、州内の保健人材の強化には、寄与していない。一方、プライベート診療があるため、研修にいきたがらない助産師も少なからず存在する。

➢（調査団）研修後に引き抜かれる、としているが、これには注意を要する。もともと、母子保健センターの研修の対象者が、分娩介助を既に行っている正規助産師（いわゆる実力のあるスタッフ）が多い。引き抜きの要因として、良いスタッフを引き抜くのか、研修後だから引き抜くのか、分けて考えることは難しい。

■（調査団）ODの母子保健担当との関係や活動はどうか？

■（Ms Kruy）ODの母子保健担当者はPHDには、活動や問題の報告、現場のニーズ、他、保健情報の報告を行っている。ODの母子保健担当者は、もともとの職種により（正規助産師なのか准助産師なのか）、キャパシティに違いがある。

面談機関　JICA母子保健向上のための調査　開発調査調査団
日時　　2006年10月21日　14～16時
面談場所　NMCHC　Room312
面談者　　開発調査調査団　野口総括、城戸副総括、興津団員、Imelda団員、松岡団員
面会者　　小林、西村、佐藤、仲佐、松村、小原、小山内

■（興津団員からの説明）

■調査を実施した３つの保健行政区（Memut OD、KgCham OD、Kroch Chumar OD）について、母子保健の状況の説明を受けた。特に、HC、RH、TBA、VHV、プライベートセクターに注目し説明が行われた。

■ContractingによるODまるごとの支援のあるMemut ODと、支援団体の全くいないKroch Chumar ODでは、対照的であった。

➢Memut ODでは、以前行われていたContracting Outに引き続き、NGO（Save the Children Australia）によるContractingが実施されており、ODのスタッフにとって、PHDよりもNGOとの関係性が強い。また、不足している保健スタッフをContractingの予算で雇用するなど、資源はContractingのおかげで確保できている面がある。パフォーマンスに基づくインセンティブが指標を基準として支払われているため、指標となっている活動（アウトリーチでの産前健診提供など）は非常に活発である。が、指標にあるからそのサービス提供をしているだけで、なぜその活動を行うのか、サービス全体から考える視点は乏しい。サステナビリティには疑問が残る。HCとコミュニティーの関係は良好である。例えば、VHVはコミュニティからの情報収集（妊婦・分娩数・児の生死の人型マッピングによる把握）、コミュニティへの情報フィードバックなどを行っており、HCとの定期会合がきっちりと行われている。他地域と比較し、かなり良好な活動状況で

ある。

- Kroch Chumar ODでは、RH自体が古く、機材も乏しい。HCの建物がなくスタッフが自宅やアウトリーチ活動で診療を行うなど、全体的に保健サービスを提供する体制が整っていない。TBAは活躍しており、Roastingといった伝統的な産後処置も実施されている。産婦の家族、母、祖母などが、その処置を見守っている状況であり、産婦だけでこれら伝統的処置の実施の可否を決定できる状況にはない。TBAは、高齢化してきている模様である。

■ 一般的に、道路事情が悪く、特に遠隔地においては、アクセスは誰にとっても容易ではない状況である。特にKroch Chumar ODでは、支援団体が入れずにいるほど、州都からのアクセスも、OD内の道路状況も良くはない。また、Memutのように、人口が比較的粗な地域と、メコン川流域沿いのように人口が密な地域があり、同じコンポンチャム州とはいえ、かなり地域特性は異なっている。

■ コミュニティとHCとの関係は、多様な因子が関連しているが、調査の結果、SBAの利用のされ方については、いくつかの規定因子があると思われた。特に「HCとコミュニティの位置関係・距離」、「プライベートセクター等の代替となる介助者がいるかどうか」、この２点がSBAの利用のされ方に関する主な規定因子であるという印象を持った。

■ コンポンチャム州においては、170のプライベートクリニックが登録されている。そのうち、唯一「助産師のクリニック」として登録されている産科クリニックを見学した。リファラル病院の産科病棟に勤務する助産師が開業しており、患者でにぎわっている。TBAが同産科クリニックに住み込みで研修をしに来ている事例も確認された。リファラル病院の助産師が病院に勤務している時間帯は、こういったTBAや手伝いのスタッフが診療をしていた。Kroch Chumar ODでは、ムスリムのTBAと、SBAが一緒に活動を行うといった事例も見られた。SBAとTBAには、多様な形態の連携が存在するようである。

■ コンポンチャム州全体でみると、助産師が圧倒的に不足している。数の確保（助産師の育成と地域への配置）を行っていくことがSBA利用促進のために根本的に必要なことである。それが行われるまでの間は、現実的には、TBAとの連携を考えていく必要があるのではないか。

面談機関　世界保健機関（WHO）
日時　　2006年10月23日　11～12時
面談場所　WHOオフィス
面談者　ポジション　Michael J. O'Leary（Representative）
　　Paul Weelen（Health Systems Development Adviser）
面会者　　小林、西村、佐藤、仲佐、小原

■ （調査団）　母子保健やSBA利用向上に対するWHOとしての意見は如何。

■ （Dr. Weelen）　助産師レビュにより、現在配置されている助産師の技能の質は、国際的なレベルに達していないことが明らかとなった。それをふまえて同レビューにより多様な提言が既になされている。今後、助産師のスキルを担保するために、これら助産師レビューでの提言に沿って実施していくことが必要である。特にすでに配置されてサービスを提供している助産師に対してのフォローアップ体制を作っていくことは重要なことであると考えている。

■ （調査団）Contractingに対する意見、サステナブルな保健システムについては如何。
■ （Dr. Weelen）Contractingについては、現在、セクターワイドマネジメントの枠組みのなかで、レビューが予定されていることから、このレビューの結果を待つのが妥当だと考える。保健省側は、Contractingに対し、当初は抵抗もあったようであるが、現在は、一般的に好印象をもっているようである。これは、一つには、Contractingの地域でターゲット指標としている母子保健サービス指標は、ほぼ達成されていること（実効性があること）、さらに、現在、一人当たりの公的保健予算が3.6ドルであるのに対し、Contractingでは、一人当たり４ドルで実施しており、必ずしも高価ではないことによる。
■ （Dr. O'Leary）長期的には、もちろん、保健システムは、サステナビリティが担保されねばならない。短期的には、こういった外部リソースの利用はやむをえないのではないか。
■ （Dr. Weelen）　ODレベル以下に予算が下りていかない現状の仕組みはもちろん課題ではあるものの、短期的にはやはりODレベル以下への予算付けはやむをえないと考えている。GABI保健システム強化については、現在、プロポーザルを保健省が提出中であり、順調にいけば2007年１月から実施の見込みである。

面談機関　NMCHC
日時　　2006年10月23日　14～16時半
面談場所　NMCHC
面談者　ポジション　Prof Koum Kanal（NMCHC　センター長）
　　Dr Keth Ly Sotha（NMCHC　副センター長　兼 研修部　部長）
面会者　　小林、西村、佐藤、仲佐、松村、小原

（調査団）10月20日に行ったワークショップの結果に基づいて、主に以下の問題が挙げられたことを説明。１）コミュニティの人々が、母子保健に対する知識が乏しく、母子保健サービスへのアクセスも十分ではない。２）HCのサービスの質が十分ではない、３）HCとそのスタッフに対する、PHDやODからの支援が不十分である。４）中央－PHD/OD－RH・HC－コミュニティー間の連携・情報共有の不足。これらに対応する対策を考え、プロジェクトの枠組み案としたいことを説明。

（Prof Kanal）
■ PMTCT以外もプロジェクトの対象となる方向性であることは、歓迎する。NMCHCと地域の双方が含まれており望ましい。Ruralという言葉をプロジェクト名称に入れてはいかがか？
■ SBAというのは、主にはHCの助産師であるということには合意するが、RHの助産師にも支援は必要であり、RH勤務の助産師を除外しないでもらいたい。
■ いくつかのODだけ、というのは、投入量としては、小さく響くのではないか？調査団側から関係者への説明の際に全体像が分かるように説明することが望ましい。コンポンチャム州は、大きな州で、ODも10あることから、ニーズはあるものの、チャレンジングな面はある。
■ RTCに関連する事項については、保健省人材育成部に聞くのが良い。国立母子保健センターと保健省人材育成部やRTCとは、別組織である。RTCに関しては、JICAの人材育成プロジェクト

でもカウンターパートとしていることから、調整を考慮すべきである。

面談機関　カンボジア保健省　人材育成部
日時　　2006年10月23日　16～17時
面談場所　保健省　人材育成部　オフィス
面談者　ポジション　Ms. Keat Phuong（保健省　人材育成部　部長）
面会者　　小林、小原

■（調査団）　プロジェクト案の概要について説明
■（Ms. Phuong）
➢ 次期プロジェクトが、地方レベルにおいてパイロットとして行う活動の段階では、基本的には、NMCHCが責任を持って行うべきである。RTCはそもそも地方レベルにおける研修の調整の責任があり、その責任においては関わることになろう。RTCは無視はしてほしくはないが、多くの役割を期待しないでほしい。過重な仕事量とならないように配慮をしてほしい。特にコンポンチャムRTCにおいては、助産師トレーナー２名が辞めたばかりである。一方、GTZが実施する、プレセプター研修（実習病院側の臨床研修のスタッフ対象の研修）実施がまもなく予定されており、今後RTCは関わっていく予定である。今後、パイロット活動ではなく、全国レベルでの活動に拡大される場合には、全てのRTCが研修調整役として関わることは可能である。
➢ これまでJICA母子保健プロジェクトは、人材育成部を支援していたし、NMCHCと人材育成部との連携を支援していた。専門家とも密接に働いてきた。今後とも、NMCHCやJICAプロジェクトとは協力していきたい。

面談機関　NMCHC　国家リプロダクティブヘルスプログラム
日時　　2006年10月24日　10時半～11時半
面談場所　NMCHC　Room312
面談者　ポジション　Dr Tung Rathavi（NMCHC副センター長、国家リプロダクティブヘルスプログラム　プログラムマネジャー）
面会者　　小林、西村、仲佐、松村、小原

■（調査団）　プロジェクト案の概要について説明
■（Dr. Rathavi）
✧ SBAや母子保健に対して、JICAが支援を続けることは歓迎する。研修もサービスも、地域におけるパッケージとして考えてほしい。
✧ 国家リプロダクティブヘルスプログラム（NRHP）では、スタッフは８名しかおらず、プログラムに期待されている大きな役割からすると、その役割全てに答えられるだけのキャパシティも人材も乏しい。今後、スタッフ増員の可能性がある。
✧ 今後、サイトとなるODの選定に当たっては、将来的な利用の方法を考慮した上で選定すべきである。具体的に言うならば、コンポンチャム州には、臨床活動の多いRHは多くはない。もし臨

床活動の少ないRHのODを選択したのでは、臨床実習病院として利用できないなど、今後、その地域の利用方法が限られることとなる。将来にむけての有用な投資となるよう、対象地域選定時には、こういった事項を考慮してほしい。

✧ (Dr. Rathavi) 助産師の数と質向上のためには、RTCの果すべき役割は大きい。しかしながら、RTCはキャパシティが乏しく、その役割を果たしきれていない。母子保健センターや国家リプロヘルスプログラムとして、もっと協力し、SBA強化のためにも、RTCの強化に繋がれば良いと思っている。次期プロジェクトにおいても、積極的に、RTCを巻き込み、RTCの強化につながるような形となることを期待する。

面談機関　カンボジア保健省　エンホット次官
日時　　2006年10月24日　14時半～15時半
面談場所　保健省　エンホット次官オフィス
面談者　ポジション　Prof Eng Huot (保健省次官)
面会者　　小林、西村、佐藤、仲佐、松村、小原

■ (調査団) プロジェクトの概要案を説明。
■ (エンホット次官)

➢ 94年以後、保健システムを策定、強化してきており、保健省や国立母子保健センターをはじめとする中央国家プログラム、国立センターでも鋭意努力しており、保健システムは機能している。
➢ カンボジアにおいて、母子保健は重要な分野であり、ニーズが大きい。Global fundのRound 7においては、母子保健に対しても、Fundingがなされるという話がでてきており、母子への支援を行いたいという団体はある。一方、1992年の保健省アドバイザー派遣から始まり、継続して保健分野、特に母子保健分野を支援している日本／JICAの支援を信頼している。
➢ コミュニティはHCから離れている場合もあり、施設外の活動、アウトリーチ活動は重要である。この施設外の活動を無視すべきではない。
➢ NMCHCにおいても活動を続け、NMCHCそのものに対してもサポートが必要である。地方だけに入り込むデザインでは、ブレインを欠くこととなる。NMCHCを巻き込まずに地方だけに入り込むと、ブレインを縮小させ、ひいては、国全体の母子保健を縮小させてしまう。NMCHCをプロジェクトの中央の核として使い、その上で、地方での活動を行うことが肝要である。

The Results of the SWOT Analysis

Participatory Workshop on Rural MCH Situation

in Kompong Cham

October 20, 2006

WORKSHOP on Rural MCH Situation

(1) Date: 20 October (Friday), 2006, 9:30am－14:30am

(2) Venue: Kompong Cham

(3) Schedule:

9:00-9:30	Registration
9:30-9:40	Opening remark by Prof. Koum Kanal (Director, National Maternal and Child Health Center Cambodia)
9:40-9:50	Welcome remark by Mr. Kobayashi Naoyuki, JICA
9:50-9:55	Introduction of the facilitators and JICA Mission Team
9:55-10:00	Explanation of the purpose and outline of the workshop - Objective of Work Shop - Explanation of today's schedule - Grouping (G1: PHD, G2: OD(A), G3: OD(B))

Session 1: SWOT Analysis of Rural Condition in terms of MCH

10:00-10:15	Self-introduction of the participants
10:15-12:00	What are Strength, Weakness, Opportunities, Threatens of you? - Referral System (Roads, Protocols, Services, etc.) - Technical Support (From whom, etc.) - Relation with customers (Rural families, Payment, etc.) - Others

**Tea break is provided during the workshop*

**After finishing the discussion, Lunch is provided*

Session 2: Presentation and Information Sharing

13:00-14:00	Presentations - Group 1, Group 2, Group 3
14:00-14:20	Wrap up by Dr. Prof. Koum Kanal
14:20-14:30	Closing remarks by Dr. Nakasa Tamotsu

Part 1: Method of Workshop on Rural MCH Situation

1. Outline of the SWOT analysis

(1) Objective

- To identify the Strengths, Weaknesses, Opportunities and Threats of the rural MCH activities
- To clarify internal present issues and external future issues
- To build consensus of the issues of rural MCH among stakeholders
- To utilize the results for project design of MCH

2. Definition of the SWOT

(1) Strengths

- Improved good points
- Solved problems
- Good practices (success stories)
- Advantages of the activities

(2) Weaknesses

- Unsolved problems
- Failed cases
- Disadvantages of the activities
- Deterioration of the situation

(3) Opportunities (Participants include their needs and requirement together)

- Future projects
- Planed solutions

(4) Threats

- Constraints
- Unexpected wonders

3. Topics of SWOT Analysis of Rural Condition in terms of MCH

The format of the SWOT Analysis is attached at next page.

Since the issues should be focused on MCH, the organizers fixed the topics of discussion. Participants followed the instruction and discuss about designated topics

4. Attendants List of the Workshop

The participants were separated into three groups according to their position. The attendants list is attached as follows.

Format of the SWOT analysis

	Strengths	Weaknesses	Opportunities	Threats
Qualities of works (experiences, work volume, work sharing, supporters)				
Relation with mother and child (Rural families, Payment, etc.)				
Relation with other activities (TBA, VHV, Public health, immunizations, etc.)				
Support (NMCHC, RH, PHD, OD, Seniors, RTC, TSMC, NGOs)				
Referral System (Demarcation, Roads, Protocols, Services, Information sharing, etc.)				
Facilities and equipments				
Other issues (politics, economics, etc.)				

The Development Study on Strengthening
Maternal and Child Health Service Performance in
Kingdom of Cambodia

Participant List of Workshop on Rural MCH Situation in Kg. Cham

On 20 October 2006

No.	Name	Position	Organization	Group
1	Koum Kanal	Director	NMCHC	1
2	Ching Chan Tach	N.Devision Director	NMCHC	3
3	Peang Nara	Deputy Director MCH	Kg. Cham PHD	1
4	Tran Chheng Kruy	Cheif of Techical office	Kg. Cham PHD	1
5	Mey Moniborin	Deputy Director HC	Kg. Cham RH	1
6	Ouk Varang	Chief MA, HC	Kg. Cham RH	1
7	You Leag Pheap	Chief	Kg. Cham RH	1
8	Keo Narith	Director OD	OD Oreang Ov	1
9	Suy Sothea	OD MCH	OD Oreang Ov	3
10	Sim Nang	HC Pong ro Mohaleab	OD Oreang Ov	3
11	Din Meng Hean	HC Ampiltpok	OD Oreang Ov	3
12	Sroy Rompha	Staff HC Pong ro Mohaleab	OD Oreang Ov	3
13	Khat Chanda	Staff HC Pong ro Mohaleab	OD Oreang Ov	3
14	Um Sopheap	Staff MCH, HC Amplil Pok	OD Oreang Ov	3
15	Lun Bunly	Director HC Prey Vean	OD Prey Chor	2
16	Suy Lim Sun	Director OD	OD Prey Chor	1
17	Bouth Toum	Chief HC	OD Prey Chor	2
18	Leng Hun Chy	Staff MCH, HC Chrey Vean	OD Prey Chor	2
19	Sin En	Director HC Lovea	OD Prey Chor	2
20	Real Moneth	Staff MCH, HC Lovea	OD Prey Chor	2
21	Uch Keomony	MCH	OD Prey Chor	2
22	Sreng Chenda	Staff HC	OD Prey Chor	2
23	Suos Chivy	Director MCH, HC	OD Prey Chor	2
24	Hiromi Obara	MCH Technical Advisor	JICA	3
25	Naoyuki Kobayashi	JICA Mission	JICA Tokyo	2
26	Yasuyo Osomai	JICA Mission	IMCJ	2
27	Emiko Nishimura	JICA Mission	JICA Tokyo	1
28	Tamotsu Nakasa	JICA Mission	IMCJ	1
29	Mika Matsumura	Consultant	JICA Study Team	1,2,3
30	Ieng Nary	MCH and Training Cordinator	JICA	2
31	Serey Somchet	Translator	JICA	3
32	Heang Sokleap	Assistant	JICA	1

Part 2: Results of Workshop on Rural MCH Situation

Group 1: PHD, RH and Director of OD
Facilitated by Prof. Koum Kanal, Dr. Nakasa, Ms. Nishimura

(1) Qualities of Service

Strengths

- Allocate primary midwife and secondary midwife at HC and RH
- Doctor, MW, staff have trained
- MW working at HC and RH have extra works such providing medicine and immunization.
- Staff has trained
- Having specific work plan

Weaknesses

- Quality service is still low
- Good experience but not pay attention to work
- The health education have not spread information cover Community
- Lack of motivation (money)
- Not dividing primary midwife and secondary midwife at HC and RH because of not enough MW
- Lack of MW at some HC
- Can not realize as plan because budget not on time
- Lack of mean to supervise
- Lack education to villager
- Counseling information to village people is not enough

Opportunities

- Training with TNA (training need assessment)
- Must be fine the motivation resource
- Equity fund

Threats

- Planning of training not appropriate
- Financial problem (small amount of budget in OD)

(2) Relation with mother and children (Rural families, payment etc.)

Strengths

- Equity fund at RH for poor peoples

- User fee is affordable(but also has exemption)
- Provided service to mother and child (BS, ANC, Immunization)
- Have education information about maternal and child health by IEC

Weaknesses

- Bad attitude of health staff (low salary)
- Knowledge of the people is limited
- Culture is not appropriate
- No capacity to access to services (no money)

Opportunities

- Strength of BCC strategy

Threats

- Difficulty in strengthening of discipline

(3) Relation with Other Activities (TBA, VHV, Public health, Immunizations etc.)

Strengths

- MW in HC go to field for provide health educate and immunization.
- Good relation by monthly meeting (HC)
- VHV have clear initiative to participate in public health

Weaknesses

- Lack of permanency MW at HC for 24 hours
- Knowledge of the people is limited
- Spread Information to community is not 100%
- Meeting for information with volunteer no supporting on planning

Opportunities

- Having Specific plan
- Assessment on staff need

Threats

- Lack human resource (MW)

(4) Support (NMCHC, RH, PHD, OD, Seniors, RTC, NGOs)

Strengths

- NMCHC has trained MW and Doctors in hospital and HC
- RTC involve training secondary and primary MW
- RTC involve training of 4months course
- PHD trained MW at HC
- RH & RTC involve in training
- PHD supervise RH & HC

Weaknesses

- Lack of relation with HC to other HC & other OD around province
- Lack of information service from CPA-3 to CPA-1, CPA-2
- Not regular follow up by NMCHC
- No monitoring by NGO
- Quality of training at RTC is not good
- Coordination with NGO is not smooth enough

Opportunities

- Some NGO work for MCH in some OD

Threats

- Lack of transportation to supervise

(5) Referral System (Demarcation Road Protocols, Service Information Sharing, etc.)

Strengths

- Availability of Ambulance
- Availability of contact telephone
- Have system of MPA & CPA clearly

Weaknesses

- Public service is limited
- Lack of modern equipment
- Human resource is limited
- Patient come to HC by them self
- Patient not yet understand about referral system
- No have ambulance
- Ambulance not available at every RH
- MPA/ CPA training not cover nationwide (not every RH)
- Some staff don't respect MPA/CPA guideline

Opportunities

- Strength referral system to MW to know about referral case

Threats

- Road condition is bad and far (specially on raining season)

(6) Facilities and Equipment

Strengths

- Some basic materials but oil
- Received some TBA kits from JICA

Weaknesses

- Some HC lack of scale and sphygmomanometer
- Lack of electricity when delivery at night time at HC
- No providing equipment and material
- Delivery room at HC, RH is not appropriate
- TBA kits is not enough all HC from JICA

Opportunities

- Making plan to MoH for request the materials
- Japanese Government provide building for maternity and some equipment as guideline (CPA-3)

Threats

- Lack of maintenance & repair budget for new building

Group 2: Prey Chhor
Facilitated by Ms.Nary, Mr. Kabayasi and Ms. Yasoyo Osanai

(1) Qualities of Service

Strengths

- RH and HC staff are good communication with client which use health facility
- Chief is good communication with staff
- Health staff advice the danger sign to client in advance
- HC and RH have the structure in each ward
- Do clear activities plan follow MOH policy
- Follow up the activities plan
- Health staff is good communication with local authority
- The midwife trained at NMCHC
- Health staff is good attitude
- Health staff is good communication with client
- Nurse provides appropriate consultation
- Midwife solved the problem on complication of birth spacing method (bleeding after injection)
- Health center midwife solve the problem on time (refer the emergency case)
- Health staff is good communication with local authority

Weakness:

- The communication with OD and HC staff is not good
- RH wants to close relationship with chief but they feel scare
- RH midwife don't have new experience (they don't receive any in service training)
- Staffs in HC don't respect the working time

- The knowledge of client is limited
- Midwife don't have chance for training
- People lack the transportation

Opportunities:

- Promote technical training every year
- Provide the training to VHV

Threatens:

- RH and HC are not enough medical equipment
- The client is poor
- The people live in remote area are difficult to find the transportation
- Lack of technical staff in HC

(2) Relationship with mother and children

Strength

- Disseminate health service through VHV and AFH organization (NGO supported client and health staff)
- HC provide transportation fee to poor client
- Exemption for mother and child in remote area

Weakness

- Some staff don't respect discipline
- Some midwife don't receive technical training
- Health education providing is limited
- Health staff is not good communication with client

Opportunities and threatens

- None

(3) Relation with other activities (TBA, VHV, Public Health, Immunization)

Strength

- TBA received training (train by OD midwife)
- VHV received training (train by chief of HC)
- Health center staff is good communication with TBA and VHV
- HC has meeting with VHV once a month
- HC has meeting with TBA once a month

Weakness

- RH is not good communication with TBA and VHV
- TBA and VHV don't have incentive (budget, materials)
- New TBAs don't have technical knowledge

Opportunities

- Provide training to TBA and VHV every year

Threatens

- Trained TBA move to another place

(4) Support (NMCHC, RH, PHD, OD, Senior, RTC, NGO)

Strength

- NMCHC supported health staff through training
- Midwife received MCH training supported by JICA
- All health staff in OD support by BTC (support incentive)
- NMCHC support training to health staff
- PHD, OD, NGO support training to health staff (4 ODs provide the training)

Weakness

- Human resource is not enough (use temporary staff)
- Health staffs go to village follow up but the infant go to the field with mother very far
- Temporary midwife never receive any training
- RH don't have material for newborn resuscitation

Opportunities

- None

Threatens

- Some area is float so health staff cannot go
- The knowledge of people is limited
- Midwife in RH provide maternity service, cannot manage emergency case, because not enough materials (blood transfusion) and no operation theater.

(5) Referral system (Road, Protocols, Service...)

Strength

- OD and RH refer the patient on time
- HC has an accurate transfer form to RH
- Sever patient refer to RH by neighbors with the hammock
- Most of Narrow Street are in good condition

Weakness

- HC has difficulties to refer the client to RH because lack of transportation
- Client lives very far cannot come to hospital because no transportation
- TBA cannot refer the patient to HC because lack of transportation
- Patient is very poor cannot come to RH because they don't have enough money
- HC is difficult to refer the emergency to RH because it is difficult to find means of

transportation

Opportunities

- Request to MOH support a good ambulance for referral system
- Local authority tries to find transportation (use mobile phone)
- HC and RH staffs communicate with community to refer to RH (CPA3)

Threaten

- RH and OD have old ambulance for transfer the client

(6) Facilities and Equipment

Strength

- HC building is OK
- HC is good sanitation
- HC keep needs materials in order (delivery kit, minor surgery kit and immunization)
- Each unit of HC has enough places for service providing

Weakness

- Too small incinerator at RH
- Nursing station, duty room and delivery room of RH are in the same room

Opportunities and Threaten

- None

(7) Other issue

Strength

- None

Weakness

- There is no parking place for staff's motorcycle

Group 3: Oreang Ov
Facilitated by Ms. Ching Chantach, Dr. Hiromi Obara, Ms. Serey Somchet

(1) Qualities of routine works (experiences, work volume, work sharing and supporters)

Strengths

- The community comes to take the services at the HC
- Staffs are punctual
- OD share works to every staff to be responsible on their own
- Director of NIP (HC) makes out reach program's plan of immunization every month
- Pregnant women often come to do maternal check up in HC
- MW educates the pregnant women

- Mothers understand well about immunization services and even take their children to get the services
- Women understand about contraception
- Mothers choose MW who has been trained by PHD to help to deliver their children
- Women often come to do contraception in HC
- MW educates the community about maternal and child health
- The staffs get the new jobs
- Getting midwifery training from PHD

Weaknesses

- Not enough medicine in HC
- Health staffs are poor due to the low salary, so some staffs open their own clinic in order to find more financial support
- Some staffs are not punctual because they are busy to work for their own clinic
- Lacking of facilities
- No pregnant women come to deliver their babies at HC because they are poor and they think that the payment at HC is expensive
- The health services are provided in limit
- The staffs still lack of technical skills

Opportunities

- Trying to educate pregnant women to deliver their babies at HC

Threats

- Mothers have low education and it is hard to explain them to understand about child's health
- The health center lack of facilities such as stethoscope....etc.
- The HC is placed in the Pagoda
- Not enough staffs nearly every technical skill
- HC lack of water and electricity
- Lacking human resources

(2) Relation with mother and child (rural families, payment...etc)

Strengths

- Mothers take their children to take immunization service
- The payment is cheap
- Mothers understand well about child health
- The community uses health service at HC

Weaknesses

- Not enough MW in HC

Opportunities

- The group members have not found any opportunities yet

Threats

- Not enough MW

(3) Relation with (TBA, VHV, public health, immunizations...etc)

Strengths

- Health center's staffs provide health information to TBA and VHV.
- The community understands about the information that is provided by OD and HC.

Weaknesses

- People, who live in rural area, lack of health education
- People still believe on traditional treatment

Opportunities

- HC's staffs share health information to their challenges after participatory workshop or training and they have many ways of sharing information among people in the village.
- The community will have chance to get health information
- HC have prepared health's plan

Threats

- No security when the health's staffs go to some areas to do out reach program
- Not enough transportation.
- Some people still believe on traditional treatment
- Found is not provided to process works on time

(4) Support (NMCHC, RH, PHD, OD, senior, RTC, NGOs)

Strengths

- Getting support from the NMCHC
- Getting support from the PHD
- Getting support from OD

Weaknesses

- No support from the NGOs.

Opportunities

- Group members have not found any opportunities yet

Threats

- Group members have not mentioned any threats in the paper

(5) Referral system (Demarcation, roads, protocol, services, information sharing...etc)

Strengths

- Having health's plan for each year.

- The HC's staffs encourage the pregnant women to get the service of maternal and child health and to deliver their babies at HC
- The staffs have high will of working

Weaknesses

- Lacking of transportation
- Not enough HC
- HC does not have enough facilities

Opportunities

- HC's staffs hope to have good smooth roads for transportation and hope to be provided at least one ambulance for rural HC
- Hope to get some financial support from NGOs and organization

Threats

- The roads are difficult to transport from place to place during rainy season
- The staffs live with poor financial support because of low salary

(6) Facilities and equipments

Strengths

- None

Weaknesses

- Lacking money to pay for transportation

Opportunities

- Group members did not mention in the paper

Threats

- The roads are not good

(7) Other issues

- None

MINUTES OF MEETINGS BETWEEN THE JAPANESE PRELIMINARY STUDY TEAM AND THE AUTHORITIES CONCERNED OF THE ROYAL GOVERNMENT OF CAMBODIA ON JAPANESE TECHNICAL COOPERATION PROJECT FOR THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

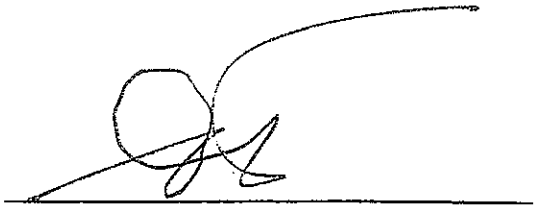
The Japanese Preliminary Study Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA"), headed by Mr. Naoyuki Kobayashi, visited the Kingdom of Cambodia from October 16 to October 25, 2006 for the purpose of preliminary study of the technical cooperation with regard to the request from the Royal Government of Cambodia on the Project for the Prevention of Mother-to-Child Transmission of HIV (hereinafter referred to as "the Project").

During its stay, both the Team and authorities concerned of the Kingdom of Cambodia (hereinafter referred to as "both sides") had a series of meetings and exchanged their views on the Project.

As a result of the meetings, both sides agreed the matters referred to in the documents attached hereto.

Phnom Penh, October 25, 2006

Mr. Naoyuki Kobayashi
Leader
The Preliminary Study Team
Japan International Cooperation Agency
Japan



Prof. Eng Huot
Secretary of State for Health
Ministry of Health
Kingdom of Cambodia

ATTACHED DOCUMENT

I Summary

JICA supported to strengthen the function of the National Maternal and Child Health Center (hereinafter referred to as "NMCHC") through Maternal and Child Health (hereinafter referred to as "MCH") Project Phase 1 (from 1995 to 2000). In its second phase (from 2000 to 2005), NMCHC developed human resources in provinces for the purpose of strengthening MCH service in local areas.

In order to increase the level of MCH service locally, it was identified that further cooperation would be needed at provincial level. For that matter, JICA has executed the Development Study on Strengthening MCH Service Performance in Cambodia to analyze the present MCH service in rural areas.

The findings of the development study would be utilized in preparation for setting up the technical cooperation, on which JICA consulted with the Cambodian side during the preliminary study.

Through collaboration for project preparation work, both sides confirmed the framework for cooperation between the Government of Japan and the Government of Cambodia for the future implementation of the project. The both parties agreed to the following matters through a series of discussions.

1. The Title of the Project

The Cambodian side requested that the original project title be changed so that it would reflect the present situation of the health administration in Cambodia, explaining that the prevention of mother-to-child transmission of HIV needs to be implemented effectively through maternal and child health service. Thus, the following title was suggested: "The Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia".

The Team confirmed its necessity and explained to the Cambodian side that it would consult with the Government of Japan on this matter.

2. Duration of the Project

The duration of the Project will be three (3) years from 2007. The date of the Project's commencement will be clarified in the Record of Discussions (hereinafter referred to as "R/D") to be agreed by both sides.

3. Project Area

The Project will cover whole Cambodia for the purpose of developing models that would be reflected in national programs. Three or four Operational Districts of Kampong Cham Province will be selected to test and monitor model activities.

4. Project Office

One of the Project offices will be located in NMCHC, and another office will be based in the Kampong Cham Provincial Health Department.

5. Counterparts

Major prospective counterparts are listed in Annex 3.

II The Draft of the Project Design Matrix (PDM)

The Team conducted a workshop to analyze the Strengths, Weaknesses, Opportunities, and Threats in rural conditions in terms of MCH in Kampong Cham Province on October 20, 2006. Based on the outcome of the workshop and series of discussions with concerned authorities, both sides agreed to the draft of the Project Design Matrix (PDM) attached in Annex 1. This draft will be finalized before signing the R/D.

III The Draft of the Plan of Operation (PO)

Both sides agreed to the Draft of the Plan of Operation (PO) of the Project attached herewith in Annex 2.

IV The Record of Discussions (R/D)

Based on the result of preliminary study and further discussions between the Cambodian side and JICA, the Record of Discussions (R/D) will be prepared and signed by the two sides prior to the commencement of the Project. The R/D will confirm the

framework of the Project and the measures to be taken by the Government of Cambodia and JICA.

V Organization of the Project Implementation

For the effective and successful implementation of technical cooperation for the Project, the Joint Coordinating Committee (hereinafter referred to as "JCC") will be established in order to fulfill the following functions:

(1) To approve the annual work plan of the Project based on the Plan of Operation within the framework of the R/D.
(2) To evaluate the results of the annual work plan and the progress of the technical cooperation.
(3) To review and exchange opinions on major issues that arise during the implementation of the Project.

JCC will be held at least once a year. The prospected members of JCC will be shown in Annex 4.

VI Monitoring and Evaluation

In order to monitor and evaluate the project implementation and activities, both sides will utilize the following criteria.

(1) Relevance
(2) Effectiveness
(3) Efficiency
(4) Impact
(5) Sustainability

Annex 1: Draft of the Project Design Matrix (PDM)
Annex 2: Draft of the Plan of Operation (PO)
Annex 3: List of Prospected Cambodian Counterparts
Annex 4: Tentative Member List of Joint Coordination Committee

Annex 1

Ver.0 Date: October 25, 2006

Draft: Project Design Matrix (PDM)

The Project for the Prevention of Mother to Child Transmission of HIV in Cambodia

(Suggested Title: The Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia)

Target Area : Whole Cambodia. Three or four ODs will be selected as model sites from Kampong Cham Province.

Duration : January, 2007 – December, 2009 (3 years)

Target Group: (1)Health staff at NMCHC, PHD, RTC, OD, RH and HC.

(2)People living in the model sites (especially women of reproductive age and neonates)

Narrative Summary	Objectively Verifiable Indicator	Means of Verification	Important Assumptions
[Overall Goal] The utilization of maternal and newborn care service with quality provided by skilled birth attendants (SBAs) is increased.	Percentage of deliveries attended by SBAs Number and percentage of pregnant women receiving ANC	National Health Statistics, DHS National Health Statistics, DHS	
[Project Purpose] Maternal and newborn care service in the model sites is improved, whose results are integrated into models and reflected in national programs.	Number of delivery registered at the model sites Number of deliveries attended by SBAs at the model sites Number of ANCs by SBAs at the model sites Number of project experiences reflected in national programs	Report from OD, HIS Report from OD Report from OD Project Report	
[Outputs] 1. The teamwork for supporting SBAs in Health Centers is improved. 2. The model of health administration system (PHD/OD) to support the activities of SBAs is formulated. 3. The model of collaboration for the improvement of MCH in the communities is formulated.	1-1 Number of trainings conducted by using the formulated training curriculum is increased 1-2 Number of action plans made after the training increased 2-1 Use of checklist by PHD/OD is improved 2-2 Perceived quality and contents of monitoring PHD/OD to HC is improved 2-3 The guideline for reinforcing support for SBAs in HC/RH by PHD/RTC/OD is developed 3-1 Relations among HC staff and community (TBA, VHV) is improved. 3-2 Number of activities started with collaboration of HC staff and community is increased 3-3 The case handbook of collaboration models is developed.	Project Report Project Report Project Survey Interview with SBAs by Project Project Report Project Survey Project Survey Project Survey	

4. NMCHC identifies the issues in the rural areas and reflects it into national programs.	4-1 Number of reporting on progress and output of the Project to MCH related stakeholders is increased. 4-2 Number of changes in protocols of NMCHC based on the Project experiences is increased. 4-3 The support guideline and the case handbooks are authorized. 4-4 Quality and quantity of information on maternal mortality and morbidities grasped by national programs is improved.	Project Report Project Report Project Report Project Survey	

[Activities]

0-1 Review the current situation of ODs in Kampong Cham Province for selecting the model sites
0-2 Select the model sites

1-1 Formulate the training curriculums at NMCHC for strengthening teamwork, based on the review of the existing way of monitoring nationwide (Activity 2-1) and the stakeholder analysis in the model sites(Activity 3-2).
1-2 Organize implementation team to conduct the training.
1-3 Conduct the training on strengthening services by SBA and other stakeholders (PHD/RTC/OD/RH/HC) on teamwork in the model sites.
1-4 Improve and conduct the technical training on MCH, including PMTCT, at PHD/RTC/OD level.
1-5 Monitor the outcome of the training by follow up workshops

2-1 Review the existing way of support (monitoring and checklists) by PHD/RTC/OD for SBAs in HC/RH.
2-2 Reflect the results of the review into the training curriculum mentioned in 1-1.
2-3 Strengthen regular monitoring by PHD/OD for SBAs in HC/RH by using the checklist after the training.
2-4 Strengthen NMCHC's support for monitoring of PHD/OD
2-5 Develop the guideline for reinforcing support for SBAs in HC/RH by PHD/RTC/OD.

3-1 Review the good practices of community activities nationwide.
3-2 Conduct stakeholder analysis in the model sites.
3-3 Reflect the results of the analysis into the training curriculum mentioned in 1-1.
3-4 Strengthen community activities by HC staff after the training.
3-5 Verify and monitor the collaboration model among HC staff and community people.
3-6 Develop the case handbook of collaboration models.
3-7 Conduct workshops to share the experiences of the model sites.

4-1 Participate in the technical working groups related to MCH.
4-2 Report the project activities to the relevant stakeholders.
4-3 Collect information on maternal mortality and morbidities.
4-4 Authorize and disseminate the guidelines and handbooks developed by the project.
4-5 Conduct seminars on how to support SBAs.

[Inputs]

Japanese Side

1. Long / Short term experts
   - Chief Advisor
   - Project Coordinator
   - Others
2. Counterpart training
3. Equipment provision

Cambodian Side

1. Counterpart members
2. Project offices
3. Local cost

[Preconditions]

Annex 2

Plan of Operation (Draft)

The Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia

October 25, 2006

[Activities]		1st Year				2nd Year				3rd Year				Implementation	
		1	2	3	4	1	2	3	4	1	2	3	4	Main	Sub
0-1	Review the current situation of ODs in Kampong Cham Province for selecting the model sites	■												NMCHC/ PHD	
0-2	Select the model sites	■												JCC	
1-1	Formulate the training curriculums at NMCHC for strengthening teamwork, based on the review of the existing way of monitoring nationwide (Activity 2-1) and the stakeholder analysis in the model sites(Activity 3-2).		■	■								■		NMCHC	PHD/RTC /OD
1-2	Organize implementation team to conduct the training.		■	■										NMCHC	HRD/PHD /RTC/OD
1-3	Conduct the training on strengthening services by SBA and other stakeholders (PHD/RTC/OD/RH/HC) on teamwork in the model sites.			■	■									NMCHC/ PHD/OD	OD/RH/H C
1-4	Improve and conduct the technical training on MCH, including PMTCT, at PHD/RTC/OD level.		■	■	■									NMCHC	PHD/RTC /OD
1-5	Monitor the outcome of the training by follow up workshops						■				■			NMCHC	PHD/RTC /OD
2-1	Review the existing way of support (monitoring and checklists) by PHD/RTC/OD for SBAs in HC/RH.	■												NMCHC	PHD
2-2	Reflect the results of the review into the training curriculum mentioned in 1-1.		■											NMCHC	PHD/RTC /OD
2-3	Strengthen regular monitoring by PHD/OD for SBAs in HC/RH by using the checklist after the training.				▪	▪	▪	▪	▪	▪	▪	▪		PHD/OD	
2-4	Strengthen NMCHC's support for monitoring of PHD/OD				▪	▪	▪	▪	▪	▪	▪	▪		NMCHC	
2-5	Develop the guideline for reinforcing support for SBAs in HC/RH by PHD/RTC/OD.											■	■	NMCHC	PHD/RTC /OD
3-1	Review the good practices of community activities nationwide.	■												NMCHC	PHD
3-2	Conduct stakeholder analysis in the model sites.		■											NMCHC	PHD/OD
3-3	Reflect the results of the analysis into the training curriculum mentioned in 1-1.		■											NMCHC	PHD/RTC /OD
3-4	Strengthen community activities by HC staff after the training.				▪	▪	▪	▪	▪	▪	▪	▪		OD/HC	
3-5	Verify and monitor the collaboration model among HC staff and community people.				▪	▪	▪	▪	▪	▪	▪	▪		NMCHC/ PHD	OD
3-6	Develop the case handbook of collaboration models.											■	■	NMCHC	PHD/OD
3-7	Conduct workshops to share the experiences of the model sites.									■	■			NMCHC/ PHD/OD	
4-1	Participate in the technical working groups related to MCH.	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	NMCHC	
4-2	Report the project activities to the relevant stakeholders.	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪	NMCHC	
4-3	Collect information on maternal mortality and morbidities.				▪	▪	▪							NMCHC	
4-4	Authorize and disseminate the guidelines and handbooks developed by the project.											■	■	NMCHC	
4-5	Conduct seminars on how to support SBAs.												■	NMCHC	PHD/RTC /OD

List of Prospected Cambodian Counterparts

Project Director: Secretary of State for Health, Ministry of Health will bear overall responsibility for the administration and implementation of the Project

Project Manager: Director, National Maternal and Child Health Center will be responsible for the managerial and technical matters of the Project

Other Project Counterparts:
Staff of the National Maternal and Child Health Center
Staff of the Provincial Health Department, Kampong Cham Province
Staff of the selected Operational Districts in Kampong Cham Province

Tentative Member List of Joint Coordinating Committee

1. Chairperson

H. E. Prof. Eng Huot, Secretary of State for Health, Ministry of Health

2. Members

(Cambodian Side)

- Prof. Koum Kanal, Director, National Maternal and Child Health Center (NMCHC)
- Dr. Tan Vuoch Chheng, Vice Director, Program Manager of PMTCT Program, NMCHC
- Dr. Tung Rathavy, Vice Director, Program Manager of National Reproductive Health Program, NMCHC
- Dr. Keth Ly Sotha, Vice Director and Chief of TOT Unit, NMCHC
- Dr. Svay Sarath, Assistant Program Manager of National Immunization Program, Ministry of Health (MOH)
- Dr. Lo Veasnakiry, Director, Department of Planning and Health Information, MOH
- Dr. Or Vandine, Director, Department of International Cooperation, MOH
- Mrs. Keat Phuong, Director, Department of Human Resource Development, MOH
- Mr. Ly Sam Ol, Chief of First Financial Management Office to MOH, Ministry of Economy and Finance
- Ms. Heng Sokun, Director of Bilateral Aid Coordination Department, Council for the Development of Cambodia

- Dr. Nguon Sim Ann, Director, Provincial Health Department, Kampong Cham Province
- Directors from selected Operational Districts, Kampong Cham Province

(Japanese Side)

- Official(s) in charge, JICA Cambodia Office
- Experts of the Project
- Embassy of Japan (as observer)

RECORD OF DISCUSSIONS
BETWEEN
JAPAN INTERNATIONAL COOPERATION AGENCY
AND
AUTHORITIES CONCERNED OF
THE ROYAL GOVERNMENT OF CAMBODIA
ON JAPANESE TECHNICAL COOPERATION PROJECT
FOR IMPROVING MATERNAL AND CHILD HEALTH SERVICE
IN RURAL AREAS

The Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussions with the Cambodian authorities with respect to desirable measures to be taken by both Japanese and Cambodian governments for the successful implementation of the above-mentioned Project.

As a result of the discussions, and in accordance with the provisions of the Agreement on Technical Cooperation between the Government of Japan and the Royal Government of Cambodia, signed in Phnom Penh on June 17, 2003 (hereinafter referred to as "the Agreement"), JICA and Cambodian authorities concerned agreed on the matters referred to in the document attached hereto.

Phnom Penh, December 21, 2006

Mr. Kazuhiro Yoneda
Resident Representative
Japan International Cooperation Agency
Cambodia Office

Prof. Eng Huot
Secretary of State for Health
Ministry of Health
Kingdom of Cambodia

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN JICA AND ROYAL GOVERNMENT OF CAMBODIA

1. The Royal Government of Cambodia will implement the Project for Improving Maternal and Child Health Service in Rural Areas (hereinafter referred to as "the Project") in cooperation with JICA.

2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY JICA

In accordance with the laws and regulations in force in Japan and the provisions of Article II of the Agreement, JICA, as the executing agency for technical cooperation by the Government of Japan, will take, at its own expense, the following measures according to the normal procedures of its technical cooperation scheme.

1. DISPATCH OF JAPANESE EXPERTS
   JICA will provide the services of the Japanese experts as listed in Annex II. The provision of Article V of the Agreement will be applied to the above-mentioned experts.

2. PROVISION OF EQUIPMENT
   JICA will provide equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The provision of Article VII of the Agreement will be applied to the Equipment.

3. TRAINING OF CAMBODIAN PERSONNEL IN JAPAN
   JICA will receive the Cambodian personnel connected with the Project for technical training in Japan.

III. MEASURES TO BE TAKEN BY THE ROYAL GOVERNMENT OF CAMBODIA

1. The Royal Government of Cambodia will take necessary measures to ensure

that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.

2. The Royal Government of Cambodia will ensure that the technologies and knowledge acquired by the Cambodian nationals as a result of the Japanese technical cooperation will contribute to the economic and social development of Cambodia.

3. In accordance with the provisions of Article V of the Agreement, the Government of Cambodia will grant in Cambodia privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families.

4. In accordance with the provisions of Article VII of the Agreement, the Government of Cambodia will take the measures necessary to receive and use the Equipment provided by JICA under II-2 above and equipment, machinery and materials carried in by the Japanese experts referred to in II-1 above.

5. The Royal Government of Cambodia will take necessary measures to ensure that the knowledge and experience acquired by the Cambodian personnel from technical training in Japan will be utilized effectively in the implementation of the Project.

6. In accordance with the provision of Article V of the Agreement, the Royal Government of Cambodia will provide the services of Cambodian counterpart personnel and administrative personnel as listed in Annex IV.

7. In accordance with the provision of Article V of the Agreement, the Royal Government of Cambodia will provide the buildings and facilities as listed in Annex V.

8. In accordance with the laws and regulations in force in Cambodia, the Royal Government of Cambodia will take necessary measures to supply or replace at its own expense machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the equipment provided by JICA under II-2 above.

9. In accordance with the laws and regulations in force in Cambodia, the Royal Government of Cambodia will take necessary measures to meet the running

expenses necessary for the implementation of the Project.

IV. ADMINISTRATION OF THE PROJECT

1. Prof. Eng Huot, Secretary of State for Health, Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the Project.

2. Director, the National Maternal and Child Health Center, as the Project Manager, will be responsible for the managerial and technical matters of the Project.

3. The Japanese Chief Advisor will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

4. The Japanese experts will give necessary technical guidance and advice to Cambodian counterpart personnel on technical matters pertaining to the implementation of the Project.

5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annex VI.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by JICA and the Cambodian authorities concerned, at the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

In accordance with the provision of Article VI of the Agreement, the Royal Government of Cambodia undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Cambodia except for those arising from the willful misconduct

or gross negligence of the Japanese experts.

VII. MUTUAL CONSULTATION

There will be mutual consultation between JICA and the Royal Government of Cambodia on any major issues arising from, or in connection with this Attached Document.

VIII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT

For the purpose of promoting support for the Project among the people of Cambodia, the Royal Government of Cambodia will take appropriate measures to make the Project widely known to the people of Cambodia.

IX. TERM OF COOPERATION

The duration of the technical cooperation for the Project under this Attached Document will be three years from January 16, 2007.

ANNEX I	MASTER PLAN
ANNEX II	LIST OF JAPANESE EXPERTS
ANNEX III	LIST OF EQUIPMENT
ANNEX IV	LIST OF CAMBODIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL
ANNEX V	LIST OF BUILDINGS AND FACILITIES
ANNEX VI	JOINT COORDINATING COMMITTEE
ANNEX VII	AGREEMENT ON TECHNICAL COOPERATION BETWEEN THE GOVERNMENT OF JAPAN AND THE ROYAL GOVERNMENT OF CAMBODIA

ANNEX I MASTER PLAN

1. NAME OF THE PROJECT

Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia

2. OBJECTIVES OF THE PROJECT

(1) Overall Goal

The utilization of maternal and newborn care service with quality provided by skilled birth attendants (SBAs) is increased.

(2) Project Purpose

Maternal and newborn care service in the model sites is improved, whose results are integrated into models and reflected in national programs.

3. OUTPUTS AND ACTIVITIES OF THE PROJECT

(1) Outputs of the Project

1 The teamwork for supporting SBAs in Health Center(HC)s is improved.

2 The model of health administration system (Provincial Health Department (PHD)/Operational District(OD)) to support the activities of SBAs is formulated.

3 The model of collaboration for the improvement of maternal and child health (MCH) in the communities is formulated.

4 National Maternal and Child Health Center (NMCHC) identifies the issues in the rural areas and reflects it into national programs.

.(2) Activities of the Project

0-1 Review the current situation of ODs in Kampong Cham Province for selecting the model sites

0-2 Select the model sites

1-1 Formulate the training curriculums at NMCHC for strengthening teamwork, based on the review of the existing way of monitoring nationwide (Activity 2-1) and the stakeholder analysis in the model sites(Activity 3-2).

1-2 Organize implementation team to conduct the training.

1-3 Conduct the training on strengthening services by SBA and other stakeholders (PHD/Regional Training Center(RTC)/OD/Referral Hospital(RH)/HC) on teamwork in the model sites.

1-4 Improve and conduct the technical training on MCH, including prevention of

mother-to-child transmission of HIV (PMTCT), at PHD/RTC/OD level.

1-5 Monitor the outcome of the training by follow up workshops

2-1 Review the existing way of support (monitoring and checklists) by PHD/RTC/OD for SBAs in HC/RH.

2-2 Reflect the results of the review into the training curriculum mentioned in 1-1.

2-3 Strengthen regular monitoring by PHD/OD for SBAs in HC/RH by using the checklist after the training.

2-4 Strengthen NMCHC's support for monitoring of PHD/OD

2-5 Develop the guideline for reinforcing support for SBAs in HC/RH by PHD/RTC/OD.

3-1 Review the good practices of community activities nationwide.

3-2 Conduct stakeholder analysis in the model sites.

3-3 Reflect the results of the analysis into the training curriculum mentioned in 1-1.

3-4 Strengthen community activities by HC staff after the training.

3-5 Verify and monitor the collaboration model among HC staff and community people.

3-6 Develop the case handbook of collaboration models.

3-7 Conduct workshops to share the experiences of the model sites.

4-1 Participate in the technical working groups related to MCH.

4-2 Report the project activities to the relevant stakeholders.

4-3 Collect information on maternal mortality and morbidities.

4-4 Authorize and disseminate the guidelines and handbooks developed by the project.

4-5 Conduct seminars on how to support SBAs.

4. TARGET AREAS

Whole Cambodia. Three or four ODs will be selected as model sites from Kampong Cham Province.

5. DURATION OF THE PROJECT

Three (3) years

ANNEX II LIST OF JAPANESE EXPERTS

1. Long-term Experts
   (1) Chief Advisor
   (2) Community Health
   (3) Project Coordinator/ Training Management

2. Short-term Experts
   (1) Health system management
   (2) Evaluation of community activities
   (3) Midwifery care and prevention of mother-to-child transmission
   (4) Neonatal care
   (5) Epidemiology
   (6) Health administration
   (7) Organizational management
   (8) Health Finance

3. Expert(s) in other fields mutually agreed upon as needed.

ANNEX III LIST OF EQUIPMENT

1. Training equipment
2. Equipment for the Project Office
3. Other equipment mutually agreed upon as needed

The detailed list of equipment will be prepared after the commencement of the Project in consultation and agreement with the National Maternal and Child Health Center and the Ministry of Health.

ANNEX IV LIST OF CAMBODIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL

(1) Project Director:

H.E. Prof. Eng Huot, Secretary of State for Health, Ministry of Health

(2) Project Manager:

Director, National Maternal and Child Health Center

(3) Counterparts:

Staff of the National Maternal and Child Health Center

Staff of the Provincial Health Department, Kampong Cham Province

Staff of the selected Operational Districts in Kampong Cham Province

ANNEX V LIST OF BUILDINGS AND FACILITIES

1. Offices and/or spaces for the Japanese experts
2. Local cost for government staff including salary and facilities
3. Operational expenses such as the supply of electricity, gas and water, sewage system, furniture necessary for project offices
4. Other facilities mutually agreed upon as necessary

ANNEX VI JOINT COORDINATING COMMITTEE

1. FUNCTION

The Joint Coordinating Committee will meet once a year and whenever the necessity arises and will work to fulfill the following functions:

a) To formulate and approve the Annual Work Plan of the Project.
b) To review the overall progress of the Project as well as the achievements of the above-mentioned Annual Work Plan.
c) To review and exchange opinions on major issues that arise during the implementation of the Project.

2. COMPOSITION

1) Chairperson

H.E. Prof. Eng Huot, Secretary of State for Health, Ministry of Health

2) Members

(Cambodian Side)
- Prof. Koum Kanal, Director, National Maternal and Child Health Center (NMCHC)
- Dr. Tan Vuoch Chheng, Vice Director, Program Manager of PMTCT Program, NMCHC
- Dr. Tung Rathavy, Vice Director, Program Manager of National Reproductive Health Program, NMCHC
- Dr. Keth Ly Sotha, Vice Director and Chief of TOT Unit, NMCHC
- Dr. Svay Sarath, Assistant Program Manager of National Immunization Program, Ministry of Health (MOH)
- Dr. Lo Veasnakiry, Director, Department of Planning and Health Information, MOH
- Dr. Or Vandine, Director, Department of International Cooperation, MOH
- Mrs. Keat Phuong, Director, Department of Human Resource Development, MOH
- Mr. Ly Sam Ol, Chief of First Financial Management Office to MOH, Ministry of Economy and Finance
- Ms. Heng Sokun, Director of Bilateral Aid Coordination Department, Council for the Development of Cambodia
- Dr. Nguon Sim Ann, Director, Provincial Health Department, Kampong Cham Province
- Directors from selected Operational Districts, Kampong Cham Province

(Japanese Side)
- Chief Advisor
- Project Coordinator
- Japanese Expert(s)
- Resident Representative of JICA Cambodia Office

(Official(s) of the Embassy of Japan in the Kingdom of Cambodia may attend the Committee as observer(s).)

Note: The Joint Coordinating Committee can invite any relevant person to discuss specific issues.

ANNEX VII

AGREEMENT ON TECHNICAL COOPERATION BETWEEN THE GOVERNMENT OF JAPAN AND THE ROYAL GOVERNMENT OF CAMBODIA

AGREEMENT ON TECHNICAL COOPERATION BETWEEN THE GOVERNMENT OF JAPAN AND THE ROYAL GOVERNMENT OF CAMBODIA

The Government of Japan and the Royal Government of Cambodia,

Desiring to strengthen further the friendly relations existing between the two countries by the promotion of technical cooperation, and

Considering mutual benefits derived from promoting the economic and social development of their respective countries,

Have agreed as follows:

ARTICLE I

The two Governments shall endeavor to promote technical cooperation between the two countries.

ARTICLE II

Separate arrangements which govern specific technical cooperation programs carried out under this Agreement shall be agreed upon between the authorities concerned of the two Governments. The authority concerned of the Government of Japan is the Ministry of Foreign Affairs, and the authority concerned of the Royal Government of Cambodia is the Ministry of Foreign Affairs and International Cooperation.

ARTICLE III

The following forms of technical cooperation will be carried out by the Japan International Cooperation Agency (hereinafter referred to as "JICA") at its own expense in accordance with the laws and regulations in force in Japan as well as with the arrangements referred to in Article II:

(a) providing technical training to Cambodian nationals;

(b) dispatching experts (hereinafter referred to as the "Experts") to the Kingdom of Cambodia;

c) dispatching Japanese volunteers with a wide range of technical skills and abundant experience (hereinafter referred to as the "Senior Volunteers") to the Kingdom of Cambodia;

(d) dispatching Japanese missions (hereinafter referred to as the "Missions") to the Kingdom of Cambodia to conduct surveys of economic and social development projects of the Kingdom of Cambodia;

(e) providing the Royal Government of Cambodia with equipment, machinery and materials; and

(f) providing the Royal Government of Cambodia with other forms of technical cooperation as may be decided upon by mutual consent between the two Governments.

ARTICLE IV

The Royal Government of Cambodia shall ensure that the techniques and knowledge acquired by Cambodian nationals as well as the equipment, machinery and materials provided as a result of the Japanese technical cooperation as set forth in Article III contribute to the economic and social development of the Kingdom of Cambodia, and are not utilized for military purposes.

ARTICLE V

In case JICA dispatches the Experts, the Senior Volunteers and the Missions, the Royal Government of Cambodia shall:

1. (1) (a) exempt the Experts, the Senior Volunteers and members of the Missions from taxes including income tax, and fiscal charges imposed on or in connection with salaries and any allowances remitted to them from overseas;

(b) exempt the Experts, the Senior Volunteers, members of the Missions and their families from consular fees, taxes including customs duties and fiscal charges, as well as from the requirements of obtaining import license and certificate of foreign exchange coverage, in respect of the importation of:

(i) luggage;

(ii) personal effects, household effects and consumer goods; and

(iii) one motor vehicle per Expert, per family of the Expert, per Senior Volunteer and per family of the Senior Volunteer assigned to stay in the Kingdom of Cambodia;

(c) exempt the Experts, the Senior Volunteers and their families who do not import any motor vehicle into the Kingdom of Cambodia from taxes including value added tax and fiscal charges in respect of the local purchase of one motor vehicle per Expert, per family of the Expert, per Senior Volunteer and per family of the Senior Volunteer; and

(d) exempt the Experts, the Senior Volunteers and their families from the registration fee of the motor vehicles mentioned in (b)(iii) and (c);

(2) (a) provide at its own expense suitable office and other facilities including telephone and facsimile services necessary for the performance of the duties of the Experts, the Senior Volunteers and the Missions as well as to bear the expenses for their operation and maintenance;

(b) provide at its own expense the local staff (including adequate interpreters, if necessary) as well as Cambodian counterparts to the Experts, the Senior Volunteers and the Missions necessary for the performance of their duties;

(c) bear expenses of the Experts and the Senior Volunteers whenever local conditions and financial possibilities of authorities concerned of the Royal Government of Cambodia permit for:

(i) daily transportation to and from their place of work;

(ii) their official travels within the Kingdom of Cambodia; and

(iii) their official correspondence;

(d) provide the convenience for acquisition of appropriate housing accommodation for the Experts, the Senior Volunteers and their families; and

(e) provide the convenience for receiving medical care and facilities for the Experts, the Senior Volunteers, members of the Missions and their families;

(3) (a) permit the Experts, the Senior Volunteers, members of the Missions and their families to enter, leave and sojourn in the Kingdom of Cambodia for the duration of their assignment therein, offer them the convenience for procedures of alien registration requirements, and exempt them from consular fees;

(b) issue identification cards to the Experts, the Senior Volunteers and members of the Missions to secure the cooperation of all governmental organizations necessary for the performance of their duties;

(c) offer the Experts, the Senior Volunteers and their families the convenience for acquisition of car driving license; and

(d) carry out other measures necessary for the performance of the duties of the Experts, the Senior Volunteers and the Missions.

2. The motor vehicles mentioned in paragraph 1 shall be subject to payment of taxes including customs duties if they are subsequently sold or transferred within the Kingdom of Cambodia to individuals or organizations not entitled to exemption from such taxes or similar privileges.

3. The Royal Government of Cambodia shall accord the Experts, the Senior Volunteers, members of the Missions and their families such privileges, exemptions and benefits as are no less favorable than those accorded to experts, senior volunteers, members of missions and their families of any third country or of any international organization performing a similar mission in the Kingdom of Cambodia.

ARTICLE VI

The Royal Government of Cambodia shall bear claims, if any arises, against the Experts, the Senior Volunteers and members of the Missions resulting from, occurring in the course of, or otherwise connected with, the performance of their duties, except when the two Governments agree that such claims arise from gross negligence or willful misconduct on the part of the Experts, the Senior Volunteers or members of the Missions.

ARTICLE VII

1. (1) In case JICA provides the Royal Government of Cambodia with equipment, machinery and materials, the Royal Government of Cambodia shall exempt such equipment, machinery and materials from consular fees, taxes including customs duties and fiscal charges, as well as from the requirements of obtaining import license and certificate of foreign exchange coverage, in respect of the importation. The equipment, machinery and materials mentioned above shall become the property of the Royal Government of Cambodia upon being delivered c.i.f. at the port of the disembarkation to authorities concerned of the Royal Government of Cambodia.

(2) In case JICA provides the Royal Government of Cambodia with equipment, machinery and materials, the Royal Government of Cambodia shall exempt such equipment, machinery and materials from taxes including value added tax and fiscal charges in respect of the local purchase.

(3) The equipment, machinery and materials mentioned in sub-paragraph (1) and (2) shall be utilized for the purpose specified in the arrangements referred to in Article II of this Agreement unless otherwise agreed upon between the authorities concerned of the two Governments.

(4) The expenses for the transportation within the Kingdom of Cambodia of the equipment, machinery and materials mentioned in sub-paragraph (1) and (2) and the expenses for their replacement, maintenance and repair shall be borne by the Royal Government of Cambodia.

2. (1) The equipment, machinery and materials, prepared by the Government of Japan, necessary for the performance of the duties of the Experts, the Senior Volunteers and members of the Missions shall remain the property of the Government of Japan unless otherwise

agreed upon between the authorities concerned of the two Governments.

(2) The Royal Government of Cambodia shall exempt the Experts, the Senior Volunteers and members of the Missions from consular fees, taxes including customs duties and fiscal charges, as well as from the requirements of obtaining import license and certificate of foreign exchange coverage, in respect of the importation of the equipment, machinery and materials mentioned in sub-paragraph (1).

(3) The Royal Government of Cambodia shall exempt the Experts, the Senior Volunteers and members of the Missions from taxes including value added tax and fiscal charges in respect of the local purchase of the equipment, machinery and materials mentioned in sub-paragraph (1).

ARTICLE VIII

The Royal Government of Cambodia shall maintain close contact, through organizations designated by it, with the Experts, the Senior Volunteers and members of the Missions.

ARTICLE IX

1. The Royal Government of Cambodia shall admit JICA to maintain an overseas office of JICA in the Kingdom of Cambodia (hereinafter referred to as the "Office") and shall accept a resident representative and his/her staff to be dispatched from Japan (hereinafter referred to as the "Representative" and the "Staff" respectively) who perform the duties to be assigned to them by JICA relative to the technical cooperation programs under this Agreement in the Kingdom of Cambodia.

2. The Royal Government of Cambodia shall:

(1) (a) exempt the Representative, the Staff and their families from taxes including income tax and fiscal charges imposed on or in connection with salaries and any allowances remitted to them from overseas;

(b) exempt the Representative, the Staff and their families from consular fees, taxes including customs duties and fiscal charges, as well as from the requirement of obtaining import license and certificate of foreign exchange

coverage, in respect of the importation of:

(i) luggage;

(ii) personal effects, household effects and consumer goods; and

(iii) one motor vehicle per Representative, per Staff, per family of the Representative and per that of the Staff assigned to stay in the Kingdom of Cambodia;

(c) exempt the Representative, the Staff and their families who do not import any motor vehicle into the Kingdom of Cambodia from taxes including value added tax and fiscal charges in respect of the local purchase of one motor vehicle per Representative, per Staff, per family of the Representative and per that of the Staff;

(d) exempt the Representative, the Staff and their families from the registration fee of the motor vehicles mentioned in (b)(iii) and (c);

(e) permit the Representative, the Staff and their families to enter, leave and sojourn in the Kingdom of Cambodia for the duration of their assignment therein, offer them the convenience for procedures of alien registration requirements, and exempt them from consular fees;

(f) issue identification cards and special passes to the Representative and the Staff to enter airport/seaport beyond passport control point to receive and send off the Experts, the Senior Volunteers and members of the Missions;

(g) offer the Representative, the Staff and their families the convenience for acquisition of car driving license; and

(h) carry out other measures necessary for the performance of the duties of the Representative and the Staff;

(2) (a) exempt the Office from consular fees, taxes including customs duties and fiscal charges, as well as from the requirements of obtaining import license and certificate of

foreign exchange coverage, in respect of the importation of the equipment, machinery, motor vehicles and materials necessary for activities of the Office;

(b) exempt the Office from taxes including value added tax and fiscal charges in respect of the local purchase of the equipment, machinery, motor vehicles and materials necessary for the functions of the Office; and

(c) exempt the Office from taxes including income tax and fiscal charges imposed on or in connection with office expenses remitted from overseas.

3. The motor vehicles mentioned in paragraph 2 shall be subject to payment of taxes including customs duties if they are subsequently sold or transferred within the Kingdom of Cambodia to individuals or organizations not entitled to exemption from such taxes or similar privileges.

4. The Royal Government of Cambodia shall accord the Representative, the Staff and their families as well as the Office such privileges, exemptions and benefits as are no less favorable than those accorded to representatives, staff and their families as well as offices of any third country or of any international organization performing a similar mission in the Kingdom of Cambodia.

ARTICLE X

The Royal Government of Cambodia shall take necessary measures to ensure security of the Experts, the Senior Volunteers, members of the Missions, the Representative, the Staff and their families staying in the Kingdom of Cambodia.

ARTICLE XI

The Government of Japan and the Royal Government of Cambodia shall consult with each other in respect of any matter that may arise from or in connection with this Agreement.

ARTICLE XII

1. The provisions of this Agreement shall also apply, after the entering into force of this Agreement, to the

specific technical cooperation programs which have commenced prior to the entering into force of this Agreement, and to the Experts, the Senior Volunteers, members of the Missions, the Representative, the Staff and their families staying in the Kingdom of Cambodia as well as to the equipment, machinery and materials related to the said programs.

2. The termination of this Agreement shall neither affect the specific technical cooperation programs being carried out until the date of the completion of the said programs, unless otherwise decided upon by mutual consent between the two Governments, nor affect the privileges, exemptions and benefits accorded to the Experts, the Senior Volunteers, members of the Missions, the Representative, the Staff and their families staying in the Kingdom of Cambodia for the performance of their duties in connection with the said programs.

ARTICLE XIII

1. This Agreement shall enter into force on the date of the signature thereof.

2. This Agreement shall remain in force for a period of one year, and shall be automatically renewed every year for another period of one year each, unless either Government has given to the other Government at least six months' written advance notice of its intention to terminate the Agreement.

IN WITNESS WHEREOF the undersigned, duly authorized thereto, have signed this Agreement.

DONE in duplicate in English at Phnom Penh on June 17, 2003.

For the Government of Japan:

川口順子

For the Royal Government of Cambodia:

MINUTES OF MEETINGS BETWEEN JAPAN INTERNATIONAL COOPERATION AGENCY AND AUTHORITIES CONCERNED OF THE ROYAL GOVERNMENT OF CAMBODIA ON JAPANESE TECHNICAL COOPERATION PROJECT FOR IMPROVING MATERNAL AND CHILD HEALTH SERVICE IN RURAL AREAS

The Japan International Cooperation Agency (hereinafter referred to as "JICA") exchanged views and had a series of discussions with the Cambodian authorities on desirable measures to be taken by both Japanese and Cambodian governments for the successful implementation of the Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia (hereinafter referred to as "the Project").

As a result of the discussions, JICA and Cambodian authorities concerned agreed upon the matters referred to in the document attached hereto. This document is related to the Record of Discussions (hereinafter referred to as "R/D") on the Project.

Phnom Penh, December 21, 2006

Mr. Kazuhiro Yoneda	Prof. Eng Huot
Resident Representative	Secretary of State for Health
Japan International Cooperation Agency	Ministry of Health
Cambodia Office	Kingdom of Cambodia

ATTACHED DOCUMENT

I. The Project Design Matrix (PDM)

The Project Design Matrix (hereinafter referred to as "PDM") was elaborated through discussion by JICA and the Cambodian authorities concerned. Both sides agreed to recognize PDM as the important tool for project management, and the basis of monitoring and evaluation of the Project. The PDM will be utilized by both sides throughout the implementation of the Project. The PDM is shown in Annex 1.

The PDM will be subject to change within the framework of the R/D when necessity arises in the course of implementation of the Project by mutual consent.

II. The Plan of Operation (PO)

The Plan of Operation (hereinafter referred to as "PO") has been formulated according to the R/D, on condition that the necessary budget will be allocated for the implementation of the Project by both sides. The schedule will be subject to change within the framework of the R/D when necessity arises in the course of implementation of the Project by mutual consent. The PO is shown in Annex 2.

Annex 1 PDM
Annex 2 PO

Annex 1

Ver.1 Date: December 21, 2006

Project Design Matrix (PDM)

The Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia

Target Area : Whole Cambodia. Three or four ODs will be selected from Kampong Cham Province as the model sites.

Duration : January, 2007 – December, 2009 (3 years)

Target Groups: (1) Health staff at NMCHC, PHD, RTC, OD, RH and HC.

(2) People living in the model sites (especially women of reproductive age and neonates)

Narrative Summary	Objectively Verifiable Indicator	Means of Verification	Important Assumptions
[Overall Goal] The utilization of maternal and newborn care service with quality provided by Skilled Birth Attendants (SBAs) is increased.	Percentage of deliveries attended by SBAs Number and percentage of pregnant women receiving ANC	National Health Statistics, DHS National Health Statistics, DHS	MoH does not change major policies on SBAs and maternal and newborn health.
[Project Purpose] Maternal and newborn care service in the model sites is improved, whose results are integrated into models and reflected in the national programs*. (* National programs under NMCHC, particularly National Reproductive Health Program.)	Number of delivery registered at the model sites Number of deliveries attended by SBAs at the model sites Number of ANCs by SBAs at the model sites Number of project experiences reflected in the national programs	Report from OD, HIS Report from OD Report from OD Project Report	The function of NMCHC including the national programs does not change. drastically.
[Outputs] 1. The teamwork for supporting SBAs in Health Centers (HC) is improved.	1-1 Number of trainings conducted by using the formulated training curriculum is increased 1-2 Number of action plans made after the training is increased	Project Report Project Report	Political situation remains stable.
2. The model of health administration system (PHD/OD) to support the activities of SBAs is formulated.	2-1 Use of checklist by PHD/OD is improved 2-2 Perceived quality and contents of monitoring PHD/OD to HC is improved 2-3 The guideline for reinforcing support for SBAs in HC/RH by PHD/RTC/OD is developed	Project Survey Interview with SBAs by Project Project Report	The staff of the national programs at managerial level does not resign.
3. The model of collaboration for the improvement of MCH in the communities is formulated.	3-1 Relations among HC staff and community (TBA, VHV) are improved. 3-2 Number of activities started with collaboration of HC staff and community is increased 3-3 The case handbook of collaboration models is developed.	Project Survey Project Survey Project Survey	

4. NMCHC identifies the issues in the rural areas and reflects this in the national programs.	4-1 Number of reporting on progress and output of the Project to MCH related stakeholders is increased. 4-2 Number of changes in protocols of NMCHC based on the Project experiences is increased. 4-3 The support guideline and the case handbooks are authorized. 4-4 Quality and quantity of information on maternal mortality and morbidities grasped by the national programs is improved.	Project Report Project Report Project Report Project Survey	

[Activities]

0-1 Review the current situation of ODs in Kampong Cham Province for selecting the model sites
0-2 Select the model sites

1-1 Formulate the training curriculums at NMCHC for strengthening teamwork, based on the review of the existing way of monitoring nationwide (Activity 2-1) and the stakeholder analysis in the model sites(Activity 3-2).
1-2 Organize implementation team to conduct the training.
1-3 Conduct the training on strengthening services by SBAs and other stakeholders (PHD/RTC/OD/RH/HC) on teamwork in the model sites.
1-4 Improve and conduct the technical training on MCH, including PMTCT, at PHD/RTC/OD level.
1-5 Monitor the outcomes of the training by follow up workshops

2-1 Review the existing way of support (monitoring and checklists) by PHD/RTC/OD for SBAs in HC/RH.
2-2 Reflect the results of the review into the training curriculums mentioned in 1-1.
2-3 Strengthen regular monitoring by PHD/OD for SBAs in HC/RH by using the checklist after the training.
2-4 Strengthen NMCHC's support for monitoring of PHD/OD
2-5 Develop the guidelines for reinforcing support for SBAs in HC/RH by PHD/RTC/OD.

3-1 Review the good practices of community activities nationwide.
3-2 Conduct stakeholder analysis in the model sites.
3-3 Reflect the results of the analysis into the training curriculums mentioned in 1-1.
3-4 Strengthen community activities by HC staff after the training.
3-5 Verify and monitor the collaboration models among HC staff and community people.
3-6 Develop the case handbook of collaboration models.
3-7 Conduct workshops to share the experiences of the model sites.

4-1 Participate in the technical working groups related to MCH.
4-2 Report the project activities to the relevant stakeholders.
4-3 Collect information on maternal mortality and morbidities.
4-4 Authorize and disseminate the guidelines and handbooks developed by the project.
4-5 Conduct seminars on how to support SBAs.

[Inputs]

Japanese Side

1. Long term experts
   -Chief Advisor
   -ProjectCoordinator/ Training Management
   -Community Health
2. Shot term experts
3. Counterpart training
4. Equipment provision

Cambodian Side

1. Counterpart members
2. Project offices
3. Local cost

Large numbers of health staff in the model sites, OD and PHD do not leave the public sector.

[Preconditions]

Annex 2

Plan of Operation (PO)

The Project for Improving Maternal and Child Health Service in Rural Areas in Cambodia

December 21, 2006

		1st Year												2nd Year												3rd Year												Implementation	
		2007												2008												2009													
[Activities]		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	Main	Sub
0-1	Review the current situation of ODs in Kampong Cham Province for selecting the model sites																																					NMCHC/ PHD	
0-2	Select the model sites																																					JCC	
1-1	Formulate the training curriculums at NMCHC for strengthening teamwork, based on the review of the existing way of monitoring nationwide (Activity 2-1) and the stakeholder analysis in the model sites(Activity 3-2).																																					NMCHC	PHD/RTC/OD
1-2	Organize implementation team to conduct the training.																																					NMCHC	HRD/PHD/RTC/OD
1-3	Conduct the training on strengthening services by SBA and other stakeholders (PHD/RTC/OD/RH/HC) on teamwork in the model sites.																																					NMCHC/ PHD/OD	OD/RH/HC
1-4	Improve and conduct the technical training on MCH, including PMTCT, at PHD/RTC/OD level.																																					NMCHC	PHD/RTC/OD
1-5	Monitor the outcome of the training by follow up workshops																																					NMCHC	PHD/RTC/O
2-1	Review the existing way of support (monitoring and checklists) by PHD/RTC/OD for SBAs in HC/RH.																																					NMCHC	PHD
2-2	Reflect the results of the review into the training curriculum																																					NMCHC	PHD/RTC/O
2-3	Strengthen regular monitoring by PHD/OD for SBAs in HC/RH by using the checklist after the training.																																					PHD/OD	
2-4	Strengthen NMCHC's support for monitoring of PHD/OD																																					NMCHC	
2-5	Develop the guideline for reinforcing support for SBAs in HC/RH by PHD/RTC/OD.																																					NMCHC	PHD/RTC/OD
3-1	Review the good practices of community activities nationwide.																																					NMCHC	PHD
3-2	Conduct stakeholder analysis in the model sites.																																					NMCHC	PHD/OD
3-3	Reflect the results of the analysis into the training curriculum mentioned in 1-1.																																					NMCHC	PHD/RTC/OD
3-4	Strengthen community activities by HC staff after the training.																																					OD/HC	
3-5	Verify and monitor the collaboration model among HC staff and community people.																																					NMCHC/PHD	OD
3-6	Develop the case handbook of collaboration models.																																					NMCHC	PHD/OD
3-7	Conduct workshops to share the experiences of the model sites.																																					NMCHC/PHD/OD	
4-1	Participate in the technical working groups related to MCH.																																					NMCHC	
4-2	Report the project activities to the relevant stakeholders.																																					NMCHC	
4-3	Collect information on maternal mortality and morbidities.																																					NMCHC	
4-4	Authorize and disseminate the guidelines and handbooks developed by the project.																																					NMCHC	
4-5	Conduct seminars on how to support SBAs.																																					NMCHC	PHD/RTC/O