

GOPA WORLDWIDE CONSULTANTS

PLACING PEOPLE AT THE HEART OF DEVELOPMENT

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WE ARE BASED IN THE FRANKFURT AREA



OUR EMPLOYEES

160



Employees

65%



Women

35%



Men

42 years old



Average age of our
employees

50%



Female directors in our
Management Board

45



Languages spoken

2021 Data

OUR PROJECTS AND CLIENTS

206



Projects above
EUR 500,000 under
implementation

In
65



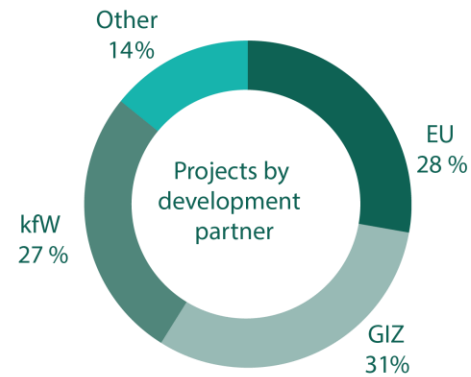
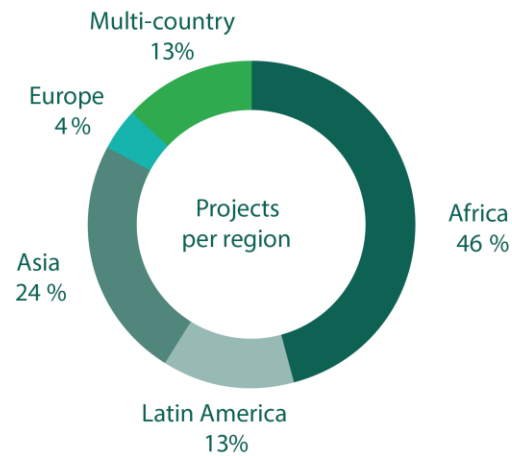
Countries

Funded by

11



Clients



2020 Data

OUR SECTORS

GOPA GROUP

GOPA Worldwide Consultants

GOPA mbH

AFC Agriculture & Finance

B&S Europe

COFAD

GOPA Com.

GOPA Infra

GOPA - Intec

GOPA Group Service

EED

Education and
Employment Promotion

MEL

Monitoring, Evaluation
and Learning

GED

Governance and
Economic Development

HSD

Health and Social
Development

RDE

Rural Development
and Environment

STATS

Statistics

HEALTH AND SOCIAL DEVELOPMENT

**Providing health and social
solutions to improve human
well-being**

- \\ Inclusive policy and financing
- \\ Health infrastructure
- \\ Health service delivery
- \\ Pandemic preparedness and response



TA-9723 REG: Support for Human and Social Development in Southeast Asia

Preparing the REG: Healthy Borders Special
Economic Zones (Consulting Firm)

Preparing the REG: Healthy Borders Special Economic Zones

Scope of Service

Prepare and deliver the necessary due diligence assessments and processing documents for Output 2: Strengthening of health care services in the boarder areas. The required assessments include:

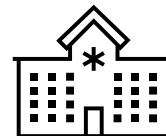
- (i) sector and subsector analyses,
- (ii) pre-feasibility studies of the health infrastructure, equipment, and service delivery strengthening to be delivered under the project, detailed assessment and analysis of entry points for gender programming
- (iii) financial and economic due diligence,
- (iv) procurement capacity assessments of Executing Agencies and Implementing Agencies,
- (v) environmental, involuntary resettlement, and indigenous peoples due diligence,

OUTPUT 2: Health care services in border areas strengthened



INDICATIVE ALLOCATION

2.1 Hospital facilities in priority cross-border areas upgraded and new service models for the delivery of migrant specific health services established



Loan = \$18.0 m

Grant = \$ 2.6 m

2.2 Hospital management information system (HMIS firm + equipment)



Loan = \$0.4 m

2.3 Health workforce in targeted border locations with improved skills for addressing health needs of female and male migrants, including responding to SRH and GBV



Loan = \$0.3 m

Grant = \$0.3 m

Two-step process in the developing the technical design for hospital service improvement

1. Defining the Service Mix that respond to special health needs and risks of migrant and border populations
2. Designing facility improvements in the two selected hospitals on the basis of the Service Mix – this will be both an upgrade according to their respective CPA-level standards and expansion responsive to migrant and border population special health needs and risks

Progress to date:

1. Service Mix for migrant and border populations approved by the Provincial Health Department and Facility Directors
2. Corresponding preliminary technical design for facility improvements for both hospitals including programme spaces were approved.

Framework approach in ensuring health for all in border areas

<< Public health services in border areas are most effective if services required by mobile populations are integrated in the existing health system delivery network. >>

Migrant Health



Cambodia Public Health Service Delivery Model

<< Main Reference: National Guidelines on Complementary Package of Activities (CPA) for Referral Hospital >>

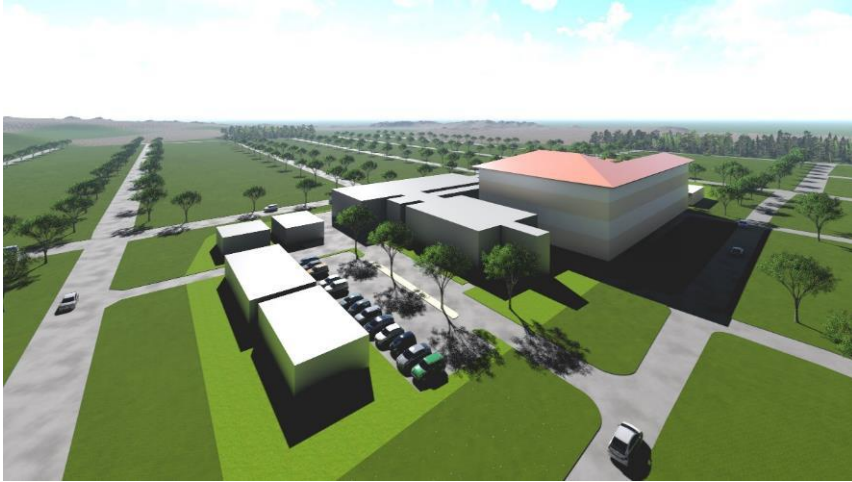
Proposed Expanded Service Package for Populations in Border Areas (Cambodia)

Current availability of proposed services in the selected facilities

Legend:	
✓	Available
✗	Not Available
○	Available but still insufficient

	LIST OF SERVICE REQUIREMENTS FOR MIGRANT AND BORDER POPULATIONS	Mongkul Borei	Poipet
1	PRE-DEPARTURE HEALTH SERVICE CENTRE		
	Vaccination Centre	✗	✗
	Medical Check up /Occupational Health & Safety - MEN	✗	✗
	Medical Check up /Occupational Health & Safety - WOMEN	✗	✗
	Health Certificate - Paper Version / Outpatient Card	✗	✗
	Health Insurance Service	✗	✗
	Common Support Rooms	✗	✗
	Centralize Laboratory	✗	○
2	DIAGNOSTIC CENTRE		
	SWABS/ Blood Tests/ Sputum/Urine	✗	○
	Electrocardiography (ECG)	✗	○
	Ultrasound	✗	○
	Common Support Rooms	✗	○

	LIST OF SERVICE REQUIREMENTS FOR MIGRANT AND BORDER POPULATIONS	Mongkul Borei	Poipet
3	OUTPATIENT CLINIC FOR ALL		
	Triage at entrance	✗	✗
	Infectious diseases	✗	○
	Non-infectious diseases	✗	✗
	Occupational Health & safety	✗	✗
	Dental Services	✗	✓
	Reproductive Health Services & Counselling	✗	✗
	Maternal & Child Health	✗	✗
	Injury/Minor surgery	✗	✗
	Ear, Nose, Throat (ENT)	✗	✗
4	HOSPITAL SERVICES		
	MATERNAL & CHILD HEALTH	✓	○
	Paediatric	✗	✗
	Common Support Rooms (Maternal+Pediatric)	✗	✗
	MENTAL HEALTH / SUBSTANCE ABUSE	✗	✗
	INTERNAL MEDICINE	✗	✗
	Isolation ward (with single isolation rooms) with decontamination option	✗	✓
	SURGERY	✓	○
	REHABILITATION	✗	✗
5	ARRIVAL HEALTH SERVICE CENTRE		
	Medical Check up - MEN	✗	✗
	Medical Check up - WOMEN	✗	✗
6	REFERAL SERVICES		
	Emergency Services	✓	○



POIPET REFERRAL HOSPITAL
3D VIEWS

OPERATION CHALLENGES

- The direct impact of COVID-19: the public health system is on emergency mode.
 - Facilities in the border areas are at the epicenter of the Covid crisis.
 - Hospital staff were at the front line.
 - Overwhelming case load.
- Indirect effects of COVID-19: governments are establishing new work processes.
 - Communication and supervision mechanisms are disrupted.
 - Priorities shifted and consequently the allocation of resources and talents.
 - Coordination has been less effective.
 - Ministry has been less accessible.
- Limits of conducting remote health facility assessment and design
 - Internet connectivity/ reliance on mobile communication (social media platforms) than email
 - Translation
 - Data verification
 - Shortage of local expertise