



Morocco Health Reform Program (P179014)

MIDDLE EAST AND NORTH AFRICA | Morocco | Health, Nutrition & Population Global Practice | Requesting Unit: MNC01 | Responsible Unit: HMNHN
IBRD/IDA | Program-for-Results Financing | FY 2023 | Team Leader(s): Denizhan Duran

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Program Development Objectives

Program Development Objective (from Program Appraisal Document)

To strengthen institutional capacity and governance for improved provision of quality public health services in the Program Area

Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	--	<input type="checkbox"/> Satisfactory
Overall Implementation Progress (IP)	--	<input type="checkbox"/> Satisfactory

Implementation Status and Key Decisions

The Morocco Health Reform Program was approved by the World Bank Board of Executive Directors on June 15, 2023. The Program is not yet declared effective pending signing of the Legal Agreement between the World Bank and the Government of Morocco. The Program development objective is to support strengthening the institutional capacity and governance for improved provision of quality public health services in the Program Area.

Data on Financial Performance**Disbursements (by loan)**

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P179014	IBRD-95540	Not Effective	USD	450.00	450.00	0.00	0.00	450.00	0%

Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P179014	IBRD-95540	Not Effective	15-Jun-2023	--	--	30-Sep-2028	30-Sep-2028

Program Action Plan

Action Description	
	Finalization of Program Operations Manual (POM) including: administrative and M&E procedures; E&S management, complaints and GRM; PAP; results and verification protocol; reports templates, fraud and corruption reporting; Program area details.



Source	DLI#	Responsibility	Timing	Timing Value	Status
Technical		MHSP	Other	No later than 4 mon 7 / 15 Seq no.: PROGRAM ACTION PLAN Action Description DLI# Timing Timing Value Status Completion Measurement Finalization of Program Operations Manual (POM) including: administrative and M&E procedths from the Effective Date	Not Yet Due
Completion Measurement	POM finalized and receives no-objection by the World Bank				
Comments					

Action Description	The Steering committee (SC) annually and the Technical committe (TC) have been constituted and met to monitor Program implementation progress, and each meeting has been instituted by a report which includes the activities for the following year.				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Technical		MHSP	Other	No later than 4 months after the Effective Date	Not Yet Due
Completion Measurement	The SC, composed of key MHSP and other stakeholders and the TC, composed of the technical directorates and other parties have met no later than 4 months after the effective date. The SC meets regularly on annual basis and the TC meets semesterly.				
Comments					

Action Description	Capacity building in E&S management for all program focal points and stakeholders.				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MHSP	Other	No later than 6 months from the Effective date	Not Yet Due
Completion Measurement	Development and implementation of the training plan based on the E&S Technical Manual				
Comments					



Action Description	Preparation and implementation of an E&S Technical Manual (as part of the POM) which will provide details on the actions and follow-up to be carried out by the focal points.				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MHSP	Other	No later than 4 months from the Effective Date	Not Yet Due
Completion Measurement	The environmental and social technical manual, including good E&S practices, validated by the World Bank.				
Comments					

Action Description	Development of new GRM for ESSP rehabilitation works, including grievances from personnel and contractors				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MHSP	Other	No later than 4 months from the Effective Date	Not Yet Due
Completion Measurement	GRM developed and available for personnel and contractors				
Comments					

Action Description	Appointment of environmental and social (including gender) focal points at regions at MSPS				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MSPS/GST	Other	No later than four months year after the Effective date	Not Yet Due
Completion Measurement	Designation letters of focal points within MSPS				
Comments					

Action Description	Evaluation of the management of liquid effluents of ESSP: Diagnosis of the liquid effluent management system at ESSP in order to identify ESSP that require an improvement of their liquid sanitation system.				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MHSP	Other	No later than 1 year from the Effective Date	Not Yet Due
Completion Measurement	Evaluation of the management of liquid effluents from healthcare centers				
Comments					

Action Description	Development and implementation of the training plan on the Environmental and Social Good Practice Guide				
Source	DLI#	Responsibility	Timing	Timing Value	Status



Environmental and Social Systems		MHSP	Other	No later than 6 months from the Effective Date	Not Yet Due
Completion Measurement	<ul style="list-style-type: none"> - Training module developed - Training plan developed - Reports on the training carried out 				
Comments					

Action Description	Development of a Communication Plan and Engagement with Stakeholders				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MHSP	Other	No later than 6 months from the Effective date	Not Yet Due
Completion Measurement	Development of a plan to identify the key stakeholders involved to strengthen and sustain their engagement throughout the implementation of the program				
Comments					

Action Description	Appointment of environmental and social (including gender) focal points at regions at GST				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MSPS	Other	No later than one year after the Effective date	Not Yet Due
Completion Measurement	Designation letters of focal points within GST/regions				
Comments					

Action Description	Preparation of regional medical and pharmaceutical waste management plans				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Environmental and Social Systems		MHSP/GST	Other	No later than 2 years from the Effective Date	Not Yet Due
Completion Measurement	Medical and pharmaceutical waste management plans covering the regions targeted by the Program				
Comments					

Action Description	Ensure that procurement plans are prepared and implemented in accordance with the existing regulations				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		DPRF/DEM/DAMPS/GST	Recurrent	Continuous	Not Yet Due



Completion Measurement	Annual Procurement plans are published no later than the end of Q1 of the fiscal year and are implemented in accordance with the existing regulations .				
Comments					

Action Description	Develop and implement a program to enhance capacity-building on the new procurement decree.				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		TGR	Due Date	01-Jan-2024	Not Yet Due
Completion Measurement	A capacity strengthening program on the new procurement decree is prepared and implemented by TGR				
Comments					

Action Description	Include in the bidding documents an eligibility check clause				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		MSPS/GST	Other	Continuous	Not Yet Due
Completion Measurement	An eligibility check clause included in the bidding documents and implementing agencies are required to ensure that any person or entity debarred or suspended by the Bank is not awarded a contract under the Program				
Comments					

Action Description	Follow up on audits recommendations of the Program				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		DPRF and IGM	Recurrent	Continuous	Not Yet Due
Completion Measurement	Number of audit recommendations implemented and timely reported in the Program activity reports				
Comments					

Action Description	Set up the internal audit unit in accordance with the regulations in force (new decree)				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		MEF/DPRF	Other	Date of publication of the decree	Not Yet Due
Completion Measurement	Application of the decree and operationalization of the internal audit unit within the ministry (internal audit unit with its staff; management tools of the function put in place; number of internal audit mission reports; allocated budget etc.)				
Comments					



Action Description	Implement a semi-annual reporting mechanism including (i)Public Procurement: Tenders and procurement-related complaints; and (ii) Financial Management				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		DEM/DPRF/DAMPS/ GST	Recurrent	Semi-Annually	Not Yet Due
Completion Measurement	A reporting is done through the minutes of technical committees, on a semi-annual basis				
Comments					

Action Description	Develop in the program operations manual (POM), the tools and procedures for collection, consolidation, reporting, on fraud and corruption and identify the responsible entity.				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		DPRF/IGM	Recurrent	Semi-Annually	Not Yet Due
Completion Measurement	Number of cases of fraud and corruption systematically reported in Program activity reports				
Comments					

Action Description	Strengthen coordination between implementing entities and develop tools for collecting budget execution and accounting data at the level of each implementing entity and capacity building actions				
Source	DLI#	Responsibility	Timing	Timing Value	Status
Fiduciary Systems		DPRF	Other	Six months following the Effective Date	Not Yet Due
Completion Measurement	Financial and budgetary information is included in the half-yearly activity report and is considered to be acceptable and audited financial statements prepared and submitted on time				
Comments					

Risks

Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	<input type="checkbox"/> Moderate	--	<input type="checkbox"/> Moderate
Macroeconomic	<input type="checkbox"/> Substantial	--	<input type="checkbox"/> Substantial
Sector Strategies and Policies	<input type="checkbox"/> Substantial	--	<input type="checkbox"/> Substantial
Technical Design of Project or Program	<input type="checkbox"/> Moderate	--	<input type="checkbox"/> Moderate
Institutional Capacity for Implementation and Sustainability	<input type="checkbox"/> Substantial	--	<input type="checkbox"/> Substantial



Fiduciary	☐ Substantial	--	☐ Substantial
Environment and Social	☐ Substantial	--	☐ Substantial
Stakeholders	☐ Substantial	--	☐ Substantial
Other	--	--	--
Overall	☐ Substantial	--	☐ Substantial

Results

PDO Indicators by Objectives / Outcomes

Strengthened organizational and institutional capacity for health system governance				
► Strengthened institutional capacity through the new deconcentrated governance system (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Legal framework for the establishment of territorial health groups (GST) established through publication of Framework Law 06-22. Training programs for relevant staff do not include the current decentralization arrangements.	--	---	100 percent of GST in Program area have established a regional health map
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	<ul style="list-style-type: none"> Health system redesign program entails a substantial shift towards a decentralized governance model, with the introduction of many management, planning, and budgeting tools for GST to fulfill their responsibilities. This indicator/DLI incentivizes the development of key management inputs, such as executive board, organogram, and status of personnel, as well as key planning tools, such as the regional medical program and the health map. Evidence from other sectors demonstrates challenges in institutionalizing decentralized arrangements, and the DLI will accelerate this implementation. This also implies a substantial need to strengthen the capacity of relevant personnel working in GST, with training serving as the first step for personnel to be able to strengthen institutional capacity. This indicator/DLI also incentivizes the development and implementation of a comprehensive training program for GST, including a focus on planning and implementing interventions within GST to support victims of GBV and to adapt to the health impacts of climate change. 			
Improved availability, motivation and competence of human resources for health				
► Health service operationalized to define health worker entitlements and to improve the quality of service delivery (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	The distribution of human resources across regions and provinces is not equitable, and some provinces do not have sufficient staffing of doctors, nurses and technical health staff	--	---	100 percent of GST in Program area have increased their human resource capacity by 50 percent with respect to identified gaps in 2023 to ensure an equitable distribution, particularly



				at the level of under-resourced provinces
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	<p>• Human resources for health are inequitably distributed across the regions and provinces, with some areas being critically under-resourced; there are no financial incentives for health workers to enable deployment to hard-to-reach areas or to improve their performance. The operationalization of the health service, through the design of a new payment modality, will allow to improve the motivation and distribution of the health workforce, encouraging deployment in under-resourced regions and provinces through a system of coefficients of medical procedures by regions, including incorporating conditions of distributions of the labor force through a gender lens. • The DLI will incentivize the integration of well-defined measures on quality and performance into the payment of health workers, with the intention of motivating health workers to close the know/do gap and to work in hard-to-reach areas, including areas most vulnerable to climate change, leveraging information from the climate health vulnerability assessment to identify climate vulnerable facilities. This will also ensure bringing services closer to the population, with increased availability of health services at the regional level, therefore resulting in a lower carbon footprint for the health sector through reduced mobility to seek health services.</p>			
Strengthened and reorganized health services				
▶ Quality of care at public hospitals and public PHC facilities evaluated and improved (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Development of quality standards and ongoing quality evaluation of public hospitals.	--	---	100 percent of GST in Program area have produced a quality evaluation report and adopted a quality improvement plan for public hospitals and public PHC facilities
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	<p>• Deconcentration provides an opportunity to incentivize and institutionalize quality improvements at the facility level. • This DLI includes a phased approach for the institutionalization of quality evaluations at the GST level, starting with the establishment of a quality assessment structure at the GST level, then the development and adoption of quality evaluation tools for public PHC facilities. The last two annual targets will focus on the development and adoption of a quality evaluation and improvement roadmap, then on the production of a quality evaluation report and adoption of a quality improvement plan for hospitals and public PHC facilities.</p>			
▶ Availability of essential health service package at public PHC facilities (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	72% of public PHC facilities in Program area have essential health service package	--	---	90% of public PHC facilities in Program area have essential health service package
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	<p>MHSP has an essential health service package for primary care levels which differs according to the level of the public PHC facility. A survey was conducted by the MSPS among a purposive sample of about 446 PHCs (considered as chief health district or circle) in the Program area, to assess the availability of the essential health services package at the PHC level. This survey captured a range of elements pertaining to structural quality of health facilities, including the availability of staff, availability of medicines, and availability of medical equipment to enable effective screening and treatment of maternal and newborn health conditions, as well as non-communicable diseases. The results of the survey led to the implementation of a series of improvement measures.</p>			

Intermediate Results Indicators by Results Areas



Strengthened organizational and institutional capacity for health system governance				
► Exchange and coordination platforms organized between central and regional entities (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Communication focal points at the regional health directorate level, informal communication networks between the regions and the central level	--	---	100 percent of GST in Program area have published a report on key discussion areas from the platform and have integrated suggestions emerging from the exchange and coordination platform
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	Given the substantial nature of changes and the increase in the number of stakeholders with the health sector reform, it is essential to institutionalize knowledge exchange and coordination platforms to improve the responsiveness of the health system. • This Indicator/DLI incentivizes the implementation of a systematic platform to facilitate these exchanges, which will provide a crucial platform for change management, citizen engagement, and a modality to institutionalize learning.			
► Improved patient satisfaction (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No systematized tracking of patient satisfaction	--	---	15 percentage point increase compared to baseline established in year 2
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	Given the substantial changes expected with the health system redesign program, it is essential to track the feedback from patients. There is currently no systematized modality to regularly track patient feedback. In this context, this indicator measures the establishment of a standardized process to measure patient satisfaction, and its implementation to track improvements as a result of the successful implementation of the reform.			
Improved availability, motivation and competence of human resources for health				
► Update of training curricula for nurses and health technicians to reflect the health system redesign program, with the incorporation of rights to health and gender, including GBV (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Training curricula not updated to reflect the health system redesign program with the integration of rights to health and gender	--	---	100% of GST in Program area have implemented the updated in-service training curricula for nurses and technical staff
Date	15-Mar-2023	--	12-Sep-2023	30-Jun-2028
Comments	Health system redesign program will entail substantial changes to service delivery, through reorganization of service delivery, definition of pathways, increased autonomy and accountability with performance / quality payments for health workers. In addition, there is a renewed focus on various priority epidemiological conditions, such as chronic diseases and the care of gender-based violence survivors. This necessitates an overhaul of pre-service training curricula at ISPITS and in-service training curricula at the GST level, which			



will contribute to improved quality of service delivery. This indicator captures the updates to these training curricula as well as their implementation for pre-service training at ISPITS, and in-service training at the GST level, with the incorporation of rights to health and gender, including gender-based violence.				
► Improved training capacity for ISPITS (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	7,500.00	--	7,500.00	11,600.00
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	• The Ministry of Health and Social Protection developed an action plan to train of 64,000 nurses, and this expansion in capacity will be supported by the DLI, which includes annual cumulative end targets of 11,600 for the number of enrollees from ISPITS from a baseline of 7,500 ISPITS enrolled.			

Strengthened and reorganized health services				
► Strengthened epidemiological surveillance capacity including for climate change related health issues (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	A study was conducted to assess epidemiological surveillance capabilities	--	---	100 percent of GST in Program area published epidemiological bulletins based on approved revised surveillance regulations
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	• Epidemiological surveillance capacity is a key health system function, especially as the health risks from climate change become more imminent; MHSP is in the process of restructuring epidemiological surveillance capacity. • This indicator/DLI incentivizes the government to implement this restructuring process to strengthen surveillance capacity, starting with the definition of a roadmap in the first year, followed by the adoption and validation of the structure of the epidemiological surveillance in the second year, and the update and adoption of regulations in the third year. This indicator/DLI has a focus on climate change adaptation and will include the inclusion of climate change related diseases in the updated list of notifiable diseases in the third year. The fourth and fifth years will ensure that GSTs publish epidemiological bulletins based on new regulations.			
► Strengthening of the governance and organization of preventive health services for screening for congenital hypothyroidism (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Screening for congenital hypothyroidism available in 56 percent of GST/regions in Program area	--	---	Screening for congenital hypothyroidism available in 100 percent of GST/regions in Program area
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	Within the framework of the government's strategy to strengthen prevention of health services, the governance and organization of preventive services for congenital hypothyroidism (CH) is a significant priority, and strengthened prevention for this condition is a cost-effective way to reduce the burden of physical and mental health conditions. This indicator captures the progressive implementation of the government's strategy to reduce this burden and also provide a blueprint for the prevention of other priority health conditions, serving as a proxy for the government's scale up of preventive services through the health system redesign program.			



▶ Maternal and neonatal death surveillance, audit, and response system scaled up (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	70% of GST in Program area use the maternal death surveillance system	--	---	50% of GST in Program area have completed maternal and neonatal death audit reports
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	Maternal and neonatal mortality in Morocco continues to remain high, and maternal and neonatal death surveillance, audit, and response system is critical to decrease the number of avoidable deaths. • This Indicator incentivizes the accelerated scale-up of the maternal surveillance system in the first year, the integration of neonatal death audit in the second and third years, and the development and implementation of recommendations to reduce maternal and neonatal deaths in the fourth and fifth years.			
▶ Percentage of pregnant women in Program area who have completed 4 antenatal care visits (Text, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	Rural: 38.5% (2018) Urban: 65.6% (2018)	--	---	Rural: 47% Urban: 70%
Date	15-Mar-2023	--	12-Sep-2023	30-Sep-2028
Comments	There is a substantial gender gap between the coverage of the required four antenatal care visits between women living in urban and rural areas, which is a key health indicator for maternal health. Most women end up seeking care antenatal care services at the PHC level, and the health system redesign is expected to increase utilization of these services.			
☐ Percentage of pregnant women in Program area who have completed 4 antenatal care visits in rural areas (Text, Custom Supplement)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	38.50	--	---	47.00
☐ Percentage of pregnant women in Program area who have completed 4 antenatal care visits in urban areas (Text, Custom Supplement)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	65.60	--	---	70.00

Disbursement Linked Indicators

▶ DLI 1 Strengthened institutional capacity through the new deconcentrated governance system (Process, 75,000,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	Legal framework for the establishment of territorial health groups (GST) established through publication of Framework Law 06-22. Training programs for relevant staff do not include the current	--	---	100 percent of GST in Program area have established a regional health map



	decentralization arrangements.			
Date	--	--	12-Sep-2023	--
Comments				

► DLI 2 Health financing system reformed to reflect the context of the reform and improve quality of service delivery (Output, 28,875,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	Public hospitals constitute 10 percent of Mandatory Health Insurance third party payments	--	---	70 percent of GST budgets in Program area are from AMO payments
Date	--	--	12-Sep-2023	--
Comments				

► DLI 3 Improved content, quality, accessibility, and use of health data (Output, 37,500,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	Integrated and digitalized health information system deployed at hospitals, and deployment began in PHC centers	--	---	Publication of an annual health sector report in Program area on health programs with an emphasis on quality indicators
Date	--	--	12-Sep-2023	--
Comments				

► DLI 4 Exchange and coordination platforms organized between central and regional entities (Output, 30,000,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	Communication focal points at the regional health directorate level, informal communication networks between the regions and the central level	--	---	100 percent of GST in Program area have published a report on key discussion areas from the platform and have incorporated suggestions from the exchange and coordination platform
Date	--	--	12-Sep-2023	--
Comments				



► DLI 5 Health service operationalized to define health worker entitlements and to improve the quality of service delivery (Process, 45,000,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	The distribution of human resources across regions and provinces is not equitable, and some provinces do not have sufficient staffing of doctors, nurses and technical health staff	--	---	100 percent of GST in Program area have increased their human resource capacity by 50% relative to the gap identified in 2023 to ensure equitable distribution, particularly for understaffed provinces
Date	--	--	12-Sep-2023	--
Comments				

► DLI 6 Improved training capacity at ISPITS (Output, 45,000,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	7,500.00	--	7,500.00	11,600.00
Date	--	--	12-Sep-2023	--
Comments				

► DLI 7 Number of public PHC facilities in Program area rehabilitated to comply with energy and thermal efficiency standards to address climate vulnerabilities (Output, 75,000,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	0.00	--	0.00	395.00
Date	--	--	12-Sep-2023	--
Comments				

► DLI 8 Quality of care at public hospitals and public PHC facilities evaluated and improved (Process, 45,000,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	Development of quality standards and ongoing quality evaluation of public hospitals	--	---	100 percent of GST in Program area have produced a quality evaluation report and adopted a quality improvement plan for public hospitals



				and public PHC facilities
Date	--	--	12-Sep-2023	--
Comments				

► DLI 9 Strengthened epidemiological surveillance capacity including for climate change related health issues (Output, 67,500,000.00, 0%)				
	Baseline	Actual (Previous)	Actual (Current)	2028
Value	A study was conducted to assess epidemiological surveillance capabilities	--	---	100 percent of GST in Program area published epidemiological bulletins based on approved revised surveillance regulations
Date	--	--	12-Sep-2023	--
Comments				