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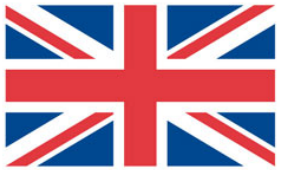

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Contracting in conflict affected settings: evidence from Cambodia

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www.rebuildconsortium.com

Myanmar Conference, September 2013

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Outline

- Background of contracting in Cambodia
- Study design and methods
- Findings

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Background

- Health care contracting to external, non-government providers is common in immediate post-conflict situations because of the public sector's limited capacity for health service delivery (Witter 2012; Palmer et al. 2006)

- However, over time, the potential problems of external contracting in terms of ownership, accountability and sustainability may become more apparent

- ReBUILD Cambodia consists of 3 main projects: Health Financing, Incentive and Contracting

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Background-Cambodia's contracting

Pilot project 1999-2002	• Contracting in, contracting out and control were pilot • The differences are the level of autonomy of management of public health facilities
Hybrid contracting 2004-2008	• Contracting-in in 11 districts • Internal contracting in 5 districts
Internal contracting 2009-Present	• Special Operating Agencies: government run with performance based contracting

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Special Operating Agencies: SOA

- The objectives are to:
  - Improve the quality and delivery of public health services in response to needs
  - Reorient the behaviour of healthcare providers towards the principles of motivation, loyalty, service and professionalism
  - Promote prudent, effective and transparent performance-based management
  - Develop sustainable service delivery capacity within public administration (MoH, 2009)

Health Centre in Takeo Province

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Contracting in Cambodia

- There is evidence of success of the earlier period of contracting:
  - Rapid expansion of coverage, contributing to a reduction in infant, child and maternal mortality (Bhushan et al, 2002)
- However, contracting-out districts had almost twice the recurrent costs of the non contracting districts
- While perhaps cost-effective, there were doubts as to the sustainability of this model

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Study design and methods

Objectives

- To understand the change process in contracting arrangements in the Cambodian health sector
- To document the processes of implementation of SOA
- To examine the implications of the SOA on service coverage and equity.

Methods

- Document review
- Analysis of existing data
- Key informant interviews at national and provincial level
- In depth interviews with managers and health care providers

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Study Sites

- 4 districts in 4 provinces:
  - Samraong in Oddar Meanchey
  - Memut in Kampong Cham
  - Pearaing in Prey Veng
  - Bati in Takeo
- Only two of the four Provinces (Kampong Cham and Prey Veng) include both SOA and non SOA districts

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Analysis of existing data

- We used HIS data to analyze the change of coverage on four key indicators between 2009, when the SOA system was introduced, and 2011, the most recent year for which there was comprehensive data
- Immunisation of children under 1
- Antenatal care
- Delivery by a trained professional
- Delivery in a health facility

- We analysed rates of change of coverage between 2009, when the SOA system was introduced, and 2011, the most recent year for which there was comprehensive data

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Limitations

- Difficulties in systematically identifying the impact of the SOA system:
  - No careful matching of contracting districts with similar non intervention, control districts
  - Many SOAs were previously contracting districts and, moreover, better performing districts
  - Greater resources available to SOA districts
  - Other programmes implemented at same time

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Secondary data

- Weaknesses or suspicions about the quality of the HMIS data, particularly with regard to immunisation and antenatal care

- For immunisation, the number of children under the age of 1 was not known so that the number of pregnant women was used as the denominator instead

- 20 of the 23 districts in the four provinces recorded a fall in ANC coverage between 2009-10 which appears to reflect problems in data collection rather than real changes in service provision

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Secondary data

- These problems are common to both SOA and non SOA districts and thus are unlikely to significantly affect the comparison of the two

- Nevertheless, we place little weight on the immunisation and antenatal care results

- We place greater weight on the comparative results for deliveries, by a trained professional and in a facility

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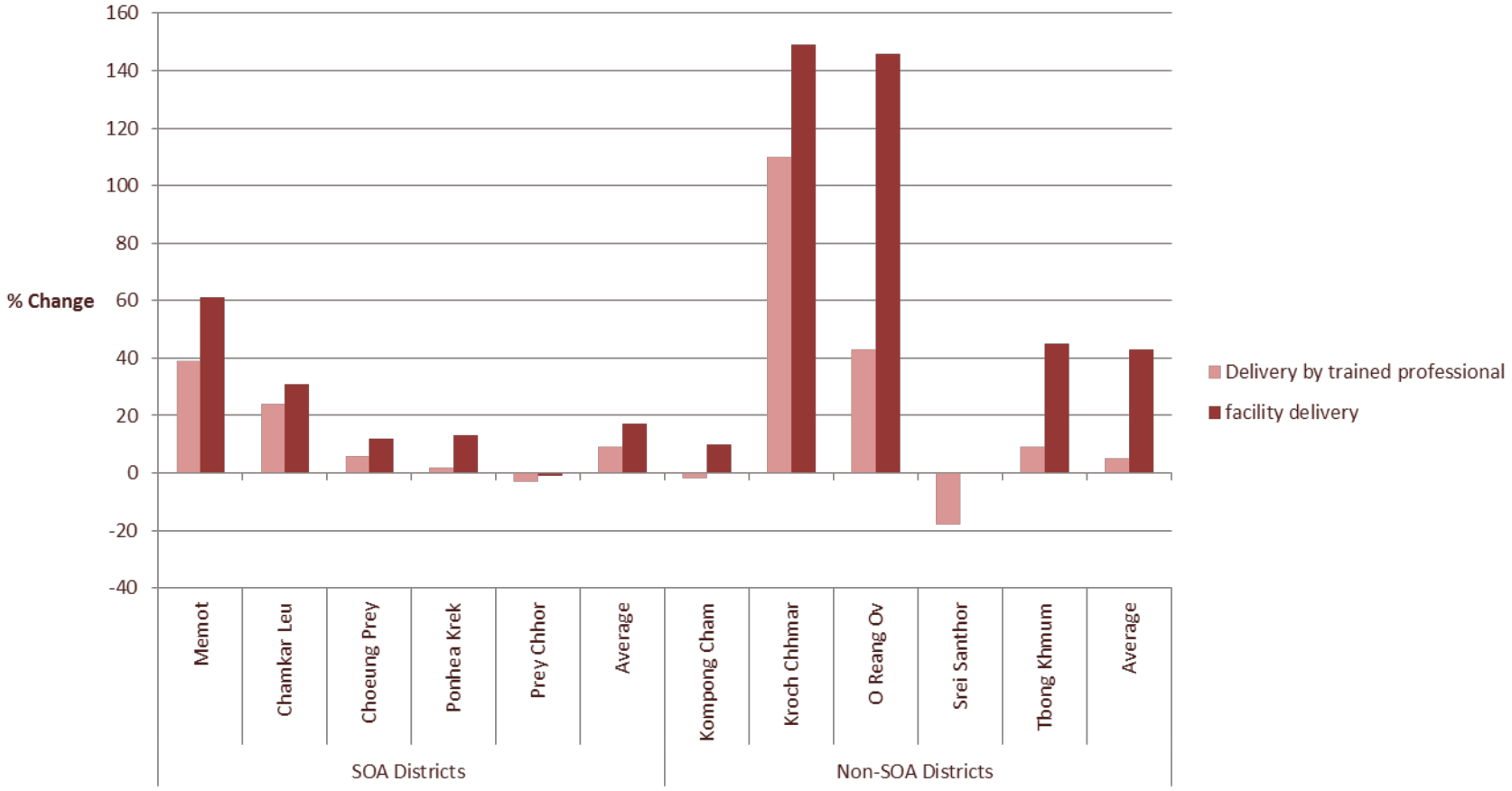
Changes in deliveries by a trained professional and deliveries in a facility, Kampong Cham, 2009-11



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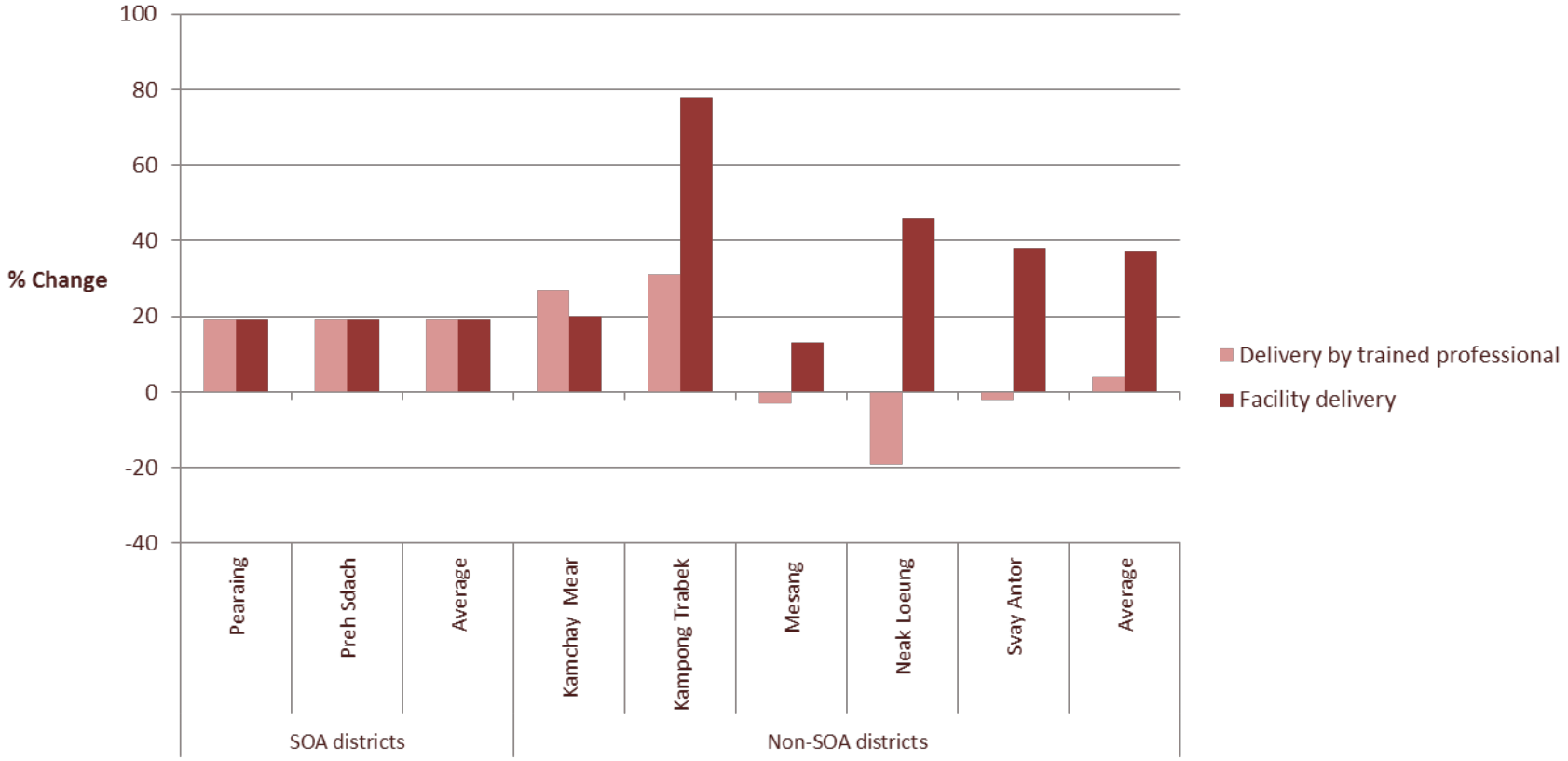
Changes in deliveries by a trained professional and deliveries in a facility, Prey Veng, 2009-11



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The impact of contracting on service provision

- Alongside the contracting process, there are a variety of other interventions implemented:
  - Midwifery scheme
  - Health Equity Fund (HEF) arrangement
  - Community Based Health Insurance (CBHI) scheme
  - Voucher scheme

- These also may have effects on the use of services, and particularly by the poorest groups (Vong, 2013)

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The impact of contracting on service provision

- We conclude there is no clear, unambiguous evidence from the secondary data that the SOA districts perform better than non SOA districts over the period 2009-11

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Key informant interviews and in depth interviews

Interview	Number
KII	5
Managers	12 (3 in each district)
Health workers	12 (3 in each district)
Total	**29**

- Interviews recorded where consent given
- Interviews transcribed or noted in Khmer
- Translated into English
- Thematic analysis is currently underway

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Incentives

- Absence of clear incentive structure for managers and health workers in contracted districts

- Various bonuses and incentives but they are not related to individual performance, are allocated differently in different districts, are generally small and are often paid late

"The main source is the money from midwifery scheme and the second one is the government salary. Salary from SOA is the least one" (Midwife, Memut district)

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Staff involvement

- Limited staff involvement in contract development

"I didn't read the contract. They produce it for us and we just signed. So I didn't really pay attention on the contract. I just signed a new contract yesterday or the day before yesterday" (Midwife, Memut district)

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Preliminary conclusions and next steps

- The shift in contracting regime was driven primarily by the pressure for increased national ownership

- Progress towards increased coverage through contracting appears to have stalled with SOA

- Further analysis of interview data will pursue a number of issues, including:

➢ Degree of local commitment to internal contracting
➢ Effectiveness of incentive structures
➢ Impact on behaviour of managers and health workers

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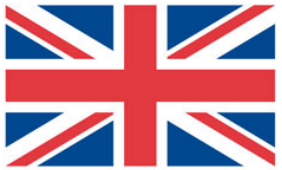

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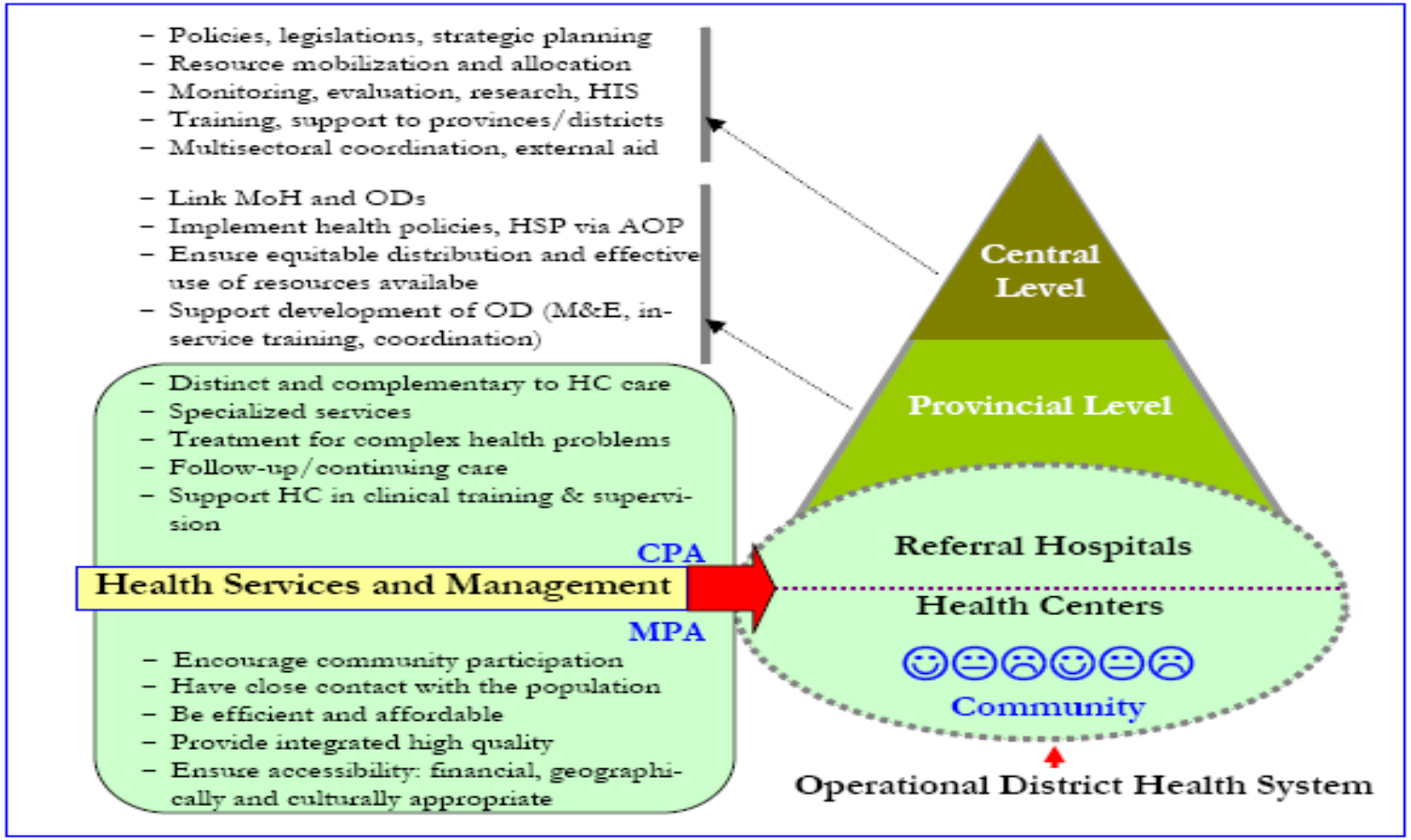
Health Infrastructure in Cambodia



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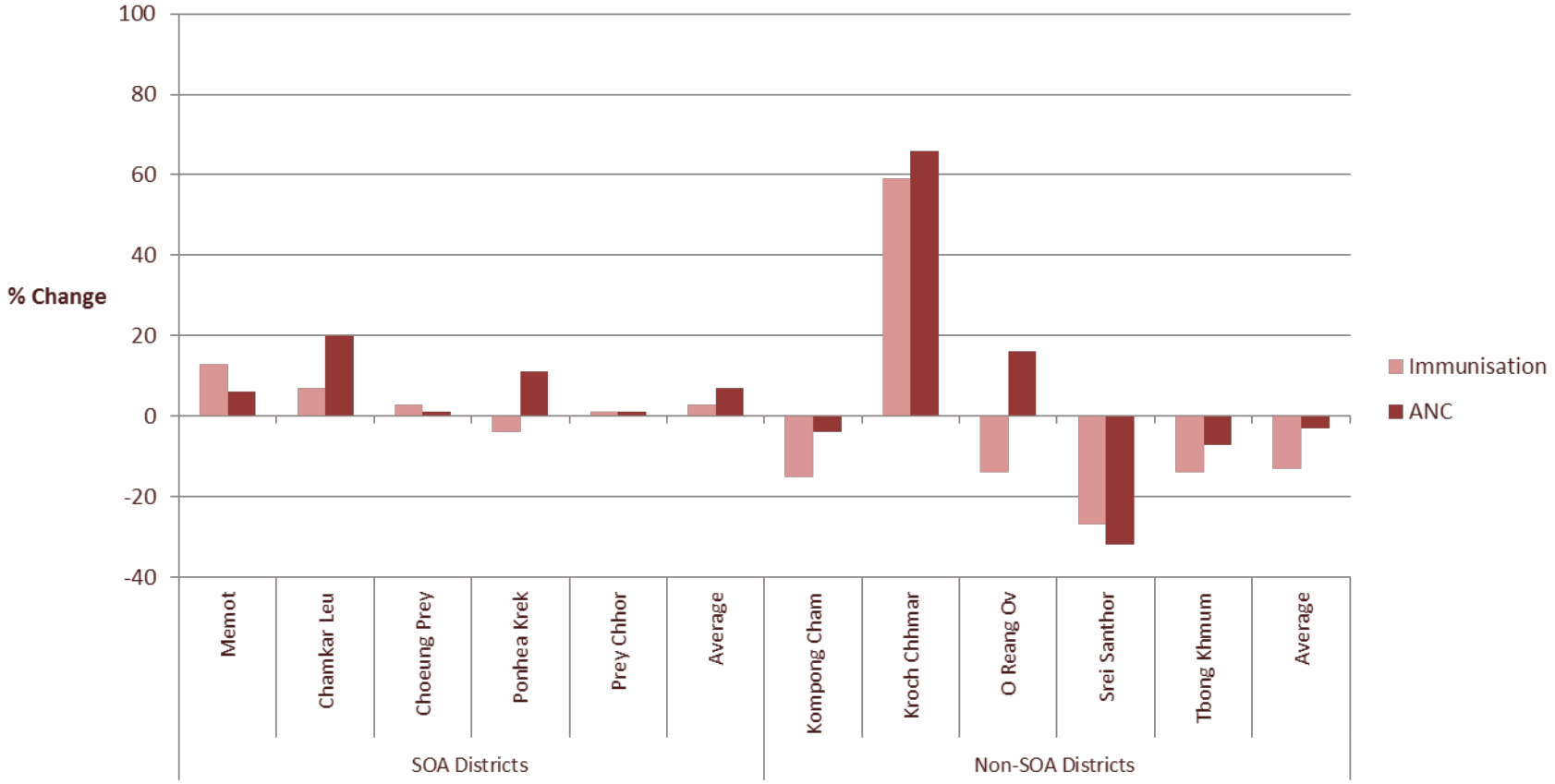
Changes in immunisation and ANC coverage, Kampong Cham, 2009-11



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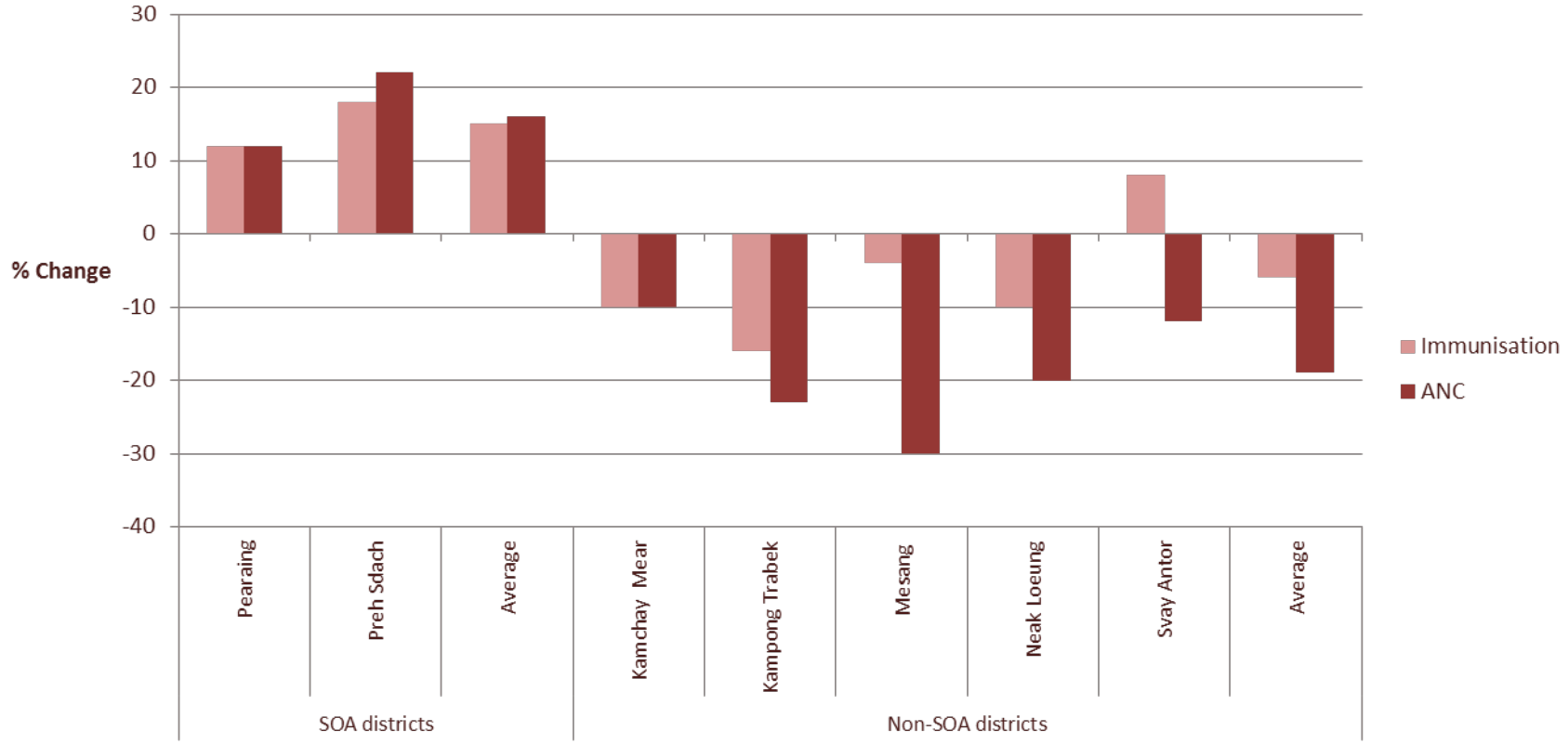
Changes in immunisation and ANC coverage, Prey Veng, 2009-11



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Staff behaviour

- Staff in some districts do private practice during government working hours

"For staff, it seems the current system is better. We can take some time during working hours to go home to look after our own patients. We can possibly make consultation with up to 10 patients per day. So it's good for those who run their clinic at home, but it's a bit difficult for those who do not have" (Midwife Memut district)

"If no contract with SOA, the motivation of our staff would not be the same, perhaps they will shift to work outside. If they work outside, it will have a bad effect - when people come here, they can't meet staff, staff don't stay full time" (Nurse, Oddar Meanchey district)

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Staff behaviour

- Communication with patients is good – this was learned and encouraged during previous contracting schemes and maintained

" Staff behaviour was better during Save the Children (Contracting) period if compared to the time we switched to work under the government. However, now, there is a strong focus on our behaviour. During our meetings, the OD director always advises to soften staff behavior towards the patients. We have practiced it and there's hardly any issue occurred in relation to our behavior. Staff behaviour has improved a lot so far." (Midwife, Memut district)

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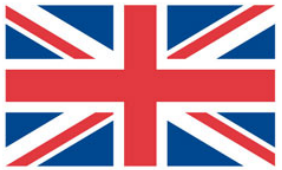

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Thank you

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