

1 Contracting health services in Cambodia: From external to internal contracting models and its implications

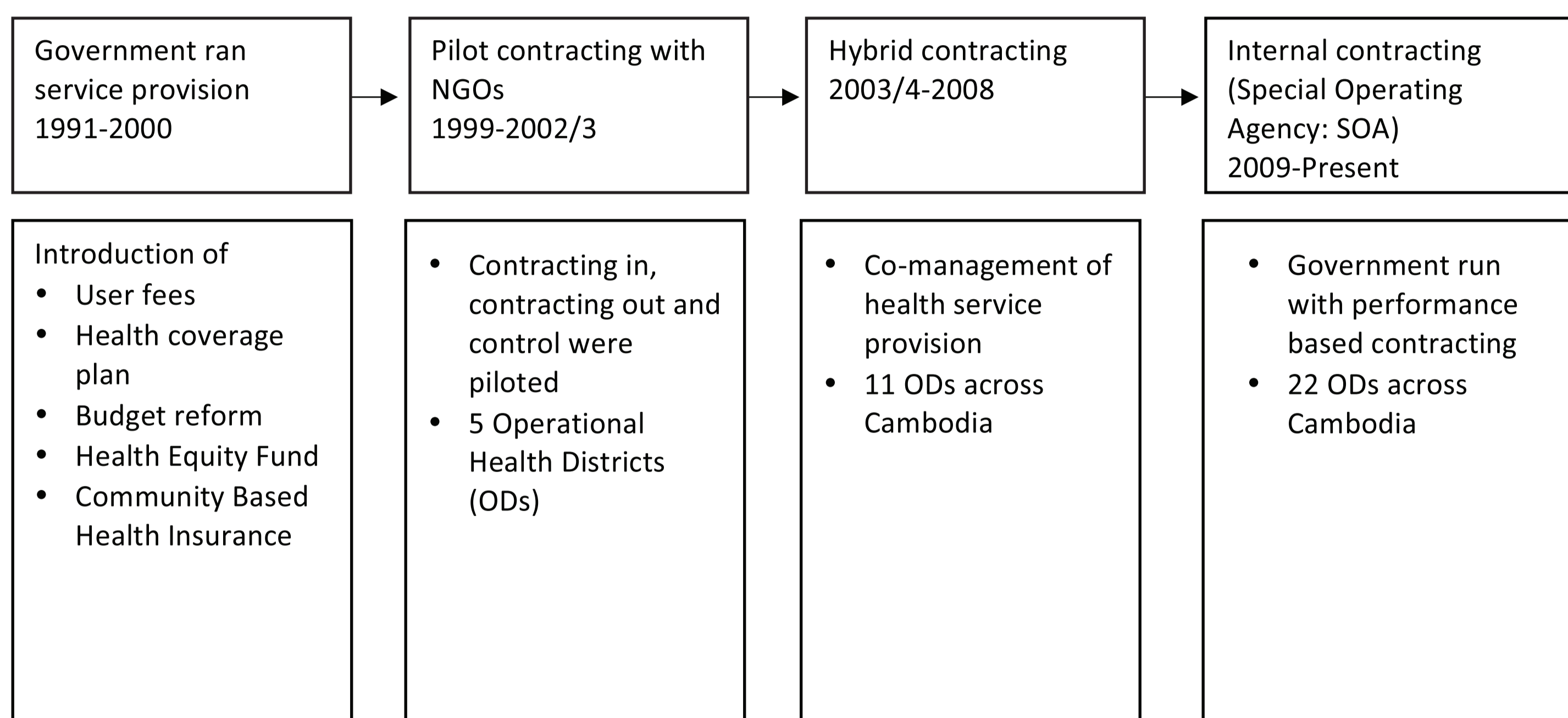
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Background



Objectives

The shift to internal contracting-SOA represents a U-turn to government-run health services after many years of contracting with NGOs (although the new system still receives much donor funding). Therefore, this study aims to:

1. To identify the drivers for change of contracting arrangements
2. To identify challenges of SOA implementation
3. To examine the implications of the SOA on service coverage and equity

Study Sites

- 4 districts in 4 provinces:

- Samraong in Oddar Meanchey
- Memut in Kampong Cham
- Pearaing in Prey Veng
- Bati in Takeo



Methods

- 12 key informant interviews with Ministry of Health and donor representatives
- 28 in depth interviews with managers and health workers at provincial and district levels
- Analysis of HMIS data to compare performance of districts on antenatal care, deliveries by a trained professional, deliveries at a health facility, full immunization of children aged under 1

Findings

- **Drivers for change**

- o Gaining national and local ownership
- o Contributing to the health sector reform agenda
- o Maintaining civil servant status for health workers and managers
- o Sustainability of funding

"The change from contracting with NGOs to SOA is to gain national ownership and national pride" (Donor, male)

- **Perception of making contract with SOA**

- o Behavior change of providers
- o Financial benefits
- o Opportunity for capacity building of staff
- o Increased local ownership
- o Transparency in management
- o Opportunity to conduct private practice

"...by joining with SOA, we obtain more budgets from Ministry of Health to provide more incentive to staff and provide training for them..." (Health manager, Pearaing).

- **Effects of SOA on health worker behavior**

- o More punctual, provide 24 hour services, better attitude toward clients and provide treatment carefully

"Staff change the way they talk to patients because before we had low sense of responsibilities..., in short it was because of little money. Our work is better than before, when having incentive from SOA, our work is not chaotic" (Health worker, Samrong).

- **Challenges for SOA implementation**

- o Target setting for performance based contract, irregular monitoring from central and provincial level, and late disbursement of SDG

"...the problem is we didn't give enough budget to the evaluation team. As a consequence, the evaluators just try their best to evaluate in places they can reach using the available budget. So, they could not do the evaluation at every place" (Ministry of Health, male)

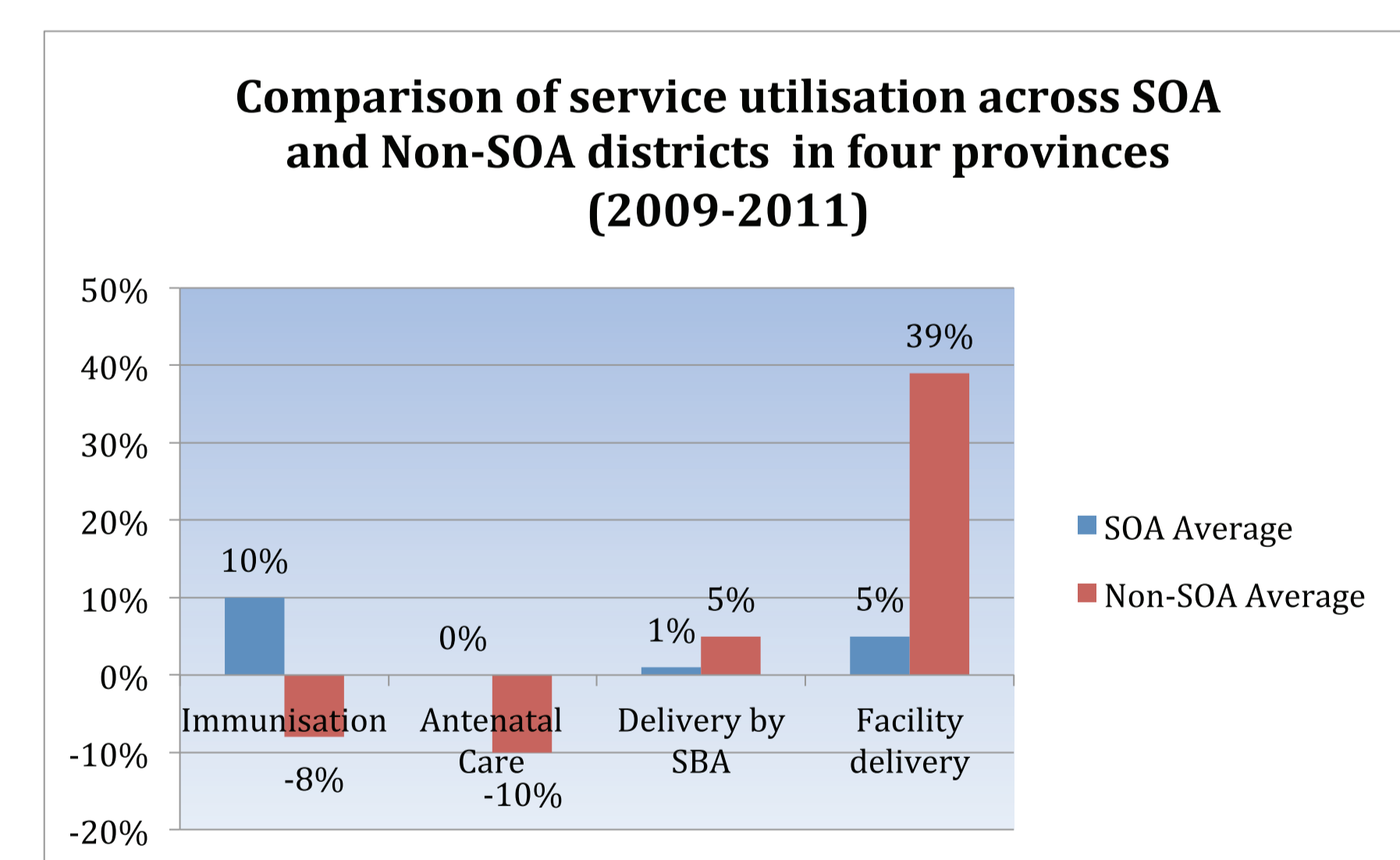
- **Utilization of services**

- o Mixed views on effect on service utilization: stagnant vs. increase
- o Increased use of public facilities because of increased community trust, improved quality of care, and 24 hours service availability.
- o Increased utilization by poor because of HEF and 24 hours service availability

"In SOA poor people are more likely to see staff at the facility because staff are there, 24 hours service is there. If non SOA OD, the poor hitch hike to the facility, but when they arrive there is no staff" (Ministry of Health, male).

"... patients come and meet the doctors whenever they come, thereby encouraging them to trust and increasingly use public services" (Donor, male)

- o Results from quantitative analysis show that, there is no clear, unambiguous evidence that the SOA districts in the four provinces perform better than non SOA districts over the period 2009-11.



Key Messages

- The shift of external contracting with NGOs contractors to internal contracting (SOA) in Cambodia is mainly to gain national and local ownership and sustainable funding for the scheme
- SOA does enhance performance of health system through improving supply side of service provision, however, it requires high capacity in managing SOA on target setting process and monitoring
- Although utilisation of services is perceived to have increased in SOA districts, existing data analysis shows that there is no clear evidence that SOA districts perform better than non-SOA districts

