46327

ROMANIA

ROMANIA HEALTH SECTOR REFORM PROGRAM

EUROPE AND CENTRAL ASIA REGION

PROJECT PAPER

Date: October 24, 2008 Country: Romania Project Name: Romania Health Sector Reform Program Project ID: P078971 Lending Instrument: Adaptable Program Loan	Task Team Leader: Richard Florescu Sector Manager: Abdo Yazbeck Country Director: Orsalia Kalantzopoulos Sectors: Health (100 %) Themes: Health System performance (P) Environmental category: B - Partial Assessment

Borrower:
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Revised estimated disbursements (Bank FY/EURm)

FY	2005	2006	2007	2008	2009	2010
Annual	0.0	0.12	7.33	15.64	25.50	16.51
Cumulative	0.0	0.12	7.45	23.09	48.59	65.10

Current Closing Date: December 31, 2009
Revised Closing Date [if applicable]: n/a

Indicate if the restructuring is: Board approved X RVP approved ____	
Does the restructured project require any exceptions to Bank policies?	No
Have these been approved by Bank management?	N/A
Is approval for any policy exception sought from the Board?	No

Revised project development objective/outcomes:

The project development objectives are: (i) to 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) to provide support for the preparation of the primary health care strategy."

Does the restructured project trigger any new safeguard policies? No

Revised Financing Plan (EUR$m.)

Source	Local	Foreign	Total
Borrower	36.43	0.00	36.43
IBRD/IDA	4.12	60.98	65.10
EIB	44.29	22.20	66.49
Total	84.84	83.18	168.02

I. Introduction

1. This Project Paper seeks the approval of the Board of Executive Directors to introduce the following changes in the ***Romania, Health Sector Reform Project – Phase II (Loan no.4760 RO)*** and accompanying amendments to the Project's legal documents. The main changes proposed are related to the restructuring of Part C of the Project (Primary Health Care and Rural Medical Services Component). This entails the cancellation of activities related to the rural multifunctional health centers and the micro-credit line for the general practitioners. Funds originally planned for these activities would be reallocated (EUR 9.52 million) to other Project components to support: (i) the procurement of additional medical equipment; (ii) the physical rehabilitation of the maternities, and civil works supervision, and (iii) the proper functioning of the PMU, The proposed restructuring also includes a revision of the Results Framework, reflecting changes in the PDO and the project design.

II. Background and Reasons for Restructuring

2. ***Original Project Design***: The project was approved on November 17, 2004 and became effective on May 31, 2005. The Project's original Development Objective (PDO) is to "provide more accessible services of increased quality and with improved outcomes for those requiring maternity and newborn care and emergency medical care and rural primary health care".

The key project indicators are: (i) the percent of maternal deaths formally documented/investigated; (ii) neonatal and post-neonatal deaths and death rate; (iii) the percent of deliveries where birth weight is less than 2500 grams; (iv) utilization rates for primary and emergency care stratified by residence and income status, (v) the percent of deaths within 48 hours and ER discharge for patients with major trauma or cardiac emergencies arriving alive at the hospital emergency department.

The project consists of the following five components:

Component 1: Maternity and Neonatal Care (€104.9 million, of which €17.21 million IBRD). This component of the Project is funding facility rehabilitation for maternal and neonatal care units plus medical and other equipment necessary for high quality neonatal and maternity services; technical assistance and training is provided to ensure the implementation of best international practices.

Component 2: Emergency Care Services (€47.2 million, of which €35.33 million IBRD). This component upgrades hospital emergency areas and develops an integrated ambulance dispatch system thus increasing the effectiveness of the emergency system.

Component 3: Primary Health Care and Rural Medical Services (€11.4 million, of which €9.77 million IBRD). The third component consists of improving the accessibility and quality of basic medical services in rural and small urban areas by creating multipurpose health centers and providing sub-loans for family doctors.

Component 4: National Health Accounts and Planning (€0.5 million, of which €0.41 million IBRD). This component is supporting the development of a national health accounts system and preparation of proposals for rationalization and service development projects.

Component 5: Project management (€3.85 million, of which €2.38 million IBRD). This component supports the operation of the PMU in activities related to rehabilitation of infrastructure, equipment delivery and monitoring and evaluation of project activities.

3. ***Progress to date***: The project's progress has been rated as Moderately Satisfactory for the past year, upgraded from the previously unsatisfactory status. Following initial delays, project implementation has improved and disbursements have significantly increased especially for the first two components, where significant savings were achieved largely due to the competitive procurement conducted so far. This allowed for purchasing of additional equipment for maternities and funding new activities within the Emergency Care Services Component consistent with the objectives of the project (purchasing equipment of Intensive Care Units, a pilot telemedicine project for emergency room in small hospitals, endowment of small hospitals emergency rooms with equipment and endowment with medical equipment of multi-trauma operating theatres).

4. ***Reasons for restructuring.*** Despite the improvements made in the implementation of the first two components, the third component (Primary Health Care and Rural Medical Services) was stalled due to: (i) changes in the legislation of health sector financing which no longer allows the MoPH to finance investments in the primary health care infrastructure, and (ii) developments of the capital market that gave General Practitioners better access to loans. As a result, the Ministry of Public Health proposed the cancellation of the previously envisaged activities under the third component, and the reallocation of funds (EUR 9.52 million) to other project components, where additional financing needs were identified.

III. Proposed Changes

5. **Change in Project Components**: Component 3 would be significantly downsized, retaining only technical support for developing a new strategy that does not encompass multipurpose centers and the micro-credit scheme. As a result of these changes and of the proposed reallocation of funds, towards other project components and activities, the revised project description of the components and related costs will be as follows:

Component 1: Maternity and Neonatal Care (€113.1 million, of which €25.41 IBRD). This component of the Project is funding facility rehabilitation for maternal and neonatal care units plus medical and other equipment necessary for high quality neonatal and maternity services; technical assistance and training is provided to insure the implementation of best international practices.

Component 2: Emergency Care Services (€48.28 million, of which €36.41 million IBRD). This component upgrades district and local hospital emergency areas, develops multi-trauma operating theaters in emergency hospitals, develops an integrated ambulance dispatch system, and supports the establishment of a regional telemedicine pilot, thus increasing the effectiveness of the emergency system.

Component 3: Primary Health Care and Rural Medical Services (€1.88 million, of which €0.25 million IBRD). The third component consists of preparing the ground for improving the accessibility and quality of basic medical services by establishing the criteria for the identification of the underserved areas for further intervention, and supporting the preparation of a primary health care strategy.

Component 4: National Health Accounts and Planning (€0.5 million, of which €0.41 million IBRD). This component is supporting the development of a national health accounts system and preparation of proposals for rationalization and service development projects.

Component 5: Project management (€4.09 million, of which €2.62 million IBRD). This component supports the operation of the PMU in activities related to rehabilitation of infrastructure, equipment delivery and monitoring and evaluation of project activities.

6. **Change of the Project Development Objectives (PDOs):** The above mentioned restructuring of Component 3 implies revision of the PDOs too, which will read as follows: "(i) to 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) to provide support for the preparation of the primary health care strategy". This change in the PDO reflects the intended outcomes of the revised project design.

7. **Revised Allocations of Loan Proceeds**. All loan categories of expenditures will be consolidated into a single category in order to ensure a greater flexibility in the loan allocation to better cope with changing needs, and hence to improve the project implementation pace. By November 1, the balances under all existing loan categories will be zero. Thereafter, future funds will be disbursed under the new consolidated category.

8. **Revised Results Framework:** Following the recommendation of the Mid Term Review (MTR) Mission, the M&E framework indicators were updated in order to better reflect the performance towards the PDOs, and the impact of the project restructuring, as presented in the Attachment no1.

IV. Analysis

9. The proposed changes do not have any major effect on the original technical or institutional aspects of the project as appraised. The restructuring, however, does entail financing changes, as already described above. Component 3 would be significantly downsized and unused funds would be reallocated to other components in order to support original activities in shortage of funds (as a result of price increases in civil

works), or newly agreed activities. The cancellation of the initially envisaged activities under Component 3, is driven by the fact that the Government considers the delivery of the primary health services as a private activity, to which no state aid is allowed, according to the current legislation.

10. The Project Closing Date, currently set for December 31, 2009, will not be affected by the proposed restructuring. A revised procurement plan (within the current time frame of the project) has been agreed upon.

V. Expected Outcomes

11. The proposed changes would result in revisions of the project's development objective as well as in changes in the monitoring indicators. The original outcome indicators were:

- percent of maternal deaths formally documented / investigated; (**dropped** because it was not specific for the intervention, was unclear and couldn't show the progress – estimated baseline was very high);
- neonatal and post neonatal deaths and death rate; (**kept**);
- percent of deliveries where birth-weight is less than 2500 grams; (**dropped** because it was not specific for the project intervention);
- utilization rates for primary and emergency care stratified by residence and income status; (**dropped** because it was not specific for the project intervention);
- percent of deaths within 48 hours and ER discharge for patients with major trauma or cardiac emergencies arriving alive at the hospital emergency department (**modified** for the purpose of clarity and transformed in result indicator).

Additional outcome indicators capturing the effects of project intervention were agreed:

- maternal mortality and rate.
- 24-hour death rate among patients treated in the ER, then admitted to ICU in that hospital.
- primary health care strategy approved.

VI. Benefits and Risks

12. The restructuring of the project presents an opportunity to enhance the implementation performance of the project and also provides an opportunity to revise project development objectives with greater focus on outcomes. Key benefits of the restructuring include: (a) enhanced investments in maternities; (b) realignment with the present Government approach towards the financing of the primary care and with the developments of the capital market that made loans more accessible to the family doctors; and (c) enabling for better implementation and disbursement.

13. In terms of risks, there is currently one main risk related to the potential failure of the Ministry of Economy and Finance in securing the necessary budgetary allocation of funds in a timely fashion, due to pressure of the limited fiscal space. Since this may be a potential generic issue for the entire Romania portfolio, it has been raised in the context of the Joint Portfolio Review and is being closely monitored by the Task Team. This risk is being rated as Moderate.

14. Elections will take place on November 30, 2008. Ownership of the project by the new Government is expected, but can not be assured. As previously mentioned, the restructuring itself should not lead to the extension on the project closing date. However, following the elections, the pace of implementation is expected to slow down, when the new Government will take over. As a result, it is possible that the new Government may seek an extension. This risk is being rated as Major.

ATTACHMENT No 1
Revised Results Framework (Romania: Health Sector Reform II)

Program purpose	Original end-of-program indicators	Revised end-of-program indicators	Use of End-of Program Information
The purpose of the program is to increase access to services, to improve quality and health outcomes for those requiring maternity care, newborn care, emergency medical care and to support the preparation of a primary health care strategy	Percent of maternal deaths formally documented / investigated (100%) - ***dropped*** Neonatal deaths and death rate (15% decrease from 8.4/1000) - ***kept*** Post-neonatal deaths and death rate (15% decrease from 8.9/1000) - ***kept*** Percent of deliveries where birth-weight is less than 2500 grams (20% decrease from 8.8%) - ***dropped*** Utilization rates for primary and emergency care stratified by residence and income status (20% increase from baseline survey) – ***dropped*** Percent of deaths within 48 hours and ER discharge for patients with major trauma or cardiac	Maternal Mortality (MM) and rate (MMR) (by hospital, by county, by region) – 20% decrease from 2007 level - ***new*** Neonatal deaths (ND) and rate (NDR) (by hospital, by county, by region) – 25% decrease from 2007 level – ***same as before*** Post-neonatal deaths (PND) and rate (PNR) (by hospital, by county, by region) – 25% decrease from 2007 level - ***same as before*** 24-hour death rate among patients treated in the ER, then admitted to ICU in that hospital – 20% decrease from 2007 level - ***new***	To evaluate and monitor the changes of the health outcomes following the project intervention

	emergencies arriving alive at hospital emergency department (20% decrease from baseline) - ***modified***		
PDO	**Original outcome indicators**	**Revised outcome indicators**	**Use of outcome information**
Original PDO: Provide more accessible services, of increased quality and with improved health outcomes for those requiring maternity and newborn care, emergency medical care and rural primary health care	Percent of maternal deaths formally documented / investigated ***dropped*** Neonatal and post-neonatal deaths and death rate - ***kept*** Percent of deliveries where birth-weight is less than 2500 grams - ***dropped*** Utilization rates for primary and emergency care stratified by residence and income status ***dropped*** Percent of deaths within 48 hours and ER discharge for patients with major trauma or cardiac emergencies arriving alive at hospital emergency department - ***modified***		Information used to: Provide performance feed-back for health care providers, and to set targets and agree on strategies for performance improvement Evaluate the effectiveness of project interventions and identify priorities for future policy and investment interventions Identify issues and actions for changes to project design and approach during project implementation
Revised PDO: Provide more accessible services, of increased quality		Maternal Mortality (MM) and rate (MMR) (by hospital, by county,	To evaluate and monitor the changes of the health outcomes following

and with improved health outcomes for those requiring maternity and newborn care, emergency medical care and to provide support for the preparation of primary health care strategy		by region) - ***new*** Neonatal deaths (ND) and rate (NDR) (by hospital, by county, by region) - ***same as before*** Post-neonatal deaths (PND) and rate (PNR) (by hospital, by county, by region) - ***same as before*** 24-hour death rate among patients treated in the ER, then admitted to ICU in that hospital - ***new***	the project intervention
Intermediate results (one per component)	**Original results indicators for each component**	**Revised results indicators for each component**	**Use of results monitoring**
Component One: Maternity and neonatal care			
	Percentage of maternity beds utilizing "rooming in " system - ***dropped*** Percent of deliveries attended by skilled health personnel in appropriate level of care - ***dropped*** Occupancy rates by unit - ***dropped*** Average length of stay by unit - ***dropped***		Ensure that all affected hospitals are on track and operating according to original design concept Ensure that actual operations are meeting the original expectations in terms of quality efficiency and patient satisfaction

	Proportion of cases fulfilling predefined criteria of quality - ***dropped*** Patient satisfaction with revised maternity and neonatal services - ***kept***		
		Neonatal mortality on the level 1, 2 & 3 MCH facilities - ***new***	To assess the impact of hospital rehabilitation and equipment endowment on newborns
		Maternal mortality on the level 1, 2 & 3 MCH facilities - ***new***	To assess the impact of hospital rehabilitation and equipment endowment on mothers
		Patient satisfaction with improved maternity and neonatal services - ***same as before***	To assess patient satisfaction regarding services provided after the investments, staff training and reorganizing of services
Component Two: Emergency care services			
	Utilization rate for dispatch ambulance and ER services - ***dropped*** Response times for emergency services by urgency and severity - ***modified*** Case fatality rates for ER and		Ensure that dispatch centers and ERs are on track and operating according to original design concept Ensure that actual operations are meeting original expectations in terms of quality,

	ambulance cases by type of case - ***dropped*** Communication problems leading to delayed or missed calls - ***dropped*** Patient satisfaction with revised ambulance and ER services - ***dropped***		efficiency and patient satisfaction
		Response times for emergency services by urgency category - ***new*** Data for urban areas (a)0 degree emergency (b) 1st degree emergency (c) 2nd degree emergency Average data for rural areas: a)0 degree emergency (b) 1st degree emergency (c) 2nd degree emergency	To assess the improvement in services swiftness, due to the investment in communication platform
		Death rate in Emergency Departments - ***new***	To assess the impact of equipment endowment
		Rate of inter-clinical transfers of severe trauma patients - ***new***	To assess the impact of reorganizing and investment in trauma centers
		Fatality rate for severe-trauma cases - ***new***	To assess the impact of equipment endowment for trauma centers
		Fatality rate for patients treated in small ERs - ***new***	To assess the impact of investments in the pilot telemedicine system
		Fatality rate after 24 hours from admission for	To assess the impact of equipment endowment

		patients treated in hospital ICUs - ***new***	
Component Three: Primary health care and rural medical services			
	Performance of the new MPHC pilots relative to the original design proposal (utilization, quality, etc.) - ***dropped*** Patient/physician satisfaction with different models of revised primary health care services and sub-loan scheme - ***dropped*** Repayment rate for credit / lease scheme - ***dropped***		Ensure that new approaches are operating according to original design concept Evaluate which approaches are most effective and in which situations Ensure that those in rural areas and the poor are actually being reached by the services Ensure that operations are meeting original expectations in terms of quality, efficiency and patient satisfaction
		Development of a primary care rural strategy - ***new***	The cornerstone of improving rural primary care services is the elaboration of a primary care strategy
Component Four: National Health Accounts and planning			
	NHA information is used in decision-making relating to the financing or organization of the health system in		Evaluate usefulness, impact and sustainability of NHA approach in Romania

	Romania - ***dropped***		Identify obstacles to effective production and use of NHA data
		Appropriate regulations issued with respect to three main areas: (i) internationally comparable Romanian matrices; (ii) institutional responsibilities; and (iii) timeframe for dataflow - ***new***	Evaluate the progress to a transparent and data comprehensive National Health Accounts System, in line with EU requirements
		Proposal development training for providers, Local Health Authorities and MoPH personnel - ***new***	To evaluate the progress to the goal of better skilled personnel
Component Five: Project management			
	Matching of civil works and equipment acquisition activities to required training and related technical assistance - ***dropped*** Progress on M&E updating - ***dropped***		Evaluate needs for corrective action early, so that changes can be made before major issues arise Identify obstacles to effective implementation of Phase 2 activities
		Average lag time implementing project activities beyond critical dates agreed at the MTR - ***new***	To monitor the project progress
		Timely submission of project progress reports - ***new***	To monitor the project progress

Arrangements for Results Monitoring (Romania: Health Sector Reform APL II)

		Target Values					Data Collection and Reporting		
	Baseline 2004	**YR1 2005**	**YR2 2006**	**YR3 2007**	**YR4 2008**	**YR5 2009**	**Frequency and Reports**	**Data Collection Instruments**	**Responsibility for Data Collection**
Outcome indicators									
a. Maternal Mortality (MM) and rate (MMR) from baseline (by hospital, by county, by region)	MM: 52 MMR: 0.24‰	MM: 37 MMR: 0.17‰	MM: 34 MMR: 0.15‰	MM: 33 MMR: 0.15‰.	15% decrease from 2007 level	20% decrease from 2007 level	Annual National Statistics	National Reporting System (NRS), hospital data	PMU
b. Neonatal deaths (ND) and rate (NDR) from baseline (by hospital, by county, by region)	ND: 2068 NR 9.6/‰	ND: 1874 NR: 8.5/‰	ND: 1703 NR: 7.8/‰	ND: 1475 NR: 6.9‰	17% decrease from 2007 level	25% decrease from 2007 level	As above	NRS	PMU
c. Post-neonatal deaths (PND) and rate (PNR) from baseline (by hospital, by county, by region)	PND: 1573 PNR 7,3/‰	PND: 1436 PNR 6.5/‰	PND: 1349 PNR 6.1/‰	PND: 1099 PNR: 5.1‰	17% decrease from 2007 level	25% decrease from 2007 level	As above	NRS	PMU & hospitals
d. 24-hour death rate among patients treated in the ER, then admitted to ICU in that hospital (new)	NA	NA	NA	The base line to be defined as soon as data is submitted	15% decrease from baseline	20% decrease from baseline (to be reviewed in light of investments in ICU)	Monthly reporting and aggregate; yearly aggregate	Info System of Emergency Departments	PMU, LHA, EMS, hospital ER departments
e. Prevalence of chronic diseases in target intervention rural communities[1] (new)	Not available	Not available	Not available	Not available	National average	10% less than national average	Monthly reports, yearly aggregate	Primary care clinics reports	Local Health Authorities (LHA), monitors, National Center

[1] In case the investment is done in rural areas.

		Target Values					Data Collection and Reporting		
	Baseline 2004	**YR1 2005**	**YR2 2006**	**YR3 2007**	**YR4 2008**	**YR5 2009**	**Frequency and Reports**	**Data Collection Instruments**	**Responsibility for Data Collection**
									for Organizing and Assuring of Informational and Informatics System in Health (NCOAIISH)
Results Indicators by Component									
Component One: 1.1 Neonatal mortality on the level 1, 2 & 3 MCH facilities (new)	Baseline uses 2006 data	NA	Lev 1 – 3.9/1000 Lev 2 – 8.6/1000 Lev 3 – 10.1/1000	3% decrease from 2006 level 3% decrease from 2006 level	5% decrease from 2006 level 5% decrease from 2006 level	10% decrease from 2006 level 10% decrease from 2006 level 5% decrease from 2008 level	Annual reports by maternities	NCOAIISH	PMU
1.2 maternal mortality on the level 1, 2 & 3 MCH facilities (new)	Baseline uses 2006 data	NA	Lev 1 – Lev 2 –	3% decrease from 2006 level 3% decrease from 2006 level	5% decrease from 2006 level 5% decrease from 2006 level	10% decrease from 2006 level 10% decrease from 2006 level	Annual reports by maternities	NCOAIISH	PMU

		Target Values					Data Collection and Reporting		
	Baseline 2004	**YR1 2005**	**YR2 2006**	**YR3 2007**	**YR4 2008**	**YR5 2009**	**Frequency and Reports**	**Data Collection Instruments**	**Responsibility for Data Collection**
			Lev 3 –			5% decrease from 2008 level			
1.3 Patient satisfaction with improved maternity and neonatal services	Baseline uses 2008 data				a: lev.1 baseline b: lev. 2 baseline c: lev. 3 baseline	10% higher score 10% higher score 5% higher score	Baselines survey & surveys at mid-term & end of project	Patient Satisfaction Survey	PMU, monitors /surveyors
Component Two : 2.1 Response times for emergency services by urgency category *Data for urban areas*	Baseline uses 2007 data								
(a)0 degree emergency				9 min 10 sec.	20% less than the baseline	30% less than the baseline	Monthly, yearly aggregate	Ambulance data (electronic case forms)	PMU
(b) 1st degree emergency				10 min 37 sec.	10% less than the baseline	15% less than the baseline	Monthly, yearly aggregate	Ambulance data (electronic case forms)	PMU
(c) 2nd degree emergency				14 min. 42 sec.	6% less than the baseline	8% less than the baseline	Monthly, yearly aggregate	Ambulance data (electronic case forms)	PMU
Average data for rural areas: *a)0 degree emergency*				22 min. 51	20% less	30% less	Monthly,	Ambulance data	PMU

		Target Values					Data Collection and Reporting		
	Baseline 2004	**YR1 2005**	**YR2 2006**	**YR3 2007**	**YR4 2008**	**YR5 2009**	**Frequency and Reports**	**Data Collection Instruments**	**Responsibility for Data Collection**
				sec.	than the base line	than the baseline	yearly aggregate	(electronic case forms)	
(b) 1st degree emergency				26 min. 18 sec.	10% less than the baseline	15% less then the baseline	Monthly, yearly aggregate	Ambulance data (electronic case forms)	PMU
(c) 2nd degree emergency				33 min. 40 sec.	6% less than the baseline	8% less than the baseline	Monthly, yearly aggregate	Ambulance data (electronic case forms)	PMU
2.2 Death rate in Emergency Departments (dead patients / total alive presentations) (new)	Baseline uses 2007 data			1.10%	15% less than baseline	20% less than baseline	Monthly reporting and aggregate; yearly aggregate (from 63 ERs equipped)	MoPH monitors	PMU
2.3 Rate of inter-clinical transfers of severe trauma patients (New)	Baseline uses 2008 data	Not available	Not available	Not available	Baseline to be calculated	50% less than baseline[2]	Monthly, yearly aggregate	6 Hospitals data	Monitors, PMU
2.4 Fatality rate for severe-trauma cases (New)	Baseline uses 2008 data	Not available	Not available	Not available	Baseline to be calculated	20% less than baseline[3]	Monthly, yearly aggregate	6 Hospitals data	Monitors, PMU
2.5 Fatality rate for patients treated in	Baseline	Not	Not	Not	Baseline:	50% less	Monthly,	Small ERs data	Monitors, PMU

[2] After acquisition and endowment
[3] After acquisition and endowment

		Target Values					Data Collection and Reporting		
	Baseline 2004	**YR1 2005**	**YR2 2006**	**YR3 2007**	**YR4 2008**	**YR5 2009**	**Frequency and Reports**	**Data Collection Instruments**	**Responsibility for Data Collection**
small ERs	uses 2008 data	available	available	available	Fatality rate at the existing small ERs (last 12 months)	than baseline	yearly aggregate	(all 198)	
2.6 Fatality rate after 24 hours from admission for patients treated in hospital ICUs	Baseline uses 2008 data	Not available	Not available	Not available	0.58 %	50% less than baseline	Monthly, yearly aggregate	Intervention ICUs data	Monitors, PMU
Component Three: 3.1 Development of a primary care rural strategy (New)	Not available	Not available	Not available	Not available	Not available	Yes / no	End of the year assessment	MoPH documents	PMU, MoPH
Component Four: 4.1 Appropriate regulations issued with respect to three main areas: (i) internationally comparable Romanian matrices; (ii) institutional responsibilities; and (iii) timeframe for dataflow	None	0	0	0	2 of 3	3 of 3	Annual	MoPH	PMU
4.2 Proposal development training for providers, Local Health Authorities and MoPH personnel (New)	Not available	Not available	Not available	Not available	Yes/no	Training delivered Yes/no	TBD	Consultant reports	PMU
Component Five: 5.1 Average lag time implementing project activities beyond critical dates agreed at the MTR	None	On time	On time	Lag < 3 mos.	Lag < 3 mos.	Lag < 3 mos.	At least quarterly	Monitoring by PMU	PMU
5.2. Timely submission of project progress reports	None	On time	On time	On time	On time	On time	Biannually	Monitoring by PMU	PMU