



Additional Financing Report

Project Number: 51035-004
Loan Numbers: 3665-PNG, 3666-PNG
June 2019

Proposed Administration of Grant Papua New Guinea: Health Services Sector Development Program

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Asian Development Bank

CURRENCY EQUIVALENTS

(as of 14 June 2019)

Currency unit	–	kina (K)
K1.00	=	\$0.296
\$1.00	=	K3.373

ABBREVIATIONS

ADB	–	Asian Development Bank
DFAT	–	Department of Foreign Affairs and Trade
DOH	–	Department of Health
EIRR	–	economic internal rate of return
HSSDP	–	Health Services Sector Development Program
PNG	–	Papua New Guinea
RPHSDP	–	Rural Primary Health Services Delivery Project

NOTE

In this report, "\$" refers to US dollars.

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PROGRAM AT A GLANCE

1. Basic Data		Project Number: 51035-004	
Project Name	Health Services Sector Development Program, Subprogram 1 (Additional Financing)	Department/Division	PARD/PASP
Country Borrower	Papua New Guinea Government of Papua New Guinea	Executing Agency	Department of Health
2. Sector	Subsector(s)	Total	Financing (\$ million)
			0.00
3. Strategic Agenda	Subcomponents	Climate Change Information	
Inclusive economic growth (IEG)	Pillar 1: Economic opportunities, including jobs, created and expanded	Climate Change impact on the Project	Low
4. Drivers of Change	Components	Gender Equity and Mainstreaming	
Governance and capacity development (GCD)	Institutional development Institutional systems and political economy Organizational development Public financial governance	Effective gender mainstreaming (EGM)	✓
Partnerships (PAR)	Bilateral institutions (not client government) Foundations Implementation International finance institutions (IFI) United Nations organization		
5. Poverty and SDG Targeting		Location Impact	
Geographic Targeting	No	Not Applicable	
Household Targeting	No		
General Intervention on Poverty	No		
SDG Targeting	Yes		
SDG Goals	SDG3, SDG5		
6. Risk Categorization:	Low		
7. Safeguard Categorization	Environment: B Involuntary Resettlement: C Indigenous Peoples: C		
8. Financing			
Modality and Sources		Amount (\$ million)	
ADB		0.00	
None		0.00	
Cofinancing		38.00	
Government of Australia - Program grant (Full ADB Administration)		38.00	
Counterpart		0.00	
None		0.00	
Total		38.00	
Currency of ADB Financing: USD			

I. BACKGROUND

1. The Health Services Sector Development Program (HSSDP) ‘the program’ in Papua New Guinea (PNG) was approved by the Asian Development Bank (ADB) on 30 May 2018 and combines a \$100.0 million policy-based operation (subprogram 1) and a \$95.0 million project investment to support whole-of-government and sector policy reforms with health sector investments.¹ The project duration is 7 years and expected to close in 30 May 2025. Two additional policy-based loans of \$100.0 million each (subprograms 2 and 3) will be processed separately in 2019 and 2020.

2. The existing HSSDP project investment is on track with both the project manager and project finance and procurement specialist recruited together with key experts. The project steering group has identified the locations for the two district hospitals (level 4) and six health centers (level 3) for upgrade under the project. The first two health centers are expected to be contracted in the first half of 2020 along with the consulting firms for medical supplies and digital health.

II. ADDITIONAL FINANCING

A. Rationale

3. The original financing included upgrading eight rural health facilities, this is a small portion of the health infrastructure needs across the country, especially following the 2018 earthquake. Additional financing for the HSSDP project investment will be provided by the Government of Australia through a cofinancing grant from the Department of Foreign Affairs and Trade (DFAT) administered by ADB to expand the scope of the project investments increasing access to rural health services.²

4. ADB has an extensive history of collaboration with the Australian Government in the PNG health sector. The PNG HIV/AIDS Prevention and Control in Rural Development Enclaves project was cofinanced by DFAT with a grant of \$3.5 million in 2006 administered by ADB.³ Following this, the Australian Government cofinanced the ongoing Rural Primary Health Services Delivery Project (RPHSDP) through two separate grants administered by ADB (\$40.0 million in 2012 and \$17.7 million in 2017).⁴ Under the RPHSDP 32 community health posts (CHPs) (level 2) will be built, together with one health center (level 3) and seven upgrades to existing health posts (level 2).⁵

5. The HSSDP is on track, with nearly 7% of the financing committed, and uses the same project management unit as its predecessor, the RPHSDP bringing long-term expertise and good relationships with the Department of Health (DOH) and other development partners. In addition, with the same project management team, the HSSDP minimizes the project implementation risks as project consultants are familiar with ADB processes and the DFAT health portfolio. DFAT

¹ ADB. 2018. *Report and Recommendation of the President: Health Services Sector Development Program*. Manila.

² The Draft Grant Agreement is available from the List of Linked Documents in Appendix 2.

³ ADB. 2006. *Report and Recommendation of the President: HIV/AIDS Prevention and Control in Rural Development Enclaves*. Manila.

⁴ ADB. 2011. *Report and Recommendation of the President: Rural Primary Health Services Delivery Project*. Manila.

⁵ Other DFAT-funded health investments in PNG include (i) technical assistance to the Department of Health and selected provinces, (ii) grants for tuberculosis and HIV/AIDS prevention in Western Province and other high risk provinces, (iii) grants for reproductive health services by non-governmental providers, and (iv) health facility upgrades with the redevelopment of Angua Hospital in Morobe Province and other health facility upgrades in Western Highlands province.

clearly recognizes ADB's expertise and success in administering health sector funds in PNG, particularly for infrastructure investments in priority provinces and capacity building across the health sector, indeed several DFAT- implemented civil works projects have been delayed due to challenges in financing and project management.

6. Expanding the scope of investments is required to increase the accessibility of health services to more rural populations beyond the original financing. The DFAT cofinancing will support greater institutional strengthening, capacity building, and investments across all three project outputs. The expansion of the project to include additional civil works (both level 2 and level 3) will prioritize the upgrading of damaged health infrastructure following the 2018 earthquake in PNG. Investments in health workforce training will expand capacity building in management, leadership and clinical governance. Expanding the project scope would be more efficient and effective than implementing these investments separately, both in terms of administration, as the DOH is already familiar with ADB's project administration arrangements, and because the current project management unit have the skills in construction monitoring, supervision and developing and delivering training courses.

7. The HSSDP is aligned with government priorities where the government has identified both the provincial health authority rollout across all provinces as a key priority and identified 20 district hospitals for rehabilitation in the 2019 national budget. The investments proposed under the cofinancing grant are consistent with the project's development objectives and the current ADB country partnership strategy.⁶ The proposed investments are essential to expanding improved service delivery and health outcomes in rural areas. The cofinancing grant will be completed within the project completion timeframe of 30 May 2025. There are no restrictions on the cofinancing.

B. Impacts, Outcome, and Outputs

8. There is no change to the impact statement of affordable, accessible, equitable and high-quality health services for all citizens developed in alignment with the vision of the National Health Plan 2011–2020.⁷ The outcome of more sustainable and efficient health care system achieved will also remain unchanged. Output 1 will be expanded to provide more long term support through consultants to the DOH in preparing cost estimates for service delivery that will inform and enhance the next National Health Plan 2021–2030. Under Output 2 the cofinancing grant will support the revitalization of the reproductive health and obstetrics training curriculum for clinical upskilling of at least 200 health workers and health management training at the PHAs. Under Output 3 the cofinancing grant will further expand the scope of health facility upgrades, extending the network of rural health services to include one more health center and eight community health posts aligned with PNG Medium Term Development III Strategy which sets out the service delivery profile by district and other relevant national health standards.⁸ The updated DMF is in Appendix 1.

C. Revised Investment and Financing Plans

9. The cofinancing is a grant of \$38.0 million by the Government of Australia with the financing option being parallel financing. The revised investment and financing plans are in Tables

⁶ ADB. 2018. *Country Partnership Strategy: Papua New Guinea, 2018–2022*. Manila

⁷ Government of Papua New Guinea. 2010. *National Health Plan 2011–2020*. Port Moresby

⁸ Government of Papua New Guinea. 2018. *Medium Term Development Plan 3, 2018–2023*. Port Moresby. Government of Papua New Guinea. 2015. *National Health Service Standards*. Port Moresby; Government of Papua New Guinea. 2017. *National Service Delivery Framework*. Port Moresby.

1 and 2. Detailed cost estimates are included in the project administration manual (list of attached documents in Appendix 2).

Table 1: Revised Investment Plan: Revised Investment Program
(\$ million)

Item	Current ^a	Additional ^e	Total
A. Base Cost^b			
1. Output 1 National frameworks and public financial management enhanced	0.5	1.5	2.0
2. Output 2 Subnational health system management strengthened	4.2	7.6	11.8
3. Output 3 Health service delivery components strengthened	70.2	24.7	94.9
4. Project monitoring and management	13.1	0.4	13.5
Subtotal (A)	88.0	34.2	122.2
B. Contingencies^c	8.2	3.0	11.2
C. Financing Charges During Implementation^d	8.3	0.0	8.3
D. Miscellaneous Administration Costs	0.0	0.8	0.8
Total (A+B+C+D)	104.5	38.0	142.5

^a Includes taxes and duties of \$6.42 million to be financed from ADB loan resources. Such amount does not represent an excessive share of the project cost.

^b In mid-2017 prices.

^c Physical contingencies computed at 10.0% for civil works. Price contingencies computed at 6.5% and includes provision for potential exchange rate fluctuation under the assumption of a purchasing power parity exchange rate.

^d Includes interest and commitment charges. Interest during construction for the regular OCR loan has been computed at the 5-year forward London interbank offered rate plus a spread of 0.5% and maturity premium of 0.1%. Commitment charges for the regular OCR loan are 0.15% per year to be charged on the undisbursed loan amount. Interest rate for the concessional OCR loan has been computed at 2.0% per year.

^e Reflects total additional grant financing from the Government of Australia. Includes taxes and duties of \$2.70 million. This amount does not represent an excessive share of the project cost. The financing also includes \$0.76 million for ADB's administration fee, and other charges pursuant to the cofinancing agreement.

Source: ADB estimates.

Table 2: Revised Financing Plan

Source	Current		Additional Financing		Total ^b	
	Amount (USD)	Share of (%)	Amount (USD)	Share of (%)	Amount (USD)	Share of (%)
Investment program						
Asian Development Bank	395.0	97.7	-	-	395.0	89.3
Ordinary capital resources (program) (regular loan)	300.0	74.2	-	-	300.0	67.8
Ordinary capital resources (project) (regular loan)	45.1	11.1	-	-	45.1	10.2
Ordinary capital resources (project) (concessional loan)	49.9	12.3	-	-	49.9	11.3
Government	9.5	2.3	-	-	9.5	2.1
Government of Australia - (Grant) ^a	-	-	38.0	100.0	38.0	8.6
Total	404.5	100.0	38.0	100.0	442.5	100
Subprogram 1						
Asian Development Bank	195.0	95.4	-	-	195.0	80.4
Ordinary capital resources (program) (regular loan)	100.0	48.9	-	-	100.0	41.2
Ordinary capital resources (project) (regular loan)	45.1	22.1	-	-	45.1	18.6
Ordinary capital resources (project) (concessional loan)	49.9	24.4	-	-	49.9	20.6
Government	9.5	4.6	-	-	9.5	3.9
Government of Australia - (Grant) ^a	-	-	38.0	100.0	38.0	15.7
Total	204.5	100.0	38.0	100.0	242.5	100

^a The grant is administered by ADB. This amount also includes ADB's administration fee of 2%, audit costs, bank charges, and a provision for foreign exchange fluctuations (if any), to the extent that these items are not covered by the interest and investment income earned on this grant.

^b Refers to the original amount and additional financing.

Source: Asian Development Bank Estimates.

D. Due Diligence

10. Economic analysis of the additional financing shows that the expanded scope of upgrading eight more community health posts and one health center is economically viable, yielding an economic internal rate of return (EIRR) of 14.9%—exceeding the applicable minimum required EIRR for social sector and poverty-targeting projects of 6.0%.⁹ The updated financial analysis demonstrates the government's continuing commitment to fund future maintenance needs of upgraded health facilities.¹⁰ Additional consultant capacity will support developing better evidence for more detailed costing of operations and maintenance requirements helping address the substantial risk of insufficient resources being allocated for operations. All civil works will follow the same selection criteria as the existing project. Land issues and site-specific environmental management plans will be prepared by the project management unit and submitted to ADB for clearance. No resettlement and indigenous peoples impacts are anticipated.

⁹ Given an estimated EIRR of 10.1% for the ongoing (original) project, the overall project—including additional financing—can be expected to yield a cost-weighted average EIRR of 11.5%. The updated Economic Assessment is available from the List of Linked Documents in Appendix 2.

¹⁰ Inclusive of the 8 health facilities being upgraded through the original scope of the project, additional operational and maintenance costs from project investments are estimated at a 1.6% increase on the recurrent health budget starting 2021. The updated Financial Assessment is available from the List of Linked Documents in Appendix 2.

11. The safeguards categorization for the new components to be financed by the additional cofinancing are “B” for environment, “C” for resettlement, and “C” for indigenous people. The Program’s environmental assessment and review framework has been updated to reflect the additional financing.¹¹ An initial environmental examination for Kopiago Health Center upgrading has been prepared.¹²

E. Implementation Arrangements

12. Project implementation arrangements established for the current project will be expanded as required to implement the additional financing, and the project administration manual has been updated.¹³ National competitive bidding will be used for civil works (11 packages) and procurement of medical equipment (2 packages). Quality-and cost-based selection for consulting services will be utilized for a total four procurements (4 x consulting services). All procurements will be implemented in accordance with ADB’s Procurement Guidelines (2015, as amended from time to time). Regular internal audits of financial management and procurement in addition to the planned external audit will continue.

13. The additional grant-financed outputs are expected to be completed by 31 March 2025 with a grant closing date of 30 September 2025. All sites will be selected based on land that is state or church-leased land and for which the title is not contested. A due diligence report will be prepared for each site. The project aims for completion of construction by Q3 2023 to enable the DOH Health Facilities Branch to manage any rectification required by the contractors at the end of the Defects Liability Period. The project architect has been working with the draftsmen from DOH Health Facilities Branch and the concept design has been finalized for the district hospitals and health centers and endorsed by National Executive Council. The community health posts will use the existing designs prepared under RPHSDP.

III. THE PRESIDENT’S DECISION

14. The President, acting under the authority delegated by the Board, has approved the administering of a grant not exceeding the equivalent of \$38 million to Papua New Guinea for the additional financing of the Health Services Sector Development Program, to be provided by the Government of Australia.

¹¹ The Environmental Assessment and Review Framework is available from the List of Linked Documents in Appendix 2.

¹² The Initial Environmental Examination - Kopiago Health Center is available from the List of Linked Documents in Appendix 2.

¹³ The updated Project Administration Manual is available from the List of Linked Documents in Appendix 2.

REVISED DESIGN AND MONITORING FRAMEWORK FOR THE INVESTMENT PROGRAM

Impact the Program is Aligned with			
Current program Affordable, accessible, equitable, and high-quality health services for all citizens developed (National Health Plan 2010–2020) ^a			
Overall program Unchanged			
Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Risks
Outcome Current program A more sustainable and efficient healthcare system achieved	Current program By end 2024 a. Average annual provincial health expenditure as a proportion of estimated need increased to at least 80% for 2023–2024 (2013–2014 baseline: average of 53.5%) b. Proportion (%) of children under one year of age who have received three doses of DPT3-Hib-HepB vaccine increased to at least 80% in 2023–2024 (2015–2016) baseline average: average of 49% c. Proportion (%) of births attended by skilled personnel at health facilities increases to at least 50% in 2023–2024 (2015–2016 baseline: 38%). d. Average annual percentage of months that facilities do not have a shortage of any of eight essential supplies for more than one week in any months increased	a.-d. Annual DOH SPAR reports	Internal or external shocks undermine fiscal consolidation, the safeguarding of health spending, and policy reform efforts. Changes in priorities of government shift resources away from identified reform areas.

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Risks
<p>Overall program</p> <p>Unchanged</p>	<p>to at least 85% for 2022–2023 (2015–2016 baseline: average of 69%)^b</p> <p>Overall program</p> <p>Unchanged</p>	<p>Unchanged</p>	<p>Unchanged</p>
<p>Outputs</p> <p>Output 1</p> <p>Current program</p> <p>1. National frameworks and PFM enhanced</p> <p>Overall program</p> <p>Unchanged</p>	<p>Current program</p> <p>Program targets <u>Programmatic approach</u></p> <p>1a. Acts and supporting regulations on PFM, procurement and health brought up to date. 2016 baseline: Public Finances (Management) Act, 1995 with amendments; Provincial Health Authority Act, 2007; Public Hospitals Act, 1994; National Health Administrations Act, 1997 Subprogram 1</p> <p>1b. A medium-term fiscal strategy for 2018–2021 approved by Cabinet and published (2016 baseline: not approved).</p> <p>Project targets 1c. National Health Plan 2021–2030 (gender responsive) approved by DOH (2017 baseline: not approved)</p> <p>Overall program</p> <p>Project targets 1c. A costed and prioritized National Health Plan 2021–2030 (gender responsive)</p>	<p>1a. Acts published in the Papua New Guinea National gazette</p> <p>1b. Medium-term fiscal strategy</p> <p>1c. National health plan</p> <p>Unchanged</p>	<p>Subprogram 1 target has been achieved.</p>

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Risks
	approved by DOH (2017 baseline: not approved)		
<p>Output 2</p> <p>Current program</p> <p>Subnational health system management strengthened</p> <p>Overall program</p> <p>Unchanged</p>	<p>Current program</p> <p>Program targets <u>Programmatic approach</u></p> <p>2a. PHAs established in 22 provinces by 2023 (2017 baseline: 11 PHAs)</p> <p>2b. 2018 national budget allocates health function grants under PHA votes (2017 baseline: not approved)</p> <p>2c. PHA Boards constitute at least one woman from women's organizations or an organization with proven track record on gender work (Baseline = 11 PHAs; 20 when all PHAs implemented post June 2018).</p> <p>Project target</p> <p>2d. At least 10 staff annually (5 males; 5 females) per province with increased knowledge in budget preparation and monitoring, (2017 baseline: N/A)</p> <p>Overall program Project target</p> <p>2e. By 2022 at least 200 health workers with increased knowledge in reproductive health care.</p>	<p>2a. PHA establishment agreements</p> <p>2b. 2018 national budget</p> <p>2c. PHA establishment agreements</p> <p>2d. Annual project reports</p> <p>2e. Annual project reports</p>	<p>Subprogram 1 target has been achieved.</p>
<p>Output 3</p> <p>Current program</p>	<p>Current program</p>		<p>Subprogram 1 target has been achieved.</p>

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Risks
Health service delivery components strengthened	<p>Program targets <u>Programmatic approach</u></p> <p>3a. The percentage of project facilities requisitioning monthly from the area medical stores increased to at least 85% for 2022–2024 (2015–2016 baseline: 0%) <u>Subprogram 1</u></p> <p>3b. Revised medical catalogue published (2017 baseline: not published)</p> <p>3c. 100% of Health Partnerships and MOUs in effect as of November 2017 compiled at the national and sub-national levels, by province and partner category including which partnerships have a gender equity focus (2017 baselines; 80% of national partnership include gender equity considerations)</p> <p>Project targets</p> <p>3d. eNHIS implemented and sex-disaggregated data entered in all 89 districts (2017 baseline: eNHIS implemented data entered in 18 districts in 5 provinces)</p> <p>3e. At least two level 4 and six level 3 gender sensitive health facility infrastructure upgrades completed and commissioned (2017 baseline: N/A)^d</p> <p>3f. 100% of clinical health workers (both men and women) in project-upgraded</p>	<p>3a. DOH electronic health information system</p> <p>3b. Medical catalogue</p> <p>3c. DOH SPAR reports, project reports</p> <p>3d. Annual project reports</p> <p>3e. Annual project reports</p> <p>3f. Annual project reports</p>	

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting	Risks
<p>Overall program</p> <p>Unchanged</p>	<p>facilities with increased knowledge in essential obstetric care training course (2017 baseline: N/A)</p> <p>Overall program</p> <p>Project target 3e. At least two level 4, seven level 3 and eight level 2 gender sensitive health facility infrastructure upgrades completed and commissioned (2017 baseline: N/A)^e</p>	<p>Unchanged</p>	

Program

Not Applicable

Project Activities**1. National frameworks and PFM enhanced (Q2 2018–Q4 2022)**

- 1.1 Developing of standard operating costs for health facility levels 2-4 based on National Health Service Standards (Q2 2018–Q2 2019)^d (additional financing)
- 1.2 Supporting health institutional and legislative framework review and drafting processes (Q2 2018–Q4 2019)
- 1.3 Reviewing progress against the objectives and strategies of the National Health Plan, 2011–2020, and supporting consultative development of a successor sector plan (Q1 2020–Q4 2020)

2. Subnational health system management strengthened (Q2 2018–Q4 2022)

- 2.1 Developing a model PHA manual, training approach, and course materials (Q2 2018–Q1 2019) (additional financing)
- 2.2 Capacity building for PHA and facility staff in integrated suite of training programs, including in governance and management, planning, financial management including gender-responsive budgeting, monitoring and reporting (Q4 2018–Q4 2022) (additional financing)
- 2.3 Developing a PHA monitoring and support framework for DOH (Q3 2018–Q4 2019)
- 2.4 Capacity building of DOH staff in governance and management, and PHA monitoring and support (Q3 2018–Q4 2022)
- 2.5 Creating provincial health information profiles (Q4 2019)
- 2.6 Facilitating PHA CEO annual meetings and national forum bringing together PHAs and relevant central government departments in 2020 (Q1 2019–Q4 2022)
- 2.7 Assessing and strengthening PHA financial management information systems (Q3 2018–Q4 2020)
- 2.8 Establish training center for reproductive health and training by 2021 (Q4 2019 – Q4 2020) (additional financing)

3. Health service delivery components strengthened (Q2 2018–Q4 2024)

- 3.1 Strengthening of medical supplies procurement arrangements and capacity (Q3 2018–Q4 2020)
- 3.2 Designing and supporting implementation of provincial distribution solutions for drugs and other medical supplies (Q4 2018–Q4 2023)
- 3.3 Supporting partnership engagement between provinces and districts, and with non-government health sector partners (Q1 2019–Q4 2022)
- 3.4 Contracting vendor and implementing national eNHIS roll-out, inclusive of training in effective use (Q4 2018–Q4 2021)
- 3.5 Preparing facility master plans for target provinces (Q3 2018–Q4 2019)
- 3.6 Awarding contracts for infrastructure upgrades and supervising construction (Q1 2019–Q4 2023)
- 3.7 Implementing health awareness-raising strategy at civil works sites (Q4 2019–Q2 2024)
- 3.8 Training of maternal health care workers in project facilities on essential obstetric care (Q4 2019–Q4 2023) (additional financing)
- 3.9 Supporting model referral guideline development and tailoring of guidelines to project provinces (Q2 2019–Q4 2020)

Inputs^c	
ADB	
Loans (COL and OCR)	
Program loans:	\$100 million (regular loan) for Subprogram 1 (current) \$100 million (regular loan) for Subprogram 2 \$100 million (regular loan) for Subprogram 3
Project loans:	\$45.1 million (regular loan) (current) \$49.9 million (concessional loan) (current)
	\$ 0 (additional)
	\$195 million (overall)
Government of Australia	
Grant	
	\$ 0 (current)
	\$38 million (additional)
	\$38 million (overall)
Government	
	\$9.5 million (current)
	\$0 (additional)
	\$9.5 million (overall)
Assumptions for Partner Financing	
Current program	
None	
Overall program	
Unchanged	

ADB = Asian Development Bank, CEO = chief executive officer, COL = concessional ordinary capital resources lending, DOH = Department of Health, DPT3 = diphtheria-pertussis-tetanus vaccine; eNHIS = electronic national health information system, N/A = not applicable, OCR = ordinary capital resources, PFM = public financial management, PHA = Provincial Health Authority, Q = quarter, SPAR = sector performance annual review.

^a Government of Papua New Guinea. 2010. *National Health Plan 2011–2020: Transforming our Health System towards Health Vision 2050*. Port Moresby.

^b Essential medical supplies comprise Depo-Provera injections (family planning), Ergometrine (maternal health), Measles vaccines, oral rehydration solutions (diarrheal disease), oxygen, Amoxicillin tablets, Artemisia combination, and baby books.

^c The timelines for performance indicator targets are applicable to all three outputs.

^d Health facility service levels refer to community health posts (level 2), health centers (level 3), and district hospitals (level 4).

^e The additional financing will finance one health center (level 3) and eight community health posts (level 2), out of a total of two district hospitals (level 4), seven health centers (level 3) and eight community health posts (level 2) under the project.

Source: Asian Development Bank.

LIST OF LINKED DOCUMENTS

<http://www.adb.org/Documents/LinkedDocs/?id=51035-004-AFReport>

1. Draft Grant Agreement
2. Updated Project Administration Manual
3. Updated Financial Analysis
4. Updated Economic Analysis
5. Updated Environmental Assessment and Review Framework
6. Initial Environmental Examination - Kopiago Health Center