

Third Party Evaluation Report 2012  
Ministry of Foreign Affairs of Japan

# **Evaluation of Assistance to the Health Sector in Cambodia**

-Summary-

February 2013

Mizuho Information and Research Institute, Inc.

## **Preface**

This report is a summary of the “Evaluation of Assistance to the Health Sector in Cambodia” undertaken by Mizuho Information and Research Institute, Inc. entrusted by the Ministry of Foreign Affairs (MOFA) of Japan in FY2012.

Since its commencement in 1954, Japan’s Official Development Assistance (ODA) has contributed to the development of partner countries and finding solutions to international issues which vary with the times. Recently, more effective and efficient implementation of ODA has been required not only in Japan but also in the international community. MOFA has been conducting ODA evaluations mainly at the policy level with two main objectives: to improve management of ODA; and to ensure its accountability. These evaluations are conducted by third parties to enhance their transparency and objectivity.

The objective of this evaluation study is to make a comprehensive evaluation of the Japan’s assistance policy and specific efforts in the health sector in Cambodia over the last decade. In the evaluation, the background to the assistance to the health sector in Cambodia and the complicated trends of assistance, including recent activities by other development partners (donors) and diverse international health-related initiatives, were taken into account. In addition to the perspective of development, achievements, including the impacts of Japan’s contribution efforts on the policy of Cambodia and the assistance offered by other development partners, that can serve as a benchmark for evaluation from the aspect of diplomacy were also taken into consideration, so that we can draw lessons from the past and make recommendations for future assistance policies and their implementation.



Prof. Atsuko Aoyama, Nagoya University School of Medicine, a chief evaluator, and Associate Prof. Kenjiro Yagura, Faculty of Economics, Hannan University, an advisor for the evaluation, made an enormous contribution to this report. Also, MOFA, the Japan International Cooperation Agency (JICA), and the ODA Task Force as well as government institutions in Cambodia, development partners, and NGOs also made invaluable contributions. We would like to take this opportunity to express our sincere gratitude to all those who were involved in this study.

Finally, the Evaluation Team wishes to note that the opinions expressed in this report do not reflect the views or positions of the Government of Japan.

February 2013

Mizuho Information and Research Institute, Inc.

## **Evaluation of Assistance to the Health Sector in Cambodia (Sector Evaluation)**

<p><b>1. Evaluators:</b></p> <p>(1) Chief Evaluator Prof. Atsuko Aoyama, Nagoya University School of Medicine</p> <p>(2) Advisor Associate Prof. Kenjiro Yagura, Faculty of Economics, Hannan University</p> <p>(3) Consultant Mizuho Information and Research Institute, Inc.</p>	 National Maternal and Child Health Center (NMCHC)   Drug Storage of the National Center for Tuberculosis and Leprosy Control
<p><b>2. Period of Evaluation:</b> June 2012 — February 2013</p>	
<p><b>3. Country Survey</b> Kingdom of Cambodia</p>	

### **4. Outlines of Evaluation Results and Recommendations**

#### **(1) Evaluation Results**

##### **(a) Relevance of Policies**

Japan's assistance to the health sector in Cambodia has been mainly focused on the following four areas: maternal and child health, tuberculosis control, human resource development, and improvement of medical facilities and equipment. All the assistances in the health sector are in line with Cambodian health sector strategic plans, Japan's ODA-related policies, and international development goals and initiatives.

##### **(b) Effectiveness of Results**

In Japan's individual projects, planned outputs have generally been achieved successfully. Particularly in the areas of maternal and child health and tuberculosis control, a significant improvement was seen in outcome indicators, such as the rates of deliveries attended by a skilled provider and of tuberculosis case detection, and impact indicators, such as maternal mortality ratio, infant mortality rate and tuberculosis mortality and prevalence rates, indicating that Japan's contribution has been significant.

##### **(c) Appropriateness of Processes**

Japan's assistance places emphasis on coordination between schemes to simultaneously enhance a national center and promote technical cooperation, and also on dialogue and collaboration with counterparts. Both those involved in the Cambodian side and development partners highly appreciate Japan's assistance

in that Japan's approach respects the ownership of Cambodia and supports the country's capacity building efforts.

**(d) Aspect of Diplomacy**

Both the results and modalities of Japan's assistance are highly appreciated both in and outside of Cambodia, producing positive diplomatic effects, including a strengthened relationship with the Government of Cambodia and the enhancement of recognition in the international community.

**(2) Main Recommendations**

**(a) Ensuring the effectiveness and presence of assistance amid “selection and concentration”**

It is required to implement assistance programs on the basis of “selection and concentration” due to limited budget allocation. However, we believe it is necessary to continue assistance in the areas of maternal and child health and tuberculosis control in the form of developing the programs that have so far been implemented, being based on the success of Japan's efforts in these areas over the years and the existence of excellent counterparts.

**(b) Maternal and child health – Enhancing assistance in policy making**

It has become more difficult to show the presence of Japan in the area of maternal and child health because many development partners are involved. In the future, Japan should place more focus on assisting Cambodia's policy making for issues related to maternal and child health in order to improve the effectiveness of Japan's assistance as well as its presence.

**(c) Tuberculosis control – Technical cooperation aimed at establishing an international training center and at controlling industrialized country-type tuberculosis**

Japan's efforts in tuberculosis control have achieved a rarely paralleled success and have been highly appreciated internationally. In this area, future focus should be placed on continuing technical cooperation in the form of acting one-step ahead of the current program, including the establishment of an international training center and the development of an international standard model for tuberculosis control programs in the transitional period from a high-burden tuberculosis country to an industrialized country.

**(d) Human resource development – Assistance in creating policy frameworks for the HRD Department of the Ministry of Health**

It is recommended to discontinue the assistance project for the Technical School for Medical Care (TSMC), but to continue technical assistance to the Department of Human Resource Development (HRD) of the Ministry of Health so

as to keep on contributing to establishing policy frameworks, such as qualification system.

**(e) Improvement of medical facilities and equipment – Careful position with consideration of the aid targets' circumstances and capabilities**

The demand for medical facilities and equipment is expected to be continued. In responding to such demand, careful consideration should be given based on sufficient information on the entire structure of public and private healthcare service providers in the region where an assistance target facility is located, as well as ensuring of the facility's management capabilities, medical expertise and personnel quantity.

**(f) Strategic outreach activities for the socially vulnerable through coordination between assistances to the public sector and to grassroots efforts**

It is recommended to use such schemes as Grant Assistance for Japanese NGO Projects and JICA Partnership Program (JPP) strategically and effectively in such a way as to complement public services in assisting the socially vulnerable.

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# Chapter 1

## Outline of Evaluation

### 1-1 Background and Purpose of Evaluation

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Cambodia is one of the member countries of the Association of Southeast Asian Nations (ASEAN). However, even though the ASEAN region has enjoyed rapid economic development, Cambodia is still classified as a least developed country by the United Nations partly because of its civil war and internal political turmoil, lasting for over 30 years since the 1970s. The nominal gross domestic product (GDP) per capita of Cambodia in 2011 was USD 852, which was less than a quarter of the average of the 10 ASEAN member countries of USD 3,563 and the second lowest after Myanmar (USD 832 for the same year) within the ASEAN region.

According to health status indicators of Cambodia, life expectancy at birth is the shortest among the ASEAN members, and many of the major health-related indicators of the Millennium Development Goals (MDGs), such as the maternal mortality ratio, the under-five mortality rate and the infant mortality rate, are worse than those in other countries in the ASEAN region (See Table A2-1, Appendix 2). During the Pol Pot regime from 1975 to 1978, many people, particularly educated people, lost their lives in Cambodia. Because of this unusual background, the number of healthcare professionals decreased significantly during this period (See Figure A2-1, Appendix 2).

In the health sector in Cambodia, Japan has been focusing its assistance efforts on the improvement of healthcare facilities, the provision of medical equipment, and the development of human resources mainly in the areas of maternal and child health and tuberculosis (TB) control since the early stage of the country's reconstruction in the early 1990s. In the Country Assistance Program for Cambodia prepared by the Ministry of Foreign Affairs of Japan (MOFA) in 2002, anti-poverty issues are placed in the highest priority among development-related issues. MOFA specially identifies "low potential due to insufficient education and healthcare services" as a factor of poverty, and emphasizes the absolute lack and regional maldistribution of healthcare services infrastructure in the section on basic human needs (BHN). Under this program, Japan donated USD 65.8 million to support the

health sector in Cambodia from 2003 to 2010. This amount accounts for 13.2% of the total official development assistance (ODA) that Cambodia received in the health sector during the same period, and is the second largest contribution after that of the United States of America (USD 79.5 million, or 15.9%) among bilateral donors.

On the other hand, regarding the large contribution, it is necessary to verify “whether Japan’s assistance truly meets the needs of Cambodian people and has actually been effective” and “how Japan should show the presence of its assistance in its efforts to promote bilateral assistance while developing aid coordination.”

Such evaluation, verification and improvement are needed in terms of the positive impact of Japan’s foreign diplomacy. ASEAN, of which Cambodia is a member nation, is an important partner of Japan in its Asian diplomacy. Because ASEAN regards the reduction of disparity within the region as a very important issue, development assistance to Cambodia, one of the poorest countries in the ASEAN region, will lead to strengthening Japan’s relationship with ASEAN. Through the assistance to Cambodia, Japan has also provided a success model that can serve as a benchmark for assisting the health sectors of developing countries around the world. With this accomplishment, Japan has been taking the lead in the international health community and thereby increasing its presence in the international society.

Based on the view above, this study made a comprehensive evaluation of Japan’s assistance policy and specific efforts in the health sector in Cambodia, by taking into account the assistance’s background and the complicated aid trends, including recent activities by other development partners and diverse international health-related initiatives, with the aim of obtaining lessons and recommendations for future assistance policies and their implementation. In the comprehensive evaluation, in addition to the perspective of development, this study took into consideration factors serving as a benchmark for evaluation from the aspect of diplomacy, such as achievements in which Japan’s contribution efforts impacted on the policy of Cambodia and the assistance offered by other development partners. In this study, the following four aspects for evaluation were selected according to the ODA Evaluation Guidelines (7th Edition): (1) Relevance of Policies, (2) Effectiveness of Results, (3) Appropriateness of Processes, and (4) Aspect of Diplomacy.

With the aim of fulfillment of accountability to the Japanese public and the global civil society through publication of the evaluation results, and also use them for a better understanding of Japan’s ODA public relations to the Government of Cambodia, development partners, and non-governmental organizations (NGOs) by feeding back such information.



## 1-2 Target and Period of Evaluation

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The target for this evaluation covers all the specific efforts, such as assistance projects, that were implemented in the period between 2002 and 2011 under Japan's policies related to assistance to the health sector in Cambodia. In addition, as needed, social circumstances and aid policies before and after the aforementioned period were also cited. The evaluation was comprehensive and included contribution in such frameworks as the dispatch of Japan Overseas Cooperation Volunteers (JOCV) and Senior Volunteers (SV), training programs in Japan, and assistance projects via NGOs.

## 1-3 Framework of Evaluation

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### 1-3-1 Relevance of Policies

From the perspective of the "relevance of policies," we conducted an evaluation by examining the consistency of Japan's assistance to the Cambodian health sector with the development needs in Cambodia, Japan's high-level policies, international priorities and high-level policy frameworks, the relevance with other development partners, and Japan's comparative advantage. In examining the consistency above, we have paid attention not only to relevant policy documents but also to the process of developing these documents and changes to them (See Table 1-1).

Table 1-1 Framework for Evaluation of "Relevance of Policies"

Evaluation item	Evaluation object (object of consideration for consistency)	Evaluation method
Consistency with development needs of Cambodia	<ul style="list-style-type: none"><li>• National Strategic Development Plan</li><li>• Health Sector Strategic Plan 2003-2007</li><li>• Health Strategic Plan 2008-2015</li></ul>	<ul style="list-style-type: none"><li>• Bibliographic survey</li><li>• Hearing survey in Japan</li><li>• Onsite hearing survey</li></ul>
Consistency with Japan's high-level policies	<ul style="list-style-type: none"><li>• Japan's ODA Charter and Japan's Medium-Term Policy</li><li>• Health-related initiatives</li><li>• Country Assistance Program for Cambodia</li></ul>	<ul style="list-style-type: none"><li>• Bibliographic survey</li><li>• Hearing survey in Japan</li></ul>

Evaluation item	Evaluation object (object of consideration for consistency)	Evaluation method
Consistency with international priorities and high-level policy frameworks	<ul style="list-style-type: none"> <li>• Millennium Development Goals (MDGs)</li> <li>• Toyako Framework for Action on Global Health</li> <li>• International health-related initiatives</li> <li>• Paris Declaration on Aid Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic survey</li> <li>• Hearing survey in Japan</li> </ul>
Relevance with other development partners, Japan's comparative advantage	<ul style="list-style-type: none"> <li>• Mutually complementary relationship with other development partners</li> <li>• Japan's comparative advantage</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing survey in Japan</li> <li>• Onsite hearing survey</li> </ul>

### 1-3-2 Effectiveness of Results

From the perspective of the “effectiveness of results,” we mainly conducted quantitative analysis of inputs, outputs, outcomes and impacts, as well as some qualitative evaluations (See Table 1-2).

Table 1-2 Framework for Evaluation of "Effectiveness of Results"

Evaluation item	Evaluation object (evaluation indicators)	Evaluation method
Input	<ul style="list-style-type: none"> <li>• Positioning of the health sector in the entire Japan's ODA for Cambodia</li> <li>• Positioning of Japan in the entire ODA to the health sector in Cambodia by all the development partners</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic survey</li> </ul>
Output	<ul style="list-style-type: none"> <li>• Output indicators for maternal and child health projects (overview of the activities of the National Maternal and Child Health Center, etc.)</li> <li>• Output indicators for tuberculosis control projects (the number of facilities providing C-DOTS*, etc.)</li> <li>• Output indicators for human resources of healthcare professionals (overview of activities of the Technical School for Medical Care, etc.)</li> <li>• Output indicators for medical facilities and equipment improvement projects (overview of the activities of Mongkul Borey Referral Hospital, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic survey</li> <li>• Onsite hearing survey</li> </ul>
Outcome	<ul style="list-style-type: none"> <li>• Outcome indicators for maternal and child health (rates of receiving antenatal care from and of deliveries attended by a skilled provider, etc.)</li> <li>• Outcome indicators for tuberculosis control (case detection rate, treatment success rate)</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic survey</li> <li>• Hearing survey in Japan</li> <li>• Onsite hearing survey</li> </ul>
Impact	<ul style="list-style-type: none"> <li>• Impact indicators for maternal and child health (maternal mortality ratio, and under-five, infant and neonatal mortality rates)</li> <li>• Impact indicators for tuberculosis control (incidence, prevalence, and mortality rates)</li> </ul>	<ul style="list-style-type: none"> <li>• Bibliographic survey</li> <li>• Hearing survey in Japan</li> <li>• Onsite hearing survey</li> </ul>

Evaluation item	Evaluation object (evaluation indicators)	Evaluation method
Qualitative evaluation	<ul style="list-style-type: none"> <li>Qualitative evaluations in the four major areas of Japan's assistance to the health sector in Cambodia</li> </ul>	<ul style="list-style-type: none"> <li>Hearing survey in Japan</li> <li>Onsite hearing survey</li> </ul>

\* C-DOTS: community DOTS (directly observed treatment with short-course chemotherapy)

### 1-3-3 Appropriateness of Processes

From the perspective of the “appropriateness of processes,” we conducted qualitative evaluations on the situation of use of lessons learned from the past at the planning stage, and of dialogue and adjustment at the implementation stage, in the interaction processes among the Japanese parties concerned (MOFA, Japan International Cooperation Agency (JICA), Embassy of Japan in Cambodia, JICA Cambodia Office), with the Cambodian side (Ministry of Health and counterpart organizations in Cambodia), and with other development partners (See Table 1-3).

Table 1-3 Framework for Evaluation of “Appropriateness of Processes”

Evaluation item	Evaluation object (object of consideration for consistency)	Evaluation method
Appropriateness of dialogue and adjustment among concerned Japanese parties and aid modalities	<ul style="list-style-type: none"> <li>Dialogue and adjustment by the ODA Task Force in Cambodia</li> <li>Coordination with private organizations</li> <li>Appropriateness of aid modalities</li> </ul>	<ul style="list-style-type: none"> <li>Hearing survey in Japan</li> <li>Onsite hearing survey</li> </ul>
Appropriateness of dialogue and adjustment with the Government of Cambodia and other government agencies	<ul style="list-style-type: none"> <li>Status of dialogue and adjustments</li> <li>Japan's aid style</li> <li>Characteristics of Japan's aid process</li> </ul>	<ul style="list-style-type: none"> <li>Hearing survey in Japan</li> <li>Onsite hearing survey</li> </ul>
Appropriateness of aid coordination and cooperation with other development partners	<ul style="list-style-type: none"> <li>Status of dialogue and adjustments</li> <li>Sector-Wide Management (SWiM)</li> <li>Examples of aid coordination</li> </ul>	<ul style="list-style-type: none"> <li>Hearing survey in Japan</li> <li>Onsite hearing survey</li> </ul>

### 1-3-4 Aspect of Diplomacy

From the perspective of the “aspect of diplomacy,” we conducted a qualitative evaluation on the bilateral relations between Cambodia and Japan, pro-Japanese feelings of the people in Cambodia, and the recognition of Japan's contribution in the international community (See Table 1-4).

Table 1-4 Framework for Evaluation from “Aspect of Diplomacy”

Evaluation item	Evaluation object (object of consideration for consistency)	Evaluation method
Evaluation from “Aspect of Diplomacy”	<ul style="list-style-type: none"> <li>• Importance of the bilateral relationships between Cambodia and Japan</li> <li>• Trust relationship between the Government of Cambodia and Japan</li> <li>• Degree of favorable feeling of the people in Cambodia toward Japan</li> <li>• Recognition of Japan’s contribution in the international community</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing survey in Japan</li> <li>• Onsite hearing survey</li> </ul>

## 1-4 Hearing Survey

In addition to a bibliographic survey, a hearing survey in Japan and an onsite hearing survey in Cambodia were conducted in this evaluation, as shown in Tables 1-5 and 1-6 below:

Table 1-5 List of Interviewees in Hearing Survey in Japan

Date (2012)	Organizations/ interviewees
August 17	People's HOPE Japan / Mr. Toshio Kimura, Ms. Sachiko Yazaki
August 21	Research Institute of Tuberculosis, Japan Anti-Tuberculosis Association / Mr. Shin'ichi Takenaka, Mr. Ryohichiroh Yanagi, Ms. Yoshie Ichihara
August 30	International Cooperation Bureau, Ministry of Foreign Affairs (MOFA) / Mr. Naoki Kobayashi (Country Assistance Planning Division I), Ms. Emi Inaoka (Global Health Policy Division)
	Southeast and Southwest Asian Affairs Department, MOFA / Ms. Kaori Tanabe (First Southeast Asia Division)
September 5	Human Development Department, Japan International Cooperation Agency (JICA) / Ms. Saeda Makimoto, Ms. Yui Takayama
	Southeast Asia and Pacific Department, JICA / Ms. Kanako Maeno
September 5	Bureau of International Medical Cooperation, Japan (IMCJ), National Center for Global Health and Medicine / Dr. Hidechika Akashi
September 6	The Japanese Red Cross Kyushu International College of Nursing / Dr. Etsuko Kita

Table 1-6 List of Interviewees in Onsite Hearing Survey

Place	Date (2012)	Organizations/interviewees
Phnom Penh City	September 20	(Arrival of the evaluation team in Cambodia) 10:45 Embassy of Japan in Cambodia 14:00 Secretary of State, Ministry of Health 15:00 Deputy Director General for Health, Ministry of Health 16:00 Director, Department of Planning and Health Information, Ministry of Health 19:00 JICA expert (Nursing education)
Takéo Province	September 21	8:30 Trapang Pring Health Center (Institution where the tuberculosis control program is conducted) 10:30 Ang Rokar Referral Hospital (the same as above) 16:00 RACHA (NGO for maternal and child health)
Phnom Penh City	September 22	8:00 Krousar Yeourng (NGO for infant support and regional healthcare) 19:00 Exchange of opinions with JOCV members
	September 23	8:00 TASK (NGO for support to the poor and regional healthcare) 11:00 Meanchey Referral Hospital
	September 24	10:00 JICA Cambodia Office 14:00 United States Agency for International Development (USAID)
	September 25	8:00 National Center for Tuberculosis and Leprosy Control (CENAT) 10:00 National Maternal and Child Health Center (NMCHC) 14:00 Technical School for Medical Care (TSMC) 16:00 United Nations Population Fund (UNFPA) 19:00 JICA experts (Maternal and child health, medical equipment)
	September 26	9:30 United Nations Children's Fund (UNICEF) 11:00 Agence Française de Développement (AFD) 14:00 World Health Organization (WHO) 16:00 MEDiCAM (NGO for cross-cutting healthcare issues) 19:00 JICA expert (tuberculosis control)
	September 27	8:00 Cambodian Red Cross
		14:00 People's HOPE Japan (Maternal and child health NGO) (Maternal and child health care improvement project site in Kampong Thom Province)
Banteay Meanchey Province	September 28	9:00 Mongkul Borey Referral Hospital in Banteay Meanchey Province (Hospital improvement project site)
Siem Reap Province	September 29	(Departure of the evaluation team from Cambodia)

## 1-5 Implementation Structure

This evaluation was conducted by the evaluation team shown in Table 1-7 below:

Table 1-7 Implementation Structure

Name	Responsibilities	Organization/Title
Atsuko Aoyama	Chief evaluator	Nagoya University School of Medicine / Professor
Kenjiro Yagura	Advisor	Faculty of Economics, Hannan University / Associate Professor
Tatsushi Ogita	Consultant (Project Leader)	Mizuho Information and Research Institute / Senior Consultant
Kei Sato	Consultant	Mizuho Information and Research Institute / Consultant
Eri Himoro	Consultant	Mizuho Information and Research Institute / Consultant

In addition to the evaluation team above, Miwa Hayashi, Economic Development Researcher of ODA Evaluation Division, Minister's Secretariat, MOFA, joined onsite hearing survey as an observer.

In implementing this evaluation, the evaluation team gained cooperation from the organizations and departments shown in Table 1-8 below:

Table 1-8 Organizations/Department that Offered Cooperation

Organization	Division/Department/Bureau
Ministry of Foreign Affairs (MOFA)	Country Assistance Planning Division I, International Cooperation Bureau
	Global Health Policy Division, International Cooperation Bureau
	First Southeast Asia Division, Southeast and Southwest Asian Affairs Department
Japan International Cooperation Agency (JICA)	Health Division 3, Health Group 2, Human Development Department Southeast Asia Division 4, Southeast Asia and Pacific Department

## Chapter 2

### Summary of Evaluation Results and Recommendations

#### 2-1 Summary of Evaluation Results

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##### 2-1-1 Relevance of Policies

Japan's assistance to the health sector in Cambodia has been mainly focused on the following four areas: maternal and child health, tuberculosis control, human resource development, and improvement of medical facilities and equipment (See Figure A4-1, Appendix 4). These four areas are in line with three Health Program Areas and five Health Strategic Areas (See Appendix 3) defined by the Health Strategic Plan 2008-2015 (HSP2) as Cambodia's overall health sector policy (See Table A5-1, Appendix 5). Japan's assistance to Cambodia's health sector is also consistent with Japan's high-level policies such as the Japan's ODA Charter, the Japan's Medium-Term Policy on ODA, and the "Health and Development" Initiative (HDI) and other initiatives in the health sector, as well as the Country Assistance Program for Cambodia (See Table A5-2, Appendix 5).

Japan's assistance is also consistent with each of the following international high-level policy frameworks in that they all place importance on maternal and child health, tuberculosis control and/or human resource development: (1) Millennium Development Goals (MDGs), (2) Toyako Framework for Action on Global Health (Report of the G8 Health Experts Group), (3) international initiatives in specific areas of the health sector such as the "Partnership for Maternal, Newborn and Child Health (PMNCH)" and the "Stop TB Partnership," and (4) the Paris Declaration on Aid Effectiveness, which lays out efforts to improve the quality and effectiveness of aid in general.

Responsibilities in assistance were allocated among development partners (donors) more or less soundly through frequent coordination meetings. Some pointed out that, however, there was overlap in some programs in the maternal and child health area in which many development partners are involved and, on the other hand, there were some programs that received little assistance.

The distinctive features of Japan's assistance are emphasis on the capacity building in and respect to the ownership of Cambodia. These were highly

appreciated not only by the Government of Cambodia but also by other development partners.

According to the Country Assistance Policy for Cambodia announced in April 2012, the focus of assistance in the health sector should be placed on maternal and child health for the sake of “selection and concentration.” This is consistent with Cambodia’s development policy. However, continuing efforts should also be made in controlling tuberculosis, since great achievement has been made in this area and Japan’s efforts are highly recognized internationally. In addition, the significance of assistance in establishing a qualification system for healthcare professionals is also high. The outcomes so far achieved should be used effectively while promoting “selection and concentration.”

## 2-1-2 Effectiveness of Results

The absolute amount of Japan’s ODA in the health sector of Cambodia has generally remained unchanged through the 2000s (See Table A4-1, Appendix 4). However, the percentage of the assistance in the health sector out of Japan’s total ODA (in all areas), and the share of Japan’s ODA to Cambodia’s health sector out of the entire amount of the development partners involved in this sector, have both decreased.

Japan’s individual ODA projects in the health sector have steadily achieved most of the planned outputs. The projects in the maternal and child health and the tuberculosis control areas among the main four areas have produced particularly favorable outputs. While projects related to the Technical School for Medical Care (TSMC) and those for establishing and improving hospitals have achieved their targets mostly except for some targets such as the number of students receiving in-service training, the area of classrooms/training rooms per student, and the operation of some equipment.

The outcome and impact indicators for maternal and child health have been significantly improved. The MDG targets for 2015 for the maternal mortality rate, the under-five mortality rate and the infant mortality rate were already met in 2010 (See Figure A6-2, Appendix 6). There are many development partners in this area, but it can be inferred that Japan’s contribution has been great because Japan reconstructed the National Maternal and Child Health Center (NMCHC) as the center for the national maternal and child health program at an early stage, and started providing clinical skills training for midwives, nurses and physicians earlier than any other partners.

In the tuberculosis control area, the outcome and impact indicators have also



been improved significantly: Tuberculosis mortality rate which is an MDG indicator, reached the 2015 target as early as 2010 and the prevalence rate, another MDG indicator, has decreased to close to the 2015 target and will definitely meet the target (See Figure A4-6, Appendix 6). Japan's contribution in this area can be said to be highly beneficial based on the fact that Japan is a main donor country (particularly as a bilateral development partner) and that the indicators suddenly improved following Japan's input of assistance.

NMCHC and the National Center for Tuberculosis and Leprosy Control (CENAT), to which Japan has provided assistance, serve as the centers for national programs: both facilities play a leading role in developing human resources and drawing national guidelines, and also offer healthcare services. Japan's assistance to these national centers is highly appreciated not only by the Ministry of Health, Cambodia but also by development partners because their leading role in improving the situation throughout Cambodia will help enhance the capacity of the Government of Cambodia to implement policy measures independently and sustainably.

As explained above, Japan's assistance to the health sector in Cambodia can be evaluated to have been effective.

### 2-1-3 Appropriateness of Processes

Cooperation and coordination between those involved on the Japanese side, between those involved on the Japanese and the Cambodian side, and between Japan and other development partners, have generally been made appropriately. In particular, the relationships with the Cambodian side have been favorable because Japan respects the ownership of the country.

With regard to coordination with other development partners, there have been suggestions that more emphasis should be placed on coordination in the area of maternal and child health where many development partners are involved, and that Japan should participate in unofficial opportunities for coordination more frequently.

The basic and characteristic modality of Japan's aid to the health sector in Cambodia has been inter-scheme coordination, where the national center for a national program is enhanced by grant aid to serve as the counterpart in Cambodia and, through this center, technology transfer and human resource development are promoted. This inter-scheme coordination was effective in providing support from the early stages of the post-conflict reconstruction in Cambodia, which has experienced conflicts over many years and has severely lacked social infrastructure and human resources. Japan's approach, with an emphasis on respecting the ownership of the recipient country and promoting their capacity building, has helped

ensure the effectiveness of Japan's aid while promoting the sustainability of Cambodia.

With regard to the characteristics of Japan's assistance process, "respect for the ownership," "commitment to capacity building," "consistency/continuity of assistance" and "cooperation with the Cambodian government" were highly appreciated by the Government of Cambodia and development partners in Cambodia. "Flexibility in implementation" and "predictability in implementation" were mostly rated as average.

#### 2-1-4 Aspect of Diplomacy

Japan has provided assistance to Cambodia with emphasis on respecting the ownership of Cambodia, as seen in the support to NMCHC, since immediately after the resumption of bilateral assistance. It has been confirmed that this approach has been highly appreciated by the Ministry of Health, NMCHC, and CENAT and that trust-based relationships with these counterparts have been developed. In addition, persons who served as onsite counterparts in the past have been promoted to executives of the Ministry of Health, indicating that Japan's assistance has also contributed to strengthening relationships with the Government of Cambodia.

It has been reported that NMCHC and Mongkul Borey Referral Hospital in Banteay Meanchey Province, which have been supported by Japan, have been dubbed "Japan Hospital" by local people, indicating that Japan's contribution has been recognized by the people in Cambodia and has fostered pro-Japanese feelings.

Of these Japanese assistance programs, the tuberculosis control projects have been particularly successful, for example, in expanding "directly observed treatment with short-course chemotherapy (DOTS)" and conducting a national prevalence survey, which are highly appreciated not only by the Cambodian side but also by the WHO and other development partners. The tuberculosis control projects were so successful that personnel training on tuberculosis control activities was organized by and held in Cambodia. This proves that Japan's contributions were so significant that, despite being a least developed country, Cambodia has developed the capability of providing techniques.

## 2-2 Recommendations

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### 1. Ensuring the Effectiveness and Presence of Assistance Amid “Selection and Concentration”

It is required to implement assistance programs on the basis of “selection and concentration” due to limited budget allocation. Although evaluation team is well aware of this limitation, it is not easy to maintain the presence of Japan in such a competitive field with many development partners, and there is a concern that, even in a field where Japan has made significant contributions, Japan’s efforts may soon be forgotten after the withdrawal of assistance. We believe it is necessary to continue assistance particularly in the areas of maternal and child health and tuberculosis control in the form of developing the programs that have been implemented, because Japan’s aid in these areas, which has been provided on a continuous basis since the early stages of the national reconstruction and development following the conclusion of the Agreements on a Comprehensive Political Settlement of the Cambodia Conflict (Paris Peace Agreements), has been successful and there now exist excellent counterparts.

### 2. Maternal and Child Health – Enhancing Assistance in Policy Making

In the maternal and child health area, it is planned to continue the assistance, including a regional support deployment to the Kampong Cham Hospital playing a leading role. It has become more difficult to show the presence of Japan in the area of maternal and child health because many development partners offer assistance programs in this area. Clinical skills training for midwives, which was started by Japan ahead of any other aid agencies, has now also been provided by other agencies, making it difficult to preserve Japan’s uniqueness. One of the strengths of Japan’s assistance lies in the continuity of its support to NMCHC, which serves as the center for the national program. It is considered that the effectiveness and presence of Japan’s assistance can be enhanced by placing more focus on assisting policy making related to the maternal and child health issues in the future.

It is no longer possible for Japan to keep producing outstanding achievements through providing services and training, as it did in the past, even if efforts are extended to regional levels.

### **3. Tuberculosis Control – Technical Cooperation Aimed at Establishing an International Training Center and at Controlling Industrialized Country-type Tuberculosis**

The tuberculosis control program, which is to be ended, has achieved a rarely paralleled success and been highly appreciated internationally. However, even though the situation has been improved, Cambodia is still considered to be one of tuberculosis high-burden countries (See Table A2-2, Appendix 2). It is expected that the incidence pattern of tuberculosis may change to the industrialized-country type in the future. The latest joint review by the Global Fund to Fight AIDS, Tuberculosis and Malaria and other organizations also shows concern that financial assistance for tuberculosis control is showing a decreasing tendency and that Japan, a long-term tuberculosis control supporter in Cambodia, is likely to shift priority from tuberculosis control to other programs such as maternal and child health. In these circumstances, it is recommended that, instead of continuing the same assistance as before, Japan should consider providing technical cooperation in the form of acting one step ahead, including (1) the development of CENAT in such a way as that it can serve as the center for international training, (2) the continued development of human resources for the function of an international training center, and (3) the development of an international standard model for tuberculosis control programs in Cambodia's transitional period from a tuberculosis high-burden country to an industrialized country.

### **4. Human Resource Development – Assistance in Creating Policy Frameworks for the HRD Department of the Ministry of Health**

After the completion of the technical cooperation project targeting TSMC and the Department of Human Resource Development (HRD) of the Ministry of Health, technical cooperation will be discontinued for the time being. An attempt to adopt a legal framework for the nurse qualification system, though yet to be implemented, can be said to be a successful outcome of the project. The decision to end the support to TSMC upon the completion of the existing project is considered appropriate because TSMC does not function as a national center and therefore is not expected to apply the outcome achieved from Japan's projects on a national level. On the other hand, it is recommended to continue technical assistance to the HRD of the Ministry of Health so as to keep on contributing to establishing policy frameworks, such as qualification systems.

## **5. Improvement of Medical Facilities and Equipment – Careful Position with Consideration of the Aid Targets’ Circumstances and Capabilities**

The expectations of the Ministry of Health for support to medical facilities and equipment are high. In addition, the facilities to which Japan has provided assistance are generally well-operated. Japan’s technical cooperation in managing medical equipment has contributed significantly to improving the functions of hospitals. The demand for medical facilities and equipment is expected to be continued. In responding to such demand, careful consideration should be given based on sufficient information on the entire structure of public and private healthcare service providers in the region where the assistance target facility is located, as well as the facility’s management capabilities, medical expertise and personnel quantity. France and other countries also provide support to healthcare facilities. As a result, some hospitals, such as Ang ROKAR Referral Hospital in Takeo Province and Mongkol Borey Hospital, receive support to construct facilities and purchase equipment from plural development partners. This indicates that, as the Ministry of Health has pointed out, the support for improving facilities is not a distinctive feature of Japan’s aid anymore. Japan should therefore take notice of the fact that assistance to healthcare facilities is not essential to ensure the visibility of Japan’s assistance.

## **6. Strategic Outreach Activities for the Socially Vulnerable Through Coordination Between Assistances to the Public Sector and to Grassroots Efforts**

Japan has contributed not only to the capacity building of counterparts but also to the systematic improvement of public services in the health sector in Cambodia, through the assistance programs with the Ministry of Health, and national centers such as NMCHC and CENAT playing leading roles. This kind of assistance to the public sector is intended to enhance the healthcare system of Cambodia in order to promote sustainable development. In this respect, assistance should be continued.

At present in Cambodia, however, public healthcare services are still in the developing stage, and services that should be provided to the so-called socially vulnerable, such as residents in rural areas, people in need in urban areas, and the disabled, are not fully provided. In order to extend assistance to those in the so-called “pocket” groups who are in unfavorable conditions, it would be effective to complement public services with outreach activities by non-governmental organizations (NGOs). Japan has already started the assistance programs involving

NGOs through schemes such as Grant Assistance for Japanese NGO Projects and JICA Partnership Program. The target systems of these programs, however, are not always strategically positioned in the overall plan for assistance in the health sector. It is expected that, as a medium-term objective, these schemes will be used more effectively in such a way as to supplement public services.

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The six recommendations above are compiled into an organized list below (Table 2-4) from the following perspectives: (1) What is the “target level,” the level of directions of policies/strategies or the level of methods/procedures of assistance?; (2) Is the “target organization” the Headquarters level in Japan (MOFA, and Head Office of JICA in Tokyo) or the onsite level ( Embassy of Japan in Cambodia, JICA Cambodia Office, etc.)?; and (3) When is the period/timing for actions?

All recommendations are basically related to the directions of policies/strategies. “Recommendation 6” recommends more effective use of specific schemes and also includes aid modalities.

Both the headquarters in Japan and local offices are included in the target organizations because we consider that MOFA in Tokyo, the Embassy of Japan in Cambodia, the Headquarter and Cambodia Office of JICA, and experts and volunteers working for organizations in Cambodia should make concerted efforts in determining, through review and dialogue, the direction in which each assistance program should be focused and the way in which each assistance program should be designed for all the recommendations.

The period and timing for taking the actions necessary for all the recommendations were determined to be the next one to two years. This is because the programs that were ongoing as of FY2012 would be mostly completed by then and the “selection and concentration” based on the Country Assistance Policy for Cambodia, which was announced in April 2012, will be implemented in one to two years from now.

Table 2-4 Classification of Recommendations for Various Actors of Schemes

Target Levels, Target Organizations, Periods of Recommendations		Recommendations					
		No. 1	No. 2	No. 3	No. 4	No. 5	No. 6
Target levels	Policy/ Strategic Direction Level	○	○	○	○	○	○
	Assistance Methods/ Assistance procedure Level		○				○
Target organizations	Headquarters level in Japan (MOFA , JICA Head Office)	○	○	○	○	○	○
	Onsite level ( Embassy of Japan in Cambodia, JICA Cambodia Office)	○	○	○	○	○	○
Period/Timing for Actions		Within 1 – 2 years					

Source: Evaluation team

## Appendix 1 Map of the Kingdom of Cambodia



Source: United Nations Cartographic Section (Map No. 3860 Rev. 4, January 2004)



## Appendix 2 Major Health Indicators in ASEAN Countries

Table A2-1 Demographic Indicators

Indicator	Life expectancy at birth (years)	Infant mortality rate (per 1,000 live birth)	Maternal mortality ratio (per 100,000 live birth)	Age-standardized mortality rates be cause (per 100,000 population)		
				Communicable	Non-communicable	Injuries
Year	2011	2010	2010	2008	2008	2008
Cambodia	63	45	206	478	748	65
Myanmar	65	50	200	461	667	347
Lao PDR	67	42	470	376	771	107
Viet Nam	75	19	59	122	607	66
Philippines	69	23	99	231	599	55
Thailand	74	11	48	153	675	106
Indonesia	69	27	220	244	647	70
Malaysia	74	5	29	185	526	51
Brunei Darussalam	78	6	24	55	520	24
Singapore	82 *	2	3	66	313	21
Japan	83 *	2	5	40	273	36
Low income	59 *	69	410	636	757	124
Global	70 *	40	210	230	573	78

Note: \* Figures for the year 2010.

Source: World Bank website; WHO, *World Health Statistics 2012*; Ministry of Planning, et al., *Cambodia Demographic and Health Survey 2010*.

Table A2-2 Mortality, Incidence and Prevalence Rates of Tuberculosis, HIV/AIDS and Malaria

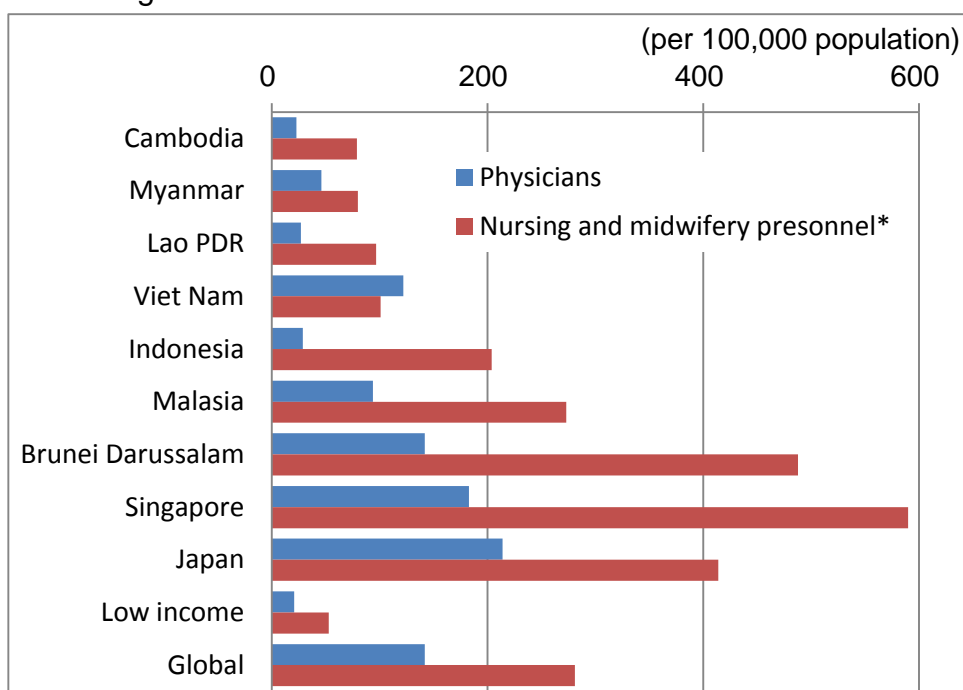
Indicator	Tuberculosis*			HIV/AIDS		Malaria	
	Mortality rate (per 100,000 population)	Incidence rate (per 100,000 population)	Prevalence rate (per 100,000 population)	Mortality rate (per 100,000 population)	Prevalence rate (per 100,000 population)	Mortality rate (per 100,000 population)	Incidence rate (per 100,000 population)
Year	2010	2010	2010	2009	2009	2008	2009
Cambodia	61	437	660	21	425	4	2,589
Myanmar	41	384	525	36	477	34	7,475
Lao PDR	11	90	130	2	135	3	807
Viet Nam	34	199	334	13	316	0	58
Philippines	33	275	502	0	10	0	68
Thailand	16	137	182	42	786	0	261
Indonesia	27	189	289	4	133	3	1,375
Malaysia	9	82	107	21	369	0	71
Brunei Darussalam	3	68	91	0	n.a.	0	n.a.
Singapore	2	35	44	2	72	0	n.a.
Japan	2	21	27	0	6	0	n.a.
Low income	36	264	377	85	1,445	58	12,653
Global	15	128	178	27	502	12	3,322

Note: HIV/AIDS: human immunodeficiency virus / acquired immune deficiency syndrome.

\* Tuberculosis mortality rates are among HIV-negative people. "n.a.": not available.

Source: WHO, *World Health Statistics 2012*.

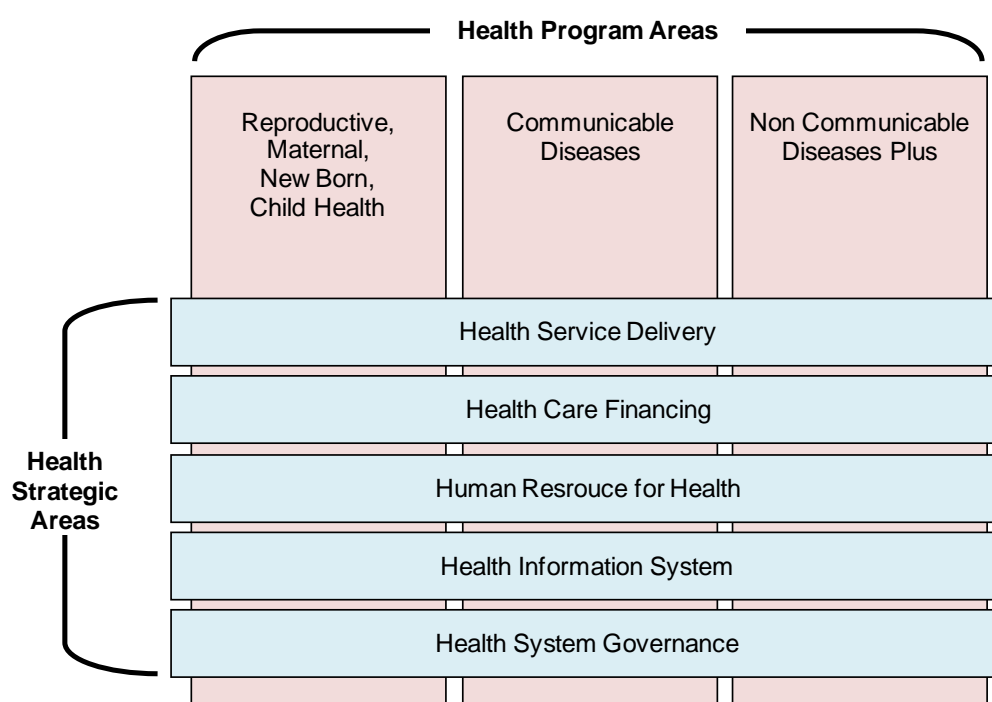
Figure A2-1 Health Workforces in ASEAN Countries



Note: \* Not including traditional birth attendants (TBA).

Source: WHO, *World Health Statistics 2012*.

### Appendix 3 Operational Framework of Cambodia's Health Strategic Plan 2008-2015



Source: Ministry of Health, *Health Strategic Plan 2008-2015*.

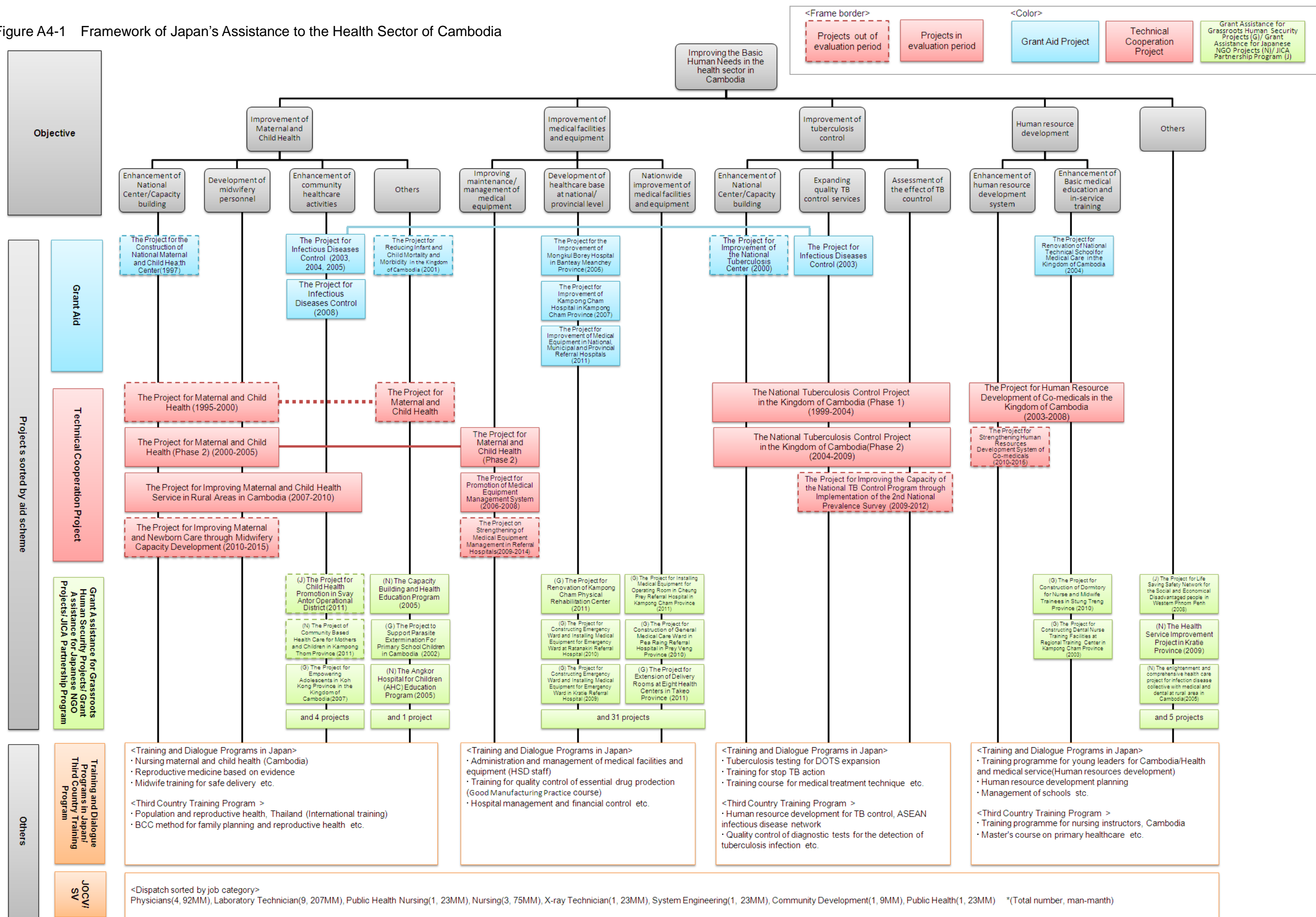
## Appendix 4 Outline of Japan's Assistance to the Health Sector of Cambodia

Table A4-1 Japan's ODA Flows to Cambodia by Sector (2002-2010)

(Gross Disbursements, USD millions)									
Sector	2002	2003	2004	2005	2006	2007	2008	2009	2010
<b>Total All Sectors</b>	56.7	127.0	87.2	101.5	107.1	117.6	114.8	128.5	149.6
<b>Total Sector Allocable</b>	32.4	93.9	67.3	88.6	94.3	96.9	106.4	100.3	149.3
<b>I. Social Infrastructure &amp; Services, Total</b>	14.5	61.6	45.8	60.4	47.6	38.0	40.5	35.0	63.9
I.1. Education, Total	1.9	13.7	13.0	13.6	12.2	6.5	6.4	10.2	13.2
I.2. Health, Total	..	5.4	9.1	8.8	13.4	5.6	3.9	6.9	12.6
I.2.a. Health, General, Total	..	4.7	5.2	6.7	7.1	1.6	2.3	1.0	2.1
Health policy & admin. Management	..	4.7	4.8	4.1	3.3	1.6	1.7	1.0	2.1
Medical education/training	..	..	0.4	2.6	3.9	..	..	..	..
Medical research	..	..	..	..	..	..	..	..	..
Medical services	..	..	..	..	..	0.0	0.5	..	0.0
I.2.b. Basic Health, Total	..	0.7	3.9	2.2	6.3	4.0	1.6	5.9	10.5
Basic health care	..	0.4	0.3	0.3	0.6	0.6	0.3	0.4	2.5
Basic health infrastructure	..	0.1	0.0	..	3.5	2.3	..	4.1	6.5
Basic nutrition	..	..	..	..	..	0.0	..	..	..
Infectious disease control	..	0.1	3.3	1.9	2.1	0.0	0.0	0.1	0.0
Health education	..	..	0.0	..	0.0	..	0.0	0.0	..
Malaria control	..	..	..	..	..	..	0.0	..	..
Tuberculosis control	..	..	..	..	..	1.1	1.3	1.3	1.2
Health personnel development	..	0.2	0.1	..	..	0.0	..	..	0.3
I.3. Population Pol./Progr. & Reproductive Health, Total	..	0.3	0.4	0.3	0.9	1.7	0.7	0.9	0.7
Population policy and admin. Management	..	0.2	0.4	0.3	0.8	0.7	0.2	0.0	..
Reproductive health care	..	0.0	..	..	..	1.0	0.5	0.8	0.7
Family planning	..	..	..	..	..	..	..	..	..
STD control including HIV/AIDS	..	0.1	0.0	0.0	0.0	..	0.0	..	..
Personnel development: pop. & reproductive health	..	..	..	..	..	..	..	..	0.1
I.4. Water Supply & Sanitation, Total	12.5	25.9	17.0	14.2	5.8	4.3	2.2	3.5	10.7
I.5. Government & Civil Society, Total	0.1	14.5	3.8	20.1	10.9	13.4	22.1	8.4	21.3
I.6. Other Social Infrastructure & Services, Total	..	1.9	2.5	3.4	4.5	6.5	5.2	5.2	5.3
<b>II. Economic Infrastructure &amp; Services, Total</b>	14.8	22.7	12.4	14.7	30.1	39.3	35.9	35.3	31.8
<b>III. Production Sectors, Total</b>	..	7.0	7.2	10.1	13.2	15.8	17.7	11.2	23.8
<b>IV. Multi-Sector / Cross-Cutting, Total</b>	3.1	2.6	1.9	3.4	3.3	3.7	12.3	18.9	29.7
<b>VI. Commodity Aid / General Prog. Ass., Total</b>	16.0	17.3	4.6	..	..	8.5	..	..	..
<b>VII. Action Relating to Debt, Total</b>	..	..	..	..	..	..	..	..	..
<b>VIII. Humanitarian Aid, Total</b>	..	..	..	..	0.2	0.1	..	..	0.3
<b>XII. Unallocated / Unspecified, Total</b>	8.3	15.8	15.3	12.9	12.6	9.8	8.4	8.9	..

Source: OECD-DAC, *Development Database on Aid Activities: Creditor Reporting System Online* (Accessed on December 4, 2012)

Figure A4-1 Framework of Japan's Assistance to the Health Sector of Cambodia



## Appendix 5 Analysis for the Evaluation on “Relevance of Policies”

Table A5-1 Areas in HSP1/HSP2 and Corresponding ODA Projects of Japan

HSP1	HSP2	Grant for General Projects	Technical Cooperation	NGO/ Partnership	Training/ JOCV/SV
—	Reproductive, maternal, new born and child health	(2)	(1) + 3	11	yes
—	Communicable diseases	(1) + 4	3	4	yes
—	Noncommunicable diseases	-	-	2	yes
Health service delivery; Quality improvement	Health service delivery	3	2	40	yes
Health Financing	Health care financing	-	-	-	yes
Behavioural change; HRD	Human resource for health	1	2	3	yes
—	Health information system	-	-	1	yes
Institutional development	Health system governance	-	-	-	yes

Note: Figures indicate numbers of the projects. Figures in brackets indicate numbers of projects out of the evaluation period. “NGO/Partnership” means Grant Assistance for Japanese NGO Projects and JICA Partnership Program. “HRD” stands for human resource development.

Source: MOFA, JICA

Table A5-2 Development Agendas in Japan’s Country Assistance Program for  
Cambodia and Corresponding ODA Projects

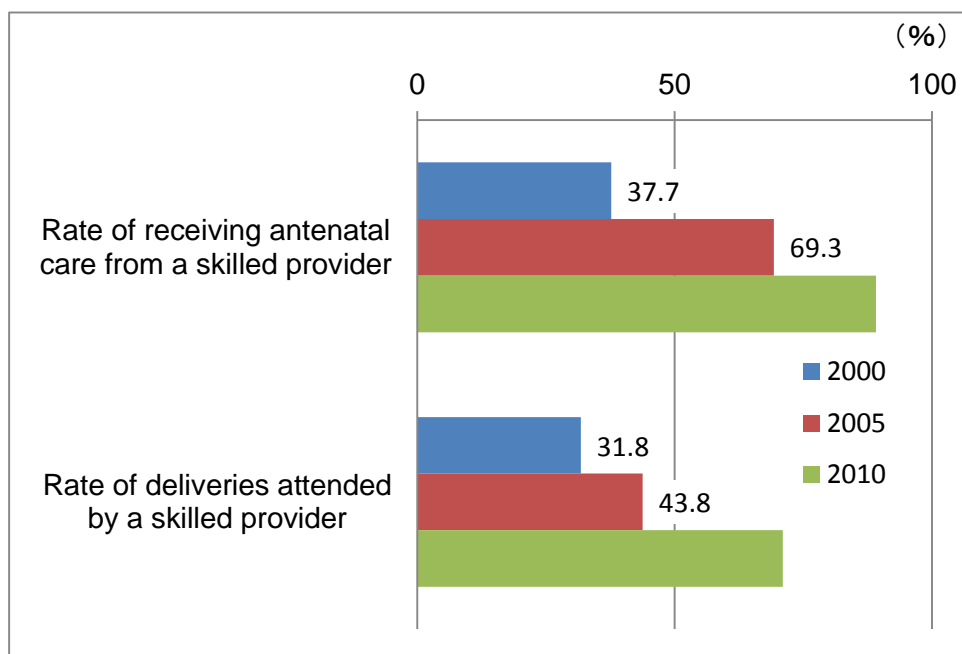
Development Agendas in the Country Assistance Program		Grant Aid for General Projects	Technical Cooperation	NGO/ Partnership	Training/ JOCV/SV
Technical improvement in maternal and child health		(2)	(1) + 3	8	yes
Communicable disease control	Overall control	4	-	1	yes
	HIV/AIDS	-	-	1	yes
	Tuberculosis	(1)	3	-	yes
	Malaria	-	-	-	yes
	Parasitic diseases	-	-	3	yes
	Others	1	-	2	no
Enhancement of primary healthcare services in rural areas		3	4	44	yes
Others		-	-	2	no

Note: Same as Table A5-1.

Source: MOFA, JICA

## Appendix 6 Outcome/Impact Indicators for the Evaluations on “Effectiveness of Results”

Figure A6-1 Rates of Maternal Health Service Provisions by a Skilled Provider



Source: WHO, *World Health Statistics 2012*. Ministry of Planning, et al., *Cambodia Demographic and Health Survey 2005*, and 2010.

Table A6-1 Quantitative Indicators of Maternal and Child Health Services

Indicators \ Year	2002	2007	2012
Health facilities adapted IMCI* <sup>1</sup>	1,027	1,144	1,242
Health centers with IMCI	45	533	All
Health facilities providing delivery services (Total)	1,027	1,144	1,242
National hospitals	8	8	8
Referral hospitals (RH)	67	74	82
Health centers (HC)	942	967	1,029
Health pots	10	95	123
Nurse midwives received life-saving skill training or any other obstetric skill training			
Training on midwifery skills for HC midwives (1 month)	284	383	662
Training on midwifery skills for RH midwives (1 month)	71	204	204
Training on EmONC* <sup>2</sup> for physicians (4 months)	15	65	93
Health education and counseling about family planning, STI* <sup>3</sup> and HIV for women, men, and couples			
Trained health staff	-	-	2,292
Trained community workers (PLWHA* <sup>4</sup> and VHSG* <sup>5</sup> )	-	-	2,511
ANC* <sup>6</sup> 1 with HIV test	9,239	73,012	186,683
Post test	926	50,604	135,990
Partners post-test	351	10,660	29,576
Health education for adolescent			
ASRH* <sup>7</sup> services at HCs	n.a.	91	438

Note: \*1 IMCI: integrated management of childhood illness

\*2 EmONC: emergency obstetric and newborn care.

\*3 STI: sexually transmissible infections.

\*4 PLWHA: people living with HIV/AIDS.

\*5 VHSG: Village Health Support Group.

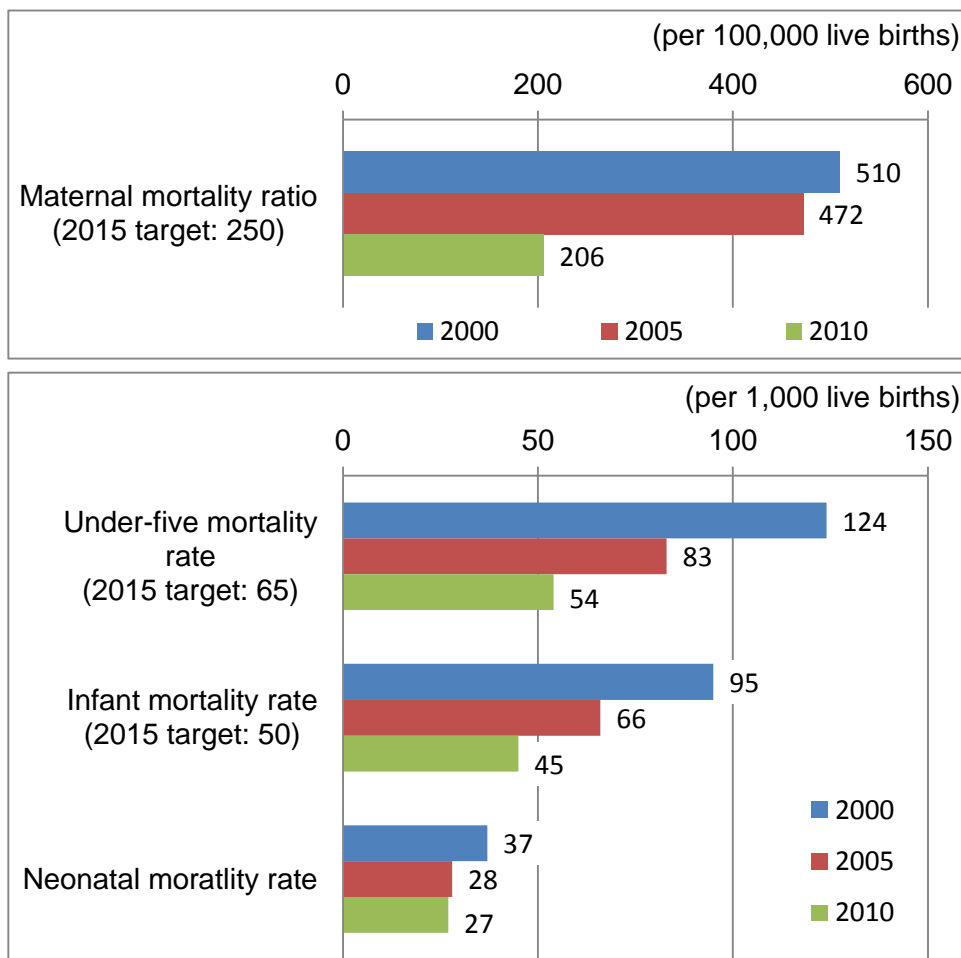
\*6 ANC: antenatal clinic.

\*7 ASRH: adolescent sexual and reproductive health.

Source: National Maternal and Child Health Center.



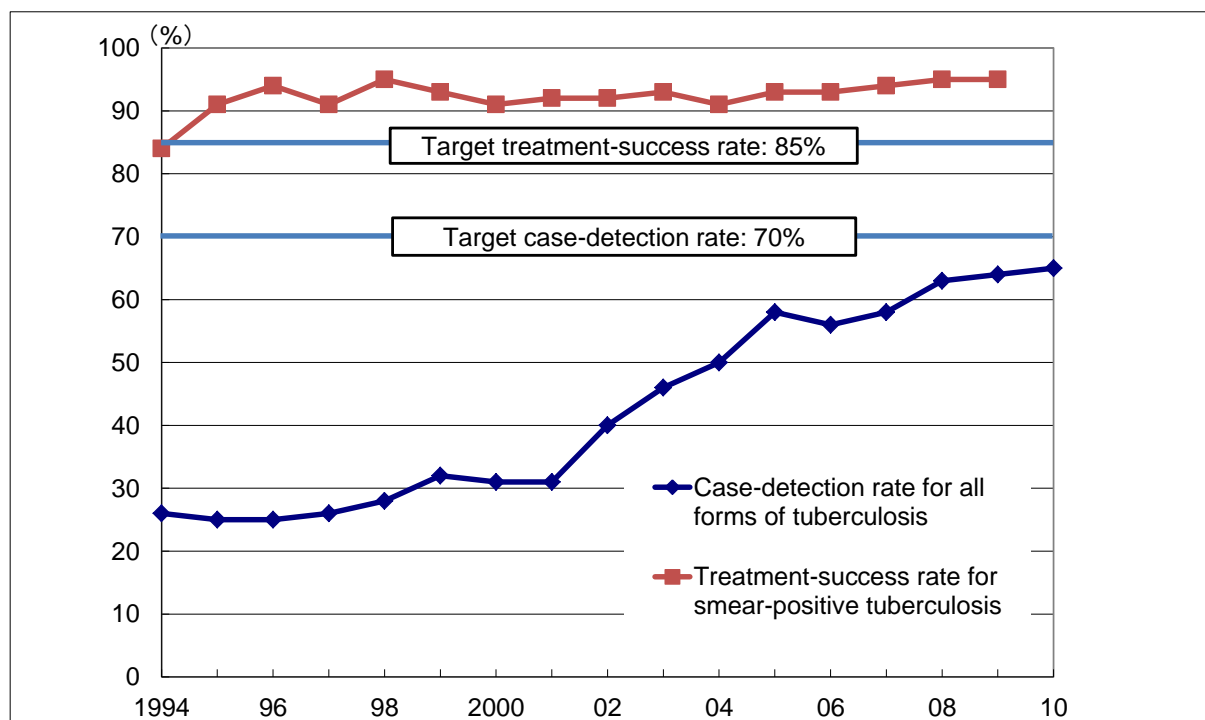
Figure A6-2 Mortality Indicators of Maternal and Child Health



Source: WHO, *World Health Statistics 2012*. Ministry of Planning, et al., *Cambodia Demographic and Health Survey 2010*.

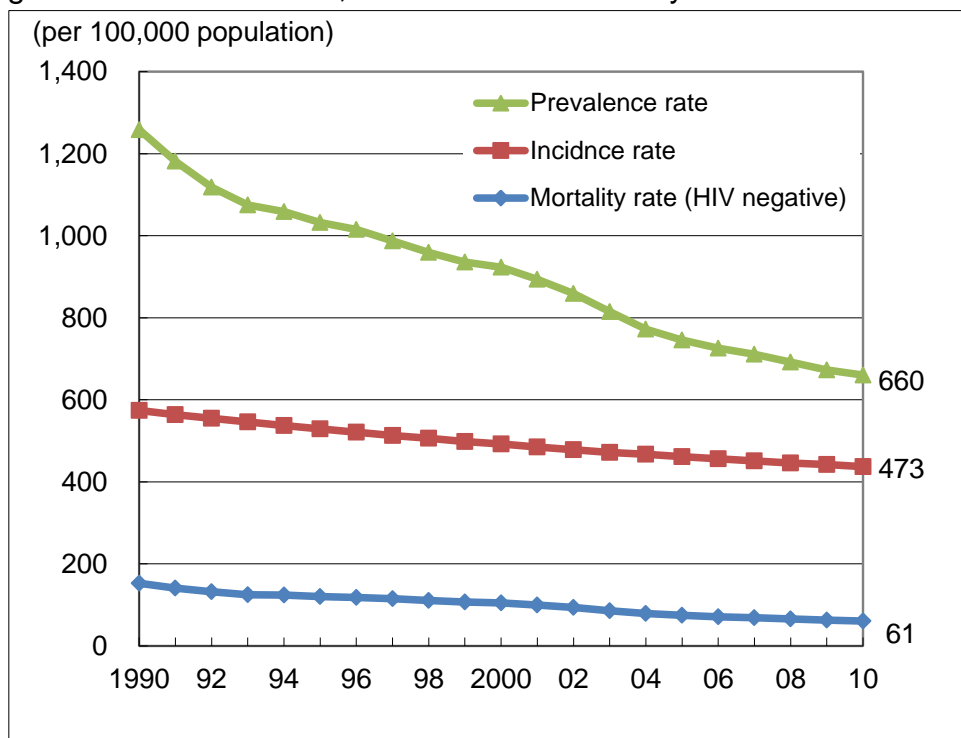


Figure A6-3 Case-Detection and Treatment-Success Rates of Tuberculosis



Source: WHO, *Global Health Observatory Data Repository* (Accessed on December 17, 2012)

Figure A6-4 Prevalence, Incidence and Mortality Rates of Tuberculosis



Note: The Cambodia MDG targets for 2015 associated with tuberculosis control are 626 per 100,000 population for the prevalence rate and 87 for the mortality rate.

Source: WHO, *Global Health Observatory Data Repository* (Accessed on December 17, 2012)

## Photographs



National Center for Tuberculosis and Leprosy Control (CENAT)



Evaluation team interviewing at the National Maternal and Child Health Center (NMCHC)



Technical School for Medical Care (TSMC)



Evaluation team visiting the Mongkul Borey Referral Hospital in Banteay Meanchey Province



Evaluation team visiting a Japanese NGO's activity site of postnatal health education in Kampong Thom Province

Source: Evaluation team



Plaque of the Mongkul Borey Referral Hospital bearing the words "Cambodia-Japan Friendship"