PILOT DESIGN DOCUMENT: HEALTH SECTOR

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FUNCTIONS

The core functions that will be transferred to sub-national administrations participating in the pilot will be:

1. Oversight of Health Centre service delivery through the Health Centre Management Committees;
2. Promotion of Community Health through the Village Health Support Groups, with an emphasis on reducing child malnutrition;
3. Maintenance and repair of health centre buildings with an emphasis on water and sanitation facilities.

ACTIVITIES

Planning

- Formulation of a District Community Health Plan with the following contents:
  1. **Situation Analysis** including:
     - **Primary Health Care situation:** issues concerning awareness of health-promoting behaviour, take-up of vaccinations and nutrition supplements and key needs for awareness raising;

- **Environmental health situation** including water and sanitation, waste disposal and mosquito control;
- **Access to Health Services** including Health centre location, number and type of staff, coverage and number of population served, physical condition of health centre facilities including water and sanitation facilities;
- **Resources for Community Health** including NGO health (including water and sanitation) programmes active in the District.

2. **Service Delivery Plan** including:
    - Outreach services plan (which village, which activities, how often) per health centre, in accordance with Ministry of Health guidelines;
    - Community Health Promotion Plan (activities to be undertaken by VHSGs);
    - Priority Investments (including any necessary improvements to Health Centres);
    - Priority services to be supported as Permissive Functions of sub-national administrations;
3. **Baseline and target indicators** for 5 year timescale;
4. **Cost** of implementing the plan and funding sources.

Plans should be realistic and achievable: the total cost of implementing the plan over a 5-year period should not exceed identified available resources by more than 50%.

Plans will be reviewed by the Provincial Department of Health to ensure there is no conflict with Ministry of Health policy and guidelines.

Oversight of Health Centre Service Delivery

The HCMC will be re-formed under the leadership of the Commune Councils and with a clear mandate to monitor the service delivery performance of the Health Centre. The HCMC will have no responsibility for day-to-day operations of the Health Centre.

The membership of the HCMC should be:

- Commune/Sangkat Chief of Commune/Sangkat where Health Centre is located: Chair;
- Commune/Sangkat Chiefs of other Communes/Sangkats: deputy Chair;
- Health Centre Director: deputy Chair;
- Deputy Commune/Sangkat Chief responsible for social affairs: member;
- Commune/Sangkat Women and Children Focal Point: member;
- Representatives of VHSG: two per commune (one man, one woman): members;
- Health Centre staff (2): members;
- Representatives of NGOs active in the health sector: observers;
- District Community Health Coordinator: observer.

The HCMC should meet on a quarterly basis. Costs of HCMC meetings will be met from the Commune/Sangkat budget (where more than one Commune/Sangkat is involved, costs will be shared).

The business of each quarterly HCMC meeting should include:

1. Review and approval of the Health Centre Annual Operational Plan (annually);
2. Review of implementation of the HC operational plan during the previous quarter, including outreach services delivered;
3. Review and approval of workplan for implementation of the HC operational plan for the next quarter, including outreach services planned;
4. Receive and review reports from VHSG on activities carried out and on any specific Community Health issues in the villages;
5. Review and approve plans for Community Health promotion and VHSG activities for the following quarter;
6. Receive and review financial reports on receipts and disbursements of health centre service fees and on disbursements of funds for outreach service costs;
7. Receive and review reports on citizen monitoring of health service delivery through the Citizen Scorecards;
8. Receive and review reports on assessment of the Health Centre using the Health Centre Assessment Tool (particularly the Management module) at least 1 time per year;
9. Review and approve report on physical condition of health centre facilities including water supply, hand-washing station and sanitation;
10. Other business as required by the revised Roles and Responsibilities of the HCMC.

Meetings will be minuted. Minutes of the meetings will be copied to: Health Centre; Commune Councils; District Administration; Operational District.

Promotion of Child Health and Nutrition Through VHSG

The VHSG will be trained and supported to carry out a set of activities focussed on promotion of child health and nutrition. Training and monitoring will be provided by an NGO contracted for the purpose. The VHSG will be coordinated by the Deputy Commune/Sangkat Chief responsible for the social sector, and the CCWC Focal Point. Communes that wish to do so may hire a community health worker to assist with these tasks, provided that at least 50% of the base salary is paid from the C/S Fund.

The VHSG role will include a biannual child nutrition campaign which will include screening of all children aged 0 to 2 years old in the village using the MUAC method. Children identified by the VHSG as potentially malnourished will be referred to the Health Centre staff during the following Outreach visit (which should be timed to no more than a few days after the nutrition campaign). The Health Centre staff will check and confirm the diagnosis and will take appropriate action (advise parents; provide supplementary nutrition or refer the child for hospital treatment in serious cases).

VHSG achieving screening of at least 90% of children aged 0 to 2 years in the village will receive a bonus payment of $US 10.00 for each campaign.

It is proposed to share training materials with the UNICEF Early Childhood Care Agent (ECCA) pilot. However as the ECCA pilot depends on salaried agents in every village, it is likely that only a sub-set of the ECCA activities can be fully implemented. The full set of activities to be undertaken by the ECCA in the UNICEF pilot is shown in the box below. Because the VHSG will not be paid a monthly salary, it may be necessary to prioritise the most important activities.

Roles	Activities
• Inform and advocate parents/care takers on issues related to ECCD: birth registration, health and nutrition, parenting/early child stimulation, child protection, hygiene and sanitation, enrollment in CPS and school. • Mobilize parents/care takers and facilitate access to existing services: birth registration, monthly health outreach activities, antenatal care and delivery at HC, sprinkles distribution etc. • Identification and follow-up of most vulnerable children • Detection of problem/crisis happening to a child 0-6 years old and report to CCWC. • Monitoring ECCD situation in the village. • Help in emergencies preparedness.	• Conduct monthly education session • Assist HC staff during outreach and other field works. • Do home visits to the most vulnerable households; Refer to services. • Liaison with CPS teacher to help the enrollment of 3 years old children in CPS and 6 years old children in school. • Report to CCWFP to ensure facilitate ECCD monitoring during CCWC meetings.

Details of VHSG community health promotion responsibilities are to be determined in consultation with MoH.

Maintenance and Repair of Health Centre Facilities

In line with the draft Community Health Policy of MoH (2008) the sub-national administrations will be encouraged to support maintenance and repair of health centre facilities, especially water and sanitation facilities. Day-to-day operation and maintenance costs should be funded from the fees income of the Health Centre and should be monitored by the HCMC. District and / or Commune Councils may fund larger repairs or improvements. In the pilot, each District will receive a small grant for this purpose, based on demonstrated performance in operation and maintenance of existing facilities.

The core activities carried out under the pilot will be:

- Monitor basic indicators of the condition of health centre facilities, with emphasis on water and sanitation. Check any defects by comparison to standard (using the Management Module of the Health Centre Assessment Tool) and identify remedial action needed. (Responsibility: Health Centre staff to report quarterly to HCMC).
- Minor repairs / maintenance to be paid from fees income and properly documented for approval by the HCMC quarterly meeting (Responsibility: HC staff, reporting to HCMC).
- Identify major repairs or improvements needed and submit request to District/Municipal Council through planning process (Responsibility: HCMC to submit request to D/M Administration).

Discretionary Activities

Under the pilot, each District will receive a grant allocation to support community health activities that can be considered as falling within the "general mandate" of the sub-national administrations.

These activities should be part funded from either District/Municipal or Commune/Sangkat fund resources. To the extent possible, access to these grants should be linked to demonstrated good performance in the "core" activities. In particular, capital grants for improvements to water and sanitation at health centres should be linked to good performance in operation and maintenance of existing facilities.

Activities that could be funded using these discretionary grant funds include:

- Employment of a Commune/Sangkat Community Health worker (conditional upon 50% of base salary funded from C/S Fund resources);
- Support for emergency transport from village to health centre (conditional upon part of the cost funded from C/S Fund resources);
- Capital grants for improved water and sanitation facilities in health centres.

Coordination and Monitoring

District Community Health Coordinator

Each District will appoint one or two District Community Health Coordinators . The position of the District Community Health Coordinator within the District Administration structure will be determined by NCDDS. The District Community Health Coordinator may be either a permanent staff member of the District Administration or may be seconded from the Health Operational District. Terms of reference for the District Community Health Coordinator are presented as an Annex.

General Approach to Monitoring

Monitoring implementation of Community Health activities in the pilot will be based on a limited set of indicators that can be easily monitored and consolidated. The monitoring indicators will be recorded in electronic format at District level, initially using a simple spreadsheet. This could form the basis of a database monitoring system later.

Monitoring is coordinated by the District Community Health Coordinator. The monitoring system follows the local administration structure through village, commune and district levels. The District Community Health Coordinator also attends meetings of HCMC and transmits reports to the District Administration.

Village

The VHSG monitor basic Community Health activities at the village level and report through the Commune VHSG Meetings. Reporting will include:

- Outreach visits by HC staff in the village, and activities carried out;
- Health promotion activities by the VHSG themselves;
- Health sector activities by NGOs in the village;
- Births and deaths in the village during the reporting period;
- Major Community Health issues (infectious disease outbreak etc).

The format of reporting should be a simple form of no more than one page, supported by verbal reporting where necessary.

Commune / Sangkat Council

The Commune/Sangkat Deputy responsible for social services summarises the reports received from the VHSG and reports to the regular meetings of the Commune/Sangkat Council. These reports are endorsed by the Council and submitted to the District/Municipal Council through the District/Municipal Community Health Coordinator.

District/Municipal Council

The District Community Health Coordinator will be responsible for monitoring implementation of the activities. The District Community Health Coordinator will be responsible to:

- Attend all meetings of Health Centre Management Committees;
- Attend meetings of each Commune Village Health Support Group at least once per quarter;
- Keep records of delivery of services through the VHSG;
- Monitor all health sector activities in the District carried out by NGOs (share information and assist in coordination);
- Facilitate drafting of the District Community Health Plan;
- Monitor progress in implementation of the plan against indicators (receiving reports from Commune/Sangkat Councils);
- Monitor disbursement of any budget resources delegated to the Commune by the District for Community Health purposes;
- Check and verify indicators by direct field visits.

The District/Municipal Community Health Coordinator reports through the Chief of the Inter-Sector Unit of the D/M Administration to the Deputy Governor responsible for social affairs.

MATRIX OF ROLES AND RESPONSIBILITIES

Assigned Function / Service	District Council	District Administration	Commune Council	Health Operational District	Health Center Management Committees	Health Centre Staff	Village Health Support Groups
District Community Health Plan	• Approves Plan • Approves Budget • Monitors budget execution	• Appoints District Community Health Coordinator • Leads preparation of the plan • Prepares budget for allocation of the plan • Monitors implementation of the plan • Monitor and report on standard set of Community Health and service delivery indicators • Supports Commune Councils	• Participates in preparation of plan • Monitors implement-ation of plan through VHSG	• Assists in all stages of preparation of plan • Reviews plan for consistency with MoH policies	•	• Participate in preparation of plan • Refer to plan in preparation of Annual Operational Plan	Monitor implementation of plan at village level

Assigned Function / Service	District Council	District Administration	Commune Council	Health Operational District	Health Center Management Committees	Health Centre Staff	Village Health Support Groups
HCMC Oversight of HC Service Delivery		• District Community Health Coordinator attends all quarterly HCMC meetings as observer. • Consolidates service delivery monitoring data	• CC Chief Chairs the HCMC and calls meetings according to schedule. • CC Deputy Chief for social affairs and CWCC focal point are members • Provides funds to cover meeting costs from C/S fund	• Attends HCMC meetings as observer. • Provides feedback/advice as needed. • Receives reports; • Takes action to strengthen service delivery where needed.	• Meets quarterly; • Approves and monitors operational plan; • Monitors outreach service delivery; • Monitors simple service standards in health centre; • Receives and reviews financial reports; • Approves any changes to fees schedule; • Reviews citizen scorecard findings.	• HC Director to attend all HCMC meetings. • Provision of budget information to HCMC on service fees collected at quarterly meetings • Respond to issues raised in the citizen scorecards • Take action to strengthen service delivery where needed	• Report on outreach services delivered • Participate in citizen scorecard implementation. • Report on citizen satisfaction with HC service quality.

Assigned Function / Service	District Council	District Administration	Commune Council	Health Operational District	Health Center Management Committees	Health Centre Staff	Village Health Support Groups
alth Promotion	• Delegates budget for support of VHSG to Commune Councils	• Coordinates Emergency Community Health Response with PHD, Commune Councils, HCMC and VHSC • Monitors implementation of VHSG activities • Provides support	• Manages budget for VHSG activities including output-based incentive, travel and meeting costs. • Calls and chairs (deputy chief for social affairs) Commune VHSG meetings. • CWCC focal point attends meetings. • Coordinate and support NGOs and government agencies involved in Community Health promotion activities • [Prepare quarterly plan for specific health and nutrition information campaigns with targets identified] • Implement plan and record results related to	• Technical support to VHSG including equipment (MUAC) and supplies (Sprinkles) • Monitor technical content of Community Health campaigns • Build capacity of VHSG	• Monitors VHSG activities	• HC Deputy Director to attend meetings of Commune VHSG group • Provide information and training to VHSG members • Provide micronutrient supplements when needed • Follow up potential malnutrition cases identified by VHSG and take action as needed.	• Attend (monthly) Commune VHSG meetings • Conduct at least 2 early childhood nutrition campaigns per year, including screening of all children aged 0-2 using MUAC method. • Carry out specific Community Health functions emphasising early childhood care and development. • Facilitate outreach visits by HC staff • Report against a simple set of indicators.

Assigned Function / Service	District Council	District Administration	Commune Council	Health Operational District	Health Center Management Committees	Health Centre Staff	Village Health Support Groups
Maintenance and Repair Health Center (emphasis water and sanitation)	• Approves budget allocations for repair and improve-ment of health centre facilities • Monitors budget execution	• Monitors physical condition of health centres with emphasis on water and sanitation • Manages budget for priority repairs to health centres	• Review reports of HCMC on condition of HC facilities • Monitor directly and raise issues through HCMC	• Provide standards for HC facilities • Review proposed works to ensure conformance with standards	• Review and verify reports from HC. • Approve proposals to District for funding for major repairs and improvements. • Monitor implementation of repairs.	• Report to HCMC on state of HC facilities including water and sanitation. • Undertake routine operation and maintenance using fees revenue. • Identify major repairs and improvements and propose to HCMC.	

CAPACITY BUILDING PLAN

Capacity building will be integrated with the pilot at all levels and all stages. Capacity building will consist of formal trainings, reflection events and field-level mentoring and backstopping. One adviser with a Community Health background will be recruited for the duration of the pilot with the primary role of mentor to the District Community Health Coordinators.

Capacity building needs assessment

Who	Number	Training Need	Trained by	How long/how often
Village Health Support Group and CCWC Focal Point	About 150 per District	Basic health knowledge including nutrition screening techniques Schedules of preventive health care activities Outreach service standards Monitoring and reporting tasks	Community / Primary health care specialist organisation (NGO contracted to deliver training?)	1 week initial training course Regular follow-up during Commune VHSG meetings
		Special topics	Government or NGO	As ToT for campaign
Commune Council (Chief, Deputy and CCWC-FP)	About 24 per District	Purpose of Pilots Activities of Pilots Roles and Responsibilities Expected Outcomes Monitoring Formats Process Financial Management Procedures	District Adviser District Community Health Coordinator Mentor	3 day initial training 1 day follow-up per 3 months Backstopping from DCHC
District Finance and Admin and Commune Clerk	About 8 per District	Financial management procedures		
District Community Health Coordinators District Advisers	About 10 persons total	Concepts of Community Health Roles and responsibilities of DCHC Purpose of Pilots Activities of Pilots Roles and Responsibilities Expected Outcomes Monitoring Formats Process Financial Management Procedures	Consultant trainer working with mentor.	1 week initial course then follow-up

Who	Number	Training Need	Trained by	How long/how often
District Councilors	2 per District	Purpose of Pilots Purpose of District Community Health Plan Resources Budgeting	District Adviser District Community Health Coordinator Mentor	3 day initial training 1 day follow-up per 3 months Backstopping from DCHC
Health Centre staff	2 per HC	Purpose of Pilots Activities of Pilots Roles and Responsibilities Expected Outcomes Monitoring Formats		

Capacity building activities

Training programme for Village Health Support Groups.

The VHSG are likely to need intensive initial training and ongoing support for a period of at least one year (the length of the initial phase of the pilot). Wherever possible this could be integrated with existing NGO support to VHSG in the pilot Districts. However a specific training course is likely to be needed, probably of about one week duration. Probably about one course per 10-15 villages (i.e. about 6 courses per District) will be needed. One option for supporting this course is to invite bids from NGOs which could include NGOs already active in the target Districts.

Training programme for District Community Health Coordinators

The role of District Community Health Coordinator is a new one and combines basic technical knowledge with administrative procedures. It is proposed to engage a Community Health expert to prepare and deliver the initial training course, assisted by the mentor who would work through the whole period of the pilot. The training course would be for a period of about one week and would include about 10-12 trainees including the DCHC (one or two per District), the District Advisers and possibly one additional official of the Operational District administration. The training course would consist of two parts of which the second part would be essentially a Training of Trainers.

Part 1: Principles of Community Health and Role of the District Community Health Coordinator:

- Coordination of Primary Health Care;
- Planning and Promotion of Environmental Health;
- Monitoring and Strengthening Citizen's Access to Health Services

Part 2: Training of Trainers for the Community Health Pilots

- Purpose of Pilots
- Activities of Pilots
- Roles and Responsibilities
- Expected Outcomes
- Monitoring Formats

- Process
- Financial Management Procedures

Training Programme on the Community Health Pilots

This will be a general training course for a mixed group of District and Commune level officials and councillors. One training course will be organised in each District. Participants will include:

- Commune Councillors: Commune Chief, Deputy Chief for Social Affairs and Commune Women and Children Focal Point;
- Health Centre staff: two per health centre;
- Commune Clerks;
- District Finance and Administration staff (2);
- District Council (2 councillors).

In a typical District with 8 Communes and 6 Health Centres there would be about 50 trainees on the course. The trainers would include the District Community Health Coordinators (possibly all three acting as trainers); the mentor, district advisers and for appropriate parts of the course, Provincial IP3 advisers (e.g. the Finance Adviser).

Topics covered in the course will be:

- Purpose of Pilots (1/4 day);
- Activities of Pilots (1/4 day)
- Roles and Responsibilities (1/2 day)
- Expected Outcomes (1/4 day)
- Monitoring Formats (1/2 day)
- Process (1/2 day)
- Financial Management Procedures (1/2 day)
- Reflection and post-test (1/4 day).

Therefore the total length of the course will be 3 days.

EXPECTED RESULTS

The expected results of the pilot are divided into process results and outcome results. The pilot is expected to demonstrate success in terms of process results by the end of 2013. It is believed likely at this stage that measurement of outcome results might require more time, until say end 2015 (the cut-off date for the Cambodia Millennium Development Goal indicators).

EXPECTED RESULTS OF THE DISTRICT COMMUNITY HEALTH PILOT				
	Process		**Outcomes**	
Activity	**Expected Results**	**Indicators**	**Expected Results**	**Indicators**
District Community Health Planning and Budgeting	SNA allocate discretionary resources to identified community	Specific purpose grants allocated in accordance with	Progress toward targets identified through participatory planning	% of targets achieved

	health priorities	community health plan priorities % of general resources allocated in accordance with community health plan priorities		
Health Centre Management Committee	HCMC meets regularly under Commune leadership and fulfills reporting requirements	Meetings held Reports submitted	Improved responsiveness of health centre operations to local needs	Fixed site service standards Outreach service standards
Community Health Promotion	VHSG regularly undertake priority health promotion activities including two nutrition campaigns with MUAC screening per year	Records kept # children screened for malnutrition and action taken	Reduced child malnutrition	MUAC results or sample survey
Maintenance and Repair of Health Centres	HCMC reports regularly and accurately on condition of health centre HCMC oversees maintenance expenditures and proposes repair budget to District	Expenditure on maintenance Proposals for repairs needed	Sustainable improvement in condition of health centre facilities	Districts allocate funds for repairs Adequate day-to-day maintenance funded from fees revenue

UNIT COSTS AND FLOW OF FUNDS

The table on the following page shows approximate unit costs for implementation of the District Community Health Pilots. These costs exclude overhead costs of the pilot and monitoring and evaluation of the results of the pilot. Costs are based on actual costs reported for existing community health programs, with some interpolation where necessary. Detailed budgeting of activities would follow applicable NCDDS and sub-national administration guidelines.

Costs have been calculated for planning, service delivery and capacity building on a unit cost basis. To illustrate the overall cost implications, costs have been calculated for three potential pilot Districts / Municipalities: Memot, Ou Reang Ov and Suong in Kampong Cham province. However, no final decision has been taken on the selection of target Districts.

It is proposed that all District and Commune level costs would be consolidated as a specific purpose grant to the District/Municipal budget (as provided for by Article 6 of the D/M Fund sub-decree). A detailed budget plan would be prepared by the District/Municipal and Commune/Sangkat administrations as part of the planning exercise.

It is envisaged that some budget lines would be executed through the District/Municipal Budget while others would be executed through the Commune/Sangkat budget. The District/Municipal Administration will be responsible to monitor and report on use of all funds under the pilot. To facilitate this and to emphasise the overall responsibility of the D/M Administration, it is proposed that the whole grant fund will be reflected as a revenue in the D/M budget and that funds will be transferred to the C/S budget as "subsidies" from the District/Municipality to the Commune/Sangkat. This procedure is provided for in the budget and financial management system but has not yet been tested in practice. Thus, an additional benefit of the pilot will be testing of a system that facilitates integrated budgeting and cooperative action between the District / Municipal and Commune / Sangkat levels.

Funds to support the pilot will be transferred to the sub-national administrations through the MEF / Treasury system. NCDDS will monitor disbursements of pilot funds from the DIstrict/Municipality and Commune/Sangkat accounts in Provincial Treasury through the Provincial Finance Adviser.

DISTRICT COMMUNITY HEALTH PILOT: APPROXIMATE UNIT COSTS					
	ACTIVITY DESCRIPTION	**Unit**	**Unit Cost Per Year**	**Qty**	**Cost**
A	PLANNING COSTS				
1	Prepare District Community Health Plan				
Planning process consisting of (1) Orientation Workshop at District level; (2) Commune Participatory Meetings per Commune combined with baseline data collection and (3) Drafting Workshop at District (50 participants)					
1.1		District	$ 64.00	3	$ 192.00
1.2	Orientation Workshop	Commune	$ 30.00	23	$ 690.00
1.3		Commune	$ 7.00	23	$ 161.00
1.4	Commune Participatory Meetings	Village	$ 40.50	345	$ 13,972.50
1.5		District	$ 64.00	3	$ 192.00
1.6	Drafting Workshop	Commune	$ 30.00	23	$ 690.00
	SUBTOTAL FOR PLANNING				**$ 15,897.50**
B	SERVICE DELIVERY COSTS				
2	Strengthen Health Centre Management Committee				
Health Centre Management Committee has budget to support costs of quarterly meetings. Total about 16 participants per meeting.					
2.1	**HCMC Meeting Costs**	Health Cen	$ 192.00	20	**$ 3,840.00**
3	Strengthen Village Health Support Groups				
VHSG conduct health promotion activities including two nutrition campaigns per year. CWCC follows up. Commune VHSG meets monthly including training follow-up					
3.1	Nutrition campaigns	Village	$ 120.00	345	$ 41,400.00
3.2	CWCC follow-up	Village	$ 24.00	345	$ 8,280.00
3.3	Commune VHSG meetings.	Village	$ 84.00	345	$ 28,980.00
	SUBTOTAL FOR HEALTH PROMOTION				**$ 78,660.00**
4	Improve Water and Sanitation at Health Centres	District	$ 5,000.00	3	$ 15,000.00
District receives performance-based grant for capital investments in improvements to HC water and sanitation facilities					
5	Discretionary Grants for additional community health expenditures	Commune	$ 1,000.00	23	$ 23,000.00
District receives performance-based grant to part-fund additional community health activities at District or Commune level.					
	SUBTOTAL FOR SERVICES FOR 1 YEAR				**$ 136,397.50**

DISTRICT COMMUNITY HEALTH PILOT: APPROXIMATE UNIT COSTS					
	ACTIVITY DESCRIPTION	**Unit**	**Unit Cost Per Year**	**Qty**	**Cost**
C	**CAPACITY BUILDING COSTS**				
5	Capacity building of VHSG				
Cost of engaging an NGO to develop and deliver training course for VHSG and to follow up through the monthly Commune VHSG meetings					
6.1	Overhead Costs	Pilot	$ 5,000.00	1	$ 5,000.00
6.2	Training Course	Village	$ 133.33	345	$ 46,000.00
6.3	Follow Up through Commune VHSG Meetings	Commune	$ 690.00	23	$ 15,870.00
					$ 66,870.00
7	Training of District Community Health Coordinators				
Cost of engaging an expert public health consultant to develop and deliver training course for District Community Health Coordinators; includes Training of Traners for District Community Health Pilot training.					
7.1	International consultant	Pilot	$ 20,000.00	1	$ 20,000.00
7.2	Training Course	Pilot	$ 690.00	1	$ 690.00
					$ 20,690.00
8	Community Health Pilot Training Course				
Cost of delivering three-day general training course at District level and three one-day follow-up workshops. Trainers will be District Community Health Coordinators and other programme staff / advisers					
8.1		District	$ 192.00	3	$ 576.00
8.2		Commune	$ 68.00	23	$ 1,564.00
8.3	Training Course	Health Cen	$ 34.00	20	$ 680.00
8.4		District	$ 48.00	3	$ 144.00
8.5		Commune	$ 24.00	23	$ 552.00
8.6	Follow Up Workshops	Health Cen	$ 12.00	20	$ 240.00
	SUB-TOTAL FOR TRAINING AND FOLLOW-UP				**$ 3,756.00**
9	Mentor to support DCHC				
Cost of engaging a national adviser for one year to act as mentor to the District Community Health Coordinators in the pilot districts					
9.1	Salary	Pilot	$ 24,000.00	1	$ 24,000.00
9.2	Travel Costs	Pilot	$ 1,200.00	1	$ 1,200.00
					$ 25,200.00
	SUBTOTAL FOR CAPACITY BUILDING				**$ 116,516.00**
TOTAL COST OF HEALTH PILOT IN THREE DISTRICTS					**$ 252,913.50**

ANNEXES

Roles and Responsibilities of District Community Health Coordinator

Outline Contents of District Community Health Plan

Roles and Responsibilities of Health Centre Management Committees

Roles and Responsibilities of Village Health Support Groups

Outline TOR for NGO to support VHSG

Outline TOR for consultant to train District Community Health Coordinators

Outline TOR for Mentor for District Community Health Coordinators

Terms of Reference

District/Municipality Community Health Coordinator

Purpose

The purpose of the District Community Health Coordinator is to monitor and coordinate community health activities in the District and report to the District Council through the Director of Administration. The District Community Health Coordinator supports the roles of the District Council and the Commune Councils within the District in planning, budgeting and implementing community health initiatives. The District Community Health Coordinator works in cooperation with the Operational District but does not have any direct role in the delivery of health services by the Operational District staff.

The Community Health roles of the District Council consist of three parts:

Community health activities include activities of the District Administration and Commune Councils, and cooperation with Government agencies and NGOs, that have the objective of improving the health of the people in the District. Community health activities include:

- **Primary Health Care** including support to the Village Health Support Groups; promoting vaccinations, family planning, improved nutrition and good hygiene;
- **Environmental Health** including public water and sanitation facilities, waste management etc;
- **Access to Health Services:** monitoring and improving citizens' access to private and public health service providers.

The District Community Health Coordinator has no direct responsibility for the provision of health services through the Health Operational District facilities and staff.

Specific Tasks

The specific tasks to be undertaken by the District/Municipal Community Health Coordinator comprise:

1. Facilitate preparation and updating when necessary of the District Community Health Plan;
2. Monitor implementation of the District Community Health Plan and report to the District Council through the Director of Administration;
3. Attend all meetings of Health Centre Management Committees in the District as an observer;
4. Attend meetings of each Commune Village Health Support Group at least once per quarter;
5. Maintain data on community health activities, particularly the activities of the Village Health Support Groups;
6. Liaise and coordinate with Government agencies (Ministry of Health, Ministry of Women's Affairs, Ministry of Rural Development and other agencies) and with non-government organisations implementing health promotion activities in the District.

7. Support the Commune Councils to prepare proposals for community health activities (including water and sanitation and waste management) funded through the Commune budget;
8. Monitor disbursements of District budget funds for community health activities, including disbursements from Commune budgets using subsidies from the District budget;
9. Prepare proposals for recurrent and capital expenditures for community health activities to be funded through the District budget;
10. Other tasks assigned by the District / Municipal Director of Administration.

Supervision

The District / Municipal Health Coordinator works under direct supervision of the Chief of the [Commune/Sangkat Support Unit OR Inter-Sector Unit – NCDDS to advise] and the indirect supervision of the Director of Administration.

Qualifications

The District/Municipal Health Coordinator is a civil servant who is either a permanent official of the staff of the District/Municipal Administration or an official of the Ministry of Health who is seconded to the District/Municipal Administration.

The District / Municipal Health Coordinator must be a high school graduate (higher education preferred) with at least five years working experience, preferably in a field relevant to community health.

District / Municipality Community Health Plan

Outline Contents

Situation Analysis

- **Primary Health Care**
  - **Data Table By Commune/Sangkat:**
    - **Number of villages**
    - **Number of villages with active VHSG**
    - **Number of people**
    - **Number of children aged 0-5**
    - **Number of children born in past year**
    - **Number of births registered at Commune Office**
    - **% of children aged 9-12 months fully immunised**
    - **% of births attended by a trained midwife**
    - **Number of children receiving sprinkles**
    - **Number of children who died aged 0-1 month**
    - **Number of children who died aged 1 month – 5 years**
  - **Priority Primary Health Care Issues / Needs**
    - **Issue**
    - **Priority (High / Medium / Low) in each Commune/Sangkat**
- **Environmental Health**
  - **Data Table by Commune / Sangkat**
    - **Number of households**
    - **% of households with access to improved water supplies**
    - **% of households with toilets**
    - **% of households with regular waste collection service**
    - **Is malaria a problem in the commune/sangkat (Often / sometimes / never)**
    - **Is dengue fever a problem in the commune / sangkat (often / sometimes / never**
  - **Priority Environmental Health Issues / Needs**
    - **Issue**
    - **Priority (High / Medium / Low) in each Commune/Sangkat**
- **Access to Health Services**
  - **Data Table by Health Centre**
    - **Number of villages served**
    - **Population served**
    - **Number of villages within 2km of the health centre**
    - **Number of villages more than 2km from the health centre but within one hour travel time**
    - **Number of villages more than 1 hour travel from the health centre**
    - **Number of villages with emergency transport to health centre**
    - **Number of villages receiving basic outreach package 12 times in past year**
    - **Number of villages receiving extended outreach package 6 times in past year**

        - **Number of HCMC meetings in past year**
        - **Quality of Water Supply (Good / medium / poor)**
        - **Quality of sanitation (Good / medium / poor)**
    - **Priority Needs/Issues**
        - **Issue**
        - **Priority High / Medium / Low for each health centre**
- **Resources for Community Health**
    - **NGO programmes; activities; coverage**
    - **Other Programmes; activities; coverage**

Service Delivery Plan including:

- Outreach services plan (which village, which activities, how often) per health centre, in accordance with Ministry of Health guidelines;
- Community Health Promotion Plan (activities to be undertaken by VHSGs);
- Priority Investments (including any necessary improvements to Health Centres);
- Priority services to be supported as Permissive Functions of sub-national administrations;

Baseline and target indicators for 5 year timescale;

Table 4: Community Health Indicators and Targets			
	Indicator	Baseline Value	Target Value
Access to Health Services	# HCMC meeting every quarter and ▪ approves and monitors annual operational plan; ▪ reviews expenditures of fees income.		
	# HC with good quality water and sanitation: ▪ Reliable, clean adequate water supply ▪ All toilets work and are cleaned every day ▪ Toilets have hand washing facilities with soap ▪ Hand washing station with water and soap		
	# of villages receiving at least 10 outreach visits per year including immunisation and micronutrient distribution		
	# of villages receiving at least 10 outreach visits per year including midwife		
	# of villages receiving at least 3 health education sessions by HC staff per year.		
Community Health Promotion	# villages with active VHSG		
	# communes holding monthly Commune VHSG meetings		
	# children 0-3 yrs screened for malnutrition		

	using MUAC		
Environmental Health	% Families with access to improved water source (usable year round and within 150m of home)		
	% of families with toilets		
	% of families with household waste collection service		
Health Indicators	% of children 0-3 yrs with MUAC < 125mm		
	% of children age 9-12 mths fully immunised		
	% of births attended by trained midwife		
	Children dying aged 0 – 1 mth per 1000 live births		
	Children dying aged 1mth – 5 yrs in 1 year, per 1000 children aged 1 mth – 5 yrs.		
Additional Indicators			

Cost of implementing the plan and funding sources.

Costs entered into the plan should be realistic: they should reflect how much money might actually be available from all fund sources for implementation of the plan. If the cost of activities is much higher than the funds available, the number of activities should be reduced. If necessary, the targets in Table 4 should be reduced so that they are realistic compared with the activities that can be funded.

Table 5: Community Health Activities and Costs				
Activity	Quantity	Investment Costs	Recurrent Costs (per year)	Fund Source

Outline TOR for NGO to support VHSG training

1. Prepare a one week training course for VHSG members. The training course should cover all roles and responsibilities of the VHSG but should place particular emphasis on early childhood care and development issues and in particular, prevention, recognition and treatment of early childhood malnutrition. The course should include screening for malnutrition using the MUAC method.
2. Train all VHSG members, plus the C/S Women and Children Focal Points, in the roles and responsibilities of the VHSG. One five-day course should be provided for about 30 trainees (i.e. about one course per 15 villages). The course should be delivered at a suitable location accessible by the VHSG members without overnight stays.
3. Follow up the training by attending all Commune/Sangkat VHSG meetings (monthly meetings in each Commune/Sangkat) for one year, checking on the skills and understanding of the VHSG and providing short refresher trainings on specific topics in association with each meeting (*needs about 12 trainer-days per Commune per year so in a large District this is close to a full time role for one trainer for one year*).

Outline TOR for consultant for DCHC training

1. In consultation with the Ministry of Health and NCDDS, finalise the scope of responsibilities of the District/Municipal Community Health Coordinator (DCHC);
2. Design a one-week introductory course for the DCHC. The course will combine an introduction to the principles of community health (2 days) with Training of Trainers for the Community Health Pilots (3 days). Outline contents of the course will be as follows:
   - Part 1: Principles of Community Health and Role of the District Community Health Coordinator:
     - Coordination of Primary Health Care;
     - Planning and Promotion of Environmental Health;
     - Monitoring and Strengthening Citizen's Access to Health Services
   - Part 2: Training of Trainers for the Community Health Pilots
     - Purpose of Pilots
     - Activities of Pilots
     - Roles and Responsibilities
     - Expected Outcomes
     - Monitoring Formats
     - Process
     - Financial Management Procedures
3. With the assistance of the Community Health Pilot Mentor; deliver the training course to the District Community Health Coordinators and the District Advisers, plus one staff member of each Health Operational District (i.e. about 9 trainees in all).

Outline TOR for Community Health Pilot Mentor

The Community Health Pilot Mentor is a national consultant with a background in medicine or public and/or community health. The Mentor will be employed for one year to train and support the District/Municipal Community Health Coordinators in their responsibilities. The Community Health Pilot Mentor will be based in the Provincial capital and will work under the direction of the IP3 Programme Director and the Provincial Programme Management Adviser for the province.

The duties of the Mentor include:

- Assist the expert consultant to prepare and deliver the initial training course for the DCHC;
- Provide additional training and support on a one-to-one basis with each DCHC as needed;
- Accompany the DCHC on field visits so as to observe the work and capacity of the DCHC and to identify areas where further capacity strengthening is needed;
- Prepare and deliver additional trainings in skills related to implementation of the Community Health Pilot as needed.