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RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING OF THE HEALTH SECTOR REFORM PROJECT - PHASE II (APL2)

LOAN NO. 4760-RO January 28, 2005

ТО

ROMANIA

December 12, 2011

ABBREVIATIONS AND ACRONYMS

DPL	Development Policy Loan
EIB	European Investment Bank
ER	Emergency Room
EUR	Euro
ICU	Intensive Care Units
GoR	Government of Romania
MOH	Ministry of Health
MOPF	Ministry of Public Finance
TA	Technical Assistance
WB	World Bank

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ROMANIA HEALTH SECTOR REFORM PROJECT – APL 2

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HEALTH SECTOR REFORM PROJECT - (APL 2)

P078971

LOAN NO. 4760-RO

RESTRUCTURING PAPER

SUMMARY

This Restructuring Paper seeks approval to: (i) extend the current Closing Date by 12 months from December 15, 2011, to December 15, 2012; (ii) introduce new technical assistance activities to support the ongoing sector reforms; (iii) introduce a minor reallocation of loan proceeds among categories of expenditures; and (iv) revise and fine-tune the Results Framework.

This will be the third extension of the Closing Date, which will result in a cumulative extension of three years from the original Closing Date (December 31, 2009). The proposed restructuring will help complete ongoing activities, for the attainment of the overall APL Program Development Objectives¹, and will implement new technical assistance (TA) activities to assist the Ministry of Health in the implementation of the National Strategy for Hospital and Sanitary System Rationalization, and for the preparation of the future reforms in the health sector.

These modifications were requested by the Government of Romania (GoR) through a letter to the Bank dated October 27, 2011.

PROJECT STATUS

The Health APL 2, financed with a loan in the amount of EUR 65.1 million, has five components: (1) Maternity and Neonatal Care (EUR 17.21 million); (2) Emergency Care Services (EUR 35.33 million); (3) Primary Health Care and Rural Medical Services (EUR 0.25 million); (4) National Health Accounts and Planning (EUR 0.41 million); and (5) Project Management (EUR 2.38 million). The European Investment Bank (EIB) is co-financing the Project with a loan of EUR66.49 million, mainly covering the works for the physical rehabilitation of the maternity wards. According to the agreement with the EIB, the World Bank bears the fiduciary responsibilities (procurement) for both projects, while the EIB is responsible for the clearance of technical/architectural designs.

¹ APL Program refers to the Health Sector Reform Project – Phase I financed through the Loan Agreement no. 4568-RO dated July 7, 2000 (closed on June 30, 2004) and Health Sector Reform Project - Phase II financed through the Loan Agreement no. 4760-RO dated January 28, 2005.

The Project was approved on December 16, 2004 and became effective on June 27, 2005. The Project was restructured in November 2008, and a first closing date extension of 12 months was granted in 2009, from December 31, 2009 to December 31, 2010. This was followed by a second extension up to December 15, 2011.

The overall project performance is rated **Satisfactory.** There are no outstanding audits. Disbursements (in EURO terms) have reached 85.5 percent of the loan amount with an additional 5.7 percent committed (contracts signed), bringing the total of disbursement and commitment to 92 percent of the loan amount. The activities remaining to be implemented (ongoing contracts and new TA) until the new closing date will absorb the remaining balance of the loan.

All TA activities initially included in the Project, for neo-natal care (quality assurance, referral system, training of medical staff) and for the development of the National Health Accounts have been completed, and most of the medical equipment has been delivered to the beneficiary hospitals (maternity wards and emergency centers). The Borrower has allocated the appropriate budgetary resources for 2012, in order to cover the financing of all the remaining activities.

The Bank has acknowledged the request from the Ministry of Public Finance (MoPF) to extend the closing date of the Project and informed the Borrower on November 22, 2011 about the possibility of granting an extension of 12 months under certain conditions, which form the basis for this Restructuring.

PROPOSED CHANGES

Results Indicators. Although the Project Development Objective remains unchanged, an adjustment of the target values for some of the project monitoring indicators from the Results Framework is considered necessary in order to improve their measurability and relevance to project specific investments. Annex 1 presents the revised Results Framework and Monitoring for the Project. More specifically:

• For the indicator "24-hour death rate for patients treated in the Emergency Rooms (ERs)", the goal will be revised from 20 percent decrease to 15 percent decrease. The patients treated initially in Emergency Departments (ED) and then transferred to Intensive Care Units (ICU) are critically ill patients whose vital signs are unstable or whose diseases may cause irreversible complications. Also, international clinical studies on corticosteroids in patients with cranial traumas were aimed at decreasing the death rate only

by 2 percent. Therefore, the target of a 20 percent decrease in the baseline death rate for this group of patients was unrealistic.

- Change the frequency on collecting data, from "monthly" to "every 6 months" for the following indicators: (i) "24-hour death rate among patients treated in the Emergency Rooms, then admitted to Intensive Care Units", (ii) "Death rate in ER", (iii) "Fatality rate for patients treated in small ERs" and (iv) "Decreased fatality rate after 24 hours from admission of patients treated in hospital ICUs". These indicators will not exhibit measurable changes when measured on a month to month basis.
- Removal of the reference related to the number of emergency units/rooms for the indicator "Fatality rate for patients treated in small ERs". The removal is justified by the ongoing implementation of the National Strategy for Hospital and Sanitary System Rationalization, which calls for the reduction/merger of some hospitals.
- **Revision of the baseline value** for the intermediate indicator "Decreased fatality rate after 24 hours from admission of patients treated in hospital ICUs" to reflect the year 2007, which is the year before the project intervention in the emergency units.
- **Inclusion of two IBRD Core Indicators**: (i) Health personnel receiving trainingnumber; and (ii) Maternity and neo-natal facilities and emergency facilities constructed, renovated and/or equipped-number.

Project Components. New technical assistance activities are introduced in **Component 5: Project Management**. The Project would finance these technical assistance activities (estimated at EUR2.2 million) to assist the Ministry of Health in: the implementation of the National Strategy for Hospital and Sanitary System Rationalization, and for the preparation of the future reforms in the health sector.

Reallocation of Loan Proceeds. The proposed reallocations of the loan proceeds among categories of expenditures are minor. The reallocation is justified by the variation of contract prices for some goods and services during contracts execution. The proposed reallocation of loan proceeds (in EUR currency) is presented in Annex 2.

Project Closing Date. This third extension of the Project from December 15, 2011 to December 15, 2012 is recommended to: (i) implement the new technical assistance (TA)

activities to support the health sector reform program; (ii) finalize the upgrade of the vaccine production facility at Cantacuzino Institute; and (iii) complete ongoing contracts, including final deliveries of medical equipment, and consulting services for the public awareness campaign, definition of basic package of health services, and the development of strategy for the delivery of primary health care in underserved areas. This extension of the closing is subject to the Regional Vice President clearance as per para 7 of BP13.30 as it goes beyond the cumulative two year extension from the original closing date.

The requirements of **OP/BP 13.30** have been met, namely, (i) the project objectives are achievable; (ii) the performance of the Borrower and other project implementing agencies is satisfactory; and (iii) the Borrower has prepared a specific Action Plan acceptable to the Bank for completion of the project within the proposed requested extended timeframe, i.e. December 15, 2012.

ANNEX 1

Revised Results Framework and Monitoring ROMANIA: HEALTH SECTOR REFORM PROJECT (APL 2)

Project Development Objective (PDO): The objectives of the overall APL Program are as follows: (a) improve efficiency and equity in the planning and regulation of the health service delivery system; (b) reduce preventable deaths among emergency medical cases; (c) improve access and quality health care in poor and remote areas; and (d) help the Romanian health sector to better focus on priority public health problems, thereby reducing preventable illness and deaths. The specific objectives of Phase 2 are as follows: (i) Provide more accessible services, of increased quality and with improved health outcomes for those requiring maternity and newborn care and emergency medical care; and (ii) Provide support for the preparation of the primary health care strategy.

Revised Project Development Objective: not applicable

		D=Droppe d				Cumulative	e Target Values	**			
Key Performance Indicators	Core	C=Continu e N= New R=Revised	e Measure	Baseline (2004)	YR 2009	YR 2010	YR 2011 (first 6 months)	End of Project (2012)	Frequency	Data Source/ Methodology	Responsibili ty for Data Collection
PDO Level Results Indicators*											
1. Maternal Mortality (MM) and Rate (MMR)		С	Number and rate/000	MM: 52 MMR: 0.24‰	MM: 31 MMR: 0.14‰	MM: 33 MMR:0.15‰	MM: 18 MMR: 0.19‰	20% decrease MM: 41 MMR: 0.19/1000	Annual National Statistics (ANS)	National Reporting System (NRS), hospital data	PMU & hospitals
2. Neonatal Deaths and Rate		С	Number and rate/000	Deaths: 2068 Rate: 9.6%	Deaths: 1270 Rate: 5.7%	Deaths: 1160 Rate: 5.5%	Deaths: 546 Rate: 5.9‰	25% decrease Deaths: 1551 Rate: 7.2/1000	ANS	NRS, hospital data	PMU & hospitals
3. Post-Neonatal Deaths and Rate		С	Number and rate/000	Deaths: 1573 Rate: 7.3‰	Deaths: 980 Rate: 4.1%	Deaths: 918 Rate: 4.3‰	Deaths: 408 Rate: 4.4%	25% decrease Deaths: 1180 Rate: 5.5/1000	ANS	NRS	PMU

		D=Droppe d				Cumulative	e Target Values [:]	**			
Key Performance Indicators	Col	C=Continu e N= New R=Revised	Unit of Measure	Baseline (2004)	YR 2009	YR 2010	YR 2011 (first 6 months)	End of Project (2012)	Frequency	Data Source/ Methodology	Responsibili ty for Data Collection
4. 24-hour death rate among patients treated in the ER, then admitted to ICU.		R target and frequency	%	5.78% (for 6 ICUs) Baseline 2007	3.67% (for 6 ICUs)	6.11% (for 6 ICUs)	4.81% (for 6 ICUs)	15% decrease 4.91% (for 6 ICUs)	6 months, yearly aggregate	Info System of Emergency Dept.	PMU, LHA, EMS, hospital ER dept.
					INTERMED	IATE RESULT	ſS				
Intermediate Result (Outcor	ne 1):	MATERNA	L AND NE	ONATAL CARE							
Revised Intermediate Result	(Outc	ome One):									
1.1 Maternal Mortality Rate (MMR) by level of MCH facilities.		С	rate/1000	Level 1: 0.09% Level 2: 0.07% Level 3: 0.17%	Level 1: 0.06% Level 2: 0.12% Level 3: 0.28%	Level 1: 0.255% Level 2: 0.133% Level 3: 0.023%	Level 1: 0.303% Level 2: 0.166% Level 3: 0.328%	Level 1: 10% decr Level 2: 10% decr Level 3: 3.5% decr	Annual	NCOAIISH	PMU and hospitals
1.2 Neonatal Mortality Rate by level of MCH facilities.		С	Rate/1000	Level 1: 1.14‰ Level 2: 8.40‰ Level 3: 10.6‰	Level 1: 2.13‰ Level 2: 5.36‰ Level 3: 7.50‰	Level 1: 8.04‰ Level 2: 5.68‰ Level 3: 2.02‰	Level 1: 9.02% Level 2: 6.01% Level 3: 2.46%	Level 1: 3.7 Level 2: 7.6 Level 3: 9.6	Annual	NCOAIISH	PMU and hospitals
1.3 Patient satisfaction with maternity and neonatal services		с	%	Level 1: 109/140 Level 2: 110/140 Level 3: 109/140 Baseline 2008	Level 1: Level 2: Level 3:	Level 1: Level 2: Level 3:	Level 1: Level2: Level 3:	Level 1: 10% improvement Level 2: 10% improvement Level 3: 3.5%	Surveys: baseline; MTR; End of Project	Patient Satisfaction Survey	PMU, monitors and surveyors
1.4 Maternity and neo- natal facilities constructed, renovated and/or equipped	x	N	number	Maternities renovated: 0 (financed by EIB) Maternities receiving equipment: 0			Maternities renovated: 0 (financed by EIB) Maternities receiving	Maternities renovated: 21 (Financed by EIB) Maternities receiving equipment: 205	Annual	MoPH monitors	Monitors, PMU

		D=Droppe d				Cumulative	e Target Values**				
Key Performance Indicators	Core	C=Continu e N= New R=Revised	Unit of Measure		YR 2009	YR 2010	YR 2011 (first 6 months)	End of Project (2012)	Frequency	Data Source/ Methodology	Responsibili ty for Data Collection
	I		1				equipment: 134				
1.5 Health personnel receiving training	X	N	number	0			831	600	Annual	MoPH monitors	Monitors, PMU
Revised Intermediate Result	(Outco	ome 2): EN	IERGENC	Y HEALTH SERVI	CES						
2.1 Response time for emergency services by urgency category (color coded – Red, Yellow,		R Frequency	Time	URBAN R & Y: 18 min 25 sec Green: 52 min 33sec	URBAN R & Y: 15 min 4 sec Green: 28 min 1 sec	URBAN R & Y: 15 min 25 sec Green: 40 min 5 sec	URBAN R & Y: 15min 7 sec Green: 43 min 12 sec	URBAN R & Y: 15 minutes Green: 8% less than baseline	6 months, yearly aggregate	Ambulance data (electronic case forms)	PMU
Green) and urban/rural areas			unit	RURAL R & Y: 24 min 43 sec Green: 36 min 2 sec Baseline 2007	RURAL R & Y: 21 min 5 sec Green: 25 min 50 sec	RURAL R & Y: 23 min 10 sec Green: 36 min 25 sec	RURAL R & Y: 24 min 20 sec Green: 34 min 33 sec	RURAL R & Y: 20 min. Green: 8% less than baseline			
2.2 Death Rate in emergency departments (dead patients/total alive presentations)		R Frequency	%	0.079% Baseline 2007	0.071%	0.074	0.077	0.064%	6 months, yearly aggregate (from 63 ERs equipped)	MoPH monitors	PMU
2.5 Decreased fatality rate for patients treated in small ERs		R Frequency	%	0.040% Baseline 2008	0.042%	0.045%	0.053%	5% decrease	6 months, yearly aggregate	Small ERs data	Monitors, PMU
2.6 Decreased fatality rate within first 24 hours from admission of patients treated in hospital ICUs		R Baseline Frequency	%	2.84% Baseline 2007	1.55%	3.27%	2.45%	5% decr	6 months, yearly aggregate	Intervention ICU data	Monitors, PMU
2.7 Emergency health facilities constructed, renovated and/or equipped	x	N	number	ERs renovated: 0 ERs/ICUs receiving equipment: 0			ERs renovated: 10 ERs/ICUs receiving equipment: 185	ERs renovated: 16 ERs/ICUs receiving equipment: 253	Annual	MoPH monitors	Monitors, PMU

		D=Droppe d				Cumulativ	e Target Values	**			Responsibili ty for Data Collection
Key Performance Indicators	Core	C=Continu e N= New R=Revised	Unit of Measure	Baseline (2004)	YR 2009	YR 2010	YR 2011 (first 6 months)	End of Project (2012)	Frequency	Jata Source/ Methodology	
Intermediate Result (Outcon	ne 3):	PRIMARY	HEALTH (CARE							
3.1 Development of a primary health care rural strategy		С	Yes / No	No	No	In progress	In progress	Yes	End of year assessment	MoPH documents	PMU, MoPH
Intermediate Result (Outcon	ne 4):	NATIONAL	HEALTH	ACCOUNTS AND	PLANNING						
4.1 Appropriate regulations issued with respect to main areas: (i) internationally comparable Romanian matrixes; (ii) institutional responsibilities; and (iii) timeframe for data flow. Intermediate Result (Outcon	ne 5): 1	C	Number	No regulations in place	Contract for NHS ongoing	Contract for NHA completed	NHA in place	3 out of 3	Annual	MoPH	PMU
Revised Intermediate Result			JECT MAN	NAGEMENT							
5.1 Average lag time implementing project activities beyond critical dates agreed at the MTR		С	No of months	0	Lag < 5 months	Lag < 4 months	Lag>3 months	Lag < 3 months	At least quarterly	Monitoring by PMU	PMU
5.2 Timely submission of project progress reports		С	Report	0	On time	On time	On time	On time	Bi-annually	Monitoring by PMU	PMU

*Please indicate whether the indicator is a Core Sector Indicator (see further http://coreindicators) **Target values should be entered for the years data will be available, not necessarily annually.

ANNEX 2		Reallocation of	Loan Proceeds	5			
Category of	Expenditures		Loan Allocated in EURO)	% of Financing			
Current	Revised	Current	Revised	Current	Revised		
(1) Dispatch equipment	(1) Dispatch equipment	2,850,059	2,850,059	100% of foreign expenditures, 100% of local expenditures (ex factory) and 80% of local costs for other items procured locally;	100% of foreign expenditures, 100% of local expenditures (ex factory) and 80% of local costs for other items procured locally;		
(2) Goods (other than dispatch equipment)	(2) Goods (other than dispatch equipment)	30,341,139	30,412,960	100% of foreign expenditures, 100% of local expenditures (ex factory) and 80% of local costs for other items procured locally;	100% of foreign expenditures, 100% of local expenditures (ex factory) and 80% of local costs for other items procured locally;		
(3) Consultant's services (including audit)	(3) Consultant's services (including audit)	999,742	999,742	75% of expenditures incurred by local consultants, and 85% of expenditures incurred by foreign consultants;	75% of expenditures incurred by local consultants, and 85% of expenditures incurred by foreign consultants;		
(4) Training	(4) Training	80,218	80,218	100% of foreign expenditures and 75% of local expenditures;	100% of foreign expenditures and 75% of local expenditures;		
(5) Sub-loans under Part C of the Project	(5) Sub-loans under Part C of the Project	0	0				
(6) Works	(6) Works	338,865	338,865	80%	80%		
(7) Operating costs	(7) Operating costs	414,764	414,764	45%	45%		
(8) Unallocated	(8) Unallocated	0	0				

equipment, consultant'sconsservices (including audit),(incltraining, works and operatingworl	Goods, dispatch equipment, isultant's services30,075,213cluding audit), training, rks and operating costs as November 26, 200830,075,213	30,003,392	74%	74%
Total	65,100,000	65,100,000		

ANNEX 3

ROMANIA – HEALTH SECTOR REFORM PROJECT (APL 2) – IBRD Loan 4760-RO

ACTIVITIES REMAINING TO BE COMPLETED IN 2012

Ref No.	CONTRACT DESCRIPTION	CATEGORY of EXPENDITIE	TOTAL ESTIMATED COST (EURO)	IBRD FINANCING (EURO)	GOR FINANCING (EURO)	COMPLETION DATE	COMMENTS/ CONTRACT STATUS
	COMPONENT "A" – MATERNITY and CHILD HEALTH CARE						
MCH 3	Design for civil works for 22 maternities (phase 1)						
MCH 3.1	Design for Moldova Region	CS	279,453	209,590	69,863	Dec-2012	Contract ongoing
MCH 3.2	Design for Dobrogea Region	CS	286,024	214,518	71,506	Dec-2012	Contract ongoing
MCH 3.3	Design for Moldova (center)	CS	190,794	143,095	47,698	Dec-2012	Contract ongoing
MCH 3.4	Design for Ardeal Region	CS	243,183	182,388	60,796	Dec-2012	Contract ongoing
MCH 6	Design for civil works for 3 maternities (phase 2)						
MCH 6.1	Design for OG Ploiesti Hospital	CS	41,512	30,719	10,793	Dec-2012	Contract ongoing
MCH 6.2	Design for Bacau Hospital	CS	57,312	42,411	14,901	Jun-2012	
MCH 12	Procurement of medical equipment (phase 2)						
MCH	Lot VI: Surgical instruments for Gynecology	G	545,542	403,701	141,841	Mar-2012	Contract awarded
MCH 13	TA – Preparation of BDs for Civil Works	CS	207,071	153,233	53,839	Mar-2012	Contract ongoing
	Sub-TOTAL Component "A"		1,850,892	1,379,655	471,237		
	COMPONENT "B" – EMERGENCY HEALTH SERVICES						

EMS 14	Civil works for ERU SMURD Tg. Mures Hospital	CW	1,225,524	906,888	318,636	Mar-2012	Contract ongoing
EMS 15	Design Rehabilitation of ER Tg. Mures Hospital	CS	79,805	59,055	20,749	Mar-2012	
EMS 23	Equipment for Ambulance and SMURD Personnel		,	,	,		
	Training Centers – ICB 11						
EMS 23.1	Lot I: Basic Cardio-Pulmonary Simulator	G	64,491	47,724	16,768	Mar-2012	Final delivery
EMS 23.2	Lot II: I.V. Simulator	G	82,132	60,778	21,354	Feb-2012	Final delivery
EMS 23.3	Lot III: Basic Cardio-Pulmonary Simulator with Digital	G	112,331	83,125	29,206	Feb-2012	Final delivery
	Ev System and Semi-Automatic Defibrillator System						-
EMS 23.4	Lot IV: Intubation Simulator	G	42,034	31,105	10,929	Feb-2012	Final delivery
EMS 23.5	Lot V: Accessories for Simulator	G	36,010	26,647	9,362	Feb-2012	Final delivery
EMS	Lot VI: Advanced Cardio-Pulmonary Resuscitation	G	94,580	69,989	24,591	Feb-2012	Final delivery
23.6	Simulator						-
EMS 23.7	Lot VII: Multi-Functional Advanced Neo-Natal Simulator	G	47,880	35,431	12.449	Feb-2012	Final delivery
	(resuscitation-trauma)						-
EMS 24	Update the existing telemedicine system for imaging						
	data transmission and extending it to other regions.						
EMS 24.1	Lot I: Upgrade and extension of the existing Emergency	G	1,550,000	1,147,000	403,000	May-2012	Contract signing
	Telemedicine A/V Conference System						
EMS 24.2	Lot II: Extension of the Emergency Telemedicine Data	G	365,056	270,141	94,915	May-2012	Contract signing
	System						
EMS 24.3	Lot III: Emergency Telemedical Imaging System	G	86,490	64,003	22,487	May-2012	Contract signing
EMS 25	Medical Equipment for Emergency Rooms, Intensive						
	Care and Cardiology Units – ICB 10						
EMS 25.1	Lot I: Intra-Hospital Transportation	G	557,823	412,789	145,034	Ian -2012	Final delivery
EMS 25.2	Lot III: Ventilation Equipment	G	378,820	280,327	98,493	Ian -2012	Final delivery
EMS 25.3	Lot IV: Resuscitation, Airway Mgmt - Immobilization	G	166,656	123,325	43,331	Ian -2012	Final delivery
EMS 25.4	Lot V: Computer Tomography Equipment	G	985,800	729,492	256,308	Feb-2012	Final delivery
EMS 25.5	Lot VI: Radiology Equipment	G	330,136	244,301	85,835	Feb-2012	Final delivery
EMS 26	Weak-currents equipment for Tg. Mures Hospital	G	200,000	148,000	52,000	Mar -2012	IS to be launched
	Sub-TOTAL Component "B"		6,405,567	4,740,120	1,665,448		
	COMPONENT "C" – PRIMARY HEALTH CARE						
PHC 3	TA to Design a Strategy for PHC in Underserved Areas	CS	276,160	204,359	71,802	Mar -2012	Contract ongoing
	Increase Influenza Vaccine Production Capacity	G					
	(Cantacuzino Institute)						~ .
PHC 4	Rehabilitation Works Influenza Vaccine Production Unit	G	1,606,621	1,188,900	417,721	May -2012	6 6
PHC 5	Rehabilitation Works Influenza Vaccine Filling and	G	2,096,497	1,551,408	545,089	Feb -2012	Contract ongoing

	sealing Line						
PHC 6	Upgrade/Modification of the Filling Line	G	466,216	345,000	121,216	Sep - 2012	BER completed
PHC 7	Site Supervision for the Rehabilitation Works	G	13,166	9,743	3,423	Apr -2012	Contract ongoing
PHC 8	Designs for the Vaccine Production Unit	CS	54,685	40,467	14,218	May -2012	Contract ongoing
PHC 9	BSL 3 Equipment	G	148,649	110,000	38,649		
PHC 10	BSL 3 Certification	CS	59,713	44,187	15,525	Jun - 2012	To be launched
	Sub-TOTAL Component "C"		4,721,708	3,494,064	1,227,644	Jun -2012	To be launched
	COMPONENT "E" – PROJECT MANAGEMENT						
DIALA	(inc. TA to support forthcoming health sector reforms)		25.025	20.000	= ^ 2 =		
PM 14.2	Audit Services 2011-2012	CS	27,027	20,000	7,027	Apr -2012	Contract ongoing
PM 15	Local Monitoring – Region 6 and 7	CS	4,000	2,960	1,040	Apr -2012	Contract ongoing
PM 16	Local Monitoring – Region 1 and 2	CS	4,000	2,960	1,040	Apr -2012	Contract ongoing
PM 17	Local Monitoring – Region 4 and 5	CS	4,000	2,960	1,040	Apr -2012	Contract ongoing
PM 18	Local Monitoring – Region 3 and Bucharest	CS	4,000	2,960	1,040	Apr -2012	Contract ongoing
PM 22	Public Information Campaign on Health Reforms	CS	556,757	412,000	144,757	Jul - 2012	Draft contract with WB
							for review
PM 24	Legal Assistance to PMU	CS	16,216	12,000	4,216	Dec -2012	Contract ongoing
PM 26	Translation Services	CS	6,757	5,000	1,757	Dec -2012	Contract ongoing
PM 28	TA for INTRASTAT	CS	2,703	2,000	703	Dec -2012	Contract ongoing
PM 29	TA for Accounting System (CIEL)	CS	405	300	105	Dec -2012	Contract ongoing
PM 30	Evaluation Committees Members	CS	10,811	8,000	2,811	Dec -2012	Contract ongoing
PM 31	Logistic Services for PMU	OC	13,514	10,000	3,514	Dec -2012	Contract ongoing
PM 33	Training for PMU Staff	TR	82,000	60,680	21,320	Dec -2012	As needs identified
PM 34	Consumable/Communication/Supplies for PMU	OC	108,108	80,000	28,108	Dec -2012	As needed
PM 37	PMU Staff Salaries	OC	516,000	381,840	134,160	Dec -2012	Contracts ongoing
PM 39	TA for Basic Package of Health Services (NICE – UK)	CS	90,396	66,893	23,503	Feb -2012	Contract ongoing
PM 39	TA for future Health DPL/RBF/P4R Programs	CS	2,972,973	2,200,000	772,973	Dec -2012	
	Sub-TOTAL Component "E"		9,349735	3,270,553	1,149,113		