

Country	Cambodia
Purchaser	MOH
Provider	Enfants et Developpement (NGO)
Type of Service	Basic Health Services
Government administration	Provide management and administration for the Ministry of Health staff and the District Management Team; Development of systems minimizing existing service delivery problems
Physical plant development and capital investment	Monitoring construction and repair of health facilities
Hospital (general and specialized)	Provide complementary package of services at the District Referral Hospital: Medial treatment, normal and complicated deliveries, emergency care, laboratory diagnosis, etc
Basic primary care and preventive services	Provision of primary curative services, chronic illnesses, emergency care, maternal and child care, Provision of special services (Tuberculosis, Leprosy, Malaria, Immunization, Birth Spacing)
Diagnostic services	
Extended care	
Ambulance and transportation services	
Pharmaceuticals, medical supplies and equipment	Ensure that health facilities, equipment and supplies are maintained at a level which enables health services to be provided in a safe and effective manner
Human resources, education and training	Management of staff
Knowledge management	Population census for catchment area, provide information required by health information system
Purchasing option	Contract in
Public-public partnership	
<i>Government service delivery</i>	
<i>Project agreements</i>	
<i>Direct subventions</i>	
<i>Autonomization</i>	
<i>Corporatization</i>	
Public – private partnership	
<i>Service contract</i>	
<i>Contract in</i>	The contractor will have day-to-day administrative and managerial authority over the District Health Staff and the District Management team.MOH will provide the personnel, facilities and property to the contractor. (See Terms of Reference, Appendix C1)
<i>Contract out</i>	
<i>Leasing</i>	
<i>Concession</i>	
<i>Social Franchising</i>	
<i>Divestiture</i>	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	≤ \$ 1,158, 300
Authorized persons and signature	Yes
Contract period	4 years
Summary content	Yes
Levels of services	Minimum package of activities, management and training, complementary package of services,
Targeted population	Population of Kirivong Operational District, Takeo Province. (population of about 160,000) The contractor shall ensure that the poorest and most vulnerable receive health services
Quality standards to be achieved	Quality of services should meet generally recognized professional standards.
Payment mechanisms	Block contract
<i>Capitation</i>	
<i>Fee-for-service</i>	
<i>Block contracts</i>	Government of Cambodia has received a loan from the Asian Development Bank toward the cost of the Basic Health Services Project. The contractor will receive the Health Budget through MOH, and Budget Supplement from the Loan Agreement.
<i>Labor and materials</i>	
<i>Cost-and-volume contracts</i>	
<i>Set price</i>	
<i>Prepayment</i>	
<i>Indemnification</i>	
Variations to the agreement	Suspension, termination of the contract, force majeure (XXII- XXVI) The contractor may petition to revision the Terms of Reference (Appendix C5)
Best endeavours	Disputes will follow "Procedures for resolving project implementation issues" (Appendix C5)
Arbitration	Any disputes or difference which cannot be amicably settled between the parties shall be finally settled under the Rules of Conciliation and Arbitration of the International Chamber of Commerce.
Statutory regulations	The contractor shall abide by all applicable laws and regulations in Cambodia and ensure that Civil Service and MOH personnel policies are followed.
Confidentiality	Yes. Confidential information shall not be disclosed except with the prior written consent of the Client.
Information requirements and reporting formats	Information will be collected for monitoring the contract. (Form C2-C4: Annual Financial Report, Progress Report and Quarterly Monitoring Report) The contract shall permit the duly authorized representative of the Client to inspect its records and accounts.
What do contracts manage?	Input (Types of service, staff patterns, facilities, equipment, and supplies) Output (Volume), service delivery and system development results
Does the provider have discretion	
<i>To hire and fire staff?</i>	No. But contractor has authority to transfer staff between Health Centers and/or the Referral Hospital to improve staffing patterns. Pprovincial Health Director is responsible for hire/fire staff.
<i>To set wages?</i>	No.
<i>To decide services provided within the contract?</i>	Yes.
<i>To decide services provided outside the contract?</i>	Yes
<i>To set prices of services covered by the contract?</i>	Yes, through bidding, user charges following MOH guideline
<i>To set other prices?</i>	If additional work is required for the purpose of the project, the payment for it will be based on a price negotiated between the contractor and client.
Is this a performance-based contract?	No. But the mid-term evaluation will be conducted with indicators shown in Appendix C1, section 3 used to determine eligibility for contract bonuses. The contractor may develop and implement incentive plans, including monetary or other rewards to increase staff quality of work and productivity
Performance goals and indicators	An achievement of a minimum of 60% of the goal for each variable is mandatory.
Evaluation of Project	The initial status of the district has been defined using 1997 baseline survey data. A mid-project survey was conducted near the end of year two to assess progress. The final evaluation was conducted at the end of the four-year contract. (See Appendix C1, Section 3: Evaluation of Work, Health Center and Outreach, and Evaluation of Referral Hospital) There are some improvement in service delivery, but the progress was slow. Contract-in districts showed increase in annual per capita contact rate, coverage of reproductive health services, immunization rates, but the increase was not as significantly as contract-out districts. The contracted-in districts also showed an increase in private expenditures. The actual contract is fine. Challenge is managing contract. In Cambodia project, two local consultants were used. They were able to smooth the water. To make it a performance-based contract, how to measure performance is really a challenge. We can use household survey to measure service delivery, but HHS is only done every couple of years, and is very expensive. The other way is through contract report, but to guarantee the accuracy of the report from contractors is a challenge. (Benjamin Loevinsohn)
Links to contract	Copy of contract; Benjamin Loevinsohn. Contracting for the delivery of primary health care in Cambodia: Design and initial experience of a large pilot-test Asia Development Bank. March 2002. Achieving the Twin Objectives of Efficiency and Equity: Contracting Health Services in Cambodia Robert Soeters and Fred Grriffiths. Improving government health services through contract management: a case from Cambodia
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