

Project Administration Manual

Project Number: 48118-005

Loan and/or Grant Number(s): {LXXXX; GXXXX }

September 2021

Kingdom of Cambodia: Greater Mekong Subregion
Health Security Project (Additional Financing)

ABBREVIATIONS

ADB	–	Asian Development Bank
APSED	–	Asia Pacific Strategy for Emerging Diseases
CDC	–	communicable disease control
CDC1	–	Greater Mekong Subregion CDC Project
CDC2	–	Second Greater Mekong Subregion CDC Project
COVID-19	–	coronavirus disease
FMA	–	financial management assessment
GAP	–	gender action plan
GMS	–	Greater Mekong Subregion
HS	–	health security
IHR	–	International Health Regulations
MEF	–	Ministry of Economy and Finance
MOH	–	Ministry of Health
NCB	–	national competitive bidding
NDVP	–	National Deployment and Vaccination Plan for COVID-19 Vaccine
NIP	–	National Immunization Program
PAM	–	project administration manual
PMU	–	project management unit
SOE	–	statement of expenditure
TOR	–	terms of reference
WHO	–	World Health Organization

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Project Administration Manual Purpose and Process

The project administration manual (PAM) describes the essential administrative and management requirements to implement the project on time, within budget, and in accordance with the policies and procedures of the government and Asian Development Bank (ADB). The PAM should include references to all available templates and instructions either through linkages to relevant URLs or directly incorporated in the PAM.

The executing agency (the Ministry of Health through the Department of Planning and Health Information) are wholly responsible for the implementation of ADB-financed projects, as agreed jointly between the borrower and ADB, and in accordance with the policies and procedures of the government and ADB. ADB staff is responsible for supporting implementation including compliance by executing agency of their obligations and responsibilities for project implementation in accordance with ADB's policies and procedures.

At loan negotiations, the borrower and ADB shall agree to the PAM and ensure consistency with the loan and grant agreements. Such agreement shall be reflected in the minutes of the loan negotiations. In the event of any discrepancy or contradiction between the PAM and loan and grant agreements, the provisions of the loan and grant agreements shall prevail.

After ADB Board approval of the project's report and recommendations of the President (RRP), changes in implementation arrangements are subject to agreement and approval pursuant to relevant government and ADB administrative procedures (including the Project Administration Instructions) and upon such approval, they will be subsequently incorporated in the PAM.

^a The name of the operational financing document may vary on a project-to-project basis; this reference shall be deemed to encompass such variations, e.g., a Framework Financing Agreement, as applicable

I. PROJECT DESCRIPTION

1. This project administration manual (PAM) provides implementation arrangements for the concessional loan of \$25 million from the ordinary capital resources of the Asian Development Bank (ADB) and grant of \$5 million from the Japan Poverty Reduction Fund (JFPR) to the Kingdom of Cambodia for the additional financing of the Greater Mekong Subregion (GMS) Health Security project.

2. The ADB approved the GMS Health Security project on 22 November 2016, for a total of \$125 million equivalent to Cambodia, the Lao People's Democratic Republic (Lao PDR), Myanmar, and Viet Nam.¹ The original project is assisting Cambodia, the Lao PDR, Myanmar, and Viet Nam in complying with the International Health Regulations (IHR).² It is developing core health system capacities to respond to public health threats of national and international concern. Investments under the original project support three outputs: (i) regional cooperation and communicable disease control in border areas improved, (ii) national disease surveillance and outbreak response system strengthened, and (iii) laboratory services and hospital infection prevention and control (IPC) improved. Additional financing of the original project of \$20 million was approved for the Lao PDR on 22 May 2020 and of \$30 million for Myanmar on 8 October 2020 to support their response to the COVID-19 pandemic under an added output 4 - Emergency preparedness and response capacity for COVID-19 strengthened (footnote 1).

3. The proposed additional financing will help the Government of Cambodia respond to the coronavirus disease (COVID-19) pandemic. It will (i) support laboratory services and IPC in 8 provincial hospitals and 73 district referral hospitals; (ii) equip 14 provincial hospitals with the means to provide emergency clinical care for COVID-19 patients, including upgraded oxygen supply; and (iii) strengthen surveillance and response capacity for COVID-19 and other communicable diseases nationwide. The additional financing is aligned with original project's impact: GMS public health security strengthened, and outcome: GMS health system performance with regard to health security improved. Activities under the additional financing will be delivered through the existing project outputs 2, 3, and 4.

¹ The original project comprises (i) loans to Cambodia (SDR15,012,000 [\$21 million]), the Lao PDR (SDR2,856,000 [\$4 million]), Myanmar (SDR8,616,000 [\$12 million]), and Viet Nam (SDR56,946,000 [\$80 million]); and (ii) a grant to the Lao PDR (\$8 million). The Asian Development Bank (ADB) provided loans (additional financing) to the Lao PDR (\$20 million) and Myanmar (\$30 million). ADB also provided project preparatory technical assistance of \$1.3 million to Cambodia, the Lao PDR, Myanmar, and Viet Nam. ADB. [Greater Mekong Subregion Health Security Project](#); ADB. [Greater Mekong Subregion Health Security Project \(Additional Financing\) \(Lao PDR\)](#); ADB. [Greater Mekong Subregion Health Security Project \(Additional Financing\) \(Myanmar\)](#); and ADB. [Technical Assistance: Greater Mekong Subregion Health Security Project](#).

² World Health Organization (WHO). 2016. *International Health Regulations (2005)*. Third Edition. Geneva.

II. IMPLEMENTATION PLANS

A. Project Readiness Activities

Table 1: Project Readiness Activities

Indicative Activities	Months			Responsible Individual/Unit/Agency/ Government
	Aug	Sep	Oct	
Establish project implementation arrangements		√		MOH
Advance actions (procurement and consulting)	√			MOH
ADB Board approval		√		ADB
Loan and Grant signing			√	ADB/MEF
Government legal opinion provided			√	MEF
Government budget inclusion			√	MEF/MOH
Loan and Grant effectiveness			√	ADB/MOH

ADB = Asian Development Bank; MEF = Ministry of Economy and Finance; MOH = Ministry of Health.

Source: Asian Development Bank.

B. Overall Project Implementation Plan

Table 2: Overall Project Implementation Plan

Indicative Activities	2021		2022				2023				2024	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Output 2: National disease surveillance and outbreak response systems strengthened												
2.1 Mobilize community awareness campaigns on COVID-19 and other communicable diseases												
2.2 Start training of rapid response teams on COVID-19 response												
2.3 Procure and deliver vehicles and computer equipment												
Output 3: Laboratory services and hospital IPC improved												
3.1 Complete assessments for minor works in laboratories												
3.2 Deliver laboratory and IPC equipment												
3.3 Complete training for laboratory and IPC staff												
Output 4: Emergency preparedness and response capacity for COVID-19 strengthened												
4.1 Complete assessments for oxygen plants												
4.2 Procure oxygen plants for 14 target hospitals by Q3 2022												
4.3 Start operation of oxygen plants												
4.4 Complete training for ICU staff in 14 target hospitals												
Management Activities												
First review (inception)												
Mid-term review mission												
Final review												
Project completion report (borrower's)												

COVID-19 = coronavirus disease, ICU = intensive care unit, IPC = infection prevention and control, Q = quarter.

Source: Asian Development Bank.

III. PROJECT MANAGEMENT ARRANGEMENTS

A. Project Implementation Organizations: Roles and Responsibilities

4. The implementation arrangements remain consistent with the original project. The MOH, through its Department of Planning and Health Information (DPHI), will be the executing agency for the additional financing project. The State Secretary, MOH will be the project director. The existing project management unit (PMU) will support the project director in managing, monitoring, and administering the project. The PMU will be supported by thirteen national consultants and one international consultant to be funded under the loan and grant (para. 39). Implementing agencies are the Department of Communicable Disease Control, the Department of Hospital Services, the National Institute for Public Health, the National Center for Parasitology, Entomology and Malaria Control and the 24 provincial and 1 municipal health departments. The implementation organizations and their roles and responsibilities are summarized in Table 3.

Table 3: Project Implementation Organizations – Roles and Responsibilities

Project Implementation Organizations	Management Roles and Responsibilities
Ministry of Health Project Steering Committee	<ul style="list-style-type: none"> • Provide overall guidance for COVID-19 preparedness and response actions to the project • Organize high level consultations in the event of COVID-19 outbreaks • Approve the additional financing's annual operational plan, procurement plan, and budget, ensuring harmonization with other Official Development Assistance projects • Review progress of the additional financing quarterly
Executing Agency: MOH/DPHI	<ul style="list-style-type: none"> • Be responsible for overall project implementation and ensure compliance to all covenants in the loan agreement • Recruit and supervise individual consultants and contractors • Conduct steering committee meetings and procurement review committee meetings • Coordinate with core ministries and development partners including ADB • Provide technical guidance, supervise, and monitor all project activities • Oversee the progress and deliverables of contractors • Establish, supervise, and monitor the advance account • Be responsible for project financial statements and have it audited • Establish a strong financial management system and submit timely withdrawal applications to ADB; ensure financial audits are conducted as per agreed timeframes and recommended actions are addressed
Implementation Agencies: DCDC, DHS, NIPH, CNM, 24 provincial health departments, and 1 municipal health department	<ul style="list-style-type: none"> • Oversee planning and implementation of project activities at hospital level • Accept the equipment and supply, ensure quality, quantity, and specifications of equipment provided • Monitor and oversee acceptance of minor renovation works provided by contractors • Oversee the maintenance, repair, and operation of equipment supplied under the project

Project Implementation Organizations	Management Roles and Responsibilities
	<ul style="list-style-type: none"> • Review and approve hospital workplans for capacity building and training • Ensure compliance at the hospital level, to all project safeguards requirements, especially environmental safeguards for minor works • Collate activity and safeguards monitoring data and prepare reports as required by MOH.
Project Management Unit (under DPHI)	<ul style="list-style-type: none"> • Oversee project administration, implementation management and financial management under the direction of MOH/DPHI. • Coordinate with implementing agencies on project activity planning and delivery • Monitor and provide support to ensure compliance with ADB safeguards requirements during project implementation • Ensure collection and synthesis of project monitoring data in accordance with the project design and monitoring framework and safeguards plans • Prepare project reports in accordance with ADB requirements • Assist in preparation of project financial statements in accordance with ADB requirements • Assist in monitoring and administering the advance accounts • Organize/facilitate steering committee and procurement committee review meetings for MOH
ADB	<ul style="list-style-type: none"> • Approve annual operational plans, budget allocation, procurement plan and project activities. • Review project implementation and compliance of Loan Agreement twice a year, including related policy actions and project activities • Disburse loan proceeds to the consultants and the contractors

ADB = Asian Development Bank, COVID-19 = coronavirus disease, CNM = National Center for Parasitology, Entomology and Malaria Control, DCDC= Department of Diseases Control, DHS = Department of Hospital Services, DMS = Department of Medical Services, EA = executing agency, IA = implementing agency, MOH = Ministry of Health, NIPH = National Institute for Public Health, PMU = project management unit, WHO = World Health Organization.
Source: ADB.

B. Key Persons Involved in Implementation

Executing Agency

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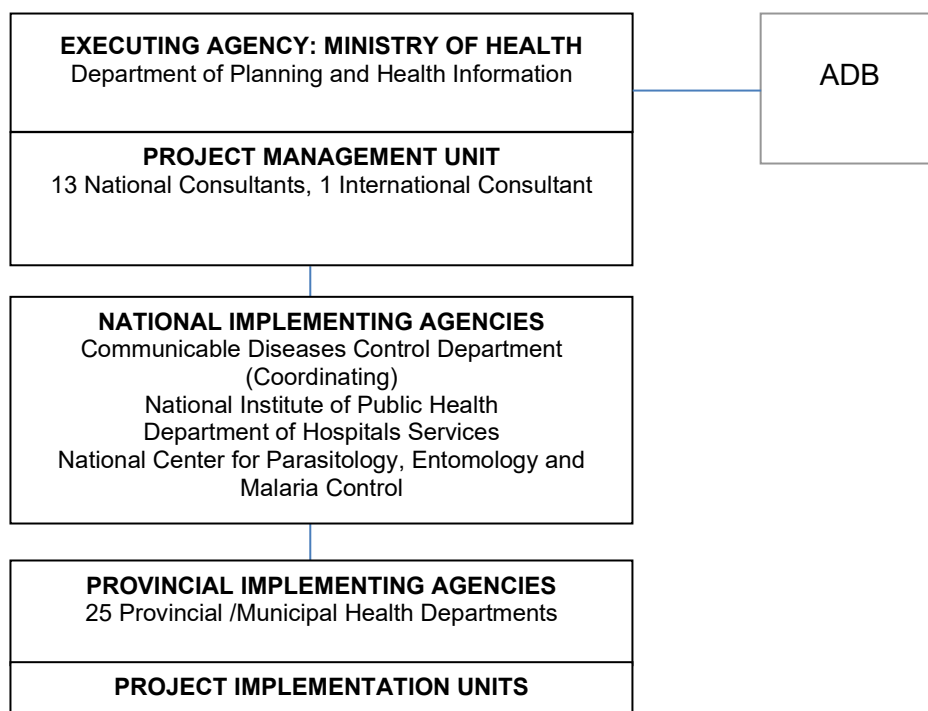
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C. Project Organization Structure

Figure 1: Project Organization Structure



IV. COSTS AND FINANCING

5. The overall project is estimated to cost \$220.9 million (Table 4), including taxes and duties, physical and price contingencies, and interest charges during implementation. The Cambodia project is estimated to cost \$57.8 million, of which the additional financing project is estimated to cost \$35.0 million (including taxes and duties, physical and price contingencies, and interest charges during implementation). Detailed cost estimates by expenditure category and by financier are in Tables 7 and 10, respectively.

Table 4: Summary Cost Estimates
(\$ million)

Description	Current Amount ^a					Additional Financing			
	CAM	LAO	MYA	VIE	Total	LAO	MYA	CAM ^b	Total Amount
A. Base Cost^c									
Output 1: Regional cooperation and communicable disease control in border areas improved	4.3	4.1	2.9	4.6	15.9	0.0	0.0	0.0	15.9
Output 2: National disease surveillance and outbreak response systems strengthened	8.6	3.0	4.0	21.9	37.5	0.0	0.0	7.8	45.3
Output 3: Laboratory services and hospital infection prevention and control improved	8.0	4.7	4.7	47.7	65.1	0.0	0.0	18.3	83.4
Output 4: Emergency Response to COVID-19 Outbreak in Cambodia	0.0	0.0	0.0	0.0	0.0	19.0	29.6	4.9	53.5
Subtotal Base Costs	20.9	11.8	11.6	74.2	118.5	19.0	29.6	31.0	198.1
B. Contingencies^d	1.3	0.7	0.8	7.2	10.0	2.2	2.0	3.7	17.9
C. Financing Charges During Implementation^e	0.6	0.1	0.4	2.6	3.7	0.40	0.54	0.30	4.9
Total Cost	22.8	12.6	12.8	84.0	132.2	21.6	32.1	35.0	220.9

CAM = Cambodia, COVID-19 = coronavirus disease, LAO = Lao People's Democratic Republic, MYA = Myanmar, VIE = Viet Nam.

^a Refers to the original loan.

^b The project costs are inclusive of taxes and duties of \$4.88 million, of which \$3.94 million will be financed through tax exemption from the Government for imported medical equipment and consumables, information technology equipment, and vehicles. Domestic value-added tax and government service taxes of \$0.94 million on civil works, training and workshops, community mobilization, and recurrent and project management costs may be financed by the Asian Development Bank loan and Japan Fund for Poverty Reduction grant. The amount does not represent an excessive share of the project cost.

^c In June 2021 prices.

^d Includes physical and price contingencies, and a provision for exchange rate fluctuation.

^e Includes interest charges.

Note: Numbers may not sum precisely because of rounding.

Sources: Government of Cambodia, Ministry of Health; and Asian Development Bank estimates.

6. The Government of Cambodia has requested: (i) a \$25.0 million concessional loan from ADB's ordinary capital resources, and (ii) grant cofinancing of \$5.0 million from JFPR (financed

by the Government of Japan) to help finance the project. The loan will have a 32-year term, including a grace period of 8 years; an interest rate of 1.0% per year during the grace period and 1.5% per year thereafter; and such other terms and conditions set forth in the draft loan agreement.

7. The loan will be used to finance the expenditures in relation to facility repair and maintenance at 62 hospitals; procurement of equipment and medical supplies for laboratories and intensive care units; and procurement of vehicles and consulting support to facilitate project implementation. The loan will also be used to fund training, workshops, community mobilization, project management, and project recurrent costs. The ADB loan may also be used to fund local taxes on civil works, training and workshops, community mobilization, recurrent and project management costs.

8. The JFPR grant will finance information and communication technology and oxygen therapy equipment, ambulances, consulting services, and specified training, workshops, and community mobilization expenditures. The JFPR grant will also be used to finance local taxes on training and workshops, and community mobilization costs.

Table 5: Summary Financing Plan

	Current ^a		Additional Financing		Total	
	Amount (\$ million)	Share of Total (%)	Amount (\$ million)	Share of Total (%)	Amount (\$ million)	Share of Total (%)
OCR (concessional loans)						
Cambodia	21.0	15.9	25.0	28.2	46.0	20.8
Myanmar	12.0	9.1	30.0	33.8	42.0	19.0
Vietnam	80.0	60.5	0.0	0.0	80.0	36.2
Lao PDR	4.0	3.0	20.0	22.5	24.0	10.9
ADF Grant - Lao PDR	8.0	6.1	0.0	0.0	8.0	3.6
JFPR Grant - Cambodia	0.0	0.0	5.0	5.6	5.0	2.3
Government of Cambodia	1.8	1.4	5.0	5.6	6.8	3.1
Government of Myanmar	0.8	0.6	2.2	2.5	3.0	1.4
Government of Vietnam	4.0	3.0	0.0	0.0	4.0	1.8
Government of Lao PDR	0.6	0.5	1.6	1.8	2.2	1.0
Total	132.2	100.0	88.8	100.0	221.0	100.0

ADF = Asian Development Fund, JFPR = Japan Fund for Poverty Reduction, Lao PDR = Lao People Democratic Republic, OCR = Ordinary Capital Resources

^a Refers to the original loan, grant and government financing

Source: Asian Development Bank

A. Cost Estimates Preparation and Revisions

9. Cost estimates were prepared in June 2021. The cost estimates were discussed and agreed with MOH during project processing. The determination of the type and quantity of equipment, and the training required were derived from discussions with MOH. The unit costs for all equipment and vehicles was provided by laboratory and procurement specialists. The United Nations Office for Project Services provided cost estimates for the oxygen therapy plant and supplementary equipment inclusive of installation costs. Consultant cost estimates are based on market rates for the original GMS Health Security Project. The level of consulting input is based on other similar assignments and the assessment of technical specialists during project design.

Training and workshop costs were also derived from discussions with MOH, similar activities performed in the region, and adjusted for local market rates. During project implementation, the responsibility for updating the cost estimates will be with MOH, supported by the PMU.

10. The government will provide a tax exemption on goods imported under the project. The cost estimates apply the following tax and duty rates: (i) 26.5% on imported medical equipment and consumables; (ii) 17% on ICT equipment; and (iii) 15% on vehicles including ambulances. The base figures incorporate import taxes and duties which will be borne by the Government. Local taxes were calculated at 10% on training and workshops, community mobilization, project management and recurrent costs and will be borne from loan and grant proceeds.

11. The cost estimates are fluid and may change as the market prices of COVID-19-related medical supplies, equipment, and transportation costs continue to fluctuate.

B. Key Assumptions

12. The following key assumptions underpin the cost estimates and financing plan:

- (i) Exchange rate: Riel 4,079 = \$1.00 is used as the exchange rate at the time of writing 24 June 2021. (Source: www.xe.com)
- (ii) Price contingencies based on expected cumulative inflation over the implementation period are as follows:

Table 6: Escalation Rates for Price Contingency Calculation

Item	2021	2022	2023	2024	Average
Foreign rate of price inflation	1.6%	1.7%	1.7%	1.8%	1.7%
Domestic rate of price inflation	1.8%	2.8%	3.0%	3.0%	2.7%

Source: Asian Development Bank.

- (iii) In-kind contributions were estimated at \$0.76 million to cover MOH facility and personnel costs at project implementation sites. The Government has provided the in-kind contribution calculations. Government facility costs are estimated at a unit cost of \$10 per square metre (sqm) with 600 sqm allocated to project operations at approximately 30 sites. Utility costs for water, electricity and telecommunications is estimated at approximately \$81,000. Personnel costs are based on an average salary calculation pro rate by the grade of personnel and the proportion of time allocated to the project.

C. Detailed Cost Estimates by Expenditure Category

**Table 7: Detailed Cost Estimates by Expenditure Category
(\$ million)**

Item	Local	Foreign	Total	% of Total Cost
A. Investment Costs				
1. Facility Repair and Maintenance	2.07	0.00	2.07	5.9
2. Equipment	0.00	17.75	17.75	50.7
3. Vehicles	0.00	1.90	1.90	5.4
4. Consulting Services	0.73	0.31	1.04	3.0
5. Training, Workshops and Community Mobilization	5.53	0.00	5.53	15.8
6. Project Management	1.36	0.00	1.36	3.9
Subtotal (A)	9.69	19.96	29.64	84.7
B. Recurrent Costs				
1. Project Recurrent Costs	0.62	0.00	0.62	1.8
2. Government In-Kind Contribution Facilities, Utilities, and Personnel	0.76	0.00	0.76	2.2
Subtotal (B)	1.37	0.00	1.37	3.9
Total Base Cost	11.06	19.96	31.02	88.6
C. Contingencies				
1. Physical Contingencies	0.99	1.79	2.79	8.0
2. Price Contingencies	0.32	0.58	0.91	2.6
Subtotal (C)	1.32	2.38	3.70	10.6
D. Financial Charges During Implementation				
1. Interest during implementation	0.00	0.29	0.29	0.8
Total Project Cost (A+B+C+D)	12.38	22.62	35.00	100.0

* The project costs are inclusive of taxes and duties of \$4.88 million, of which \$3.94 million will be financed through tax exemption from the Government for imported medical equipment and consumables, information technology equipment, and vehicles. Local taxes of \$0.94 million on civil works, training and workshops, and recurrent and project management costs may be financed by the Asian Development Bank loan and Japan Fund for Poverty Reduction grant. The Government will also provide \$0.76 million in-kind contributions for personnel and facility costs at projects sites.

** The costs of project financial statement audits for the period 2021–2023 will be financed by the Government. The estimated cost is \$15,000.

Notes: Numbers may not sum precisely because of rounding.

Source: Asian Development Bank estimates.

D. Allocation and Withdrawal of Loan/Grant Proceeds**Table 8: Allocation and Withdrawal of ADB Loan Proceeds
(\$ million)**

No	Item	ADB Financing	Percentage and Basis for Withdrawal from the Loan Account
1.	Equipment and Vehicles	12.18	100% of total expenditure claimed*
2.	Facilities Repairs and Maintenance, Consulting Support, Training, Workshops & Community Mobilization, Project Management, and other Recurrent Costs	9.51	100% of total expenditure claimed
3.	Unallocated	3.31	
	Total	25.00	

ADB = Asian Development Bank.

* Exclusive of taxes and duties imposed within the territory of the Borrower.

Source: ADB.

**Table 9: Allocation and Withdrawal of JFPR Grant Proceeds
(\$ million)**

No	Item	JFPR Financing	Percentage and Basis for Withdrawal from the Grant Account
1.	Equipment and Vehicles	3.52	100% of total expenditure claimed*
2.	Consulting Support, Training, Workshops and Community Mobilization	1.09	100% of total expenditure claimed
3.	Unallocated	0.39	
	Total	5.00	

JFPR = Japan Fund for Poverty Reduction.

* Exclusive of taxes and duties imposed within the territory of the Recipient.

Source: Asian Development Bank.

E. Detailed Cost Estimates by Financier

Table 10: Detailed Cost Estimates by Financier
(\$ million)

Item	ADB Loan		JFPR Grant		Government		Total Cost	
	Amount	%	Amount	%	Amount	%	Amount	Tax and Duties ^a
A. Investment Costs								
1. Facility Repair and Maintenance	2.07	100.0	0.00	0.0	0.00	0.0	2.07	0.19
2. Equipment ^b	11.18	63.0	2.75	15.5	3.81	21.5	17.75	3.81
3. Vehicles ^b	1.00	52.5	0.77	40.5	0.13	7.0	1.90	0.13
4. Consulting Services ^b	0.80	76.8	0.24	23.2	0.00	0.0	1.04	0.00
5. Training, Workshops and Community Mobilization ^b	4.68	84.6	0.85	15.4	0.00	0.0	5.53	0.55
6. Project Management	1.34	98.9	0.00	0.0	0.02	0.0	1.36	0.13
Subtotal (A)	21.07	71.1	4.61	15.6	3.96	13.4	29.64	4.82
B. Recurrent Costs								
1. Project Recurrent Costs	0.62	100.0	0.00	0.0	0.00	0.0	0.62	0.06
2. Government In-Kind Contribution Facilities, Utilities, and Personnel	0.00	0.0	0.00	0.0	0.76	100.0	0.76	0.00
Subtotal (B)	0.62	45.0	0.00	0.0	0.76	0.0	1.37	0.06
Total Base Cost	21.69	69.9	4.61	14.9	4.71	15.2	31.02	4.88
C. Contingencies								
1. Physical Contingencies	2.55	91.5	0.24	8.5	0.00	0.0	2.79	0.00
2. Price Contingencies	0.76	83.3	0.15	16.7	0.00	0.0	0.91	0.00
Subtotal (C)	3.31	100.0	0.39	10.5	0.00	0.0	3.70	0.00
D. Financial Charges During Implementation								
1. Interest during implementation	0.00	0.0	0.00	0.0	0.29	0.0	0.29	0.00
Total Project Cost (A+B+C+D)	25.00	71.4	5.00	14.3	5.00	14.3	35.00	4.88

ADB = Asian Development Bank, Japan Fund for Poverty Reduction.

^a The project costs are inclusive of taxes and duties of \$4.88 million, of which \$3.94 million will be financed through tax exemption from the Government for imported medical equipment and consumables, information technology equipment, and vehicles. Local taxes of \$0.94 million on civil works, training and workshops, community mobilization, and recurrent and project management costs may be financed by the ADB loan and the JFPR grant.

^b JFPR grant is financing expenditures in parallel to the loan.

Note: The Government will also provide \$0.76 million in-kind contributions for personnel and facility costs at projects sites.

Source: ADB estimates.

F. Detailed Cost Estimates by Outputs

Table 11: Detailed Cost Estimates by Outputs
(\$ million)

Item	Output 1		Output 2		Output 3		Output 4		Total
	Amount	% of Category	Amount	% of Category	Amount	% of Category	Amount	% of Category	
A. Investment Costs									
1. Facility Repair and Maintenance	0.00	0	0.00	0.0	2.07	100.0	0.00	0.0	2.07
2. Equipment	0.00	0	0.34	1.9	14.29	80.6	3.11	17.5	17.75
3. Vehicles	0.00	0	1.02	53.4	0.00	0.0	0.89	46.6	1.90
4. Consulting Services	0.00	0	0.30	29.3	0.42	40.1	0.32	30.6	1.04
5. Training, Workshops, and Community Mobilization	0.00	0	4.61	83.4	0.74	13.4	0.18	3.2	5.53
6. Project Management	0.00	0	0.83	61.2	0.42	31.3	0.10	7.5	1.36
Subtotal (A)	0.00	0	7.11	24.0	17.95	60.5	4.59	15.5	29.64
B. Recurrent Costs									
1. Project Recurrent Costs	0.00	0	0.43	69.4	0.10	16.1	0.09	14.5	0.62
2. Government In-Kind Contribution Facilities, Utilities, and Personnel	0.00	0	0.25	33.3	0.25	33.3	0.25	33.3	0.76
Subtotal (B)	0.00	0	0.68	49.6	0.35	25.6	0.34	24.9	1.37
Total Base Cost^a	0.00	0	7.79	24.0	18.30	59.0	4.93	15.9	31.02
C. Contingencies									
1. Physical Contingencies ^b	0.00	0	0.70	25.1	1.65	59.0	0.44	15.9	2.79
2. Price Contingencies ^c	0.00	0	0.23	25.1	0.54	59.0	0.14	15.9	0.91
Subtotal (C)	0.00	0	0.93	25.1	2.18	59.0	0.59	15.9	3.70
D. Financial Charges During Implementation									
1. Interest during implementation ^d	0.00	0	0.07	25.1	0.17	59.0	0.05	15.9	0.29
Total Project Cost (A+B+C+D)	0.00	0	8.79	25.1	20.65	59.0	5.56	15.9	35.00

^a In June 2021 prices.

^b Physical contingencies computed at 10% on loan base costs and 5% on grant base costs.

^c Price contingencies are based on cost escalation factors for Cambodia at 2.7% per annum and a devaluation offset included based on international inflation rate of 1.7% per annum on all base costs.

^d Interest during implementation computed at 1% on the concessional loan from Asian Development Bank's ordinary capital resources.

Source: Asian Development Bank estimates.

G. Detailed Cost Estimates by Year

Table 12: Detailed Cost Estimates by Year
(\$ million)

Item	2021	2022				2023				Total
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
A. Investment Costs										
1. Facility Repair and Maintenance	0.00	0.00	0.00	0.00	1.04	1.04	0.00	0.00	0.00	2.07
2. Equipment	0.00	0.00	0.00	0.34	7.15	8.70	1.55	0.00	0.00	17.75
3. Vehicles	0.00	0.00	0.00	1.02	0.00	0.44	0.44	0.00	0.00	1.90
4. Consulting Services	0.00	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.33	1.04
5. Training, Workshops, and Community Mobilization	0.00	0.79	0.79	0.80	1.17	1.17	0.80	0.00	0.00	5.53
6. Project Management	0.00	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	1.36
Subtotal (A)	0.00	1.06	1.06	2.43	9.63	11.62	3.07	0.27	0.50	29.64
B. Recurrent Costs										
1. Project Recurrent Costs	0.00	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.62
2. Government In-Kind Contribution Facilities, Utilities, and Personnel	0.00	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.09	0.76
Subtotal (B)	0.00	0.17	0.17	0.17	0.17	0.17	0.17	0.17	0.17	1.37
Total Base Cost	0.00	1.24	1.24	2.60	9.80	11.79	3.24	0.44	0.67	31.02
C. Contingencies										
1. Physical Contingencies	0.00	0.11	0.11	0.23	0.88	1.06	0.29	0.04	0.06	2.79
2. Price Contingencies	0.00	0.03	0.03	0.06	0.23	0.41	0.11	0.02	0.02	0.91
Subtotal (C)	0.00	0.14	0.14	0.29	1.11	1.47	0.40	0.06	0.08	3.70
D. Financial Charges During Implementation										
1. Interest during implementation	0.00	0.00	0.00	0.01	0.03	0.05	0.06	0.06	0.06	0.29
Total Project Costs (A+B+C+D)	0.00	1.38	1.38	2.91	10.93	13.32	3.70	0.56	0.82	35.00
Expenditure per year (%)	0.00%	47.43%				52.57%				100.00%

Source: Asian Development Bank estimates.

H. Contract and Disbursement S-Curve

Figure 2: Contract Awards and Disbursement S-Curve (combined Loan and Grant)

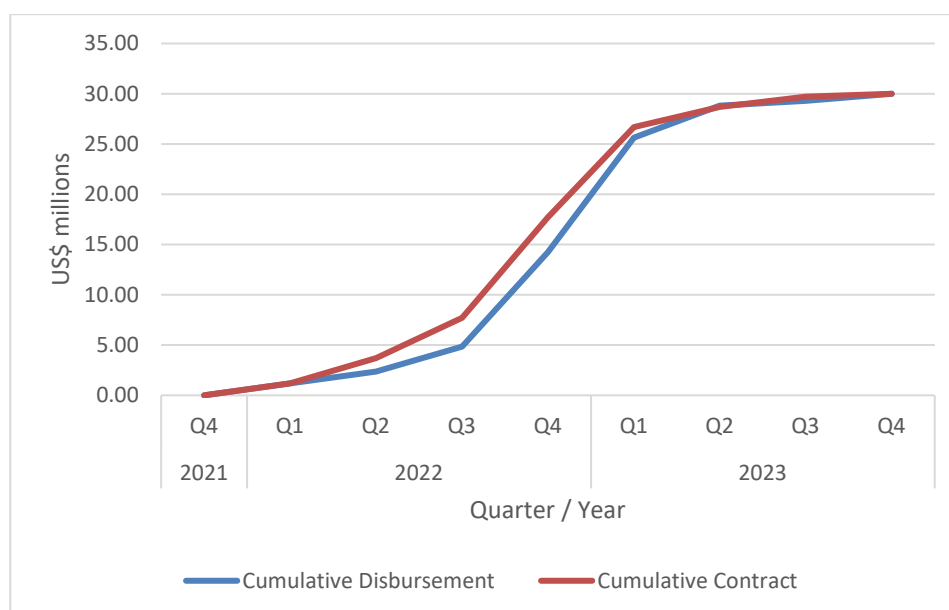


Table 13: Projected Contract Awards and Disbursement for ADB Loan (\$ million)

Year	Contract Awards					Disbursements				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
2021	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2022	0.0	3.1	3.3	8.3	14.7	0.0	2.0	2.1	7.8	11.9
2023	7.5	1.7	0.8	0.3	10.3	9.5	2.6	0.4	0.6	13.1
	Total Contract Awards				25.0	Total Disbursements				25.0

ADB = Asian Development Bank, Q = quarter.

Source: ADB.

Table 14: Projected Contract Awards and Disbursement for JFPR Grant (\$ million)

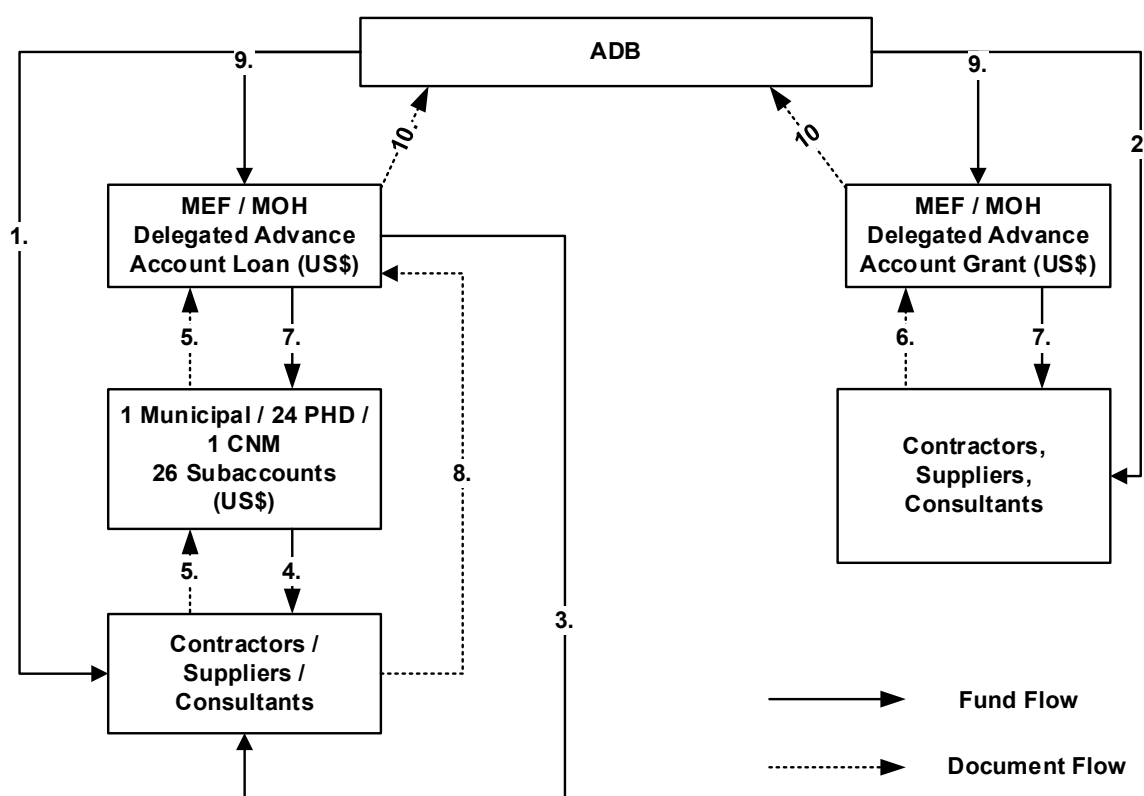
Year	Contract Awards					Disbursements				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
2021	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2022	0.0	0.6	0.6	1.7	2.9	0.0	0.4	0.4	1.6	2.4
2023	1.5	0.3	0.2	0.1	2.1	1.9	0.5	0.1	0.1	2.6
	Total Contract Awards				5.0	Total Disbursements				5.0

JFPR = Japan Fund for Poverty Reduction, Q = quarter.

Source: Asian Development Bank.

I. Fund Flow

Figure 3: Loan and Grant Funds Flow



ADB = Asian Development Bank, CNM = National Center for Parasitology, Entomology and Malaria Control, MEF = Ministry of Economy and Finance, MOH = Ministry of Health, PHD = Provincial Health Department.

Notes:

1. ADB Direct Payments from Loan Account
2. ADB Direct Payments from Grant Account
3. MOH Payments from Loan Advance Account
4. Payments from Loan Advance Subaccounts
5. Documents to support payments from Loan Advance Subaccounts managed by implementing agencies
6. Documents to support payments from Grant Advance Account
7. MOH makes payments from JFPR advance account
8. Documents to support payments from Loan Advance Account managed by MOH
9. ADB Replenishing Loan and Grant Accounts
10. Withdrawal Applications and Supporting Documents for Loan and Grant Accounts

V. FINANCIAL MANAGEMENT

A. Financial Management Assessment

13. The financial management assessment (FMA) was conducted in June 2021 in accordance with ADB's Guidelines for the Financial Management and Analysis of Projects and the Financial Due Diligence: A Methodology Note. The FMA considered the capacity of MOH, one Municipal Health Department and twenty-four Provincial Health Departments, including funds-flow arrangements, staffing, accounting and financial reporting systems, financial information systems, and internal and external auditing arrangements.

14. Based on the assessment, the key financial management risks are that (i) a potential for limited government financial resources for the health sector adversely impacts project sustainability; (ii) the large number of implementing agencies heightens the complexity of the project financial management arrangements;³ (iii) weak government planning and budgeting capacity reduces the effectiveness of the budget process; and (iv) inadequate numbers and quality of financial management personnel at the project implementing agencies may impose limitations. The FMA concluded that the overall pre-mitigation financial management risk of the executing agency and implementing agencies is moderate.

15. **Financial Sustainability Analysis.** The Borrower shall ensure that a financial sustainability analysis, in a form acceptable to ADB, is completed within 3 months from the date of signing of the Loan Agreement. The sustainability analysis will assess the capacity of MOH and implementing agencies (as necessary) to pay for the incremental recurrent costs of the project and maintenance and operation of assets throughout their economic life.

16. The MOH has prior experience of operating an advance account and statement of expenditure procedures under the original GMS Health Security Project and no major issues have been identified with the management of that account. The Borrower and executing agency have agreed to implement an action plan as key measures to address the deficiencies. The financial management action plan is provided in Table 15.

Table 15: Financial Management Action Plan

Risks	Mitigation Measures	Timeframe
1. Insufficient financial and administration support by the government for the health sector is exacerbated by the COVID-19 pandemic.	<ul style="list-style-type: none"> Development partners to advocate for greater health sector support by the government, including increases to budgetary allocations. PMU to support MOH in strengthening AOPs, including budgeting and staff requirements. 	Month 1-24 Month 1-24
2. At province, district and hospital level, insufficient budget for operation and maintenance may constrain project implementation and sustainability.	<ul style="list-style-type: none"> The project to finance operation, maintenance, and medical consumable costs for equipment procured under the additional financing. PMU to strengthen budget allocation at the project level by working closely with MOH, PHDs, and hospitals in the preparation of annual operational plans and budgets. 	Month 1-24

³ The project has 29 implementing agencies, 26 of which will operate a project subaccount.

Risks	Mitigation Measures	Timeframe
<p>3. Insufficient national and subnational administrative capacity for financial management and procurement at project implementing agencies.</p>	<ul style="list-style-type: none"> • PMU to reengage staff with ADB project implementation experience. • PMU to engage additional finance officers to help support its increased workload with 29 IAs and 81 hospitals targeted under the additional financing. • PMU to ensure all FM and procurement personnel are familiar with the government's SOPs for implementing donor funded projects. • PMU to ensure SOPs and other project documentation are updated to reflect the changes in the project structure resulting from the additional financing . • PMU to ensure project chart of accounts is updated to reflect any changes in the project structure. • PMU to provide refresher FM and procurement training for PMU and existing IA personnel implementing the project based on updated project documentation. • PMU to provide detailed FM and procurement training to all personnel from the new IAs selected to participate on the project. 	<p>Month 1</p> <p>Month 1</p> <p>Month 1-2</p> <p>Month 1</p> <p>Month 1</p> <p>Month 1</p> <p>Month 1-2</p>
<p>4. The decentralized nature of the project with 29 implementing agencies increases the complexity of project financial management arrangements, including the management of multiple bank accounts (1 loan account, 1 grant account and 26 subaccounts)</p>	<ul style="list-style-type: none"> • PMU to engage international and national consultants. • PMU to provide staff dedicated to project financial management in PHDs. • PMU to regularly train and supervise the implementation units in PHDs. • PMU to conduct all procurement activities at the central level. 	<p>Month 1</p> <p>Month 1</p> <p>Quarterly</p> <p>Month 1-24</p>
<p>5. The government's financial management information system is not operational in all implementing agencies which could impact the accuracy, completeness, and timeliness of financial reporting.</p>	<ul style="list-style-type: none"> • Project financial transactions to be captured on a separate automated accounting system similar to what is currently used under the original project. 	<p>Month 1</p>
<p>6. Program budgeting not fully embedded at all the implementing agencies, reducing the effectiveness of the budget process</p>	<ul style="list-style-type: none"> • PMU to prepare project budgets in accordance with the government's latest SOPs. • PMU finance staff to support staff at project implementing agencies to ensure that sufficient funds, including counterpart funds, are available to implement project activities when required. 	<p>Annual</p> <p>Month 1-24</p>
<p>7. The current project chart of accounts and project banking arrangements are not sufficient</p>	<ul style="list-style-type: none"> • MOH/PMU to establish a separate output for COVID-19 emergency response and update the project chart of accounts to ensure that the additional financing can be easily traced 	<p>Month 1</p>

Risks	Mitigation Measures	Timeframe
to support additional financing implementation.	by output, by disbursement category, and by fund source. <ul style="list-style-type: none"> • MOH/PMU to establish two separate advance accounts (one for the loan and one for the grant) for managing and processing additional financing activities. Establish 26 separate subaccounts (one at CNM and at each of the 24 PHDs and 1 municipal health department) to facilitate loan disbursements. • PMU to update project financial procedures to reflect new requirements under the additional financing . 	Month 1 Month 1
8. External Audit. Inefficient and uneconomic completion of external audits of the original and additional financing projects.	<ul style="list-style-type: none"> • MOH/PMU to notify the external auditor early of the requirement to audit the additional financing along with the annual audit of the original project. • PMU to update the audit terms of reference to include the audit of the additional financing along with the annual audit of the original project. 	Month 3 Month 3

ADB = Asian Development Bank, AOP = annual operational plan, CNM = National Center for Parasitology, Entomology and Malaria Control, COVID-19 = coronavirus disease, FM = financial management, IA = implementing agency, MOH = Ministry of Health, PHD = provincial health department, PMU = project management unit, SOP = standard operating procedure.

B. Disbursement

1. Disbursement Arrangements

17. The loan and grant proceeds will be disbursed in accordance with ADB's *Loan Disbursement Handbook* (2017, as amended from time to time),⁴ and detailed arrangements agreed upon between the government and ADB.

18. The MOH will be responsible for: (i) collecting and retaining supporting documents; and (ii) preparing and sending withdrawal applications (WA) to ADB.

19. **Advance fund procedure.** The loan and grant proceeds will be directed to a combined "delegated pass through" and advance accounts jointly opened by the MEF and MOH in the National Bank of Cambodia. Two USD advance accounts will be opened, one for the ADB Loan and one for the JFPR grant. The advance accounts will be maintained by MOH. The advance accounts are to be used exclusively for ADB's and JFPR's share of eligible expenditures. The MOH, through the PMU, who administers the advance account is accountable and responsible for proper use of advances to the advance accounts and any subaccounts (SAs).

20. The total outstanding advance to the advance accounts should not exceed the estimate of ADB's and JFPR's share of expenditures to be paid through the respective advance accounts for the forthcoming 6 months. The MOH may request for initial and additional advances to the advance accounts based on an Estimate of Expenditure Sheet⁵ setting out the estimated

⁴ The handbook is available electronically from the ADB website (<http://www.adb.org/documents/loan-disbursement-handbook>)

⁵ Estimate of Expenditure sheet is available in Appendix 8A of ADB's *Loan Disbursement Handbook* (2017, as amended from time to time).

expenditures to be financed through the accounts for the forthcoming 6 months. Supporting documents should be submitted to ADB or retained by the MOH in accordance with ADB's *Loan Disbursement Handbook* (2017, as amended from time to time) when liquidating or replenishing the advance account.

21. The 25 provincial implementing agencies (IAs) and one national IA (CNM) will each open an SA in US dollars in a commercial bank acceptable to MOH. The SAs will be used for ADB loan proceeds only. The PMU will be responsible for administering all grant funds and therefore no grant SAs will be held by the IAs. The IAs will disburse loan funds from the SAs based on their proposed annual operational plans. The IAs will submit a request for fund transfer to PMU for liquidation and replenishment of their respective SAs. The SAs are to be used exclusively for ADB's share of eligible expenditures. The MOH and the IAs should ensure that every liquidation and replenishment of each SA is supported by sufficient documentation in accordance with ADB's *Loan Disbursement Handbook* (2017, as amended from time to time).

22. IAs will generally replenish their SAs for funds spent (from the SA) up to 2 times per month, i.e., every middle and end of the month, depending on the disbursement progress in each IA. This will help speed up disbursements and ensure that IAs always have sufficient funds to use.

23. **Statement of expenditure (SOE) procedure.**⁶ The SOE procedure may be used for reimbursement of eligible expenditures or liquidation of advances to the advance accounts. Supporting documents and records for the expenditures claimed under the SOE should be maintained and made readily available for review by ADB's disbursement and review missions, upon ADB's request for submission of supporting documents on a sampling basis, and for independent audit.

24. Before the submission of the first WA, the borrower should submit to ADB sufficient evidence of the authority of the person(s) who will sign the WAs on behalf of the government, together with the authenticated specimen signatures of each authorized person. The minimum value per WA is stipulated in the *Loan Disbursement Handbook* (2017, as amended from time to time). Individual payments below such amount should be paid (i) by the MOH or IAs and subsequently claimed to ADB through reimbursement, or (ii) through the advance fund procedure, unless otherwise accepted by ADB. The borrower should ensure sufficient category and contract balances before requesting disbursements. Use of ADB's Client Portal for Disbursements (CPD)⁷ system is encouraged for submission of withdrawal applications to ADB.

2. Disbursement Arrangements for Counterpart Fund

25. **Counterpart fund.** The government will provide counterpart funds through in-cash and in-kind contributions. In-cash contributions cover loan interest charges and annual audit fees. The in-kind contributions consist of government staff salaries and facility costs at project implementation sites. The government will also cover taxes and duties costs on vehicles, information technology and medical equipment, and medical consumables.

⁶ SOE forms are available in Appendix 7B and 7D of ADB's *Loan Disbursement Handbook* (2017, as amended from time to time).

⁷ The CPD facilitates online submission of WA to ADB, resulting in faster disbursement. The forms to be completed by the Borrower are available online at <https://www.adb.org/documents/client-portal-disbursements-guide>.

C. Accounting

26. Each PHD will prepare separate records and accounts for all expenditures incurred from the subaccount. Within 30 days from the end of each fiscal year, it will submit to the PMU a Statement of Utilization of Subaccounts and a Subaccount Reconciliation Statement. The MOH will maintain, or cause to be maintained, separate books and records by funding source for all expenditures incurred on the project including the expenditures incurred from the subaccounts following cash-based Cambodian Public Sector Accounting Standards. The MOH will prepare project financial statements in accordance with the government's accounting laws and regulations which are consistent with international accounting principles and practices.

D. Auditing and Public Disclosure

27. The MOH will cause the detailed project financial statements including the utilization and reconciliation statements of the subaccounts to be audited in accordance with Cambodian International Standards on Auditing, by an independent auditor acceptable to ADB. The MOH will present to ADB, the audited project financial statements together with the auditor's opinion in the English language within 6 months from the end of the fiscal year.

28. The audit report for the project financial statements will include a management letter and auditor's opinions, which cover (i) whether the project financial statements including the statement of utilization of subaccounts from the PHDs present a true and fair view or are presented fairly, in all material respects, in accordance with the applicable financial reporting standards; (ii) whether the proceeds of the loan including those which are disbursed through the subaccounts were used only for the purpose(s) of the project; and (iii) whether the borrower or executing agency was in compliance with the financial covenants contained in the legal agreements (where applicable).

29. Compliance with financial reporting and auditing requirements will be monitored by review missions and during normal program supervision, and followed up regularly with all concerned, including the external auditor.

30. The government, MOH, and its implementing agencies have been made aware of ADB's approach to delayed submission, and the requirements for satisfactory and acceptable quality of the audited project financial statements.⁸ ADB reserves the right to require a change in the auditor (in a manner consistent with the constitution of the borrower), or for additional support to be provided to the auditor, if the audits required are not conducted in a manner satisfactory to ADB, or if the audits are substantially delayed. ADB reserves the right to verify the project's financial accounts to confirm that the share of ADB's financing is used in accordance with ADB's policies and procedures.

⁸ ADB's approach and procedures regarding delayed submission of audited project financial statements: (i) When audited project financial statements are not received by the due date, ADB will write to the executing agency advising that (a) the audit documents are overdue; and (b) if they are not received within the next 6 months, requests for new contract awards and disbursement such as new replenishment of advance accounts, processing of new reimbursement, and issuance of new commitment letters will not be processed, (ii) When audited project financial statements are not received within 6 months after the due date, ADB will withhold processing of requests for new contract awards and disbursement such as new replenishment of advance accounts, processing of new reimbursement, and issuance of new commitment letters. ADB will (a) inform the executing agency of ADB's actions; and (b) advise that the loan may be suspended if the audit documents are not received within the next 6 months, and (iii) When audited project financial statements are not received within 12 months after the due date, ADB may suspend the loan.

31. Public disclosure of the audited project financial statements, including the auditor's opinion on the project financial statements, will be guided by ADB's Access to Information Policy 2018.⁹ After the review, ADB will disclose the audited project financial statements and the opinion of the auditors on the project financial statements no later than 14 days of ADB's confirmation of their acceptability by posting them on ADB's website. The management letter, additional auditor's opinions, and audited entity financial statements will not be disclosed.

VI. PROCUREMENT AND CONSULTING SERVICES

A. Advance Contracting and Retroactive Financing

32. **Advance contracting.** Advance contracting will apply to all procurement of goods and consulting services packages in this project. Advance contracting will include all procurement steps up till prior to quantity and price finalization and contract award. It is noted that given the current capacity of the MOH-PMU, additional support on advance contracting to enable timely mobilization of consultants and procurement is required particularly on the technical aspect of the project.

33. **Retroactive financing.** There will be none under the additional financing.

B. Procurement of Goods, Works, and Consulting Services

34. All procurement of goods will be undertaken in accordance with ADB's *Procurement Guidelines* (2015, as amended from time to time) and ADB's *Guidelines on the Use of Consultants* (2013, as amended from time to time). As procurement will support COVID-19 response, universal procurement will apply to procurement under the loan, but not to procurement under the JFPR grant.¹⁰ Given the (i) urgency of the requirements for medical equipment and supplies for laboratories and intensive care units, and other goods for response to COVID-19; (ii) volatility of the market and envisaged on-going logistics restrictions; and (iii) additional work required on the technical specifications of some equipment, a combination of direct contracting and shopping (Request for Quotation) procedures will be used for the procurement of goods. Where possible, existing supply contracts with similar technical scope under the original project will be leveraged for efficiency of delivery.

35. Procurement risks in the context of the COVID-19 pandemic include those pertaining to supply chain volatility, security and quality of the supply, and local availability to technical support for specialized equipment. ADB's guidelines¹¹ in relation to COVID-19 emergency procurement responses are intended to mitigate such risks. These guidelines allow the use of direct contracting through the issuance of a variation order to existing ongoing contracts for similar goods procured through national competitive bidding (NCB) and international competitive bidding procedures (ICB) under the original project. ADB conducted an assessment of MOH-PMU's procurement capacity based on information and reports shared by the PMU. The assessment also considered results of the midterm review mission for the original project, current market options, existing suppliers in the original project, and good practices. The assessment found that the MOH/PMU has the capacity to undertake emergency procurement and have a sufficient number of qualified and good performing suppliers to supply the required goods for the additional financing project.

⁹ Access to Information Policy: <https://www.adb.org/sites/default/files/institutional-document/450636/access-information-policy.pdf>

¹⁰ ADB. 2020. *Comprehensive Response to the COVID-19 Pandemic*. Manila.

¹¹ ADB. 2020. *Updated Emergency Procurement Guidance on Responding to COVID-19*. Manila.

36. To ensure quality assurance and certainty of delivery, the EA will validate the qualified suppliers' capability to source and supply the required goods, and assess their track record in applying emergency procurement. The EA will also confirm whether the supplier can meet emergency procurement timeline requirements, has local presence for technical support, considers delivery lead times, and allow for flexible logistics arrangements. ADB user unit will be responsible for validating the reasonableness of pricing in accordance with the relevant ADB guidelines.

37. Civil works will involve minor repair works of laboratory room of involved hospitals. It could involve 1–2 procurement package/s composed of 2–4 lots/contracts per package based on geographical locations while 1 lot/contract will be group based on hospitals' proximity. The MOH/PMU is requested to ensure that there will be no new construction and major repair works. Also, the MOH will ensure that their technical team will have the capacity to complete the assessment of required works as soon as possible. The MOH needs to strategize civil works packaging to attract participation of qualified local suppliers in the bidding and implementation of works.

38. Before the start of any procurement, ADB and the government will review the public procurement laws of the government to ensure consistency with ADB's Procurement Guidelines (2015, as amended from time to time). All procurement through NCB will follow the applicable public procurement laws in that country, subject to the modifications to the laws described in the relevant Procurement Plan. The approved master bidding documents under the original project particularly for NCB and Shopping will also be used in this additional financing project.

39. The project will engage 14 individual consultants comprising an international procurement specialist (6 person months) and 13 national consultants (322 person-months) as follows: (i) planning, monitoring and information technology specialist, (ii) laboratory quality improvement specialist, (iii) chief finance officer, (iv) finance officer 1, (v) finance officer 2, (vi) gender specialist, (vii) procurement specialist, (viii) infection prevention and control specialist, (ix) civil engineer 1, (x) civil engineer 2, (xi) health specialist, (xii) community development specialist, and (xiii) safeguards specialist. All consultants will be recruited according to ADB's Guidelines on the Use of Consultants (2013, as amended from time to time). An 18-month procurement plan of this project is in Section C.

C. Procurement Plan

Basic Data		
Project Name: Greater Mekong Subregion Health Security Project – Additional Financing		
Project Number: 48118-005	Approval Number: xxxx	
Country: Cambodia	Executing Agency:	Ministry of Health
Project Procurement Classification: Category C	Implementing Agency: National Implementing Agencies and Provincial Implementing Agencies	
Project Procurement Risk: Low		
Project Financing Amount: US\$35 million ADB Financing: US\$25 million JFPR Financing: US\$5 million Government Financing: US\$5 million	Project Closing Date: 30 April 2024	
Date of First Procurement Plan:	Date of this Procurement Plan:	
Advance contracting: Yes	e-GP: No	

A. Methods, Thresholds, Review and 18-Month Procurement Plan

1. Procurement and Consulting Methods and Thresholds

Except as the Asian Development Bank (ADB) may otherwise agree, the following process thresholds shall apply to procurement of goods and works.

Procurement of Goods and Works		
Method	Threshold	Comments
International Competitive Bidding for Goods	US\$1,000,000 and Above	All under prior review
National Competitive Bidding for Goods	Between US\$100,000 and US\$999,999	First package under prior review and the rest under post review
Direct Contracting		Issuance of variation order (VO) to ongoing/existing contracts for related/similar goods. All will be under prior review
Shopping for Goods with advertisements	Up to US\$99,999	First package under prior review the rest under post review.
National Competitive Bidding for Works	Between US\$100,000 and US\$ 2,999,999	All under prior review

Consulting Services	
Method	Comments
Single Source Selection for Consultancy Firm	SSS (contract variation) for firm will be subject to prior review
Single Source Selection for Individual Consultants	SSS (contract variation) for individual consultants will be subject to post review
Individual Consultant Selection for Individual Consultant	All new ICS selections will be subject to prior review

1. Goods and Works Contracts Estimated to Cost \$1 Million or More

The following table lists goods and works contracts for which the procurement activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Procurement Method	Review (Prior/Post)	Bidding Procedure	Advertisement Date (quarter/year)	Comments
GMS/HSP /AF/DC/G/ 01	IPC Equipment (Integrated Bio Medical Waste Treatment System "Sterilwave & Shelter") 42 units	3,486,000.00	Direct Contracting	Prior	N/A	NA	Comments: Through issuance of VO with Bertin Technologies , (Ref. Contract No. ICB-7, Lot-1: Integrated Bio Medical Waste Treatment System "Sterilwave & Shelter") To be financed by loan LXXX
GMS/HSP /AF/ICB/G /018	Oxygen Generator and Associated	2,632,400.00	ICB	Prior	1S1E	Q2/2022	Prequalification of Bidders: No Domestic Preference: No

Package Number	General Description	Estimated Value	Procurement Method	Review (Prior/ Post)	Bidding Procedure	Advertisement Date (quarter/year)	Comments
	Accessory						Bidding Document: Goods Covid-19 Response: To be financed by grant GXXX
GMS/HSP /AF/ICB/G /2	Lab Equipment	5,232,391.00	ICB	Prior	1S1E	Q4/2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods Covid-19 Response: No To be financed by loan LXXX
	Lot-1, Hematology Analyzer	1,582,350.00					
	Lot-2, Biochemistry	713,319.00					
	Lot-3, Electrolyte analyzer system and Coagulation analyzer	740,642.00					
	Lot-4, Water Purification	972,000.00					
	Lot-5, Other Lab Equipment	1,224,080.00					
GMS/HSP /AF/NCB/ W/1	Lab Renovation	1,885,000.00	NCB	Prior	1S1E	Q2 / 2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: small works Covid-19 Response: No To be financed by loan LXXX
	Lot 1, Renovation of 12 Labs in 5 Provinces (BBong, Pursat, Kg Speu, Kg Chhnang, KKong)	416,000.00					
	Lot 2, Renovation of 15 Labs in 3 Provinces (kg Cham, Prey Veng, Svay Rieng)	430,000.00					
	Lot 3, Renovation of 17 Labs in 4	509,000.00					
		530,000.00					

Package Number	General Description	Estimated Value	Procurement Method	Review (Prior/Post)	Bidding Procedure	Advertisement Date (quarter/year)	Comments
	Provinces (Takeo, Kandal, K.pot, Kep) Lot 4, Renovation of 18 Labs in 8 Province (BT Meanchey, Siem Reap, Oddar Meanchey, Kratie, Kg. Thom, Preah Vihear and Ratanakiri)						
GMS/HSP/AF/ICB/G/03	Laboratory Consumables	1,087,632.00	ICB	Prior	1S1E	Q2/2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods Covid-19 Response: No To be financed by loan LXXX

3. Consulting Services Contracts Estimated to Cost \$100,000 or More

The following table lists consulting services contracts for which the recruitment activity is either ongoing or expected to commence within the next 18 months.

Package Number	General Description	Estimated Value	Recruitment Method	Review (Prior/Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
QCBS 2	Baseline Survey for 3 Provinces and Endline Survey	230,000.00	Single Source Selection	Prior	N/A	NA	Direct Contracting through issuance of VO. Comments: 110 person months. To be financed by loan LXXX

4. Goods and Works Contracts Estimated to Cost Less than \$1 Million and Consulting Services Contracts Less than \$100,000 (Smaller Value Contracts)

The following table lists smaller-value goods, works and consulting services contracts for which the activity is either ongoing or expected to commence within the next 18 months.

Goods and Works								
Package Number	General Description	Estimated Value	Number of Contracts	Procurement Method	Review (Prior/ Post)	Bidding Procedure	Advertisement Date (quarter/year)	Comments
GMS/HSP /AF/DC/G/02	IPC Equipment (Sterilization Autoclave 75l) 35 units	542,500.00	1	Direct Contracting	Prior	N/A	NA	Direct Contracting with Eryigit Endüstriyel Makina Ve Tibbi Cihazlar İmalat İthalat İhracat İnşaat Ticaret A.Ş., (Ref. Contract No. ICB 3, Lot-1: Sterilization Autoclave for Referral Hospitals) To be financed by loan LXXX
GMS/HSP /AF/NCB/G/01	IPC Equipment (Washing Machine 20kg) 58 units	696,000.00	1	NCB	Prior	1S1E	Q1/2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods To be financed by loan LXXX
GMS/HSP /AF/Shopping/G/01	Motorbike 55 units	99,000.00	1	Shopping	Prior	1S1E	Q1/2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods To be financed by loan LXXX
GMS/HSP /AF/ NCB/G/02	ICT Equipment	294,600.00	1	NCB	Post	1S1E	Q1/ 2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods To be financed by grant GXXX
GMS/HSP/ AF/ NCB/G/03	Vehicle 21 units (19 standard pick-up & 2 standard station wagons)	785,000.00	1	NCB	Post	1S1E	Q1/ 2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods To be financed

Goods and Works								
Package Number	General Description	Estimated Value	Number of Contracts	Procurement Method	Review (Prior/Post)	Bidding Procedure	Advertisement Date (quarter/year)	Comments
								by loan LXXX
GMS/HSP/AF/NCB/G/04	Ambulances	770,000.00	1	NCB	Post	1S1E	Q2/ 2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods To be financed by grant GXXX
GMS/HSP/AF/NCB/G/5	Office Equipment for Laboratory	100,500.00	1	NCB	Post	1S1E	Q2/ 2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods To be financed by loan LXXX
GMS/HSP/AF/NCB/G/6	Furniture for Laboratory	134,250.00	1	NCB	Post	1S1E	Q2/ 2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods To be financed by loan LXXX
GMS/HSP/AF/Shopping/G/2	License software renewal (Microsoft office and Quickbook)	8,000.00	1	Shopping	Post	1S1E	Q1/2022	Prequalification of Bidders: No Domestic Preference: No Bidding Document: Goods To be financed by loan LXXX

Consulting Services								
Package Number	General Description	Estimated Value	Number of Contracts	Recruitment Method	Review (Prior/Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
ICS-3	Planning, Monitoring and IT Specialist	81,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: National Expertise: M&E and IT Comments: 30 person months; contract variation To be financed by loan LXXX
ICS-5	Laboratory Quality Improvement Specialist	54,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: National Expertise: Medical Laboratory Comments: 30 person months; contract variation To be financed by loan LXXX
ICS-6	Community Development Specialist	63,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: National Expertise: Public Health/Community Health Development Comments: 30 person months; contract variation To be financed by loan LXXX
ICS-7.1	Finance Officer-1	54,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: National Expertise: Accounting/Financial Management Comments: 30 person months; contract variation

Consulting Services								
Package Number	General Description	Estimated Value	Number of Contracts	Recruitment Method	Review (Prior/Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
								To be financed by loan LXXX
ICS-7.2	Chief Finance Officer	90,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: National Expertise: Finance Management Comments: 30 person months; contract variation To be financed by loan LXXX
ICS-9	Gender Specialist	30,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: International Expertise: Gender Comments: 12 person months; contract variation To be financed by loan LXXX
ICS-11	Procurement Specialist	60,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: National Expertise: Procurement Comments: 24 person months; contract variation To be financed by loan LXXX
ICS-13	Infection Prevention and Control Specialist	54,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: National Expertise: Infection Prevention and Control Comments: 30 person months; contract

Consulting Services								
Package Number	General Description	Estimated Value	Number of Contracts	Recruitment Method	Review (Prior/Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
								variation To be financed by loan LXXX
ICS-15	Safeguards Specialist	25,000.00	1	Single Source Selection	Post	Q4 / 2021		Assignment: International Expertise: Safeguards Comments: 10 person months; contract variation To be financed by loan LXXX
ICS-14-2	Civil Engineer-1	36,000.00	1	ICS	Prior	Q3 / 2021		Assignment: National Expertise: Civil Engineer Comments: 18 person months To be financed by loan LXXX
ICS-16	Civil Engineer-2	36,000.00	1	ICS	Prior	Q3 / 2021		Assignment: National Expertise: Civil Engineer Comments: 18 person months To be financed by loan LXXX
ICS-8-2	Procurement Specialist	78,000.00	1	ICS	Prior	Q3 / 2021		Assignment: International Expertise: Procurement Comments: 6 person months To be financed by grant GXXX
ICS-7.3	Finance Officer-2	54,000.00	1	ICS	Prior	Q3 / 2021		Assignment: National Expertise:

Consulting Services								
Package Number	General Description	Estimated Value	Number of Contracts	Recruitment Method	Review (Prior/Post)	Advertisement Date (quarter/year)	Type of Proposal	Comments
								Accounting/Financial Management Comments: 30 person months To be financed by grant GXXX
ICS-4	Health Specialist	90,000.00	1	ICS	Prior	Q4 / 2021		Assignment: National Expertise: Health Comments: 30 person months To be financed by grant GXXX

B. Indicative List of Packages Required Under the Project

The following table provides an indicative list of goods, works and consulting services contracts over the life of the project, other than those mentioned in previous sections (i.e., those expected beyond the current period).

Goods and Works							
Package Number	General Description	Estimated Value (cumulative)	Estimated Number of Contracts	Procurement Method	Review (Prior/Post)	Bidding Procedure	Comments
None							

Consulting Services							
Package Number	General Description	Estimated Value	Number of Contracts	Recruitment Method	Review (Prior/Post)	Type of Proposal	Comments
None							

C. List of Awarded and On-going, and Completed Contracts

The following tables list the awarded and on-going contracts, and completed contracts.

1. Awarded and Ongoing Contracts

Goods and Works							
Package Number	General Description	Estimated Value	Awarded Contract Value	Procurement Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Comments

Consulting Services							
Package Number	General Description	Estimated Value	Awarded Contract Value	Recruitment Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Comments

2. Completed Contracts

Goods and Works								
Package Number	General Description	Estimated Value	Awarded Contract Value	Procurement Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Date of Completion	Comments

Consulting Services								
Package Number	General Description	Estimated Value	Awarded Contract Value	Recruitment Method	Advertisement Date (quarter/year)	Date of ADB Approval of Contract Award	Date of Completion	Comments

D. National Competitive Bidding

A. Regulation and Reference Documents

40. The procedures to be followed for national competitive bidding shall be those set forth for the “National Competitive Bidding” method in the Government’s Procurement Manual issued under Sub-Decree No. 181 ANK.BK , updated version dated December 2019 with the clarifications and modifications described in the following paragraphs. These clarifications and modifications are required for compliance with the provisions of the Procurement Guidelines.

41. For the procurement of ADB financed contracts under National Competitive Bidding (NCB) procedures, the use of harmonized national bidding documents (NCB and National Shopping) developed in consultation with development partners including ADB, is mandatory except where the Government and ADB have agreed to amendments to any part of the documents. The Procurement Manual also advises users to check the ADB website from time to time for any update on ADB documents, which form the basis, among others, of the existing harmonized national bidding documents.

B. Procurement Procedures

Application

42. Contract packages subject to National Competitive Bidding procedures will be those identified as such in the project Procurement Plan. Any change to the mode of procurement of any procurement package in the Procurement Plan shall be made through updating of the Procurement Plan, and only with prior approval of ADB.

Sanctioning

43. Bidders shall not be declared ineligible or prohibited from bidding on the basis of barring procedures or sanction lists, except individuals and firms sanctioned by ADB, without prior approval of ADB.

Rejection of all Bids and Rebidding

44. The Borrower shall not reject all bids and solicit new bids without ADB's prior concurrence. Even when only one or a few bids is/are submitted, the bidding process may still be considered valid if the bid was satisfactorily advertised and prices are reasonable in comparison to market values.

Advertising

45. Bidding of NCB contracts shall be advertised on the ADB website via the posting of the Procurement Plan. Borrowers have the option of requesting ADB to post specific notices in the ADB website.

C. Bidding Documents

Use of Bidding Documents

46. The Standard National Competitive Bidding Documents provided with the Government's Procurement Manual shall be used to the extent possible both for the master bidding documents and the contract-specific bidding documents. The English language version of the procurement documents shall be submitted for ADB review and approval in accordance with agreed review procedures (post and prior review) as indicated in the Procurement Plan. The ADB-approved procurement documents will then be used as a model for all procurement financed by ADB for the project.

Bid Evaluation

47. Bidders shall not be eliminated from detailed evaluation on the basis of minor, non-substantial deviations.

48. A bidder shall not be required, as a condition for award of contract, to undertake obligations not specified in the bidding documents or otherwise to modify the bid as originally submitted.

D. Employer's Right to Accept or Reject Any or All Bids

49. The decision of the Employer to accept or reject any or all bids shall be made in a transparent manner and involve an obligation to inform of the grounds for the decision through the bid evaluation report.

E. ADB Policy Clauses

50. A provision shall be included in all NCB works and goods contracts financed by ADB requiring suppliers and contractors to permit ADB to inspect their accounts and records and other documents relating to the bid submission and the performance of the contract, and to have them audited by auditors appointed by ADB.

51. A provision shall be included in all bidding documents for NCB works and goods contracts financed by ADB stating that the Borrower shall reject a proposal for award if it determines that the bidder recommended for award has, directly or through an agent, engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the contract in question.

52. A provision shall be included in all bidding documents for NCB works and goods contracts financed by ADB stating that ADB will declare a firm or individual ineligible, either indefinitely or for a stated period, to be awarded a contract financed by ADB, if it at any time determines that the firm or individual has, directly or through an agent, engaged in corrupt, fraudulent, collusive, coercive or obstructive practices or any integrity violation in competing for, or in executing, ADB-financed contract.

D. Consultant's Terms of Reference

53. MOH will engage one international procurement specialist and thirteen national consultants through individual consultants selection, according to ADB Procurement Guidelines (2015, as amended from time to time). The consultants will provide full-time and/or intermittent, continuing support to the PMU. The minimum required qualifications and outline TORs of these consultants are in Table 16.

Table 16: Overview of Consulting Services Output Description and person months Terms of Reference

Expert	Minimum Qualifications	Person Months	TOR
Planning, Monitoring and IT Specialist	<ul style="list-style-type: none"> • Master of Science in Information Technology, Business Administration, other appropriate field; • 10 years of experience in managing digital information systems; • Experience in planning, monitoring and management information system is preferred; • Preferable previous experience in implementation of ADB/WB funded project with government agencies in Cambodia; • Fully competent in speaking and writing English and the national language; • Strong computer and analytical skills and professional integrity. 	30	<ul style="list-style-type: none"> • Prepare annual operational for the loan project and JFPR grant including assisting all implementation agencies to develop their respective annual operational plan; • Facilitate in developing and updating project monitoring guidelines for the loan and JFPR grant financed activities • Work with Project Management Unit and Provincial Team to develop and update project monitoring system including data collection tools, analytical framework, and operationalized database • Train provincial staff and other relevant staff on using of the monitoring system; • Facilitate to prepare baseline, endline and other assessments for the loan and JFPR grant project; • Consolidate and summarize key progress data for mid-term and end of project evaluation studies; • Support PMU with data analysis and reporting; • Assist Knowledge Management Focal Point at Communicable Diseases Control Department to roll out Knowledge Management activities including CDC website and project webpage; • Identify appropriate technical specifications for IT equipment and software to ensure quality of products; • Provide suggestions for improvement of ICT surveillance system (website, mobile application and other software) • Build capacity of relevant institutions in using IT equipment and software through provision of on-the-job and formal training; • Provide ICT technical support and network troubleshooting to PMU; • Preparing project reports for the loan and JFPR grant; and • Other tasks assigned by Project Director.

Expert	Minimum Qualifications	Person Months	TOR
Laboratory Quality Improvement Specialist	<ul style="list-style-type: none"> • Degree in Medical Laboratory Science, public health, or closely related discipline; • At least 10-year experience in diagnostic work and improving the quality of public laboratory services; • Experience in the preparation of specifications to purchase equipment and reagents; • Familiar with IHR/APSED obligation; legislation relating to diagnostic laboratories in the country, in particular for laboratory quality and safety; International Standards Organization (ISO) ISO 15189 and ISO 17025 guidelines for Laboratory Quality and Performance; • Previous experience in implementation of ADB/WB funded project in Cambodia is preferred; • Fully competent in speaking and writing English • Computer literate particularly on the use of Microsoft Office, Internet and Email); • Women are encourage to apply 	30	<ul style="list-style-type: none"> • Work with the Laboratory team of the Bureau of management Laboratory System, Department of Hospital Services, MoH, and National Institute Public Health Laboratory, national, provincial team and partners on laboratory services development in health security project targets areas; • Coordinate and conduct assessment and planning on quality improvement after provision of equipment and supplies; • Facilitate and conduct in-service training for quality improvement after provision of equipment and supplies; • Contribute to MoH and Partners to scale up quality assurance system; • Assist to establish laboratory quality assurance system at regional hubs; • Prepare report of laboratory improvement implementation and providing input for project progress reports (Quarterly, Annually and other Reports. If required); • Work in close collaboration with hospital service department to review necessary priorities in the national plan, policy on laboratory to prepare project laboratory implementation plan; • Assist in conducting detail assessment of an extensive range of laboratory Quality Management systems including laboratory management funds, facilities, staff, testing, operating procedures, equipment, supplies, biosafety and other guidelines in targeted health facilities; • Prepare standard national Biosafety regulation for packaging and transportation domains, especially identification of agents and toxins of concerns, import/export; • Setting up for facilities that can produce, use, and store biological agents and toxins and practices for laboratories and facilities; • Strengthen analysis of laboratory data for surveillance obtained through the CamLIS web based reports and establish a standard test range; • Prepare and develop standard list of equipment; • Guide and monitor the progress towards attaining targets for the quality systems in all the laboratories supported by the program; • Review current quality assurance system and propose increase of range of testing; • Assists to conduct assessment of requirements to establish a laboratory quality assurance system at regional laboratories and initiate audit of laboratories as feasible;

Expert	Minimum Qualifications	Person Months	TOR
			<ul style="list-style-type: none"> • Supervise distributions and utilization of laboratory equipment in target provinces, and laboratory renovation; • Work in close collaboration with environment specialist to incorporate relevant environmental requirement in the renovation, supplies equipment and hospital-based management; • Report to the Director, National Health Laboratory or equivalent of MoH, work closely with the PMU team, and laboratory focal person in the IAS (regions, province, districts), and seek guidance from in-country experts and partners; • Prepare quarterly and annual laboratory progress reports including laboratory resources and use of laboratory services.
Community Development Specialist	<ul style="list-style-type: none"> • Master of Public Health, Medical doctor, social studies or other related fields; • Ten-year experience in planning, participatory assessment, community health development in IPs populated provinces; Understanding IHR/APSED is an Essential asset; • Experience with a government agency in the country is required; • Previous experience in the implementation of ADB/WB funded project with government agencies in Cambodia is required; • Fully competent in speaking and writing English and the national language; • Strong analytical, leadership and diplomacy skills and professional integrity. 	30	<ul style="list-style-type: none"> • Assist in planning, monitoring to improve CDC services for MEV's in hotspots along economic corridors in targeted border areas and in reporting progress of implementation; • Improve the capacity of RRT and community for risk analysis and risk assessment and risk communication; • Conduct regular integrated community's male-female and indigenous peoples BCC review to measure knowledge, attitude, practice and identify BCC approaches to fit with community's male-female and indigenous peoples groups; • Monitor and report on IPP implementation progress and constraints; • Regularly consult IP's beneficiaries and other stakeholders; • Help ensure that the project is aligned with national indigenous peoples laws, policies and plans; • Closely work with ADB CARM to seek guidance from social safeguards experts to ensure requirements is met and improve IPP reporting; • Closely work with IAs and provincial implementing units in improving CDC services for MEVs in hotspots along economic corridors in targeted border areas; • Work with CDC department to supervise health staff and village health workers for CDC, community preparedness, strengthening diseases reporting and other identified priorities; • Work with CDC department to supervise RRT for risk analysis and risk assessment; • Coordinate in updating BCC and IEC materials for communities in response to diseases outbreak and health education;

Expert	Minimum Qualifications	Person Months	TOR
	<ul style="list-style-type: none"> • Able to use computer (Microsoft office, internet and email); 		<ul style="list-style-type: none"> • Regularly conduct integrated community's male-female and indigenous peoples BCC review to measure knowledge, attitude, practice and identify BCC approaches to fir community's male-female and ethic groups; • Regularly conduct consultation with EG's beneficiaries and other stakeholders as part of IPP implementation; • Coordinate and report on project specific GRM; • Prepare reports on progress of implementation of community development implementation and IPP with specific targets and activities integrated in the overall implementation plan; • Work closely with the PMU team and with IPs focal person in the IAs to ensure participation of IPs representative and communities in project implementation, and seek guidance from social safeguards experts in adb CARM; • Regularly updates checklists of monitoring of community preparedness and response to diseases outbreak; checklist for BCC review and checklist for IPs consultation; • Undertake other tasks as maybe assigned by the HSP Project Director.
Chief Finance Officer	<ul style="list-style-type: none"> • At least Bachelor's degree in accounting or finance (Master Degree in Finance or Accounting or relevant subjects preferred; • At least 10 years experience in financial management of similar donor assisted project/s; • Familiar with SOP and FMM issued by the government; • Good knowledge of the health operations and health financing in the Kingdom of Cambodia is an advantage; • Experience in development of financial management manual of a project, preferably ADB or WB; 	30	<ul style="list-style-type: none"> • Prepare project financial management manual including outline, key policy procedure and controlling system for central and provincial levels; • Set up QuickBooks accounting software to meet the project's reporting purposes; • Keep updating of the financial manual when there are changes in the project's rules, policies and procedures; • Ensure compliance with respect to financial management with legal agreement and related documents; • Supervise other financial management consultants and accounting staff and ascertaining sound and effective in place internal controls in compliance with the Project's finance manual and other manuals/guidelines; • Manage Project Funds according to the FMM(and the requirements of the MEF and ADB; • Assist in consolidating Project annual budget plan of ADB and GCF fund; • Review expenses and records to ensure transparency and eligibility in accordance with the FMM; • Ensure sound financial control, documentation and the flow of information for all Program expenditures;

Expert	Minimum Qualifications	Person Months	TOR
	<ul style="list-style-type: none"> • Strong knowledge in using QuickBooks accounting software and be able to customize QuickBooks to meeting reporting requirement of the project; • Familiar with working ethos and practices of the Royal Government of Cambodia; • Experience in carrying out training on financial management is an advantage; • Very good interpersonal communications skills; • Able to use computer (Microsoft office, internet and email); • Good interpersonal communication skills in English and Khmer; 		<ul style="list-style-type: none"> • Cross check the occurrence of activities and market prices to ensure efficiency in using Project funds; • Ensure proper authorization of expenditures which will be classified by nature of expenses and sources of funding and by categories; • Prepare withdrawal applications for submittal to ADB through MEF (using CPD, when applicable) and following-up on payments, ensuring that the empress account reconciliation is timely and properly carried out; • Manage all accounting staff and assist to develop a clear responsibility for each staff to avoid overlapping task and to ensure achievement of best performance; • Produce regular project financial reports; • Provide training to project accounting staff at all levels and conducting regular supervision visits; • Assist internal and external auditors to conduct audits by furnishing them appropriate documents, assists in identifying location of assets and facilitating communication with concerned IAs for audit purposes; and • Perform other tasks as may be assigned by the Project Director
Finance Officer (2 positions)	<ul style="list-style-type: none"> • Degree in finance, public- or business administration or related field, • preferably a Certified Public Accountant; • At least 7 years of work experience with projects funded by ADB or other international funding institutions; • Able to use computer (Microsoft office, internet and email); 	30	<ul style="list-style-type: none"> • Guide and assist the MOH, PMU in setting up accounts (ledgers, cash flow statements, balance sheet) that will facilitate the preparation of financial statements (based on international accounting standards) and in producing good quality financial statements on time for submission in the format and detail that will meet ADB standards, as necessary; • Ensure compliance of financial reports and statements with Cambodia auditing standards and requirements; • Manage project's accounts (ledgers, cash flow statements, balance sheet) and assist MOH-PMU in the preparation of financial statements (based on international accounting standards) for submission in the format and detail that will meet ADB standards; • Manage fund flows, impress/advance account, and expenditures under the project accounts; • Assist MOH-PMU in preparing replenishment requests or withdrawal applications;

Expert	Minimum Qualifications	Person Months	TOR
	<ul style="list-style-type: none"> • Good interpersonal communication skills in English and Khmer; 		<ul style="list-style-type: none"> • Assist MOH-PMU in preparing budgets for project activities, including project operation, procurement of goods, civil works, training sessions, and other procurements; • If required, improve the capacity of MOH, PMU finance staff through on-the-job and other training; • Perform other tasks as may be requested by the PMU - PM.
Procurement Specialist (International)	<ul style="list-style-type: none"> • At least 8 years of experience in projects/ programs funded by donors, including ADB; • Familiar with ADB's Procurement Rules and Regulations; • Familiar with the ADB procurement, and contract management preferred; • Knowledgeable on the procurement guidelines of the Royal Government of Cambodia particularly Operations Manual for externally funded Projects is preferred; • Working Experience in Cambodia is also preferred. 	6	<ul style="list-style-type: none"> • Report to Project Director and work closely with the PMU team, procurement agent (if applicable), the international and national laboratory and case management experts, international procurement expert, and IA focal points; seek guidance from in-country experts and partners as needed; • Assess the institutional procurement environment, and identify all procurement steps; • Provide staff orientation and training, as needed, in the COVID-19 additional financing procurement process for PMU; • Review COVID-19-related equipment and consumables to be procured under the additional financing and identify possible issues, in particular supporting logistics planning of delivery to the different provinces as required; • Prepare a detailed item-by-item procurement implementation plan; • Obtain guidance of laboratory and other experts in preparing specifications for all COVID-19-related equipment and consumables proposed under the additional financing to ensure that only quality items will be procured; • Prepare bidding documents and/or contract documents based on government and ADB standards as required; • Support the procurement committee in bid evaluation and award of contracts as required; and • Prepare regular updates on procurement and monitoring. • Prepare/update project procurement management plan and coordinate with MOH to be included or to update the MOH Annual Procurement Plan; • Prepare needed communication to ADB and other project stakeholders regarding procurement and contract management; • Participate in events where topics related to procurement are discussed and provide technical and policy guidance, and participate in follow-up supervision meetings;

Expert	Minimum Qualifications	Person Months	TOR
			<ul style="list-style-type: none"> • Revise and eventually prepare bidding documents and related project procurement documents; • Assist the MOH Procurement Unit in the scheduling of procurement activities, advertisement of invitation for bid, conduct of pre-bid conference, receiving and opening of bids and evaluation of bids; • Following contract approval, assist in ensuring effective processing and administration, including smooth information flow and safekeeping of all data and documents; • Ensure that proper coordination with different stakeholders for the timely procurement, delivery and installation of equipment for involved hospitals; • Guide the national procurement specialist in performing its tasks in accordance with the project procurement guidelines; • Perform other tasks as may be requested by the PROJECT DIRECTOR.
Gender Specialist	<ul style="list-style-type: none"> • Preferred postgraduate degree in sociology, gender studies, anthropology or other relevant discipline; • At least 5 years' experience in delivering social safeguards and gender policies/ requirements in Cambodia or Southeast Asian Countries; • Good knowledge of resettlement and indigenous peoples safeguards for urban and hospital projects in Cambodia or Southeast Asian Countries and prior work experience with ADB in the area of resettlement and indigenous peoples safeguards; • Work experience in Cambodia; 	12	<ul style="list-style-type: none"> • Provide guidance and assistance to PMU and hospitals in assessing social impacts under the project, and on measures for mitigating these impacts; • Review outputs and deliverables of the consultant and contractors and ensure that scope of work for minor works incorporate social and resettlement concerns; • Ensure that all GAP measures for the grant are fully implemented; • Provide technical inputs and guidance to ensure effective implementation of the GAP and achievement of process and empowerment results of key GAP actions; • Ensure that sex-disaggregated data and gender specific indicators included in the GAP and DMF are incorporated in the project performance and monitoring system; and that GAP implementation is incorporated in the over-all project workplans and budget; • Review agreements and contracts under the project to ensure compliance with social- and GAP requirements; and monitor compliance of partners with gender-specific provisions of the agreement; • Assist the civil engineer (construction supervisor) in monitoring of social safeguards, conduct regular field visits to support and monitor implementation of GAP, collect qualitative and quantitative data showing progress on GAP targets and include findings into reports to the EA / ADB;

Expert	Minimum Qualifications	Person Months	TOR
	<ul style="list-style-type: none"> • Able to use computer (Microsoft office, internet and email); • Good interpersonal communication skills in English and Khmer 		<ul style="list-style-type: none"> • Provide guidance for mainstreaming gender and social inclusion considerations in activities related to project implementation, management and monitoring, including assessing the gender-responsiveness of the project at mid-term and completion; • Perform other tasks as may be requested by the Project Director;
Procurement Specialist	<ul style="list-style-type: none"> • Degree in engineering, finance, public- or business administration; management, or related field • At least 8 years work experience on procurement of goods, works and services in MOH or other ministries in Cambodia; • Familiarity with ADB procurement regulations; • Familiar with the Cambodia's Procurement Operations Manual for Externally Financed Projects; • Able to use computer (Microsoft office, internet and email); • Good interpersonal communication skills in English and Khmer; 	24	<ul style="list-style-type: none"> • Work with international procurement specialist to support in the preparation of project procurement manual, procurement tracking plan and project procurement activities; • In coordination with international procurement specialist ensure that all procurement activities are carried out in accordance with the project procurement manual/guidelines; • Provide procurement orientation and training to project staff; • Assist other experts in the preparation of specifications of equipment and consumables to be purchased by the project; • BEC/BAC meetings and conferences; • Prepare minutes of meetings and resolutions of the BEC/BAC; • Take custody of procurement documents and other records and ensure that all procurements undertaken by the MOH-HSP PMU for the project are properly documented; • Manage the sale and distribution of bidding documents to interested bidders; • Coordinate with the MOH-HSP PMU in the scheduling of project procurement activities; • Coordinate and facilitate the receipt and opening of bids and scheduling of BEC/BAC meetings; • Assist in the evaluation of bids; • Manage the issuance of notice of awards; • Monitor the procurement timelines and delivery of goods and services in accordance with the project approved procurement plan and project implementation plan; • Update the procurement plan as necessary; • Participate in addressing project's procurement issues and concerns, if any;

Expert	Minimum Qualifications	Person Months	TOR
			<ul style="list-style-type: none"> Assist the internal and external audit team in the conduct of project audit by providing appropriate documents and facilitate coordination with the concerned units as may be required by the auditing team/unit; Undertake other tasks as may be assigned by the Project Director.
Infection Prevention and Control Specialist	<ul style="list-style-type: none"> Degree in Pharmacy, Medicine, Nursing, Public Health or closely related discipline; 5-year work experience in implementing IPC program; Familiar with IHR/APSED obligation' legislation relating to diagnostic laboratories in the country in particular for laboratory quality and safety; Familiar with working ethos and practices of the Royal Government of Cambodia; A self-starter with proactive approach to the task at hand, but with a genuine desire and willingness to learn and work in a project team; Able to use computer (Microsoft office, internet and email); Good interpersonal communication skills in English and Khmer; Knowledgeable on Gender and Cambodian indigenous peoples' culture, languages and issues. 	30	<ul style="list-style-type: none"> Work with DHS IPC Working Group and IPC Focal person in implementing the national IPC Guidelines for Healthcare facilities, in collaboration with other health partners, e. g. WHO, H-EQIP, Global Fund, GIZ, etc; Support the Department of Hospital services in assessing the IPC gaps in remaining 26 hospital; Assist the DHS to establish the list of procurement packages, focus on laundry system, sterilization and waste management; Follow up the procurement and functioning of equipment and materials to outstanding involved hospitals; Assists and coordinate with the DHS in providing the cascade training at provincial level by the rated ToT; Assist the DHS in roll out IPC, with due attention on Healthcare Associated-Infection or Nosocomial Infection Surveillance; Advice and support a routine M&E system; Work closely with national and international IPC experts, PMU team and MOH focal person on implementation of IPC National Plan, following the IHR, reflecting the AFSED strategy within the project life; Work with DHS and other health partners in preparing action plan in implementing National Strategic Plan for infection Prevention and Control in all concerned health facilities related to the scope of ADB Health Security supports; Assist IPC central focal person to conduct regular meeting and in following-up recommendations/actions. Play as a secretary for the meeting if required by the central focal person; Assist DHS team in updating IPC policy and other guidelines to be developed by MoH; Assist in the inspection of IPC including waste management of target hospitals; Facilitate in the preparation of detailed project implementation plan for IPC in all target hospitals;

Expert	Minimum Qualifications	Person Months	TOR
			<ul style="list-style-type: none"> • Assist DHS in the supervision of distributions and utilizations of materials to all target hospitals; • Assist DHS in designing of healthcare associated-infection surveillance system including case management of highly infectious diseases of selected hospitals (Center of Excellence); • Assist in developing a monitoring system in the implementation and in analyzing collected data and enable linkages with laboratories for testing of drug resistance as necessary; • Participate in the preparation of quarterly and annual reports including reports on institutional and community project activities and developments; • Undertake other tasks as maybe assigned by the project director.
Civil Engineer (2 positions)	<ul style="list-style-type: none"> • Licensed Civil Engineer or its equivalent in Cambodia • At least 10 years work experience in the design and construction supervision of building projects (residential, hospitals); • Familiar with the health facility standards from design, estimates and implementation; • Familiar with MOH standards on civil works component on health facilities; • Knowledgeable on the preparation of detailed engineering design of building projects that includes but not limited to structural, architectural, electrical, mechanical, sanitary and estimates; 	18	<p><u>Assessment of hospitals and preparation of detailed engineering design (DED):</u></p> <ul style="list-style-type: none"> • In coordination with the MOH Engineering Unit and with the authorization of the PM and PD coordinate with the MOH Provincial Offices and assess the physical condition of the involved hospitals to determine the necessary repair works to accommodate the project proposed additional equipment and improve services for the Laboratories and ICUs; • Secure copies of building plans (if available) or prepare drawings/sketches of the plans; • Assess the structural integrity of the building; • Identify necessary architectural improvement from roofing, ceiling, walls/partitions, flooring, cabinets in the laboratories and ICUs of the involved hospitals; • Determine electrical load capacity based and the hospital's electrical loading requirements; • Determine capacity and conditions of hospitals' existing generator set/s; • Determine capacity of water supply and hospital's water supply requirements. Include capacity and status of existing water tank; • Assess hospitals' waste collection and disposal system both liquid and solid wastes; • Prepare and submit assessment report to include findings on the above items;

Expert	Minimum Qualifications	Person Months	TOR
	<ul style="list-style-type: none"> • Able to use computer (Microsoft office, internet and email); • Good interpersonal communication skills in English and Khmer; 		<ul style="list-style-type: none"> • Prepare detailed engineering design to include but not limited to necessary scope of work, bill of quantities, drawings (with the direct assistance of draftsman), materials specifications and of estimated cost; • Ensure that the DED is consistent with the submitted assessment report and with the national building codes of Cambodia and MOH standards for health facilities; • Assist the procurement officer in the packaging of civil works as well as in the preparation of bidding documents; • Perform other tasks that the PD and PM may require. <p><u>Construction Supervision:</u></p> <ul style="list-style-type: none"> • In coordination with the PD, PM and other stakeholders supervise and monitor the activities of the concerned contractor/s; • Coordinate with the concerned chief of hospitals prior and during contract implementation to ensure the normal hospitals' medical activities will not be affected by the project activities; • Ensure that the contractor has mobilized required key experts/workers, approved materials and equipment that are consistent with the scheduled construction activities; • Monitor and supervise the repair works and ensure that the suppliers and contractors are undertaking their respective tasks in accordance with the approved contracts and standards; • Take responsibility in construction supervision of repair works, installation of generator set, water tank, oxygen plant, waste collection and disposal facilities; • Prepare and submit weekly and monthly reports; • Review and recommend appropriate action for the PM in the review of submitted requests for billings, variation orders and other related documentation; • Ensure that the contractor is adhering with the environmental, social and resettlement management plans, occupational health and safety requirements and gender action plan, in coordination with the safeguards specialists; • Ensure that the religious and cultural requirements in the area are being respected; • Participate in the project meetings and provide appropriate guidance and recommendation on the civil works component, as need arises;

Expert	Minimum Qualifications	Person Months	TOR
			<ul style="list-style-type: none"> Assists in review and certification of accomplishments and project completion; Perform other tasks as may be requested by the MOH-PMU Project Director (PM).
Safeguards Specialist	<ul style="list-style-type: none"> Preferred postgraduate degree in environmental science, environmental engineering, urban planning or equivalent. 7 years' experience in preparing or monitoring the implementation of environmental safeguards of donor-funded projects. Familiar with working ethos and practices of the Royal Government of Cambodia and ADB Safeguard Policy Statement requirements; Experience with hospital facilities in Southeast Asia; Experience with related projects financed by multilateral development agencies is preferred. Able to use computer (Microsoft office, internet and email); Good interpersonal communication skills in English and Khmer; 	10	<ul style="list-style-type: none"> Provide guidance and assistance to MOH and the PMU in assessing environmental impacts under the project, and on measures for mitigating these impacts. Review outputs and deliverables of the consultant and contractors on incorporation of environmental impacts; Ensure incorporation of climate change impacts on the project (areas) and on proposed investments Provide environment related inputs to the reports to ADB and MOH, following the requirements of ADB's Safeguard Policy Statement (2009), the general water, sanitation, waste management facilities, and other relevant Environment, Health and Safety guidelines; Assist PMU to carry out meaningful consultations with affected people and facilitate their informed participation regarding environmental aspects of the project; Support the PMU in expanding the scope of the project GRM to the new participating hospitals; Ensure provision of information to affected people regarding project components, potential environmental impacts during various project phases, and proposed mitigation measures. This includes women's participation in consultation and stakeholder involvement, including affected people and concerned non-government organizations; Assist the construction supervisor in monitoring of environmental safeguards including community health and safety (including COVID-19 risk management at construction sites), conduct regular field visits to support and monitor implementation of the EMP, collect data on progress on EMP targets. Assist the PMU in preparing periodic environment safeguards monitoring reports in a format acceptable to ADB. Perform other tasks as may be requested by the MOH-Project Director.

Expert	Minimum Qualifications	Person Months	TOR
Health Specialist	<ul style="list-style-type: none"> Degree in Public Health, Medicine, or Biomedical Engineering, preferably at Masters Level 10 years experience working with the public hospital system in Cambodia Experience with related projects financed by multilateral development agencies is preferred. Able to use computer (Microsoft office, internet and email); Good interpersonal communication skills in English and Khmer; 	30	<ul style="list-style-type: none"> Technical monitoring and implementation management of grant financed activities Support the National Institute of Public Health in the assessments for oxygen therapy and clinical care equipment Support the EA in developing technical specifications for oxygen and clinical care equipment to be provided to provincial hospitals. In collaboration with the Hospital Services Department, develop trainings for hospital staff on clinical management of COVID-19 patients and the provision of oxygen therapy In collaboration with relevant MOH departments and target hospitals, develop trainings for hospital staff on responding to gender based violence and providing psych-social support to patients and health staff impacted by COVID-19. Support the delivery of trainings through face-to-face and online modalities Inputs to all reports covering JFPR financed activities under the project Perform other tasks as may be requested by the MOH-Project Director.

ADB = Asian Development Bank, APSED = Asia Pacific Strategy for Emerging Diseases, BAC = bid and awards committee, BCC = behavior change communication, BMLS = Bureau of management Laboratory System, CDC = communicable disease control, CPD = Client Portal for Disbursements, DED = engineering detailed design, DHS = Department of Hospital Services, DMF = design and monitoring framework, FMM = Financial Management Manual, GAP = gender action plan, GCF = Green Climate Fund, GIZ = The Deutsche Gesellschaft für Internationale, GRM = Grievance Redress Mechanism, H-EQIP = Health Equity and Quality Improvement Project, HSP = Health Security Project, IA = implementing agency, IEC = , IHR = international health regulation, IP = indigenous persons, IPC = prevention and control, IPP = Indigenous Peoples Plan, JFPR = Japan fund for Poverty Reduction, M&E = Monitoring and Evaluation, MEA = , MEV = mobile populations, ethnic minorities, and other vulnerable groups, MOH = Ministry of Health, NIP/Lab = National institute public health laboratory, PAM = Project Administration Manual, PD = project director, PM = project Manager, PMU = Project Management Unit, PPMU = provincial project management unit, RRT = rapid response team, SOP = standard operation procedure, ToT = training of trainer, WB = The World Bank, WHO = World Health Organization

VII. SAFEGUARDS

54. **Environment (category B).** Project output 3 includes minor renovation works for laboratories within existing hospital compounds. Project output 4 includes installation of oxygen plants. Such works could potentially cause temporary and localized adverse environmental impacts and pose minor risks to occupational and community health and safety. These impacts and risks will be highly localized and limited to a short period, and can readily be mitigated to acceptable levels through implementation of standard environmental management practices. The project will also support the provision of modern medical waste treatment equipment in 42 referral hospitals where capacity gaps have been identified.¹² The initial environment examination and the environment management plan (EMP) prepared for the original project were updated to reflect the expanded project scope. The original project remains category B for environment. The PMU, with the support of national consultants (IPC specialist, safeguards specialist and civil engineer), will continue coordinating EMP implementation, including safeguards monitoring and reporting to ADB and project affected people.

55. **Involuntary resettlement (category C).** No land acquisition and resettlement impacts are envisaged. A social due diligence has been conducted based on the information collected from 81 hospitals to confirm that there are no impacts on land acquisition and involuntary resettlement and will not cause any IR impacts during the implementation. The project activities under the additional financing will not involve any major new construction works or activities that require additional land acquisition or will cause any displacement. The project will undertake minor renovation work for laboratories in 62 hospitals, provision waste management systems in 42 hospitals, and install oxygen plants in 14 hospitals. However, all these activities will be undertaken within the existing boundary of provincial or district referral hospitals that belongs to the government. Therefore, there will be no impact on land acquisition and involuntary resettlement.

56. **Indigenous peoples (category B).** The project is categorized as “B” for indigenous peoples for positive impacts and an Indigenous Peoples Plan (IPP) has been prepared for the project to optimize the project benefits for indigenous peoples. The project will cover 81 hospitals across various parts of the country of which some hospitals fall within the provinces having the presence of indigenous peoples. These provinces are Kampong Speu, Kampong Thom, Koh Kong, Mondul Kiri, Preah Vihear, Pursa, Ratanakiri, Siemreap, Preah Sihanouk, and Oddar Meanchey. IP residents have been reported in the coverage areas of the 10 hospitals among these 81 hospitals and the proportion of this IP population consists for 3.9 % of the total population coverage under these 10 hospitals. There are diverse indigenous peoples such as Souys, Kouy, Chornk, Phnong, Kouy, Por and Cha Ray/Tom Pun residing within the project area especially in these ten provinces. Indigenous peoples exist in such areas maintain their own distinct language and socio-cultural practices; however, they do assimilate with mainstream population. The project will bring positive benefits to indigenous peoples in project areas, specifically with respect to health care.

57. The project’s IPP will maximize the anticipated benefits for indigenous peoples. The MOH will ensure full implementation of the IPP. Due to COVID-19 related constraints, consultations were not undertaken. This will be done during project implementation and the results of the consultation meetings will be clearly summarized and added in the social safeguard monitoring reports. MOH has already an existing PMU for the original project which shall further be expanded

¹² Upon project completion, all referral hospitals in Cambodia will be equipped with modern, non-incineration based medical waste treatment facilities. New facilities will replace rudimentary on-site incinerators currently used in most targeted referral hospitals.

with adequate designated staff for social safeguards for the implementation of IPP. The IPP will be disclosed to ADB's website and the information will be disseminated to indigenous peoples community during implementation. The IP community consultation will happen before IPP plan implementation as meaningful consultation was hampered due to COVID19 restrictions. The scope of the grievance redress mechanism established for the original project will be expanded to the additional financing. The MOH will report project-related complaints to ADB through quarterly progress reports and the annual safeguards monitoring reports.

58. Prohibited investment activities. Pursuant to ADB's Safeguard Policy Statement (2009), ADB funds may not be applied to the activities described on the ADB Prohibited Investment Activities List set forth at Appendix 5 of the Safeguard Policy Statement (2009).

VIII. GENDER AND SOCIAL DIMENSIONS

59. Gender and social dimensions monitoring. The revised Gender Action Plan (GAP) below is based on the latest approved GAP. It strikes out content for deletion and underlines content to be added. GAP implementation will be monitored using the updated indicators in the revised GAP.

REVISED GENDER ACTION PLAN

Output	Proposed Actions/Targets
Output 1. Regional cooperation and communicable diseases control in border areas improved.	Participation of women in regional events account for at least 40% of participants in all four countries from 25% to date (RCU baseline and annual reports).
	At least 80% CDC workshops include at least one topic or session on gender-related issues (event reports).
	Outreach materials and the means of outreach will be developed based on detailed consultations with women and men in communities. Where available, community groups (such as women's union and other mass organizations) will be utilized as a channel of outreach. For Myanmar: Outreach guidelines and the means of outreach will be developed based on detailed consultations with women and men in communities. Where available, community groups (such as women's union and other mass organizations) will be utilized as a channel of outreach.
	Regularly review how the outreach activities change the behavior and practice of community men and women. For the Lao PDR: Review how the outreach activities change the behavior and practice of community men and women's attitudes and practices towards communicable diseases at baseline, midterm and end-line assessment by KAP survey tools. ^a
Output 2. National disease surveillance and outbreak response systems strengthened.	By December 2021, 213 districts / townships (Cambodia: 28; Lao PDR: 50; Myanmar: 10; Viet Nam: 125) send sex-disaggregated electronic report on communicable diseases as per national regulations (baseline 2015 = 109).
	At least 40% of participants in field epidemiology training are female, from less than 30% at present (PMU report). For Viet Nam: At least 30% of participants in field epidemiology training are female from less than 20% at design (PMU report).
	50% of the participants to the training for outbreak response teams are female (training reports). For Cambodia: All (100%) female rapid response team staff participate in the trainings for outbreak responses.
	Each outbreak response team has at least one female staff member, from less than 50% at present (districts report).
	80% of the outbreak response reports include <u>sex-disaggregated</u> data.

Output	Proposed Actions/Targets
	<p>For Cambodia additional financing: At least 80% female rapid response team staff participate in the trainings for COVID-19 outbreak responses (Baseline: 0; Q2 2021).</p> <p>For Cambodia additional financing: At least 80% female rapid response team staff that participate in COVID-19 trainings demonstrate improved knowledge on COVID-19 outbreak response practices on pre- post- training tests (Baseline: 0; Q2 2021).</p> <p>For Cambodia additional financing: >90% of provincial level rapid response teams in 11 new project provinces^b have at least one female staff (Baseline: TBD; Q2 2021).^c</p> <p>For Cambodia additional financing: 35% of the participants^d in the training for risk communication on COVID-19 are female (Baseline: 0; Q2 2021).</p> <p>For Cambodia additional financing: Electronic reporting system for COVID-19, with case data disaggregated by sex, established and in routine use by 24 provinces and 1 municipality as per national regulations (Baseline: NA; Q2 2021) (DMF 2c).</p>
Output 3. Laboratory services and hospital infection prevention and control improved.	<p>Laboratory staff training conducted, as informed by needs assessments and take into consideration the knowledge gaps in gender topics.</p> <p>At least 2 staff members (one of them female) per targeted laboratory trained in national laboratory biosafety standards and practice.</p> <p>50% of the participants to the laboratory quality assurance training are female (training reports).</p> <p>50% of the participants of hospital infection prevention and control training are female (training reports).</p> <p>Regularly review (using key informant interviews) the impact of outreach activities on the men's and women's attitudes and practices towards communicable diseases.</p> <p>For the Lao PDR: Review how the outreach activities change the behavior and practice of community men and women's attitudes and practices towards communicable diseases at baseline, midterm and end-line assessment by KAP survey tools (footnote a)</p> <p>For Viet Nam: Conduct a combined review for actions 2 and 4 at midterm and end-line.</p> <p>The infection prevention and control guidelines developed in the district hospitals include gender specific elements.</p> <p>For the Lao PDR: The infection prevention and control guidelines developed by central level and implemented at district hospitals include gender-specific elements.</p> <p>For Myanmar: The infection prevention and control guidelines are reviewed to include gender specific elements and implemented in the district hospitals.</p> <p>For Cambodia additional financing: 50% of the participants in the laboratory quality assurance training are female^e (Baseline: 0, Q2 2020).</p> <p>For Cambodia additional financing: At least 80% female laboratory staff that participate in laboratory quality assurance training demonstrate improved knowledge on laboratory quality assurance practices on pre- post- training tests (Baseline: 0; Q2 2021).</p> <p>For Cambodia additional financing: At least 2 staff members (at minimum one of them female) in at least 50 target laboratories^f trained in national laboratory biosafety standards and practice (Baseline: 0; Q2 2021) (DMF 3e).</p>
Output 4. Emergency preparedness and response capacity for COVID-19 strengthened (Myanmar additional financing, Lao PDR additional financing,	<p>For the Lao PDR additional financing: At least 80% of all provincial hospital health workers (at least 60% of which are female) receive fit-size personal protective equipment.</p> <p>For the Lao PDR additional financing: Sex-disaggregated data on COVID-19 are collected routinely</p> <p>For the Lao PDR additional financing: COVID-19 risk communication guidelines include messages targeted at pregnant women who are exposed to additional risks.</p> <p>For Myanmar additional financing: By Q3 2021, 31 district and township hospitals have facilities that ensure the privacy of female and male patients and staff (Baseline: 0, Q2 2020)^g (DMF 4e)</p> <p>For Myanmar additional financing: By Q1 2022, at least 80% of doctors and nurses ^{e,h} in each of the 31 district and township hospitals have improved knowledge on clinical management and IPC for COVID-19, including the prevention of hospital-acquired</p>

Output	Proposed Actions/Targets
Cambodia additional financing)	infection amongst pregnant women and children (Baseline: not applicable, Q2 2020) (DMF 4f).
	For Myanmar additional financing: By Q2 2022, at least 75% of healthcare workers in 31 district and township hospitals have increased knowledge on how to respond to persons affected by GBV with appropriate support and referral options (Baseline: not applicable, Q2 2020). (DMF 4g).
	For Myanmar additional financing: Provide training on, and monitor the implementation of, the national guidelines and protocols for prevention of hospital-acquired infection amongst pregnant women and children, to at least 75% of healthcare workers in 31 district/township hospitals.
	For Myanmar additional financing: Engage the Township Committees for Women in 31 target hospitals in the development and delivery of a <i>Community-based campaign on prevention of GBV in times of uncertainty</i> ⁱ .
	Myanmar additional financing: Develop and disseminate IEC materials on domestic and GBV detection, response and referral pathways to 75% of healthcare workers in the 31 hospitals. ^{d i}
	For Myanmar additional financing: Develop and disseminate IEC materials on psycho-social support and available resources during times of crisis to healthcare workers, patients and their families/caregivers in the 31 hospitals.
	For the Myanmar additional financing: Sex-disaggregated data on COVID-19 are collected routinely
	For Cambodia additional financing: Evidence-based assessment on specific gender needs of frontline female health care workers during pandemic completed and disseminated to MOH policy makers, hospital administrators, and development partners. (Baseline: 0; Q2 2021).
	For Cambodia: At least 50% of front-line health care workers in 14 provincial hospitals have increased knowledge on support and referral measures for survivors of GBV, (Baseline: 0; Q2 2021) (DMF 4j).
	For Cambodia additional financing: Fourteen provincial hospitals have printed IEC materials on mental health and psycho-social support visibly displayed onsite in areas accessible to healthcare workers, patients, and families (Baseline: 0, Q2 2021).
Overall project management	Gender and resettlement consultants to review existing data (including those from the PPTA) ^{e j} and conduct a rapid gender analysis to refine and include country-specific actions, on top of the regional GAP.
	Consultants to provide all PMU and PIA staff with gender sensitization and GAP orientation sessions.
	All project quarterly reports adequately report on GAP implementation
	For Myanmar additional financing: A Gender Specialist will support and monitor the implementation of all proposed gender actions under Output 4.
	For Cambodia additional financing: A Gender Specialist will support and monitor the implementation of all proposed gender actions under Output 4.

CDC = communicable diseases control, COVID-19 = coronavirus disease, DMF = design and monitoring framework, GAP = gender action plan, GBV = gender based violence, IEC = information, education, and communication, IPC = infection, prevention and control, KAP = knowledge, attitude and practices, Lao PDR = Lao People's Democratic Republic, MOH = Ministry of Health, PIA = project implementing agency, PMU = project management unit, PPTA = project preparatory technical assistance, Q = quarter, RCU = regional coordinating unit.

^a Merge activities for the Lao PDR.

^b ~~Isolation wards have, at minimum, appropriate sectioning between beds and separate female and male hygiene facilities. Staff have separate female and male change rooms and hygiene facilities.~~

^c ~~65% of healthcare workers in Myanmar are women.~~

^d ~~Aligned with the Prevention of Violence Against Women Law.~~

^e ~~ADB. Technical Assistance: Greater Mekong Subregion Health Security Project.~~

^b The 11 new provinces under the additional financing project.

^c To be determined in Q1 2022.

^d Participants may include rapid response team staff, and other health and non-health staff (local authorities). It is estimated that 24% of the target populations for the training are female.

^e As of Q2 2021, 422 staff, of which 163 were female, worked in the laboratories in the 81 provincial and district hospitals to be supported under the additional financing project.

^f Of the 81 targeted laboratories, 68 have female staff members.

^g Isolation wards have, at minimum, appropriate sectioning between beds and separate female and male hygiene facilities. Staff have separate female and male change rooms and hygiene facilities.

^h 65% of healthcare workers in Myanmar are women.

ⁱ Aligned with the Prevention of Violence Against Women Law.

^j ADB. [Greater Mekong Subregion Health Security Project: Project Preparatory Technical Assistance](#).

Source: Ministries of Health of Cambodia, the Lao PDR, Myanmar, and Viet Nam.

IX. PERFORMANCE MONITORING, EVALUATION, REPORTING, AND COMMUNICATION

A. Project Design and Monitoring Framework

60. Below is based on the latest approved design and monitoring framework. It strikes out content for deletion and underlines content to be added.

REVISED DESIGN AND MONITORING FRAMEWORK

Impact the project is aligned with GMS public health security strengthened ^a																											
Results Chain	Performance Indicators	Data Sources and Reporting Mechanisms	Risks																								
Outcome GMS health system performance with regard to health security improved	By 2023: a. Compliance with the 8 APSED focus areas increased	a. WHO APSED report and country APSED reports	Governments do not provide financial and administrative support to the health services																								
	<table><tr><th>Country</th><th>Baseline^b</th><th>2023</th></tr><tr><td>Cambodia</td><td>3 of 8 areas</td><td>6 of 8 areas</td></tr><tr><td>Lao PDR</td><td>3 of 8 areas</td><td>6 of 8 areas</td></tr><tr><td>Myanmar</td><td>3 of 8 areas</td><td>6 of 8 areas</td></tr><tr><td>Viet Nam</td><td>6 of 8 areas</td><td>7 of 8 areas</td></tr></table>	Country	Baseline ^b	2023	Cambodia	3 of 8 areas	6 of 8 areas	Lao PDR	3 of 8 areas	6 of 8 areas	Myanmar	3 of 8 areas	6 of 8 areas	Viet Nam	6 of 8 areas	7 of 8 areas											
	Country	Baseline ^b	2023																								
	Cambodia	3 of 8 areas	6 of 8 areas																								
	Lao PDR	3 of 8 areas	6 of 8 areas																								
Myanmar	3 of 8 areas	6 of 8 areas																									
Viet Nam	6 of 8 areas	7 of 8 areas																									
b. 194 of the 381 targeted district and/or township hospitals comply with national IPC criteria ^c	b. and d. Cambodia, Lao PDR, Myanmar: IPC training and activity reports		Political and economic instability create conditions leading to higher incidence of outbreaks																								
<table><tr><th>Country</th><th>Target^d</th><th>Baseline^b</th><th>2023</th></tr><tr><td>Cambodia</td><td>42</td><td>12</td><td>26</td></tr><tr><td>Lao PDR</td><td>82</td><td>16</td><td>35</td></tr><tr><td>Myanmar</td><td>12</td><td>5</td><td>8</td></tr><tr><td>Viet Nam</td><td>245</td><td>50</td><td>125</td></tr><tr><td>Total</td><td>381</td><td>83</td><td>194</td></tr></table>	Country	Target ^d	Baseline ^b	2023	Cambodia	42	12	26	Lao PDR	82	16	35	Myanmar	12	5	8	Viet Nam	245	50	125	Total	381	83	194	Viet Nam: Annual district hospital assessment reports against the National Standards on Hospital Quality (Decision No. 6858/QD-BYT dated 18/11/2016)		
Country	Target ^d	Baseline ^b	2023																								
Cambodia	42	12	26																								
Lao PDR	82	16	35																								
Myanmar	12	5	8																								
Viet Nam	245	50	125																								
Total	381	83	194																								
	c. 271 of the 381 targeted district and/or township laboratories achieve quality and biosafety standards ^e	c. and e. Cambodia, Lao PDR, Myanmar: Laboratory quality and laboratory biosafety																									

Results Chain	Performance Indicators	Data Sources and Reporting Mechanisms	Risks																								
	<table> <tr> <th>Country</th><th>Target^d</th><th>Baseline^b</th><th>2023</th></tr> <tr> <td>Cambodia</td><td>42</td><td>16</td><td>28</td></tr> <tr> <td>Lao PDR</td><td>82</td><td>12</td><td>35</td></tr> <tr> <td>Myanmar</td><td>12</td><td>3</td><td>8</td></tr> <tr> <td>Viet Nam</td><td>245</td><td>75</td><td>200</td></tr> <tr> <td>Total</td><td>381</td><td>106</td><td>271</td></tr> </table> <p>Cambodia By 2024:</p> <p>d. An additional 20 provincial and district hospitals comply with national IPC criteria^{c, s}</p> <p>e. An additional 30 laboratories in provincial and district hospitals achieve national quality and biosafety standards</p>	Country	Target ^d	Baseline ^b	2023	Cambodia	42	16	28	Lao PDR	82	12	35	Myanmar	12	3	8	Viet Nam	245	75	200	Total	381	106	271	<p>training and assessment reports</p> <p>Viet Nam: Annual district hospital assessment reports against the National Standards on Hospital Quality (Decision No. 6858/QD-BYT dated 18/11/2016)</p>	
Country	Target ^d	Baseline ^b	2023																								
Cambodia	42	16	28																								
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Myanmar	12	3	8																								
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Total	381	106	271																								
Outputs 1. Regional cooperation and CDC in border areas improved	<p>1a. By 2020, Cambodia, the Lao PDR, Myanmar, and Viet Nam apply harmonized standard case definitions, and reporting procedures for notifiable communicable diseases (baseline: NA), including disaggregation by sex and age</p> <p>1b. By 2021, all border provinces,^a states, or regions targeted by the project conduct two cross-border activities per year</p>	<p>1a. WHO standard case definition for infectious diseases^f and International Health Regulations Annex 2 for standard reporting procedure for 7 priority notifiable diseases in the GMS</p> <p>1b. Provincial, state, or regional reports</p>	<p>Provinces do not provide supplies and recurrent budget and staff to conduct the activities</p> <p>Ministries do not allocate budget for staff and resources to implement regional cooperation</p>																								
2. National disease surveillance and outbreak response systems strengthened	<p>2a. By 2021, 213 districts and/or townships send sex-disaggregated electronic report on communicable diseases as per national regulations</p> <table> <tr> <th>Country</th><th>Target^d</th><th>Baseline^b</th><th>2021</th></tr> <tr> <td>Cambodia</td><td>42</td><td>20</td><td>28</td></tr> <tr> <td>Lao PDR</td><td>82</td><td>37</td><td>50</td></tr> <tr> <td>Myanmar</td><td>12</td><td>2</td><td>10</td></tr> <tr> <td>Viet Nam</td><td>245</td><td>50</td><td>125</td></tr> <tr> <td>Total</td><td>381</td><td>109</td><td>213</td></tr> </table> <p>2b. By 2021, 80% of major outbreak response reports indicate appropriate measure conducted (2015 baseline estimate: 60%)^h</p> <p>Cambodia 2c. By 2023, electronic reporting system for COVID-19, with case data disaggregated by sex, established and in routine use in 24 provinces and Phnom</p>	Country	Target ^d	Baseline ^b	2021	Cambodia	42	20	28	Lao PDR	82	37	50	Myanmar	12	2	10	Viet Nam	245	50	125	Total	381	109	213	<p>2a. District and/or township disease surveillance electronic reports</p> <p>2b. Annual provincial and/or township reports</p> <p>2c. MOH monthly summary reports</p>	<p>The large number of implementing agencies may pose a significant challenge during project implementation</p> <p>COVID-19 outbreak causes disruptions to project implementation</p>
Country	Target ^d	Baseline ^b	2021																								
Cambodia	42	20	28																								
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Total	381	109	213																								

Results Chain	Performance Indicators	Data Sources and Reporting Mechanisms	Risks
	<u>Penh municipality as per national regulations (Baseline: NA; Q2 2021)^s</u>		
3. Laboratory services and hospital IPC improved	<p>3a. By 2021, all targeted laboratories have been audited at least once for quality and biosafety</p> <p>3b. By 2022, 80% of targeted districts and/or townships have developed SOPs for collection, packaging, and transport of biological samples</p> <p>3c. By 2022, at least 2 staff members (one of them female) per targeted laboratory trained in national laboratory biosafety standards and practice.</p> <p>Cambodia <u>3d. By 2023, at least 50 target laboratories^{t,u} have been audited once for quality and biosafety (Baseline: 0; Q2 2021)</u></p> <p><u>3e. By 2023, 2 staff members (at minimum one of them female) in at least 50 target laboratories^{u,v} trained in national laboratory biosafety standards and practice (Baseline: 0; Q2 2021)</u></p>	<p>3a. and 3d. Laboratory audit reports</p> <p>3b. District and/or township reports</p> <p>3c. and 3e. Laboratory biosafety training and assessment reports</p>	
3. Emergency preparedness and response capacity for COVID-19 strengthened	<p>Lao PDR 4a. By Q4 2020, at least 80% of all provincial hospital health workers (at least 60% of whom are female) in the Lao PDR report having consistent adequate supply of PPE to manage incoming COVID-19 patients (Baseline: 0%, Q2 2020)</p> <p>4b. By Q1 2021, the capacity for COVID-19 confirmation tests in Luang Prabang, Savannakhet, and Champasak, the Lao PDR, scaled up to 150 tests per day (Baseline: 0 tests per day, Q2 2020)</p> <p>4c. By Q4 2021, COVID-19 clinical guidelines and protocols, with gender-sensitive risk communications guidelines, are in place and utilized in provincial and district hospitals in the Lao PDR (Baseline: NA)</p> <p>Myanmar 4d. By Q4 2021, 31 district and township hospitals have isolation capacity^l for</p>	<p>4a.–4c. Project quarterly reports</p> <p>4d.–4e. Health facility assessment checklist^r</p>	Market conditions and restrictions on cargo transportation delay the delivery of goods

Results Chain	Performance Indicators	Data Sources and Reporting Mechanisms	Risks
	<p>COVID-19 patients (Baseline: 0, Q2 2020)^{m, n, o}</p> <p>4e. By Q3 2021, 31 district and township hospitals have facilities that ensure the privacy of female and male patients and staff^p (Baseline: 0, Q2 2020)</p> <p>4f. By Q1 2022, at least 80% of doctors and nurses^q in each of the 31 district and township hospitals have improved knowledge on clinical management and IPC for COVID-19, including the prevention of hospital-acquired infection among pregnant women and children (Baseline: NA, Q2 2020)</p> <p>4g. By Q2 2022, at least 75% of health care workers in 31 district and township hospitals have increased knowledge on how to respond to persons affected by GBV, with appropriate support and referral options (Baseline: NA, Q2 2020)</p> <p>Cambodia</p> <p>4h. By Q3 2023, at least 50% of ICU doctors and nurses in 14 provincial hospitals have improved knowledge on clinical management of COVID-19 (Baseline: 0, Q2 2021)</p> <p>4i. By Q3 2023, 14 provincial hospitals meet their oxygen-supply requirement through on-site oxygen plants (Baseline: 0, Q2 2021)^w</p> <p>4j. By 2023, at least 50% of frontline health care workers in 14 provincial hospitals have increased knowledge on support and referral measures for survivors of GBV (Baseline: 0; Q2 2021)^x</p>	<p>4f. Pre- and post-training assessments for all project trainings</p> <p>4g. KAP survey for health care workers</p> <p>4h. Pre- and post-training assessments</p> <p>4i. Endline facility assessment tool in the 14 target hospitals</p> <p>4j. Pre- and post-training assessments</p>	
Key Activities with Milestones <ol style="list-style-type: none"> Regional cooperation and CDC in border areas improved <ol style="list-style-type: none"> Organize annual national and regional steering committee meetings and workshops for project review and guidance from Q4 2017 to Q4 2021 Conduct annual technical forums and draw up a country operation plan on GMS CDC priorities from Q4 2017 to Q4 2021 Conduct annual regional, cross-border, and intersectoral events such as joint outbreak investigations, technical assistance projects, and training consensuses on regional databases, and establish an information exchange of notifiable communicable diseases by Q2 2018 Conduct mapping and survey of MEVs in border areas by Q3 2017 Conduct participatory planning with target groups and local staff members to improve CDC coverage by Q4 2017 			

- 1.6 Design studies of innovative strategies to improve CDC among MEVs by Q4 2017
- 1.7 Mobilize national program resources for CDC and use project resources to extend services in hotspots using government services and community-based organizations by Q1 2018
- 1.8 Implement CDC extension program from Q2 2018 onwardsⁱ
- 1.9 Conduct specific disease control campaigns in border areas as needed from Q4 2017 to Q4 2021
- 1.10 Evaluate CDC among MEVs through survey and study by Q2 2020
- 2. National disease surveillance and outbreak response systems strengthened**
 - 2.1 Review surveillance and response systems by Q3 2017
 - 2.2 Strengthen monitoring of surveillance and response systems by Q1 2018
 - 2.3 Plan and prepare surveillance and response system improvements by Q4 2017
 - 2.4 Procure or upgrade information technology (IT) equipment by Q1 2018ⁱ
 - 2.5 Support geographic information system software application for surveillance in coordination with the Asia eHealth Information Network by Q1 2018^k
 - 2.6 Provide IT connection by Q1 2018ⁱ
 - 2.7 Provide IT training to focal points, IT users, and field epidemiology training program scholars by Q1 2018
 - 2.8 Harmonize surveillance indicators and systems for CDC by Q1 2019
 - 2.9 Provide outbreak investigation funds from project and government sources by Q3 2017
 - 2.10 Train outbreak response teams using simulation exercises in Q1 2018
 - 2.11 Provide separate trainings for risk analysis and risk communication in Q3 2017
 - 2.12 Procure vehicles and outbreak response gear by Q4 2017
 - 2.13 Conduct public information campaigns in Q4 2017
- Cambodia**
 - 2.14 Mobilize community awareness campaigns on COVID-19 and other communicable diseases by Q1 2022
 - 2.15 Start training of rapid response teams on COVID-19 response by Q2 2022
 - 2.16 Procure and deliver vehicles and computer equipment by Q4 2022
- 3. Laboratory services and hospital IPC improved**
 - 3.1 Procure laboratory supplies by Q1 2018
 - 3.2 Review laboratory strategy, plan, guidelines, standards, and SOPs by Q3 2017
 - 3.3 Conduct detailed assessments of laboratory staff development by Q4 2017
 - 3.4 Conduct detailed assessment of laboratory performance by Q4 2017
 - 3.5 Conduct workshops to review findings and develop standards by Q1 2018
 - 3.6 Prepare comprehensive laboratory improvement plan for targeted laboratories as part of annual operational plans by Q2 2018
 - 3.7 Improve in-service training of laboratory staff members by Q3 2018
 - 3.8 Strengthen laboratory quality improvement program by Q3 2018
 - 3.9 Procure equipment for laboratories in 2018 and 2019
 - 3.10 Conduct laboratory studies during 2019–2020
 - 3.11 Perform detailed hospital IPC and case management assessments by Q4 2017
 - 3.12 Prepare detailed hospital IPC and case management plans by Q1 2018
 - 3.13 Establish IPC focal point and committee by Q1 2018
 - 3.14 Conduct training of hospital staff from Q2 to Q4 2018
 - 3.15 Provide equipment and supplies in 2018 and 2019
 - 3.16 Strengthen IPC monitoring in hospitals from Q1 2018 onward
- Cambodia**
 - 3.17 Complete assessments for minor works in laboratories by Q2 2022
 - 3.18 Deliver laboratory and IPC equipment by Q1 2023
 - 3.19 Complete training for laboratory and IPC staff by Q3 2023
- 4. Emergency preparedness and response capacity for COVID-19 strengthened**
- Lao PDR**
 - 4.1 Engage the consultants (procurement, laboratory diagnostics, case management, gender, and social development) by June 2020
 - 4.2 Engage the procurement agent by June 2020
 - 4.3 Sign contract for PPE and disinfectants by June 2020, with due consideration of the needs of the frontline male and female health workers

- 4.4 Sign contract for supplies and equipment for screening, laboratory, and supportive treatment by July 2020
- 4.5 Assess training needs and develop an inclusive training plan for COVID-19 clinical guidelines and protocols by July 2020
- 4.6 Conduct training on COVID-19 testing and clinical management by Q4 2021
- 4.7 Develop gender-sensitive risk communication guidelines and conduct related activities by Q4 2021

Myanmar

- 4.8 Sign contract between the MOHS and UNOPS by Q4 2020
- 4.9 Assess training needs and develop an inclusive training plan for all project trainings by Q4 2020
- 4.10 Complete minor upgrade works in 31 facilities by Q1 2022
- 4.11 Conduct KAP survey and information campaign on GBV prevention by Q3 2022
- 4.12 Conduct training for female and male health staff members on clinical management for COVID-19, laboratory, IPC (including for pregnant women), and GBV by Q3 2022
- 4.13 Install equipment in target facilities by Q3 2022

Cambodia

- 4.14 Complete assessments for oxygen plants by Q1 2022
- 4.15 Procure oxygen plants for 14 target provincial hospitals by Q3 2022
- 4.16 Start operation of oxygen plants by Q4 2022
- 4.17 Complete training for ICU staff in 14 target provincial hospitals by Q1 2023

Project Management Activities

- Advertise the recruitment of chief technical advisor; deputy chief technical advisor; and experts for gender and social development, laboratory biosafety and quality management, project implementation, procurement, and financial management by Q4 2016
- Identify and track parameters of effectiveness, efficiency, integration, sustainability, and other qualities for results-based project management by Q3 2017
- Organize a workshop to plan for a results-based participatory project planning and implementation process to ensure project criteria are met by Q3 2017
- Conduct assessment of CDC baselines in border areas and identify and link milestones and actions to be taken to achieve implementation plans by Q4 2017
- Train all provinces, states, and regions in integrating investments in annual health plans by Q1 2018
- Provinces, regions, and states develop annual action plans and implementation plans by Q2 2018

Inputs

Asian Development Bank:

SDR15,012,000 (loan) for Cambodia
\$25 million (loan) for Cambodia
 SDR2,856,000 (loan) for the Lao PDR
 \$20 million (loan) for the Lao PDR
 SDR8,616,000 (loan) for Myanmar
 \$30 million (loan) for Myanmar
 SDR56,946,000 (loan) for Viet Nam
 \$8 million (grant) for the Lao PDR

Governments:

Cambodia: ~~\$1.8 million~~ \$6.8 million
(\$5.0 million additional)
 Lao PDR: \$2.2 million
 (\$1.6 million additional)
 Myanmar: \$2.97 million
 (\$2.17 million additional)
 Viet Nam: \$4.0 million

Japan Fund for Poverty Reduction: \$5 million (grant) for Cambodia

Assumptions for Partner Financing: NA

APSED = Asia Pacific Strategy for Emerging Diseases; CDC = communicable disease control; COVID-19 = coronavirus disease; DCDC = Department of Communicable Disease Control; GBV = gender-based violence; GMS = Greater Mekong Subregion; ICU = intensive care unit; IPC = infection prevention and control; KAP = knowledge, attitude, and perception; Lao PDR = Lao People's Democratic Republic; MEVs = mobile populations, ethnic minorities, and other vulnerable groups; MOH = Ministry of Health; MOHS = Ministry of Health and Sports; NA = not applicable; PPE = personal protective equipment; Q = quarter; SDR = special drawing right; SOP = standard operating procedure; UNOPS = United Nations Office for Project Services; WHO = World Health Organization.

Note: The status of "Activities with Milestones" and "Project Management Activities" differ for each country and were therefore not reflected.

^a Defined by the project.

^b Baseline 2015. In Cambodia, the baseline was confirmed in 2017.

- ^c Criteria for Cambodia, the Lao PDR, and Myanmar: (i) project-installed equipment functioning, (ii) SOPs defined and implemented, (iii) staff trained, and (iv) one IPC focal point and committee appointed. Criteria for Viet Nam: hospitals achieve three of the six criteria defined by the IPC national action plan (Ministry of Health. 2016. *Decision 2518 on Infection Prevention and Control Guidelines*. Hanoi).
- ^d Targeted districts or townships.
- ^e Defined nationally.
- ^f WHO. 2005. [Case definitions for the four diseases requiring notification in all circumstances under the International Health Regulations \(2005\)](#). Geneva. Modified for the country context.
- ^g For Viet Nam, 12 border provinces with project districts bordering project districts of neighbouring countries.
- ^h Major outbreak response report includes detailed technical aspects, including risk assessment, risk communication, specimen collection, confirmation of diagnosis, mitigation measures, and community actions, among others.
- ⁱ For Viet Nam, this includes study tours to observe the CDC systems of other countries to align with relevant government decisions (Joint Circular No.51/2015/TTLT-BYT-BNV dated 11 December 2015 and Circular No. 26/2017/TT-BYT dated 16 June 2017).
- ^j Not applicable to Viet Nam.
- ^k Not applicable to the Lao PDR and Viet Nam.
- ^l "Isolation capacity" here refers to the availability of single rooms and/or areas to segregate patients, appropriately equipped with PPE for contact and droplet precautions. This indicator and its operational definition are aligned with the key performance indicators from WHO's Strategic Preparedness and Response Plan for COVID-19. WHO. 3 February 2020 (Draft). *2019 Novel Coronavirus (2019 nCoV): Strategic Preparedness and Response Plan*. Geneva.
- ^m The indicator will assess OP1: Indicator 1.1.2—Health services established or improved by measuring the number of township and district hospitals with isolation capacity for COVID-19.
- ⁿ The indicator will assess OP2: Indicator 2.2.2—Health services for women and girls established or improved by measuring number of township and district hospitals with isolation wards renovated to ensure privacy of female patients (at minimum, appropriate sectioning between beds and separate female and male hygiene facilities).
- ^o The indicator will assess OP7: Indicator 7.3.3—Measures to improve regional public health and education services supported in implementation by measuring number of border area referral hospitals with triage and isolation capacity for COVID-19.
- ^p Isolation wards have, at minimum, appropriate sectioning between beds and separate female and male hygiene facilities. Staff members have separate female and male changing rooms and hygiene facilities.
- ^q 65% of health care workers in Myanmar are women.
- ^r To be developed by the project.
- ^s The indicator will assess OP7: Indicator 7.3.3—Measures to improve regional public health and education services supported in implementation by measuring number of border provinces with electronic reporting system for COVID-19, with case data disaggregated by sex, established and in routine use.
- ^t The indicator will assess OP1: Indicator 1.1.2—Health services established or improved by measuring number of provincial and district referral hospitals with improved laboratory capacity.
- ^u The 50 target laboratories will be from the laboratories in the 81 provincial and district hospitals to be supported under the additional financing project.
- ^v As of Q2 2021, 422 staff, of which 163 were female, worked in the laboratories in the 81 provincial and district hospitals to be supported under the additional financing project.
- ^w The indicator will assess OP1: Indicator 1.1.2—Health services established or improved by measuring number of provincial hospitals able to meet their oxygen-supply requirement through on-site oxygen plants.
- ^x The indicator will assess OP2: Indicator 2.2.2—Health services for women and girls established or improved by measuring the number of hospitals with health staff trained to identify and respond to persons affected by gender-based violence.

Source: Asian Development Bank.

B. Monitoring

61. **Project performance monitoring.** The project will be monitored regularly against the updated design and monitoring framework. Project specific data collection will be used for monitoring inputs, activities, and outputs. Outcome measures will be monitored using existing data collection systems, where available. All project data will, to the extent possible, be disaggregated by sex and indigenous persons group. Data for output and outcome indicators will be updated and reported quarterly through the executing agency quarterly progress reports and after each ADB review mission. These quarterly reports will provide information necessary to update ADB's project performance reporting system.¹³

¹³ ADB. 2020. Project Performance Monitoring. [Project Administration Instruction 5.08](#). Manila.

62. **Compliance monitoring.** All loan covenants will be monitored monthly by the PMU and project implementation units and discussed during ADB review mission.

63. The PMU will prepare quarterly and annual reports for submission to MOH and ADB. Each report will be in English and in a format consistent with the agreed project performance monitoring and evaluation system. The consolidated annual report will include (i) progress as measured through the indicator's performance targets, (ii) key implementation issues and solutions, (iii) updated procurement plan, (iv) updated work plan for the next 12 months, (v) updated GAP monitoring table, and (vi) status of FM Action Plan.

64. **Safeguards monitoring.** Table 7 of the EMP contains the environmental monitoring plan for the pre-implementation, implementation, and operation stages of project components. Environmental performance and compliance monitoring shall be conducted by the participating referral hospitals (weekly) and the PMU with support of national consultants (at least quarterly) to evaluate compliance with environment-related operating procedures, national standards, and/or supplier's specifications including the requirements of the EMP. MOH, through the PMU, will submit annual safeguards monitoring reports to ADB. These will be disclosed on the project website in accordance with the ADB Access to Information Policy, 2018 (footnote 8). Safeguards monitoring reports can combine reporting on safeguards performance of the original project and the additional financing, and should be submitted until the project completion report for the additional financing is issued.

65. The MOH will be responsible for monitoring of IPP implementation and compliance. Monitoring reports will be submitted to ADB annually for review and disclosure. These reports will describe the progress of implementation of IPP and any compliance issues and corrective actions if identified.

66. **Gender and social dimensions monitoring.** The PMU will include information on GAP and social dimensions in all project progress, monitoring, and evaluation reports. The PMU's Gender Consultant will build capacity of provincial implementing agencies to monitor and report on social and gender impacts. All project data will be disaggregated by sex and indigenous persons group, to the extent possible. All GAP targets will be reported quarterly to ADB.¹⁴

C. Evaluation

67. ADB will conduct loan review missions at least twice a year, that will include inspection of financial management. Within 6 months after the physical completion of the additional financing, the PMU will submit to ADB a project completion report for the entire project (original project plus additional financing), analyzing project implementation, project performance and achievements against the targets, and expected project impacts.¹⁵

D. Reporting

68. The MOH will provide ADB with (i) quarterly progress reports in a format consistent with

¹⁴ ADB's Handbook on Social Analysis: A Working Document, is available at: <http://www.adb.org/Documents/Handbooks/social-analysis/default.asp>, Staff Guide to Consultation and Participation: <http://www.adb.org/participation/toolkit-staff-guide.asp>, and, CSO Sourcebook: A Staff Guide to Cooperation with Civil Society Organizations: <http://www.adb.org/Documents/Books/CSO-Staff-Guide/default.asp>
¹⁵ Project completion report format available at: <http://www.adb.org/Consulting/consultants-toolkits/PCR-Public-Sector-Landscape.rar>

ADB's project performance reporting system; (ii) consolidated annual reports including (a) progress achieved by output as measured through the indicator's performance targets, (b) key implementation issues and solutions, (c) updated procurement plan, and (d) updated implementation plan for the next 12 months; and (iii) a project completion report within 6 months of physical completion of the project. To ensure that projects will continue to be both viable and sustainable, project accounts and the executing agency audited financial statement together with the associated auditor's report, should be adequately reviewed.

E. Stakeholder Communication Strategy

69. During project preparation, consultations and assessments were undertaken with provincial and district referral hospital staff and health department managers at provincial operational district levels. Development partners were also consulted. At implementation, staff at provincial and district referral hospitals will communicate on the enhanced services available to beneficiaries, in particular the services related to COVID-19. Provincial health departments and staff of rapid response teams will also communicate with communities on services available.

70. The MOH as executing agency, will undertake information disclosures on the project and its benefits, including but not limited to information related to the report and recommendation of the President, IPP, and GAP. Public disclosure of the project financial statements, including the audit report on the project financial statements, will be guided by ADB's Access to Information Policy (footnote 8). After the review, ADB will disclose the audited project financial statements and the opinion of the auditors on the project financial statements no later than 14 days of ADB's confirmation of their acceptability by posting them on ADB's website. The management letter, additional auditor's opinions, and audited entity financial statements will not be disclosed.

71. The current website of the Department for Communicable Disease Control includes pages on the original GMS Health Security Project. It will be updated to contain a page on the additional financing that is accessible to the public to disclose various information concerning the project, including general information about the project, public procurement related to the project, project progress, and contact details in English and their national language. The webpage will also provide a link to ADB's Integrity Unit (<http://www.adb.org/Integrity/complaint.asp>) for reporting to ADB any grievances or allegations of corrupt practices arising out of the project and project activities. For each contract, the webpage will include information on the list of participating bidders, name of winning bidders, basic details on bidding procedures adopted, amounts of contract awarded, and the list of goods and services (including consulting services) procured, among others.

X. ANTICORRUPTION POLICY

72. ADB reserves the right to investigate, directly or through its agents, any violations of the Anticorruption Policy relating to the project.¹⁶ All contracts financed by ADB shall include provisions specifying the right of ADB to audit and examine the records and accounts of the executing agency and all project contractors, suppliers, consultants, and other service providers. Individuals and/or entities on ADB's anticorruption debarment list are ineligible to participate in ADB-financed activity and may not be awarded any contracts under the project.¹⁷

73. To support these efforts, relevant provisions are included in the loan and grant agreements

¹⁶ Anticorruption Policy: <https://www.adb.org/documents/anticorruption-policy>

¹⁷ ADB's Office of Anticorruption and Integrity website: <https://www.adb.org/site/integrity/main>

and the bidding documents for the project.

XI. ACCOUNTABILITY MECHANISM

74. People who are, or may in the future be, adversely affected by the project may submit complaints to ADB's Accountability Mechanism. The Accountability Mechanism provides an independent forum and process whereby people adversely affected by ADB-assisted projects can voice, and seek a resolution of their problems, as well as report alleged violations of ADB's operational policies and procedures. Before submitting a complaint to the Accountability Mechanism, affected people should make an effort in good faith to solve their problems by working with the concerned ADB operations department. Only after doing that, and if they are still dissatisfied, should they approach the Accountability Mechanism.¹⁸

XII. RECORD OF CHANGES TO THE PROJECT ADMINISTRATION MANUAL

75. All revisions and/or updates during the course of implementation will be retained in this section to provide a chronological history of changes to implemented arrangements recorded in the PAM, including revision to contract awards and disbursement s-curves.

¹⁸ Accountability Mechanism. <http://www.adb.org/Accountability-Mechanism/default.asp>.