



The World Bank

Cambodia Health Equity and Quality Improvement Project (H-EQIP) (P157291)

REPORT NO.: RES50617

RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
CAMBODIA HEALTH EQUITY AND QUALITY IMPROVEMENT PROJECT (H-EQIP)
APPROVED ON MAY 19, 2016
TO
KINGDOM OF CAMBODIA

HEALTH, NUTRITION & POPULATION

EAST ASIA AND PACIFIC

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ABBREVIATIONS AND ACRONYMS

AF	Additional Financing
AOP	Annual Operational Plan
CERC	Contingent Emergency Response Component
CPI	Consumer Price Index
DLI	Disbursement Linked Indicator
FM	Financial Management
HC	Health Center
HEF	Health Equity Fund
H-EQIP	Health Equity and Quality Improvement Project
ICT	Information and Communication Technology
IDA	International Development Association
ISM	implementation support mission
KfW	German Development Bank
MDTF	Multi-Donor Trust Fund
MEF	Ministry of Economy and Finance
MOH	Ministry of Health
NCD	Non-Communicable Disease
NIPH	National Institute of Public Health
NQEMTs-2	National Quality Enhancement Monitoring Tools Phase 2
OD	Operational Districts
PCA	Payment Certification Agency
PDO	Project Development Objective
PMD	Preventative Medicine Department
PRH	Provincial Referral Hospital
QAO	Quality Assurance Office
SDG	Service Delivery Grant

BASIC DATA

Product Information

Project ID	Financing Instrument
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P157291	Investment Project Financing
Original EA Category	Current EA Category
Partial Assessment (B)	Partial Assessment (B)
Approval Date	Current Closing Date
19-May-2016	30-Jun-2022

Organizations

Borrower	Responsible Agency
Kingdom of Cambodia- Ministry of Economy and Finance	

Project Development Objective (PDO)

Original PDO

To improve access to quality health services for the targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia.

Current PDO

To improve access to quality health services for the targeted population groups, with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia, and to provide immediate and effective response in case of an eligible crisis or emergency.

Summary Status of Financing (US\$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-67720	31-Aug-2020	30-Sep-2020	27-Oct-2020	30-Jun-2022	14.00	12.33	2.18
IDA-58130	19-May-2016	26-Aug-2016	09-Nov-2016	30-Jun-2022	30.00	29.83	.01
TF-A9492	28-Jan-2019	23-Feb-2019	23-Feb-2019	30-Jun-2022	6.00	1.30	4.70
TF-A2562	19-May-2016	15-Sep-2016	15-Sep-2016	30-Jun-2021	1.00	1.00	0
TF-A3114	19-May-2016	26-Aug-2016	09-Nov-2016	30-Jun-2022	46.00	46.00	0

Policy Waiver(s)

Does this restructuring trigger the need for any policy waiver(s)?

No



The World Bank

Cambodia Health Equity and Quality Improvement Project (H-EQIP) (P157291)



I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. Project Status

- 1. The Cambodia Health Equity and Quality Improvement Project (H-EQIP), with a total financing of US\$174.2 million, was approved on May 19, 2016, and became effective on November 9, 2016.** The project was originally financed by a US\$30 million International Development Association (IDA) credit No 5813-KH; US\$94.2 million the Royal Government of Cambodia counterpart financing; and a US\$50 million grant from a Cambodia Health Equity and Quality Improvement Program Multi-Donor Trust Fund (MDTF) (Grant No TF0A3114) contributed by Australia's Department of Foreign Affairs and Trade, Germany's KfW, and Korea International Cooperation Agency (pooled fund partners). The first additional financing (AF1) from the MDTF in a total amount of US\$6.0 million (Grant No TF0A9492) was approved on December 18, 2018. The second additional financing (AF2) of a US\$14.0 million IDA credit No 6772-KH was approved on August 31, 2020, to replenish the financing gap resulting from a reallocation made to the Contingent Emergency Response Component (CERC) on March 27, 2020, to support the implementation of the Cambodia's COVID-19 master plan. The project closing date was also extended to June 30, 2022 to allow for the completion of the construction of two provincial referral hospitals (PRHs). The AF1 and AF2 resulted in a cumulative financing of US\$194.2 million for the project. The Project Development Objective (PDO) was revised to "improve access to quality health services for the targeted population groups, with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia, and to provide immediate and effective response in case of an eligible crisis or emergency" through the AF1 to reflect the inclusion of the CERC.
- 2. Overall, the progress towards achievement of the PDO has been downgraded to moderate satisfactory during the recent Implementation Support Mission (ISM) on February 28 to March 4, 2022 given the mixed progress of four PDO indicators.** While the PDO indicator 1¹ has already exceeded its end target and the PDO indicators 2 and 4² are on track to achieve their end targets by the current project closing date of June 30th, 2022, the PDO indicator 3³ is at risk of not achieving the end target. This is primarily due to economic hardships that a large majority of Cambodia's population faced due to the pandemic alongside a likely increase in health-related expenditures. The overall Implementation Progress rated moderately satisfactory. The current disbursement rate is at 92.92% (IDA:95.06% and Recipient-executed Trust Fund: 91.13%).
- 3. Component 1 - Strengthening Health Service Delivery:** The implementation of Service Delivery Grants (SDGs) has progressed as planned and is on track as per the project design. In March 2021, the Quality Assurance Office (QAO) trained all ex-ante and ex-post assessors on 35 new clinical vignettes, and the Information Communication Technology (ICT) system for the National Quality Enhancement Monitoring Process was updated to include these new clinical vignettes. These updated tools have been used to conduct quality assessments since the second quarter of 2021. Despite the prolonged community outbreak of COVID-19 that began in February 2021 and continued throughout the year, the SGDs have been smoothly implemented. The last round of the nationwide quality assessment, which included over 1,350 health facilities, was completed in February 2022. The overall score of the quality assessment of Phase 1 health facilities have generally improved the average from 45 percent to 81 percent at the Health Center (HC) level, from 27 percent to 80 percent at Hospital level, and from 29 percent to 85 percent in 2022 compared to round 1 2017. As part of a transition plan, QAO is conducting training for health facility staff to conduct self-assessment by using National Quality Enhancement Monitoring Tools Phase 2 (NQEMT-2), and under

¹ PDO indicator 1: Increase in the number of health centers exceeding 60% score on the quality assessment of health facilities

² PDO indicator 2 and 4: Increase in the number of outpatient services (episodes) covered by HEF and Reduction in the share of households that experienced impoverishing health spending during the year.

³ PDO indicator 3: Reduction in out-of-pocket health expenditure as percentage of the total health expenditure



technical support from the Bank, QAO is developing a new ICT system for NQEMT-2 to be ready for implementation prior to the effectiveness date of H-EQIP II⁴ (P173368).

4. **Component 2 - Improving Financial Protection and Equity:** The utilization of healthcare services by the poor financed by the Health Equity Fund (HEF) increased from 2.4 million episodes in 2017 to 3.3 million episodes in 2020. Due to the large scale and prolonged community outbreaks of COVID-19 in 2021, the utilization of the HEF in 2021 dropped 8.35% compared to 2020. The preliminary findings of a recent study conducted by the World Bank to explore utilization of the HEF program indicate that while coverage of HEF has increased over the past few years, a number of factors in some Operational Districts (ODs) resulted in low utilization. These include indirect costs related to transportation costs, lack of information and understanding among the beneficiary population with regards to their entitlements and the HEF benefit package, and lack of population awareness on HEF. The project also supported the establishment of an independent Payment Certification Agency (PCA) within government system in September 2017. The main function of the PCA is to verify HEF claims, which was previously done by a non-governmental organization. The PCA has also performed verification of ex-ante quality scores measured by Provincial Health Department and OD assessors which were done by a recruited firm. Recently, the PCA's role has been expanded to review claims from the National Social Security Fund. Due to the expanded role of PCA, and to ensure separation of functions within government service delivery and purchasing systems, a decision has made to relocate PCA to the National Social Protection Council.
5. **Component 3 - Ensuring Sustainable and Responsive Health Systems:** Six out of nine Disbursement-Linked Indicators (DLIs) will be fully achieved by June 30, 2022, and the remaining three DLI targets (DLI 4, 7, and 8) are expected to be partially achieved. To date, US\$13 million out of US\$20.60 million (63.1%) of the project funds allocated to all nine DLIs were authorized for disbursement, and additional payment of US\$2.0 million is expected to be authorized in May 2022. Due to the large-scale community transmission of COVID-19 in 2021, the implementation of activities funded by DLIs was postponed from March to November 2021. An estimated amount of US\$2.35 million of DLI funds is expected to be undisbursed by the project's current closing date of June 30, 2022. Nevertheless, the recent ISM which took place in February 2022 concluded with a recommendation to restructure the project to reallocate these funds to sub-component 3.3 to support the scale-up of services for non-communicable diseases (NCDs), through training and procurement of medical equipment and capacity building to health facilities on quality improvement. Through this reallocation, it is anticipated that these funds will be able to be fully disbursed by the proposed revised closing date of May 31, 2023. The construction of the two PRHs in Pailin and Oddar Meanchey provinces commenced mid-July 2020 and initially was expected to be completed in November 2021. The pace of construction was significantly impacted by COVID-19, resulting in delays in implementation and the initial timeline unable to be followed. The first extension of the contract timeline for this construction was amended in October 2021 to extend the contract duration from November 2021 to March 2022. However, the recent ISM noted that progress has remained slower than anticipated and construction will not be completed by the current project closing date. The slow progress is due to a large extent to large-scale and prolonged community transmission of COVID-19, resulting in shortages of workers at the construction sites, as well as delay in delivery of construction materials and equipment. As of April 20th, 2022, the overall completion rate is 84 percent in Pailin PRH and 80 percent in Oddar Meanchey PRH. Major gaps currently include fire detection system, water, electric and air conditioning systems, and bathroom accessories and floor finishing. Based on the current progress, the construction is now expected to be completed in August 2022, and installation of medical equipment will take at least four months. Therefore, an extension of the

⁴ <http://documents.worldbank.org/curated/en/750661647442037821/Cambodia-Second-Phase-of-Health-Equity-and-Quality-Improvement-Project>



closing date of 11 months will be required to ensure construction of two PRHs are completed and both are fully furnished and equipped.

6. **Component 4 – Contingent Emergency Response Component (CERC):** There has been satisfactory progress in implementing activities under the CERC. The support mobilized through the CERC contributed promptly to the country’s COVID-19 response efforts, from since the initial stages of transmission in 2020 through the large scale and prolonged community outbreak in 2021. The activities supported under the CERC cover a range of activities: (i) strengthening COVID-19 testing capacities through the establishment of a Biosafety Level 2+ laboratory at the National Institute of Public Health (NIPH); (ii) the installation of Cobas 6800 testing equipment at NIPH and National Blood Transfusion Centers, and the establishment of two regional laboratories in Battambang and Siem Reap provinces; (iii) procurement of medical equipment to enhance the COVID-19 treatment capacity at both national and provincial hospitals, including 110 ventilators, 31 mobile X-rays, and 370 patient monitors; and (iv) procurement of 80 ambulances to strengthen hospital referral capacity for severe COVID-19 cases. To date all equipment procured has been delivered and is operational. There is a balance of approximately US\$0.7 million under Component 4, for which Ministry of Health (MOH) plans to procure additional laboratory equipment to strengthen hospital response capacity. The procurement process is expected to be initiated in June 2022 and completed in July 2022.
7. **Pursuant to paragraph 24 of the IPF policy, there are no suspensions or audits issues (including no outstanding audit reports), and there are no major issues related to fiduciary, safeguards, and procurement.** As of June 15, 2022, the rating for procurement remained satisfactory the performance rating for the Financial Management (FM) were downgraded from satisfactory to moderately satisfactory due to the delayed documentation of incurred eligible expenditures, and MOH not fully adhering to the World Bank’s disbursement guidelines. There are some recommendations to improve the FM performance of the implementing agency including: (i) documenting and withdrawing project funds on a timely basis; (ii) updating and making sure reported cash forecasts for fiscal years are accurate while submitting Interim Unaudited Financial Reports (IFRs); and (iii) improvement in the monitoring mechanism to ensure that regular FM and disbursement tasks are completed in a timely manner. The performance of the Environmental and Social Safeguards remains moderately satisfactory given the challenges and constraints faced by the Preventative Medicine Department (PMD) including their in-house capacity to conduct site visits due to mobility constraints as a result of COVID-19 travel restrictions.
8. The World Bank received a letter from the Ministry of Finance and Economy on May 16, 2022, requesting to process a restructuring of H-EQIP that includes the following changes: (1) extend the project closing date by 11 months from June 30, 2022 to May 31, 2023, and (2) reallocate US\$2.35 million from sub-component 3.1 to sub-component 3.3. On May 31, 2022, MEF provided to the Bank additional clarification on the restructuring request, adding a change in the cutoff date for retroactive financing for Credit No. 6772-KH, from April 1, 2020 to October 1, 2019. The extension of the project closing date aims to provide additional time for project implementation to ensure that the construction and equipping of the two PHR will be completed prior to project closing. The slow progress is largely due to shortages of workers at the construction sites and delays in delivery of construction materials and equipment, both impacts of COVID-19 community transmission and mobility restrictions. The pace of construction has accelerated in recent months with the lifting of restrictions and progress is above 80 percent at both sites, but additional time is required for completion.

II. DESCRIPTION OF PROPOSED CHANGES

9. **The proposed changes include the following:**



10. **Results Framework.** The changes to results framework include: (a) extending the closing date of indicators for which the end target will not be achieved by June 30, 2022, to align with the revised closing date; and (b) adjusting the end target values for the following indicators:

- a. **The baseline data of the PDO indicator 2 “Reduction in the share of households that experienced impoverishing health spending during the year” will be revised from 0.9% to 1.29%.** The change is due to an updating of the methodology to align with the national poverty line and the consumer price indexes (CPI) from the National Institute of Statistics rather than the international poverty line and the CPI from World Bank Development Indicators Database that was previously used for the baseline estimate. The revised results framework will be incorporated in the Project Operational Manual to be adopted by the Recipient, through its MOH.
- b. **The end target of the PDO indicator 4 “Increase in the number of outpatient services (episodes) covered by HEF” will be revised from 3,100,000 to 2,850,000 and, and the intermediate result indicator 8 “Outpatient Department (OPD) consultations (new cases only) per person per year” from 0.95 to 0.60 to reflect the changes in utilization during the pandemic.** These changes aim to take in to account the disruption in utilization of health services during the pandemic.
- c. **Given the delay in rolling out the cervical cancer screening service to health facilities, the intermediate result indicator 5 “Number of women screened for cervical cancer screening with VIA⁵ (cumulative)” will be revised from 130,000 to 73,000.**

11. **Change in components costs, drop of DLI Targets, and reallocation between expenditure categories.** Sub-component 3.1 “Health System Strengthening” has an undisbursed balance from DLIs 4, 7 and 8 of US\$2.35 million across IDA and MDTF sources. The undisbursed balance is a result of (a) the drop of certain DLI targets, which include DLI 4 sub-indicator 1 year 4; DLI 7 sub-indicator 4 year 2, sub-indicator 2 year 3 and 4; and DLI 8 sub-indicator 4 year 2, sub-indicator 2 and 3 year 3 and 4; and (b) modifying the target for DLI 8 sub-indicator 1 year 4 from 16 new ODs to 2 new ODs to provide hypertension and diabetes screening and treatment services, and the changes to DLI was agreed during the ISM in February. The undisbursed balance will be reallocated to sub-component 3.3 “Project Management, Monitoring and Evaluation” to finance: (a) training to strengthen NCD service delivery and procurement of the medical equipment for delivering NCD services; (b) training on quality improvement to health facilities to prepare themselves for NQEMP-2; and (c) support additional project operating costs and procurement of equipment and consultancy services for the additional 11 months of implementation. The restructuring proposes a reallocation between expenditure categories by transferring the balance from the category “Eligible Expenditure Program” (Category 3) under sub-component 3.1 to the Category “Goods, works, non-consulting services, consultants’ services, Operating Costs Operating Costs and Training under Parts 3.2 and 3.3 of the Project” (Category 4) under sub-component 3.3 (See details of the reallocations in Section IV. Detailed Change). The revised DLI Targets are included in the Restructuring Paper under the Performance-Based Conditions Matrix section.

⁵ Visual inspection with acetic acid



12. **Change in project closing date:** The restructuring proposes to extend the project closing date by 11 months, from June 30, 2022, to May 31, 2023, to ensure that the construction of the two PRHs are completed, and both are fully furnished and equipped. This is a second extension of the project’s closing date, amounting to a cumulative extension of 23 months from the original project closing date. To align with the new project proposed closing date, TF0A3114, TF0A9492, Credit No. 5813-KH, and Credit No. 6772-KH will also be extended to May 31, 2023. While Credit No. 5813-KH is almost fully disbursed, additional time is needed for documentation of expenditures. This includes expenditures under the CERC for which procurement was carried out through UN agencies and for which additional time is required to complete the financial reporting documentation due to UN agency reporting schedules.

13. **Increase of signed commitment of the MDTF (TF0A3114):** The proposed change includes an increase of the signed commitment of the MDTF (TF0A3114) from US\$46.0 million to US\$50.0 million (inclusion of lagged financing to the MDTF of US\$4 million). The allocation of each disbursement category is revised as presented in Table 1:

Table 1: Allocation of TF0A3114 by disbursement category (in US\$ millions)

Category	MDTF TF0A3114					Percentage of Expenditures to be Financed (inclusive of Taxes)
	Current Allocated Amount	Proposed Reallocation	Revised Allocated Amount	Additional US\$4 million	Final Allocations to be Amended	
(1) SDGs under Part 1 of the Project	9.310	-	9.310	2.000	11.310	100 % of the Financing’s agreed share of the cost specified in the approved Annual Operational Plan (AOP) for each FY
(2) HEF Grants under Part 2 of the Project	18.000	-	18.000	0.778	18.778	100 % of the Financing’s agreed share of the cost specified in the approved AOP for each FY
(3) Eligible Expenditure Programs under Part.3.1 of the Project	8.750	(0.094)	8.656	0.375	9.031	100 % of the Financing’s agreed share of the cost specified in the approved AOP for each FY
(4) Goods, works, non-consulting services, consultants’ services, Operating Costs and Training under Parts 3.2 and 3.3 of the Project	9.940	0.094	10.034	0.847	10.881	100 % of the Financing’s agreed share of the cost specified in the approved AOP for each FY
TOTAL AMOUNT	46.000	-	46.000	4.000	50.000	

14. **An additional expenditure category will be created under TF0A9492 for the proposed reallocation across disbursement categories, as presented in Table 2.**

Table 2: Allocation of TF0A9492 by disbursement category (in US\$ millions)



Category	TF0A9492			Percentage of Expenditures to be Financed (inclusive of Taxes)
	Current Allocated Amount	Proposed Reallocation	Revised Allocated Amount	
(3) Eligible Expenditure Programs under Part.3.1 of the Project	6.000	(2.200)	3.800	100 % of the Financing's agreed share of the cost specified in the approved AOP for each FY
(4) Goods, works, non-consulting services, consultants' services, Operating Costs and Training under Parts 3.2 and 3.3 of the Project	-	2.200	2.200	100 % of the Financing's agreed share of the cost specified in the approved AOP for each FY
TOTAL AMOUNT	6.000	-	6.000	

15. **Change of retroactive financing date of IDA Credit No 6772-KH:** It is proposed to change the retroacting financing date from 1 April 2020 to 1 October 2019. This is to allow for financing of eligible expenditures for SDG amounting to US\$497,714.60 and HEF amounting to US\$451,629.51 that were incurred prior to the signing date of IDA 6772-KH (September 30, 2020).

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
PBCs	✓	
Loan Closing Date(s)	✓	
Reallocation between Disbursement Categories	✓	
Disbursements Arrangements	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
Components and Cost		✓
Cancellations Proposed		✓
Disbursement Estimates		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓
Legal Covenants		✓



Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)

LOAN CLOSING DATE(S)

Ln/Cr/Tf	Status	Original Closing	Revised Closing(s)	Proposed Closing	Proposed Deadline for Withdrawal Applications
IDA-58130	Effective	30-Jun-2021	30-Jun-2022	30-May-2023	30-Sep-2023
IDA-67720	Effective	30-Jun-2022		30-May-2023	30-Sep-2023
TF-A2562	Closed	30-Jun-2020	30-Jun-2021, 04-Nov-2021		
TF-A3114	Effective	30-Jun-2021	30-Jun-2022, 20-Jun-2022	30-May-2023	30-Sep-2023
TF-A9492	Effective	30-Jun-2021	30-Jun-2022	30-May-2023	30-Sep-2023

REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
			Current	Proposed

IDA-58130-001 | Currency: XDR

iLap Category Sequence No: 1

Current Expenditure Category: SDGS under P1



	2,200,000.00	2,152,947.91	2,153,000.00	100.00	100.00
iLap Category Sequence No: 2		Current Expenditure Category: HEF Grants under P2			
	5,200,000.00	5,377,926.91	5,378,000.00	100.00	100.00
iLap Category Sequence No: 3		Current Expenditure Category: EEPs under P3.1			
	2,500,000.00	2,328,913.25	2,367,500.00	100.00	100.00
iLap Category Sequence No: 4		Current Expenditure Category: G,W,NCS,CS,OC&TR under P3.2&P3.3			
	1,300,000.00	1,274,023.07	1,301,500.00	100.00	100.00
iLap Category Sequence No: 5		Current Expenditure Category: EMERGENCY EXP UNDER PT. 4			
	10,500,000.00	7,147,797.83	10,500,000.00	100.00	100.00
Total	21,700,000.00	18,281,608.97	21,700,000.00		

IDA-67720-001 | Currency: XDR

iLap Category Sequence No: 1		Current Expenditure Category: SDGs under Pt. 1 of Project			
	3,200,000.00	1,887,172.53	2,722,000.00	100.00	100.00
iLap Category Sequence No: 2		Current Expenditure Category: HEF Grants under Pt. 2			
	2,900,000.00	2,500,547.40	2,722,000.00	100.00	100.00
iLap Category Sequence No: 3		Current Expenditure Category: ELIG EXP PROG PT. 3.1			
	1,600,000.00	104,657.25	1,579,000.00	100.00	100.00
iLap Category Sequence No: 4		Current Expenditure Category: G,W,NCS,CS,OC&TR under P3.2&P3.3			
	2,600,000.00	1,742,621.76	3,277,000.00	100.00	100.00



iLap Category Sequence No: 5	Current Expenditure Category: EMERGENCY EXP UNDER PT. 4			
0.00	0.00	0.00	100.00	100.00
Total	10,300,000.00	6,234,998.94	10,300,000.00	

TF-A3114-001 | Currency: USD

iLap Category Sequence No: 1	Current Expenditure Category: SDGS under P1			
9,310,000.00	9,443,115.09	9,310,000.00	100.00	100.00
iLap Category Sequence No: 2	Current Expenditure Category: HEF Grants under P2			
18,000,000.00	18,778,090.43	18,000,000.00	100.00	100.00
iLap Category Sequence No: 3	Current Expenditure Category: EEPs under P3.1			
8,750,000.00	5,625,000.00	8,656,000.00	100.00	100.00
iLap Category Sequence No: 4	Current Expenditure Category: G,W,NCS,CS,OC&TR under P3.2&P3.3			
9,940,000.00	7,735,649.74	10,034,000.00	100.00	100.00
Total	46,000,000.00	41,581,855.26	46,000,000.00	

TF-A9492-001 | Currency: USD

iLap Category Sequence No: 3	Current Expenditure Category: ELIG EXP PROG PT. 3.1			
6,000,000.00	1,300,000.00	3,800,000.00	100.00	100.00
iLap Category Sequence No: 4	Current Expenditure Category: G,W,NCS,CS,OC&TR under P3.2&P3.3			
0.00	0.00	2,200,000.00		100
Total	6,000,000.00	1,300,000.00	6,000,000.00	



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Cambodia Health Equity and Quality Improvement Project (H-EQIP) (P157291)



Results framework

COUNTRY: Cambodia

Cambodia Health Equity and Quality Improvement Project (H-EQIP)

Project Development Objectives(s)

To improve access to quality health services for the targeted population groups, with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia, and to provide immediate and effective response in case of an eligible crisis or emergency.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
Improve access to quality health services									
Increase in the number of health centers exceeding 60% score on the quality assessment of health facilities. (Number)		49.00							700.00
Improve financial protection and equity									
Reduction in the share of households that experienced impoverishing health spending during the year. (Percentage)		1.29		0.80			0.70	0.70	0.70
Action: This indicator has been Revised	Rationale:								



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
<p><i>Update the baseline data of PDO indicator 2 "Reduction in the share of households that experienced impoverishing health spending during the year" from 0.9% to 1.29% given the methodology has been changed to align with the national poverty line and the consumer price index (CPI) from the National Institute of Statistics rather than the international poverty line and the CPI from World Bank Development Indicators Database being used for baseline.</i></p>									
Reduction in out of pocket health expenditure as percentage of the total health expenditure. (Percentage)		62.30	59.00	58.00	57.00	56.00	55.00	55.00	55.00
Action: This indicator has been Revised									
Increase in the number of outpatient services (episodes) covered by HEF (Number)		2,474,350.00							2,850,000.00
Action: This indicator has been Revised									

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
Strengthening Health Service Delivery									



Indicator Name	PBC	Baseline	Intermediate Targets						End Target	
			1	2	3	4	5	6		
Percentage of health center, CPA-1, CPA-2, and CPA-3 facilities that receive payments based on performance that includes quality scores within 90 days of the end of the quarter. (Percentage)		0.00	50.00		60.00			70.00	70.00	70.00
Reduction in the variance in score on Health Center quality assessment measuring improvement in satisfaction as one part of the quality. (Text)		53 percentage points								43 percentage points
Percentage of CPA-1, CPA-2 and CPA-3 facilities having a 60% quality score in the previous quality assessments. (Text)		0.00								Baseline +50%
Improving Financial Protection and Equity										
Number of operational districts reporting an increase of over 10 percent in current LTFFP service users over the		0.00								20% increase over baseline



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
previous 12 months (DLI 9) (Text)									
Ensuring Sustainable and Responsive Health Systems									
Number of women screened for cervical cancer screening with VIA (cumulative) (Number)		37,267.00							73,000.00
Action: This indicator has been Revised									
Percentage of health centers, hospitals and OD/PHD receiving HEF and SDG payments within specified timelines (DLI 6). (Percentage)		0.00	40.00	50.00	60.00	70.00	80.00	80.00	80.00
Number of University of Health Sciences courses that adopt competency-based curricula with trained faculty and use of skills laboratory (DLI 1). (Number)		0.00	2.00	9.00	17.00	22.00	25.00	25.00	25.00
Outpatient Department (OPD) consultations (new cases only) per person per year. (Number)		0.59	0.75	0.80	0.85	0.90	0.95	0.95	0.60



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
Action: This indicator has been Revised									
Proportion of health centers with functioning health center management committees. (Text)		64%							Baseline + 25%
People who have received essential health, nutrition, and population (HNP) services (CRI, Number)		0.00							7,992,504.00
People who have received essential health, nutrition, and population (HNP) services - Female (RMS requirement) (CRI, Number)		0.00							497,130.00
Number of children immunized (CRI, Number)		0.00							1,008,376.00
Number of women and children who have received basic nutrition services (CRI, Number)		0.00							5,916,000.00



Indicator Name	PBC	Baseline	Intermediate Targets						End Target
			1	2	3	4	5	6	
Number of deliveries attended by skilled health personnel (CRI, Number)		0.00							998,127.00
Contingent Emergency Response Component									
Number of hospitals equipped with ventilators for treatment of COVID-19 severe cases (Number)		2.00							27.00

Performance-Based Conditions Matrix

PBC 1	DLI 1: Comprehensive pre- service training program in foundational courses for medical and nursing professionals implemented by the University of Health Sciences (UHS)			
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	4,000,000.00	60.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)	1. Competency-based pre-service curricula in foundational courses updated for at least 2 training courses to be delivered by UHS for medical and nursing professionals 2. Standards of		800,000.00	



	operation adopted by UHS for faculty on how to use and maintain the UHS integrated skills laboratory		
Year 1 (November 9 2016 to June 30 2017)	1. Competency-based pre-service curricula updated for at least 7 additional training courses 2. At least 12 faculty trained on how to use the integrated skills laboratory	800,000.00	
Year 2 (July 1 2017 to June 30 2018)	1. Competency-based pre-service curricula updated for at least 8 additional training courses 2. At least 29 additional faculty trained on how to use the integrated skills laboratory 3. At least 230 medical and nursing students trained based on the new competency- based curricula	800,000.00	
Year 3 (July 1 2019 to June 30 2019)	1. Competency-based pre-service curricula updated for at least 5 additional training courses 2. At least 59 additional faculty trained on how to use the integrated skills laboratory 3. At least 510 additional medical and nursing students trained based on the new competency- based curricula	800,000.00	
Year 4 (July 1 2019 to June 30 2020)	1. Competency-based pre-service curricula updated for at least 3 additional training courses 2. At least 69 additional faculty trained on how to use the integrated skills laboratory 3. At least 875 additional medical and nursing students trained based on the new competency- based curricula	800,000.00	



PBC 2		DLI 2: Comprehensive in- service training program on MPA for health workers implemented by the MOH		
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	800,000.00	50.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)	1. At least 13 MPA in-service training modules reviewed and updated by MOH. 2. At least 20 PHDs complete a health workers training needs assessment for at least 5 prioritized in-service training modules to quantify number of person requiring training.		400,000.00	
Year 1 (November 9 2016 to June 30 2017)	1. At least 20 PHDs have reduced the number of health workers requiring training on 5 prioritized in-service training modules by at least 10%2. At least 10 PHDs have provided annual training activity reports on in-service MPA training to MOH based on MOH’s new human resource management information system (HR MIS)		400,000.00	
Year 2 (July 1 2017 to June 30 2018)			0.00	
Year 3 (July 1 2019 to June 30 2019)			0.00	
Year 4 (July 1 2019 to June 30 2020)			0.00	



PBC 3		DLI 3: C2 hospitals fully equipped to provide emergency obstetric care and neonatal care		
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	2,000,000.00	70.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)	1. Updated guidelines adopted by MOH, detailing the facilities and human resources criteria to be met by C2 hospitals for the provision of emergency obstetric and neonatal care 2. Baseline survey carried out and costed plan developed by MOH for addressing C2 hospitals' facilities and human resources gaps for the provision of emergency obstetric and neonatal care		400,000.00	
Year 1 (November 9 2016 to June 30 2017)	At least 10% of C2 hospitals above the baseline have met the criteria specified in the updated guidelines		400,000.00	
Year 2 (July 1 2017 to June 30 2018)	At least 20% of C2 hospitals above the baseline have met the criteria specified in the updated guidelines		400,000.00	
Year 3 (July 1 2019 to June 30 2019)	At least 30% of C2 hospitals above the baseline have met the criteria specified in the updated guidelines		400,000.00	
Year 4 (July 1 2019 to June 30 2020)	At least 40% of C2 hospitals above the baseline have met the criteria specified in the updated guidelines		400,000.00	



PBC 4		DLI 4: Health service quality monitoring in MOH enhanced		
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	2,300,000.00	86.96
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)	1. Supervisory checklists measuring service delivery performance for health centers and C1, C2 and C3 hospitals field tested and disseminated by MOH to at least 80% of PHDs and ODs by MOH 2. The quality assurance office of MOH adequately staffed according to MOH plan with fulltime qualified experts and contractual staff.		500,000.00	
Year 1 (November 9 2016 to June 30 2017)			0.00	
Year 2 (July 1 2017 to June 30 2018)	1. All ex-ante assessment teams have used information communication technology and tablets for conducting ex-ante assessment 2a. Two (2) additional assessors from every OD and PHD trained and certified as qualified assessors 2b. 30% of coaching activities include experts from national program managers at OD, PHD and/or national level, and/or expert from RHs		800,000.00	
Year 3 (July 1 2019 to June 30 2019)	1. Reduction by 30% from the baseline in the percentage of health facilities where the ex-ante assessment score is found to be more than 10 percentage points higher than the ex-post verification score 2. Existing NQEM Tool updated		700,000.00	



	(to reflect the increased understanding of quality parameters) and coaching protocols for existing tools and their respective vignettes developed and used in the NQEM program 3. Twenty-five (25) additional/new vignettes and their respective coaching protocols developed and used in the NQEM program 4. 50% of coaching activities include experts from national program managers at OD, PHD and/or national level, and/or experts from referral hospitals.			
Year 4 (July 1 2019 to June 30 2020)	<ol style="list-style-type: none"> Reduction by 50% from the baseline in the percentage of health facilities where the ex-ante assessment score is found to be more than 10% points higher than the ex-post verification score 60% of coaching activities include experts from national program managers at OD, PHD and/or national level, and/or experts from referral hospitals. 	300,000.00		
Action: This PBC has been Revised. See below.				
PBC 4	DLI 4: Health service quality monitoring in MOH enhanced			
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	2,150,000.00	93.02
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)	1. Supervisory checklists measuring service delivery performance for health centers and C1, C2 and C3 hospitals field tested and disseminated		500,000.00	



	<i>by MOH to at least 80% of PHDs and ODs by MOH 2. The quality assurance office of MOH adequately staffed according to MOH plan with fulltime qualified experts and contractual staff.</i>		
<i>Year 1 (November 9 2016 to June 30 2017)</i>			0.00
<i>Year 2 (July 1 2017 to June 30 2018)</i>	<i>1. All ex-ante assessment teams have used information communication technology and tablets for conducting ex-ante assessment 2a. Two (2) additional assessors from every OD and PHD trained and certified as qualified assessors 2b. 30% of coaching activities include experts from national program managers at OD, PHD and/or national level, and/or expert from RHs</i>		800,000.00
<i>Year 3 (July 1 2019 to June 30 2019)</i>	<i>1. Reduction by 30% from the baseline in the percentage of health facilities where the ex-ante assessment score is found to be more than 10 percentage points higher than the ex-post verification score 2. Existing NQEM Tool updated (to reflect the increased understanding of quality parameters) and coaching protocols for existing tools and their respective vignettes developed and used in the NQEM program 3. Twenty-five (25) additional/new vignettes and their respective coaching protocols developed and used in the NQEM program 4. 50% of coaching activities include experts from national program managers at OD, PHD and/or national level, and/or experts from referral hospitals.</i>		700,000.00
<i>Year 4 (July 1 2019 to June 30 2020)</i>	<i>1. cancel 2. 60% of coaching activities include experts from national program managers at OD,</i>		150,000.00



	<i>PHD and/or national level, and/or experts from referral hospitals.</i>			
PBC 5	DLI 5: Sustainable health purchasing arrangements established by Recipient			
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	3,500,000.00	85.71
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)	1. Transition manual adopted by MOH, specifying the roles, responsibilities, functions, operational milestones and costs for the transition of health purchasing functions from HEFI to PCA 2. PCA has been formally established		500,000.00	
Year 1 (November 9 2016 to June 30 2017)	1. PCA management board and operational guidelines established 2. PCA has established counter verification capacities		500,000.00	
Year 2 (July 1 2017 to June 30 2018)	1. PCA fully staffed and operational for the HEFI role 2. PCA has established integrated health output and financial management software 3. Employment of at least fifteen (15) medical, nursing and midwifery staff for ex-post verification function is completed, and PMRS sustainability plan is developed		1,000,000.00	
Year 3 (July 1 2019 to June 30 2019)	1. PCA carries out HEFI functions 2. PMRS fully transitioned to PCA and is functional for HEFs and other population groups managed by PCA		1,000,000.00	



Year 4 (July 1 2019 to June 30 2020)	1. PMRS documentation and module standardization as stipulated in the PMRS sustainability plan are completed.		500,000.00	
PBC 6	DLI 6: Timeliness of HEF and SDG payments improved			
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Outcome	Yes	Text	2,000,000.00	100.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)	Financial procedure guidelines and standards for HEF and SDG disseminated by MOH among key OD, PHD, and central staff		400,000.00	
Year 1 (November 9 2016 to June 30 2017)	At least 50% of health centers and hospitals have received HEF and SDG payments within the timelines specified in the guideline		400,000.00	
Year 2 (July 1 2017 to June 30 2018)	At least 60% of health centers and hospitals have received HEF and SDG payments within the timelines specified in the guideline		400,000.00	
Year 3 (July 1 2019 to June 30 2019)	At least 70% of health centers and hospitals have received HEF and SDG payments within the timelines specified in the guideline		400,000.00	
Year 4 (July 1 2019 to June 30 2020)	At least 80% of health centers and hospitals have received HEF and SDG payments within the timelines specified in the guideline		400,000.00	



PBC 7		DLI 7: Number of ODs enabled to provide quality cervical cancer screening and treatment (CCS&T) services		
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	3,000,000.00	10.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)			0.00	
Year 1 (November 9 2016 to June 30 2017)			0.00	
Year 2 (July 1 2017 to June 30 2018)	1. Guidelines specifying detailed OD readiness criteria to deliver CCS&T services are adopted 2. Baseline data provided on the percentage of eligible target groups screened in ODs enabled for CCS&T services 3. Up to 20 new ODs enabled to provide CCS&T services 4. HEF guidelines updated and health management information system revised to reflect reimbursement and monitoring and evaluation requirements of DLIs 7 and 8		1,000,000.00	
Year 3 (July 1 2019 to June 30 2019)	1.Up to twenty (20) new ODs enabled to provide CCS&T services 2. Up to 20% of eligible target groups screened with Visual Inspection with Acetic Acid (VIA) within the last 12 months and reported in health management information system, with at least 50 % of the VIA positive cases receiving cryo-therapy treatment		1,000,000.00	
Year 4 (July 1 2019 to June 30 2020)	1. Up to ten (10) new ODs enabled to provide CCS&T services 2.Up to 25% of eligible target		1,000,000.00	



	group screened with VIA within the last twelve (12) months and reported in HMIS, with at least 60 % of the VIA positive cases receiving cryo-therapy treatment		
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Action: This PBC has been Revised. See below.

PBC 7		DLI 7: Number of ODs enabled to provide quality cervical cancer screening and treatment (CCS&T) services		
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
<i>Output</i>	Yes	Text	1,550,000.00	19.35
Period	Value		Allocated Amount (USD)	Formula
<i>Baseline</i>	0.00			
<i>Year 0 (one year preceding effectiveness)</i>			0.00	
<i>Year 1 (November 9 2016 to June 30 2017)</i>			0.00	
<i>Year 2 (July 1 2017 to June 30 2018)</i>	1. Guidelines specifying detailed OD readiness criteria to deliver CCS&T services are adopted 2. Baseline data provided on the percentage of eligible target groups screened in ODs enabled for CCS&T services 3. Up to 20 new ODs enabled to provide CCS&T services 4. cancel		800,000.00	
<i>Year 3 (July 1 2019 to June 30 2019)</i>	1.Up to twenty (20) new ODs enabled to provide CCS&T services 2. cancel		500,000.00	
<i>Year 4 (July 1 2019 to June 30 2020)</i>	1. Up to ten (10) new ODs enabled to provide CCS&T services 2.cancel		250,000.00	



PBC 8		DLI 8: Number of ODs enabled to provide quality hypertension and diabetes screening and treatment (H/D S&T) services		
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	1,500,000.00	13.33
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)			0.00	
Year 1 (November 9 2016 to June 30 2017)			0.00	
Year 2 (July 1 2017 to June 30 2018)	1. Guidelines specifying detailed OD readiness criteria to deliver for H/D S&T services are adopted and baseline data for new diabetes and hypertension cases from health management information system for all ODs is provided 2. List of ODs already enabled for H/D S&T services provided. 3. Up to four (4) new ODs enabled to provide H/D S&T services 4. PMRS revised to include monitoring of the continued treatment of patients with hypertension and diabetes		500,000.00	
Year 3 (July 1 2019 to June 30 2019)	1.Up to sixteen (16) new ODs enabled to provide H/D S&T services 2. ODs achieve more than 10 % increase in identification and treatment of new diabetes and hypertension cases vis-à-vis baseline reported in health management information system 3. A system to monitor the quality of treatment for hypertension and diabetes		500,000.00	



	developed, implemented and used as part of health management information system		
Year 4 (July 1 2019 to June 30 2020)	1. Up to sixteen (16) new ODs enabled to provide H/D S&T services 2. ODs achieve more than 20 % increase in identification and treatment of new diabetes and hypertension cases vis-à-vis baseline reported in health management information system. 3. Information on the quality of treatment of hypertension and diabetes from health management information system analyzed and used to inform and further develop the health management information system	500,000.00	

Action: This PBC has been Revised. See below.

PBC 8	DLI 8: Number of ODs enabled to provide quality hypertension and diabetes screening and treatment (H/D S&T) services			
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	750,000.00	26.67
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)			0.00	
Year 1 (November 9 2016 to June 30 2017)			0.00	
Year 2 (July 1 2017 to June 30 2018)	1. Guidelines specifying detailed OD readiness criteria to deliver for H/D S&T services are adopted and baseline data for new diabetes and hypertension cases from health management		300,000.00	



	<i>information system for all ODs is provided 2. List of ODs already enabled for H/D S&T services provided. 3. Up to four (4) new ODs enabled to provide H/D S&T services 4. Cancel</i>			
<i>Year 3 (July 1 2019 to June 30 2019)</i>	<i>1.Up to sixteen (16) new ODs enabled to provide H/D S&T services 2. ODs achieve more than 10 % increase in identification and treatment of new diabetes and hypertension cases vis-à-vis baseline reported in health management information system 3. cancel</i>	400,000.00		
<i>Year 4 (July 1 2019 to June 30 2020)</i>	<i>1. Up to two (2) new ODs enabled to provide H/D S&T services 2. cancel 3. cancel</i>	50,000.00		
PBC 9	DLI 9: Number of ODs providing quality LTFP services			
Type of PBC	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Text	1,500,000.00	86.67
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Year 0 (one year preceding effectiveness)			0.00	
Year 1 (November 9 2016 to June 30 2017)			0.00	
Year 2 (July 1 2017 to June 30 2018)	1. Training module for calculating need for family planning commodities prepared by the DDFC 2. Training module for provision of LTFP services and for calculating need for family planning commodities prepared by National Maternal and		500,000.00	



	<p>Child Health Center3. Baseline data on the number of health centers and OD hospitals in the country without a LTFP certified midwife provided</p> <p>4. Health management information system OD wise data on uptake of LTFP services by method and by province provided</p>		
Year 3 (July 1 2019 to June 30 2019)	<p>1. A reduction of 40% (or a reduction by one hundred fifty (150) whichever is lower) in the number of health facilities in the country without a certified midwife</p> <p>2. Up to fifty (50) ODs have a 10% (or an increase of 100, whichever is more) increase in current LTFP service users over the previous twelve (12) months</p>	500,000.00	
Year 4 (July 1 2019 to June 30 2020)	<p>1. A reduction of 80% (or a reduction by three hundred (300) whichever is lower) in the number of health facilities in the country without a certified midwife</p> <p>2. Up to fifty (50) ODs have a 20% increase (or an increase of 200 whichever is more) in current LTFP service users over the previous twenty-four (24) months</p>	500,000.00	

Verification Protocol Table: Performance-Based Conditions

PBC 1	DLI 1: Comprehensive pre- service training program in foundational courses for medical and nursing professionals implemented by the University of Health Sciences (UHS)
Description	Based on the Health Workforce Development Plan, UHS will develop a detailed paper outlining key steps to strengthen the quality of health professionals’ preservice education and training to produce competency-based and highly skilled health workforce. The paper will include a phasing plan for making foundational courses competency based, target indicators, and key costs for the rollout of the strategy for strengthening preservice education. The paper will be approved by the Rector UHS.



Data source/ Agency	Statement of DLI achievement approved by the Rector UHS
Verification Entity	Independent Verification Agency
Procedure	Semiannual Partners Mission will verify performance by review of records, physical observation of facilities, and meetings with faculty and students. The record of findings will be incorporated in the Aide Memoire.
PBC 2	DLI 2: Comprehensive in- service training program on MPA for health workers implemented by the MOH
Description	Human Resources, MOH develops (a) detailed plan for competency-based development needs for health workers posted in HCs, at CPA hospitals, and at Regional Training Centers and (b) a plan for introduction of a new HRMIS for provinces to report annually on the in- service trainings.
Data source/ Agency	MOH Annual Report/Human Resources Department
Verification Entity	Independent Verification Agency
Procedure	Semiannual Partners’ Mission will verify performance by review of hospital and PHD training records, post-training evaluation score, and meetings with faculty and trainees. Record of findings will be incorporated in the Aide Memoire.
PBC 3	DLI 3: C2 hospitals fully equipped to provide emergency obstetric care and neonatal care
Description	Based on a facility assessment survey, the NMCHC will develop a strategic plan for facility strengthening for improved emergency obstetric care and neonatal care and identify gaps.
Data source/ Agency	MOH Annual Report/NMCHC; National Blood Transfusion Center
Verification Entity	Independent Verification Agency
Procedure	Before the Semiannual Partners Mission, a contractor hired by the World Bank Group will carry out a rapid sample-based performance assessment. Results of the performance assessment feed into the mission and key agreements recorded in the Aide Memoire.



PBC 4	DLI 4: Health service quality monitoring in MOH enhanced
Description	<p>Target Year 0: (a) Supervisory checklists measuring service delivery performance for HCs and C1, C2, and C3 hospitals field tested and disseminated by the MOH to at least 80% of PHDs and ODs and (b) the quality assurance office of the MOH adequately staffed according to the MOH plan with full-time qualified experts and contractual staff.</p> <p>Target Year 2: (a) ICT system is established and functional appropriately, with all assessor teams collecting data electronically using tablets and submitting data through the ICT system;</p> <p>(b) 2 additional assessors from every OD and PHD trained and certified as assessors after undergoing the standard NQEM program; and (c) external clinical experts from RHs and public health program managers for national health programs are engaged in coaching activities depending on the specific needs of the health facilities, for the specified share of coaching activities.</p> <p>Target Year 3: (a) There is a reduction by 30 percent from the baseline (that is, the first ex post assessment done for NQEMP) in the share of health facilities where the ex- ante assessment score is found to be more than 10 percentage points higher than the ex post verification score; (b) existing NQEM tools used since 2017 are updated to reflect the increased understanding of quality parameters and used in the NQEM program; (c) 25 additional/new vignettes and their respective coaching protocols developed and used in the NQEM program; (d) external clinical experts from RHs and public health program managers for national health programs are engaged in coaching activities depending on the specific needs of health facilities, for the specified share of coaching activities.</p> <p>Target Year 4: (a) There is a reduction by 50 percent from the baseline (that is, the first ex post assessment done for NQEM program) in the share of health facilities where the ex-ante assessment score is found to be more than 10 percentage points higher than the ex post verification score and (b) external clinical experts from RHs and public health program managers for national health programs are engaged in coaching activities depending on the specific needs of health facilities, for the specified share of coaching activities.</p>
Data source/ Agency	MOH Annual DLI Report/Quality Assurance Office
Verification Entity	Independent Verification Agency
Procedure	Semiannual Partners Mission will verify performance by review of outputs, reports, and government orders and supported by independent verification as needed. Record of findings will be incorporated in the Aide Memoire.



PBC 4	DLI 4: Health service quality monitoring in MOH enhanced
Description	<p>Target Year 0: (a) Supervisory checklists measuring service delivery performance for HCs and C1, C2, and C3 hospitals field tested and disseminated by the MOH to at least 80% of PHDs and ODs and (b) the quality assurance office of the MOH adequately staffed according to the MOH plan with full-time qualified experts and contractual staff.</p> <p>Target Year 2: (a) ICT system is established and functional appropriately, with all assessor teams collecting data electronically using tablets and submitting data through the ICT system;</p> <p>(b) 2 additional assessors from every OD and PHD trained and certified as assessors after undergoing the standard NQEM program; and (c) external clinical experts from RHs and public health program managers for national health programs are engaged in coaching activities depending on the specific needs of the health facilities, for the specified share of coaching activities.</p> <p>Target Year 3: (a) There is a reduction by 30 percent from the baseline (that is, the first ex post assessment done for NQEMP) in the share of health facilities where the ex- ante assessment score is found to be more than 10 percentage points higher than the ex post verification score; (b) existing NQEM tools used since 2017 are updated to reflect the increased understanding of quality parameters and used in the NQEM program; (c) 25 additional/new vignettes and their respective coaching protocols developed and used in the NQEM program; (d) external clinical experts from RHs and public health program managers for national health programs are engaged in coaching activities depending on the specific needs of health facilities, for the specified share of coaching activities.</p> <p>Target Year 4: (a) cancel and (b) external clinical experts from RHs and public health program managers for national health programs are engaged in coaching activities depending on the specific needs of health facilities, for the specified share of coaching activities.</p>
Data source/ Agency	MOH Annual DLI Report/Quality Assurance Office
Verification Entity	Independent Verification Agency
Procedure	Semiannual Partners Mission will verify performance by review of outputs, reports, and government orders and supported by independent verification as needed. Record of findings will be incorporated in the Aide Memoire.



PBC 5	DLI 5: Sustainable health purchasing arrangements established by Recipient
Description	<p>Target Year 0: (a) Transition manual adopted by the MOH, specifying the roles, responsibilities, functions, operational milestones, and costs for the transition of health purchasing functions from the HEFI to PCA and (b) the PCA has been formally established through a <i>prakas</i>.</p> <p>Target Year 1: (a) The PCA management board and operational guidelines established and (b) the PCA has established counter-verification capacities.</p> <p>Target Year 2: (a) The PCA fully staffed and operational for the HEFI role; (b) the PCA has established integrated health output and FM software; and (c) employment of at least 15 medical, nursing, and midwifery staff for ex post verification functions for SDGs is completed, and a PMRS sustainability plan is developed outlining the MOH’s approach and strategy to ensure the sustained availability, reliability, and maintenance of PMRS.</p> <p>Target Year 3: (a) The PCA carries out the HEFI functions in full, including a network of monitoring and verification officials at the subnational level and (b) PMRS fully transitioned to the PCA and is functional for the HEFs as well as other population groups managed by the PCA Target Year 4: PMRS documentation and module standardization as stipulated in the PMRS sustainability plan are completed.</p>
Data source/ Agency	MOH Annual DLI Report /PCA
Verification Entity	Independent Verification Agency
Procedure	<p>Semiannual Partners Mission will verify performance by review of outputs, reports, meeting minutes, and government orders. In addition, where required before the Semiannual Partners Mission, a consultant hired by the World Bank Group or pooled fund partners will carry out a rapid sample-based assessment of activities completed including counter-verification. Record of findings will be incorporated in the Aide Memoire.</p>
PBC 6	DLI 6: Timeliness of HEF and SDG payments improved
Description	Implementation Plan for ‘SDG and HEF’ detailing fund flow instruments, processes, World Bank Group accounts, and standards for the HEF and SDG payments established



Data source/ Agency	MOH Annual Report verified/DBF
Verification Entity	Independent Verification Agency
Procedure	Before the Semiannual Partners Mission, a contractor hired by the World Bank Group will carry out a rapid sample-based performance assessment. Results of the performance assessments will feed into the mission, and key agreements will be recorded in the Aide
PBC 7	DLI 7: Number of ODs enabled to provide quality cervical cancer screening and treatment (CCS&T) services
Description	Guidelines specifying detailed OD readiness criteria to deliver CCS&T services are adopted by the MOH by July 31, 2018. These guidelines provide detailed requirements for declaring an OD enabled to provide CCS&T. This includes that at least one RH and a minimum of 3 HCs have the required trained staff, equipment, quality control, referral, supervision and monitoring system, and supplies as detailed in the SOP for that disease program. All criteria must be met for the OD to be declared as enabled. The screening targets can be achieved at HCs or district RHs located in the OD (but not including the performance of provincial RHs).
Data source/ Agency	DLI achievement report/DPHI, PMD, and Provincial Health Office
Verification Entity	Independent Verification Agency
Procedure	Following the submission by the MOH of the DLI achievement report, an independent verification agency contracted by the MOH will carry out a rapid sample-based performance assessment. Results of these performance assessments will feed into agreements regarding achievements of the DLI milestones and will be recorded in the Aide Memoire in the subsequent mission.
PBC 7	DLI 7: Number of ODs enabled to provide quality cervical cancer screening and treatment (CCS&T) services
Description	Guidelines specifying detailed OD readiness criteria to deliver CCS&T services are adopted by the MOH by July 31, 2018. These guidelines provide detailed requirements for declaring an OD enabled to provide CCS&T. This includes that at least one RH and a minimum of 3 HCs have the required trained staff, equipment, quality control, referral, supervision and



	monitoring system, and supplies as detailed in the SOP for that disease program. All criteria must be met for the OD to be declared as enabled.
Data source/ Agency	DLI achievement report/DPHI, PMD, and Provincial Health Office
Verification Entity	Independent Verification Agency
Procedure	Following the submission by the MOH of the DLI achievement report, an independent verification agency contracted by the MOH will carry out a rapid sample-based performance assessment. Results of these performance assessments will feed into agreements regarding achievements of the DLI milestones and will be recorded in the Aide Memoire in the subsequent mission.
PBC 8	DLI 8: Number of ODs enabled to provide quality hypertension and diabetes screening and treatment (H/D S&T) services
Description	Guidelines specifying detailed OD readiness criteria to deliver H/D S&T services approved by July 31, 2018; these guidelines provide detailed requirements for declaring an OD enabled to provide H/D S&T. This includes that at least one RH and a minimum of 3 HCs have the required trained staff, equipment, quality control, referral, supervision and monitoring system, and supplies as well as community structures for patient support. All criteria must be met for the ODs to be declared as enabled. In Year 4, the achievement of analysis of the HMIS data does not have a value but is a prerequisite for the payment of the other two sub- indicators, if the quality system was established toward achievement of the Year 2 DLI.
Data source/ Agency	DLI achievement report/PCA, DPHI, PMD, and PHO
Verification Entity	Independent Verification Agency
Procedure	Following the submission by the MOH of the DLI achievement report, an independent verification agency contracted by the MOH will carry out a rapid sample-based performance assessment. Results of these performance assessments will feed into agreements regarding achievements of the DLI milestones and will be recorded in the Aide Memoire in the subsequent mission.



PBC 8	DLI 8: Number of ODs enabled to provide quality hypertension and diabetes screening and treatment (H/D S&T) services
Description	Guidelines specifying detailed OD readiness criteria to deliver H/D S&T services approved by July 31, 2018; these guidelines provide detailed requirements for declaring an OD enabled to provide H/D S&T. This includes that at least one RH and a minimum of 3 HCs have the required trained staff, equipment, quality control, referral, supervision and monitoring system, and supplies as well as community structures for patient support. All criteria must be met for the ODs to be declared as enabled.
Data source/ Agency	DLI achievement report/PCA, DPHI, PMD, and PHO
Verification Entity	Independent Verification Agency
Procedure	Following the submission by the MOH of the DLI achievement report, an independent verification agency contracted by the MOH will carry out a rapid sample-based performance assessment. Results of these performance assessments will feed into agreements regarding achievements of the DLI milestones and will be recorded in the Aide Memoire in the subsequent mission.
PBC 9	DLI 9: Number of ODs providing quality LTFP services
Description	Based on the training modules for forecasting of FP commodity needs, staff at the provincial, OD, and facility levels (pharmacist and midwives) will be trained in forecasting of FP commodity needs; midwives who have satisfactorily undergone training in insertion of IUD and implant based on training modules are certified by the NMCHC to provide LTFP services. The requirement for reduction in HCs without trained midwives applies to the capacity for both IUDs and implants.
Data source/ Agency	DLI achievement report/DDFC, NMCHC, and PHO
Verification Entity	Independent Verification Agency
Procedure	Following the submission by the MOH of the DLI achievement report, an independent verification agency contracted by the MOH will carry out a rapid sample-based performance assessment. Results of this performance assessments will feed into the agreements regarding achievements of the DLI milestones and will be recorded in the Aide Memoire in the subsequent mission.



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