

# Project Administration Manual

Project Number: 54118-001

Loan Number: LXXXX

September 2022

People's Republic of China: Strengthening Public  
Health Institutions Building Project

## ABBREVIATIONS

ADB	–	Asian Development Bank
COVID-19	–	coronavirus disease
DMC	–	developing member country
EMDP	–	ethnic minority development plan
EMP	–	environmental management plan
GAP	–	gender action plan
GMPG	–	Guiyang Municipal People's Government
GPG	–	Guizhou Provincial Government
GRM	–	grievance redress mechanism
GZAR	–	Guangxi Zhuang Autonomous Region
GZARG	–	Guangxi Zhuang Autonomous Region Government
IT	–	information technology
MOF	–	Ministry of Finance
NIHA	–	National Institute of Hospital Administration
PAM	–	project administration manual
PMO	–	project management office
PRC	–	People's Republic of China
SPP	–	strategic procurement planning
SPPG	–	Shaanxi Provincial People's Government
TCM	–	traditional Chinese medicine
WHO	–	World Health Organization
YUAH	–	Yan'an University Affiliated Hospital

## CONTENTS

I.	PROJECT DESCRIPTION	1
II.	IMPLEMENTATION PLANS	7
	A. Project Readiness Activities	7
	B. Overall Project Implementation Plan	8
III.	PROJECT MANAGEMENT ARRANGEMENTS	10
	A. Project Implementation Organizations: Roles and Responsibilities	10
	B. Key Persons Involved in Implementation	11
	C. Project Organization Structure	12
IV.	COSTS AND FINANCING	13
	A. Cost Estimates Preparation and Revisions	16
	B. Key Assumptions	16
	C. Detailed Cost Estimates by Expenditure Category	18
	D. Allocation and Withdrawal of Loan Proceeds	19
	E. Detailed Cost Estimates by Financier	21
	F. Detailed Cost Estimates by Outputs	23
	G. Detailed Cost Estimates by Year	26
	H. Contract and Disbursement S-Curve	28
	I. Fund Flow Diagram	29
V.	FINANCIAL MANAGEMENT	32
	A. Financial Management Assessment	32
	B. Disbursement	34
	C. Accounting	36
	D. Auditing and Public Disclosure	36
VI.	PROCUREMENT AND CONSULTING SERVICES	37
	A. Strategic Procurement Planning	37
	B. Project Procurement Risk Assessment	38
	C. Advance Contracting and Retroactive Financing	38
	D. Procurement of Goods, Works, and Consulting Services	38
	E. Procurement Plan	39
	F. Consultant's Terms of Reference	39
VII.	SAFEGUARDS	39
VIII.	GENDER AND SOCIAL DIMENSIONS	42
IX.	PERFORMANCE MONITORING, EVALUATION, REPORTING, AND COMMUNICATION	43
	A. Project Design and Monitoring Framework	43
	B. Monitoring	46
	C. Evaluation	47
	D. Reporting	47
	E. Stakeholder Communication Strategy	47
X.	ANTICORRUPTION POLICY	48
XI.	ACCOUNTABILITY MECHANISM	48
XII.	RECORD OF CHANGES TO THE PROJECT ADMINISTRATION MANUAL	48

## APPENDIXES

1. Procurement Plan
2. Consultants' Terms of Reference
3. Gender Action Plan

### **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 agencies (Fangchenggang Municipal People's Government, Guiyang Municipal People's Government, and Shaanxi Provincial People's Government) and the implementing agencies (Fangchenggang City Culture and Tourism Group Co. Ltd., Guiyang Bureau of Health, Yan'an University Affiliated Hospital, and National Institute of Hospital Administration) 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 the executing and implementing agencies 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 agreement. Such agreement shall be reflected in the minutes of the loan negotiations. In the event of any discrepancy or contradiction between the PAM and the loan agreement, the provisions of the loan agreement shall prevail.

After ADB Board approval of the project's report and recommendation 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.



## I. PROJECT DESCRIPTION

1. The project will strengthen public health institutional capacity in the project sites in the Guangxi Zhuang Autonomous Region (GZAR), Guizhou Province, and Shaanxi Province, aligned with the comprehensive Healthy China 2030 reforms and the aim to develop model centers of public health excellence in underdeveloped areas. The project will improve public health service capacity and provision through (i) better public health policies and health security emergency preparedness, (ii) a more effective public health ecosystem through upgraded public health facilities and laboratories, and (iii) enhanced training for public health staff and international cooperation.

2. The project introduces an institutional approach to addressing public health management gaps by strengthening public health institutional capacity in the People's Republic of China (PRC). Health system development has progressed following decades of rapid economic growth, but the PRC currently faces increasingly complex health challenges, including an overreliance on hospital-centric curative care to the detriment of cost-effective preventive medicine; gaps in health care quality and equity, leading to overburdened urban hospitals as people often bypass community hospitals and facilities in favor of large tertiary hospitals in urban centers; and a rapidly increasing elderly population that requires specialized services.<sup>1</sup> Weak institutional governance and capacity as well as a shortage of high-quality public health workers were issues highlighted by the World Health Organization (WHO) and other international development institutions prior to the coronavirus disease (COVID-19) pandemic.<sup>2</sup> The COVID-19 pandemic has further highlighted obstacles and development needs in the public health system.

3. **Strategic context.** The PRC has experienced 4 decades of rapid economic growth. The PRC's gross domestic product (GDP) reached \$14.7 trillion in 2020, accounting for 17.4% of global GDP, compared with just 1.7% in 1978. By 2020, the PRC had lifted almost 800 million people out of poverty since reforms began in 1978. Economic growth has enabled investments in the health sector that have resulted in high universal health coverage, improved access to health services, reduced child mortality (from 37 in 2003 to 9.5 per thousand live births in 2020) and maternal mortality (from 59 in 2003 to 18 per 100,000 live births in 2020), and increased life expectancy (from 72 years in 2003 to 77.3 in 2020).<sup>3</sup> The Healthy China 2030 plan, announced in 2016, identifies health as a fundamental prerequisite for social and economic development.<sup>4</sup> The Healthy China goals for 2030 are to increase life expectancy from 77 to 79 years, reduce child mortality from 9.5 to 6 per thousand live births, and reduce maternal mortality from 18 to 12 per 100,00 live births. It focuses on disease prevention as well as a holistic approach to well-being, with core indicators that include strengthening health security and improving health services.<sup>5</sup> Healthy China 2030 is in line with the health reforms under the PRC's Fourteenth Five-

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<sup>1</sup> X. Li et al. 2020. [Quality of Primary Health Care in China: Challenges and Recommendations](#). *The Lancet*. 395 (10239), pp. 1802–1812.

<sup>2</sup> World Bank and WHO. 2019. [Healthy China: Deepening Health Reform in China: Building High-Quality and Value-Based Service Delivery](#). Washington, DC: World Bank.

<sup>3</sup> W. Tao et al. 2020. [Towards Universal Health Coverage: Achievements and Challenges of 10 Years of Healthcare Reform in China](#). *BMJ Global Health*. 5 (3).

<sup>4</sup> State Council of the PRC. 2016. [Outline of the Plan for Healthy China 2030](#). Beijing (in Chinese).

<sup>5</sup> Health security is defined as the proactive and reactive activities required to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries. WHO. [Health Security](#).

Year Plan, 2021–2025, which prioritizes health system development, including reduction of disparities in health care and strengthening of health governance.<sup>6</sup>

4. **Public health system limitations.** While health system development has progressed, the PRC is now faced with increasingly complex health challenges. The COVID-19 pandemic has highlighted obstacles and development needs in the government-led public health system. The quality of service from health care providers is inadequate, and education and qualification levels among professionals in public health are low (footnote 1). The COVID-19 pandemic has shown that hospitals are particularly vulnerable to admission surges that negatively affect patient care and overburden facilities. Regional medical centers need to develop and implement emergency preparedness in accordance with WHO standards and conduct regular live simulation exercises to test their readiness for health emergencies, extreme weather events, and disasters.<sup>7</sup> Additional challenges include gaps in legislative frameworks and fragmented public health systems with weak connections to regional and international disease reporting systems. Weak coordination among health institutions and inefficient referral systems hampers the ability to achieve integrated, cost-effective care to meet the goals of Healthy China 2030.

5. **Lessons learned from coronavirus disease.** The rapid spread of COVID-19 in the PRC has underscored weaknesses in public health systems that prevent an effective response to large-scale health emergencies. Inadequate coordination between public health agencies, technology and equipment unsuited to rapid detection of infectious diseases,<sup>8</sup> slow response and reporting, insufficient facilities for surge capacity, and limited core public health knowledge and skills highlight the PRC health system's inability to meet the challenges of future epidemics and hazards.<sup>9</sup> Health workers in hospitals are particularly vulnerable to respiratory tract infections, with incidence rates of up to 60%.<sup>10</sup> In its current state, the public health system's capacity to effectively prevent and contain future public health threats remains limited. Another key lesson from the COVID-19 pandemic is the need to avoid unnecessary referrals to hospitals by public health providers, which resulted in hospital overcrowding and inefficient use of medical resources. Gaps need to be addressed with respect to services, including in the areas of mental health; long-term care for the elderly, who are particularly vulnerable; and laboratory services.

6. In the long term, training of primary care and public health providers in regional medical centers will increase resilience and ensure effective response during health emergencies and infectious disease outbreaks, and will strengthen regional and international cooperation. The post-COVID-19 pandemic recovery period provides a valuable opportunity to strengthen the country's preparedness for emerging infectious diseases and other possible public health threats and apply best practices to better protect against future health hazards. This can be best achieved by using a multipronged approach that combines public health institutional capacity building that is aligned with current needs, policies and hardware that address their intended purpose, and world-class training capacity linked to international cooperation.

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<sup>6</sup> Government of the PRC. 2021. [The Outline of the Fourteenth Five-Year Plan for National Economic and Social Development of the People's Republic of China and the Long-Range Objectives Through the Year 2035](#). Beijing (in Chinese).

<sup>7</sup> WHO. 2020. [Rapid Hospital Readiness Checklist: Interim Guidance](#). Geneva.

<sup>8</sup> Y. Bai et al. 2020. [Analysis of Urinary Pathogen Cultures and Drug Sensitivity in Patients with Urinary Stones for Five Consecutive Years in Xiangya Hospital, China](#). *Infection and Drug Resistance*. 2020 (13). pp. 1357–1363.

<sup>9</sup> S. Sun et al. 2021. [COVID-19 and Healthcare System in China: Challenges and Progression for a Sustainable Future](#). *Globalization and Health*. 17 (14).

<sup>10</sup> P. Yang et al. 2011. [Mask-Wearing and Respiratory Infection in Healthcare Workers in Beijing, China](#). *The Brazilian Journal of Infectious Diseases*. 15 (2). pp. 102–108.



7. **Institutional approaches.** Assessments of the PRC's public health system highlight the need for an impactful, multifaceted response to bolster health security. Gaps include weak links between responsible agencies, a lack of focus on primary care, lack of well-trained staff, outdated operational plans and response systems, and poor public health prevention and response systems (footnote 9). To address these gaps, the project will support the PRC through strategic investments in the key pillars of public health systems. These include development of public health institutional capacity and policies in line with international standards, upgrading of strategic public health emergency and training facilities with surge capacity, improvement of health workforce capabilities, and international knowledge exchange. The project will also introduce a mutually interdependent system, or "ecosystem," of core public health functions that include laboratory diagnostic systems, tools for surveillance of infectious disease, upgraded health facilities, and programs to support long-term health and well-being for long-term resilience. Women make up the majority of frontline health care workers in the PRC, and are exposed to a higher risk of contracting some diseases, including respiratory infections (footnote 10). Women are underrepresented in management roles despite the large number working in the health workforce, which will be addressed by reducing barriers to women's advancement in leadership roles and specialist training. In the context of the PRC's status as an upper middle-income developing member country (DMC), a strategic and comprehensive approach is required to make a transformational impact on the public health system.

8. **Strategic alignment.** The PRC has an increasingly mobile and highly dense urban population, and plays a critical role in global health security. The growing international exchange of goods, services, and people poses increased risk of transmission of infectious diseases that can become major public health threats which requires strengthening of health systems; the government's Healthy China 2030 plan (footnote 4) states that efforts to achieve this must include improved vertical and horizontal institutional coordination, investments in infrastructure and training of world-class health workers, institutional capacity building, stronger coordination, and policy reforms. The project will support the PRC in implementing (i) its Healthy China 2030 plan; (ii) its Fourteenth Five-Year Plan, 2021–2025 (footnote 6) by implementing health system strengthening; and (iii) the PRC's priority tasks for health care reform in 2022 through integration of disease prevention with medical treatment. The project is aligned with (i) Strategy 2030 operational priorities of the Asian Development Bank (ADB) on accelerating progress in gender equality; tackling climate change, building climate and disaster resilience, and enhancing environmental sustainability; strengthening governance and institutional capacity; and fostering regional cooperation and integration; as well as (ii) strategic priority 3 of ADB's country partnership strategy for the PRC, 2021–2025, which aims to strengthen national and regional health security standards by building institutional capacity and coordination mechanisms to manage cross-border public health risks and improve health emergency preparedness and response. It also supports the United Nations' Sustainable Development Goal on promoting healthy lives and well-being. Regional cooperation and integration through the provision of regional public goods is a key feature of the project. This includes reducing the risks of rapid spread of infectious diseases across borders, providing regional knowledge transfer and cooperation, and alignment with regional strategies such as the Greater Mekong Subregion (GMS) Health Cooperation Strategy, 2019–2023, through the project's investments in GZAR, and support for cross-border disease surveillance and training for Vietnamese health workers (para. 16). Since 2011, ADB has supported GMS countries on regional initiatives for communicable disease control. Through the GMS program, ADB serves as a recognized facilitator of cross-border health programming. The GMS program provides a platform for dialogue on regional health issues, such as health security, migrant health, and other regional cooperation issues.

9. **Development partner coordination.** WHO has helped refine proposed activities and provided guidance with respect to adherence to international best practices and standards for pandemic preparedness and health security. The project supports a common framework to address health security threats among DMCs in the Asia and Pacific region through alignment with the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies through strengthened surveillance, risk assessments, and outbreak responses.<sup>11</sup> The project is also coordinated with health sector support provided by other development partners such as the Asian Infrastructure Investment Bank, New Development Bank, and the World Bank. Sector support is coordinated through government dialogue with partners through the Ministry of Finance and at local levels.

## A. Project Description

10. The project is aligned with the following impacts: (i) health and well-being of residents protected, promoted, and restored (footnote 4); (ii) capacity for early warning, risk reduction, and management of health security risks strengthened;<sup>12</sup> and (iii) prevention and control of major communicable diseases strengthened (footnotes 4 and 6). The project will have the following outcome: quality of public health services improved.<sup>13</sup>

11. **Output 1: Public health institutional capacity and policies developed.** This output includes the following activities in the three project sites in GZAR, Guizhou Province, and Shaanxi Province:

- (i) **Emergency preparedness and contingency planning.** The project will (a) establish guidelines and standards that are of international standard for the advancement of disease control, infection prevention, laboratory biosecurity, risk communication, and community engagement; (b) conduct multidisciplinary capacity-building activities to allow coordinated responses to pandemics (footnote 7); and (c) conduct regular live outbreak simulation exercises to test readiness for health emergencies and disasters.
- (ii) **Capacity building of public health workforce.** The project will conduct training for primary care and public health providers to increase their efficiency and ability to deliver high-quality services during public health emergencies and infectious disease outbreaks.
- (iii) **Establishment of modern health management information systems.** The project will upgrade the smart public health information systems of participating hospitals to provide real-time disease surveillance with sex-disaggregated data to the government's system; benefits will include the technical exchange of information with other health facilities for rapid response.

12. **Output 2: Effective public health ecosystem established.** This output includes the following activities, which will be carried out in the participating hospitals in each project site:

- (i) **Antimicrobial resistance surveillance system.** An antimicrobial resistance surveillance system will be established in each participating hospital to monitor the emergence of resistant strains of microorganisms to prevent infectious disease outbreaks.

<sup>11</sup> WHO. 2017. [Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies: Advancing Implementation of the International Health Regulations \(2005\)](#). Manila (WHO Regional Office for the Western Pacific).

<sup>12</sup> Government of the PRC. 2016. [China's National Plan on Implementation of the 2030 Agenda for Sustainable Development](#). Beijing.

<sup>13</sup> The design and monitoring framework is in Section IX.

- (ii) **Laboratory support for the detection of emerging infectious diseases.** High-quality laboratories with effective biosecurity measures that produce test results in a timely manner will be established in the participating hospitals to ensure effective clinical management of infectious disease cases.
- (iii) **Mental health and wellness programs.** To protect against the negative effects of public health hazards on mental health and well-being, particularly among the elderly and those with long-term diseases such as heart disease and diabetes, preventive health programs promoting healthy lifestyles will be established in the project sites.
- (iv) **Establishing and upgrading of hospital facilities.** One new health facility will be established in Guiyang, and existing facilities will be upgraded in the Fangchenggang and Yan'an project sites.<sup>14</sup> State-of-the-art medical equipment will be installed, and support systems will be established, including women and child health facilities and accessibility facilities.

### 13. **Output 3: Training excellence and international cooperation capability enhanced.**

This output includes:

- (i) **Training to promote gender equality.** The project will provide staff training on the provision of a secure environment for women to have full access to essential and respectful health care, including during health emergencies.
- (ii) **Regional knowledge cooperation.** The project will (a) establish an international cooperation platform in the participating hospitals for documentation and sharing of best practices and lessons among DMCs in the Asia and Pacific and beyond to improve evidence-based medical practice and gender-specific health issues (those that disproportionately or only affect women); (b) establish an international public health training facility at each project site; (c) facilitate national and international partnerships with academic and specialized agencies to strengthen public health professional education and establish quality standards; and (d) support the PRC's knowledge cooperation with other DMCs, including neighboring countries.

14. **Project sites.** The project sites are or will be located in (i) Fangchenggang City, GZAR; (ii) Guiyang City, Guizhou Province; and (iii) Yan'an City, Shaanxi Province. The provinces are among the most economically disadvantaged in the PRC. The project sites were selected by the government with reference to ensuring an equitable national geographic distribution and interventions that emphasize public health impact and affordable health care, development of institutional capacity, and international cooperation activities.

- (i) **Fangchenggang Traditional Chinese Medicine Hospital.** This class III-A hospital was founded in 1981,<sup>15</sup> and integrates scientific medical treatment,

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<sup>14</sup> Gross regional product per capita ranking of the three provinces in 2020 are Shaanxi (12), Guizhou (28), and GZAR (29). Government of the PRC, National Bureau of Statistics. 2021. [China Statistical Yearbook 2021](#). Beijing (Table 3.9: Gross Regional Product, 2020).

<sup>15</sup> Class I hospitals are primary hospitals that provide integrated medical, preventive, rehabilitation, and health care services directly to one defined community. Class II hospitals are regional hospitals that provide comprehensive medical and health services to multiple communities and undertake teaching and research tasks. Class III hospitals cover one or more provinces and provide high-level specialized medical and health services and perform higher teaching and research tasks across regions. Hospitals at all levels are assessed and certified to be grades A, B, and C considering the scale, technical level, medical equipment, management level, and medical service quality, with an additional A+ for Class III hospitals, for a total of three classes and 10 grades.

education, scientific research, and health care.<sup>16</sup> The hospital provides comprehensive and integrated medical and health care services, with 592 open beds, 732 employees, and 606 health technicians. The hospital also provides traditional Chinese medicine services, but these are not supported through the project. In 2020, the bed utilization rate was 92.87%; given the increasing demand for medical services, it is projected that, by 2025, the daily outpatient visits and bed occupancy will show sharp increases requiring extension of the facilities.

- (ii) **Guiyang Traditional Chinese Medicine Hospital.** This planned class III hospital will serve the urban and rural areas of Guiyang City and nearby counties. The hospital will provide comprehensive health care services, including traditional Chinese medicine services, but the latter will not be supported through the project. It will provide services to nearly six million people in Guiyang City. About 800 new staff and managers will be recruited for the operation and maintenance (O&M) by the government.
- (iii) **Yan'an University Affiliated Hospital.** This large, comprehensive class III-A hospital with multiple specialties was founded in 1950; it provides health services to almost 21 million people in Yan'an City and its surrounding areas. The hospital is recognized as a national clinical teaching and training demonstration center and a practice teaching base of the Ministry of Education but does not provide international public health training. The hospital has a current total bed capacity of 1,900 with 3,633 staff.

## B. Value Added by ADB

15. The project adds significant value in key areas that have been highlighted as gaps in pandemic response, such as in the (i) promotion of regional public goods and health security, (ii) strengthening of the public health workforce, and (iii) large-scale systematic institutional capacity improvement. The project aims to reduce pandemic-prone diseases that can rapidly cross borders, thereby providing international health benefits beyond the government's broader program, with positive effects on other sectors in the Asia and Pacific region (e.g., trade, tourism, and transport) by reducing the risk of pandemics. ADB's role as convener and honest broker through regional forums such as the GMS will enhance the project's benefits. The regional public health training facilities, particularly in GZAR, will enable health professionals from neighboring DMCs to learn from the PRC's experiences in pandemic response and help establish regional cooperation and training platforms for knowledge cooperation.<sup>17</sup> Although a robust strategy to strengthen health systems may be in place, implementation of public health programs relies on a highly trained public health workforce, which is currently a gap in the PRC (footnote 1). The project supports capacity building of an adaptable health workforce, trained in accordance with international standards, to respond to future health security threats, as well as those brought about by aging and noncommunicable diseases. The COVID-19 pandemic demonstrated the need to promote system-wide institutional interventions that emphasize good governance, risk communication, and adherence to WHO standards of emergency and pandemic planning, with modern gender-sensitive surveillance and information technology systems. The project incorporates lessons from ADB's PRC elderly care projects that promote seamless integration and referral of services from hospitals to community-level health facilities, coupled with longer-

<sup>16</sup> Although the participating project hospitals are called Fangchenggang Traditional Chinese Medicine Hospital and Guiyang Traditional Chinese Medicine Hospital, the project supports the western medicine model of health security interventions. Both western medicine and traditional Chinese medicine are practiced at all levels of the health system in the PRC. Traditional Chinese medicine activities will not be supported under the project.

<sup>17</sup> In Fangchenggang, GZAR, the project is establishing an Association of Southeast Asian Nations Training Base as an international center of public health training excellence.

term preventive care and health promotion activities.<sup>18</sup> The project specifically aims to accelerate progress in gender equality.

## II. IMPLEMENTATION PLANS

### A. Project Readiness Activities

16. The project readiness activities, responsibilities, and estimated time frames are as follows:

**Table 1: Project Readiness Activities**

Activities	2022								2023		Responsibility
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Advance contracting actions											Executing and implementing agencies
Retroactive financing actions											Executing and implementing agencies
Establish project implementation arrangements											Executing and implementing agencies
Loan negotiations											ADB, NDRC, MOF
ADB Board approval											ADB
Loan signing											ADB, NDRC, MOF
Government legal opinion											Executing and implementing agencies, MOF
Loan effectiveness											ADB, NDRC, MOF

ADB = Asian Development Bank, MOF = Ministry of Finance, NDRC = National Development and Reform Commission.

Source: ADB.

<sup>18</sup> ADB. [People's Republic of China: Hebei Elderly Care Development Project](#); ADB. [People's Republic of China: Hubei Yichang Comprehensive Elderly Care Demonstration Project](#); ADB. [People's Republic of China: Public-Private Partnerships Demonstration Program to Transform Delivery of Elderly Care Services in Yichang, Hubei Project](#); ADB. [People's Republic of China: Demonstration of Guangxi Elderly Care and Health Care Integration and Public-Private Partnership Project](#); and ADB. [People's Republic of China: Public Service Sector Public-Private Partnership Promotion and Elderly Care Demonstration Project](#).

## B. Overall Project Implementation Plan

**Table 2: Overall Project Implementation Plan**

Activities	2022				2023				2024				2025				2026				2027			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>A. Design and Monitoring Framework</b>																								
<b>Output 1: Public health institutional capacity and policies developed</b>																								
1.1	Draft guidelines and standards for disease control and prevention, including infection prevention and control for health facilities and laboratory biosecurity																							
1.2	Provide technical advice and recommendations for the preparation of related policies and operational plans to strengthen health security																							
1.3	Formulate gender-responsive hospital emergency preparedness plans formulated																							
1.4	Conduct trainings and simulation exercises with different sectors for coordinated pandemic response																							
1.5	Consult with academics, specialized agencies, and other development partners on research partnership and plan for the conduct of scientific research on priority public health issues																							
1.6	Establish multisector collaboration mechanism																							
1.7	Conduct research and finalize arrangements for publication																							
1.8	Consult with the private sector on potential partnerships and follow through with agreements																							
<b>Output 2: Effective public health ecosystem established</b>																								
2.1	Prepare and finalize detailed engineering design and site preparation for the construction of public health facilities																							
2.2	Develop bidding documents, conduct tenders, and award contracts																							
2.3	Bid for construction works and procurement of public health equipment and other medical supplies																							
2.4	Deliver and install medical equipment and other medical supplies to public health facilities																							
2.5	Upgrade hospital laboratory facility and equipment																							
2.6	Finalize operation and maintenance arrangements and turnover of rehabilitated public health facilities																							
2.7	Develop gender policy to include employment targets for women and clinical protocols review for gender equality																							
2.8	Pilot innovative technology for emergency response in project provinces																							

Activities		2022				2023				2024				2025				2026				2027			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2.9	Develop modernized guidelines for the operation of public health facilities																								
<b>Output 3: Training excellence and international cooperation capability enhanced</b>																									
3.1	Consult with academics, specialized agencies, and other development partners on the development of sustainable capacity building trainings (e.g., One Health) for multisector staff																								
3.2	Finalize training arrangements and conduct trainings including at subnational level																								
3.3	Complete scientific research projects on public health.																								
3.4	Establish regional platform for knowledge sharing.																								
3.5	Implement health promotion discussions aimed at promoting healthy lifestyles and preventing disease																								
3.6	Conduct annual consultations with consumer and women's groups																								
<b>B. Management Activities</b>																									
1.	Establish project management offices and project implementation units in project areas																								
2.	Establish monitoring and evaluation system with the executing and implementing agencies to enable assessment of capacity for management of public health emergencies																								
3.	Establish coordination arrangement with the executing and implementing agencies, including regular consultations to prevent implementation delays of any activity																								
4.	Implement the EMP, resettlement plan, EMDP, GAP, and participation plan, and monitor their implementation																								
5.	Periodically review financial and procurement management and promptly address any issue to avoid delays in the procurement of goods and services, and disbursements																								
6.	Monitor project implementation, including data collection from project partners and stakeholders to substantiate project progress reporting																								
7.	Submit quarterly progress reports and annual reports																								
8.	Submit semiannual monitoring and evaluation reports on the EMP, resettlement plan, EMDP, and GAP implementation																								

EMP = environmental management plan, EMDP = ethnic minority development plan, GAP = gender action plan, Q = quarter.

Source: Asian Development Bank.

### III. PROJECT MANAGEMENT ARRANGEMENTS

#### A. Project Implementation Organizations: Roles and Responsibilities

**Table 3: Roles and Responsibilities**

<b>Project Implementation Organizations</b>	<b>Management Roles and Responsibilities</b>
National Development and Reform Commission	<ul style="list-style-type: none"> <li>• Has a high-level coordinating role among the three project sites to ensure consistent and high-quality implementation according to national guidelines, Healthy China 2030 including anticorruption and integrity standards</li> <li>• Facilitates sharing of lessons learned to other provinces and nationally for possible replication in other sites</li> </ul>
Project steering committee	<ul style="list-style-type: none"> <li>• Led by the vice mayor with leaders from municipal DRC, health committee, finance bureau, housing and urban-rural development bureau, natural resources bureau, environment and ecology bureau, and land banking center</li> <li>• Responsible for approval of key guidelines and policies for project implementation, project structure, and implementation plans</li> <li>• Ensure availability of counterpart funds</li> <li>• Undertake high-level coordination, supervision, and guidance</li> </ul>
Executing agencies (i) Fangchenggang Municipal People's Government (ii) Guiyang Municipal People's Government (iii) Shaanxi Provincial People's Government	<ul style="list-style-type: none"> <li>• Strategic management and oversight authority of project</li> <li>• Final review and approval of key deliverables prior to national processes</li> <li>• Ensure accountability by the implementing agencies of timely project completion</li> </ul>
Provincial finance bureaus	<ul style="list-style-type: none"> <li>• Establish and manage the advance account</li> <li>• Review and submit withdrawal applications</li> <li>• Oversee debt repayment</li> <li>• Provide financial management support to PMO</li> <li>• Oversee independent audit of project</li> </ul>
Implementing agencies (i) Fangchenggang City Culture and Tourism Group Co. Ltd. (ii) Guiyang Bureau of Health (iii) Yan'an University Affiliated Hospital  (iv) National Institute of Hospital Administration	<ul style="list-style-type: none"> <li>• Responsible for project management, coordination, and capacity building of components</li> <li>• Responsible for the delivery of the overall implementation plan</li> <li>• Responsible for ensuring quality assurance, effective project management, and timely completion</li> <li>• Review and summarize the project loan withdrawal applications and submit to the finance bureaus</li> <li>• Prepare and submit required financial statements and annual audit reports to ADB</li> <li>• Carry out EMP, EMDP, resettlement plan, and GAP implementation monitoring</li> <li>• Manage the procurement, construction, and supervision under the project</li> <li>• Coordinates the work of the three project sites and reports progress to the National Development and Reform Commission and the Ministry of Finance</li> <li>• Carries out capacity-building activities and research in collaboration with the implementing agencies</li> </ul>
PMOs at the implementing agency level	<ul style="list-style-type: none"> <li>• Coordinate and guide project preparation</li> <li>• Coordinate counterpart funding and loan allocation</li> <li>• Oversee project progress and project implementation quality</li> <li>• Responsible for overall coordination during project implementation, and carry out EMP, EMDP, and GAP implementation and reporting</li> <li>• Regularly organize team meetings to update project progress and resolve implementation issues</li> </ul>
ADB	<ul style="list-style-type: none"> <li>• Responsible for technical oversight during implementation</li> </ul>



Project Implementation Organizations	Management Roles and Responsibilities
	<ul style="list-style-type: none"> <li>• Provide overall guidance on project management and direction</li> <li>• Responsible for processing of disbursements at the request of executing and implementing agencies</li> <li>• Monitor EMP, EMDP, and GAP implementation</li> </ul>

ADB = Asian Development Bank, DRC = development and reform commission, EMDP = ethnic minority development plan, EMP = environmental management plan, GAP = gender action plan, PMO = project management office.  
Source: ADB.

## B. Key Persons Involved in Implementation

### Executing Agency

Fangchenggang Municipal People's Government

Officer's Name: Mr. Ding Kaisheng  
Position: Chief Economist of Fangchenggang Municipal Development and Reform Commission  
Telephone: 0770 281 8935  
E-mail address: [jw2818656@163.com](mailto:jw2818656@163.com)  
Office address: City Hall, Yingbin Road, Gangkou District, Fangchenggang  
Website: <http://www.fcgs.gov.cn/>

Guiyang Municipal People's Government

Officer's Name: Mr. Bing Ge  
Position: Vice Director of Guiyang City Sanitation and Health Bureau, Guizhou Province  
Telephone: +86 851 8798 7320  
Fax: +86 851 8798 7301  
E-mail address: [1772450196@qq.com](mailto:1772450196@qq.com)  
Office address: Phase 1, Municipal Administrative Center, Guanshanhu District, Guiyang City, Guizhou Province  
Website: <http://www.guiyang.gov.cn/>

Shaanxi Provincial People's Government

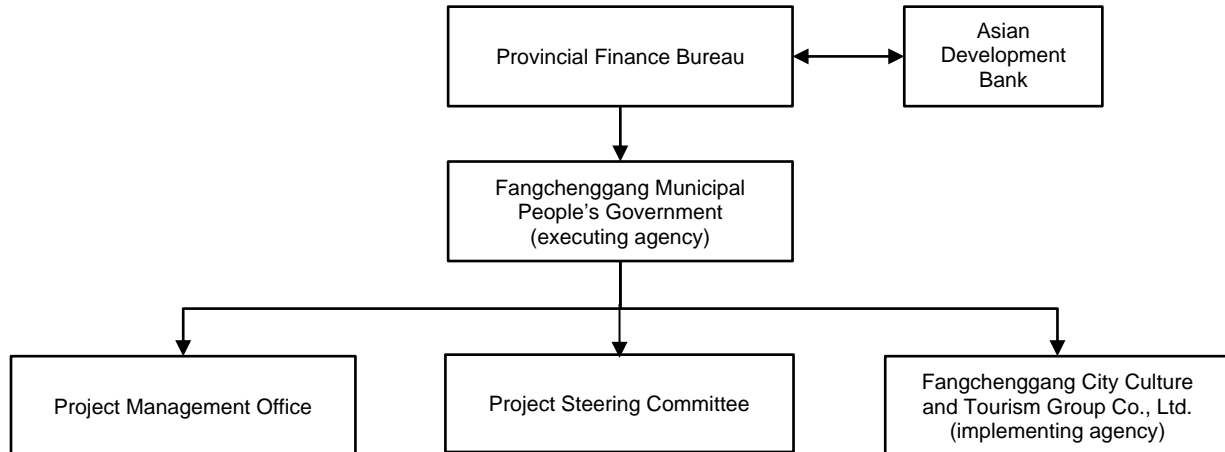
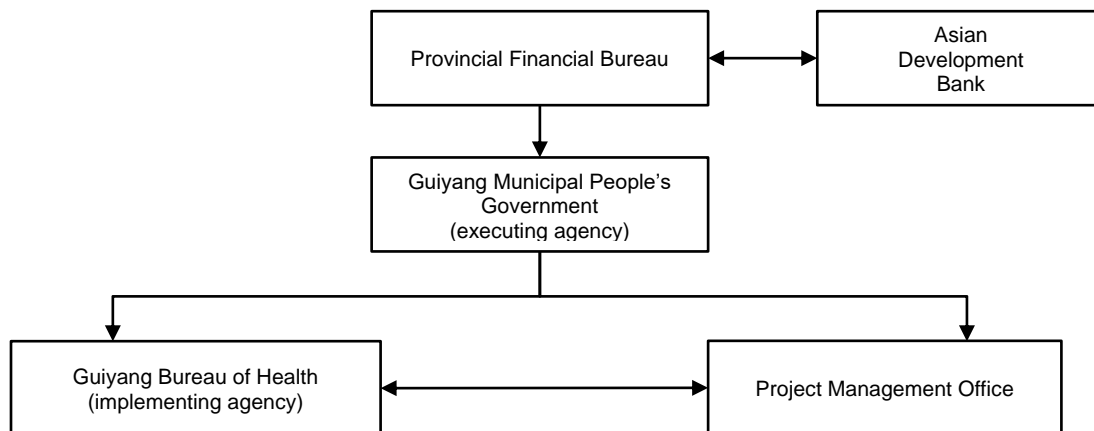
Officer's Name: Mr. Wang, Jiawei  
Position: Deputy Director of Social Division of Shaanxi Provincial DRC  
Telephone: +86 029 6391 3175  
Fax: +86 029 6391 3175  
E-mail address: [fgwxxb@shaanxi.cn](mailto:fgwxxb@shaanxi.cn)  
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Website: <http://www.shaanxi.gov.cn/>

**Asian Development Bank**  
East Asia Department

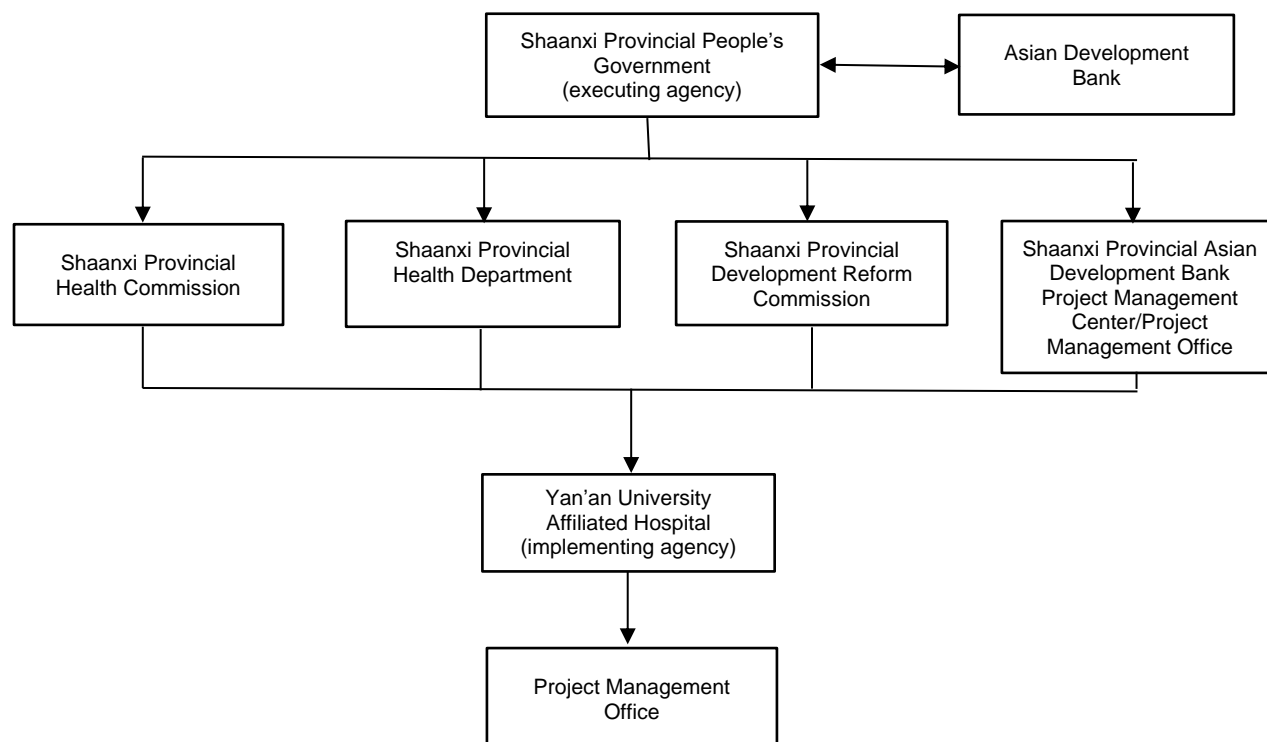
Staff Name: Mr. Asif Cheema  
Position: Director, Urban and Social Sectors Division  
Telephone: +63 2 8632 6584  
E-mail address: [acheema@adb.org](mailto:acheema@adb.org)

Mission Leader

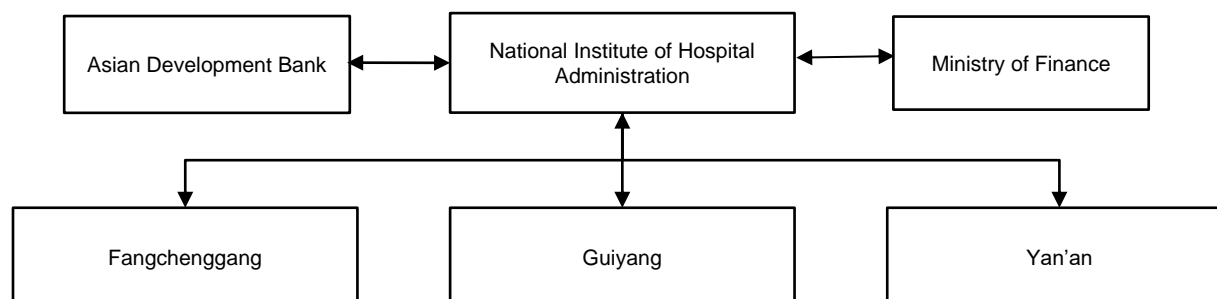
Staff Name: Mr. Najibullah Habib  
Position: Senior Health Specialist, Urban and Social Sectors Division  
Telephone: +63 2 8632 1290  
E-mail address: [nhabib@adb.org](mailto:nhabib@adb.org)

**C. Project Organization Structure****Figure 1: Project Organization Structure****Fangchenggang (Guangxi Zhang Autonomous Region)****Guiyang (Guizhou Province)**

### Yan'an (Shaanxi Province)



### National Institute of Hospital Administration



## IV. COSTS AND FINANCING

17. The proposed project will be financed by ADB and the Government of the PRC. ADB will finance the hospitals' construction and rehabilitation works, development of the medical training base, medical and health care facilities equipment supply, medical training materials and international academic exchange platform development, and consulting services for project supervision and management. The project funds will also cover surveys and environmental impact studies. About half of the total project cost requirements will be through counterpart funds from the government.

18. The project is estimated to cost €633.55 million (Table 4).

**Table 4: Summary Cost Estimates**  
(€ million)

Item	Amount <sup>a</sup>
<b>A. Base Cost<sup>b</sup></b>	
1. Output 1: Public health institutional capacity and policies developed	49.87
2. Output 2: Effective public health ecosystem established	454.48
3. Output 3: Training excellence and international cooperation capability enhanced	57.30
<b>Subtotal (A)</b>	<b>561.65</b>
<b>B. Contingencies<sup>c</sup></b>	<b>58.19</b>
<b>C. Financial Charges During Implementation<sup>d</sup></b>	<b>13.71</b>
<b>Total (A+B+C)</b>	<b>633.55</b>

<sup>a</sup> Includes taxes and duties of €42.75 million, of which €22.44 million will be financed by the government and €20.31 million by the Asian Development Bank loan. Such amount does not represent an excessive share of the project cost.

<sup>b</sup> In mid-2022 prices (as of 20 May 2022).

<sup>c</sup> Physical and price contingencies, and a provision for exchange rate fluctuation are included.

<sup>d</sup> Includes interest, commitment, and other charges on all sources of financing.

Source: Asian Development Bank estimates.

19. The government has requested a regular loan of €300,993,000<sup>19</sup> (\$300,000,000 equivalent) from ADB's ordinary capital resources to help finance the project. The loan will have a 25-year term, including a grace period of 5 years; an interest rate determined in accordance with ADB's Flexible Loan Product; a commitment charge of 0.15% per year; and such other terms and conditions set forth in the draft loan and project agreements. Based on the straight-line method, the average maturity is 15.25 years, and the maturity premium payable to ADB is 0.30% per year. The government will make the proceeds of the ADB loan available, through Guangxi Zhuang Autonomous Region Government (GZARG), Guizhou Provincial Government (GPG), Shaanxi Provincial People's Government (SPPG) and the executing agencies, to the implementing agencies as follows: (i) GZARG to Fangchenggang Municipal People's Government (FMPG), and FMPG to Fangchenggang City Culture and Tourism Group Co., Ltd (FCTG), €70,232,000 as a loan and €16,494,000 as a grant; (ii) GPG to Guiyang Municipal People's Government (GMPG), €97,321,000 as a loan, to be utilized by Guiyang Bureau of Health (GBH) and repaid by GMPG; and GPG to GMPG, and GMPG to GBH, €5,909,000 as a grant; (iii) SPPG to Yan'an University Affiliated Hospital (YUAH), €80,265,000 as a loan; and €12,913,000 as a grant; (iv) GZARG to National Institute of Hospital Administration (NIHA), €3,572,000 as a grant; (v) GPG to NIHA, €7,133,000 as a grant; and (vi) SPPG to NIHA, €7,154,000 as a grant, on terms and conditions that are acceptable to ADB, including commitment charge, interest rate, repayment period, and a grace period identical to those applied to the loan. The FCTG, GMPG, and YUAH will bear the foreign exchange and interest rate variation risks relating to their respective portion of the loan proceeds.

20. The summary financing plan is in Table 5. ADB will finance the expenditures in relation to civil works, goods, and consulting services for capacity development and project management support. Table 6 shows the breakdown of the project investments by project site. Of the total €633.55 million investments, €199.55 million or 31.5% will be invested in Fangchenggang, €225.10 million or 35.5% in Guiyang, and €208.90 million or 33.0% in Yan'an. Table 12 shows the breakdown of the project investments by civil works and institutional capacity building categories. Of the total estimated €633.55 million cost, €266.15 million or 42.0% is allocated for

<sup>19</sup> The applicable conversion rate is €1.003311 = \$1.00 (as of 25 August 2022).

civil works, while €295.50 million or 46.6% is programmed for institutional strengthening and capacity development. The remaining balance of €71.90 million or 11.4% is allocated for contingencies and financial charges during implementation. The government has given its assurance to provide counterpart funding in a timely manner and will provide any additional counterpart funding needed to cover shortfall of funds or cost overruns.

**Table 5: Summary Financing Plan**

Source	Amount (€ million)	Share of Total (%)
Asian Development Bank		
Ordinary capital resources (regular loan) <sup>a</sup>	300.99	47.51
Government	332.56	52.49
<b>Total</b>	<b>633.55</b>	<b>100.00</b>

<sup>a</sup> The government will use €53,175,000 of the €300,993,000 loan as grant provision to the Fangchenggang City Culture and Tourism Group Co., Ltd. (€16,494,000); Guiyang Bureau of Health (€5,909,000); Yan'an University Affiliated Hospital (€12,913,000), and National Institute of Hospital Administration (€17,859,000).

Source: Asian Development Bank estimates.

**Table 6: Summary Financing Plan by Project Site**  
(€ million)

Item	ADB		Government		Total Cost	
	Amount	% of Cost Category	Amount	% of Cost Category	Amount	Taxes
<b>A. Fangchenggang</b>						
1. Works	23.34	50.0	23.34	50.0	46.68	3.08
2. Goods	57.43	49.6	58.27	50.4	115.70	7.64
3. Capacity building	5.73	100.0	0	0	5.73	0.38
4. Consulting services - NIHA	3.74	100.0	0	0	3.74	0.25
5. Project management, engineering, surveys, EIA	0	0	6.03	100.0	6.03	0.40
6. Land acquisition	0	0	0	0	0	0
7. Contingencies	0	0	17.70	100.0	17.70	1.17
7.1 Physical	0	0	12.45	100.0	12.45	0.82
7.2 Price	0	0	5.25	100.0	5.25	0.35
8. Financial charges during implementation	0	0	3.98	100.0	3.98	0.26
8.1 Interest during construction	0	0	3.78	100.0	3.78	0.25
8.2 Commitment charges	0	0	0.20	100.0	0.20	0.01
<b>Subtotal (A)</b>	<b>90.24</b>	<b>45.2</b>	<b>109.31</b>	<b>54.8</b>	<b>199.55</b>	<b>13.18</b>
<b>B. Guiyang</b>						
1. Works	68.64	61.6	42.72	38.4	111.37	7.32
2. Goods	32.12	88.8	4.05	11.2	36.17	2.38
3. Capacity building	1.78	54.0	1.51	46.0	3.29	0.22
4. Consulting services - NIHA	7.47	100.0	0	0	7.47	0.49
5. Project management, engineering, surveys, EIA	0	0	9.60	100.0	9.60	0.63
6. Land acquisition	0	0	31.83	100.0	31.83	2.09
7. Contingencies	0	0	20.31	100.0	20.31	1.33
7.1 Physical	0	0	13.98	100.0	13.98	0.92
7.2 Price	0	0	6.33	100.0	6.33	0.42
8. Financial charges during implementation	0	0	5.06	100.0	5.06	0.33
8.1 Interest during construction	0	0	4.85	100.0	4.85	0.32
8.2 Commitment charges	0	0	0.21	100.0	0.21	0.01
<b>Subtotal (B)</b>	<b>110.01</b>	<b>48.9</b>	<b>115.08</b>	<b>51.1</b>	<b>225.10</b>	<b>14.80</b>
<b>C. Yan'an</b>						
1. Works	48.16	44.5	59.94	55.5	108.10	7.94
2. Goods	44.28	75.8	14.15	24.2	58.43	4.04
3. Capacity building	0.82	100.0	0	0	0.82	0.05

Item	ADB		Government		Total Cost	
	Amount	% of Cost Category	Amount	% of Cost Category	Amount	Taxes
4. Consulting services - NIHA	7.49	100.0	0	0	7.49	0.49
5. Project management, engineering, surveys, EIA	0	0	9.20	100.0	9.20	0.61
6. Land acquisition	0	0	0	0	0	0
7. Contingencies	0	0	20.18	100.0	20.18	1.33
7.1 Physical	0	0	13.96	100.0	13.96	0.92
7.2 Price	0	0	6.22	100.0	6.22	0.41
8. Financial charges during implementation	0	0	4.68	100.0	4.68	0.31
8.1 Interest during construction	0	0	4.50	100.0	4.50	0.30
8.2 Commitment charges	0	0	0.18	100.0	0.18	0.01
<b>Subtotal (C)</b>	<b>100.74</b>	<b>48.2</b>	<b>108.16</b>	<b>51.8</b>	<b>208.90</b>	<b>14.78</b>
<b>Overall Project</b>						
1. Works	140.14	52.7	126.01	47.3	266.15	18.34
2. Goods	133.83	63.6	76.47	36.4	210.30	14.06
3. Capacity building	8.32	84.6	1.51	15.4	9.84	0.65
4. Consulting services - NIHA	18.70	100.0	0	0	18.70	1.23
5. Project management, engineering, surveys, EIA	0	0	24.83	100.0	24.83	1.63
6. Land acquisition	0	0	31.83	100.0	31.83	2.09
7. Contingencies	0	0	58.19	100.0	58.19	3.83
7.1 Physical	0	0	40.40	100.0	40.40	2.66
7.2 Price	0	0	17.79	100.0	17.79	1.17
8. Financial charges during implementation	0	0	13.71	100.0	13.71	0.90
8.1 Interest during construction	0	0	13.13	100.0	13.13	0.86
8.2 Commitment charges	0	0	0.59	100.0	0.59	0.04
<b>Total (A+B+C)</b>	<b>300.99</b>	<b>47.51</b>	<b>332.56</b>	<b>52.49</b>	<b>633.55</b>	<b>42.75</b>

ADB = Asian Development Bank, EIA = environmental impact assessment, NIHA = National Institute of Hospital Administration.

Note: Numbers may not sum precisely because of rounding.

Source: ADB estimates.

21. Climate mitigation is estimated to cost €1.81 million, and climate adaptation is estimated to cost €4.01 million. ADB will finance 47.51% of mitigation costs and 47.51% of adaptation costs.

## A. Cost Estimates Preparation and Revisions

22. The project investment cost is estimated at €633.55 million, including taxes and duties of €42.75 million. The ADB loan will cover taxes and duties on items financed by ADB. The total cost includes physical and price contingencies and financial charges during implementation. During implementation, costs will be updated in the procurement plan once a year to reflect the actual contract prices, contract variations, and updated cost estimates. The cost estimates were prepared by the feasibility study preliminary design consultants based on the latest available unit costs at the local and national levels.

## B. Key Assumptions

23. The following key assumptions underpin the cost estimates and financing plan:
- (i) Exchange rates: €1.00 = CNY6.8370 and CNY1.00 = €0.1463 (as of 25 August 2022).
  - (ii) Price contingencies based on expected cumulative inflation over the implementation period are as follows:

**Table 7: Escalation Rates for Price Contingency Calculation**

<b>Item</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>Average</b>
Foreign rate of price inflation	1.7%	1.7%	1.8%	1.8%	1.8%	1.8%
Domestic rate of price inflation	2.3%	2.0%	2.0%	2.0%	2.0%	2.1%

Source: Asian Development Bank.

### C. Detailed Cost Estimates by Expenditure Category

**Table 8: Detailed Cost Estimates by Expenditure Category**

Item	CNY million			€ million			% of Total Base Cost
	Foreign Exchange	Local Currency	Total Cost	Foreign Exchange	Local Currency	Total Cost	
<b>A. Investment Costs</b>							
1. Works	0	<b>1,722.49</b>	<b>1,722.49</b>	0	<b>266.15</b>	<b>266.15</b>	<b>47.4</b>
1.1. Fangchenggang	0	302.10	302.10	0	46.68	46.68	8.3
1.2. Guiyang	0	720.77	720.77	0	111.37	111.37	19.8
1.3. Yan'an	0	699.62	699.62	0	108.10	108.10	19.2
2. Goods	<b>1,104.28</b>	<b>256.77</b>	<b>1,361.05</b>	<b>170.63</b>	<b>39.67</b>	<b>210.30</b>	<b>37.4</b>
2.1. Fangchenggang	599.05	149.76	748.81	92.56	23.14	115.70	20.6
2.2. Guiyang	187.29	46.82	234.12	28.94	7.23	36.17	6.4
2.3. Yan'an	317.94	60.19	378.12	49.13	9.30	58.43	10.4
3. Capacity building	<b>54.88</b>	<b>8.78</b>	<b>63.66</b>	<b>8.48</b>	<b>1.36</b>	<b>9.84</b>	<b>1.8</b>
3.1. Fangchenggang	37.07	0	37.07	5.73	0	5.73	1.0
3.2. Guiyang	12.43	8.86	21.29	1.92	1.37	3.29	0.6
3.3. Yan'an	5.39	(0.08)	5.30	0.83	(0.01)	0.82	0.1
4. Consulting services - NIHA	<b>24.21</b>	<b>96.83</b>	<b>121.04</b>	<b>3.74</b>	<b>14.96</b>	<b>18.70</b>	<b>3.3</b>
4.1. Fangchenggang	4.84	19.37	24.21	0.75	2.99	3.74	0.7
4.2. Guiyang	9.67	38.68	48.35	1.49	5.98	7.47	1.3
4.3. Yan'an	9.70	38.79	48.48	1.50	5.99	7.49	1.3
5. Project management, engineering, surveys, EIA	<b>32.13</b>	<b>128.54</b>	<b>160.67</b>	<b>4.965</b>	<b>19.86</b>	<b>24.83</b>	<b>4.4</b>
5.1 Fangchenggang	7.80	31.20	39.00	1.21	4.82	6.03	1.1
5.2 Guiyang	12.43	49.71	62.14	1.92	7.68	9.60	1.7
5.3 Yan'an	11.91	47.63	59.54	1.84	7.36	9.20	1.6
6. Land acquisition	0	<b>206.00</b>	<b>206.00</b>	0	<b>31.83</b>	<b>31.83</b>	<b>5.7</b>
6.1 Fangchenggang	0	0	0	0	0	0	0
6.2 Guiyang	0	206.00	206.00	0	31.83	31.83	5.7
6.3 Yan'an	0	0	0	0	0	0	0
<b>Subtotal (A)</b>	<b>1,215.51</b>	<b>2,419.41</b>	<b>3,634.92</b>	<b>187.81</b>	<b>373.83</b>	<b>561.65</b>	<b>100.0</b>
<b>B. Contingencies</b>							
1. Physical	85.71	175.74	261.44	13.24	27.15	40.40	7.2
1.1. Fangchenggang	45.41	35.17	80.58	7.02	5.43	12.45	2.2
1.2. Guiyang	16.15	74.34	90.49	2.50	11.49	13.98	2.5
1.3. Yan'an	24.15	66.23	90.37	3.73	10.23	13.96	2.5
2. Price	33.07	82.07	115.14	5.11	12.68	17.79	3.2
2.1. Fangchenggang	17.52	16.42	33.95	2.71	2.54	5.25	0.9
2.2. Guiyang	6.23	34.72	40.95	0.96	5.36	6.33	1.1



Item	CNY million			€ million			% of Total Base Cost
	Foreign Exchange	Local Currency	Total Cost	Foreign Exchange	Local Currency	Total Cost	
2.3. Yan'an	9.32	30.93	40.24	1.44	4.78	6.22	1.1
<b>Subtotal (B)</b>	<b>118.77</b>	<b>257.81</b>	<b>376.58</b>	<b>18.35</b>	<b>39.83</b>	<b>58.19</b>	<b>10.4</b>
<b>C. Financial Charges During Implementation</b>							
1. Interest during construction	47.76	37.18	84.94	7.38	5.75	13.13	2.3
1.1. Fangchenggang	13.75	10.71	24.46	2.12	1.65	3.78	0.7
1.2. Guiyang	17.64	13.73	31.37	2.73	2.12	4.85	0.9
1.3. Yan'an	16.37	12.74	29.12	2.53	1.97	4.50	0.8
2. Commitment Charges	2.14	1.67	3.81	0.33	0.26	0.59	0.1
2.1. Fangchenggang	0.71	0.56	1.27	0.11	0.09	0.20	0.0
2.2. Guiyang	0.76	0.59	1.35	0.12	0.09	0.21	0.0
2.3. Yan'an	0.67	0.52	1.19	0.10	0.08	0.18	0.0
<b>Subtotal (C)</b>	<b>49.90</b>	<b>38.85</b>	<b>88.75</b>	<b>7.71</b>	<b>6.00</b>	<b>13.71</b>	<b>2.4</b>
<b>Total Cost (A+B+C)</b>	<b>1,384.19</b>	<b>2,716.06</b>	<b>4,100.25</b>	<b>213.88</b>	<b>419.67</b>	<b>633.55</b>	<b>112.8</b>

( ) = negative, EIA = environmental impact assessment, NIHA = National Institute of Hospital Administration.

Note: Numbers may not sum precisely because of rounding.

Source: Asian Development Bank estimates.

#### D. Allocation and Withdrawal of Loan Proceeds

**Table 9: Allocation and Withdrawal of Loan Proceeds<sup>a</sup>**

No.	Category	Total Amount Allocated for ADB Financing (€)	Percentage and Basis for Withdrawal from the Loan Account
1	Works, goods, project management, and capacity development	300,993,000	Up to 100% of total expenditure claimed <sup>b</sup>
<b>Total</b>		<b>300,993,000</b>	

ADB = Asian Development Bank.

<sup>a</sup> Detailed categories, amounts, and disbursement percentages to be used during disbursement are in Table 10.

<sup>b</sup> Inclusive of taxes and duties imposed within the territory of the Borrower.

Source: ADB estimates.

**Table 10: Detailed Allocation and Withdrawal of Loan Proceeds**

Category	Amount for ADB Financing <sup>a</sup>		Percentage and Basis for Withdrawal from the Loan Account
	Category	Subcategory	
<b>1. Works</b>	<b>140,142,000</b>		
1.1. Fangchenggang		23,340,000	50.0% of total expenditures claimed
1.2. Guiyang		68,645,000	61.6% of total expenditures claimed
1.3. Yanan		48,157,000	51.7% of total expenditures claimed
<b>2. Goods</b>	<b>133,827,000</b>		
2.1. Fangchenggang		57,428,000	100.0% of total expenditures claimed
2.2. Guiyang		32,123,000	100.0% of total expenditures claimed
2.3. Yanan		44,276,000	100.0% of total expenditures claimed
<b>3. Capacity Building</b>	<b>27,024,000</b>		
3.1. Fangchenggang		9,468,000	100.0% of total expenditures claimed
3.2. Guiyang		9,245,000	100.0% of total expenditures claimed
3.3. Yanan		8,311,000	100.0% of total expenditures claimed
<b>Total Cost</b>	<b>300,993,000</b>		

ADB = Asian Development Bank.

<sup>a</sup> Inclusive of taxes and duties imposed within the territory of the Borrower.

Source: ADB estimates.

## E. Detailed Cost Estimates by Financier

Table 11: Detailed Cost Estimates by Financier

Item	(€ million)					
	ADB		Government Counterpart		Total Cost	
	Amount	% of Cost Category	Amount	% of Cost Category	Amount	Taxes
<b>A. Investment Costs</b>						
1. Works	140.14	52.7	126.01	47.3	266.15	18.34
1.1. Fangchenggang	23.34	50.0	23.34	50.0	46.68	3.08
1.2. Guiyang	68.64	61.6	42.72	38.4	111.37	7.32
1.3 Yan'an	48.16	44.55	54.94	55.45	108.10	7.94
2. Goods	133.83	63.6	76.47	36.36	210.30	14.06
2.1. Fangchenggang	57.43	49.6	58.27	50.37	115.70	7.64
ADB financed	57.43	100.0				
Non- ADB financed			58.27	100.0		
2.2. Guiyang	32.12	88.8	4.05	11.20	36.17	2.38
ADB financed	57.43	100.0				
Non- ADB financed			58.27	100.0		
2.3 Yan'an	44.28	75.8	14.15	24.22	58.43	4.04
ADB financed	44.28	100.0				
Non-ADB financed			22.42	100.0		
3. Capacity building	8.32	84.6	1.51	15.4	9.84	0.65
3.1.1. Fangchenggang	5.73	100.0	0	0	5.73	0.38
3.1.2. Guiyang	1.78	54.0	1.51	46.0	3.29	0.22
ADB financed	1.78	100.0				
Non-ADB financed			1.51	100.0		
3.1.3. Yan'an	0.82	100.0	0	0	0.82	0.05
4. Consulting services - NIHA	18.70	100.0	0	0	18.70	1.23
4.1.1. Fangchenggang	3.74	100.0	0	0	3.74	0.25
4.1.2. Guiyang	7.47	100.0	0	0	7.47	0.49
4.1.3. Yan'an	7.49	100.0	0	0	7.49	0.49
5. Project management, engineering, surveys, EIA	0	0	24.83	100.0	24.83	1.63
5.1 Fangchenggang	0	0	6.03	100.0	6.03	0.40
5.2 Guiyang	0	0	9.60	100.0	9.60	0.63
5.3 Yan'an	0	0	9.20	100.0	9.20	0.61
6. Land acquisition	0	0	31.83	100.0	31.83	2.09
6.1 Fangchenggang	0	0	0	0	0	0
6.2 Guiyang	0	0	31.83	100.0	31.83	2.09
6.3 Yan'an	0	0	0	0	0	0
<b>Subtotal (A)</b>	<b>300.99</b>	<b>53.6</b>	<b>260.65</b>	<b>46.4</b>	<b>561.65</b>	<b>38.01</b>
<b>B. Contingencies</b>						
1. Physical	0	0	40.40	100.0	40.40	2.66
1.1. Fangchenggang	0	0	12.45	100.0	12.45	0.82

Item	ADB		Government Counterpart		Total Cost	
	Amount	% of Cost Category	Amount	% of Cost Category	Amount	Taxes
1.2. Guiyang	0	0	13.98	100.0	13.98	0.92
1.3. Yan'an	0	0	13.96	100.0	13.96	0.92
2. Price	0	0	17.79	100.0	17.79	1.17
2.1. Fangchenggang	0	0	5.25	100.0	5.25	0.35
2.2. Guiyang	0	0	6.33	100.0	6.33	0.42
2.3. Yan'an	0	0	6.22	100.0	6.22	0.41
<b>Subtotal (B)</b>	<b>0</b>	<b>0</b>	<b>58.19</b>	<b>100.0</b>	<b>58.19</b>	<b>3.83</b>
<b>C. Financial Charges During Implementation</b>						
1. Interest during construction	0	0	13.13	100.0	13.13	0.88
1.1. Fangchenggang	0	0	3.78	100.0	3.78	0.26
1.2. Guiyang	0	0	4.85	100.0	4.85	0.32
1.3. Yan'an	0	0	4.50	100.0	4.50	0.30
2. Commitment charges	0	0	0.59	100.0	0.59	0.28
2.1. Fangchenggang	0	0	0.20	100.0	0.20	0.25
2.2. Guiyang	0	0	0.21	100.0	0.21	0.01
2.3. Yan'an	0	0	0.18	100.0	0.18	0.01
<b>Subtotal (C)</b>	<b>0</b>	<b>0</b>	<b>13.71</b>	<b>100.0</b>	<b>13.71</b>	<b>1.15</b>
<b>Total Cost (A+B+C)</b>	<b>300.99</b>	<b>47.5</b>	<b>332.56</b>	<b>52.5</b>	<b>633.55</b>	<b>42.75</b>

ADB = Asian Development Bank, NIHA = National Institute of Hospital Administration.

Note: Numbers may not sum precisely because of rounding.

Source: ADB estimates.

**Table 12: Civil Works and Institutional Capacity Building Costs**  
(€ million)

Item	Total Cost		ADB		Government	
	Amount	% of Total Cost	Amount	% of Cost Category	Amount	% of Cost Category
<b>A. Investment Costs</b>						
1. Civil works	266.15	42.0	140.14	52.7	126.01	47.3
2. Institutional and capacity development <sup>a</sup>	276.80	43.7	142.15	51.4	134.65	48.6
3. Consulting services, training - NIHA	18.70	3.0	18.70	100.0	0	0
<b>Subtotal (A)</b>	<b>561.65</b>	<b>88.7</b>	<b>300.99</b>	<b>53.6</b>	<b>260.65</b>	<b>46.4</b>
B. Contingencies	58.19	9.2	0	0	58.19	100.0
C. Financial Charges During Implementation	13.71	2.2	0	0	13.71	100.0
<b>Total Cost (A+B+C)</b>	<b>633.55</b>	<b>100.0</b>	<b>300.99</b>	<b>47.5</b>	<b>332.56</b>	<b>52.5</b>

ADB = Asian Development Bank, NIHA = National Institute of Hospital Administration.

<sup>a</sup> Includes training equipment, medical and specialized hospital equipment, and information and communication technology equipment.

Note: Numbers may not sum precisely because of rounding.

Source: ADB estimates.

## F. Detailed Cost Estimates by Outputs

**Table 13: Detailed Cost Estimates by Outputs**  
(€ million)

Item	Total Cost		Output 1: Public Health Institutional Capacity and Policies Developed		Output 2: Effective Public Health Ecosystem Established		Output 3: Training Excellence and International Cooperation Capability Enhanced	
	Amount	% of Cost	Amount	% of Cost Category	Amount	% of Cost Category	Amount	% of Cost Category
<b>A. Investment Costs</b>								
1. Works	<b>266.15</b>	<b>42.0</b>	0	0	<b>232.57</b>	<b>87.4</b>	<b>33.58</b>	<b>12.6</b>
1.1. Fangchenggang	46.68	7.4	0	0	13.10	28.1	33.58	71.9
1.2. Guiyang	111.37	17.6	0	0	111.37	100.0	0	0
1.3. Yan'an	108.10	17.1	0	0	108.10	100.0	0	0
2. Goods	<b>210.29</b>	<b>33.2</b>	<b>35.71</b>	<b>17.0</b>	<b>168.40</b>	<b>80.1</b>	<b>6.18</b>	<b>2.9</b>
2.1. Fangchenggang	115.70	18.3	14.05	12.1	98.41	85.1	3.24	2.8
2.2. Guiyang	36.17	5.7	10.90	30.1	24.27	67.1	1.01	2.8
2.3. Yan'an	58.41	9.2	10.76	18.4	45.72	78.3	1.93	3.3
3. Capacity building	<b>9.85</b>	<b>1.6</b>	<b>6.22</b>	<b>63.1</b>	0	0	<b>3.63</b>	<b>36.9</b>
3.1.1. Fangchenggang	5.73	0.9	5.73	100.0	0	0	0	0
3.1.2. Guiyang	3.29	0.5	0	0	0	0	3.29	100.0
3.1.3. Yan'an	0.83	0.1	0.49	59.0	0	0	0.34	41.0
4. Consulting Services - NIHA	<b>18.70</b>	<b>3.0</b>	<b>7.47</b>	<b>39.9</b>	0	0	<b>11.23</b>	<b>60.1</b>
4.1.1. Fangchenggang	3.74	0.6	0	0	0	0	3.74	100.0
4.1.2. Guiyang	7.47	1.2	7.47	100.0	0	0	0	0
4.1.3. Yan'an	7.49	1.2	0	0	0	0	7.49	100.0



Item	Total Cost		Output 1: Public Health Institutional Capacity and Policies Developed		Output 2: Effective Public Health Ecosystem Established		Output 3: Training Excellence and International Cooperation Capability Enhanced	
	Amount	% of Cost	Amount	% of Cost Category	Amount	% of Cost Category	Amount	% of Cost Category
	1. Interest during construction	13.13	2.1	0.97	7.4	10.75	81.9	1.40
1.1. Fangchenggang	3.78	0.6	0.43	11.4	2.43	64.3	0.92	24.3
1.2. Guiyang	4.85	0.8	0.29	5.9	4.30	88.6	0.27	5.5
1.3. Yan'an	4.50	0.7	0.25	5.6	4.02	89.5	0.22	4.9
2. Commitment charges	0.59	0.1	0.04	7.6	0.48	80.8	0.07	11.6
2.1. Fangchenggang	0.20	0.0	0.02	11.4	0.13	64.3	0.05	24.3
2.2. Guiyang	0.21	0.0	0.01	5.9	0.18	88.6	0.01	5.5
2.3. Yan'an	0.18	0.0	0.01	5.6	0.16	89.5	0.01	4.9
<b>Subtotal (C)</b>	<b>13.71</b>	<b>2.2</b>	<b>1.01</b>	<b>7.4</b>	<b>11.23</b>	<b>81.9</b>	<b>1.47</b>	<b>10.7</b>
<b>Total Cost (A+B+C)</b>	<b>633.55</b>	<b>100.0</b>	<b>55.23</b>	<b>8.7</b>	<b>513.14</b>	<b>81.0</b>	<b>65.18</b>	<b>10.3</b>

EIA = environmental impact assessment, NIHA = National Institute of Hospital Administration.

Note: Numbers may not sum precisely because of rounding.

Source: Asian Development Bank estimates.

**G. Detailed Cost Estimates by Year****Table 14: Detailed Cost Estimates by Year**  
(€ million)

<b>Item</b>	<b>Total Cost</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>A. Investment Costs</b>						
1. Works	<b>266.15</b>	<b>46.01</b>	<b>86.58</b>	<b>104.21</b>	<b>26.61</b>	<b>2.73</b>
1.1. Fangchenggang	46.68	8.07	15.19	18.28	4.67	0.48
1.2. Guiyang	111.37	19.25	36.23	43.61	11.14	1.14
1.3. Yan'an	108.10	18.69	35.17	42.33	10.81	1.11
2. Goods	<b>210.29</b>	<b>36.36</b>	<b>68.42</b>	<b>82.34</b>	<b>21.03</b>	<b>2.14</b>
2.1. Fangchenggang	115.70	20.00	37.64	45.30	11.57	1.19
2.2. Guiyang	36.17	6.25	11.77	14.16	3.62	0.37
2.3. Yan'an	58.41	10.10	19.01	22.88	5.84	0.59
3. Capacity development	<b>9.85</b>	<b>1.70</b>	<b>3.20</b>	<b>3.86</b>	<b>0.98</b>	<b>0.10</b>
3.1. Fangchenggang	5.73	0.99	1.86	2.24	0.57	0.06
3.2. Guiyang	3.29	0.57	1.07	1.29	0.33	0.03
3.3. Yan'an	0.83	0.14	0.27	0.33	0.08	0.01
4. Consulting services - NIHA	<b>18.70</b>	<b>3.23</b>	<b>6.08</b>	<b>7.32</b>	<b>1.87</b>	<b>0.19</b>
4.1. Fangchenggang	3.74	0.65	1.22	1.46	0.37	0.04
4.2. Guiyang	7.47	1.29	2.43	2.93	0.75	0.08
4.3. Yan'an	7.49	1.30	2.44	2.93	0.75	0.08
5. Project management, engineering, surveys, EIA	<b>24.826</b>	<b>4.29</b>	<b>8.08</b>	<b>9.72</b>	<b>2.48</b>	<b>0.25</b>
5.1 Fangchenggang	6.03	1.04	1.96	2.36	0.60	0.06
5.2 Guiyang	9.60	1.66	3.12	3.76	0.96	0.10
5.3 Yan'an	9.20	1.59	2.99	3.60	0.92	0.09
6. Land acquisition	<b>31.830</b>	<b>5.50</b>	<b>10.35</b>	<b>12.46</b>	<b>3.18</b>	<b>0.33</b>
6.1 Fangchenggang	0	0	0	0	0	0
6.2 Guiyang	31.83	5.50	10.35	12.46	3.18	0.33
6.3 Yan'an	0	0	0	0	0	0
<b>Subtotal (A)</b>	<b>561.65</b>	<b>97.09</b>	<b>182.72</b>	<b>219.92</b>	<b>56.17</b>	<b>5.75</b>
<b>B. Contingencies</b>						



Item	Total Cost	Year 1	Year 2	Year 3	Year 4	Year 5
1. Physical	40.40	6.98	13.14	15.82	4.04	0.41
1.1. Fangchenggang	12.45	2.15	4.05	4.88	1.25	0.13
1.2. Guiyang	13.98	2.42	4.55	5.47	1.40	0.14
1.3. Yan'an	13.96	2.41	4.54	5.47	1.40	0.14
2. Price	17.79	0	4.02	9.57	3.69	0.51
2.1. Fangchenggang	5.25	0	1.17	2.83	1.09	0.15
2.2. Guiyang	6.33	0	1.44	3.40	1.31	0.18
2.3. Yan'an	6.22	0	1.41	3.35	1.29	0.18
<b>Subtotal (B)</b>	<b>58.19</b>	<b>6.98</b>	<b>17.16</b>	<b>25.39</b>	<b>7.73</b>	<b>0.92</b>
<b>C. Financial Charges During Implementation</b>						
1. Interest during construction	13.13	2.27	4.27	5.14	1.31	0.13
1.1. Fangchenggang	3.78	0.65	1.23	1.48	0.38	0.04
1.2. Guiyang	4.85	0.84	1.58	1.90	0.48	0.05
1.3. Yan'an	4.50	0.78	1.46	1.76	0.45	0.05
2. Commitment charges	0.59	0.10	0.19	0.23	0.06	0.01
2.1. Fangchenggang	0.20	0.03	0.06	0.08	0.02	0.00
2.2. Guiyang	0.21	0.04	0.07	0.08	0.02	0.00
2.3. Yanan	0.18	0.03	0.06	0.07	0.02	0.00
<b>Subtotal (C)</b>	<b>13.71</b>	<b>2.37</b>	<b>4.46</b>	<b>5.37</b>	<b>1.37</b>	<b>0.14</b>
<b>Total Cost (A+B+C)</b>	<b>633.55</b>	<b>106.45</b>	<b>204.35</b>	<b>250.67</b>	<b>65.26</b>	<b>6.81</b>
% Total Project Cost	100.0	16.8	32.3	39.6	10.3	1.1

EIA = environmental impact assessment, NIHA = National Institute of Hospital Administration.

Note: Numbers may not sum precisely because of rounding.

Source: Asian Development Bank estimates.

## H. Contract and Disbursement S-Curve

**Table 15: Contract Award and Disbursement Projections**  
(€ million)

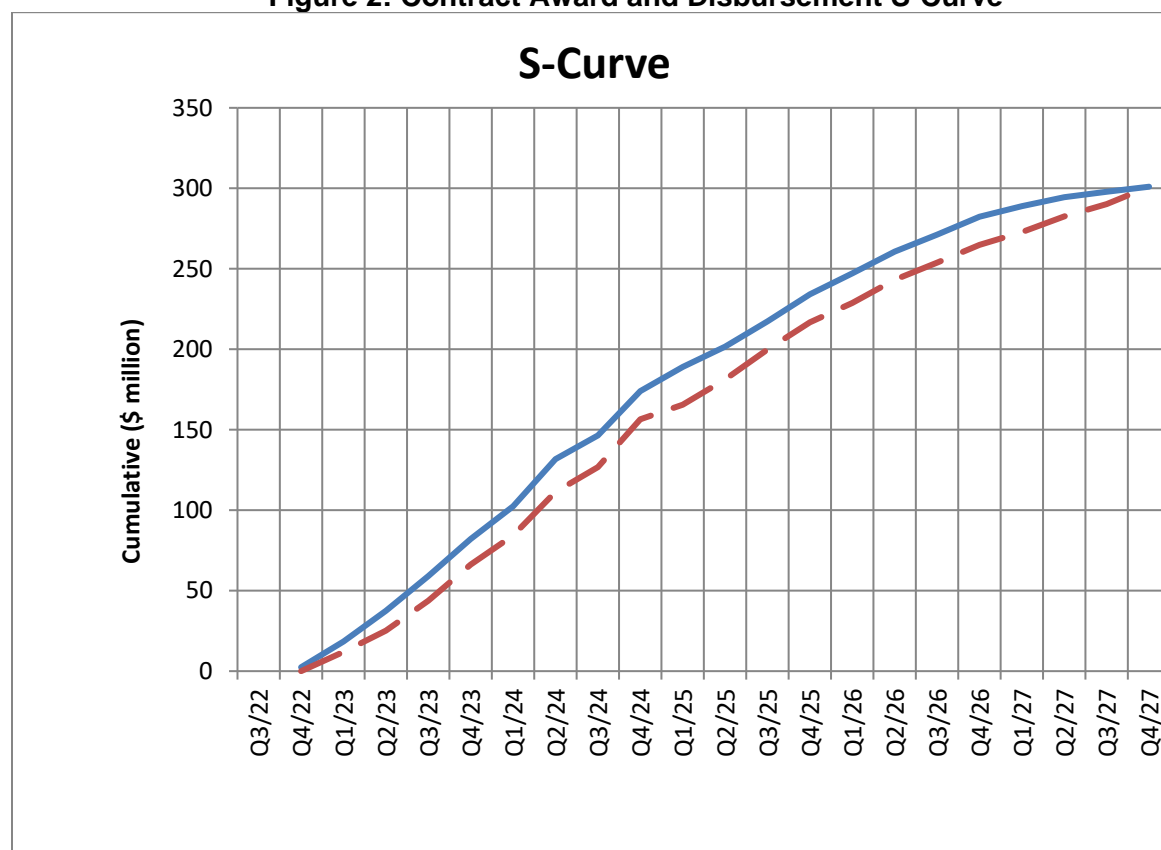
Year	Contract Awards					Disbursements				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
2022	0	0	0	2.41	2.41	0	0	0	0	0
2023	15.95	19.14	21.54	23.13	79.76	11.92	13.24	18.54	22.51	66.21
2024	20.20	29.38	14.69	27.53	91.80	18.06	27.09	15.35	29.80	90.30
2025	15.05	12.64	15.65	16.86	60.20	9.03	15.65	18.66	16.86	60.20
2026	13.00	13.48	10.59	11.09	48.16	12.04	14.45	10.59	11.08	48.16
2027	6.53	5.60	3.36	3.17	18.66	7.95	9.75	7.59	10.83	36.12
<b>Total</b>					<b>300.99</b>					<b>300.99</b>

Q = quarter.

Note: Numbers may not sum precisely because of rounding.

Source: Asian Development Bank estimates.

**Figure 2: Contract Award and Disbursement S-Curve**

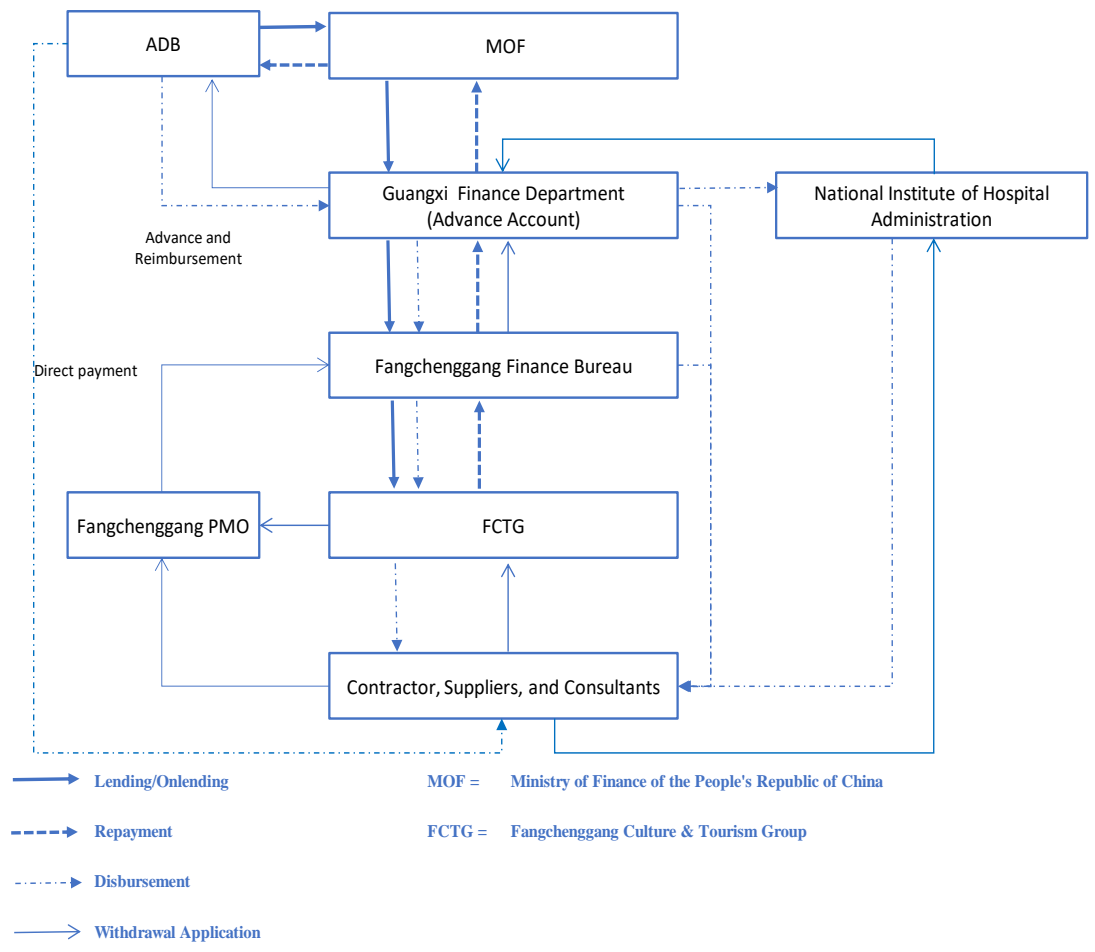


Source: Asian Development Bank.

I. Fund Flow Diagram

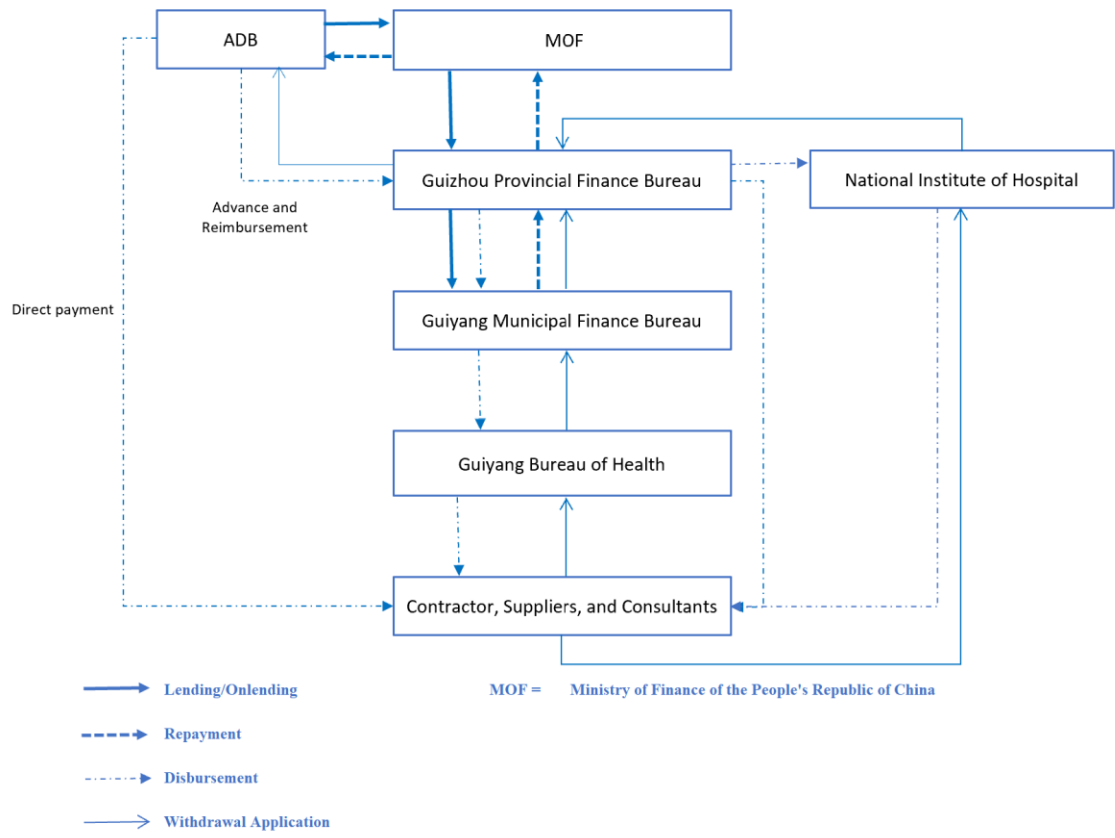
Figure 3: Fund Flow Diagram

A. Fangchenggang



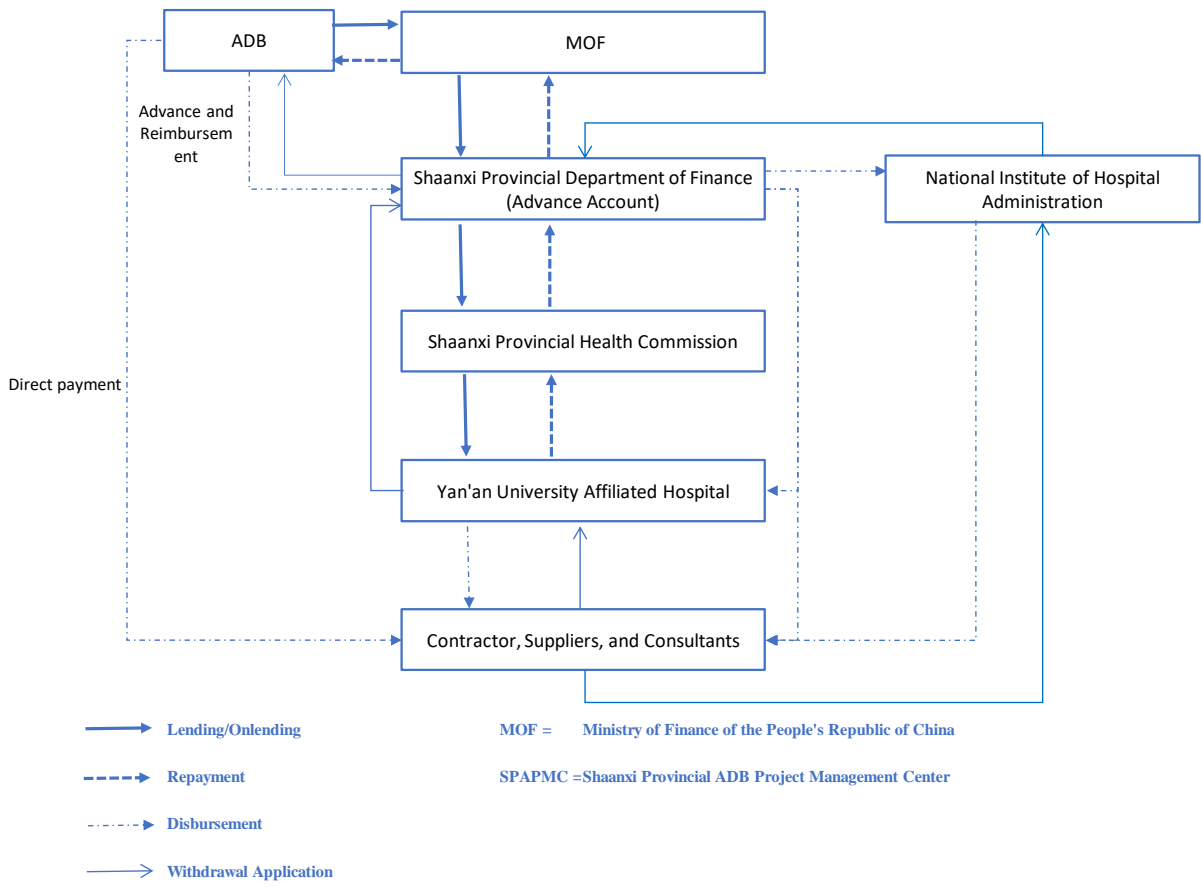
Source: Asian Development Bank.

**B. Guiyang**



Source: Asian Development Bank.

C. Yan'an



Source: Asian Development Bank.

## V. FINANCIAL MANAGEMENT

### A. Financial Management Assessment

24. The financial management assessment was conducted in accordance with ADB's guidelines.<sup>20</sup> The financial management assessment considered the capacity of the three executing agencies: Fangchenggang Municipal People's Government, Guiyang Municipal People's Government, and SPPG; and four implementing agencies, Fangchenggang City Culture and Tourism Group Co. Ltd., Guiyang Bureau of Health, YUAH, and National Institute of Hospital Administration. The assessment covers funds-flow arrangements, staffing, accounting and financial reporting systems, financial information systems, and internal and external auditing arrangements.

25. Based on the assessment, the key financial management risks identified are (i) financing risk: counterpart funding arrangement; (ii) implementation risk: some implementing agencies lack familiarity with ADB disbursement procedures; and (iii) compliance risk: some implementing agencies lack familiarity with ADB financial management requirements, particularly relating to accounting, auditing, and reporting, which may delay project reporting and implementation schedule. It is concluded that the overall pre-mitigation financial management risk of the three executing agencies and four implementing agencies is *substantial*. All three executing agencies have participated in the implementation of loan projects of ADB or other international financial institutions and have experience in statement of expenditure procedures and advance accounts.

26. The borrower, the three executing agencies, and the four implementing agencies have agreed to implement an action plan as key measures to address the deficiencies. The financial management action plan is provided in Table 16.

**Table 16: Financial Management Action Plan**

Action	Responsibility	Timing
1. Training on ADB financial management requirements and procedures, including disbursement, accounting, auditing, and reporting	SPPG, YUAH, GFB, GPMO, GBH, FFB, FPMO, FCTG, NIHA, ADB	1 month before loan effectiveness and any other time as needed
2. Development of financial management manuals	SPPG, FFB, GFB, GPMO, FPMO, loan implementation consultants	Before loan effectiveness
3. Implementing agencies prepare or refine the job descriptions of their financial staff involved in the project	YUAH, GBH, FCTG	Before loan effectiveness
4. Incorporate project annual investment and financial plan into the implementing agencies' annual budgeting plan	YUAH, GBH, FCTG	Yearly, during budget preparation
5. Recruitment of experienced financial expert to enhance operational capacity	SPPG, GPMO, FPMO	3 months after loan effectiveness
6. NIHA ensures coordination with SPPG, YUAH, GPMO, GBH, FPMO, and FCTG and provides timely inspections, reviews, and approval.	NIHA	Continuously during project implementation
7. NIHA should keep close contact with SPPG, YUAH, GFB, GPMO, GBH, FFB, FPMO, and FCTG and improve the quality of withdrawal application with the assistance of financial management expert	NIHA	Continuously during project implementation

ADB = Asian Development Bank, FCTG = Fangchenggang City Culture and Tourism Group Co. Ltd., FFB =

<sup>20</sup> ADB. 2015. [Financial Management Technical Guidance Note: Financial Management Assessment](#). Manila.

Fangchenggang Finance Bureau, FPMO = Fangchenggang project management office, GBH = Guiyang Bureau of Health, GFB = Guiyang Finance Bureau, GPMO = Guiyang project management office, NIHA = National Institute of Hospital Administration, SPPG = Shaanxi Provincial People's Government, YUAH = Yan'an University Affiliated Hospital.

Source: ADB.

**Table 17: Financial Management, Internal Control, and Risk Assessment**

<b>Risk Description</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Risk Assessment</b>	<b>Mitigation Measures or Risk Management Plan</b>
<b>Inherent Risk</b>				
<b>1. Country-Specific</b> Lack of adequate skills to implement the updated accounting and budget law	Low	Not likely	Low	In line with the country partnership strategy findings, strengthen public financial management capacity at county level through skills training, knowledge sharing, and organizational reviews.
<b>2. Entity-Specific</b> (i) The project will be implemented in three project sites and will be managed and implemented by three executing agencies and three implementing agencies in the three provinces. There is no unified leading agency to directly coordinate the project activities in the three project sites. (ii) Counterpart funds need to be raised by applying for state special funds or issuing local government bonds. The funds are necessary to meet the timebound project financial and implementation plans. (iii) Staff have no experience with ADB project implementation and have limited understanding of ADB disbursement and reporting requirements and procedures	Substantial	Likely	Substantial	The National Development and Reform Commission will be the unified leading agency of the project to coordinate the project implementation of the three provinces.
	Moderate	Likely	Moderate	The implementing agency shall communicate with the local financial department to confirm the counterpart fund sources and the related procedures. Prior to the issuance of the bonds, the implementing agency shall prepare its own capital to facilitate project implementation.
	Moderate	Likely	Moderate	NIHA ensures coordination with the EAs and implementing agencies and provides timely inspections, reviews, and approval

<b>Risk Description</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Risk Assessment</b>	<b>Mitigation Measures or Risk Management Plan</b>
<b>3. Project-Specific</b> The Fangchenggang City Culture and Tourism Group Co. Ltd., Guiyang Bureau of Health, and YUAH lack experience in implementing foreign-assisted projects.	Substantial	Likely	Substantial	All three executing agencies have limited experience implementing foreign-assisted projects. The executing agencies will guide the implementing agencies in carrying out project activities.  In project implementation stage, experienced consultants will be hired to assist the implementing agencies in carrying out their respective project activities and to organize and supervise training and workshops to strengthen institutional capacity.
<b>Overall Inherent Risk: Substantial</b>				
<b>Control Risk</b>				
1. Financial staff of the implementing agency is not familiar with ADB project financial management procedures.	Moderate	Likely	Moderate	The pertinent implementing agency staff shall be trained on ADB disbursement, procurement management, and contract management procedures.
2. The accountant of YUAH (implementing agency) collects, calculates, and summarizes the financial data required in the financial reports. There are chances of errors occurring in final reporting, as checks and balances are missing in the procedure.	Moderate	Likely	Moderate	In the financial reporting procedure, require detailed review and confirmation of financial reports by responsible staff.
3. Delayed approval to provide the relevant funding coming from the central government. Also, NIHA may face different funds management procedures while withdrawing from three provincial finance departments	Moderate	Likely	Moderate	NIHA should keep close contact with the three EAs and improve the quality of withdrawal application with the assistance of consultant in implementation period.
<b>Overall Control Risk: Moderate</b>				
<b>Overall (Combined) Risk: Substantial</b>				

ADB = Asian Development Bank, EA = executing agency, NIHA = National Institute of Hospital Administration, YUAH = Yan'an University Affiliated Hospital.  
 Source: ADB.

## **B. Disbursement**

### **1. Disbursement Arrangements for ADB Funds**

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



between the government and ADB.<sup>21</sup> Online training for project staff on disbursement policies and procedures is available.<sup>22</sup> Project staff are encouraged to avail of this training to help ensure efficient disbursement and fiduciary control.

28. The responsibility for collecting and retaining supporting documents will rest with the implementing agencies. The withdrawal applications should be prepared by the implementing agencies and signed by an authorized administrator of the implementing agencies.

29. **Advance fund procedure.** Separate advance accounts (one in each province) will be established and maintained by the Shaanxi Finance Department, Guizhou Finance Department, and Guangxi Finance Department for each funding source. The currency of the advance accounts is the US dollar. The advance accounts are to be used exclusively for ADB's share of eligible expenditures. The Shaanxi Finance Department, Guizhou Finance Department, and Guangxi Finance Department, who administer the respective advance accounts are accountable and responsible for proper use of advances to the advance accounts.

30. The total outstanding advance to the respective advance accounts should not exceed the estimate of ADB's share of expenditures to be paid through the respective advance accounts for the forthcoming 6 months. The Shaanxi Finance Department, Guizhou Finance Department, and Guangxi Finance Department may request for initial and additional advances to the respective advance accounts based on an Estimate of Expenditure Sheet<sup>23</sup> setting out the estimated expenditures to be financed through the accounts for the forthcoming 6 months. Supporting documents should be submitted to ADB or retained by the executing agencies in accordance with *ADB's Loan Disbursement Handbook* (2017, as amended from time to time) when liquidating or replenishing the advance accounts.

31. **Statement of expenditure procedure.** The statement of expenditure procedure may be used for reimbursement of eligible expenditures or liquidation of advances to the respective advance accounts.<sup>24</sup> Supporting documents and records for the expenditures claimed under the statement of expenditure procedure 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.

32. Before the submission of the first withdrawal application, the borrower should submit to ADB sufficient evidence of the authority of the persons who will sign the withdrawal applications on behalf of the government, together with the authenticated specimen signatures of each authorized person. The minimum value per withdrawal application 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 executing and/or implementing agency 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

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<sup>21</sup> The handbook is available electronically from the ADB website (<http://www.adb.org/documents/loan-disbursement-handbook>).

<sup>22</sup> Disbursement eLearning. [http://wpqr4.adb.org/disbursement\\_elearning](http://wpqr4.adb.org/disbursement_elearning).

<sup>23</sup> Estimate of Expenditure sheet is available in Appendix 8A of ADB's *Loan Disbursement Handbook* (2017, as amended from time to time).

<sup>24</sup> Statement of expenditure forms are available in Appendix 7B and 7D of ADB's *Loan Disbursement Handbook* (2017, as amended from time to time).

balances before requesting disbursements. Use of ADB's Client Portal for Disbursements system is encouraged for submission of withdrawal applications to ADB.<sup>25</sup>

## **2. Disbursement Arrangements for Counterpart Fund**

33. For the counterpart funds, the executing agencies shall, or shall cause the implementing agencies, to allocate the designated funds for the projects in line with its budget regulations and procedures. Counterpart funds will be fully segregated from ADB funds. Each implementing agency will prepare disbursement projections. The implementing agencies will be responsible for their own counterpart funds and will pay their contractors, suppliers, and consultants using their normal payment procedures.

### **C. Accounting**

34. All municipal governments and provincial governments including their respective agencies involved in the project implementation will maintain, or cause to be maintained, separate books and records by funding source for all expenditures incurred on the project following accrual-based accounting and in accordance with the accounting policies and procedures issued by the Ministry of Finance of the PRC. The Fangchenggang Municipal People's Government, Guiyang Municipal People's Government, and SPPG will prepare their respective project financial statements by consolidating the financial reports from their respective agencies in accordance with the government's accounting laws and regulations which are consistent with international accounting principles and practices.

### **D. Auditing and Public Disclosure**

35. Each of the executing agencies will cause the detailed project financial statements to be audited in accordance with the National Auditing Standards, by an independent auditor acceptable to ADB. The audited project financial statements together with the auditor's opinion will be presented in the English language to ADB within 6 months from the end of the fiscal year by the executing agencies.

36. The audited entity financial statements of the Fangchenggang City Culture and Tourism Group Co. Ltd., together with the auditor's report and management letter, will be submitted in the English language to ADB, within 12 months from the end of the fiscal year or within 1 month after their approval by the relevant authority, whichever is earlier.

37. 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 present an accurate 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 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).

38. 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.

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<sup>25</sup> The Client Portal for Disbursements facilitates online submission of withdrawal applications 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>.

39. The government, and executing and 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.<sup>26</sup> 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.

40. 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.<sup>27</sup> 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.<sup>28</sup>

## VI. PROCUREMENT AND CONSULTING SERVICES

### A. Strategic Procurement Planning

41. Strategic procurement planning (SPP) has been prepared following ADB's SPP guidance note on procurement (December 2021).<sup>29</sup> The project procurement arrangements detailed in the SPP have been decided with consideration to value for money. To help achieve value for money and to ensure that there is fairness, transparency, and competition in the procurement process, contract packaging, selection of the procurement method and bidding procedure, including the proposed advance procurement and retroactive financing arrangements were resultant of an SPP exercise that took into consideration the project priorities, risks and opportunities, operating conditions of the borrowers, as well as the market conditions. Contract packaging of civil works was done to reflect the most appropriate contract sizes, procurement method, and bidding procedure, which are in line with the strategic priorities of the executing agencies to meet the different demands, locations, and construction schedule. Goods contracts include equipment for medical and hospital facilities, training, and IT systems. The market for IT products and services is mature enough with a sufficient number of qualified national bidders. The PMOs will use the open competitive bidding under national advertisement and consider application of performance-based specifications along with merit point bid evaluation criteria, and contract management plan for IT products and services contract packages. Consulting services and capacity building include environmental impact monitoring, social development and impact monitoring, project

<sup>26</sup> 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.
- (iii) When audited project financial statements are not received within 12 months after the due date, ADB may suspend the loan.

<sup>27</sup> Access to Information Policy: <https://www.adb.org/documents/access-information-policy>.

<sup>28</sup> This type of information would generally fall under access to information policy exceptions to disclosure. ADB. 2018. [Access to Information Policy](#). Paragraph 17(iv)–(vi).

<sup>29</sup> ADB. 2021. [Strategic Procurement Planning: Guidance Note on Procurement](#). Manila.

management implementation support and capacity building, among others. The market assessment confirms that the market is highly competitive and there are sufficient works contractors with general contractor licenses, goods suppliers, and national consulting firms available in the PRC.

## **B. Project Procurement Risk Assessment**

42. The overall project procurement risk is *moderate* and can be considered *low* after mitigation measures are undertaken. The project management offices (PMOs), with support from the procurement agency, ADB, and project implementation consultants, will have adequate capacity to facilitate project procurement in compliance with the ADB Procurement Policy (2017, as amended from time to time) and Procurement Regulations for ADB Borrowers (2017, as amended from time to time).

## **C. Advance Contracting and Retroactive Financing**

43. All advance contracting and retroactive financing will follow ADB Procurement Policy (2017, as amended from time to time) and Procurement Regulations for ADB Borrowers (2017, as amended from time to time), including guidance notes on procurement. For consulting services, the issuance of invitations for expression of interest and request for proposal will be subject to ADB approval. For the procurement of goods and works, the issuance of invitations to bid under advance contracting and retroactive financing will be subject to ADB approval. The borrower, and the executing and implementing agencies have been advised that approval of advance contracting and retroactive financing does not commit ADB to finance the project.

44. **Advance contracting.** Advance contracting may be applied for consulting service and capacity building contracts, and goods and works contracts. Steps to be concluded in advance contracting are shortlisting, issuance of request for proposals, and evaluation of bids. In this project, advance contracting will be applied to one consulting service with a total estimated contract value of \$2.5 million and two requests for quotation for goods packages, with a total estimated contract value of \$0.2 million.

45. **Retroactive financing.** Retroactive financing may be applied for consulting service and capacity building contracts, and goods and works contracts. Retroactive financing will be allowed for up to 20% of the loan amount for eligible expenditures incurred before loan effectiveness, but not more than 12 months before the signing of the loan agreement.

## **D. Procurement of Goods, Works, and Consulting Services**

46. All procurement of goods and works will follow ADB Procurement Policy (2017, as amended from time to time) and Procurement Regulations for ADB Borrowers (2017, as amended from time to time), including guidance notes on procurement.

47. Open competitive bidding (nationally advertised) for 76 procurement packages and open competitive bidding (internationally advertised) for 2 packages will be used to procure goods, works, and consulting services. Request for quotation for goods (7 packages) will be used for contracts with estimated contract value not exceeding \$400,000.

48. An 18-month procurement plan indicating procurement methods and review procedures for goods, works, and consulting services has been prepared and presented in Appendix 1. The

procurement plan shall be executed in the manner in which ADB has approved it. The procurement plan shall be updated annually or as needed throughout the duration of the project.

49. All consultants will be recruited according to ADB's Procurement Regulations for ADB Borrowers (2017, as amended from time to time). The terms of reference for all consulting services are detailed in Appendix 2.

50. An estimated 4 person-months of international and 2,240 person-months of national consulting inputs are required to (i) facilitate project management and implementation, and (ii) strengthen the institutional and operational capacity of the executing and implementing agencies. Consulting firms will be engaged using consultant's qualifications selection, quality- and cost-based selection (with a standard quality–cost ratio of 90:10), and individual consultant selection methods. The consultant's qualifications selection will be used for contracts not exceeding \$350,000 and individual consultant selection for contracts not exceeding \$100,000.

#### **E. Procurement Plan**

51. The procurement plan is presented in Appendix 1.

#### **F. Consultant's Terms of Reference**

52. The terms of reference for the consultants are presented in Appendix 2.

### **VII. SAFEGUARDS**

#### **A. Environment**

53. The project is category B for environment. A consolidated initial environmental examination, including an environmental management plan (EMP) have been prepared. The initial environmental examination was disclosed in May 2022 on the ADB website. Potential environmental impacts of construction of the health facilities in the three project cities, including noise, fugitive dust, demolition wastes, and risk to community and occupational health and safety, are localized, short-term and can be readily managed or effectively mitigated through the application of good construction practices and measures identified in the EMP. During operation, the major negative environmental impacts are related to storage, transportation and disposal of medical waste, and treatment of medical wastewater. The medical waste will be disposed by the existing medical waste treatment centers. Due diligence confirmed that these facilities are established and operated in accordance with the PRC's environmental regulations. Other environmental impacts are anticipated to be minor and will be addressed through conventional operation and maintenance practices, health and safety codes, and measures included in the operations aspects of the EMP. The initial environmental examination inclusive of the EMP will be updated during the detailed designs, as required.

54. Potentially affected persons and stakeholders were consulted, and their concerns will be addressed through the implementation of EMP. Before the project starts, each project site will establish and maintain a project-specific grievance redress mechanism (GRM) to handle the environmental-related concerns. The capacity of the executing and implementing agencies for environmental management has been strengthened during project preparation and will be further enhanced. Each executing agency will submit semiannual environmental monitoring reports to ADB and engage an external monitor who will also submit separate semiannual monitoring reports to the executing agencies and ADB.

55. **Environment safeguard budget.** The executing agencies will make available in a timely manner the necessary budget and human resources to fully implement the EMP. The total estimated cost of the EMP implementation is about \$7.675 million (Initial Environmental Examination Appendix Table EMP-8: Cost Estimates for Environmental Management).

56. **Public consultations.** During environmental safeguard due diligence phase, information disclosure and consultation (public and stakeholder) meetings were held between August 2021 and March 2022. Two rounds of information disclosure for the projects in three project sites were also conducted during August 2021–March 2022 through websites, newspapers, and community posters. Site-specific consultation programs were conducted near the project sites in three cities in March 2022. The consulted persons and organizations expressed support for the project. Meaningful consultations will continue throughout project implementation.

57. **Grievance redress mechanism.** Each executing agency will establish a project-specific GRM prior to the commencement of civil works to manage any environmental and/or social issues that may arise due to the project. The environment and social officers in the executing and implementing agencies will coordinate the application of GRM. All government bureaus, institutions, and staff involved in the project will be trained on GRM and will take an active role in supporting GRM when necessary. Contact persons for different GRM entry points, including contractors, project management and construction supervision companies, local ecology and environment protection bureaus, PMOs, and project implementation units will be identified prior to the commencement of construction. Contact details of the GRM entry points (phone numbers, addresses, e-mail addresses) will be publicly disclosed on information boards at the construction sites.

58. **Climate change risks.** Climate risk and vulnerability assessment concluded that the overall climate risk level for the project is *medium*. The executing agencies will ensure that detailed engineering design and drawings to be prepared by design institutes incorporate proactive disaster risk reduction with climate adaptation and mitigation measures.

59. Climate mitigation is estimated to cost €1.81 million and climate adaptation is estimated to cost €4.01 million. ADB will finance 47.51% of mitigation costs and 47.51% of adaptation costs. Key climate change mitigation measures include the installation of renewable energy systems (e.g., heating facilities for hot water supply) and the adoption of energy efficiency measures (e.g., addition of insulation layers to all buildings constructed).

## **B. Involuntary Resettlement**

60. The project is category A for involuntary resettlement. A resettlement plan for Guiyang has been prepared in accordance with the PRC's laws and regulations and ADB's Safeguard Policy Statement (2009).<sup>30</sup> An updated resettlement plan will be prepared if any unanticipated impacts result based on detailed engineering design or during construction. Due diligence reports for Yan'an and Fangchenggang confirmed that there are no outstanding land acquisition and resettlement issues. A request for land conversion of land use from forest land to construction land in Yan'an has been submitted to the Natural Resources Bureau and approved in June 2022.

61. In Guiyang, land acquisition was initiated in 2019, affecting one village in Zhuchang town of Guanshanhu district. A total of 198.61 *mu* of land has been acquired and 5.42 *mu* of land is still

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<sup>30</sup> ADB. 2009. [Safeguard Policy Statement](#). Manila.

pending acquisition.<sup>31</sup> The total number of affected households is 143 (69 households affected only by land acquisition, 47 affected only by structures demolition, and 27 affected by both land acquisition and structure demolition) with 691 persons. The total number of affected persons is 865, including 6 self-employed businessmen (also included in households affected by land acquisition) and 174 workers affected by nonresidential house demolition. Of the 96 households affected by land acquisition, 94 have been paid. Of the 64 households affected by residential house demolition, 60 have signed demolition agreements. Of the 6 households or entities affected by nonresidential house demolition, 3 have signed demolition agreements. The 174 workers affected by the project have found new jobs in Guiyang Southwest Trade City and other places. All land acquisition and house demolition contracts have been signed, and compensation fees have been paid. Remaining land acquisition and resettlement activities are demolition of two enterprise structures and one residential house, livelihood restoration activities (continuing until 2024), and relocation (expected to continue until December 2023).

62. The PMO located in the Guiyang Health Bureau is responsible for overall project implementation. Guanshanhu District of Guiyang has established a network of organizations for land acquisition, house demolition, and resettlement. The Land Acquisition and Resettlement Center of Guanshanhu District has oversight over implementation of land acquisition and house demolition and coordinates and handles problems that arise in the process. A resettlement group has also been established in Zhuchang town and is in-charge of resettlement within the township jurisdiction. Village committees also assist in land acquisition, demolition, and resettlement and release resettlement information within the scope of the village committee.

63. A GRM has been set out in the resettlement plan. The GRM will ensure that all grievances and complaints by affected persons and communities regarding land acquisition, compensation, assistance, and relocation or any other aspects of the project are resolved in a timely and satisfactory manner, and that all avenues for airing grievances are available to them.

64. Monitoring of resettlement plan implementation will be done internally by the PMO and externally by an external resettlement monitoring agency. The cost of land acquisition and resettlement will be financed by the government as part of counterpart financing. The PMO will be supported by a resettlement specialist from the project implementation consultants, who will also carry out capacity building activities.

### **C. Indigenous Peoples**

65. The project is category B for indigenous peoples. Fangchenggang City in GZAR is a multiethnic community with 36 different ethnic minority groups. The predominant ethnic groups include the Zhuang with a population of 355,041 (33.94%); the Yao with a population of 48,011 (4.59%); and the Jing with a population of 25,973 (2.48%); other ethnic groups combined make up the remaining 58.99%. The large population from ethnic minority groups will positively benefit from the project. An ethnic minority development plan (EMDP) was developed for the Fangchenggang site in line with the PRC's laws and regulations and ADB's Safeguard Policy Statement. Ethnic minority groups at the other two project locations are not as large, and there are no significant differences in the socioeconomic characteristics between the ethnic minority people and the majority Han ethnicity. Therefore, EMDPs were not considered necessary for the other two locations and land acquisition impacts on five non-vulnerable ethnic minority households in Guiyang are fully addressed in the resettlement plan. The EMDP has been

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<sup>31</sup> A *mu* is a Chinese unit of measurement (1 *mu* = 666.67 square meters).



endorsed and approved by the executing agencies, uploaded on the ADB website, and disclosed to affected communities.

66. The Fangchenggang PMO is responsible for implementing the EMDP and coordinating with other relevant agencies to implement the actions in the EMDP. Other key agencies for implementation of the EMDP include the Fangchenggang Ethnic Minority and Religious Affairs Commission, Civil Affairs Bureau, Health Bureau, Women's Federation, Rural Revitalization Bureau, Shuiying Township Government, and Dawangjiang Village Committee. In addition, project contractors during the construction phase of the project will be involved in the implementation of the EMDP. The Fangchenggang Ethnic Minority and Religious Affairs Commission will provide advisory support. Monitoring of EMDP implementation will be done internally by the PMO and externally by an external resettlement monitoring agency. The PMO will hire an ethnic minority specialist as part of the project implementation consultants to support and guide PMO in the implementation of the EMDP and who will also carry out capacity building activities.

67. **Prohibited investment activities.** Pursuant to ADB's Safeguard Policy Statement, 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.

### VIII. GENDER AND SOCIAL DIMENSIONS

68. Women's healthcare in the three project locations is, in general, further away, and there are slightly more reports of poorer quality facilities, than for general healthcare facilities. This will be improved with the implementation of the project, as each of the project locations will include women's and children's services, and in Yan'an, a Women's and Children's Hospital will be constructed. The project will consciously strengthen the talent of teams related to women's and children's health, improve health service capabilities, and provide better quality and more secure medical protection.

69. The three project hospitals have expressed interest in becoming gender-friendly facilities, through recruitment and deployment of female staff, training of frontline workers on gender sensitivity and awareness and respectful care, and regular consultations with women's groups on hospital policies and programs.

70. Targets and indicators have been identified in the gender action plan (GAP, Appendix 3) for the inclusion of women in employment (during construction and operations), planning, and training. The project will also require gender-sensitive recruitment and include enough women and child friendly and accessibility facilities at all project locations, such as access ramps, breast feeding facilities, and changing tables in toilet facilities.

71. The project is classified as *gender equity*. The PMOs at each project location will be responsible for the GAP. A social and gender specialist will be recruited at each project location to support GAP implementation. In addition, community health facilitators will be identified to undertake training and information dissemination required in the GAP. These will be the responsibility of the PMOs at each project location.



## IX. PERFORMANCE MONITORING, EVALUATION, REPORTING, AND COMMUNICATION

### A. Project Design and Monitoring Framework

<b>Impacts the Project are Aligned with</b>			
(i) Health and well-being of residents protected, promoted, and restored (Healthy China 2030) <sup>a</sup> (ii) Capacity for early warning, risk reduction, and management of health security risks strengthened (China's National Plan on Implementation of the 2030 Agenda for Sustainable Development) <sup>b</sup> (iii) Prevention and control of major communicable diseases strengthened (PRC's Fourteenth Five-Year Plan, 2021–2025; and Healthy China 2030) <sup>c</sup>			
<b>Results Chain</b>	<b>Performance Indicators</b>	<b>Data Sources and Reporting Mechanisms</b>	<b>Risks and Critical Assumptions</b>
<b>Outcome<sup>d</sup></b> Quality of public health services improved	By 2028: a. Quality of women's health services increased by 25% in the three project sites (2022 baseline: To be determined) <sup>e</sup>  b. Gender-responsive emergency preparedness and response systems operationalized and fully compliant with World Health Organization standards in the three project sites (2022 baseline: 0) <sup>f</sup>	a.–b. Survey reports, and project quarterly and annual progress reports including gender reports	R: Change in government policy may reduce support to health security initiative
<b>Outputs</b> 1. Public health institutional capacity and policies developed  2. Effective public health ecosystem established	By 2024: 1a. Project site hospitals' public health security emergency preparedness and response strategy and operational plan, including a section on supporting women and children, updated at the provincial level and shared at the national level (2022 baseline: Not updated) (OP 1.1.2; OP 6.2.1)  By 2027: 1b. Interoperable smart public health information systems, including sex-disaggregated data and analysis, upgraded for rapid response (2022 baseline: Not upgraded) (OP 1.1.2; OP 6.2.1)  1c. At least one epidemic simulation exercise conducted per year (2022 baseline: 0)  By 2026: 2a. At least one health care facility established and two upgraded with essential features (including women and children health facilities, and accessibility facilities) (2022 baseline: 0) (OP 1.1.2; OP 2.4.2; OP 6.2.1) <sup>g</sup>  2b. At least three public health laboratories with biosafety measures established (2022 baseline: 0) (OP 1.1.2; OP 6.2.1) <sup>h</sup>	1a.–c. Project quarterly and annual progress reports  2a.–b. Project quarterly and annual progress reports	R: Shift of priorities away from public health reform  A: Prioritization of public health facility development maintained

Results Chain	Performance Indicators	Data Sources and Reporting Mechanisms	Risks and Critical Assumptions
<p>3. Training excellence and international cooperation capability enhanced</p>	<p>2c. Gender mainstreaming policy and guidelines developed and implemented at the project hospitals (2022 baseline: Not developed) (OP 2.3.2)<sup>i</sup></p> <p>By 2027:</p> <p>3a. A regional coordinating mechanism established and piloted for sharing innovations in public health among developing member countries (2022 baseline: Not established) (OP 7.3.4)</p> <p>3b. At least 3,000 public health field staff (at least 65% women) trained and report improved knowledge and understanding of public health issues, including gendered impacts,<sup>j</sup> and strengthening national health security (2022 baseline: 0) (OP 2.2, OP 6.1.1)</p> <p>3c. At least 1,000 public health staff from hospitals, primary health care facilities, and laboratories; and other allied public health staff (at least 50% women) trained in gender sensitivity and at least 50% self-report improved gender sensitivity in clinical practice and awareness of gender issues in public health (2022 baseline: 0)</p> <p>3d. At least 3,000 (1,000 per project site) people including rural, women, children, and elderly people provided with enhanced understanding and awareness on healthy lifestyles and preventing disease (2022 baseline: 0)</p>	<p>2c. Gender policy accepted by ADB</p> <p>3a. Project quarterly and annual progress reports</p> <p>3b.–d. Project quarterly and annual progress reports; and training completion survey and training reports</p>	<p>A: International cooperation and knowledge exchange priority maintained</p>
<p><b>Key Activities with Milestones</b></p> <p><b>1. Public health institutional capacity and policies developed</b></p> <p>1.1 Draft guidelines and standards for disease control and prevention, including infection prevention and control for health facilities and laboratory biosecurity (Q4 2022–Q2 2023).</p> <p>1.2 Provide technical advice and recommendations for the preparation of related policies and operational plans to strengthen health security (Q4 2022–Q1 2023).</p> <p>1.3 Formulate gender-responsive hospital emergency preparedness plans (Q4 2022).</p> <p>1.4 Conduct training and simulation exercises with different sectors for coordinated pandemic response (Q4 2022–Q3 2024).</p> <p>1.5 Consult with academics, specialized agencies, and other development partners on research partnerships and plans for the conduct of scientific research on priority public health issues (Q2 2023).</p> <p>1.6 Establish multisector collaboration mechanism (Q4 2024).</p> <p>1.7 Conduct research and finalize arrangements for publication (Q4 2022–Q2 2023).</p> <p>1.8 Consult with the private sector on potential partnerships and follow through with agreements (Q4 2022).</p> <p><b>2. Effective public health ecosystem established</b></p> <p>2.1 Prepare and finalize detailed engineering design and site preparation for the construction of public health facilities (Q4 2022–Q4 2023).</p> <p>2.2 Develop bidding documents, conduct tenders, and award contracts (Q4 2022–Q2 2023).</p> <p>2.3 Bid for construction works and procurement of public health equipment and other medical supplies (Q1 2023).</p>			

- 2.4 Deliver and install medical equipment and other medical supplies to public health facilities (Q2 2023).
- 2.5 Upgrade hospital laboratory facility and equipment (Q2 2023).
- 2.6 Finalize operation and maintenance arrangements and turnover of constructed public health facilities (Q3 2023).
- 2.7 Develop gender policy to include employment targets for women and clinical protocols review for gender equality (Q1 2023–Q4 2023).
- 2.8 Pilot innovative technology for emergency response in project provinces (Q3 2023–Q4 2024).
- 2.9 Develop modernized guidelines for the operation of public health facilities (Q1 2023–Q4 2024).
- 3. Training excellence and international cooperation capability enhanced**
- 3.1 Consult with academics, specialized agencies, and other development partners on the development of sustainable capacity building training (e.g., One Health) for multisector staff (Q1 2023).
- 3.2 Finalize training arrangements and conduct training programs, including at subnational level (Q4 2022–Q4 2024).
- 3.3 Complete scientific research projects on public health (Q1 2025).
- 3.4 Establish regional platform for knowledge sharing (Q1 2023).
- 3.5 Implement health promotion discussions aimed at promoting healthy lifestyles and preventing disease (Q3 2023).
- 3.6 Conduct annual consultations with consumer and women's groups (Q1 2023–Q4 2027).

### Project Management Activities

- Establish project management offices and project implementation units in project areas (Q1 2023).
- Establish monitoring and evaluation system with the executing and implementing agencies to enable assessment of capacity for management of public health emergencies (Q2 2023).
- Implement the environmental management plan, resettlement plan, ethnic minority development plan, gender action plan, and participation plan; and monitor their implementation (Q4 2022–Q4 2027).
- Establish coordination arrangements with the executing and implementing agencies, including regular consultations to prevent implementation delays of any activity (Q2 2023).
- Periodically review financial and procurement management and promptly address any issue to avoid delays in the procurement of goods and services, and disbursements (Q3 2023–Q4 2027).
- Monitor project implementation, including data collection from project partners and stakeholders, to substantiate project progress reporting (Q3 2023–Q4 2027).
- Submit quarterly progress reports and annual reports (Q3 2023–Q4 2027).
- Submit semiannual monitoring and evaluation reports on the environmental management plan, resettlement plan, ethnic minority development plan, and gender action plan implementation (Q4 2022–Q4 2027).

### Inputs

- ADB: €300.99 million (\$300.00 million equivalent) (ordinary capital resources loan)
- Government: €332.56 million (\$331.46 million equivalent)

A = assumption, ADB = Asian Development Bank, OP = operational priority, PRC = People's Republic of China, Q = quarter, R = risk.

<sup>a</sup> State Council of the PRC. 2016. *Outline of the Plan for Healthy China 2030*. Beijing (in Chinese).

<sup>b</sup> Government of the PRC. 2016. *China's National Plan on Implementation of the 2030 Agenda for Sustainable Development*. Beijing.

<sup>c</sup> Government of the PRC. 2021. *The Outline of the Fourteenth Five-Year Plan for National Economic and Social Development of the People's Republic of China and the Long-Range Objectives Through the Year 2035*. Beijing (in Chinese); and footnote a.

<sup>d</sup> Because of the project's demand-driven nature, it is not possible to set results targets before project approval that are more specific than those in the preliminary design and monitoring framework. Results for these indicators, and/or other relevant ones for which data are available, will be identified and reported at the transaction technical assistance midterm review.

<sup>e</sup> The survey will be carried out within the first 6 months of project implementation to establish the baseline, and health service quality will be measured periodically. The design will ensure data is disaggregated by sex, age, and other social parity data points where possible; for the indicator, only female patient data will be used. The quality of women's health services will be measured through standard index-based metrics: (i) knowledge and responsiveness of health staff, (ii) length of hospital stay, (iii) modern and accessible facilities, and (iv) patient's perception of care. Survey implementation will be aided by innovative user-friendly communication tools such as emojis to enable easy and more inclusive patient participation.

<sup>f</sup> World Health Organization. 2020. *Rapid Hospital Readiness Checklist: Interim Guidance*. Geneva.

<sup>g</sup> Facilities include health services such as maternal and reproductive health, and pediatric services. Accessibility emphasizes easy access for people with disabilities.

- <sup>h</sup> Biosafety refers to measures required in a laboratory setting to protect health workers and prevent microorganisms from entering the environment.
- <sup>i</sup> This involves establishment of gender-sensitive clinical protocols, including guidelines for doctors and nurses to treat diseases or health issues in a way that ensures women's concerns, sensitivities, and risks are adequately addressed, including gender-based violence and non-discrimination policies and legal requirements for domestic violence reporting.
- <sup>j</sup> These include differences in outcomes from illnesses and injury based on gender differences in biological and behavioral determinants of health and illness.

#### **Contribution to Strategy 2030 Operational Priorities**

Expected values and methodological details for all OP indicators to which this operation will contribute results are detailed in Contribution to Strategy 2030 Operational Priorities (accessible from the list of linked documents in Appendix 2). In addition to the OP indicators tagged in the design and monitoring framework, this operation will contribute results for

OP 1.1 People benefiting from improved health services, education services, or social protection (number)

OP 3.2.4 National and subnational disaster risk reduction and/or management plans supported in implementation (number)

OP 6.2 Entities with improved service delivery (number)

Source: ADB.

## **B. Monitoring**

72. **Project performance monitoring.** The executing and implementing agencies will be responsible for all aspects of monitoring and evaluation, including (i) performance evaluation against milestones; (ii) safeguards and GAP implementation monitoring; (iii) financial commitments; and (iv) implementation of risk management and mitigating action plans. Progress reports and achievements will be prepared quarterly and summarized annually. Quarterly reports will include updates on contract awards and disbursement achievements compared to the projections based on project performance review requirements.

73. **Compliance monitoring.** The status of compliance with loan covenants (financial, safeguards, and others) will be monitored and reported in the progress reports and during ADB review missions. Any noncompliance issues, together with remedial actions, will be documented in the quarterly progress reports.

74. **Safeguards monitoring.** Implementation of the EMP will be monitored by internal and external environment monitors. Standalone environmental monitoring reports will be prepared separately for each executing agency. The executing agencies will submit its internal semiannual environment monitoring reports and external monitor will submit external semiannual environment monitoring reports, one for each executing agency to document the implementation status of the EMP.

75. For Guiyang, internal and external resettlement monitoring reports will be prepared and submitted to ADB on a semiannual basis. A resettlement completion report will also be prepared by the external monitor one year after completion of all land acquisition and resettlement activities. Confirmation of approval of land use change from forest land to construction land in Fangchenggang will be updated in the regular project progress reports.

76. Internal and external monitoring reports on EMDP implementation in Fangchenggang will be prepared and submitted to ADB on a semiannual basis.

77. **Gender and social dimensions monitoring.** Internal monitoring reports will be prepared on a semiannual basis to report the implementation status of action items defined in the GAP.

## C. Evaluation

78. An inception mission will be scheduled shortly after loan effectiveness. Implementation review missions will be held every 3–6 months. A midterm review is tentatively scheduled for Q4 2024. Within 6 months of physical completion of the project, the executing and implementing agencies will submit project completion reports to ADB.

## D. Reporting

79. The executing and implementing agencies will provide ADB with (i) quarterly progress reports in a format consistent with 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; (iii) semiannual environment safeguards monitoring reports (internal and external); and (iv) 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 agencies' audited financial statement together with the associated auditor's report, should be adequately reviewed.

## D. Stakeholder Communication Strategy

80. This project will comply with the policy of transparency and accountability of the Access to Information Policy (footnote 28). To do so, it will establish a communications strategy that will ensure an efficient and continuous two-way communication about ADB projects with stakeholders with a focus on managing stakeholders' expectation during all phases of implementation. The strategy will follow the following approaches:

- (i) **Stakeholders.** Key stakeholders include, but are not limited to, city governments and city bureaus of sanitation and health of subproject cities, district, and township governments where subproject sites are located; the development and reform commissions and financial bureaus of the subproject cities; local community members; as well as health workers and users of health services. The list of stakeholders will be expanded as the project progresses.
- (ii) **Disclosure.** The executing and implementing agencies will disclose on their website subproject-related information, including the scope, cost, financial, and institutional arrangements; the consolidated annual progress reports; progress on procurement; and the audited project financial statements. In addition to the websites of executing and implementing agencies, the ADB website, local newspapers, and local TV stations will be used to disclose project information. To facilitate the resolution of some issues, such as resettlement issues, PMOs will put up posters inside communities or within township governments as needed and hand out leaflets to the public.
- (iii) **Personnel responsible for communication.** Each PMO will have a team in place to handle public relations-related matters, including but not limited to information dissemination and disclosure, complaints and grievances, resettlement, and communication with affected villages or communities.
- (iv) **Coordination.** The PMOs will coordinate with city governments, city bureaus of sanitation and health, and other government agencies, to ensure effective communication, avoid overlaps, and identify potential collaboration, where possible.

## **X. ANTICORRUPTION POLICY**

81. ADB reserves the right to investigate, directly or through its agents, any violations of the Anticorruption Policy relating to the project.<sup>32</sup> All contracts financed by ADB shall include provisions specifying the right of ADB to audit and examine the records and accounts of the executing and implementing agencies and all project contractors, suppliers, consultants, and other service providers. Individuals and/or entities on ADB's sanctions list are ineligible to participate in ADB-financed, -administered, or -supported activities and cannot be awarded any contracts under the project.<sup>33</sup>

82. To support these efforts, relevant provisions are included in the loan agreement and the bidding documents for the project.

## **XI. ACCOUNTABILITY MECHANISM**

83. 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.<sup>34</sup>

## **XII. RECORD OF CHANGES TO THE PROJECT ADMINISTRATION MANUAL**

84. All revisions and/or updates during the course of implementation should 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.

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<sup>32</sup> Anticorruption Policy: <https://www.adb.org/documents/anticorruption-policy>.

<sup>33</sup> ADB's Office of Anticorruption and Integrity website: <https://www.adb.org/site/integrity/main>.

<sup>34</sup> Accountability Mechanism. <https://www.adb.org/site/accountability-mechanism/main>.

## PROCUREMENT PLAN

### Basic Data<sup>a</sup>

<b>Project Name:</b> Strengthening Public Health Institutions Building Project	
<b>Project Number:</b> 54118-001	<b>Approval Number:</b>
<b>Country:</b> China, People's Republic of	<b>Executing Agencies:</b> Fangchenggang Municipal People's Government, Guiyang Municipal People's Government, and Shaanxi Provincial People's Government
<b>Project Procurement Risk:</b> Moderate	<b>Implementing Agencies:</b> Fangchenggang City Culture and Tourism Group Co. Ltd., Guiyang Bureau of Health, and Yan'an University Affiliated Hospital National Institute of Hospital Administration
<b>Project Financing Amount:</b> \$631,456,000 <b>ADB Financing:</b> \$300,000,000 <b>Cofinancing (ADB Administered):</b> <b>Non-ADB Financing:</b> \$331,456,000	<b>Project Closing Date:</b> 31 December 2027
<b>Date of First Procurement Plan:</b> 29 August 2022	<b>Date of this Procurement Plan:</b> 29 August 2022
<b>Procurement Plan Duration:</b> 18 months	<b>Related to COVID-19 response efforts:</b> No
<b>Advance Contracting:</b> Yes	<b>Use of e-procurement (e-GP):</b> No

<sup>a</sup> Contracts will be in Euro, exchange rate used to compute is \$1.00 = €1.003311 (as of 25 August 2022).

### A. Methods, Review and Procurement Plan

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

Procurement of Goods and Works	
Method	Comments
Open Competitive Bidding (OCB) for Goods	National advertising for goods No. of contracts – 28; national contractors and suppliers are available, and the market is competitive  International advertising for goods No. of contracts – 2  National advertising for IT products and services. There are several contract packages which can be procured through OCB for IT products and services. This would be subject for further due diligence and clearance during project implementation.
Request For Quotation for Goods	No. of contracts – 7; with contract estimates not exceeding \$400,000
Open Competitive Bidding (OCB) for Works	National advertising for civil works No. of contracts – 12; national contractors and suppliers are available, and the market is competitive

Consulting Services	
Method	Comments
Quality- and Cost-Based Selection for Consulting Firm	Project management and capacity building consulting services No. of contracts – 6; quality–cost ratio (90:10)
Consultant's Qualification Selection for Consulting Firm	No. of contracts – 13; with contract estimates not exceeding \$350,000
Competitive for Individual Consultant	No. of contracts – 12; with contract estimates not exceeding \$100,000

**B. Lists of Active Procurement Packages (Contracts)**

The following Table lists goods, works, non-consulting and consulting services contracts for which the procurement activity is either ongoing or expected to commence within the procurement plan duration.

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
FC-CW-01	Main works of TCM health management center and ASEAN public health training base (including main structure, decoration, electrical, water supply and drainage, etc.)	47,203,400.00	OCB	Prior	1S1E	Q1 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Works  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Works with National Advertising approved for PRC projects
FC-GS-07	PMO office equipment (computer, printer, camera, etc.)	150,000.00	RFQ	Prior		Q3 / 2022	Non-Consulting Services: No  No. of Contracts: 1  Advance Contracting: Yes  High Risk Contract: No  e-GP: No  COVID-19 Response? No
GY-CG1	Hardware equipment	2,854,688.00	OCB	Prior	1S1E	Q1 / 2023	Non-Consulting Services: No



<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
	procurement (TCM hospital information system equipment)						Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods High Risk Contract: No e-GP: No COVID-19 Response? No Comments: SBD Goods with National Advertising approved for PRC projects
GY-CG2	Guiyang TCM Hospital information system software procurement contract	8,168,800.00	OCB	Prior	1S1E	Q1 / 2023	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods High Risk Contract: No e-GP: No

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							Covid-19 Response? No  Comments: Bidding documents: Goods/IT SBD
GY-CG3	Medical equipment procurement contract 1- including preventive diagnosis, rehabilitation and health care, TCM rehabilitation equipment (4 diagnostic instruments, meridian detection & analysis equipment, etc.), bone injury, ultrasound equipment, etc.	6,179,028.00	OCB	Post (Sampling)	1S1E	Q3/ 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Goods with National Advertising approved for PRC projects
GY-CG4	Medical equipment procurement contract 2- including conventional medical equipment (equipment of heart, lung disease, ophthalmology, otolaryngology, stomatology, oncology equipment &	5,737,313.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
	electrocardiograph, color Doppler ultrasound diagnostic instrument)						Contracting: No Bidding Document: Goods High Risk Contract: No e-GP: No COVID-19 Response? No Comments: SBD Goods with National Advertising approved for PRC projects
GY-CG5	Medical equipment procurement contract 3- including operating room ICU first-aid equipment (anesthesia machine, multi-parameter monitoring equipment, etc.)	5,467,406.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods High Risk Contract: No e-GP: No COVID-19 Response? No Comments: SBD Goods with National Advertising approved for PRC projects
GY-CG6	Medical equipment procurement contract 4-	6,836,800.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No Advertising:

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
	including radiology, acupuncture, hepatology, pharmacy, pathology department (frozen section, microscope, remote pathology scanner, etc.), laboratory equipment, COVID-19 emergency training equipment, etc.						National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods High Risk Contract: No e-GP: No COVID-19 Response? No Comments: SBD Goods with National Advertising approved for PRC projects
GY-CG7	Medical equipment procurement contract 5- Traditional Chinese Medicine Inheritance Training Equipment	952,700.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods High Risk Contract: No e-GP: No Covid-19 Response? No

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							Comments: SBD Goods with National Advertising approved for PRC projects
GY-CG8	Project office equipment procurement contract	93,750.00	RFQ	Prior		Q4 / 2022	Non-Consulting Services: No  No. of Contracts: 1  Advance Contracting: Yes  High Risk Contract: No  e-GP: No  COVID-19 Response? No
GY-CW1	Hospital outpatient building, administrative office building and basement structural works (including earthwork and slope support, main structure, curtain wall, electrical, water supply and drainage, fire protection, weak current)	34,018,800.00	OCB	Prior	1S1E	Q1 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: - Works  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Works with National Advertising approved for PRC projects
GY-CW2	Medical technology building, inpatient building and	35,218,700.00	OCB	Prior	1S1E	Q1 / 2023	Non-Consulting Services: No  Advertising:

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
	basement structural works (including earthwork and slope support, main structure, curtain wall, electrical, water supply and drainage, fire protection, weak current)						National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Works High Risk Contract: No e-GP: No COVID-19 Response? No Comments: SBD Works with National Advertising approved for PRC projects
GY-CW3	Hospital interior decoration engineering (including general area decoration, ICU, operating room, and other purification area decoration)	23,348,800.00	OCB	Prior	1S1E	Q1 / 2023	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: - Works High Risk Contract: No e-GP: No COVID-19 Response? No

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							Comments: SBD Works with National Advertising approved for PRC projects
GY-CW4	Hospital heating and ventilation engineering	6,630,078.00	OCB	Post (Sampling)	1S1E	Q1 / 2024	<p>Non-Consulting Services: No</p> <p>Advertising: National</p> <p>No. of Contracts: 1</p> <p>Prequalification of Bidders: No</p> <p>Domestic Preference Applicable: No</p> <p>Advance Contracting: No</p> <p>Bidding Document: - Works</p> <p>High Risk Contract: No</p> <p>e-GP: No</p> <p>COVID-19 Response? No</p> <p>Comments: SBD Works with National Advertising approved for PRC projects</p>
GY-CW5	Hospital elevator engineering	1,687,500.00	OCB	Post (Sampling)	1S1E	Q1 / 2024	<p>Non-Consulting Services: No</p> <p>Advertising: National</p> <p>No. of Contracts: 1</p> <p>Prequalification of Bidders: No</p> <p>Domestic Preference Applicable: No</p> <p>Advance Contracting: No</p> <p>Bidding Document: - Works</p>

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							High Risk Contract: No e-GP: No COVID-19 Response? No Comments: SBD Works with National Advertising approved for PRC projects
YA-C3.1-G01	Equipment and software of medical information platform in northern Shaanxi: regional image center and AI assistance	3,278,460.00	OCB	Prior	1S1E	Q4 / 2022	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Advance Contracting: No Bidding Document: Goods High Risk Contract: No e-GP: No COVID-19 Response? No Comments: Bidding documents: Goods/IT SBD
YA-C3.2-G04	Equipment procurement for public health Security laboratory of Yan'an University	1,110,270.00	OCB	Post (Sampling)	1S1E	Q2 / 2023	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic



<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Goods with National Advertising approved for PRC projects
YA-C3.3-G02	Regional medical treatment capacity building equipment: trauma emergency center, critically ill pregnant women and critically ill neonatal treatment centers, & stroke center; infectious disease, critically ill patients, & respiratory key departments	4,581,300.00	OCB	Post (Sampling)	1S1E	Q1 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No  e-GP: No COVID-19 Response? No  Comments: SBD Goods with National Advertising approved for PRC projects
YA-C4.1-	Equipment	1,393,990.00	OCB	Post	1S1E	Q4 / 2023	Non-Consulting

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
G11	procurement of clinical skills training center			(Sampling)			Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Goods with National Advertising approved for PRC projects
YA-P1.1-CW01	Women and Children's Branch: main structure of the new outpatient building (excluding foundation pit and its supporting, precipitation, earthwork excavation section, and the intelligent information system)	37,000,000.00	OCB	Prior	1S1E	Q4 / 2022	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: - Works  High Risk Contract: No

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							e-GP: No COVID-19 Response? No Comments: SBD Works with National Advertising approved for PRC projects
YA-P1.1-CW02	Women and Children's Branch: logistics support building, mechanical parking building, outdoor overall works (excluding the intelligent information system)	13,750,000.00	OCB	Post (Sampling)	1S1E	Q1 / 2023	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Others High Risk Contract: No e-GP: No COVID-19 Response? No Comments: SBD Works with National Advertising approved for PRC projects
YA-P1.1-CW03	Women and Children's Branch: Reconstruction of the Rehabilitation and Health Building (excluding the intelligent information system)	28,900,000.00	OCB	Post (Sampling)	1S1E	Q1 / 2023	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							Bidding Document: Others  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Works with National Advertising approved for PRC projects
YA-P1.1-CW04	Women and Children's Branch: interior finishings of the new outpatient building and the intelligent information system	22,937,500.00	OCB	Prior	1S1E	Q1 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Bidding Document: Others  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Works with National Advertising approved for PRC projects
YA-P1.1-CW05	Women and Children's Branch: Construction of sewage treatment station and garbage station	1,640,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: - Works  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Works with National Advertising approved for PRC projects
YA-P1.1-G05	Women and Children's Branch: Medical Technology Purification	3,910,000.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Goods with National Advertising approved for PRC projects

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
YA-P1.1-G06	Women and Children's Branch: Kitchen Equipment	310,000.00	RFQ	Post (Sampling)		Q3 / 2023	Non-Consulting Services: No  No. of Contracts: 1  Advance Contracting: No  High Risk Contract: No  e-GP: No  COVID-19 Response? No
YA-P1.1-G07	Women and Children's Branch: Medical water and direct drinking water equipment	1,130,000.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Goods with National Advertising approved for PRC projects
YA-P1.1-G08	Women and Children's Branch: Disinfection Supply Center System	2,670,000.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Goods with National Advertising approved for PRC projects
YA-P1.1-G09	Women and Children's Branch: Medical Gas System	1,850,000.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: SBD Goods with

<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							National Advertising approved for PRC projects
YA-P2.1-G10	Women and Children's Branch: Intelligent Distribution System for Medical Supplies	1,500,000.00	OCB	Post (Sampling)	1S1E	Q3 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No  e-GP: No  COVID-19 Response? No  Comments: Bidding documents: IT SBD
YA-P2.2-G03	Original hospital site: Medical Equipment Upgrades	5,000,000.00	OCB	Post (Sampling)	1S1E	Q2 / 2023	Non-Consulting Services: No  Advertising: National  No. of Contracts: 1  Prequalification of Bidders: No  Domestic Preference Applicable: No  Advance Contracting: No  Bidding Document: Goods  High Risk Contract: No



<b>Goods and Works</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							e-GP: No COVID-19 Response? No Comments: SBD Goods with National Advertising approved for PRC projects
NH-GS-01	Procurement of the basic cloud platform	2,659,080	OCB	Prior	1S1E	Q1 / 2023	Non-Consulting Services: No Advertising: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods High Risk Contract: No e-GP: No COVID-19 Response? No Comments: Bidding documents: Goods/IT SBD
NH-GS-02	Procurement of office equipment (computer, printer, etc.)	150,000	RFQ	Prior		Q2 / 2023	Non-Consulting Services: No No. of Contracts: 1 High Risk Contract: No e-GP: No COVID-19 Response? No

<b>Consulting Services</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Selection Method</b>	<b>Review</b>	<b>Type of Proposal</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
FC-CS-01	Project management consulting services	2,500,000.00	QCBS	Prior	FTP	Q3 / 2022	Non-Consulting Services: No  Type: Firm  Assignment: National  Quality–Cost Ratio: 90:10  Advance Contracting: Yes  e-GP: No  Covid-19 Response? No
FC-CS-02	Environmental Impact Monitoring Expert	100,000.00	Competitive	Prior		Q1 / 2023	Non-Consulting Services: No  Type: Individual  Assignment: National  Expertise: Environmental Impact Monitoring  Advance Contracting: No  e-GP: No  COVID-19 Response? No
FC-CS-03	Social Expert	100,000.00	Competitive	Post (Sampling)		Q1 / 2023	Non-Consulting Services: No  Type: Individual  Assignment: National  Expertise: Social Development and Impact Monitoring  Advance Contracting: No  e-GP: No  COVID-19 Response? No

<b>Consulting Services</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Selection Method</b>	<b>Review</b>	<b>Type of Proposal</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
FC-CS-04	External Monitoring Expert	55,000.00	Competitive	Post (Sampling)		Q1 / 2023	Non-Consulting Services: No  Type: Individual  Assignment: National  Expertise: Ethnic minorities  Advance Contracting: No  e-GP: No  COVID-19 Response? No
GY-CO2	Research on the construction of compact medical association of integrated traditional Chinese and Western medicine	294,118.00	CQS	Post (Sampling)	STP	Q1 / 2024	Non-Consulting Services: No  Type: Firm  Assignment: National  Advance Contracting: No  e-GP: No  COVID-19 Response? No
YA-C3.2-C01	Construction of Public Health Discipline of Yan'an University: Compilation of the establishment and development plan and implementation plan of the School of Public Health and Prevention, and textbooks	11,030.00	Competitive	Post (Sampling)		Q1 / 2023	Non-Consulting Services: No  Type: Individual  Assignment: National  Expertise: Health and medicine  e-GP: No COVID-19 Response? No
YA-C3.4-C02	Research on the mechanism of combination of epidemic and normal periods and improvement and pilot study of response plan for public health emergencies	66,400.00	Competitive	Post (Sampling)		Q1 / 2023	Non-Consulting Services: No  Type: Individual  Assignment: National  Expertise: Health and medicine

<b>Consulting Services</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Selection Method</b>	<b>Review</b>	<b>Type of Proposal</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							e-GP: No COVID-19 Response? No
YA-C3.4-C03	Research on the improvement of disease prevention and control and major epidemic rescue mechanism in Shaanxi Province	66,400.00	Competitive	Post (Sampling)		Q1 / 2023	Non-Consulting Services: No Type: Individual Assignment: National Expertise: Health and medicine e-GP: No COVID-19 Response? No
YA-C3.4-C04	Shaanxi Provincial Regional Medical Center Development Strategy and Planning	66,400.00	Competitive	Post (Sampling)		Q1 / 2023	Non-Consulting Services: No Type: Individual Assignment: National Expertise: Health and medicine e-GP: No COVID-19 Response? No
YA-C3.4-C05	Research on the development of geriatric medicine and the treatment of cardiovascular and cerebrovascular diseases	93,900.00	Competitive	Post (Sampling)		Q1 / 2023	Non-Consulting Services: No Type: Individual Assignment: National Expertise: Health and medicine e-GP: No COVID-19 Response? No
YA-C3.4-C06	Regional Pathogen Detection Research	27,000.00	Competitive	Post (Sampling)		Q1 / 2023	Non-Consulting Services: No Type: Individual Assignment: National Expertise: Health and medicine

<b>Consulting Services</b>							
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Selection Method</b>	<b>Review</b>	<b>Type of Proposal</b>	<b>Advertisement Date (quarter/year)</b>	<b>Comments</b>
							e-GP: No COVID-19 Response? No
NH-CS-01	Project management support (financial, procurement, etc.)	300,000.00	CQS	Prior	STP	Q2 / 2023	Non-Consulting Services: No Type: Firm Assignment: National e-GP: No COVID-19 Response? No
NH-CS-02	Research on cross-border, emergency preparing and early warning capabilities of public health	2,697,850.00	QCBS	Prior	FTP	Q3 / 2023	Non-Consulting Services: No Type: Firm Assignment: National Quality–Cost Ratio: 90:10 e-GP: No COVID-19 Response? No
NH-CS-03	Research on the use mechanism and management of medical insurance funds in the whole process	348,529.00	CQS	Post (Sampling)	STP	Q1 / 2024	Non-Consulting Services: No Type: Firm Assignment: National e-GP: No COVID-19 Response? No
NH-CS-04	Research on Medical Insurance Fund Guarantee for Public Health Emergencies and Diseases of Women and Children	348,529.00	CQS	Post (Sampling)	STP	Q1 / 2024	Non-Consulting Services: No Type: Firm Assignment: National e-GP: No COVID-19 Response? No

### **C. List of Indicative Packages (Contracts) Required Under the Project**

The following Table lists goods, works, non-consulting and consulting services contracts for which procurement activity is expected to commence beyond the procurement plan duration and over the life of the project (i.e., those expected beyond the current procurement plan duration).

<b>Goods and Works</b>						
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Comments</b>
FC-GS-01	Air conditioning system of traditional Chinese medicine health management center and ASEAN public health training base	3,703,600.00	OCB	Prior	1S1E	Non-Consulting Services: No Advertising Type: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods e-GP: No COVID-19 Response? No Comments: Q1 2024; SBD Goods with National Advertising approved for PRC projects
FC-GS-02	Elevators of traditional Chinese medicine health management center and ASEAN public health training base (about 20 sets)	1,148,400.00	OCB	Post (Sampling)	1S1E	Non-Consulting Services: No Advertising Type: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods e-GP: No COVID-19 Response? No Comments: Q1 2024; SBD Goods with National Advertising approved for PRC projects
FC-GS-03	Medical Equipment  Lot 1: Medical imaging equipment (CT, MRI, Dr)  Lot 2: Equipment of nuclear medicine discipline,	41,414,072.00  12,995,400.00  15,492,200.00	OCB	Prior	1S1E	Non-Consulting Services: No Advertising Type: National No. of Contracts: 3 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods

Goods and Works						
Package Number	General Description	Estimated Value (in US\$)	Procurement Method	Review	Bidding Procedure	Comments
	intervention room, anesthesiology department and critical medicine department  Lot 3: Equipment of health rest examination center, rehabilitation medicine department and blood purification department	12,926,472.00				e-GP: No COVID-19 Response? No  Comments: Q4 2025; SBD Goods with National Advertising approved for PRC projects
FC-GS-04	Training equipment of ASEAN public health training base (289 sets of advanced comprehensive intelligent simulators, advanced maternal simulators, etc.)	1,549,082.00	OCB	Post (Sampling)	1S1E	Non-Consulting Services: No Advertising Type: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods e-GP: No COVID-19 Response? No Comments: Q4 2025; SBD Goods with National Advertising approved for PRC projects
FC-GS-05	Intelligent system, including data center system equipment and cloud desktop system (software)	4,413,929.00	OCB	Prior	1S1E	Non-Consulting Services: No Advertising Type: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods e-GP: No COVID-19 Response? No Comments: Q4 2025; Bidding document: Goods/IT SBD
FC-GS-06	Experimental center and inspection center	7,285,721.00	OCB	Post (Sampling)	1S1E	Non-Consulting Services: No Advertising Type: National

<b>Goods and Works</b>						
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Comments</b>
	equipment (181 sets of high-end analytical flow cytometer, laser scanning confocal microscope analyzer, etc.)					No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods e-GP: No COVID-19 Response? No Comments: Q4 2025; SBD Goods with National Advertising approved for PRC projects
YA-C3.3-G14	Respiratory key departments equipment (Regional medical treatment capacity building equipment)	1,272,240.00	OCB	Post (Sampling)	1S1E	Non-Consulting Services: No Advertising Type: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods e-GP: No COVID-19 Response? No Comments: SBD Goods with National Advertising approved for PRC projects
YA-C4.3-G15	Supply and installation of "Human Life Science Museum" equipment	218,160	RFQ	Post (Sampling)		Non-Consulting Services: No No. of Contracts: 1 e-GP: No COVID-19 Response? No
YA-C4.3-G16	Equipment procurement and APP production of psychological counseling platform for women and children	140,150	RFQ	Post (Sampling)		Non-Consulting Services: No No. of Contracts: 1 e-GP: No Covid-19 Response? No
YA-C4.3-G17	Equipment for Maternity School	87,850.00	RFQ	Post (Sampling)		Non-Consulting Services: No No. of Contracts: 1 e-GP: No



<b>Goods and Works</b>						
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Procurement Method</b>	<b>Review</b>	<b>Bidding Procedure</b>	<b>Comments</b>
YA-P2.1-G12	Supply and installation of medical equipment for the Women's and Children's Branch: PCR laboratory equipment, ultrasound equipment, endoscopic anesthesia equipment and emergency and critical equipment	6,356,600.00	OCB	Prior	1S1E	COVID-19 Response? No Non-Consulting Services: No Advertising Type: International No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods e-GP: No COVID-19 Response? No
YA-P2.1-G13	Supply & installation of medical equipment in the Women's & Children's Branch: radiological equipment, reproductive & childcare maternity equipment, first aid equipment for newborns, oral equipment, aerodigestive endoscopy equipment, & bed equipment	11,953,400.00	OCB	Prior	1S1E	Non-Consulting Services: No Advertising Type: International No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: Goods e-GP: No COVID-19 Response? No
YA-P2.2-CW06	Original hospital site: Reconstruction to combine epidemic and normal situation	1,240,310.00	OCB	Post (Sampling)	1S1E	Non-Consulting Services: No Advertising Type: National No. of Contracts: 1 Prequalification of Bidders: No Domestic Preference Applicable: No Bidding Document: - Works e-GP: No COVID-19 Response? No Comments: SBD Works with National Advertising approved for PRC projects

<b>Consulting Services</b>						
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Selection Method</b>	<b>Review</b>	<b>Type of Proposal</b>	<b>Comments</b>
GY-CO1	Training on emergency treatment ability of TCM prevention and treatment of emerging infectious diseases	323,529.00	CQS	Post (Sampling)	STP	Non-Consulting Services: No Type: Firm Assignment: National Advance Contracting: No e-GP: No COVID-19 Response? No Comments: Q1 2025
GY-CO3	Research on the capacity construction of general practitioners at grassroots level	308,824.00	CQS	Post (Sampling)	STP	Non-Consulting Services: No Type: Firm Assignment: National Advance Contracting: No e-GP: No COVID-19 Response? No Comments: Q3 2024
GY-CO4	Research on application of integrated traditional Chinese and Western medicine nursing model for the age	316,178.00	CQS	Post (Sampling)	STP	Non-Consulting Services: No Type: Firm Assignment: National Advance Contracting: No e-GP: No COVID-19 Response? No Comments: Q2 2024
GY-CO5	Project environmental impact monitoring	126,563.00	CQS	Post (Sampling)	STP	Non-Consulting Services: No Type: Firm Advertising: National e-GP: No COVID-19 Response? No
GY-CO6	Guiyang Resettlement Expert	55,000.00	ICS	Post (Sampling)		Non-Consulting Services: No Type: Individual Advertising: National Expertise: resettlement e-GP: No

Consulting Services						
Package Number	General Description	Estimated Value (in US\$)	Selection Method	Review	Type of Proposal	Comments
GY-CO7	Guiyang External Monitor	27,000.00	ICS	Post (Sampling)		COVID-19 Response? No Non-Consulting Services: No  Type: Individual  Advertising: National  Expertise: external monitoring  e-GP: No
YA-C4.1-C07	Construction of Clinical Skills Training Base: International exchange and training capacity strengthening	18,970.00	ICS	Post (Sampling)		COVID-19 Response? No Non-Consulting Services: No  Type: Individual  Advertising: National  Expertise: training capacity strengthening  e-GP: No
NH-CS-05	Multi-sectoral joint governance of public health and the precisely matched to the required resources	330,882.00	CQS	Post (Sampling)	STP	COVID-19 Response? No Non-Consulting Services: No  Type: Firm Assignment: National  Quality-Cost Ratio: 90:10  e-GP: No  Comments: Q2 2024
NH-CS-06	Research on digital chronic disease management	250,000.00	CQS	Post (Sampling)	STP	COVID-19 Response? No Non-Consulting Services: No  Type: Firm Assignment: National  Quality-Cost Ratio: 90:10  e-GP: No  Comments: Q2 2024
NH-CS-07	Cross-regional health big data fusion and intelligent analysis	1,764,706	QCBS	Prior	FTP	COVID-19 Response? No Non-Consulting Services: No  Type: Firm Assignment: National  Quality-Cost Ratio: 90:10  e-GP: No

<b>Consulting Services</b>						
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Selection Method</b>	<b>Review</b>	<b>Type of Proposal</b>	<b>Comments</b>
						COVID-19 Response? No
NH-CS-08	Government-oriented public health security monitoring and analysis	2,205,882	QCBS	Prior	FTP	Non-Consulting Services: No Type: Firm Assignment: National Quality-Cost Ratio: 90:10 e-GP: No COVID-19 Response? No
NH-CS-09	Institution-Oriented Health Care Collaborative Services	3,117,647	QCBS	Prior	FTP	Non-Consulting Services: No Type: Firm Assignment: National Quality-Cost Ratio: 90:10 e-GP: No COVID-19 Response? No
NH-CS-10	Smart health management platform for the public	1,617,647	QCBS	Prior	FTP	Non-Consulting Services: No Type: Firm Assignment: National Quality-Cost Ratio: 90:10 e-GP: No COVID-19 Response? No
NH-CS-11	Research on Medical Insurance Fund Guarantee of Traditional Medicine and Chronic Diseases	348,529	CQS	Post (Sampling)	STP	Non-Consulting Services: No Type: Firm Assignment: National e-GP: No COVID-19 Response? No
NH-CS-12	Research on active health and chronic disease management mode based on integration of traditional Chinese and western medicine	323,529	CQS	Post (Sampling)	STP	Non-Consulting Services: No Type: Firm Assignment: National e-GP: No COVID-19 Response? No
NH-CS-13	Research on high-quality public health management and the training of	294,118	CQS	Post (Sampling)	STP	Non-Consulting Services: No Type: Firm Assignment: National

<b>Consulting Services</b>						
<b>Package Number</b>	<b>General Description</b>	<b>Estimated Value (in US\$)</b>	<b>Selection Method</b>	<b>Review</b>	<b>Type of Proposal</b>	<b>Comments</b>
	women and children's medical personnel					e-GP: No COVID-19 Response? No

### CONSULTANTS' TERMS OF REFERENCE

Package No.	General Description	Outline Terms of Reference
<b>Fangchenggang–Consulting Services</b>		
FC-CS-01	Project management consulting services	<p>The consulting firm provides project management and capacity-building assistance to the executing and implementing agencies to meet the requirements of ADB in the implementation process, including: (a) project performance monitoring; (b) procurement of goods and civil works and consulting services; (c) payment and contract management; (d) reporting requirements; (e) updating, implementing and monitoring guarantee plans; and (f) raising awareness and promoting the creation of a favorable environment for the implementation of subprojects. It will also provide capacity development support for implementing agencies and implementing agencies, including: (a) providing professional guidance on public health capacity-building and medical equipment planning for the project in accordance with the requirements of the project for the public health system, so as to ensure the accurate connection between the project and ADB policies and directions; (b) supporting the procurement, payment, security and financial management of the project; (c) formulating the project capacity development plan; (d) Implement the training, organization of investigation and seminars related to the improvement of project management capacity; (e) collect all necessary information, edit, draft and timely submit the reports required under the project agreement; and (f) assign project management and translators.</p> <p>Assignment: National            Advertisement Date: Q3 2022            Advance Contracting: Yes            Selection Method: QCBS (90:10)            Type of Proposal: Full Technical Proposal            Estimated Budget: \$2,500,000            Estimated Person-Months: 204            No of Experts: 2 International (4 person-months); 10 National experts (200 person-months)</p> <p>Team Composition:</p> <p>International key experts</p> <ol style="list-style-type: none"> <li>1. Public health specialist, 2 person-months</li> <li>2. Medical training specialist, 2 person-months</li> </ol> <p>National Key experts</p> <ol style="list-style-type: none"> <li>1. Project leader, 25 person-months</li> <li>2. Project site management engineer, 60 person-months</li> <li>3. Procurement specialist, 25 person-months</li> <li>4. Financial management expert, 18 person-months</li> <li>5. Environmental specialist, 15 person-months</li> <li>6. Social &amp; resettlement specialist, 15 person-months</li> <li>7. Hospital planning and design specialist, 10 person-months</li> <li>8. Project performance evaluation specialist, 10 person-months</li> </ol>

Package No.	General Description	Outline Terms of Reference
FC-CS-02	Environmental Impact Monitoring Expert	<p>9. Public Health Specialist, 10 person-months 10. Medical training specialist, 10 person-months</p> <p>The environmental impact monitoring expert will carry out external environmental monitoring, including: (a) sampling and monitoring environmental quality data related to the project; (b) carry out independent monitoring according to the implementation of the environmental management plan, and confirm that the internal environmental monitoring report, quarterly progress report and semiannual environmental progress report meet the requirements of ADB's social security policy and other relevant policies; (c) Make suggestions and conduct due diligence on any problems existing in the implementation of the environmental management plan; (d) Submit the external environmental monitoring report in Chinese and English to Fangchenggang project office and ADB, adopt the template approved by ADB, and submit it in the form of semiannual report during the implementation of the project.</p> <p>Assignment: National Advertisement Date: Q1 2023 Advance Contracting: No Selection Method: ICS Estimated Person-Months: 11 Estimated Budget: \$100,000</p>
FC-CS-03	Social Expert	<p>The social expert will perform the following tasks:</p> <p>Gender Tasks</p> <ul style="list-style-type: none"> <li>(i) Ensure the implementation of the project GAP (e.g., by conducting workshops and focus groups discussions; capacity building activities with the PMOs);</li> <li>(ii) Prepare M&amp;E plan for the GAP implementation including the intervals where data should be collected, how the data is collected, who collects the data, data collection tools to be used, how the data is analyzed, the evaluation questions and reporting etc.;</li> <li>(iii) Ensure that specific gender and participation indicators are accurately collected and monitored and compile the relevant indicators in summary documents;</li> <li>(iv) Conduct compliance monitoring of gender issues, interact with consultants responsible to implement aspects of the GAP and review relevant documents, assist to formulate corrective actions where necessary;</li> <li>(v) Prepare the semiannual progress reports and monitor matrix of the GAP implementation and present to ADB, PMO, and other stakeholders.</li> </ul> <p>Tasks of Ethnic Minorities</p> <ul style="list-style-type: none"> <li>(i) Review and provide recommendations regarding the EMDP prepared during project preparation.</li> <li>(ii) Based on final engineering design, carry out surveys and studies required to the identified project impacts on ethnic minorities and assess the adequacy of proposed mitigation measures and/or other measures to ensure that affected ethnic minorities (a) receive culturally appropriate social and economic benefits, (b) do not suffer adverse impacts as</li> </ul>

Package No.	General Description	Outline Terms of Reference
		<p>a result of projects, and (c) can participate actively in projects that affect them.</p> <p>(iii) Update the EMDP as necessary; brief the executing agency, PMO, and implementing agencies on the Project ethnic minority policy; provide capacity-building support as needed; assist the PMO and implementing agencies in the implementation of the EMDP.</p> <p>(iv) Provide support in organizing, implementing, and documenting consultations with affected ethnic minority communities and other stakeholders; ensure that the grievance redress mechanism is effective and functional; and closely coordinate with concerned bureaus and agencies to ensure timely planning and implementation of beneficial and mitigation measures as per EMDP; review progress and monitor ethnic minority safeguards compliance of project implementation.</p> <p>(v) Alert the PMO to any ethnic minority issues that arise during project implementation. Assist the PMO in the preparation of semi-annual monitoring reports; support the project review mission by conducting a prior spot check of project site(s) and activities, documenting findings, preparing a report for the mission, and participating in review missions; and prepare a report on ethnic minority safeguard compliance of subprojects by the end of the project.</p> <p>Assignment: National  Advertisement Date: Q1 2023  Advance Contracting: No  Selection Method: ICS  Estimated Person-Months: 5.5  Estimated Budget: \$100,000</p>
FC-CS-04	External Monitoring Expert	<p>The external monitoring expert will perform the following tasks:</p> <p>Monitor and evaluate activity implementation in accordance with ADB-approved EMDP. Determine whether all affected minority communities are within the scope of the EMDP and benefit from its measures; public consultation and awareness of EMDP regulation; coordinate EMDO activities with overall project implementation timelines; grievance remediation mechanisms (documents, processes, solutions); the effectiveness, impact and sustainability of the EMDP activities and the need for further improvement and implementation of mitigation measures; the capacity of the relevant staff and the availability of funds to implement the EMDP activities. Prepare an EMDP and RP Completion and Appraisal Report before the project closes.</p> <p>Assignment: National  Advertisement Date: Q1 2023  Advance Contracting: No  Selection Method: ICS  Estimated Person-Months: 5.5</p>



Package No.	General Description	Outline Terms of Reference
		Estimated Budget: \$55,000
<b>Guiyang–Consulting Services</b>		
GY-CO1	Training on emergency treatment ability of TCM prevention and treatment of emerging infectious diseases	<p>Emergency response capability training plan:</p> <ol style="list-style-type: none"> <li>1. Improve the emergency plan of the medical system, including the construction of pre-hospital medical first aid service network, the construction of pre-hospital medical first aid team, the training of hospital emergency response plan, and the drill of hospital emergency disaster response ability, etc.</li> <li>2. Optimization of hospital admission capacity. Including:               <ol style="list-style-type: none"> <li>(i) the improvement of the ability of medical service staff, the establishment and implementation of pre-career training for professional health technicians of TCM and integrated traditional Chinese and Western medicine, standardized training for residents, continuing education, and echelon construction system.</li> <li>(ii) Improve the supply capacity of medical resources, and carry out research on common technologies of TCM treatment plan, clinical research design and data management.</li> <li>(iii) Relying on the information system of traditional Chinese medicine hospital, carry out the application training of traditional Chinese and Western medicine treatment platform for infectious diseases. etc.</li> </ol> </li> </ol> <p>Assignment: National            Advertisement Date: Q1 2025            Advance Contracting: No            Selection Method: CQS            Type of Proposal: STP            Estimated Person-Months: 40            Estimated Budget: \$323,529</p> <p>Team composition: Experts in field of medical and health management and emergency training.</p>
GY-CO2	Research on the construction of compact medical association of integrated traditional Chinese and Western medicine	<p>Providing technical assistance for the construction of a close medical consortium integrating traditional Chinese and Western medicine in Guiyang. The main outputs include</p> <ol style="list-style-type: none"> <li>1. health and demand: analysis of population health status and supply and demand of public health services in Guiyang;</li> <li>2. system: system construction and mechanism design of regional close Medical Association of integrated traditional Chinese and Western medicine;</li> <li>3. guarantee and compensation: Design of medical security system and supporting policies taking into account the characteristics of traditional Chinese medicine;</li> <li>4. infrastructure supporting construction: information construction and management research, risk management and other system design; and</li> <li>5. evaluation index system: evaluation on the construction of regional close Medical Association of integrated traditional Chinese and Western medicine.</li> </ol> <p>Assignment: National            Advertisement Date: Q1 2024            Advance Contracting: No</p>

Package No.	General Description	Outline Terms of Reference
		<p>Selection Method: CQS  Type of Proposal: STP  Estimated Person-Months: 40  Estimated Budget: \$294,118  Team composition: Key experts in fields of medical and health management, medical and health policy, health economics and other related professional fields.</p>
GY-CO3	<p>Research on the capacity construction of general practitioners at grassroots level</p>	<p>To research and initially establish a vibrant general practitioner training system, establish a general practitioner talent security system, strengthen the management and investment of general practitioners, and strengthen the training of grassroots traditional Chinese medicine talents.</p> <p>By giving full play to the advantages and role of TCM practitioners in education, establishing standardized training standards for TCM general practitioners, and basically forming a unified and standardized general practitioner training mode and a service mode of "first diagnosis at the grassroots level," general practitioners have basically established a relatively stable service relationship with urban and rural residents.</p> <p>It is expected to basically achieve three qualified general practitioners per 10,000 residents in urban and rural areas, as well as the service level of general practitioners will be comprehensively improved.</p> <p>Assignment: National  Advertisement Date: Q3 2024  Advance Contracting: No  Selection Method: CQS  Type of Proposal: STP  Estimated Person-Months: 42  Estimated Budget: \$308,824</p> <p>Team composition: Key experts in fields of clinical medicine, traditional Chinese medicine, public health and preventive medicine, and health management.</p>
GY-CO4	<p>Research on application of integrated traditional Chinese and Western medicine nursing model for the aged</p>	<p>Relying on the medical association of Guiyang Hospital of Traditional Chinese Medicine as the core, the exploration and research of integrated traditional Chinese medicine in the elderly with Western medicine resources are used to combine the needs of the elderly for medical health care, disease prevention, nursing and rehabilitation, etc. The output includes</p> <p>Subproject 1: Health and demand: analysis of supply and demand of elderly care services in Guiyang.  Subproject 2: System and system: study on the application of integrated traditional Chinese and Western medicine elderly care model in Guiyang.  Subproject 3: Guarantee and compensation: design of medical security system and supporting policies taking into account the characteristics of traditional Chinese medicine.  Subproject 4: Basic supporting construction: information construction and management research, risk management system design.</p>

Package No.	General Description	Outline Terms of Reference
		<p>Subproject 5: Evaluation index system: evaluation of elderly nursing construction of integrated traditional Chinese and Western medicine in Guiyang.</p> <p>Assignment: National  Advertisement Date: Q2 2024  Advance Contracting: No  Selection Method: CQS  Type of Proposal: STP  Estimated Person-Months: 45  Estimated Budget: \$316,178</p> <p>Team composition: Key experts in the fields of health management, health economics, medical and health policy, clinical nursing, and elderly nursing.</p>
GY-CO5	Project environmental impact monitoring	<p>Environmental impact monitoring of the project mainly include sampling and monitoring of environmental quality data related to the project, independent monitoring according to the implementation of the environmental management plan, and finally submitting the external environmental monitoring report to ADB.</p> <p>Assignment: National  Advance Contracting: No  Selection Method: CQS  Type of Proposal: STP  Estimated Person-Months: 12  Estimated Budget: \$126,563</p>
GY-CO6	Resettlement Expert	<p>Brief the executing agency (EA), PMO, and implementing agencies (IAs) on the Project resettlement policy; provide capacity-building support as needed; based on detailed engineering design, support the PMO and other relevant entities in carrying out surveys and studies required to verify the identified project LAR impacts and assess the adequacy of proposed mitigation measures and/or other measures to ensure that affected households are not disadvantaged by Project investments; review and provide recommendations regarding resettlement plan prepared during project preparation. Support the PMO in updating the RP(s) as required, including carrying out meaningful consultations with AHs; assist the PMO and implementing agencies in carrying out LAR implementation, specifically on livelihood restoration and relocation of households; and support in organizing, implementing, and documenting consultations and disclosure with affected households and other stakeholders; together with the PMO safeguards officers, review progress reports and monitor involuntary resettlement safeguards compliance of project implementation. Alert the PMO to any resettlement issues that arise during project implementation and assist the PMO in preparation of semiannual internal monitoring reports; support the project review mission by conducting a prior spot check of project components, documenting findings, and participating in review missions; and prepare a resettlement completion report by the end of the project.</p>

Package No.	General Description	Outline Terms of Reference
		Assignment: National Advance Contracting: No Selection Method: ICS Estimated Person-Months: 5 Estimated Budget: \$55,000
GY-C07	Guiyang External Monitor	<p>For resettlement, monitor and evaluate payment of compensation and allowances as per approved RP; public consultation and awareness of resettlement policy and entitlements; coordination of resettlement activities with construction schedule; land acquisition and transfer procedures; level of satisfaction of APs with the provisions and implementation of the RP; grievance redress mechanism (documentation, process, resolution); effectiveness, impact and sustainability of entitlements and income restoration programs and the need for further improvement and mitigation measures; capacity of APs to restore/re-establish livelihoods and living standards, especially the severely affected APs and vulnerable APs; resettlement impacts caused during construction activities; and participation of APs in RP updating, as relevant, and implementation; capacity of staff involved and availability of funds to implement LAR activities.</p> <p>For ethnic minorities (Guiyang and Fangchenggang): monitor and evaluate implementation of activities as per approved EMDP. Identify whether all affected ethnic minority communities are covered under the EMDP and benefit from the measures therein; public consultation and awareness of EMDP provisions; coordination of EMDP activities with overall project implementation schedule; grievance redress mechanism (documentation, process, resolution); effectiveness, impact and sustainability of EMDP activities and the need for further improvement and mitigation measures; and capacity of staff involved and availability of funds to implement EMDP activities.</p> <p>Prepare an EMDP and RP completion and evaluation report by the end of the project.            Assignment: National            Advance Contracting: No            Selection Method: ICS            Estimated Person-Months: 5            Estimated Budget: \$27,000</p>
<b>Yan'an-Consulting Services</b>		
YA-C3.2-C01	Construction of Public Health Discipline of Yan'an University: Compilation of the establishment and development plan and implementation plan of the School of Public Health and Prevention, and textbooks	<ol style="list-style-type: none"> <li>1. Propose the management system and operation system of the School of Public Health and Preventive Medicine.</li> <li>2. Propose the organizational structure and position descriptions within the School of Public Health and Preventive Medicine.</li> <li>3. Compile the 5-year development plan of the School of Public Health and Preventive Medicine.</li> <li>4. Propose a guaranteed mechanism for the operation of the School of Public Health and Preventive Medicine.</li> </ol>

Package No.	General Description	Outline Terms of Reference
		<p>5. Study how to combine local preventive medicine practice, give full play to local advantages, and compile textbooks and monographs.</p> <p>6. Compile textbooks such as Epidemiology and Health Statistics, Occupational Hygiene and Environmental Hygiene, Nutrition and Food Hygiene, and Hygiene Toxicology, etc.</p> <p>Assignment: National Date of Advertisement: Q1 2023 Advance contracting: No Selection Method: ICS Estimated Person-Months: 3 Estimated Budget: \$11,030</p>
YA-C3.4-C02	Research on the mechanism of combination of epidemic and normal periods and improvement and pilot study of response plan for public health emergencies	<p>As the country attaches more importance to the safety of citizens, from the perspective of responding to public health emergencies and avoiding direct threats to the safety of people's lives and property, this study will research on the emergency response system and operation mechanism striving to find efficient emergency response methods.</p> <p>Assignment: National Date of Advertisement: Q1 2023 Advance contracting: No Selection Method: ICS Estimated Person-Months: 6 Estimated Budget: \$66,400.00</p>
YA-C3.4-C03	Research on the improvement of disease prevention and control and major epidemic rescue mechanism in Shaanxi Province	<p>This study aims to improve the major epidemic prevention and control system in Shaanxi. Improve the coordination mechanism for research, judgment, assessment, decision-making, and prevention and control of major public health risks; improve the monitoring and early warning system and information management system for major epidemic emergencies, formulate emergency plans and monitoring plans, ensure the normal operation of the monitoring and early warning system and epidemic reporting and information release in accordance with laws and regulations.</p> <p>Assignment: National Advertisement Date: Q1 2023 Advance Contracting: No Selection Method: ICS Estimated Person-Months: 6 Estimated Budget: \$66,400.00</p>
YA-C3.4-C04	Shaanxi Provincial Regional Medical Center Development Strategy and Planning	<p>This study will conduct in-depth research from the aspects of capacity expansion and approaching to primary levels and deepening cooperation. Provincial regional medical centers should not only stand tall, playing a basic supporting role as high-level regional medical centers, so that the masses can enjoy high-level diagnosis and treatment services nearby, but also influence and drive other medical institutions in the region to engage in further development.</p> <p>Assignment: National Advertisement Date: Q1 2023</p>

Package No.	General Description	Outline Terms of Reference
		Advance Contracting: No Selection Method: ICS Estimated Person-Months: 6 Estimated Budget: \$66,400.00
YA-C3.4-C05	Research on the development of geriatric medicine and the treatment of cardiovascular and cerebrovascular diseases	This research will focus on grasping the etiology of cardiovascular and cerebrovascular diseases in the elderly, preventing the onset, and conducting timely or regular physical examinations, with the purpose of preventing and treating cardiovascular and cerebrovascular diseases, reducing the morbidity and mortality of cardiovascular and cerebrovascular diseases, and prolonging human lives  Assignment: National Advertisement Date: Q1 2023 Advance Contracting: No Selection Method: ICS Estimated Person-Months: 10 Estimated Budget: \$93,900.00
YA-C3.4-C06	Regional Pathogen Detection Research	The purpose is to study the morphology, structure, life activity law and collective correlation of pathogenic organisms in northern Shaanxi, and to study the life characteristics, biological characteristics, pathogenicity, and pathogenic mechanism of pathogenic microorganisms.  Assignment: National Advertisement Date: Q1 2023 Advance Contracting: No Selection Method: ICS Estimated Person-Months: 3 Estimated Budget: \$28,640.00
YA-C4.1-C07	Construction of Clinical Skills Training Base: International exchange and training capacity strengthening	Provide technical support for improving institutional capacity in international exchanges, including compiling staff training programs, improving teaching materials, etc.  Assignment: National Advance Contracting: No Selection Method: ICS Estimated Person-Months: 2 Estimated Budget: \$18,970
<b>NIHA-Consulting Services</b>		
NH-CS-01	Project management support (financial, procurement, etc.)	The consulting firm provides project management support on the financial, procurement, and other aspects of project management and capacity-building.  Assignment: National Advertisement Date: Q2 2023 Advance Contracting: No Selection Method: CQS Type of Proposal: STP Estimated Person-Months: 54 Estimated Budget: \$300,000 No. of Experts: 5

Package No.	General Description	Outline Terms of Reference
		<p>Team composition:</p> <ol style="list-style-type: none"> <li>1. Project leader, 11 person-months</li> <li>2. Financial specialist, 15 person-months</li> <li>3. Procurement specialist, 15 person-months</li> <li>4. Project risk and performance management specialist, 8 person-months</li> <li>5. Capacity building specialist, 5 person-months</li> </ol>
NH-CS-02	Research on cross-border, emergency preparing and early warning capabilities of public health	<p>The consulting firm will undertake research and study on improvement of the ability to detect public health events, through data collection and analysis in schools, hospital stations and other places, on how to improve the ability to respond to public health emergencies, including the training of medical talents and the allocation and management of medical resources, etc., and on how to performance better in cutting off the infection when a transnational public health event occurs, and how to provide medical support to disease endemic area, or how to get medical support.</p> <p>Assignment: National  Advertisement Date: Q3 2023  Advance Contracting: No  Selection Method: QCBS (90:10)  Type of Proposal: FTP  Estimated Person-Months: 480  Estimated Budget: \$2,697,850  No. of Experts: 14</p> <p>Team Composition:</p> <ol style="list-style-type: none"> <li>1. Project leader, 30 person-months</li> <li>2. Informatization specialist No.1, 40 person-months  Informatization specialist No.2, 36 person-months</li> <li>3. Data mining specialist No.1, 36 person-months  Data mining specialist No.2, 40 person-months</li> <li>4. International cooperation policy specialist No.1, 36 person-months  International cooperation policy specialist No.2, 36 person-months</li> <li>5. Public health specialist No.1, 36 person-months  Public health specialist No.2, 36 person-months  Public health specialist No.3, 36 person-months</li> <li>6. State administration specialist No.1, 36 person-months  State administration specialist No.2, 36 person-months</li> <li>7. Administrative theory specialist, 36 person-months</li> <li>8. Legal specialist, 20 person-months</li> </ol>
NH-CS-03	Research on the use mechanism and management of medical insurance funds in the whole process	<p>The consulting firm will carry out research on the supervision and payment process of the medical insurance fund, to make sure that the limited medical insurance fund can be most efficient used to public health.</p> <p>Assignment: National  Advertisement Date: Q1 2024  Advance Contracting: No  Selection Method: CQS  Type of Proposal: STP</p>

Package No.	General Description	Outline Terms of Reference
		<p>Estimated Person-Months: 63                      Estimated Budget: \$348,529                      No. of Experts: 4</p> <p>Team Composition:                      1. Project leader, 3 person-months                      2. Medical insurance specialist, 20 person-months                      3. Medical insurance policy specialist, 20 person-months                      4. Public health specialist, 20 person-months</p>
NH-CS-04	<p>Research on Medical Insurance Fund Guarantee for Public Health Emergencies and Diseases of Women and Children</p>	<p>The consulting firm will conduct research and study on how to ensure that women and children get the maximum benefit from the use of medical insurance funds, including more kinds of disease and higher quality medical services, and a full-process coverage mechanism for the use of medical insurance funds in public health emergencies.</p> <p>Assignment: National                      Advertisement Date: Q1 2024                      Advance Contracting: No                      Selection Method: CQS                      Type of Proposal: STP                      Estimated Person-Months: 63                      Estimated Budget: \$348,529                      No. of Experts: 5</p> <p>Team Composition:                      1. Project leader, 13 person-months                      2. Health insurance specialist, 10 person-months                      3. Women's rights specialist, 10 person-months                      4. Children's rights specialist, 10 person-months                      5. Women and children related diseases specialist, 10 person-months</p>
NH-CS-05	<p>Multi-sectoral joint governance of public health and the precisely matched to the required resources</p>	<p>The consulting firm will conduct research and study on how multiple departments can cooperate to serve public health and better integrate and allocate resources in the event of a public health event.</p> <p>Assignment: National                      Advertisement Date: Q2 2024                      Advance Contracting: No                      Selection Method: CQS                      Type of Proposal: STP                      Estimated Person-Months: 59                      Estimated Budget: \$330,882                      No. of Experts:4</p> <p>Team Composition:                      1. Project leader, 9 person-months                      2. Medical resources specialists, 20 person-months                      3. Public health specialists, 20 person-months                      4. Economics and management specialists, 10 person-months</p>



Package No.	General Description	Outline Terms of Reference
NH-CS-06	Research on digital chronic disease management	<p>The consulting firm will conduct research and study on how to manage a large number of chronic disease patients through digital means to ensure the maximum allocation of medical resources and high-quality management of patients to strengthen public health.</p> <p>Assignment: National            Advertisement Date: Q2 2024            Advance Contracting: No            Selection Method: CQS            Type of Proposal: STP            Estimated Person-Months: 45            Estimated Budget: \$250,000            No. of Experts: 3</p> <p>Team Composition:</p> <ol style="list-style-type: none"> <li>1. Project leader, 5 person-months</li> <li>2. Information technology specialists, 20 person-months</li> <li>3. Chronic diseases specialists, 20 person-months</li> </ol>
NH-CS-07	Cross-regional health big data fusion and intelligent analysis	<p>The consulting firm will conduct study and research on building a public health big data intelligent analysis model and explore the feasibility of public health intelligent governance.</p> <p>Assignment: National            Advertisement Date: Q3 2024            Selection Method: QCBS (90:10)            Type of Proposal: Full Technical Proposal            Estimated Budget: \$1,764,706            Estimated Person-Months: 320            No. of Experts: 9</p> <p>Team Composition:</p> <ol style="list-style-type: none"> <li>1. Project leader, 30 person-months</li> <li>2. Artificial intelligence specialist No.1, 40 person-months              Artificial intelligence specialist No.2, 40 person-months</li> <li>3. Data mining specialist No.1, 40 person-months              Data mining specialist No.2, 40 person-months</li> <li>4. Mathematics specialist No.1, 36 person-months              Mathematics specialist No.2, 30 person-months</li> <li>5. Public health policy development specialists, 36 person-months</li> <li>6. Legal specialist, 28 person-months</li> </ol>
NH-CS-08	Government-oriented public health security monitoring and analysis	<p>The consulting firm will undertake study of developing an information intelligent monitoring and analysis system for public health emergencies and improving the government's decision-making and management capabilities in the face of public health emergencies.</p> <p>Assignment: National            Advertisement Date: Q4 2024            Selection Method: QCBS (90:10)            Type of Proposal: Full Technical Proposal            Estimated Budget: \$2,205,882            Estimated Person-Months: 400</p>

Package No.	General Description	Outline Terms of Reference
		<p>No. of Experts: 12</p> <p>Team Composition:</p> <ol style="list-style-type: none"> <li>1. Project leader, 32 person-months</li> <li>2. Artificial intelligence specialist No.1, 36 person-months Artificial intelligence specialist No.2, 36 person-months Artificial intelligence specialist No.3, 36 person-months</li> <li>3. Mathematics specialist No.1, 40 person-months Mathematics specialist No.2, 40 person-months</li> <li>4. Public health specialist No.1, 36 person-months Public health specialist No.2, 24 person-months</li> <li>5. Policy development specialist No.1, 35 person-months Policy development specialist No.2, 35 person-months</li> <li>6. Data analytic specialists, 22 person-months</li> <li>7. Legal specialist, 28 person-months</li> </ol>
NH-CS-09	Institution-Oriented Health Care Collaborative Services	<p>The consulting firm will focus on the needs of medical institutions and patients, develop online diagnosis and treatment, auxiliary diagnosis and treatment, drug distribution, online teaching, popular science publicity, etc.</p> <p>Assignment: National Advertisement Date: Q4 2024 Selection Method: QCBS (90:10) Type of Proposal: Full Technical Proposal Estimated Budget: \$3,117,647 Estimated Person-Months: 550 No. of Experts: 15</p> <p>Team Composition:</p> <ol style="list-style-type: none"> <li>1. Project leader 35 person-months</li> <li>2. Artificial intelligence specialist No.1, 36 person-months Artificial intelligence specialist No.2, 40 person-months Artificial intelligence specialist No.3, 40 person-months</li> <li>3. Knowledge graph specialist No.1, 35 person-months Knowledge graph specialist No.2, 35 person-months Knowledge graph specialist No.3, 35 person-months</li> <li>4. Medicine distribution specialists, 36 person-months</li> <li>5. Patient needs analyst specialists, 34 person-months</li> <li>6. Medical institutions demand analysis specialist, 36 person-months</li> <li>7. Health management specialist No.1, 40 person-months</li> <li>8. Health management specialist No.2, 40 person-months.</li> <li>9. Modeling specialists, 36 person-months</li> <li>10. Telemedicine specialist No.1, 36 person-months</li> <li>11. Telemedicine specialist No.2, 36 person-months</li> </ol>
NH-CS-10	Smart health management platform for the public	<p>The consulting firm will establish a platform which contains the patients' lifelong medical files, dynamically collects the patient's basic health parameters, performs intelligent screening of the patient, and evaluates the patient's physical condition.</p> <p>Assignment: National Advertisement Date: Q1 2025 Selection Method: QCBS (90:10)</p>

Package No.	General Description	Outline Terms of Reference
		<p>Type of Proposal: Full Technical Proposal            Estimated Budget: \$1,617,647            Estimated Person-Months: 290            No. of Experts: 8</p> <p>Team Composition:            1. Project leader, 36 person-months            2. Artificial intelligence specialists, 40 person-months            3. Enlarged health specialists, 40 person-months            4. Smart wearable devices specialists, 36 person-months            5. Mathematics specialists, 35 person-months            6. Medical records specialists, 34 person-months            7. Knowledge graph specialists, 35 person-months            8. Health assessment specialist, 34 person-months</p>
NH-CS-11	Research on Medical Insurance Fund Guarantee of Traditional Medicine and Chronic Diseases	<p>The consulting firm will undertake research and study on how to properly use Medicare funds so that patients with chronic diseases can get treatment from traditional medical treatment, so that patients can benefit the most.</p> <p>Assignment: National            Advertisement Date: Q2 2025            Advance Contracting: No            Selection Method: CQS            Type of Proposal: STP            Estimated Person-Months: 63            Estimated Budget: \$348,529            No. of Experts: 5</p> <p>Team Composition:            1. Project leader, 13 person-months            2. Medical insurance specialist No.1, 10 person-months               Medical insurance specialist No.2, 10 person-months            3. Medical insurance policy formulation specialists, 20 person-months            4. Traditional Chinese Medicine specialists, 10 person-months</p>
NH-CS-12	Research on active health and chronic disease management mode based on integration of traditional Chinese and western medicine	<p>In order to solve the existed problem of poor connection amount prevention medicine and health management, this consulting firm will develop the model of theoretical research combined with pilot research to form a replicable and generalizable experience, and to achieve the coordinated development of medical and prevention integration, cost protection and health management in the context of the combination of traditional Chinese medicine and modern medicine.</p> <p>Assignment: National            Advertisement Date: Q2 2025            Advance Contracting: No            Selection Method: CQS            Type of Proposal: STP            Estimated Person-Months: 58            Estimated Budget: \$323,529.            No. of Experts: 5</p> <p>Team Composition:</p>

Package No.	General Description	Outline Terms of Reference
		<ol style="list-style-type: none"> <li>1. Project leader, 10 person-months</li> <li>2. Traditional medicine specialist, 12 person-months</li> <li>3. Modern medicine specialist, 12 person-months</li> <li>4. Chronic disease specialist, 12 person-months</li> <li>5. Medical insurance funding specialist, 12 person-months</li> </ol>
NH-CS-13	<p>Research on high-quality public health management and the training of women and children's medical personnel</p>	<p>The consulting firm will construct a public health composite talent training system, and formulate a digital capacity building outline for maternal and child medical and health talents that suits the PRC's national conditions, conduct digital ability training for seed talents in women's and children's branches, and create digital capacity building training courses for medical and health talents.</p> <p>Assignment: National            Advertisement Date: Q2 2025            Advance Contracting: No            Selection Method: CQS            Type of Proposal: STP            Estimated Person-Months: 53            Estimated Budget: \$294,118            No. of Experts: 5</p> <p>Team Composition:</p> <ol style="list-style-type: none"> <li>1. Project leader, 9 person-months</li> <li>2. Medicine specialist No.1, 11 person-months                Medicine specialist No.2, 11 person-months</li> <li>3. Textbook compiling specialist No.1, 11 person-months                Textbook compiling specialist No.2, 11 person-months</li> </ol>

### GENDER ACTION PLAN

No.	Actions	Targets and/or Indicators	Responsible Parties	Timeline	Funding source
<b>Outcome: Quality of public health services improved</b>					
1		Quality of women's health services increased by 25% in the three project sites (2022 baseline: to be determined) <sup>a</sup>	Executing and implementing agencies	2027	Project budget
2		Gender-responsive emergency preparedness and response systems operationalized and fully compliant with World Health Organization standards in the three project sites (2022 baseline: 0) <sup>b</sup>	Executing and implementing agencies	2027	Project budget
<b>Output 1: Public health institutional capacity and policies developed</b>					
3	Public health security emergency preparedness and response strategy and operational plan of the hospitals with a section on supporting women and children updated and shared at national level through provincial level for management of public health emergencies from emerging infectious diseases and other health hazards	Section on supporting women and children included in public health security and emergency preparedness and response strategy and operational plans of each hospital (2022 baseline: 0)	Executing and implementing agencies	2024	Project budget
4	Gender-sensitive, interoperable national public health information systems established	Sex-disaggregated data to be collected and analyzed as part of interoperable national public health information systems (2022 baseline: 0)	Executing agency, information technology specialists, and social specialists	2027	Project budget
<b>Output 2: Effective public health ecosystem established</b>					
5	Gender-sensitive human resource policy prepared and implemented for each project location	Gender equity policy, including management-level employment targets for women and gender-sensitive recruitment processes, <sup>c</sup> approved for each project location (2022 baseline: 0)	Executing and implementing agencies, ADB	2023	Project budget
6	Gender-sensitive and socially inclusive design prepared for public health and emergency	At least one consultation activity with female health staff for each facility to discuss facility design in each project	Executing and implementing agencies	From design phase (2022 onwards)	Project budget

No.	Actions	Targets and/or Indicators	Responsible Parties	Timeline	Funding source
	facilities	<p>location (2022 baseline: 0)</p> <p>At least one breastfeeding room, at least 2:1 ratio of female to male toilets with accessibility facilities incorporated in the design of each facility (2022 baseline: 0)</p> <p>Women and childcare facilities included at all project locations (2022 baseline: 0)</p>			
<b>Output 3: Training excellence and international cooperation capability enhanced</b>					
7	At least 3,000 public health field staff (at least 65% women) trained and report improved knowledge and understanding on public health issues and strengthening national health security	65% of trained health field staff are women and report improved knowledge and understanding on public health issues, including gendered impacts <sup>d</sup> (2022 baseline: 0)	Implementing agencies	By 2027	Project budget
8	At least 1,000 public health staff from hospitals, primary health care facilities, and laboratories; and other allied public health staff (at least 50% women) trained, in gender sensitivity in health services	<p>1,000 public health staff are trained, in gender sensitivity (at least 50% women)</p> <p>At least 50% of those trained report improved sensitivity in clinical practice and awareness of gender issues in public health in training completion survey (2022 baseline: 0 women trained, and 0 survey responses)</p>	Implementing agencies	By 2027	Project budget
9	Annual consultations with patients and clients, including women to discuss hospital policies and programs on public health issues and health security	50% of patients and clients report increased awareness of hospitals policies and programs (2022 baseline: 0)	Implementing agencies	2023–2027	Facilities operations budget
10	Community health care workers trained by each hospital will be involved in disseminating information and interacting with local communities over risks of	<p>At least 50% of community health care workers participating in information dissemination facilitators will be women (2022 baseline: 0)</p> <p>50% women attend consultation events</p>	Executing and implementing agencies	From design phase (2022) onwards	Project budget

No.	Actions	Targets and/or Indicators	Responsible Parties	Timeline	Funding source
	contagious diseases, such as COVID-19 and HIV/AIDS	(2022 baseline: 0)			
11	Provision of training to the construction workforce on GBVH and STIs/HIV/AIDS	All work force receive training on GBVH and STIs/HIV/AIDS (2022 baseline: 0)	Implementing agencies, Center for Disease Control, and All China Women's Federation	From 2023 onwards	Project budget
12	Priority employment for women during construction	30% of unskilled workers during construction are female (2022 baseline: 0)	Executing and implementing agencies	2022–2026	Project budget

ADB = Asian Development Bank, AIDS = acquired immunodeficiency syndrome, COVID-19 = coronavirus disease, GBVH = gender-based violence and harassment, HIV = human immunodeficiency virus, STI = sexually transmitted infection.

- <sup>a</sup> The survey will be carried out within the first 6 months of project implementation to establish the baseline, and health service quality will be measured periodically. The design will ensure data is disaggregated by sex, age, and other social parity data points where possible; for the indicator, only female patient data will be used. The quality of women's health services will be measured through standard index-based metrics: (i) knowledge and responsiveness of health staff; (ii) length of hospital stay; (iii) modern and accessible facilities; and (iv) patient's perception of care. Survey implementation will be aided by innovative user-friendly communication tools such as emojis to enable easy and more inclusive patient participation.
- <sup>b</sup> World Health Organization. 2020. [Rapid Hospital Readiness Checklist: Interim Guidance](#). Geneva.
- <sup>c</sup> This involves establishment of gender-sensitive clinical protocols, including guidelines for doctors and nurses to treat diseases or health issues in a way that ensures women's concerns, sensitivities, and risks are adequately addressed, including gender-based violence and non-discrimination policies and legal requirements for domestic violence reporting.
- <sup>d</sup> These include differences in outcomes from illnesses and injury based on gender differences in biological and behavioral determinants of health and illness. Source: ADB.