

Country	Cambodia
Purchaser	MOH
Provider	Save the Children Fund- Australia (NGO)
Type of Service	
Government administration	Development of administrative and management systems, staffing patterns, job descriptions and remuneration scales for staff
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	Supplying medications and consumable supplies. 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	Hiring staff
Knowledge management	
Purchasing options	
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>	
<i>Contract out</i>	The contractors have complete line responsibility for service delivery, including hiring, firing and setting wages, procuring and distributing essential drugs and supplies, organizing and staffing health facilities.
<i>Leasing</i>	
<i>Concession</i>	
<i>Social Franchising</i>	
<i>Divestiture</i>	
Basic Content of Contract	
Preamble	Yes
Total amount of payment	≤\$ 2,476,989
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	The population of Memut Operational District, Kamong Cham Province. The contractor shall ensure that the poorest and most vulnerable receive health services.
Quality standards to be achieved	Procedures for Certifying Quality of Pharmaceuticals (Appendix C3) ;
Payment mechanisms	
<i>Capitation</i>	
<i>Fee-for-service</i>	
<i>Block contracts</i>	The Government of Cambodia received loan from Asian Development Bank toward the cost of the Basic Health Services Project. The amount has been fixed based on the Terms of Reference and Scope of Work.
<i>Labor and materials</i>	
<i>Cost-and-volume contracts</i>	
<i>Set price</i>	
<i>Prepayment</i>	
Variations to the agreement	The contract may be revised by the agreement between two parties. 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 (type of service, mix of providers) Output (quality, volume)
Does the provider have discretion	
<i>To hire and fire staff?</i>	Yes. The contractor has sole discretion regarding hiring health service delivery and supervisory staff.
<i>To set wages?</i>	Yes.
<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>	N/A
Is this a performance-based contract?	No. But there are standards of performance required for progress payments. (Forms C2-C4)
Performance goals and indicators	Achievement will be measured. There is quarterly monitoring to assess fulfillment of obligations and thus eligibility for the Progress Payments.
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) The improvements in service delivery became evident quickly. The result of the final survey show that contract-out districts increased use of public health services to 1.7 contacts per capita. They also experienced an impressive increase in the use of reproductive health services and child health services. Contracting-out of health services also significantly reduced the out-of-pocket payment of the poor for health care. 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 Griffiths. Improving government health services through contract management: a case from Cambodia
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