

# Program Implementation Document

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Project Number: 54297-001  
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## Islamic Republic of Pakistan: Khyber Pakhtunkhwa Health Systems Strengthening Program



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## **PURPOSE OF THE PROGRAM IMPLEMENTATION DOCUMENT**

The developing member country is wholly responsible for implementing the program supported by results-based lending. Asian Development Bank staff support the results-based lending program design and implementation.

The program administration document consolidates the essential program implementation information. It is a management tool that supports effective program implementation, monitoring, and reporting. It is developed throughout program processing and should be discussed with the developing member country at loan negotiations. It is a living document that should be refined and kept up-to-date during program implementation.

## ABBREVIATIONS

ADB	–	Asian Development Bank
AGP	–	Auditor General of Pakistan
C&W	–	Communication & Works Department of the Government of Khyber Pakhtunkhwa
CGA	–	Controller General of Accounts
CRC	–	Centralized Rate-contracting Committee
DDO	–	Drawing and disbursing officer
DOF	–	Finance Department
DOH	–	Health Department
DMC	–	developing member country
DMF	–	design and monitoring framework
DLIs	–	disbursement-linked indicators
GBV	–	gender-based violence
GOKP	–	Government of Khyber Pakhtunkhwa
GOP	–	Government of Pakistan
HR	–	human resources
HRH	–	human resources for health
ICT	–	information and communication technology
IFB	–	invitation for bids
IDAP	–	Infrastructure Development Authority of the Punjab
IMU	–	independent monitoring unit
IVA	–	Independent verification agency
JICA	–	Japan International Cooperation Agency
KPPRA	–	Khyber Pakhtunkhwa Public Procurement Regulatory Authority
PPRA	–	Public Procurement Regulatory Authority
MOU	–	memorandum of understanding
MS	–	medical superintendent
PAP	–	program action plan
PFM	–	public financial management
PHC	–	Primary health care
PMIU	–	project management and implementation unit
RBL	–	results-based lending
SHC	–	secondary health care
WHO	–	World Health Organization



## I. PROGRAM DESCRIPTION

1. The Asian Development Bank (ADB) results-based lending (RBL) Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP) will support the Government of Khyber Pakhtunkhwa (GOKP) and its Health Department (DOH) Revamping Secondary Care (RSHC) program, also known as Revamping of Non-Teaching District Head Quarter Hospitals program, from fiscal year 2022 to fiscal year 2026: (i) enhanced coverage of and access to essential health services, especially for the poor and vulnerable; (ii) improved management of human resources; and (iii) improved governance, regulation, and accountability.<sup>1</sup> The difference between the broader government program and the RBL program is summarized in Table 1.<sup>2</sup>

**Table 1: Program Scope**  
(as of 2 August 2022)

Item	Broader Government Program	Results-Based Lending Program
<b>Outcome</b>	<ol style="list-style-type: none"> <li>1. Enhanced coverage and access of essential health services especially for the poor and vulnerable</li> <li>2. Measurable reduction in the burden of disease especially among vulnerable segments of the population</li> <li>3. Improved human resource management</li> <li>4. Improved governance, regulation, and accountability</li> </ol>	Quality of care of secondary hospital services in Khyber Pakhtunkhwa enhanced
<b>Key outputs</b>	<ol style="list-style-type: none"> <li>1. Infrastructure of secondary health care facilities is improved</li> <li>2. Human resources are strengthened</li> <li>3. Hospital equipment is upgraded</li> <li>4. Hospital Management Information System is introduced</li> <li>5. Services are contracted to the private sector</li> <li>6. Services are standardized, and hospitals accredited</li> <li>7. Selected clinical services are subsidized</li> </ol>	<ol style="list-style-type: none"> <li>1. Clinical protocols, standards, and guidelines, available and implemented at secondary hospitals</li> <li>2. Hospital infrastructure and medical equipment modernized</li> <li>3. Planning of human resources and health services reinforced</li> <li>4. Management of medicine supply chain management upgraded</li> <li>5. Effectiveness of service delivery improved</li> </ol>
<b>Activity types</b>	Revamping of infrastructure, upgrading of medical equipment, expansion of human resources, improving pharmaceutical supply chain, standardization of hospital protocols throughout the province, enhancing health management information system	Infrastructure upgraded according to international standards, medical equipment modernized and functional, training on gender-based violence provided and counseling desks for reproductive health and mental health available, clinical pathways developed and implemented, quality committees established and operational, systems for procurement, financial management and governance improved.
<b>Program expenditure</b>	Estimated at PRs93.7 billion (\$417.6 million)	Same
<b>Main financiers and the respective financing amounts</b>	Government of Khyber Pakhtunkhwa: PRs66.3 billion (\$295.3 million) Government of Pakistan: PRs5.0 billion (\$22.4 million) Asian Development Bank: \$100 million	Same

<sup>1</sup> Government of Khyber Pakhtunkhwa (GOKP), Health Department (DOH). 2022. *Project Concept Form for Revamping of Non-Teaching DHQ Hospitals in KP and Associated results-based lending (RBL) from the Asian Development Bank*. Peshawar.

<sup>2</sup> The proposed RBL program excludes high-value procurement contracts and any activities with major environmental or involuntary resettlement impacts categorized as A under ADB Safeguard Policy Statement (2009). Also, ADB will not finance activities on ADB Prohibited Investment Activities List as per Safeguard Policy Statement (2009).

Item	Broader Government Program	Results-Based Lending Program
Geographic coverage	Khyber Pakhtunkhwa Province	Khyber Pakhtunkhwa Province
Implementation period	Fiscal year (FY) 2022 to FY2026	FY2023 to FY2026

Sources: Asian Development Bank; and Government of Khyber Pakhtunkhwa, Department of Health.

## II. RESULTS AND DISBURSEMENT

### A. The Results-Based Lending Program's Overall Results

2. The RBL program's impact will be accessible, equitable, and quality health care for all people of Khyber Pakhtunkhwa Province (Khyber Pakhtunkhwa) to advance the community's well-being, productivity, and prosperity.<sup>3</sup> The outcome will be enhanced quality of care of secondary hospital services in Khyber Pakhtunkhwa. The beneficiaries will be the estimated 38.5 million catchment population,<sup>4</sup> and specifically primary health care (PHC) referrals, patients in need of emergency care, and women delivering in the hospital. Women will directly benefit from maternal and women health services as well as jobs generated such as nursing jobs. At the outcome level, two disbursement-link indicators (DLIs) and one other indicator are used to track the achievement of results. DLI1 measures the improvement of secondary health care (SHC) hospital services through the increase of (i) outpatient contacts, and (ii) inpatient admissions. DLI2 records maternal care amelioration (through the number of deliveries with skilled birth attendants).<sup>5</sup> The other indicator tracks the maternal mortality ratio.<sup>6</sup> There are five outputs described below, more details can be found in the design and monitoring framework.<sup>7</sup>

3. **Output 1: Clinical protocols, standards, and guidelines available and implemented at secondary hospitals.** This output concerns the quality of care relating to medical and operational practices. Medical processes will be improved by rolling out the government's program of standardized clinical protocols, and gender-sensitive clinical pathway will be developed and implemented.<sup>8</sup> Hospital-based quality committees—which discuss, analyze, and propose recommendations on health operational topics such as hospital hygiene and performed medical procedures—will be established and operationalized. As a measure of quality of care, the surgical site infection rate for selected interventions will be monitored.<sup>9</sup> DLI3, stipulating annual quality reports for gender-sensitive monitoring, feedback, and review mechanisms for key

<sup>3</sup> GOKP, DOH. 2018. [Khyber Pakhtunkhwa Health Policy \(2018–2025\)](#). Peshawar.

<sup>4</sup> Preliminary results from the 2017 census. Estimation by applying population growth rates for Pakistan for 2017 to 2020 from [World Bank's Open data](#).

<sup>5</sup> Skilled birth attendance can help prevent maternal and neonatal deaths, and is part of Sustainable Development Goal (SDG) 3: Ensure healthy lives and promote well-being for all at all ages. Target 3.1 specifies that by 2030, the global maternal mortality ratio should be reduced to less than 70 per 100,000 live births. There are 2 sub-indicators, indicator 3.1.1: Maternal mortality ratio Indicator, and 3.1.2: Proportion of births attended by skilled health personnel.

<sup>6</sup> Maternal mortality ratio, while an indicator of the overall quality of care of the health system, also depends on issues outside of the scope of the program, e.g., nutrition, the security situation, and is noteworthy difficult to estimate. It is therefore not linked to disbursement.

<sup>7</sup> The design and monitoring framework is in Appendix 1.

<sup>8</sup> Gender-sensitive clinical pathways refer to the protocols within the hospitals for treating patients clinically but also humanly. These patient-centered protocols also take into consideration women's rights and privacy. For example, the pathway will prescribe that consent must be clearly communicated and women's autonomy must be respected, and it should recommend that female staff provide services to female patients.

<sup>9</sup> To prevent the indicator resulting in a perverse incentive, where medical providers admit only low-risk patients—even if the patients should be treated at their level of care—the three selected tracer diagnoses or procedures represent primarily sterile interventions, where wound contamination can only be caused by the surgeon and/or other health workers involved and/or the instruments or linen used.



performance and quality indicators, can be seen as a composite indicator that tracks the various indicators under output 1.

4. **Output 2: Hospital infrastructure and medical equipment modernized.** The output supports the government's drive to use international best practices when upgrading the infrastructure and modernizing the equipment, especially for obstetrics so as to improve the maternal mortality ratio.<sup>10</sup> DLI4 is based on a carefully weighed checklist of ambitious but practical sub-indicators. DLI5 also brings best international practices to the management of equipment by requiring the essential equipment of key departments to be tagged, registered, and functioning, thereby improving their durability and the sustainability of the broader government program. Energy-efficient renovations and equipment will also be explored, because Pakistan suffers power cuts and regularly applies loadshedding, and hospitals often use diesel-fueled generators for backup power supply.

5. **Output 3: Planning of human resources and health services reinforced.** The output supports the DOH's aim to reinforce, modernize, and reform the management of human resources in the health sector. The digitalization and operationalization of a human resources management information system is included as a performance indicator. To support the DOH's goal of reforming the use of human resources, one indicator concerns legal provisions for facility-specific contractual hiring of medical staff, while a second indicator is included for the internal recruitment of qualified health managers, promoting merit-based rather than seniority-based posting of hospital managers. DLI6 tracks the on-site availability in SHC program hospitals of qualified and gender-balanced HRH. DLI7 considers gender aspects under this output, such as training on gender-based violence and on the Protection Against Harassment of Women at Workplace Act 2010, the establishment of inquiry committees to investigate harassment complaints, and of counseling desks for reproductive health and mental health.

6. **Output 4: Management of medicine supply chain upgraded.** An indicator will monitor the refurbishing of hospital pharmacies and their equipping with information and communication technology and software. To ensure that the upgrades lead to tangible results for the patients, DLI8 will track the availability of essential medicines, vaccines, and supplies with a 1-month stock buffer. Another indicator will assure that the procurement of medicines and consumables is compliant with the national competitive bidding regulations and procedures.

7. **Output 5: Effectiveness of service delivery improved.** This output supports the provincial government and the DOH in reforming hospital service management and increasing private sector engagement. DLI8, on active contracting of service providers, will track service contracts for clinical and nonclinical services. Non-disbursement-related indicators will monitor hospitals' financial autonomy, such as (i) greater autonomy to use own revenues, and (ii) that by 2025, the hospital-generated revenues represent at least 25% of a hospital's total budget. DLI9, on fiduciary and financial management, concerns (i) the operationalization of the project management and implementation unit (PMIU) through the hiring of dedicated staff, (ii) updating and publishing of project procurement plans on the website of Khyber Pakhtunkhwa Public Procurement Regulatory Authority, and (iii) timely submission of financial and audit reports.

8. In a collaborative and iterative process with the DOH and GOKP, ADB financing allocations considered the importance of each component to the outcome, i.e., quality of care improvement in SHC hospitals, and incentives for reform, and improving medical practices and

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<sup>10</sup> Within the investment budget for the RSHC, civil works account for 42% and equipment for 33%.

management—some of which may not have an intrinsic financial value. DLIs and the performance indicators provide ambitious yet achievable measures of progress toward outputs and outcome.

## 1. Program Results Framework

**Table 2: Results-Based Lending Program Results Framework**  
(as of 2 August 2022)

Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
<b>OUTCOME: QUALITY OF CARE OF SECONDARY HOSPITAL SERVICES IN KHYBER PAKHTUNKHWA ENHANCED</b>							
<b>a. SHC hospital services improved</b>							
a1. <i>Outpatient contacts increased</i> By end of 2027, the number of patient contacts in OPDs of SHC facilities <sup>a</sup> reaches at least 16,074,000 per annum.	Yes, DLI 1 <b>10% \$10 million</b>	12,060,000 p.a.	2019 No prior result	The number of patient contacts in OPDs of SHC facilities increases to at least			
				12,422,000 p.a. 1.25%, \$1.25 million	13,167,000 p.a. 1.25%, \$1.25 million	14,352,000 p.a. 1.25%, \$1.25 million	16,074,000 p.a. 1.25%, \$1.25 million
a2. <i>Inpatient admissions augmented</i> By end of 2027, the number of patient admissions for inpatient care (including daycare) to SHC facilities reaches at least 662,000 per annum.		496,000 admissions p.a.	2019 No prior result	The number of patient admissions to SHC facilities increases to at least			
				511,000 p.a. 1.25%, \$1.25 million	542,000 p.a. 1.25%, \$1.25 million	591,000 p.a. 1.25%, \$1.25 million	662,000 p.a. 1.25%, \$1.25 million
<b>b. Maternal care ameliorated</b>							
b. <i>Number of hospitals deliveries expanded</i> By end of 2027, the number of deliveries managed at SHC facilities reaches at least 166,000 per annum.	Yes, DLI2 <b>5% \$5 million</b>	124,000 hospital deliveries	2019 No prior result	The number of annual deliveries managed at SHC facilities increases to			
				128,000 1.25%, \$1.25 million	136,000 1.25%, \$1.25 million	148,000 1.25%, \$1.25 million	166,000 1.25%, \$1.25 million
<b>c. Maternal mortality ratio reduced</b>							
By the end of 2027, the MMR is reduced to 115 cases per 100,000 live births.	No	165 maternal deaths per 100,000 live births	2019 No prior result	In 2022, the MMR should have decreased to <b>160</b> cases per 100,000 live births	In 2023, the MMR should have decreased to <b>145</b> cases per 100,000 live births	In 2024, the MMR should have decreased to <b>130</b> cases per 100,000 live births	In 2025, the MMR should have decreased to <b>115</b> cases per 100,000 live births
<b>OUTPUT 1: CLINICAL PROTOCOLS, STANDARDS, AND GUIDELINES ARE AVAILABLE AND IMPLEMENTED AT SECONDARY HOSPITALS</b>							
1a. Standard, gender-sensitive clinical pathways are available for the 10 most frequent diagnoses and related diagnostic and therapeutic procedures. <sup>b</sup>	No	None are available	2021  General guidelines on hospital hygiene are available	By the end of 2022, at least <b>2</b> diagnosis-related clinical pathways are	By the end of 2023, at least <b>4</b> diagnosis-related clinical pathways are	By the end of 2024, at least <b>7</b> diagnosis-related Clinical pathways are	By the end of 2025, at least <b>10</b> diagnosis-related clinical pathways are

Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
				available at all SHC facilities	available at all SHC facilities	available at all SHC facilities	available at all SHC facilities
1b. Quality committees are established and operational in at least 30 SHC facilities. The committee is considered operational when there are at least 2 documented meetings per annum.	No	No quality committee established	2021 No prior results	By the end of 2022, at least <b>5</b> SHC facilities have operational Quality Committees	By the end of 2023, at least <b>10</b> SHC facilities have operational Quality Committees	By the end of 2024, at least <b>15</b> SHC facilities have operational Quality Committees	By the end of 2025, at least <b>30</b> SHC facilities have operational Quality Committees
1c. Compliance with clinical pathways is satisfactory. The hospital is considered sufficiently compliant when the percentage of patient records evaluated reaches the proposed target value for the year of the evaluation (see methodological notes below).	No	No evaluation done	2021 No prior results	Pathways are to be introduced	In 2023, <b>20%</b> of evaluated patient records are compliant with related clinical pathway	In 2024, <b>50%</b> of evaluated patient records are compliant with related clinical pathway	In 2025, <b>80%</b> of evaluated patient records are compliant with related clinical pathway
1d. Surgical site infection rate has reduced for selected interventions Selected interventions (tracer diagnoses or procedures) are the following: (i) non-incarcerated inguinal hernia, (ii) non-perforated appendicitis, and (iii) cholelithiasis without cholecystitis. These are primarily “sterile” interventions where wound contamination can only be caused by the surgeon and/or other health workers involved and/or the instruments or linen used. Any of the following signs would lead the case to be counted as surgical wound infection: (i) redness, (ii) pain or sore to touch, (iii) hot to touch, (iv) fever, chills, (v) bad smell coming from the wound, (vi) pus or drainage. Wound inspection should be performed daily and the result noted in the patient record.	No	to be established	2021 No prior results	Requires introduction of respective documentation / monitoring tools and definition of baseline	By the end of 2023, the number of surgical site infections for selected interventions is below <b>4%</b>	By the end of 2024, the number of surgical site infections for selected interventions is below <b>3%</b>	By the end of 2025, the number of surgical site infections for selected interventions is below <b>2%</b>
1e. <i>Gender-sensitive performance and quality reporting established</i> By the end of 2026, at least 30 SHC hospitals submitted gender-sensitive performance and quality reports.	Yes, DLI3, <b>15%</b> <b>\$15 million</b>	No report available in 2021	2021 No prior results	Before the end of the first quarter of 2023, at least <b>5</b> SHC hospitals will issue an	Before the end of the first quarter of 2024, at least <b>10</b> SHC hospitals will	Before the end of the first quarter of 2025, at least <b>15</b> SHC hospitals will	Before the end of the first quarter of 2026, at least <b>30</b> SHC hospitals will

Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
For key performance and quality indicators to be reported see report template below.				annual performance and quality report for 2022 3.75%, \$3.75 million	issue an annual performance and quality report for 2023 3.75%, \$3.75 million	issue an annual performance and quality report for 2024 3.75%, \$3.75 million	issue an annual performance and quality report for 2025 3.75%, \$3.75 million
<b>OUTPUT 2: HOSPITAL INFRASTRUCTURE AND MEDICAL EQUIPMENT MODERNIZED</b>							
2a. All SHC hospital infrastructures upgraded with average score of $\geq 9$ and in compliance with SPS requirements. The Benchmark level is being defined by the infrastructure checklist, which can be found in the Program Implementation Document. Achievements to be verified by qualified engineers (to be fielded by the IMU and / or Independent Verification Agent).	Yes, DLI4, <b>15%</b> , <b>\$15 million</b>	Infrastructure below benchmark level  Rehabilitation modernization works have already started in 6 of the 33 hospitals	2021	By the end of 2022, the average score achieved by all hospitals undergoing rehabilitation works is $\geq 3$	By the end of 2023, the average score achieved by all hospitals undergoing rehabilitation works is $\geq 5$	By the end of 2024, the average score achieved by all hospitals undergoing rehabilitation works is $\geq 7$	By the end of 2025, the average score achieved by all hospitals undergoing rehabilitation works is $\geq 9$
Advance financing: yes. \$10 million			No prior results	3.75%, \$3.75 million	3.75%, \$3.75 million	3.75%, \$3.75 million	3.75%, \$3.75 million
2b. Essential equipment of the A&E, OR, sterilization area, and obstetrical departments is functioning, tagged, and centrally registered. By the end of 2026, 85% of essential equipment of A&E, OR, sterilization, and the obstetrical departments are tagged, registered, and functioning. The list of essential equipment can be found below.	Yes, DLI5, <b>10%</b> , <b>\$10 million</b>	0  According to IMU evaluation, only 40% of the existing essential equipment is available and operational.	2021	By the end of 2022, at least <b>45%</b> of the essential equipment is available and functioning at all SHC hospitals	By the end of 2023, at least <b>55%</b> of the essential equipment is available and functioning at all SHC hospitals	By the end of 2024, at least <b>70%</b> of the essential equipment is available and functioning at all SHC hospitals	By the end of 2025, at least <b>85%</b> of the essential equipment is available and functioning at all SHC hospitals
Advance financing: yes. \$10 million			No prior results	2.5%, \$2.5 million	2.5%, \$2.5 million	2.5%, \$2.5 million	2.5%, \$2.5 million
<b>OUTPUT 3: HUMAN RESOURCES AND HEALTH SERVICE PLANNING REINFORCED</b>							
3a. HRMIS is in place and commissioned.	No	Not commissioned HRMIS development almost finalized and implementation has already started	2021 No prior results	By the end of 2022, HRH statistics are available for at least <b>3</b> program hospitals	By the end of 2023, HRH statistics are available for at least <b>9</b> program hospitals	By the end of 2024, HRH statistics are available for at least <b>18</b> program hospitals	By the end of 2025, HRH statistics are available for at least <b>30</b> program hospitals

Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
3b. Legal provisions have been developed and approved for facility specific contractual hiring of medical doctors / specialists. Definition of filled sanctioned posts include staff absent for education and training purposes. There are different targets for NMDs due to access and security issues.	No	No doctors hired under alternative regulation	2021 No prior result	Legal and regulatory framework to be developed and formally approved by GOKP / DOH	By the end of 2023, at least 10 doctors have been hired under the new legal and regulatory framework	By the end of 2024, at least 30 doctors have been hired under the new legal and regulatory framework	By the end of 2025, at least 60 doctors have been hired under the new legal and regulatory framework
3c. Sufficient qualified and gender-balanced HRH are available at all program hospitals							
3c1. <i>Sanctioned doctor posts for SHC facilities are filled.</i> By the end of 2026, at least 90% of sanctioned doctor posts for SHC facilities are filled. Definition of filled sanctioned posts include staff absent for education and training purposes. There are different targets for NMDs due to access and security issues.	Yes, DLI6, <b>15%</b> , <b>\$15 million</b>	77% of doctor sanctioned posts filled	2020  The hiring of doctors continues  No prior results	By the end of 2022, at least <b>78%</b> of doctor sanctioned posts for SHC facilities are filled 1.25%, \$1.25 million	By the end of 2023, at least <b>80%</b> of doctor sanctioned posts for SHC facilities are filled 1.25%, \$1.25 million	By the end of 2024, at least <b>85%</b> of doctor sanctioned posts for SHC facilities are filled 1.25%, \$1.25 million	By the end of 2025, at least <b>90%</b> of doctor sanctioned posts for SHC facilities are filled 1.25%, \$1.25 million
3c2. <i>Percentage of female doctors working at SHC facilities is increased.</i> By the end of 2026, female doctors working at SHC facilities represent at least 40% of total doctors, and ≥20% for NMDs. Definition of filled sanctioned posts include staff absent for education and training purposes. There are different targets for NMDs due to access and security issues.		33.3% share of female doctors	2015  The hiring of female doctors continues  No prior results	By the end of 2022, female doctors working at SHC facilities represent <b>≥35% (15)</b> of total HRH 1.25%, \$1.25 million	By the end of 2023, female doctors working at SHC facilities represent <b>≥36.5% (16)</b> of total HRH 1.25%, \$1.25 million	By the end of 2024, female doctors working at SHC facilities represent <b>≥39% (18)</b> of total HRH 1.25%, \$1.25 million	By the end of 2024, female doctors working at SHC facilities represent <b>≥40% (20)</b> of total HRH 1.25%, \$1.25 million
3c3. <i>Absenteeism of doctors is reduced.</i> By the end of 2026, absenteeism of doctors is reduced to less than 5%, and less than 10% for NMDs. Absenteeism is defined as non-justified or non-permitted absence (justified or permitted absence would be leave for various reasons).		40% absenteeism of doctors / total number of posts filled in all SHC facilities	2021  Absenteeism has been reduced to 22% in 2020 and further to 13% in 2021 for all DHQ hospitals  No prior results	By the end of 2022, absenteeism of doctors is reduced to <b>≤12 (24)%</b> of the total working hours of filled posts 1.25%, \$1.25 million	By the end of 2023, absenteeism of doctors is reduced to <b>≤10 (20)%</b> of the total working hours of filled posts 1.25%, \$1.25 million	By the end of 2024, absenteeism of doctors is reduced to <b>≤7.5 (15)%</b> of the total working hours of filled posts 1.25%, \$1.25 million	By the end of 2025, absenteeism of doctors is reduced to <b>≤5 (10)%</b> of the total working hours of filled posts 1.25%, \$1.25 million
3d. Gender issues are adequately considered.							

Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
<p><b>3d1. Training on gender-based violence for all staff categories.</b> By the end of 2026, at least 60% of staff working at SHC facilities, of which 30% are women, reporting improved knowledge on GBV.</p>	Yes, DLI7, <b>10%, \$10 million</b>		<p>2021</p> <p>The training initiative has been launched in 4 DHQ hospitals No prior results</p>	By the end of 2022, <b>≥10%</b> of all staff working at SHC facilities has received training on GBV 0.75%, \$0.75 million	By the end of 2023, <b>≥25%</b> of all staff working at SHC facilities has received training on GBV 0.75%, \$0.75 million	By the end of 2024, <b>≥45%</b> of all staff working at SHC facilities has received training on GBV 0.75%, \$0.75 million	By the end of 2025, <b>≥60%</b> of all staff working at SHC facilities has received training on GBV 0.75%, \$0.75 million
<p><b>3d2. Counseling desks established in all OPDs on reproductive health and mental health.</b> By the end of 2026, at least 30 SHC facilities established in the OPDs counseling desk on reproductive and mental health. Desks for reproductive health and mental health are to be counted separately.</p>		Desks / consultation rooms for psychosocial care available in 7 of the program hospitals	<p>2021</p> <p>A DP funded program to be transformed from PC-1 to routine funding and implementation No prior results</p>	By the end of 2022, <b>≥5</b> SHC facilities have both (i) a desk for counseling on reproductive health and a (ii) a desk on mental health 1.0%, \$1.0 million	By the end of 2023, <b>≥10</b> SHC facilities have both (i) a desk for counseling on reproductive health and a (ii) a desk on mental health 1.0%, \$1.0 million	By the end of 2024, <b>≥20</b> SHC facilities have both (i) a desk for counseling on reproductive health and a (ii) a desk on mental health 1.0%, \$1.0 million	By the end of 2025, <b>≥30</b> SHC facilities have both (i) a desk for counseling on reproductive health and a (ii) a desk on mental health 1.0%, \$1.0 million
<p><b>3d3. Inquiry Committees established and operational.</b> By the end of 2026, inquiry committees in at least 28 SHC facilities established and operational. Code of conduct is displayed in offices and staff training is conducted.</p> <p>The committee is considered operational when there are at least two documented meetings per annum. This is a legal requirement: According to the Protection against <i>Harassment of Women at the Workplace Act (2010)</i>, any organization shall have a committee established within 30 days of its enactment to enquire into related complaints. The committee shall consist of three members, of whom at least one shall be a woman. The committee is considered operational when there are at least two documented meetings per annum.</p>		No formal (permanent) functional inquiry committee in any of the SHC facilities	<p>2021</p> <p>Inquiries have been conducted in several hospitals by ad-hoc committees, often initiated by ombudspersons identified at many hospitals No prior results</p>	By the end of 2022, <b>≥3</b> SHC facilities have formally established and functional inquiry committees 0.75%, \$0.75 million	By the end of 2023, <b>≥9</b> SHC facilities have formally established and functional inquiry committees 0.75%, \$0.75 million	By the end of 2024, <b>≥18</b> SHC facilities have formally established and functional inquiry committees 0.75%, \$0.75 million	By the end of 2025, <b>≥28</b> SHC facilities have formally established and functional inquiry committees 0.75%, \$0.75 million

Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
<p>3e. HR plan for internal recruitment of qualified health managers approved.</p> <p>The new mechanism shall promote merit-based rather than seniority-based posting of hospital managers.</p>	Not approved	New mechanism has been introduced for the recruitment of a total of approximately 120 management cadres for the program (DHQ) hospitals	<p>2021</p> <p>No prior results</p> <p>17 posts have been advertised / shortlisting has been completed and interviews have been conducted</p>	By the end of 2022, <b>≥17</b> hospital managers have been posted based on the new mechanism	By the end of 2023, <b>≥35</b> hospital managers have been posted based on the new mechanism	By the end of 2024, <b>≥60</b> hospital managers have been posted based on the new mechanism	By the end of 2025, <b>≥90</b> hospital managers have been posted based on the new mechanism
<b>OUTPUT 4: MEDICINE SUPPLY CHAIN MANAGEMENT UPGRADED</b>							
4a. At least 30 hospital pharmacies refurbished with ICT and software (stock, distribution, and procurement management).	No	6 hospitals refurbished	No prior results	By the end of 2022, <b>≥6</b> hospital pharmacies have been refurbished and equipped with ICT and software	By the end of 2023, <b>≥12</b> hospital pharmacies have been refurbished and equipped with ICT and software	By the end of 2024, <b>≥21</b> hospital pharmacies have been refurbished and equipped with ICT and software	By the end of 2025, <b>≥30</b> hospital pharmacies have been refurbished and equipped with ICT and software
<p>4b. <i>Availability of essential medicines, vaccines, and supplies with 1-month stock buffer at SHC hospitals.</i></p> <p>By the end of 2026, the availability of essential medicines, vaccines, and supplies with a 1-month stock buffer at SHC hospitals reaches 97.5%</p> <p>List of essential drugs and consumables defined by DOH.</p>	Yes, DLI8, <b>10%</b> , <b>\$10 million</b>	80% availability of essential drugs	<p>2021</p> <p>Ongoing procurement of essential drugs and consumables</p>	By the end of 2022, <b>85%</b> of essential drugs and consumables are available at SHC facilities	By the end of 2023, <b>90%</b> of essential drugs and consumables are available at SHC facilities	By the end of 2024, <b>95%</b> of essential drugs and consumables are available at SHC facilities	By the end of 2025, <b>97.5%</b> of essential drugs and consumables are available at SHC facilities
Advance financing: yes. \$5 million			No prior results	2.5%, \$2.5 million	2.5%, \$2.5 million	2.5%, \$2.5 million	2.5%, \$2.5 million
4c. At least 95% of medicine and consumables procured for SHC hospitals complied with the national competitive bidding regulations and procedures.	No	80% of procurement followed NCB regulations and procedures	<p>2021</p> <p>No prior results</p> <p>In 2021 already, most of the procurement conducted for SHC facilities followed NCB regulations</p>	In 2022, <b>≥82.5%</b> of all drugs and consumables for SHC hospitals was procured following NCB regulations	In 2023, <b>≥85%</b> of all drugs and consumables for SHC hospitals was procured following NCB regulations	In 2024, <b>≥90%</b> of all drugs and consumables for SHC hospitals was procured following NCB regulations	In 2025, <b>≥95%</b> of all drugs and consumables for SHC hospitals was procured following NCB regulations



Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
<b>OUTPUT 5: SERVICE DELIVERY EFFICACY IMPROVED</b>							
5a. Active contracting of clinical and non-clinical service providers is in place.							
5a1. Contracting of clinical services in selected SHCs. By the end of 2026, at least 30 SHC facilities have concluded service contracts for clinical services (e.g., imaging, laboratory).	Yes, DLI9, 5%, \$5 million	No service contracts signed	2021 Elaboration of draft contracts and identification of interested service providers) has already started No prior results	By the end of 2022, <b>≥3</b> contracts will be signed for the provision of clinical services to any of the SHC hospitals 0.75%, \$0.75 million	By the end of 2023, <b>≥9</b> contracts will be signed for the provision of clinical services to any of the SHC hospitals 0.75%, \$0.75 million	By the end of 2024, <b>≥18</b> contracts will be signed for the provision of clinical services to any of the SHC hospitals 0.75%, \$0.75 million	By the end of 2025, <b>≥30</b> contracts will be signed for the provision of clinical services to any of the SHC hospitals 0.75%, \$0.75 million
5a2. Contracting of non-clinical services in selected SHCs. By the end of 2026, at least 30 SHC facilities have concluded service contracts have been concluded for non-clinical services (e.g., cleaning, catering, security, maintenance).		No service contracts signed	2019 Service contract(s) (security) signed for 7 of the program hospitals No prior results	By the end of 2022, <b>≥10</b> hospitals will be included in contracts for the provision of non-clinical services 0.5%, \$0.5 million	By the end of 2023, <b>≥15</b> hospitals will be included in contracts for the provision of non-clinical services 0.5%, \$0.5 million	By the end of 2024, <b>≥20</b> hospitals will be included in contracts for the provision of non-clinical services 0.5%, \$0.5 million	By the end of 2025, <b>≥30</b> hospitals will be included in contracts for the provision of non-clinical services 0.5%, \$0.5 million
5b. Hospital financial autonomy is enhanced.							
5.2.1 By the end of 2022, mechanisms are in place for greater financial autonomy.  Important in the context of provider contracts to be concluded with health insurance schemes.		Decision at KP DOH / MOF to promote the development of financial autonomy of public hospitals (allowing them to generate and manage their own revenues)	2020 Based on cabinet approval, management committees have been established in 6 DHQ hospitals deciding about the use of 90% of the revenues generated (10% go to treasury)	By 2022, <b>≥8</b> program hospitals shall have management committees established to decide on the utilization of the 90% of revenues generated	By 2023, <b>≥12</b> program hospitals shall have management committees established to decide on the utilization of the 90% of revenues generated	By 2024, <b>≥20</b> program hospitals shall have management committees established to decide on the utilization of the 90% of revenues generated	By 2025, <b>≥30</b> program hospitals shall have management committees established to decide on the utilization of the 90% of revenues generated
5.2.2 By the end of 2025 hospital generated revenues represent at least 25% of their total budget.  (Target value to be verified)		Revenues generated by 6 pilot hospitals (see above). Target values	2021 See above	By the end of 2022, SHC hospitals generated revenues	By the end of 2023, SHC hospitals generated revenues	By the end of 2024, SHC hospitals generated revenues	By the end of 2025, SHC hospitals generated revenues

Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
		may then be adapted		representing <b>≥5%</b> of their total budget	representing <b>≥15%</b> of their total budget	representing <b>≥20%</b> of their total budget	representing <b>≥25%</b> of their total budget
5c. Hospital financial autonomy is enhanced.							
5c1. Establishment of PMIU. The PMIU is operational, i. e. has at least: 1 Program (PMIU) Director, 1 Procurement Director, 1 Financial Management Director, 1 Director for Environmental Aspects, and 1 Director for Gender Aspects.	Yes, DLI10, <b>5%</b> , <b>\$5 million</b>	PMIU not yet operational	2020 PMIU became operational by nominating senior management staff through “additional charges” mechanism No prior result	By the end of 2022, <b>&lt;12</b> positions are vacant of a total number of 36 staff 0.5%, \$0.5 million	By the end of 2023, <b>&lt;9</b> positions are vacant of a total number of 36 staff 0.5%, \$0.5 million	By the end of 2024, <b>&lt;6</b> positions are vacant of a total number of 36 staff 0.5%, \$0.5 million	By the end of 2025, <b>&lt;4</b> positions are vacant of a total number of 36 staff 0.5%, \$0.5 million
5c2. Project Procurement Plans are updated and published on KPPRA Website.		1 Procurement Plan for 6 hospitals already published	2021 Procurement plans prepared for phases I, II, and III hospitals No prior result	By the end of 2022, <b>≥13</b> procurement plans have been published on the KPPRA website 0.25%, \$0.25 million	By the end of 2023, <b>≥25</b> procurement plans have been published on the KPPRA website 0.25%, \$0.25 million	By the end of 2024, <b>≥33</b> procurement plans have been published on the KPPRA website 0.25%, \$0.25 million	- 0.25%, \$0.25 million
5c3. All (33) financial and audit reports submitted to DOH.		No annual financial and audit reports submitted	2021 No prior result	Before the end of QIV 2022, <b>≥6</b> financial and audit reports have been submitted to DOH / ADB 0.5%, \$0.5 million	Before the end of QIV 2023, <b>≥13</b> financial and audit reports have been submitted to DOH / ADB 0.5%, \$0.5 million	Before the end of QIV 2024, <b>≥25</b> financial and audit reports have been submitted to DOH / ADB 0.5%, \$0.5 million	Before the end of QIV 2025, all <b>(33)</b> financial and audit reports have been submitted to DOH / ADB 0.5%, \$0.5 million

ADB = Asian Development Bank, A&E = Accident and Emergency, COVID-19 = coronavirus disease 2019, DLI = disbursement-linked indicator, DOH = Health Department of Khyber Pakhtunkhwa, HRH = human resources for health, HRMIS = human resources management information system, IMU= independent monitoring unit, KPPRA = Khyber Pakhtunkhwa Public Procurement Regulatory Authority, MOF = Ministry of Finance, MMR = maternal mortality ratio, OPD = outpatient department, OR = operating room, PC-1 = Planning Commission Proforma No. 1 document, SHS = secondary health care, SPS = Safeguard Policy Statement, TRTA = transaction technical assistance.

<sup>a</sup> List of program health facilities can be found below.

Source: Asian Development Bank.

## **2. Implementation Status**

9. This section on the implementation progress and status in achieving program results will be updated during program implementation

## **3. Issues and Changes**

10. The major issues during implementation and the measures adopted or planned to address them will be updated during program implementation. These could include any changes made to result indicators and the reasons for doing so.

## **B. Disbursement-Linked Indicators**

### **1. Description of Disbursement-Linked Indicators**

11. The DLIs were derived from the results framework. The sequencing of the DLI targets ensures a gradual schedule of reaching results. The program action plan (PAP), Section VI) includes key actions that are required for achieving the DLI targets. The DLI matrix is in Table 3.

**Table 3: Disbursement-Linked Indicators**  
(as of 2 August 2022)

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
<b>OUTCOME: QUALITY OF CARE OF SECONDARY HOSPITAL SERVICES IN KHYBER PAKHTUNKHWA ENHANCED</b>						
<b>DLI 1: SHC hospital services improved <sup>a</sup></b>						
<i>a1. Outpatient contacts increased</i> By end of 2027, the number of patient contacts in OPDs of SHC facilities reaches at least 16,074,000 per annum.	12,060,000 p.a.	2019 No prior result	The number of patient contacts in OPDs of SHC facilities increases to at least			
			12,422,000 p.a.	13,167,000 p.a.	14,352,000 p.a.	16,074,000 p.a.
<i>a2. Inpatient admissions augmented</i> By end of 2027, the number of patient admissions for inpatient care (including daycare) to SHC facilities reaches at least 662,000 per annum.	496,000 admissions p.a.	2019 No prior result	The number of patient admissions to SHC facilities increases to at least			
			511,000 p.a.	542,000 p.a.	591,000 p.a.	662,000 p.a.
<b>DLI 2: Maternal care ameliorated</b>						
<i>b. Number of hospitals deliveries expanded</i> By end of 2027, the number of deliveries managed at SHC facilities reaches at least 166,000 per annum.	124,000 hospital deliveries	2019 No prior result	The number of annual deliveries managed at SHC facilities increases to			
			128,000	136,000	148,000	166,000
<b>OUTPUT 1: CLINICAL PROTOCOLS, STANDARDS, AND GUIDELINES ARE AVAILABLE AND IMPLEMENTED AT SECONDARY HOSPITALS</b>						
<b>DLI 3: Gender-sensitive quality assurance mechanisms established</b>						
<i>1e. Gender-sensitive performance and quality reporting established</i> By the end of 2026, at least 30 SHC hospitals submitted gender-sensitive performance and quality reports. A report template is provided in the program implementation document. <sup>b</sup>	No report available in 2021	2021  No prior result	Before the end of Q1 2023, at least 5 SHC hospitals issue 2022 annual performance and quality report	Before the end of Q1 2024, at least 10 SHC hospitals issue 2023 annual performance and quality report	Before the end of Q1 2025, at least 15 SHC hospitals issue 2024 annual performance and quality report	Before the end of Q1 2026, at least 30 SHC hospitals issue 2025 annual performance and quality report
<b>OUTPUT 2: HOSPITAL INFRASTRUCTURE AND MEDICAL EQUIPMENT MODERNIZED</b>						
<b>DLI 4: Infrastructure upgraded</b>						
<i>2a. Infrastructure of SHC program hospitals upgraded to quality benchmark level and in compliance with SPS requirements.</i> By the end of 2026, all SHC hospital infrastructures upgraded with average score of $\geq 9$	N.A.	2021 Rehabilitation works have started in 6 hospitals	By the end of 2022, the average score achieved by all hospitals undergoing rehabilitation works is $\geq 3$	By the end of 2023, the average score achieved by all hospitals undergoing rehabilitation works is $\geq 5$	By the end of 2024, the average score achieved by all hospitals undergoing rehabilitation works is $\geq 7$	By the end of 2025, the average score achieved by all hospitals undergoing rehabilitation works is $\geq 9$

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
The infrastructure rating is calculated according to the infrastructure weighted criteria rating (see below). Achievements to be verified by qualified engineers.						
<b>DLI 5: Medical equipment modernized</b>						
<p><i>2b. Essential equipment of the A&amp;E, OR, sterilization area, and obstetrical departments is functioning, tagged, and centrally registered</i></p> <p>By the end of 2026, 85% of essential equipment of A&amp;E, OR, sterilization, and the obstetrical departments are tagged, registered, and functioning.</p> <p>The list of essential equipment can be found in the program implementation document.<sup>b</sup></p>	According to IMU evaluation, only 40% of the existing essential equipment is available and operational	<p>2021</p> <p>Procurement of new equipment has already started</p>	By the end of 2022, at least 45% of the essential equipment is available and functioning at all SHC hospitals	By the end of 2023, at least 55% of the essential equipment is available and functioning at all SHC hospitals	By the end of 2024, at least 70% of the essential equipment is available and functioning at all SHC hospitals	By the end of 2025, at least 85% of the essential equipment is available and functioning at all SHC hospitals
<b>OUTPUT 3: HUMAN RESOURCES AND HEALTH SERVICE PLANNING REINFORCED</b>						
<b>DLI 6: Qualified, gender-balanced human resources available</b>						
<p><i>3c1. Sanctioned doctor posts for SHC facilities are filled</i></p> <p>By the end of 2026, at least 90% of sanctioned doctor posts for SHC facilities are filled.<sup>c</sup></p>	77% of doctor sanctioned posts filled	<p>2020</p> <p>The hiring of doctors continues</p> <p>No prior results</p>	By the end of 2022, at least 78% of doctor sanctioned posts for SHC facilities are filled	By the end of 2023, at least 80% of doctor sanctioned posts for SHC facilities are filled	By the end of 2024, at least 85% of doctor sanctioned posts for SHC facilities are filled	By the end of 2025, at least 90% of doctor sanctioned posts for SHC facilities are filled
<p><i>3c2. Percentage of female doctors working at SHC facilities is increased</i></p> <p>By the end of 2026, female doctors working at SHC facilities represent at least 40% of total doctors, and <math>\geq 20\%</math> for NMDs.<sup>c</sup></p>	33.3% share of female doctors	<p>2015</p> <p>The hiring of female doctors continues</p>	By the end of 2022, female doctors working at SHC facilities represent $\geq 35\%$ of doctors, and $\geq 15\%$ for NMDs	By the end of 2023, female doctors working at SHC facilities represent $\geq 36.5\%$ of doctors, and $\geq 16\%$ for NMDs	By the end of 2022, female doctors working at SHC facilities represent $\geq 39\%$ of doctors, and $\geq 18\%$ for NMDs	By the end of 2022, female doctors working at SHC facilities represent $\geq 40\%$ of doctors, and $\geq 20\%$ for NMDs
<p><i>3c3. Absenteeism of doctors is reduced</i></p> <p>By the end of 2026, absenteeism of doctors is reduced to less than 5%, and less than 10% for NMDs.<sup>d</sup></p>	40% absenteeism of doctors / total number of posts filled in all SHC facilities	<p>2021</p> <p>Absenteeism has been reduced to 22% in 2020 and further to 13%</p>	By the end of 2022, absenteeism of doctors is reduced to $\leq 12\%$ of the total working hours of filled	By the end of 2023, absenteeism of doctors is reduced to $\leq 10\%$ of the total working hours of filled	By the end of 2024, absenteeism of doctors is reduced to $\leq 7.5\%$ of the total working hours of filled posts, and $\leq 15\%$ for NMDs	By the end of 2025, absenteeism of doctors is reduced to $\leq 5\%$ of the total working hours of filled

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
		in 2021 for all DHQ hospitals	posts, and ≤24% for NMDs	posts, and ≤20% for NMDs		posts, and ≤10% for NMDs
<b>DLI 7: Gender issues are adequately considered</b>						
<i>3d1. Training on gender-based violence for all staff categories</i> By the end of 2026, at least 60% of staff working at SHC facilities, of which 30% are women, reporting improved knowledge on GBV		2021 The training initiative has been launched in 4 DHQ hospitals	By the end of 2022, ≥10% of all staff working at SHC facilities has received training on GBV	By the end of 2023, ≥25% of all staff working at SHC facilities has received training on GBV	By the end of 2024, ≥45% of all staff working at SHC facilities has received training on GBV	By the end of 2025, ≥60% of all staff working at SHC facilities has received training on GBV
<i>3d2. Counseling desks established in all OPDs on reproductive health and mental health</i> By the end of 2026, at least 30 SHC facilities established in the OPDs counseling desk on reproductive and mental health Desks for reproductive health and mental health are to be counted separately.	Desks or consultation rooms for psychosocial care available in 7 of the program hospitals	2021 Development program funded from PC-1 to routine funding and implementation	By the end of 2022, ≥5 SHC facilities have both (i) a desk for counseling on reproductive health and (ii) a desk on mental health	By the end of 2023, ≥10 SHC facilities have both (i) a desk for counseling on reproductive health and (ii) a desk on mental health	By the end of 2024, ≥20 SHC facilities have both (i) a desk for counseling on reproductive health and (ii) a desk on mental health	By the end of 2025, ≥30 SHC facilities have both (i) a desk for counseling on reproductive health and (ii) a desk on mental health
<i>3d3. Inquiry Committees established and operational</i> By the end of 2026, inquiry committees in at least 28 SHC facilities established and operational. Code of conduct is displayed in offices and staff training is conducted. <sup>e</sup>  The committee is considered operational when there are at least two documented meetings per annum.	No formal (permanent) functional inquiry committee in any of the SHC facilities	2021 Inquiries have been conducted in several hospitals by ad-hoc committees, often initiated by ombudspersons identified at many hospitals	By the end of 2022 ≥ 3 SHC facilities have formally established and functional inquiry committees	By the end of 2023 ≥ 9 SHC facilities have formally established and functional inquiry committees	By the end of 2024 ≥ 18 SHC facilities have formally established and functional inquiry committees	By the end of 2025 ≥ 28 SHC facilities have formally established and functional inquiry committees
<b>OUTPUT 4: MEDICINE SUPPLY CHAIN MANAGEMENT UPGRADED</b>						
<b>DLI 8: Essential medicines are available</b>						
<i>4b. Availability of essential medicines, vaccines, and supplies with 1-month stock buffer at SHC hospitals</i> By the end of 2026, the availability of essential medicines, vaccines, and	80% availability of essential drugs	2021 Ongoing procurement of essential drugs	By the end of 2022, 85% of essential drugs and consumables	By the end of 2023, 90% of essential drugs and consumables	By the end of 2024, 95% of essential drugs and consumables are	By the end of 2025, 97.5% of essential drugs and consumables

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
supplies with a 1-month stock buffer at SHC hospitals reaches 97.5%  List of essential drugs and consumables defined by DOH.		and consumables	are available at SHC facilities	are available at SHC facilities	available at SHC facilities	are available at SHC facilities
<b>OUTPUT 5: SERVICE DELIVERY EFFICACY IMPROVED</b>						
<b>DLI 9: Active contracting of clinical and non-clinical service providers is in place</b>						
<i>5a1. Contracting of clinical services in selected SHCs</i> By the end of 2026, at least 30 SHC facilities have concluded service contracts for clinical services (e. g., imaging, laboratory)	No service contracts signed	2021 Elaboration of draft contracts and identification of interested service providers has already started	By the end of 2022, ≥3 contracts will be signed for the provision of clinical services to any of the SHC hospitals	By the end of 2023, ≥9 contracts will be signed for the provision of clinical services to any of the SHC hospitals	By the end of 2024, ≥18 contracts will be signed for the provision of clinical services to any of the SHC hospitals	By the end of 2025, ≥30 contracts will be signed for the provision of clinical services to any of the SHC hospitals
<i>5a2. Contracting of non-clinical services in selected SHCs</i> By the end of 2026, at least 30 SHC facilities have concluded service contracts have been concluded for non-clinical services (e. g. cleaning, catering, security, maintenance)	No service contracts signed	2019 Service contracts (security) signed for 7 of the program hospitals	By the end of 2022, ≥10 hospitals will be included in contracts for the provision of non-clinical services	By the end of 2023, ≥15 hospitals will be included in contracts for the provision of non-clinical services	By the end of 2024, ≥20 hospitals will be included in contracts for the provision of non-clinical services	By the end of 2025, ≥30 hospitals will be included in contracts for the provision of non-clinical services
<b>DLI 10: Fiduciary and financial management improved</b>						
<i>5c1. Establishment of PMIU</i> The PMIU is operational, i. e. has at least: 1 Program (PMIU) Director 1 Procurement Director 1 Financial Management Director 1 Director for Environmental Aspects 1 Director for Gender Aspects	PMIU not yet operational	2020 PMIU became operational by nominating senior management staff through “additional charges” mechanism	By the end of 2022 on a total of total number of 36 staff <12 positions are vacant	By the end of 2023 on a total of total number of 36 staff <9 positions are vacant	By the end of 2024 on a total of total number of 36 staff <6 positions are vacant	By the end of 2025 on a total of total number of 36 staff <4 positions are vacant
<i>5c2. Project Procurement Plans are updated and published on KPPRA website</i>	1 Procurement Plan for 6 hospitals	2021 Procurement plans prepared	By the end of 2022, ≥13 procurement plans have been	By the end of 2023, ≥25 procurement plans have been	By the end of 2024, ≥33 procurement plans have been	-

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
	already published	for phases I, II, and III hospitals	published on the KPPRA website	published on the KPPRA website	published on the KPPRA website	
5c3. All (33) financial and audit reports submitted to DOH	No annual financial and audit reports submitted	2021  No prior result	Before the end of Q4 2022, ≥6 financial and audit reports have been submitted to DOH / ADB	Before the end of Q4 2023, ≥13 financial and audit reports have been submitted to DOH / ADB	Before the end of Q4 2024, ≥25 financial and audit reports have been submitted to DOH / ADB	Before the end of Q4 2025, all (33) financial and audit reports have been submitted to DOH / ADB

ADB = Asian Development Bank, A&E = Accident and Emergency, COVID-19 = Corona Virus Disease 2019, DHQ = district headquarter, DLI = disbursement-linked indicator, DOH = Health Department of the Government of Khyber Pakhtunkhwa, DP = development program, GBV = gender-based violence, HRH = human resources for health, HRMIS = human resources management information system, IMU = Independent Monitoring Unit, KPPRA = Khyber Pakhtunkhwa Public Procurement Regulatory Authority, MOF = Ministry of Finance, NMD = Newly Merged Districts, OPD = outpatient department, OR = operating room, p.a. = per annum, PMIU = Project Management and Implementation Unit, Q1 = quarter 1, Q4 = quarter 4, SHC = secondary health care, SPS = Safeguard Policy Statement.

<sup>a</sup> List of program health facilities can be found below.

<sup>b</sup> The program implementation document can be accessed through Appendix 2.

<sup>c</sup> Definition of filled sanctioned posts include staff absent for education and training purposes. There are different targets for NMDs due to access and security issues.

<sup>d</sup> Absenteeism is defined as non-justified or non-permitted absence (justified or permitted absence would be leave for various reasons).

<sup>e</sup> This is a legal requirement: According to the *Protection Against Harassment of Women at the Workplace Act (2010)*, any organization shall have a committee established within 30 days of its enactment to enquire into related complaints. The Committee shall consist of three members, of whom at least one shall be a woman.

Sources: Asian Development Bank; and Department of Health of Khyber Pakhtunkhwa Province.



## **2. Implementation Status**

12. The implementation progress and status in achieving DLIs will be updated during implementation.

## **3. Issues and Changes**

13. This section will be updated during implementation.

## **C. Disbursement-Linked Indicator Verification Protocols**

### **1. Description of the Verification Protocols**

14. An independent verification arrangement system will be set up with the Auditor General of Pakistan (AGP) as the independent verification agency (IVA) to verify program results before disbursement is made by ADB. PMIU staff is involved with implementing other development partners' programs and will be coordinating inputs and outputs of various programs. The Independent Monitoring Unit (IMU) under DOH will be providing periodical reports on the DLIs and other performance indicators and verify their realization. Reporting should be at least once per 6 months, but more frequent reporting of realized DLIs is possible at the request of DOH.

Table 4: Verification Protocols

Disbursement-Linked Indicators	Definition and Description of Achievement	Information Source and Frequency	Verification Agency and Procedure	Verification Time Frame
<b>Outcome</b>				
<b>DLI 1: SHC hospital services improved</b>				
<i>a1. Outpatient contacts increased</i>	Outpatient visits uses aggregated 12 months number of outpatient visits of the 33 hospitals. , <sup>a</sup> .	Assessment reports by IMU based on hospital reported data	AGP is the IVA and relies on DHIS and IMU for periodical data collection and reporting on the DLIs and other performance indicators. Annual data (or more frequent at the request of DOH) will be used by the AGP related to the outpatient visits and inpatient admissions. IMU will continuously update/record the number of outpatient visits. IMU will submit this to ADB on achievement each year. The AGP as the IVA will verify the submitted documents, and the AGP will confirm based on this whether the DLI has been achieved or not. Similar to the outpatient visits, IMU will also continuously update/record the inpatient admissions, and AGP as IVA will use the p.a. data to verify the achievement of DLI targets.	Annual First quarter of following year
<i>a2. Inpatient admissions augmented</i>	Inpatient admissions use aggregated 12 months number of inpatient admissions of the 33 hospitals.			
<b>DLI 2: Maternal care ameliorated</b>				
<i>b. Number of hospitals deliveries expanded</i>	This indicator uses aggregated 12 months number of hospital deliveries of the 33 hospitals.	Assessment reports by IMU based on hospital reported data	AGP is the IVA and relies on DHIS and the IMU for periodical data collection and reporting on the DLIs and other performance indicators. Annual data (or more frequent at the request of DOH) will be used by the AGP related to the number of hospital deliveries. IMU will continuously update/record the number of deliveries. IMU will submit this to ADB on achievement each year. The AGP as the IVA will verify the submitted documents, and the AGP will confirm based on this whether the DLI has been achieved or not.	Annual First quarter of following year
<b>Outputs</b>				
<b>DLI 3: Gender-sensitive quality assurance mechanisms established</b>				
<i>1e. Gender-sensitive performance and quality reports</i>	There is no baseline value for this. This DLI is defined as the hospitals (SHC) issuing the gender-sensitive annual performance and quality	Assessment reports by IMU based on the gender-sensitive performance	IMU will submit the reports to ADB on achievement each year. AGP as the IVA will utilize the IMU provided assessments and the hospital annual activity/quality reports to verify the achievement of the DLI.	Annual First quarter of the following year

	report. Currently none of the hospitals that are part of the program are issuing these reports. This indicator is considered achieved when before the end of 2025 at least 30 SHC hospitals will issue an annual performance and quality reports.	and quality reports	
<b>DLI 4: Infrastructure of SHC hospitals upgraded</b>			
<i>2a. SHC hospital infrastructures upgraded with average scoring and in compliance with SPS requirements.</i>	There is no baseline value for this indicator.  The indicator is considered achieved when the average score achieved by all hospitals undergoing rehabilitation works is $\geq 9$ based on a standard checklist defining criteria and scores that can be achieved	Assessment reports by IMU based on average scoring with infrastructure list	IMU will submit the assessment report to ADB on achievement each year. The AGP as the IVA will verify the submitted documents
<b>DLI 5: Essential equipment tagged, registered and functioning</b>			
<i>2b. Essential equipment of the A&amp;E, OR, sterilization area, and obstetrical departments is functioning, tagged, and centrally registered</i>	According to IMU evaluation, only 40% of the existing essential equipment is registered, available, and operational at the baseline value.  The DLI is achieved when at least 85% of the essential equipment is available and functioning at all SHC hospitals	Assessment reports by IMU based on hospital equipment inventory register, preventive and corrective maintenance plans	IMU will submit multiple documents to ADB on achievement each year. The AGP as the IVA will verify the submitted documents
<b>DLI 6: Qualified, gender-balanced human resources available</b>			
<i>3c1. Sanctioned doctor posts for SHC facilities are filled.</i>	Definition of filled sanctioned posts include staff absent for education and training purposes. There are different targets for NMDs due to access and security issues. The DLI is considered achieved if the sanctioned posts are filled in the SHC hospitals per the stated percentage, or higher, in Table A3.1: Disbursement-linked Indicators.	Assessment reports by IMU	IMU will submit the multiple publications, as mentioned, to ADB, and these will be utilized to verify the DLI by AGP as the IVA.
<i>3c2. Percentage of female doctors working at SHC facilities is increased.</i>	For the share of female doctors, different targets for NMDs apply due to access and security issues. The DLI is considered achieved if the sanctioned posts for doctors are filled by women in the SHC hospitals per the stated percentage, or higher, in Table A3.1: Disbursement-linked Indicators.	Assessment reports by IMU	IMU will submit the multiple publications, as mentioned, to ADB, and these will be utilized to verify the DLI by AGP as the IVA.

<p><i>3c3. Absenteeism of doctors is reduced.</i></p>	<p>Absenteeism is defined as non-justified or non-permitted absence (justified or permitted absence would be leave for various reasons).  Different targets for NMDs apply due to access and security issues.  The DLI is considered achieved if the absenteeism is less or equal to the stated target percentage in Table A3.1: Disbursement-linked Indicators.</p>	<p>Assessment reports by IMU</p>	<p>IMU will submit the multiple publications, as mentioned, to ADB, and these will be utilized to verify the DLI by AGP as the IVA.</p>	
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<b>DLI 7: Gender issues adequately considered</b>				
<i>3d1. Training on gender-based violence for all staff categories</i>	No baseline available. The DLI is considered achieved when at least 60% of staff working at SHC facilities, of which 30% are women, reporting improved knowledge on GBV. The attendance training logs, signed by the hospital manager and the attending staff, must be reported by the hospitals to IMU.	Assessment reports by IMU based on DOH HR report	IMU will submit the report to ADB on achievement each year. The AGP as the IVA will verify the submitted documents	
<i>3d2. Counseling desks established in all OPDs on - reproductive health and - mental health</i>	For the baseline value desks / consultation rooms for psychosocial care are available in 7 of the program hospitals The DLI is considered achieved when ≥30 SHC facilities have both (i) a desk for counseling on both (i) reproductive health and a (ii) a desk on mental health	Assessment reports by IMU	IMU will submit the DOH report to ADB on achievement each year. The AGP as the IVA will verify the submitted documents	
<i>3d3. Inquiry Committees established and operational</i>	At the baseline value, there was no formal (permanent) functional inquiry committee in any of the SHC facilities. The DLI is considered achieved when at least 28 SHC facilities have formally established and functional inquiry committees, and code of conduct is displayed in offices and staff training is conducted	Assessment reports by IMU based on availability minutes of Inquiry Committee Meetings	IMU will submit the minutes of inquiry committee meetings and hospital activity reports to ADB on achievement each year. The AGP as the IVA will verify the submitted documents	
<b>DLI 8: Essential medicines, vaccines &amp; supplies available</b>				
<i>4b. Availability of essential medicines, vaccines, and supplies with 1-month stock buffer at SHC hospitals</i>	Baseline value: 80% availability of essential drugs The DLI is considered achieved when 97.5% of essential drugs and consumables are available at SHC facilities	Assessment reports by IMU  List of essential drugs and consumables defined by DOH	IMU will submit both the reports from the year to ADB on achievement each year. The AGP as the IVA will verify the submitted documents	Every 6 months during the month following the semester period
<b>DLI 9: Contracting of clinical &amp; non-clinical service providers in place</b>				
<i>5a1. Contracting of clinical services in selected SHCs</i>	At the baseline value, no contracts have been signed. The DLI is considered achieved when ≥30 contracts for the provision of clinical to any of the SHC hospitals are signed	Assessment reports by IMU based on hospital (annual) performance reports – chapter on contracting of clinical and non-clinical services	IMU will submit the hospital's annual performance report section on contracting of clinical and non-clinical services to ADB on achievement each year. The AGP as the IVA will verify the submitted documents	Annual First quarter of the following year

<i>5a2. Contracting of non-clinical services in selected SHCs</i>	At the baseline value, no contracts have been signed.  The DLI is considered achieved when ≥30 contracts for the provision of non-clinical services to any of the SHC hospitals are signed	Assessment reports by IMU based on hospital (annual) performance reports – chapter on contracting of clinical and non-clinical services	IMU will submit the hospital's annual performance report section on contracting of clinical and non-clinical services to ADB on achievement each year. The AGP as the IVA will verify the submitted documents	
<b>DLI 10: Fiduciary and financial management improved</b>				
<i>5c1. Establishment of PMIU</i>	Baseline: PMIU not yet operational  The DLI is achieved when PMIU is operational and for a total of total number of 36 staff less than 4 positions are vacant.	PMIU (annual) Report	IMU will submit the PMIU report to ADB on achievement each year. The AGP as the IVA will verify the submitted documents.	
<i>5c2. PPP are updated and published on KPPRA Website</i>	Baseline: 1 procurement plan for 6 hospitals already published  The DLI is achieved when ≥33 procurement plans have been published on the KPPRA website.	PMIU (annual) Report Procurement plan  DOH / PMIU Annual Report Hospital Financial Reports (as part of the annual performance report – cf. 1.4)	IMU will submit the procurement plan report to ADB on achievement each year. The AGP as the IVA will verify the submitted documents.	
<i>5c3. Financial and audit reports submitted to DOH</i>	The DLI is achieved when the financial and audit reports are submitted within 3 months at the end of the financial year	Annual Report Hospital Financial Reports (as part of the annual performance report – cf. 1.4)	IMU will submit the financial and audit reports to ADB on achievement each year. The AGP as the IVA will verify the submitted documents.	

ADB = Asian Development Bank, A&E = accident and emergency, AGP = Auditor General of Pakistan, COVID-19 = coronavirus disease, DHIS = District Health Information System, DHQ = district headquarter, DLI = disbursement-linked indicator, DOH = Health Department of the Government of Khyber Pakhtunkhwa, DP = development program, GBV = gender-based violence, HRH = human resources for health, HRMIS = human resources management information system, IMU = Independent Monitoring Unit, IVA = Independent Verification Agency, KPPRA = Khyber Pakhtunkhwa Public Procurement Regulatory Authority, MOF = Ministry of Finance, NMD = Newly Merged Districts, OPD = outpatient department, OR = operating room, p.a. = per annum, PMIU = Project Management and Implementation Unit, PPP = project procurement plans, SHC = secondary health care.

<sup>a</sup> = total population in catchment area will be based on the 2017 census.

Source: Asian Development Bank.

## 2. Verification Status and Issues

15. The verification progress and status will be updated during implementation.

### D. Disbursement Allocation and Status

16. The loan proceeds will be disbursed following ADB *Loan Disbursement Handbook* (2017, as amended from time to time),<sup>11</sup> and detailed arrangements agreed between the borrower and ADB.

17. Disbursement of loan proceeds will be made to an account to be designated by the borrower based on the verification of achievement of DLIs for which disbursement is requested. Advance financing is provided for (i) DLI4: Infrastructure of SHC hospitals upgraded, for \$10 million, (ii) DLI5: Essential equipment tagged, registered, and functioning, for \$10 million, and (iii) for DLI8: Essential medicines, vaccines & supplies available, for \$5 million, together 25% of the loan amount, which is the maximum available for advance financing:<sup>12</sup> When the borrower submits a withdrawal application for the achieved DLIs, any outstanding advances must be liquidated before any disbursements are made.<sup>13</sup> The borrower must refund any unliquidated advances within 2 months after the winding-up period. No partial disbursement is allowed.

18. All DLIs must be achieved on or before the RBL program's completion date.<sup>14</sup> If a DLI is not achieved or not fully achieved by the RBL program completion date, the amount allocated to the portion of the DLI not achieved or not fully achieved will be cancelled. Evidence of achievement of DLIs must be submitted with the withdrawal application. The borrower will have a winding-up period, which ends 4 months after the RBL program's completion date, for submitting withdrawal applications to ADB. If the amount of ADB financing disbursed exceeds the total amount of the government-owned program's expenditures (excluding expenditure pertaining to procurement from nonmember countries, unless universal procurement has been approved) after the winding-up period and final disbursement has been made, the borrower should refund the difference to ADB within 6 months after the RBL program completion date.

19. Before the submission of the first withdrawal application, the borrower will submit to ADB the evidence of the authority of the person(s) who will sign the withdrawal applications on behalf of the borrower, together with the authenticated specimen signatures of each authorized person. Use of ADB's Client Portal for Disbursements<sup>15</sup> system is encouraged for submitting withdrawal applications to ADB.

20. **Funds flow and ADB disbursements:** DOH will prepare withdrawal applications and required documentation and submit these to ADB along with the relevant IVA report regarding the status of DLIs achievements. ADB will disburse the loan proceeds in US\$ to a designated government general account in the State Bank of Pakistan (SBP) where the funds are converted into PRs, based on the relevant exchange rate on the date of transfer of funds, and then deposited in the Federal Government Account 1. The Finance Division of the Ministry of Finance and

<sup>11</sup> The handbook is available electronically from the ADB website. ADB. [Loan Disbursement Handbook](#).

<sup>12</sup> ADB may agree to provide up to 25% of ADB financing in advance.

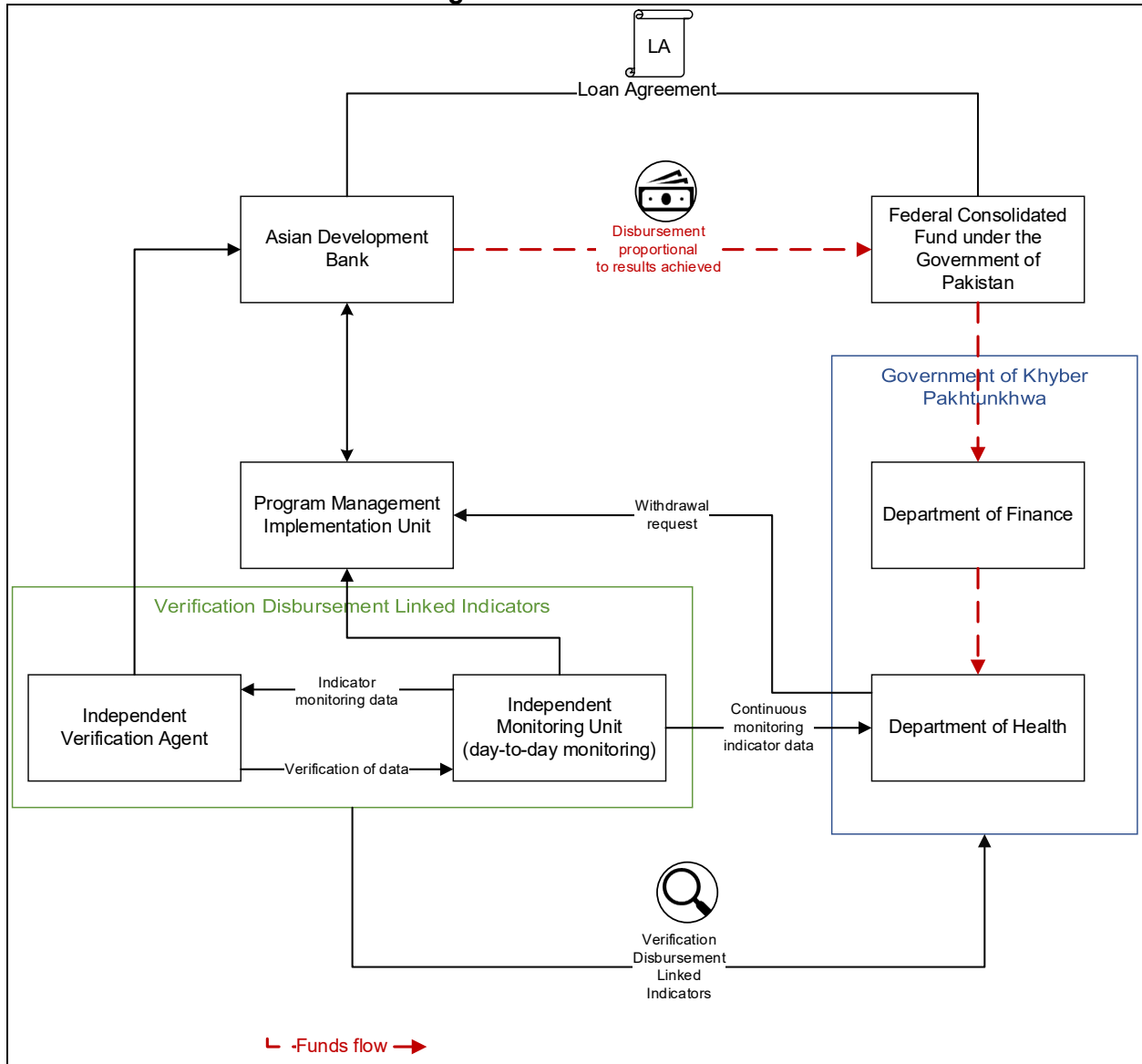
<sup>13</sup> If the amount(s) of the achieved DLI(s) submitted in the withdrawal application exceeds the amount of the outstanding advance, the excess will be treated as reimbursement to the government.

<sup>14</sup> Under RBL, the program completion date is the same as the loan closing date.

<sup>15</sup> The portal facilitates the online submission of withdrawal applications to ADB, resulting in faster disbursement. The forms the borrower needs to complete are available in ADB. [Guide to the Client Portal for Disbursements](#).

Revenue then confirms that the loan and/or grant proceeds have been received accordingly, and subsequently transferred to GOKP Account 1. Figure 1 shows the fund flow.

**Figure 1: Flow of Funds**



Source: Asian Development Bank.

**1. Expected Disbursement Allocation and Schedule**



**Table 5: Expected Disbursement Schedule**  
(\$ million, as of 2 August 2022)

Disbursement-Linked Indicators	Total ADB Financing Allocation	Share of Total ADB Financing	FY2023	FY2024	FY2025	FY2026
<b>DLI1: SHC hospital services improved</b>						
a1. Outpatient contacts increased	5	5%	1.25	1.25	1.25	1.25
a2. Inpatient admissions augmented	5	5%	1.25	1.25	1.25	1.25
<b>DLI2: Maternal care ameliorated</b>						
b. Number of hospitals deliveries expanded	5	5%	1.25	1.25	1.25	1.25
<b>DLI3: Gender-sensitive quality assurance mechanisms established</b>						
1e. Gender-sensitive performance and quality reporting established	15	15%	3.75	3.75	3.75	3.75
<b>DLI4: Infrastructure upgraded</b>						
2a. Infrastructure of SHC program hospitals upgraded to quality benchmark level and in compliance with SPS requirements	15	15%	3.75	3.75	3.75	3.75
<b>DLI5: Medical equipment modernized</b>						
2b. Essential equipment of the A&E, OR, sterilization area, and obstetrical departments is functioning, tagged, and centrally registered	10	10%	2.50	2.50	2.50	2.50
<b>DLI6: Qualified, gender-balanced human resources available</b>						
3c1. Sanctioned doctor posts for SHC facilities are filled	5	5%	1.25	1.25	1.25	1.25
3c2. Percentage of female doctors working at SHC facilities is increased	5	5%	1.25	1.25	1.25	1.25
3c3. Absenteeism of doctors is reduced	5	5%	1.25	1.25	1.25	1.25
<b>DLI7: Gender issues are adequately considered</b>						
3d1. Training on gender-based violence for all staff categories	3	3%	0.75	0.75	0.75	0.75
3d2. Counseling desks established in all OPDs on reproductive health and mental health	4	4%	1.00	1.00	1.00	1.00
3d3. Inquiry Committees established and operational	3	3%	0.75	0.75	0.75	0.75
<b>DLI8: Essential medicines are available</b>						
4b. Availability of essential medicines, vaccines, and supplies with 1-month stock buffer at SHC hospitals	10	10%	2.50	2.50	2.50	2.50
<b>DLI9: Active contracting of clinical and non-clinical service providers is in place</b>						
5a1. Contracting of clinical services in selected SHCs	3	3%	0.75	0.75	0.75	0.75
5a2. Contracting of non-clinical services in selected SHCs	2	2%	0.50	0.50	0.50	0.50
<b>DLI10: Fiduciary and financial management improved</b>						
5c1. Establishment of PMIU	2	2%	0.50	0.50	0.50	0.50
5c2. PPP are updated and published on KPPRA Website	1	1%	0.25	0.25	0.25	0.25
5c3. Financial and audit reports submitted to DOH	2	2%	0.50	0.50	0.50	0.50
<b>Total</b>	<b>100</b>	<b>100</b>	<b>25.00</b>	<b>25.00</b>	<b>25.00</b>	<b>25.00</b>

ADB = Asian Development Bank. A&E = Accident and Emergency, COVID-19 = Corona Virus Disease 2019, DHQ = district headquarter, DLI = disbursement-linked indicator, DOH = Health Department of the Government of Khyber Pakhtunkhwa, DP = development program, GBV = gender-based violence, HRH = human resources for health, HRMIS = human resources management information system, IMU = Independent Monitoring Unit, KP = Khyber Pakhtunkhwa Province, KPPRA = Khyber Pakhtunkhwa Public Procurement Regulatory Authority, MOF = Ministry of Finance, NMD = Newly Merged Districts, OPD = outpatient department, OR = operating

room, p.a. = per annum, PMIU = Project Management and Implementation Unit, PPP = program procurement plans QIV = quarter four, SHC = secondary health care, TRTA = transaction technical assistance  
Source: Asian Development Bank.

## 2. Disbursement Status

21. This section will be updated during implementation.

## 3. Issues and Changes

22. This section will be updated during implementation.

### III. EXPENDITURE FRAMEWORK AND FINANCING

#### A. Expenditure Framework

##### 1. Expected Expenditure Framework

**Table 6: Summary of Program Expenditure Framework, FY2022–DY2026**  
(in 2022 prices, as of 2 August 2022)

Item	Amount		Share of Total (%)
	(PRs billion)	(\$ million)	
1. Civil works	7.0	33.1	7.4
2. Equipment	5.6	24.8	5.9
3. ICT and HMIS	0.4	1.7	0.4
4. Additional human resources	1.0	4.3	1.0
5. Outsourced, private sector-provided services	2.0	8.9	2.1
6. Capacity building, training, ISO certification	0.5	2.2	0.5
7. Subsidy for services	0.1	0.2	0.1
8. Project management and implementation unit	0.2	1.0	0.2
9. Contingencies	0.2	0.7	0.2
10. Recurrent budget (salaries, operations, medicines)	76.9	342.7	82.1
<b>Total</b>	<b>93.7</b>	<b>417.6</b>	<b>100.0</b>

FY = fiscal year, ICT = Information & communication technology, ISO = International Organization for Standardization, HMIS = health management information system.

Note: Numbers may not sum precisely because of rounding.

Sources: Asian Development Bank; and Government of Khyber Pakhtunkhwa, Department of Health.

## 2. Expenditure Status

23. This section will be updated during implementation.

## 3. Issues and Changes

24. This section will be updated during implementation.

#### B. Program Financing

##### 1. Expected Financing Plan

**Table 7: Program Financing Plan**  
(as of 2 August 2022)

Source	Amount (\$ million)	Share of Total (%)
Government of Khyber Pakhtunkhwa	295.3	70.7
Government of Pakistan	22.4	5.4
Development partners		
Asian Development Bank		
Ordinary capital resources (concessional loan)	100.0	23.9

Source	Amount (\$ million)	Share of Total (%)
Total	417.6	100.0

Note: Numbers may not sum precisely because of rounding.

Sources: Asian Development Bank; and Government of Khyber Pakhtunkhwa, Department of Health.

## 2. Financing Status

25. This section will be updated during implementation.

## 3. Issues and Changes

26. This section will be updated during implementation.

## IV. PROGRAM SYSTEMS AND IMPLEMENTATION ARRANGEMENTS

27. Executing agency will be DOH, with a PMIU under the RSHC as implementing agency. The Infrastructure Development Authority of the Punjab (IDAP), an autonomous agency under the Government of Punjab, and Communication & Works Department (C&W) of GOKP as implementing units for the civil works. The DOH will establish a program steering and coordinating committee chaired by the health secretary to provide overall guidance on program implementation. Implementation period will be FY2023–FY2026. An independent verification arrangement system will be set up with the AGP as the IVA to verify program results before disbursement is made by ADB. PMIU staff is involved with implementing other development partners' programs and will be coordinating inputs and outputs of various programs.

28. In every Planning Commission Proforma No. 1 document (PC-1) an amount has been allocated to the PMIU. The roles and responsibilities of the PMIU are not just the implementation of the physical measures, but also including the systemic improvements embedded in the program, such as capacity building in technical, financial, HR, and managerial areas, to ensure that the program as a whole is delivered. The PMIU reports to the Secretary of the DOH, and a steering committee is installed, led by the Minister of Health to oversee the program.

29. The PMIU is led by a project Director and Deputy project director, to whom nine 'Wings' report. The Wings are structured around project components: (i) operations, (ii) procurement; (iii) outsourcing; (iv) infrastructure; (v) finance, planning & admin, (vi) HR; (vii) ICT; (viii) health; (ix) implementation, coordination & communication.

30. A grievance redressal committee is installed to oversee the functioning of the procurement & technical committees and ensure that all procurements/recruitment under the project are performed in full compliance to Khyber Pakhtunkhwa Public Procurement Regulatory Authority (KPPRA) rules and recruitment rules of the government.

31. For design and procurement of infrastructure the DOH has contracted IDAP, a statutory body of the Government of neighboring province Punjab. IDAP has experience in realizing a similar program in Punjab and has the hospital-specific knowledge required for design and procurement.

32. The PMIU will work closely with consultants and technical experts (if any) provided by ADB. The PMIU will also liaise with consulting firms (if any) hired for the conduct of various studies and operational reviews.

## A. Monitoring and Evaluation System

### 1. Summary of Monitoring and Evaluation System

33. A well-established monitoring system is already in place for PHC and SHC through the IMU. As the IMU reports to the Secretary Health of the DOH, it cannot be considered fully independent. A separate IVA will be selected, which the IMU can support. The RBL modality will permit further strengthening of the DOH's fiduciary management and financial management, while avoiding creating parallel systems.

34. The AGP of the Government of Pakistan (GOP) will be engaged as the IVA to verify program results. The AGP, a well-respected and a constitutionally independent organization, is also the IVA for a World Bank's existing program-for-results (PforR) program (similar to ADB's RBL modality) for Khyber Pakhtunkhwa.<sup>16</sup>

35. Through past ADB technical assistance (TA) programs, the capacity of the AGP has been strengthened. The AGP will be supported by IMU under DOH to collect the periodical and continuous data on the DLIs and other performance indicators. IMU, has an independent role to regularly evaluate performance of the public sector health care facilities in the province. IMU will adapt their reporting tools to include monitoring the DLIs and other performance indicators. The AGP will remain responsible for verifying the results reported by IMU, while ADB retains the right to also verify the results. Reporting should be at least once per 6 months, but more frequent reporting of realized DLIs is possible at the request of DOH.

36. A memorandum of understanding (MOU) will be formally signed between the DOH and AGP before loan effectiveness.<sup>17</sup> The MOU will further stipulate that the teams responsible for audit and for the IVA role will be independent of each other. A draft MOU between DOH and AGP will be shared with ADB for ADB's review before 26 August 2022.

37. **The PMIU** will hold quarterly reviews with ADB on the progress of DLIs, the design and monitoring framework (DMF) indicators, and the status of PAP action points. There will also be semiannual joint review missions conducted by DOH, PMIU, and ADB. The main evaluation events for the program will be the ADB midterm review and program completion report.

38. The PMIU will be responsible to produce the following program reports:

- a. Quarterly, semiannual, and annual progress reports;
- b. Quarterly review missions to review DLI progress, identify, and adopt corrective actions as required, and share the meeting minutes with stakeholders, including ADB;
- c. Quarterly financial statements;
- d. Program annual unaudited financial statements;
- e. Semiannual environment and social safeguards reports;
- f. Annual gender reports; and
- g. Other reports as required by the DOH and ADB.

39. The PMIU will also facilitate the preparation of the annual third party fiduciary review reports, the IVA reports, and the audit reports as required. PMIU must ensure that the IVA has

<sup>16</sup> World Bank. 2021. [Khyber Pakhtunkhwa Spending Effectively for Enhanced Development \(SPEED\) Program](#). Washington, DC.

<sup>17</sup> In case of another independent verification agency (IVA), the IVA must be acceptable to ADB with acceptable measures in place to ensure independency and safeguards to prevent conflicts of interest.

access to DOH management information system and reports as required, for verification of the DLIs and PAP actions. The IVA must be able to conduct spot checks of DOH reporting systems relevant to the DLI.

40. **The DOH** will hold semiannual joint review missions with participation of relevant stakeholders, including ADB and other development partners, to assess implementation performance against the DLIs, PAP, and program implementation document. The semiannual review will assess and confirm the achievement of the DLIs, which—following verification by the IVA agreed upon between DOH and ADB—can also be the basis for fund disbursements.

41. DOH will also organize the **midterm review** with ADB regarding the RBL program, which will be planned during the third year during the program implementation to review the DLIs targets based on implementation experience and performance. Within 12 months of loan closing of the program, DOH will need to produce a program completion report that will be shared with ADB.

## **2. Monitoring and Evaluation System-Related Program Actions Status**

42. As stated in the PAP, the IMU will adapt their data collection and reporting systems to collect and report on the DLIs and other performance indicators as described in the DMF and the verification protocols.

## **3. Issues and Changes**

43. Major issues during implementation, any changes made to the monitoring and evaluation system, and the actions and reasons for doing so will be updated during implementation

## **B. Fiduciary Systems**

### **1. Financial Management System**

#### **a. Summary of the Financial Management System and Actions**

44. Pakistan has extensive legislative and institutional structures for public financial management (PFM). However, effective and efficient implementation of these structures is challenged by a decentralized service delivery system while the PFM remains highly centralized. While there has been significant progress in reforming the PFM systems with implementation of financial accounting and budgeting system, introduction of midterm budgetary framework and output-based budgeting, yet budget credibility and execution remain a key area of weakness. A risk based internal controls framework is yet to be implemented. The federal and Khyber Pakhtunkhwa internal audit functions lack effectiveness while internal audit functions in remaining provinces are yet to be established. Delays in settlement of audit observations made by AGP remain a key challenge. In a relatively recent timeframe, supported by key development partners including ADB and the World Bank, the GOP has embarked upon a six pillar PFM Reforms Strategy (2018-2027) to address the risks and system inefficiencies. A robust monitoring and course correction mechanism is needed to ensure that envisaged benefits from recent initiatives for PFM reforms are achieved in a timely and effective manner.

45. Pakistan has adopted a unified PFM system, which is provisioned under the Constitution of Pakistan, setting out the management of federal consolidated fund and public account.

46. **Accounting and financial reporting.** From 1 July 2022 the Khyber Pakhtunkhwa Public Financial Management Act will be followed.<sup>18</sup> While auditing remains a federal mandate performed by office of AGP, accounting, budgeting and expenditure management are performed by the provincial government. The constitutionally independent office of AGP conducts external audits of public funds for all entities where public funds are spent.

47. The PFM process starts with the budget preparation. The Finance Department (DOF) compiles the budget in accordance with budget calendar. The budget is debated by the national assembly during review and approval. Drawing and Disbursing Officers (DDO), nominated officers in the spending units, submit expenditure bills to the account's offices for payment. The accounts offices at the district, provincial and federal level process payment claims while exercising budgetary controls and compliance checks. The CGA maintains the accounts of financial transactions and prepares periodic and annual financial reports, for the federal government, provinces, and districts. The external audit of the accounts is conducted by the AGP and the audited accounts and related management letter for the Federal Government are submitted to the President who then lays these before the National Assembly for scrutiny.

48. The PFM process at the provincial level starts with budget preparation. The Finance Department compiles the budget in accordance with defined timetables and discussions with line departments. The Planning and Development (P&D) Department is responsible for the annual development program and its monitoring. The budget is laid before the provincial legislature for review and approval. DDOs, nominated officers in the spending departments, submit expenditure bills to the account's offices for payment. The district and provincial-level accounts offices process (district accounts office or treasury offices) payment claims while exercising budgetary controls and compliance checks. According to the legal framework, the CGA, through the provincial AG maintains the accounts of financial transactions and prepares financial reports—both in-year and the annual financial statements for the Province. The Director General (DG) Provincial Audit conducts external audit of the accounts on behalf of the office of the AGP, and the audited accounts and audit reports are submitted to the Governor of the province for tabling them at the Provincial Assembly for legislative scrutiny. The Directorate General District Audit audits the local governments and the DG Commercial Audit audits public sector entities. The Public Accounts Committee of the Provincial Assembly conducts the legislative oversight of the provincial financial operations.

49. **Auditing and public disclosure.** The Auditor General's Ordinance, 2001, regulates the external audit of public funds and extends to the whole of Pakistan with responsibility for auditing the accounts for the Federation, provinces, and districts. The Controller General of Accounts Ordinance, 2001 requires the CGA to prepare and maintain the accounts of the Federation, the provinces and district governments in such forms and in accordance with such methods and principles as the Auditor General may, with the approval of the President, prescribe from time to time. ADB will disclose on its website the program financial statements and the auditors' report thereon within 14 days of their acceptance, following ADB's Access to Information Policy.<sup>19</sup>

50. The audited program financial statements and the auditors' report will be submitted in English language to ADB within 6 months after the close of the developing member country's (DMC) fiscal year, taking into consideration the DMC and program context. ADB reserves the right to require a change in the auditor (in a manner consistent with the laws and regulation of the

<sup>18</sup> GOKP. [The Khyber Pakhtunkhwa Finance Act, 2022](#). Peshawar.

<sup>19</sup> ADB. 2018. [Access to Information Policy](#). Manila.

DMC), or require 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.

#### **b. Financial Management System-Related Program Actions Status**

51. As the workload of DOH will also increase due to the RBL program, DOH will appoint new financial management officer or financial analyst for the PMIU, preferably with prior ADB or World Bank work experience. This should be done by August 2022.

52. After loan effectiveness, to strengthen risk management and fraud prevention, DOH will ensure ADB all program financial management activities and program accounts will be covered by the internal auditor of DOH. The internal audit department will be obligated to audit all activities and proceeds of the program loan and the detailed scope of this audit will be agreed with DOH to consider various aspects of ADB funds and audit all Program accounts. DOH will ensure to recruit new internal audit staff for the PMIU or arrange for replacement once the existing deputation of internal audit team will finish.<sup>20</sup>

53. Also after loan effectiveness, the Advance Imprest Account or opening of designated account for the program as per the approval of DOF.

54. As part of the PAP, it has further been agreed that quarterly reports for the RBL program with financial and disbursement information, as well as variance analysis of physical and financial progress, will be prepared. The report should include the status of the financial management action plan.

55. During program implementation, DOH's existing and new staff will be given training on ADB's Loan Disbursement procedures including Client's Portal for Disbursement and also on financial reporting and auditing. Training to be provided by ADB's Controller's Department and Public Financial Management Division (PFFM) of ADB during program implementation.

56. Finally, electronic accounting software for timely financial reporting and proper recording of all accounting transactions of the program to reduce chances of making errors should be implemented before the end of 2022.

#### **c. Issues and Changes**

57. This section will be updated during implementation.

### **2. Procurement System**

#### **a. Summary of the Procurement System and Actions**

58. **Country Sector, and Program Level Procurement Regulations, Rules, Procedures, and Arrangements.** Since 2002, the GOP has promulgated the Public Procurement Regulatory

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<sup>20</sup> Deputation is a government administrative policy whereby staff belonging to one department are appointed to another department for a specified period of time to perform functions under the new department. For the period of deputation, the staff does not have any reporting line with their original department, nor do they receive remuneration from their original department.



Authority Ordinance at Federal Level. Through this ordinance, the Public Procurement Regulatory Authority (PPRA)<sup>21</sup> was established to regulate the public procurement of goods, works, and services. The Ordinance likewise provides the standards for public procurement in the country. In particular, the PPRA monitors the implementation of procurement laws, rules, regulations, practices, and performance of procuring agencies.

59. Public procurement in Pakistan is decentralized. Currently, each province has its own PPRA, while the Federal Public Procurement Regulatory Authority (F-PPRA) regulates procurement activities of federal ministries, departments, and autonomous bodies. Some of the milestones achieved in the area of procurement include: (i) establishment of PPRAs at the federal and provincial levels, (ii) enactment of procurement laws and dissemination of rules and regulations, (iii) establishment of capacity building programs, and (iv) regular monitoring of procurement activities.

60. KPPRA has uploaded templates for Invitation for Bids (IFB),<sup>22</sup> Standard Bidding Documents (SBDs), and draft Contract Documents for the Procurement of Goods, Works, and Services.

61. All the Provincial PPRAs have active websites. It is mandatory to upload IFB on PPRA and implementing agencies' website. Currently IFB and Bid Evaluation Reports are uploaded on PPRA and agency website, some agencies allow download of bid documents as well.

62. All implementing agencies follow the provincial procurement laws or respective donor organization's procurement framework, when projects are financed by the donors. Rule 5 of PPRA clearly stipulates that donor procurement framework shall prevail, in case of contradiction between public procurement rules and donor procurement framework. PPRA, Rule 5 states, "whenever these rules are in conflict with an obligation or commitment of the Federal Government arising out of an international treaty or an agreement with a State or States, or any international financial institution the provisions of such international treaty or agreement shall prevail to the extent of such conflict."

#### b. Procurement System-Related Program Actions Status

63. **Agency Level Organizational Capacity and Arrangements.** Under the RSHC, the procurement activities been assigned to the several implementing agents and units. IDAP will procure the civil works for those facilities not in the merged areas. The Directorate General Health Services, Khyber Pakhtunkhwa (DGHSKP) is responsible for the procurement of drugs, medicines, and biomedical equipment. The PMIU together with the hospitals is responsible for contracting of clinical and non-clinical services.

64. IDAP is an autonomous body established under the Infrastructure Development Authority of the Punjab Act 2016, for planning, designing, construction and maintenance of infrastructure in the province, in line with the best international practices, to cope with the futuristic development needs.<sup>23</sup> IDAP is a specialized organization free of encumbrances prevalent in public sector departments. Since its inception, it has carried out multiple mega projects, which also include "Revamping of 40 DHQ/THQ Hospitals in Punjab." The purpose of IDAP is to get mega infrastructure projects executed efficiently, aesthetically, and transparently without compromising

<sup>21</sup> <https://www.ppra.org.pk>

<sup>22</sup> [http://www.kppra.gov.pk/kppra/download\\_new.php?action=Standard%20Bidding%20Documents](http://www.kppra.gov.pk/kppra/download_new.php?action=Standard%20Bidding%20Documents)

<sup>23</sup> <https://www.idap.pk/details/overview>

quality or entailing delays. In-house complete project management services including feasibility, design, contract management, execution, supervision, third party evaluation, and delivery to the client department. IDAP offers a variety of services to various departments in areas including buildings (multi-purpose for client departments), highways (roads, bridges, flyovers), public transport (mass transit solutions), water resources (irrigation infrastructure), public health (water supply, sewerage, water treatment plants, solid waste), housing (multi-purpose housing, low-income housing) and energy infrastructure (thermal, hydel, solar, biomass, wind).

65. The office of DG Health Services carries out all the procurement of goods/equipment for all the hospital in Khyber Pakhtunkhwa through its Centralized Rate-contracting Committee (CRC), which is headed by DG Health Services, assisted by a Procurement Specialist, and other technical members. CRC Committee carries out procurement activities as per PC-1. The goods/equipment procured by this committee can be classified as under: (i) ready-to-use or plug-and-play equipment, (ii) minor installation & construction required for equipment, and (iii) major installation & construction required for equipment.

66. The list of equipment has been shared with the IDAP for design work of the hospitals. Keeping in view the list of equipment provided to IDAP, the RSHC is to be designed. IDAP will carry out all procurements as per KPPRA Rules. The payments to IDAP shall be made as per the MOU between GOKP and IDAP. An upfront payment of PKs370 million (25% of the MOU amount) has already been paid to IDAP.

67. The PMIU shall carry out the procurement of clinical and non-clinical services. For Phase-1, which includes 6 hospitals, the contracts for queue management system (QMS), janitorial services, and security services have been awarded, which are valid till 30 June 2022. The furniture and ICT equipment, amounting PKs20 million, have been procured for PMIU, and the delivery of goods was expected by 30 January 2022. The hospitals under Phases 2, 3, and 4, the bids have been received for QMS, janitorial services, and security services, and technical evaluation is underway. The service level agreements (SLAs) for pathology and CT scanners are halted, due to a decision on cost-per-test, whether it should be calculated for 2 years or 5 years basis.

68. **Procurement planning & budgeting.** A detailed procurement plan has been prepared by PMIU for all the procurement activities. This "Procurement Plan" will be uploaded on KPPRA website, shortly. The procurement plan is based on the budget estimates provided in the PC-1 documents. The number of hospitals has been staggered into Phases 1, 2, 3, and 4. Separate PC-1s (budget estimates) have been prepared for each phase.

69. **Bidding processes.** For infrastructure related procurements, IDAP will prepare the bidding documents, bid evaluation reports, and issue notification of awards. Also, the successful contractors will sign contracts with IDAP.

70. For procurement of goods/biomedical equipment, PMIU will prepare bidding documents, as per SBDs available at KPPRA website, with support of DG Health Services. After bid evaluation, and Notification of Award, the successful bidder will sign a Contract with PMIU.

71. For procurement of clinical and non-clinical services, PMIU will use SBDs which are available at KPPRA website. The Contracts will be signed between PMIU and service providers. The monthly payments to the service providers will be processed by PMIU after MS of each hospital endorses the bills of the service providers.

72. **Contract administration and management.** For civil works, the contract administration will be carried out by IDAP. As per MOU (clause 4.1) signed between IDAP and PMIU, the IDAP shall be “responsible for the procurement of the services of the consultants and contractors and execution of the works in respect of the Project.”

73. IDAP has hired NESPAK as Design & Resident Supervision Consultant for “Revamping of 32 Non-Teaching Hospitals in Khyber Pakhtunkhwa”. NESPAK has been hired directly under Rule 3 (2) (c) of KPPRA Rules, 2014. It states, “the direct sourcing to a government organization for provision of works, goods or services under a cost plus or fixed contract provided that the Public Sector Organization shall not involve a private sector enterprise as a partner or in the form of a joint venture or a subcontractor. The government organizations shall be totally government-owned and controlled or semi-autonomous and autonomous agencies under the administrative control of Federal Government or Provincial Government.”

74. As per MOU, IDAP will sign contracts with the civil contractors, and also make payments. The payment process will involve vetting by various stakeholders hence maintaining the sanctity of the process.

75. For goods/equipment, the contract administration will be carried out by DG Health Services, PMIU, and MS of respective hospital. The successful bidder will sign a Tri-party Contract with DG Health Services and PMIU. For Phase-1 hospitals, the CRC Committee has already notified “Framework Contracts” with multiple suppliers, which are valid till 30th June, 2022. MS of each Non-Teaching DHQ Hospitals in Khyber Pakhtunkhwa will issue “Purchase Order” as per their need. After success delivery and inspection of goods, and submission of Invoice, the PMIU will make payments to the respective supplier.

76. For clinical and non-clinical services, the contracts will be signed between PMIU and service providers. The monthly payments to the service providers will be processed by PMIU, after MS of respective hospital endorses the bills of the service providers.

77. **Controls and System assessment.** IDAP has internal control arrangements. The procurements are carried out under Chief Operating Officer by GM Procurement & Contracts. The procurement process is reviewed by Chief Financial Officer and Chief Internal Audit at the time of signing of contracts, and before making payments, respectively.

78. Similarly, PMIU has notified an Inspection Committee for receiving of goods/equipment as per the Specifications stated in “Purchase Order.” Also, the Accounts Section will carry out Pre-Audit as per the Checklist of Accountant General Office before making payments.

79. Rule 5 of KPPRA Rules, 2014, provides Code of Ethics and Integrity Pact Code of ethics and integrity pact. Procurement exceeding the prescribed limit shall be subject to an integrity pact, as specified by regulations/guidelines determined by Authority in consultation with procuring entities, between the procuring entity and the suppliers or contractors, stating that the procurement exceeding the prescribed limit shall be subject to an integrity pact, as specified by regulations/guidelines determined by Authority in consultation with procuring entities, between the procuring entity and the suppliers or contractors.

80. **Complaint handling.** IDAP, DG Health Services, and PMIU will carry out procurements as per KPPRA Procurement Rules, which outlines a two-tier mechanism for complaints handling and grievance redress. The Khyber Pakhtunkhwa Public Procurement Regulatory Authority Act, 2012, section 35, provides a grievance redressal mechanism, which states that (i) Any bidder

aggrieved by any act of the procuring entity may follow the two-tier grievance redressal mechanism in the following manner: (a) file a complaint in writing to the head of procuring entity in accordance with prescribed procedure; and (b) file an appeal to the Authority against the decision of the procuring entity within 15 days in accordance with the prescribed procedure. (ii) The decision of the Authority on appeal shall be final. (iii) Unless and until the two-tier grievance redressal mechanism, provided in sub-section (1), is exhausted, no Court or any other authority shall take cognizance of the same and grant any injunction.

### **c. Issues and Changes**

81. The RSHC covers 33 hospitals, whereas current scope of IDAP is limited to 13 hospitals of Phase 1 and Phase 2, which includes design, preparation of bidding documents, hiring of civil contractors, construction supervision, and making payments. For remaining 20 hospitals of Phase 3 and Phase 4, the IDAP is tasked only with design and preparation of bidding documents, excluding the scope of hiring of civil contractors, construction supervision, and making payments.

82. For the hospitals under Phase 3 and 4, a decision needs to be made whether IDAP, the C&W of GOKP will be contracted to ensure the civil works.

83. As part of the PAP, it has been agreed that a dedicated project team in PMIU should be on-board by end of August 2022, i.e., at least: 1 Program (PMIU) Director, 1 Procurement Director, 1 Financial Management Director, 1 Director for Environmental Aspects, 1 Director for Gender Aspects.

84. The PMIU should closely monitor the purchase orders by MSs. In case of late action, PMIU should issue the purchase orders to ensure timely delivery of biomedical equipment.

## **3. Anticorruption System**

### **a. Summary of Anticorruption System {and Actions}**

85. The government will instruct all relevant agencies<sup>24</sup> to (i) comply with the requirements of ADB's RBL anticorruption guidelines; (ii) ensure that any person or entity debarred or temporarily suspended by ADB is not eligible to be awarded a contract under or otherwise allowed to participate in the RBL program during the period of such debarment or temporary suspension; and (iii) include a provision related to item (ii) in the bidding documents. The bidding documents should also reference

- (i) the list of debarred and temporarily suspended firms and individuals available on ADB's website;<sup>25</sup>
- (ii) ADB's Office of Anticorruption and Integrity's website<sup>26</sup> where reports of allegations of integrity violations can be made
  - (a) by e-mail to [integrity@adb.org](mailto:integrity@adb.org) or [anticorruption@adb.org](mailto:anticorruption@adb.org);
  - (b) through the complaint form;
  - (c) by secure telephone access +63 2 8632 5004;
  - (d) by fax +63 2 636 2152; or

<sup>24</sup> This includes all procuring entities, procurement agents, and other agencies at all levels under the RBL program.

<sup>25</sup> ADB. [Anticorruption Sanctions List](#). For more information, including how to access ADB's sanctions list, refer to ADB. 2017. [Frequently Asked Questions on ADB's Sanctions](#).

<sup>26</sup> ADB. [Anticorruption and Integrity](#).

- (e) by mail to Office of Anticorruption and Integrity, Asian Development Bank, 6 ADB Avenue, Mandaluyong City, 1550 Metro Manila, Philippines; and
- (iii) the reservation by the DMC's procurement administration offices at each level of the right to reject the proposed award to debarred or temporarily suspended entities.

86. The guidelines will be issued in the joint names of DOH, PMIU, IDAP, the C&W and other implementing units, which are responsible for the oversight of the RBL program, and may be updated within the program period.

87. ADB guidelines on fraud, corruption, and other prohibited activities for RBL programs are in Appendix 1.<sup>27</sup>

#### **b. Anticorruption System-Related Program Actions Status}**

88. This section will be updated during implementation.

#### **c. Issues and Changes**

89. This section will be updated during implementation.

### **C. Satisfying Procurement Member Country Eligibility Restrictions**

90. The RBL policy includes provisions to satisfy ADB's member country procurement eligibility restrictions.<sup>28</sup> Given the program's expenditure and procurement profiles, it is unlikely that these restrictions will be breached. The PMIU will report the procurement—value and nature—of equipment from non-ADB member countries. In case payments are made to non-Pakistani entities for other cost categories than goods, this will also be reported for non-ADB member countries.

### **D. Safeguard Systems**

#### **1. Summary of Safeguard System and Actions**

91. The project components will be implemented within the designated boundary of all of the SHC hospitals; therefore, no land acquisition, livelihood restoration, and involuntary resettlement are anticipated. Similarly, the project will not adversely impact any indigenous people. The potential environmental impacts are anticipated in both implementation as well as operational phases of the project. During implementation, the key environmental risks are linked with the construction activities e.g., labor management, construction workers' safety, SHC staff and patient safety, construction material and waste management, and contractor camp management. The second set of environmental risks are mainly linked with the operational phase and are broadly categorized under hospital waste segregation, collection, and safe disposal. All of these risks can be avoided and minimized by putting in place a carefully designed hospital waste management system. The Outputs 1, 2, and 5, broadly cover the environmental concerns, and the DLIs 1-3,

<sup>27</sup> Relevant information on the anticorruption systems and how to deal with fraud and corruption cases during implementation can be found in ADB. 2019. *Mainstreaming the Results-Based Lending for Programs*. Manila; and the [staff instruction on business processes for results-based lending \(RBL\) for programs](#).

<sup>28</sup> ADB. 2019. *Mainstreaming the Results-Based Lending for Programs*. Manila (paras. 94-95).

and 8, will indicate the successful implementation of mitigation measures. The program will therefore require the preparation of an initial environmental examination and an environmental management plan. These, and mitigating measures, are part of the PAP. The program is rate *category B*.

92. As noted in the PAP, during updating of PC-1 documents consideration will be given to (i) climate change equipment or machinery, (ii) medical waste disposal equipment other than on-site incineration (e.g., autoclaves, combined autoclave-shredders). Moreover, a review of the existing medical waste management practices will be undertaken, leading to recommendations for improvements. Further training of relevant hospital staff on the medical waste management will be provided. Finally, an initial environmental examination and environmental management plan will need to be elaborated.

93. The program safeguards system assessment is in Appendix 3.

## **2. Safeguard System-Related Program Actions Status**

94. This section will be updated during implementation.

## **3. Issues and Changes**

95. This section will be updated during implementation.

## **E. Gender and Social Dimensions**

96. In 2021, Pakistan ranked 153rd out of 156 countries on the gender parity index.<sup>29</sup> In gender-based discrimination experienced, the Social Institutions and Gender Index classified Pakistan as “very high” for sub-indicators revealing son bias and women’s lack of protection from legal mandates (family code). Even though a plethora of pro-women laws, on national level and even on federal level, have been established to protect women and strengthen their rights – for example The Protection of Women Act (2006), The Protection Against Harassment of Women at Workplace Act (2010) or the Khyber Pakhtunkhwa Women Property Rights Act (2019) – implementation is far from being achieved. Attitude towards women’s education and independence is still difficult, decision-making power low, financial dependence on males high and thus, access to health care in most cases dependent on the male’s decision and availability. Several assessments conducted during the first months of the COVID-19 pandemic revealed that gender inequality has increased throughout the health crisis. There has been an increase in domestic/gender-based violence (GBV). Many women could not access health services as frequently as prior to the crisis because of additional responsibilities at household level. Given the impact on women, gender-sensitive measures need to be in place to protect them.

97. Some of the key gender issues relevant to this RBL include poor quality of care in SHC, insufficient infrastructure for females needs, lack of female medical officers, lack of counseling in outpatient department areas on reproductive health, antenatal care and GBV, and lack of training of health staff at SHC facilities on GBV.

98. Poor quality of care in SHC is affecting health status of mothers and children, since they cannot be treated properly or decide to bypass primary and secondary care in the hopes of receiving better care at tertiary level. Out-of-pocket payments because of health related and travel

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<sup>29</sup> World Economic Forum. 2021. [Global Gender Gap Report 2021](#). Accessed 2 August 2022.

related costs are higher. Insufficient infrastructure for females needs: the lack of sufficient infrastructure in many SHCs (lack of washrooms for females, lack of privacy in consultation rooms, lack of benches for pregnant mothers etc.) is affecting women's satisfaction with the care offered. Lack of female medical officers: Overall lack of female doctors in SHC or absenteeism of those doctors leads to dissatisfaction and bypassing of SHC care (female doctors were around 33.3% in SHCs in 2015; absenteeism of up to 40% in 2020). Lack of counseling in OPD areas on reproductive health, antenatal care and GBV: Even though most patients visiting SHCs only visit the OPD area, there is mostly no area within the outpatient department where females receive counseling on important issues which are affecting them. Lack of training of health staff at SHC facilities on GBV: Even though GBV, particularly against women, is prevalent in Pakistan and even more so in Khyber Pakhtunkhwa (28% of women age 15-49 have experienced physical violence since age 15; 34% of ever-married women have experienced spousal physical, sexual, or emotional violence; in the merged districts of Khyber Pakhtunkhwa, GBV practices exist in urban and rural settings (DHS 2017/18). 66% of women have experienced spousal physical, sexual, or emotional violence: the assessment during the midterm mission has revealed that no trainings have been institutionalized on secondary level so far. The World Health Organization (WHO) has provided a GBV handbook though, which could be used as a basis for counseling and training.<sup>30</sup>

## F. Communication and Information Disclosure Arrangements

99. ADB disclosure requirements have been discussed with the government. The annual program progress reports will be publicly disclosed on the DOH website. DOH will also circulate the reports among stakeholders and through media programs. The Program Safeguard Systems Assessment is disclosed in the ADB website. The necessary frameworks to comply with environment and social safeguards will be disclosed in the DOH and ADB websites. The program completion reports will be published on the DOH and ADB websites.

## G. Development Coordination

100. Where other development partners—such as the World Bank,<sup>31</sup> United Kingdom's Foreign, Commonwealth and Development Office (FCDO)<sup>32</sup>, WHO, Japan International Cooperation Agency (JICA) and the United States Agency for International Development<sup>33</sup>—focus on PHC, the RBL program will focus on SHC. The RSHC program and RBL program have been designed in close coordination with the development partners to prevent overlap while promoting complementarity and collaboration. For instance, DLIs of the World Bank's Program-for-Results (PforR) financing (which is similar to RBL at ADB) Spending Effectively for Enhanced Development (SPEED) target PHC.<sup>34</sup> Financial access to health services under the RSHC program are assured through the Sehat Sahulat Program, which continues to receive support from KfW. Activities and goals on quality assurance and training of HRH are also coordinated,<sup>35</sup>

<sup>30</sup> WHO and of Ministry National Health Services, Regulations and Coordination, Islamic Republic of Pakistan. 2019. [Health Care for Survivors of Gender based Violence in Pakistan. A clinical handbook](#). Islamabad.

<sup>31</sup> World Bank. 2020. [Khyber Pakhtunkhwa Human Capital Investment Project](#). Washington, DC.; World Bank. 2022. [National Health Support Program](#). Washington, DC.

<sup>32</sup> The Department for International Development was merged into the Foreign, Commonwealth and Development Office in 2020.

<sup>33</sup> United States Agency for International Development. [Health](#). Accessed 24 May 2022.

<sup>34</sup> World Bank. 2021. [Khyber Pakhtunkhwa Spending Effectively for Enhanced Development \(SPEED\) Program](#). Washington, DC.

<sup>35</sup> Where the term HR includes management and hospital support staff, e.g., cleaners, guards, the term HRH is used to designate the medical, paramedical, and technical staff.

for instance with FCDO, JICA and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ).

## V. INTEGRATED RISKS AND MITIGATING MEASURES

### A. Key Risks and Mitigating Measures

**Table 8: Status of Integrated Risk Assessments and Mitigating Measures**  
(as of 19 August 2022)

<b>Risks</b>	<b>Rating Without the Mitigating Measures</b>	<b>Key Mitigating Measures</b>
<b>Results</b>		
Health consumption in program hospitals is negatively affected by security concerns and/or COVID-19 flareups	Substantial	Hand sanitizers are part of the infrastructure indicators, and the clinical pathways will include infection prevention control measures, which will increase the population's trust in the hospitals. If the security concerns are worsened, DOH will request support from local law enforcement and other security agencies.
The IMU may not remain independent in a politically changing environment	Moderate	Although the IMU has been able to establish a fiercely independent reputation, the AGP will be contracted as IVA, to which the IMU may provide support in data collection. The AGP may hire, at the cost of the DOH (the executing agency), specialized expertise to validate the DLIs.
Medical and non-medical staff may resist changes such as clinical pathways and quality committees	Moderate	Clinical pathways will be developed together with the medical and non-medical staff of the health facilities, and the purpose and function of the quality committees will be clearly disseminated and established in collaboration with staff representatives.
<b>Expenditure and financing</b>		
Realization of the targets of the DLIs and other performance indicators in the outputs does not lead to an increase in health care consumption in the SHC hospitals.	Moderate	The individual indicators are designed to be pragmatic and realistic and are based on international best practices. Each of the improvement indicators—such as hygienic infrastructure, functioning equipment, on-site availability of HRH, more female staff, staff better trained on medical processes—will help increase the trust of the population, resulting in more patients visiting the health facilities, and the sum is likely to be bigger than its parts.
The QOC gains dissipate after the program ends.	Moderate	While funds are needed to upkeep the infrastructure and equipment, and to hire enough medical staff, these budgets are already anticipated by the provincial government. The QOC gains will be sustainable because they also depend on crucial but nonfinancial factors, such as an institutionalized new way of working, e.g., with clinical pathways and quality committees.
<b>Fiduciary</b>		
The improvements in infrastructure and equipment, as well as additional HRH may lead to costs overruns.	Substantial	The PC-1s have been approved. The agreed indicators—disbursement-linked indicators and other performance indicators—do not add additional charges to the budgets. In the event of an increased budget of revised PC-1s and/or cost overrun, the additional costs will be covered by the DOH budget.
Low interest of medical superintendents in issuing purchase orders for biomedical equipment	Moderate	The PMIU should closely monitor the purchase orders by medical superintendents. In case of late action, the PMIU should issue the purchase orders itself to ensure timely delivery of biomedical equipment.



Risks	Rating Without the Mitigating Measures	Key Mitigating Measures
The PMIU is not fully functional.	Substantial	The government has committed to establish a functional PMIU by December 2022.
<b>Financial management</b>		
The DOH has no previous experience in handling the financial management and audit requirements of ADB programs.	Substantial	Financial management staff for the PMIU will be engaged under ADB technical assistance to help the PMIU in all financial management activities. Leveraging on previous experience of DOH with other development partner programs, ADB will train PMIU accounting staff on its financial management and disbursement guidelines and policies.
The AGP has various roles, such as being the IVA for the DLIs, as well as preparing internal and external audits.	Substantial	The AGP will assign independent teams to the IVA and the auditing functions.
The scope for political interference and delays in the appointment of key officials in integrity institutions may reduce their effectiveness, raising the risk of inappropriate use of public funds.	Moderate	Several partners are providing support for legal and judicial reforms. All ADB programs will be effectively insulated from corruption risks in accordance with ADB's Anticorruption Policy.
Current finance staff may become overburdened by the additional, program-related activities. The DOH has adequate capacity to support financial management and procurement at present. But to manage a new RBL program, it needs additional financial management resources.	Moderate	New experienced financial management staff, preferably with prior ADB or World Bank program experience, will be recruited for the PMIU and trained on ADB financial management requirements to ensure sufficient resources for program financial reporting and compliance with ADB financial management policies and procedures.
The DOH uses the Cash Basis IPSAS and International Financial Reporting Standards for all transaction recording and reporting, along with government financial management rules and regulations.	Moderate	The DOH will use the Cash Basis IPSAS for all financial reporting relating to the program accounts.
The DOH currently has internal auditors on deputation from the AGP. Once their assignment ends, the DOH needs to have a fully established internal audit department that can cover all ADB program activities. Insufficient authority and capacity of audit staff could reduce the effectiveness of financial management, cost control, and accountability, raising the risk of misuse of funds.	Substantial	The internal audit department will be obligated to audit the ADB funds, and the detailed scope of this audit will be agreed with the DOH, including various aspects of ADB funding and audits of all program accounts. The DOH will recruit new internal auditors or arrange for new staff on deputation from AGP once the current arrangement with the AGP ends. ADB will support financial management and audit, including assistance in building capacity.
External audit is conducted by the Commission on Audit in accordance with Pakistan's Accounting Law. No significant delays in conducting the external audit of DOH program accounts has occurred in the past.	Moderate	DOH, through the PMIU, shall have the detailed consolidated program financial statements audited in accordance with International Standards on Auditing and with the government's audit regulations, and by an independent auditor acceptable to ADB; and submit them in English to ADB within 6 months of the end of the fiscal year.

<b>Risks</b>	<b>Rating Without the Mitigating Measures</b>	<b>Key Mitigating Measures</b>
Financial statements are being generated in the SAP system maintained by the Auditor General of Pakistan Revenue, along with regular financial reports. However, the DOH maintains its accounting system manually. This may result in inaccurate and incomplete financial information, require spreadsheet monitoring for the program, and may delay overall reporting and monitoring.	Moderate	Prepare quarterly reports for the ADB program with financial and disbursement information, as well as variance analysis of physical and financial progress. The report should include the implementation status of the financial management action plan.
<b>Safeguards</b>		
Poor medical waste management practices and the use of incinerators lead to environmental damage.	Moderate	As part of the program action plan, a review of current medical waste management practices will take place, leading to recommendations to improve these practices and to provide training to hospital staff on the correct handling of medical waste.
The DOH's institutional capacity for delivering on ADB safeguards may be insufficient since it lacks a sound track record, and remoteness or fragility may not ensure robust safeguard monitoring.	Moderate	Engage an environmental and involuntary resettlement safeguard staff for the PMIU. ADB will provide training to PMIU staff on ADB safeguard management and implementation. Safeguard staff will ensure monitoring of safeguards, due diligence, and implementation.
<b>Operating environment</b>		
The security situation in remote districts of KPK may discourage contractors.	Substantial	If the security situation worsens, support from local law enforcement and other security agencies at the disposal of the provincial government may be requested for the civil works in the merged districts (formerly, Federally Administrated Tribal Areas).
Civil unrest in Afghanistan affects (perceived) security in KPK, especially for women.	Moderate	The DLIs and other performance indicators for the merged districts have been revised downward to be more realistic.
A new government may have a different reform agenda, leading to different priorities.	Moderate	DLIs relating to important reforms—such as HRH management and contracting of clinical and nonclinical services—are clearly described and must be met for loan disbursement.
The current economic situation in Pakistan, with rising inflation and currency devaluation, coupled with a global economic slowdown, could increase program costs.	Moderate	The provincial government is committed to financing its priority programs, including the RSHC and RBL programs. A revision of the PC-1s and additional financing for the operations of SHC hospitals will be provided. In addition, the federal government is undertaking reforms to stabilize the economic situation and to reach agreement with the International Monetary Fund to continue the \$6 billion extended fund facility. The federal government is also seeking countercyclical support from ADB.
<b>Overall RBL program risk</b>	<b>Substantial</b>	

ADB = Asian Development Bank, AGP = Auditor General of Pakistan, COVID-19 = coronavirus disease, DLI = disbursement-linked indicator, DOH = Department of Health of Khyber Pakhtunkhwa, HRH = human resources for health, IPSAS = International Public Sector Accounting Standards, IVA = independent verification agency, KPK = Khyber Pakhtunkhwa Province, PC-1 = Planning Commission project appraisal form, PMIU = project management and implementation unit, QOC = quality of care, RBL = results-based lending, RSHC = Revamping Secondary Health Care, SHC = secondary health care.

Notes:

1. Risk factors are assessed against two dimensions: (i) the likelihood that the risk will occur, and (ii) the impact of the risk on the outcome. Rating scale: low = low likelihood and low impact; moderate = substantial to high likelihood but

low to moderate impact; substantial = low to moderate likelihood but substantial to high impact; high = high likelihood and high impact.

2. The RSHC's full name in government documents is "Revamping of Non-Teaching District Head Quarter Hospitals in Khyber Pakhtunkhwa."

Source: Asian Development Bank.

## **B. Issues and Changes**

This section will be updated during implementation.

## VI. PROGRAM ACTION PLAN

### A. Status of Program Action Plan

**Table 9: Status of Program Action Plan**  
(as of 2 August 2022)

Actions	Responsible Agency	Time Frame for Implementation
<b>Independent Verification Agency</b>		
A draft MOU, or similar draft agreement/contract, between the DOH and an IVA acceptable to ADB with acceptable measures in place to ensure independency and safeguards to prevent conflicts of interest, will be shared with ADB for ADB's review.	DOH	Before Board consideration 22 September 2022
A MOU, or similar agreement/contract, between the DOH and the IVA—acceptable to ADB with acceptable measures in place to ensure independency and safeguards to prevent conflicts of interest—will be signed.	DOH	By loan effectiveness
<b>Operations</b>		
Prepare an action plan to ensure that Kalash people have access to the same level of services to be provided by the program	PMIU	By end of 2022
Although no involuntary resettlement is envisaged, hold meaningful consultations with key stakeholders, including SHC staff and neighborhood communities, to apprise them of the overall program objectives.	PMIU	During implementation
Provide training to hospital staff on infection prevention control and antimicrobial resistance.	PMIU / ADB	During implementation
<b>Monitoring and Evaluation</b>		
The IMU will adapt its data collection and reporting systems to collect and report on the DLIs and other performance indicators as described in the design and monitoring framework and the verification protocols in the program implementation document.	IMU	By 3rd quarter of 2022
<b>Financial Management</b>		
Since the workload of DOH will also increase with the RBL program, DOH will appoint a new financial management officer or financial analyst for the PMIU, preferably with prior experience in ADB or World Bank operations.	DOH	Before Board consideration 22 September 2022
Train current and new DOH staff on ADB's loan disbursement procedures, including its Client's Portal for Disbursement, and also on financial reporting and auditing. Training to be provided by ADB's Controller's Department and Public Financial Management Division during program implementation.	ADB	During program implementation
Prepare quarterly reports for the RBL program with financial and disbursement information, as well as variance analysis of physical and financial progress. The report should include the status of the financial management action plan.	DOH	Every quarter
To strengthen risk management and fraud prevention, DOH will assure ADB that all program financial management activities and program accounts will be covered by the internal auditors of DOH. The internal audit department will be obligated to audit all activities and proceeds of the program loan, and the detailed scope of this audit—including various aspects of ADB funding and audits of all program accounts—will be agreed with DOH. DOH will commit to recruiting new internal audit staff for the PMIU once the term of the current audit team, on deputation from the Auditor General of Pakistan, ends.	DOH	After loan effectiveness

<b>Actions</b>	<b>Responsible Agency</b>	<b>Time Frame for Implementation</b>
Execute the timely opening of an advance imprest account or a designated account for the program as per the approval of DOF	DOF GOKP, DOF Government of Punjab	After loan effectiveness
Implement electronic accounting software for timely financial reporting and proper recording of all accounting transactions of the program to reduce the chances of making errors.	DOH	By 2022
<b>Fiduciary</b>		
Appoint a dedicated program team to the PMIU, i.e., at least 1 program (PMIU) director, 1 procurement director, 1 financial management director, 1 director for environmental aspects, and 1 director for gender aspects	DOH	By loan approval for the first 3 positions; by December 2022 for directors environmental and gender aspects <sup>a</sup>
The PMIU will closely monitor the purchase orders by medical superintendents. In case of late action, the PMIU should issue the purchase orders itself to ensure timely delivery of biomedical equipment.	PMIU	During program implementation
<b>Environment and Safeguards</b>		
Perform climate risk screenings at all program sites	PMIU, ADB	Before Board consideration 22 September 2022
Consider climate change equipment or machinery	PMIU, ADB	During updating of PC-1 documents
Consider medical waste disposal equipment other than on-site incineration (e.g., autoclaves, combined autoclave-shredders).	PMIU, ADB	During updating of PC-1 documents
Review of existing medical waste management practices and recommendations for improvements	DOH, PMIU, ADB	Within 2022
Provide training of relevant hospital staff on medical waste management.	DOH, PMIU, ADB	During program implementation
Prepare the initial environmental examination	DOH, PMIU	Prior to commencement of bidding stage for each phase
Execute the environmental management plan	DOH, PMIU	Within 2022
Engage an environmental and involuntary resettlement safeguards staff for the PMIU	DOH, PMIU	By December 2022 <sup>b</sup>
ADB to provide training to PMIU safeguard staff on ADB's requirements for safeguard management and implementation. Safeguard staff will ensure monitoring of safeguard due diligence and implementation.	PMIU, ADB	During program implementation
<b>Human Resources Management</b>		
Provide training to inquiry committee members and other hospital staff on applicable law and code of conduct.	DOH, PMIU	During program implementation

ADB = Asian Development Bank, DLI = disbursement-linked indicator, DOF = Department of Finance of the Government of Khyber Pakhtunkhwa, DOH = Department of Health of the Government of Khyber Pakhtunkhwa, GOKP = Government of Khyber Pakhtunkhwa, IMU = independent monitoring unit, PC-1 = Planning Commission project appraisal form, PMIU = project management and implementation unit, RBL = results-based lending, SHC = secondary health care.

<sup>a</sup> Until Director for Environmental Aspects and Director for Gender Aspects are hired, Deputy Director PMIU will take on these roles with support from the technical assistance from Asian Development Bank.

<sup>b</sup> Until the environmental and involuntary resettlement safeguards staff at the PMIU is engaged, support will be provided from the technical assistance from Asian Development Bank.

Source: Asian Development Bank.

## B. Issues and Changes

101. This section will be updated during implementation.

### VII. MONITORING OF KEY PROGRAM COVENANTS

102. This section will be updated during program implementation (to summarize the status of key program covenants; summarize any major issues during implementation and the measures adopted or planned to address them; and summarize any changes made to the covenants and the reasons for doing so)

### VIII. SUMMARY OF KEY OUTSTANDING ISSUES

103. During RBL program implementation, the key outstanding issues and the status in addressing these will be provided here. The next steps in addressing these and the expected time frame will also be detailed here.

**Table 10: Key Outstanding Issues and Actions**  
(as of {date})

Number <sup>a</sup>	Key Issues	Status in Addressing the Issues	Next Steps	Responsible Agencies and People	Time Frame for Implementation

Either define abbreviations within the table or list them alphabetically and define them below the table. Use a consistent approach and do not define some in the table and others below the table.

<sup>a</sup> Add or delete rows as needed. To ensure that the program is results-focused and actions can be achieved, the number of actions should be limited and the actions should be carefully selected.

Source(s): List table source(s).

### IX. ACCOUNTABILITY MECHANISM

104. The Accountability Mechanism provides an independent forum and process whereby people adversely affected by ADB-assisted operations can voice and seek a resolution of their problems, as well as report alleged violations of ADB's operational policies and procedures.

105. <sup>36</sup> People who are, or may in the future be, adversely affected by a program supported by RBL may submit complaints to ADB's Accountability Mechanism.

106. Before submitting a complaint to the Accountability Mechanism, affected people should make a good faith effort to resolve their problems and/or issues 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>36</sup> ADB. 2012. [Accountability Mechanism Policy 2012](#). Manila.

## X. CHANGES IN PROGRAM SCOPE AND IMPLEMENTATION ARRANGEMENTS

107. Major and minor changes in scope and implementation arrangements during implementation should be recorded to provide a chronological history of these changes.

**Table 11: Changes in Scope and Implementation Arrangements**  
(as of {date})

Number <sup>a</sup>	Changes and Key Reasons <sup>b</sup>	Date	Names of Documents <sup>c</sup>
1			
2			
3			
4			
5			
6			

Either define abbreviations within the table or list them alphabetically and define them below the table. Use a consistent approach and do not define some in the table and others below the table.

<sup>a</sup> Add or delete rows as needed.

<sup>b</sup> Summarize the changes and reasons. Be brief.

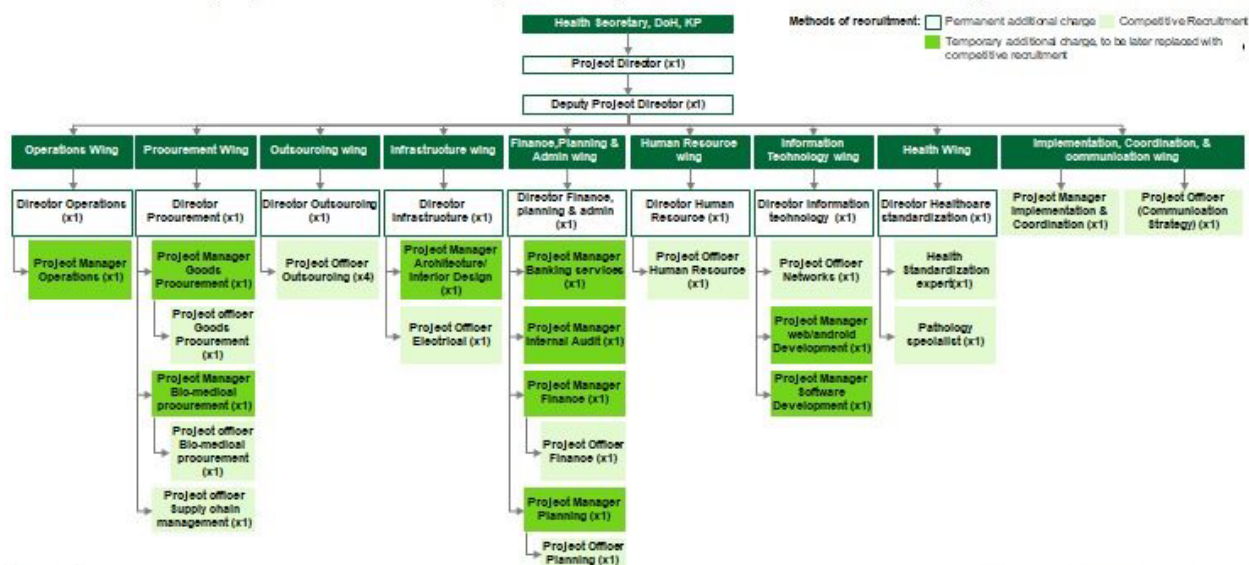
<sup>c</sup> List the names of the document authorizing the changes, e.g., Memo approved by Director xxx dated xxxx.

Source(s): List table source(s).

## XI. PROGRAM ORGANIZATIONAL STRUCTURE AND FOCAL STAFF

### A. Organizational Structure

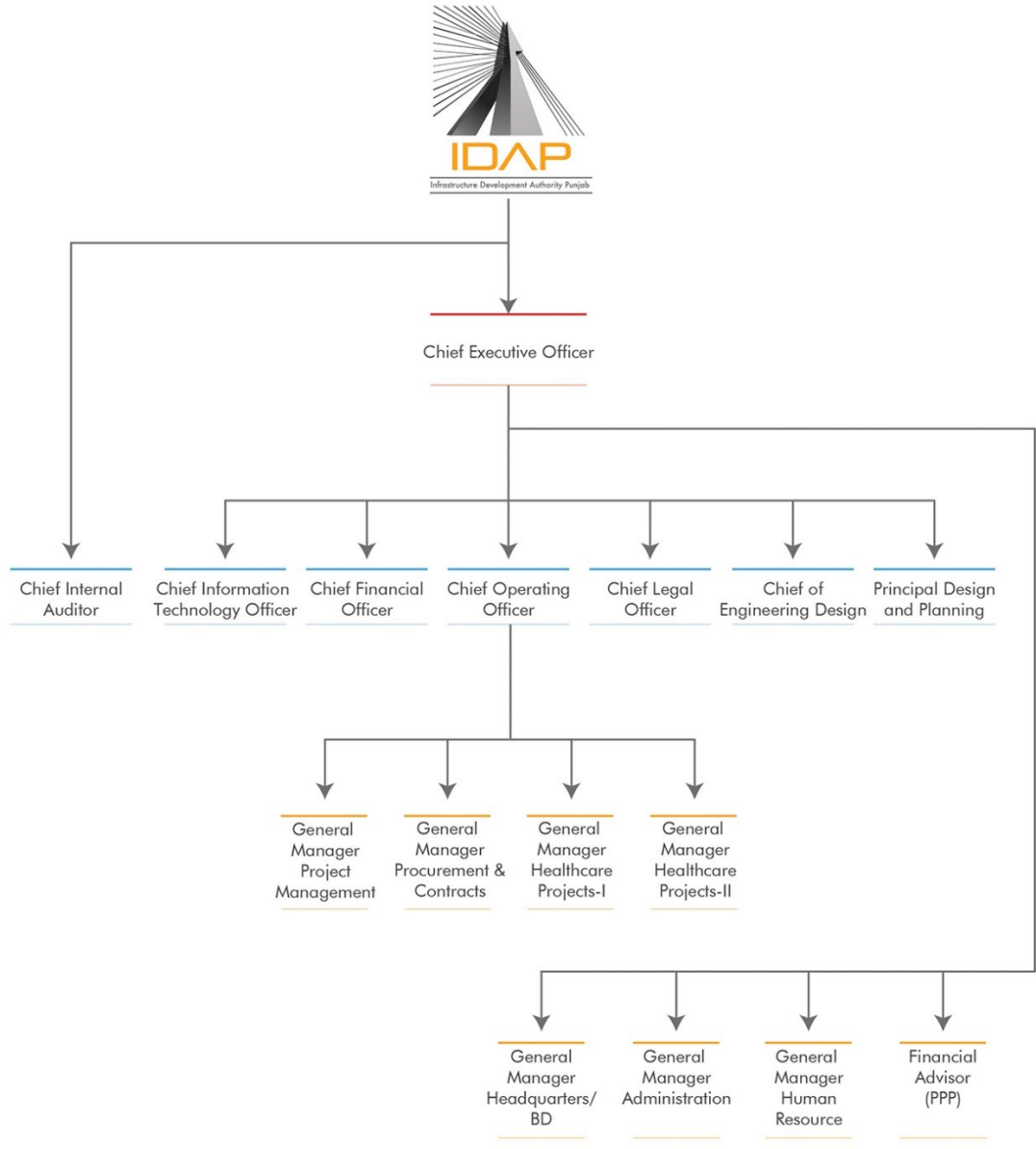
**Figure 2: Organogram of Project Management and Implementation Unit**



Source: Government of Khyber Pakhtunkhwa, Department of Health.

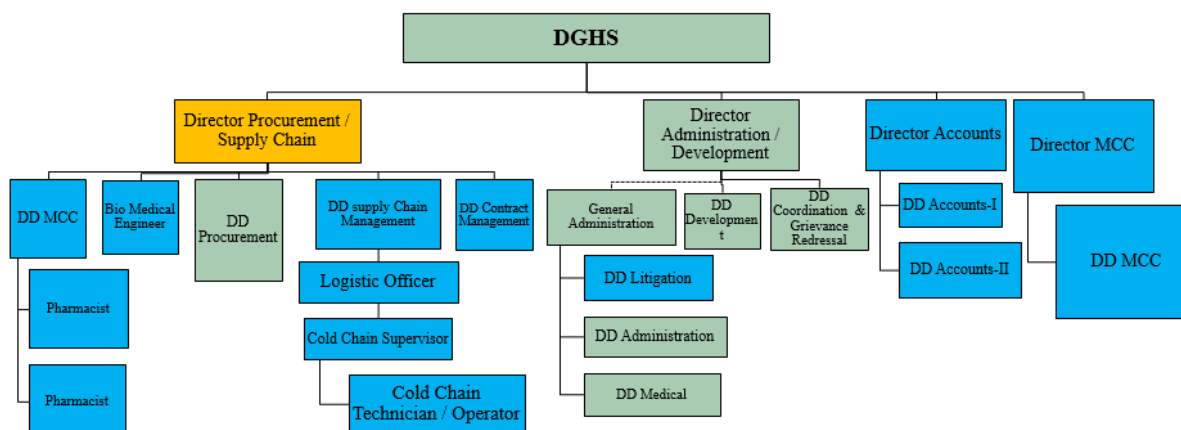


Figure 3: Organogram of Infrastructure Development Authority of the Punjab



Source: Infrastructure Development Authority of the Punjab.

**Figure 4: Organogram of Directorate General Health Services**



Post to be filled in by Procurement PC-I
Non Health Management Positions
Health Management Cadre Positions
 Government of Khyber Pakhtunkhwa  
 Source: Government of Khyber Pakhtunkhwa, Department of Health.

## B. Program Officers and Focal Persons

### 1. Initial Arrangements

**Table 12: Program Officers and Focal Persons**  
(as of {date})

Number	Key Government Staff and Positions <sup>a</sup>	Key ADB Staff and Positions <sup>b</sup>
1		
2		
3		
4		
5		
6		

ADB = Asian Development Bank. Either define abbreviations within the table or list them alphabetically and define them below the table. Use a consistent approach and do not define some in the table and others below the table.

<sup>a</sup> List the key executing agency and other government staff. Do not include names for more than 10 people.

<sup>b</sup> List the names and positions of the director, mission leader, and mission members. Do not include names for more than 10 people.

Source(s): List table source(s).

## 2. Changes During Implementation

108. Monitor and record changes during implementation in the ADB mission leader and key executing agency staff. Indicate the new names, titles, dates of the changes, and the reasons for the changes.

**Table 19: Changes in Key Executing Agency Staff and ADB Mission Leader**  
(as of {date})

Number <sup>a</sup>	Changes	Date	Reasons for the Change <sup>b</sup>
1			
2			
3			
4			
5			
6			

Either define abbreviations within the table or list them alphabetically and define them below the table. Use a consistent approach and do not define some in the table and others below the table.

<sup>a</sup> Add or delete rows as needed.

<sup>b</sup> Summarize the reasons. Be brief.

Source(s): List table source(s).

## **GUIDELINES TO PREVENT OR MITIGATE FRAUD, CORRUPTION, AND OTHER PROHIBITED ACTIVITIES IN RESULTS-BASED LENDING FOR PROGRAMS**

### **A. Purpose and General Principles**

2. The developing member country (DMC) is responsible for the implementation of programs supported by results-based lending (RBL). The Asian Development Bank (ADB) has a fiduciary responsibility to ensure that its loans and other forms of financing used only for the purposes for which they were granted, in accordance with the Agreement Establishing the Asian Development Bank (the Charter).<sup>1</sup> To uphold that obligation, ADB presents these guidelines to prevent or mitigate fraud, corruption, and other prohibited activities (referred to as ‘integrity violations’ in ADB’s Integrity Principles and Guidelines [IPG], 2015 as amended from time to time) in RBL operations financed in whole or in part by ADB. These guidelines build upon the legal obligations presented in the loan agreement and apply to operations funded by the RBL (the programs).<sup>2</sup>

3. These guidelines do not limit any other rights, remedies, or obligations of ADB or the DMC under the loan agreement or any other agreement to which the ADB and the DMC are both parties.

4. All persons and entities participating in the programs are bound by ADB’s Anticorruption Policy (1998, as amended to date) and the IPG, and as such must observe the highest ethical standards; take all appropriate measures to prevent or mitigate fraud, corruption, and other integrity violations; and refrain from engaging in such actions in connection with the programs.

### **B. Definitions**

5. These guidelines address the following practices as defined by ADB:

- (i) A “corrupt practice” is the offering, giving, receiving, or soliciting, directly or indirectly, anything of value to influence improperly the actions of another party.
- (ii) A “fraudulent practice” is any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit, or to avoid an obligation.
- (iii) A “collusive practice” is an arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party.
- (iv) A “coercive practice” is impairing or harming, or threatening to impair or harm, directly or indirectly, any party, or the property of the party to influence improperly the actions of a party.

6. In addition, ADB may investigate conflicts of interest and abuse, as defined below, as well as other integrity violations enumerated and defined in the IPG:

- (i) A “conflict of interest” is a situation in which a party has interests that could improperly influence a party’s performance of official duties or responsibilities, contractual obligations, or compliance with applicable laws and regulations. To the extent that conflicts of interest may provide an unfair competitive advantage or compromise the integrity of financial and governance systems, conflicted persons and entities must be excluded from participating in relevant program activities.

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<sup>1</sup> ADB. 1966. *Agreement Establishing the Asian Development Bank*. Manila.

<sup>2</sup> ADB may support a part (or a slice) of a government program or the entire government program through RBL. The program or the part that is supported by the RBL is referred to as the RBL program.

- (ii) “Abuse” is theft, waste, or improper use of assets related to ADB-related activity, either committed intentionally, or through reckless disregard.

**C. Developing Member Country’s Actions to Prevent Fraud, Corruption, and Other Integrity Violations in Results-Based Lending for Programs**

7. Unless otherwise agreed in writing by the DMC and ADB, the DMC will take timely and appropriate measures to:

- (i) ensure that the program is carried out in accordance with these guidelines;
- (ii) avoid conflicts of interest in the program;
- (iii) prevent fraud, corruption, and other integrity violations from occurring in the program, including adopting, implementing, and enforcing appropriate fiduciary and administrative practices and institutional arrangements to ensure that the proceeds of the loan are used only for the purposes for which the loan was granted;
- (iv) promptly inform ADB of allegations of fraud, corruption, and other integrity violations found or alleged related to a program;
- (v) investigate allegations of fraud, corruption, and other integrity violations and report preliminary and final findings of investigations to ADB;
- (vi) respond to, mitigate, and remedy fraud, corruption, or other integrity violations that are found to have occurred in a program and prevent its occurrence;
- (vii) cooperate fully with ADB in any ADB investigation into allegations of fraud, corruption, and other integrity violations related to the program, and take all appropriate measures to ensure the full cooperation of relevant persons and entities subject to the DMC’s jurisdiction in such investigation, including, in each case, allowing ADB to meet with relevant persons and to inspect all of their relevant accounts, records and other documents and have them audited by or on behalf of ADB; and
- (viii) ensure that persons or entities sanctioned or temporarily suspended by ADB do not participate in RBL programs in violation of their sanction or temporary suspension.

**D. ADB’s Actions to Prevent Fraud, Corruption, and Other Integrity Violations in Results-Based Lending for Programs**

8. Unless otherwise agreed in writing by the (DMC) and ADB, ADB will:

- (i) inform the DMC of credible and material allegations of fraud, corruption, and other integrity violations related to a program, consistent with ADB’s policies and procedures;
- (ii) have the right to investigate allegations, in accordance with the IPG, independently or in collaboration with the DMC, including, in each case, meeting with relevant persons, and inspecting all of their relevant accounts, records and other documents and having them audited by or on behalf of ADB;
- (iii) inform the DMC of the outcome of any investigation, consistent with ADB policies and procedures;
- (iv) have the right to impose sanction and other remedial action on any individual or entity for engaging in practices defined above, or to temporarily suspend any individual or entity during the course of an investigation, in accordance with ADB’s policies and procedures; sanctions and temporary suspensions may result in that

- party's exclusion from participating in an RBL-financed activity or any other ADB-related activity indefinitely or for a stated period of time;<sup>3</sup>
- (v) assess ways to respond pursuant to the Anticorruption Policy and other ADB policies and procedures, and may refer the case to appropriate authorities of a concerned DMC, if investigative findings indicate that a government official has engaged in fraud, corruption, and other integrity violations related to a program; and
  - (vi) recognize sanctions determined by other multilateral development banks in accordance with the Agreement for Mutual Enforcement of Debarment Decisions.

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<sup>3</sup> Pursuant to ADB Integrity Principles and Guidelines (2015, as amended from time to time), if a sanctioned party has an ongoing contract financed by ADB, the debarment or temporary suspension may not affect existing contractual obligations. However, any contract variation must be endorsed by ADB's Office of Anticorruption and Integrity to ensure that a contract variation involving a sanctioned or temporarily suspended party is not an attempt to circumvent the sanction.

**LIST OF HEALTH FACILITIES; INFRASTRUCTURE WEIGHED CRITERIA RATING (PER HOSPITAL); AND LIST OF ESSENTIAL EQUIPMENT**

**Table A2.1: List of Health Facilities**  
(As of 28 June 2022)

Nb	Hospital	District
Phase 1		
1	DHQ Hospital Abbottabad	Abbottabad
2	DHQ Hospital, Charsadda	Charsadda
3	DHQ Hospital Haripur	Haripur
4	DHQ Karak	Karak
5	Naseer Ullah Babar Hospital	Peshawar
6	Molvi Jee Hospital Peshawar	Peshawar
Phase 2		
1	DHQ Hospital Bannu	Bannu
2	DHQ Hospital DI Khan	DI Khan
3	DHQ Hospital Timergara	Dir Lower
4	DHQ Hospital Dir Khas	Dir Upper
5	DHQ Hospital KDA Kohat	Kohat
6	DHQ Nowshera	Nowshera
7	DHQ: Hospital Swabi	Swabi
Phase 3		
1	DHQ Hospital Battagram	Battagram
2	DHQ Hospital, Daggar (Buner)	Buner
3	DHQ Hospital Chitral	Chitral
4	DHQ Hospital Hangu	Hangu
5	Women and Children / Liaqat Memorial Kohat	Kohat
6	DHQ Hospital, Lakki Marwat	Lakki Marwat
7	DHQ Hospital, Batkhela	Malaknd
8	King Abdullah Teaching Hospital	Mansehra
9	DHQ Hospital Mardan	Mardan
10	Emergency Satelite/Mian Rashid Hussain Shaheen Hospital Pabbi	Nowshera
11	DHQ Hospital Alpuri	Shangla
12	DHQ Hospital Tank	Tank
Phase 4		
1	DHQ Hospital Khar	Bajaur
2	DHQ Hospital Parachinar	Kurram
3	DHQ Hospital Landikotal	Khyber
4	DHQ Hospital Ghallanai	Mohmand
5	DHQ Hospital Miran Shah	North Waziristan
6	DHQ Hospital Wana	South Waziristan
7	DHQ Mishti Mela	Orakzai
8	Dabori Hospital	Orakzai

Source: Government of Khyber Pakhtunkhwa, Department of Health.

**Table A2.2: Infrastructure Weighed Criteria Rating (per Hospital)**  
(As of 28 June 2022)

Item	Description	Target	Weighing factor	Score	Comment
2.1.1	Functional washrooms available in sufficient and equal numbers for male and female users (patients, staff, visitors)	1 toilet room male & 1 toilet room male female per 15 number of staff 1 toilet room male & 1 toilet room male per 6 number of beds 1 toilet room male & 1 toilet room male per 6 number of consultation rooms	2	91-100% = 1.0 81-90% = 0.9 71-80% = 0.8 61-70% = 0.7 51-60% = 0.6 <51% = 0.0	Criteria for functionality: continued water supply for toilet flush, free drainage of the toilet, appropriate cleanliness
2.1.2	Hand sanitizing wall dispenser, elbow operated, available in sufficient number	1 functional dispenser per 20 beds in ward areas 1 functional dispenser per 20 staff in ward areas Minimum: 50%	0.5	91-100% = 1.0 81-90% = 0.9 71-80% = 0.8 61-70% = 0.7 51-60% = 0.6 <51% = 0.0	Criteria for functionality: fixed and filled with disinfectant to at least half of the total volume
2.1.3	Scrub up rooms and areas are equipped with stainless-steel sinks and functional elbow or foot operated water taps	1 functional tap per 2 operating rooms Minimum: 80%	1	91-100% = 1.0 81-90% = 0.9 <81% = 0.0	Criteria for functionality: continued water supply, free drainage of clean sink
2.1.4	OR, induction, and recovery rooms are properly separated, following minimum standards	OR, induction, and recovery rooms are clearly separated by doors or clearly visible separators such as color tapes on the floor	0.5	fulfillment = 1.0 non-fulfillment = 0.0	
2.1.5	The air flow in the OR shall be directed from the ceiling to the floor and from the far end of the room to the door.	AC outlets or split units and air exhaust ducts or door gaps allow for appropriate and correct/continuous airflow (avoiding turbulences around the OR table).	1.5	in all ORs = 1.0 >90% of ORs = 0.9 >80% of ORs = 0.8 >70% of ORs = 0.7 >60% of ORs = 0.6 ≤60% of ORs = 0.0	
2.1.6	Electric cabling is compliant with relevant engineering norms and standards.	Electric cables shall be flush-mounted or routed in a cable duct. Duct materials shall allow for cleaning with disinfectant.	1	in all ORs = 1.0 >90% of ORs = 0.9 >80% of ORs = 0.8 >70% of ORs = 0.7 >60% of ORs = 0.6 ≤60% of ORs = 0.0	
2.1.7	OT and ICU areas have airlocked changing rooms for both male and female staff.	2 airlocked changing rooms for each OR or ICU area. Airlock = separate transit area for incoming and/or outgoing personnel to isolate two different environments and to avoid (minimize the risk for) contamination of the connected	1.5	fulfillment in all OT and ICU areas = 1.00  fulfillment in come OT and ICU areas = 0.50	



Item	Description	Target	Weighing factor	Score	Comment
		cleanroom (OR or ICU area). The airlocked changing room has two doors one of which has to remain closed.		non-fulfillment in any of the OT / ICU areas = 0.00	
2.1.8	OT and ICU areas are equipped with seamless conductive floor including a 10 cm skirting board	Use of non-porous vinyl / rubber or antistatic tiles	1	in all ORs = 1.0 >90% of ORs = 0.9 >80% of ORs = 0.8 >70% of ORs = 0.7 >60% of ORs = 0.6 ≤60% of ORs = 0.0	
2.1.9	Appropriate hospital waste management facilities and equipment are in place	Segregation of normal household type of waste, sharps, and potentially infectious waste; Waste storage rooms available and used; Reduction of single use items and plastic packaging as appropriate. (0-0.5) Sterilization or incineration of potentially infectious waste before depositing / handing-over to waste management companies or organizations (0-0.5)	1	In all clinical departments 0.50 In some clinical departments 0.25 Nowhere 0.00 For the sterilization: For the whole hospital 0.50 For some of the potentially infectious waste 0.25 Neither solution exists 0.00	
				<b>10</b>	<b>Maximum hospital score</b>

AC = aircondition, ICU = intensive care unit, OR = operating room.  
 Source: Asian Development Bank.

**Table A2.3: List of Essential Equipment**  
(As of 28 June 2022)

Department	Room name	Hospital category	Item description	
General Surgery	4 OT's for CAT A 3 OT's for CAT B 2 OT's for CAT C 1 OT for CAT D			
	Operating theater 1	A, B, C, and D	Operating table, general surgery	
		A, B, C, and D	Operating light, ceiling mounted, 2 domes	
		A, B, C, and D	Operating light, mobile	
		A, B, C, and D	Anesthesia machine	
		A, B, C, and D	Trolley, anesthesia with drawers	
		A, B, C, and D	Patient monitor, OT	
		A, B, C, and D	Suction machine	
		A, B, C, and D	Electro surgical machine, high power	
		A, B, C, and D	Oxygen supply	
		A, B, C, and D	Viewer, X-Ray film, double	
		A, B, C, and D	Alcohol dispenser	
		A, B, C, and D	Dispenser, PPE (personal protective equipment)	
		A, B, C, and D	Crashcart, integrated, adults	
		A, B, C, and D	Infusion pump	
		A, B, C, and D	Resuscitation, table, neonatal	
		Operating theater 2	A, B, and C	Operating table, general surgery
			A, B, and C	Operating light, ceiling mounted, 2 domes
			A, B, and C	Operating light, mobile
			A, B, and C	Anesthesia machine
		A, B, and C	Trolley, anesthesia with drawers	
		A, B, and C	Patient monitor, OT	
		A, B, and C	Suction machine	
		A, B, and C	Electro surgical machine, high power	
		A, B, and C	Oxygen supply	
		A, B, and C	Viewer, X-Ray film, double	
		A, B, and C	Alcohol dispenser	
		A, B, and C	Dispenser, PPE (personal protective equipment)	
		A, B, and C	Crashcart, integrated, adults	
		A, B, and C	Infusion pump	
	Operating theater 3	A and B	Operating table, general surgery	
		A and B	Operating light, ceiling mounted, 2 domes	
		A and B	Operating light, mobile	
		A and B	Anesthesia machine	

Department	Room name	Hospital category	Item description
		A and B	Trolley, anesthesia with drawers
		A and B	Patient monitor, OT
		A and B	Suction machine
		A and B	Electro surgical machine, high power
		A and B	Oxygen supply
		A and B	Viewer, X-Ray film, double
		A and B	Alcohol dispenser
		A and B	Dispenser, PPE (personal protective equipment)
		A and B	Crashcart, integrated, adults
		A and B	Infusion pump
	Operating theater 4	A	Operating table, general surgery
		A	Operating light, ceiling mounted, 2 domes
		A	Operating light, mobile
		A	Anesthesia machine
		A	Trolley, anesthesia with drawers
		A	Patient monitor, OT
		A	Suction machine
		A	Electro surgical machine, high power
		A	Oxygen supply
		A	Viewer, X-Ray film, double
		A	Alcohol dispenser
		A	Dispenser, PPE (personal protective equipment)
		A	Crashcart, integrated, adults
		A	Infusion pump
	Equipment store	A, B, and C	Syringe pump
		A, B, C, and D	Mobile OT lamp
		A, B, C, and D	Pulseoximeter
		A, B, C, and D	Resuscitation, table, neonatal
		A, B, and C	Operating table accessories, ortopedic extension
		A, B, and C	Operating microscope
		A and B	Craniotomy, electric
		A, B, and C	Mobile X-Ray
		A, B, and C	Binocular loup(2.5 x)
		A, B, and C	Phacoemulsifier
		A, B, and C	Head light
	Scrub area	A, B, C, and D	Scrub sink
		A, B, C, and D	Alcohol dispenser
		A, B, C, and D	Antibacterial soap dispenser

Department	Room name	Hospital category	Item description
		A, B, C, and D	Hand towel dispenser
		A, B, C, and D	Dispenser, PPE (personal protective equipment)
		A, B, C, and D	Waste bin, standard, 5 L
	Recovery room	A, B, C, and D	Stretcher, patient
		A, B, C, and D	Ventilator, recovery
		A, B, C, and D	Monitor, Vital Sign
		A, B, C, and D	Oxygen concentrator
		A, B, C, and D	Alcohol dispenser
		A, B, C, and D	Dispenser, PPE (personal protective equipment)
<b>Labor and Delivery</b>			
	Delivery room	A, B, and C	Bed, delivery
		A, B, and C	Cot baby, with mobile stand
		A, B, and C	Radiant heater, baby
		A and B	Lamp, examination, mobile
		A and B	Oxygen concentrator
		A and B	Defibrillator - monitor, neonates
		A and B	Infusion pump
		A and B	Suction pump, electric, vacuum assisted delivery
		A and B	CTG monitor, ante- and intrapartum
		A and B	Scale, baby
		A and B	Monitor, patient
	Resuscitation bay	A and B	Resuscitation, table, neonatal
		A and B	Pulseoximeter
		A and B	Oxygen concentrator
		A and B	Ventilator, NICU
		A and B	Phototherapy lamp
		A and B	Intensive Baby Incubator
	Observation room	A and B	Oxygen concentrator
		A and B	Bed, patient
		A and B	Monitor, Vital sign
	Equipment store	A, B, and C	Ultrasound unit, obstetrics/gynecology
	Sluice room	A, B, and C	Sloppopper
		A, B, and C	Clinical Sink
		A, B, and C	Alcohol dispenser
		A, B, and C	Antibacterial soap dispenser
		A, B, and C	Hand towel dispenser
		A, B, and C	Dispenser, PPE (personal protective equipment)

Department	Room name	Hospital category	Item description
		A, B, and C	Waste bin, standard, 5 L
<b>Sterilization area</b>			
	Wash and decontamination area	A, B, and C	Worktable, instrument wash
		A, B, and C	Cleaning gun, water / air
		A, B, and C	Washer - Disinfector, instruments
		A, B, and C	Alcohol dispenser
		A, B, and C	Antibacterial soap dispenser
		A, B, and C	Hand towel dispenser
		A, B, and C	Dispenser, PPE (personal protective equipment)
		A, B, and C	Waste bin, standard, 5 L
	Preparation and Packing area	A, B, and C	Worktable, sterilization packaging workstation
		A, B, and C	Seal machine, pouches, sterile
	Technical room	A, B, and C	Water, softener, CSSD
		A, B, and C	RO installation for central sterilization
	Sterilization room	A, B, C, and D	Autoclave, vertical, automatic
		A, B, C, and D	Autoclave horizontal
		A, B, C, and D	Hot air oven
<b>Accident &amp; Emergency</b>			
	Minor procedure room	A, B, and C	Mobile X-Ray
		A, B, C, and D	Autoclave horizontal
		A, B, C, and D	Operating table, general surgery
		A, B, C, and D	Electro surgical machine, high power
		A, B, C, and D	Operating light, mobile
		A, B, C, and D	Operating light, ceiling mounted, 2 domes
		A, B, C, and D	ECG machine
		A, B, C, and D	Crashcart, integrated, adults
		A, B, C, and D	Resuscitation, table, neonatal
		A, B, C, and D	Pulseoximeter
		A, B, C, and D	Glucometer
		A, B, C, and D	Oxygen supply
		A, B, C, and D	Suction machine
		A, B, C, and D	Light duty suction units
		A, B, C, and D	Viewer, X-Ray film, double
		A, B, C, and D	Nitrous oxide cylinder

Department	Room name	Hospital category	Item description
		A, B, C, and D	Alcohol dispenser
		A, B, C, and D	Antibacterial soap dispenser
		A, B, C, and D	Hand towel dispenser
		A, B, C, and D	Dispenser, PPE (personal protective equipment)
		A, B, C, and D	Infusion pump

OT= operation theater.

Source: Asian Development Bank.

## Template (Contents) of Hospital Annual Quality Report

1. The hospital Annual Quality Reports shall have the following structure:<sup>1</sup>
  - 1) Executive Summary
    - a. Main outputs / outcomes of clinical services
    - b. Relevant changes (management staff, new, or extended services, etc.) and major events (e-g. conferences)
    - c. Overall financial situation (revenues and expenditures)
    - d. Key issues and need for action during following year(s)
  - 2) Short description of the hospital
    - a. Category, location, existing infrastructure, catchment area
    - b. Clinical services offered: OPD clinics, diagnostic services, Inpatient Care, Homebased care
    - c. Any plans for the extension / renovation / rehabilitation / modernization of the hospital and their status
    - d. Any plans for the reorganization of health care services (toward patient-centered / integrated models of care) and their status
  - 3) Service performance and quality of care
    - a. Number of outpatient contacts and the 10 most frequent diseases / health problems seen in the OPD
    - b. Number of admissions to inpatient care and the 10 most frequent diseases / pathologies seen in the various inpatient departments
    - c. Deliveries managed at the hospital and number of normal / instrument assisted deliveries and cesarean sections
    - d. Number of surgeries and 10 most frequent interventions conducted at the hospital (with respective numbers)
  - 4) Patient safety and treatment outcome
    - a. Patient morbidity related to the treatment provided at the hospital
      - i. Surgical site infections and other hospital acquired infections (HAI) such as pneumonia
      - ii. Thrombosis and embolism
      - iii. Patients fall by initial diagnosis / patient age
      - iv. Inpatient mortality and relevant causes
    - b. Average length of stay (overall and by diagnosis for the 10 most frequent causes of admission)
    - c. Readmissions within a period of less than 10 days
  - 5) Resources
    - a. Human Resources
      - i. Doctors: GPs, Specialist Doctors, Residents
      - ii. Nurses, Midwives, and medicotechnical staff (X-ray and laboratory assistants)
      - iii. Admin and technical support staff

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<sup>1</sup> Data must be sex-disaggregated.

## **Methodological Note for the Evaluation of Compliance with Clinical Pathways**

2. To evaluate compliance of diagnostic and therapeutic procedures applied in a particular facility or service (clinical department of a hospital) for a particular diagnosis, 10 patient records shall be randomly selected per diagnosis (for which a clinical pathway is available) and evaluated with regard to their compliance with that specific clinical pathway.<sup>2</sup>
3. This evaluation, of course, can only be done by clinical experts of the respective matter / clinical discipline and /or subspecialty (pediatrics, gynecology and obstetrics, general surgery, internal medicine, and e.g., cardiology / gastroenterology).
4. There are two options to conduct the evaluation:
  - 1) Composing a team of experts who would regularly (at least once a year) visit all 33 program hospitals and conduct the evaluation. The team could be established by the DOH Directorate for Clinical Services or the Independent Monitoring Unit (IMU) and be composed of (senior) clinical specialists from tertiary care / teaching hospitals covering the relevant domains of clinical expertise.
  - 2) Following a peer review approach based on a rotation principle where doctors from one of the SHC (program) facilities would visit another hospital to conduct the evaluation. The doctors of the so evaluated hospital would then visit another hospital to do the same, end so on, and so forth. For the next round the teams should visit other hospitals to allow for many opportunities to learn from each other and have a greater variety of exposure to clinical practice and related issues.
5. Whichever method is to be chosen, at the end of the evaluation exercise, the results should be discussed in a round-table / wrap-up meeting between both the visiting and the visited teams to make sure the exercise is not only for control purposes but also provides a forum for clinical discussion and debate, joint learning, and continuous quality improvement.
6. DOH could decide to further develop and finetune the above methodological approach and combine them by, e.g., having on senior clinical specialist (preferably experienced in quality management processes) joining the peer review exercise to monitor its execution, provide advice, and support effective implementation so that it becomes a win-win-situation.
7. The evaluation should also consider adherence to the gender-sensitive component(s) of the clinical pathways.
8. The evaluation of patient records could be based on the scheme shown on the following page.

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<sup>2</sup> At least half of the selected patient records should be of female patients.



**Table A2.4: Quality of Documented Key Processes According to Clinical Pathway**  
(As of 28 June 2022)

<b>Rating / Score</b>	<b>Very good / Excellent</b>	<b>Good / Satisfactory / State of the Art</b>	<b>OK / Acceptable</b>	<b>Non-Satisfactory / many weaknesses</b>	<b>Poor / Unacceptable</b>	<b>Score / Points</b>
Documentation of the item in the medical record:	9-10	7-8	5-6	3-4	0-2	
Clinical / medical anamnesis (diseases, risk factors)						
Examination of the physical status at admission						
Lifestyle / risk factors (smoking, alcohol, nutritional status)						
Psychosocial situation (dependence / independence, mental problems)						
Nursing protocol, treatment plan, instructions for diagnostic and therapeutic procedures						

Source; Asian Development Bank.

**Table A2.5: Appropriateness of Medical Care Provided to the Patient According to Clinical Pathway**  
(As of 28 June 2022)

Rating of appropriateness / Score	Absolutely	Probably	Probably not	Superfluous	Missed	Score / points
Measures as documented in the medical record:	9-10	7-8	5-6	3-4	0-2	
Surveillance measures						
ICU						
Monitoring						
Artificial ventilation						
Oxygen supply						
Monitoring of arterial O <sub>2</sub> / CO <sub>2</sub> levels						
Physiotherapy						
ECG						
Thorax X-ray						
Lab exams (hematology)						
Lab exams (other)						
Specialist consultation						
Drugs						
Gender-sensitive aspects adhered to						

Source; Asian Development Bank.