

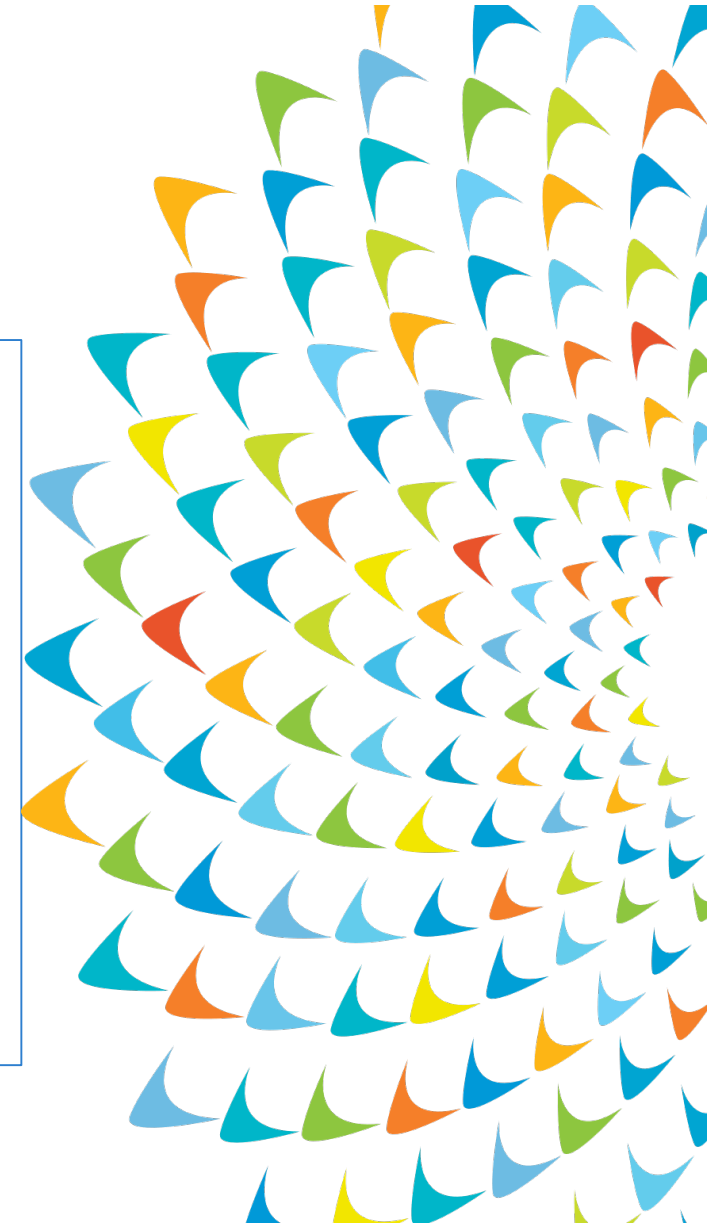
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Islamic Republic of Pakistan:

Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP)

Workshop on Implementation, Monitoring, Reporting and Verification of KPHSSP.

Peshawar, 22 May 2024



Part-1

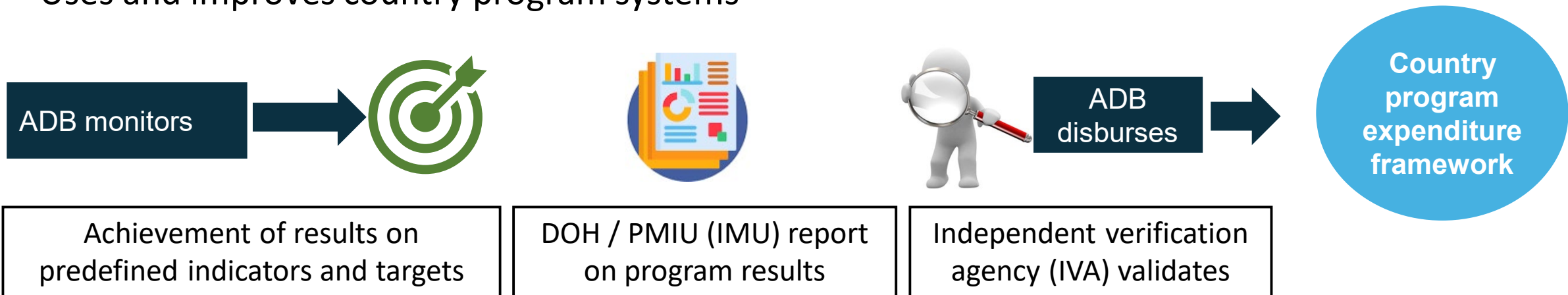
Overview of KPHSSP

Omer Bin Zia

KPHSSP is a Results-based Lending (RBL) Program

KPHSSP supports the Government's Revamping Secondary Health Care (RSHC), with a particular focus on **Quality of Care**.

- RBL supports a **government-owned program**
- Disburses based on program **results**
- Uses and improves country program systems



Program scope

Item	Broader Government (RSCH) Program	Results-Based Lending Program
Outcome	<ol style="list-style-type: none"> 1. Enhanced coverage of and access to essential health services, especially for the poor and vulnerable 2. Measurable reduction in the burden of disease, especially among vulnerable segments of the population 3. Improved human resources management 4. Improved governance, regulation, and accountability 	<p>Quality of care of secondary hospital services in Khyber Pakhtunkhwa enhanced</p>
Key outputs	<ol style="list-style-type: none"> 1. Infrastructure of SHC facilities improved 2. Human resources strengthened 3. Hospital equipment upgraded 4. Hospital MIS introduced 5. Services contracted to the private sector 6. Services standardized; hospitals accredited 7. Selected clinical services are subsidized 	<ol style="list-style-type: none"> 1. Clinical protocols, standards, and guidelines available and implemented at SHC hospitals 2. Hospital infrastructure and medical equipment modernized (according to norms and standards) 3. Planning and management of human resources and health services reinforced 4. Management of medicine supply chain upgraded 5. Effectiveness of service delivery improved



Key results and targets

Performance Indicators and Disbursement-linked Indicators (DLIs)

Performance indicators

are defined to monitor and measure program progress

DLIs

Critical indicators for measuring the RBL outcome and outputs for disbursing.

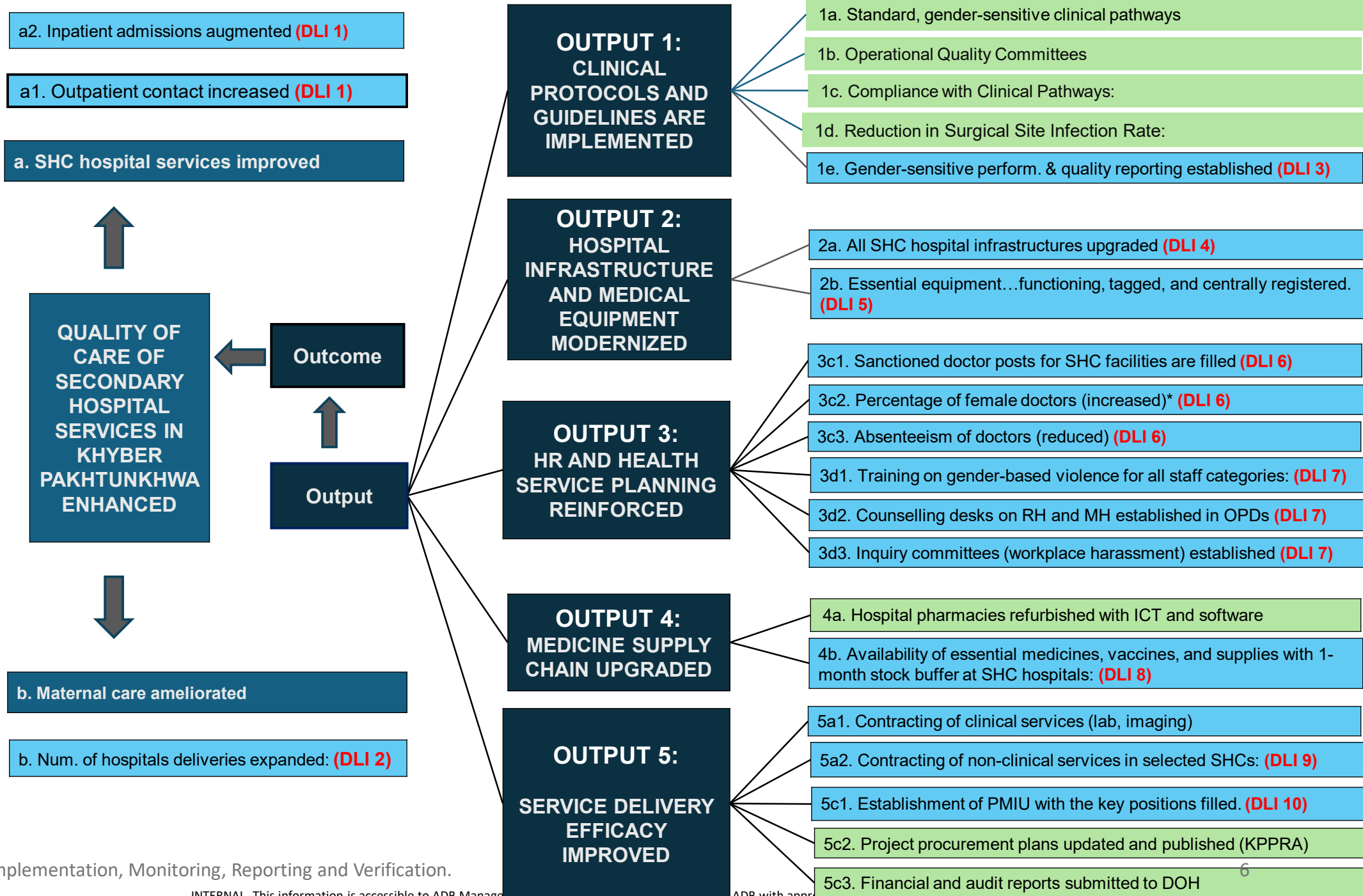
DLIs can be from different levels of the project result framework:

- Outputs
- Outcomes

Each DLI needs

- Clear definition of the indicator
- How to measure the indicator
- What is required to call a DLI achieved
- Whether DLI is scalable, and formula for calculating partial disbursements
- Data required for measuring DLI
- Reporting period for a DLI
- Expected timing of verification
- Entities responsible for measuring, documenting and verifying

Khyber Pakhtunkhwa Health Systems Strengthening Program



Part-2

Roles and responsibilities

Dr Mukhtar

Roles and Responsibilities

Department of Health

- Overall Executing Agency of the Program (KPHSSP)
- Program Executing Agency is the entity responsible for carrying out of the Program as specified in the Loan Agreement.

Program Steering Committee

- Oversight of the overall KPHSSP execution and strategic direction – chaired by ACS (P&D)

Project Steering Committee

- Strategic oversight of Secondary Revamp planning and execution– chaired by Health Minister

Role of Chief HSRU

- Provide leadership on all matters
- Spearhead the program implementation with the assistance of PMIU.
- Officially correspond with ADB on behalf of Govt of KP on all matters relating to program
- Handle and coordinate ADB missions and routine meetings with Govt of KP departments and organizations various entities within Health Department.
- Furnish to ADB all information and reports on program implementation
- Coordinates with IVA (M&E P&D) on verification of DLI Achievement Report
- Finalize the DLI Achievement Reports

Roles and Responsibilities

Program Management and Implementation Unit (PMIU)

- Program Implementing agency as per PID
- Under the RSHC, PMIU will lead implementation under the supervision and guidance of DOH
- Prepare periodic reports on program implementation (quarterly, annual) as per provisions of Program Implementation Document
- Obtain data from hospitals on results/ indicators given in Program Results Matrix (Non DLIs) and actions contained in the Program Action Plan (PAP)
- Implement gender action plan and the Environmental and Social Safeguards Action Plans and prepare reports on implementation/ progress
- Guide and facilitate hospitals on the program implementation and coordinate with DOH on implementation issues/ bottlenecks.

Roles and Responsibilities

Independent Monitoring Unit (IMU)

- Monitors the progress on various DLIs and coordinates with DOH and PMIU
- Visits program hospitals, collect data and makes assessment on achievement of various DLIs on monthly basis
- Coordinates and corresponds with DOH and PMIU regarding the above assessments and informs actions for improved implementation
- Compiles DLI Verification Report, with assistance from DOH and PMIU wherever needed on cooperation from hospitals and obtaining information/ data/ documents

Roles and Responsibilities

Hospitals

- Implement and achieve various program results given in Program Results Matrix/ Design and Monitoring Framework (DMF) with particular focus on DLIs
- Implement various actions given in Program Action Plan (PAP)
- Keep accurate implementation records for reporting and verification
- Devise arrangements for program implementation, record keeping, reporting and verification
- Nominate focal persons for maintaining implementation records/ data, reporting and verification
- Seek guidance from DOH, PMIU and IMU wherever appropriate/ needed

Roles and Responsibilities

Independent Verification Agency (IVA)

- Familiarize and train field staff on KPHSSP DLIs and annual targets/ results
- Understand hospitals' data maintenance and reporting and devise its own evaluation/ verification methodology
- Receive the DLI Achievement Report from DOH and plan verification of reported data and results
- Select sample districts, hospitals and data for verification
- Launch data evaluation/ verification exercise through its field staff
- Prepare a report on the evaluation exercise for review by ADB
- Verify the achievement of result indicators which are part of DLIs based on its evaluation/ verification exercise

Part-3

Disbursement linked indicators (DLIs)

Dr Mukhtar and Dr Sheraz

DLIs 1 and 2

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
OUTCOME: QUALITY OF CARE OF SECONDARY HOSPITAL SERVICES IN KHYBER PAKHTUNKHWA ENHANCED						
DLI 1: SHC hospital services improved ^a						
<i>a1. Outpatient contacts increased</i> By end of 2027, the number of patient contacts in OPDs of SHC facilities b 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.
DLI 2: Maternal care ameliorated						
<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

Verification Protocol

Definition and description of achievement

- Aggregated 12 months outpatient visits, in-patient admissions and number of hospital deliveries in 33 hospitals

Information Source and frequency

- Assessment reports by IMU based on hospital reported data

Verification Agency and Procedure

- DG M&E of P&D Depart is the verification agency (IVA) and rely on DHIS and IMU for periodical data collection and reporting. Annual data (or more request of DOH) will be used by IVA related to outpatient visits, inpatient admissions and number of hospital deliveries.
- IMU will continuously update/ record the above numbers and submit this to ADB annually

Recording/ maintenance/ reporting of data

- Data is recorded in paper and digital modes by the hospitals at central points and in each specialty
- Data reported/ entered in DHIS at the end of each month
- IMU collects data both from the hospitals directly and has access to DHIS as well
- IMU has noted data discrepancies (sometimes) between the two sources (hospitals and DHIS)
- IMU is collected monthly data from each hospital for each indicator for the year FY 2022-23

Reporting in DLI Achievement Report

S. No	Hospital	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	April 2023	May 2023	June 2023
1	DHQ Hospital Abbottabad												
2	DHQ Hospital, Charsadda												
3	DHQ Hospital Haripur												
4	DHQ Karak												
5	Naseer Ullah Babar Hospital												
6	Molvi Jee Hospital Peshawar												
7	DHQ Hospital Bannu												
8	DHQ Hospital DI Khan												
8	DHQ Hospital Timergara												
10	DHQ Hospital Dir Khas												
11	DHQ Hospital KDA Kohat												
12	DHQ Nowshera												
13	DHQ: Hospital Swabi												
14	DHQ Hospital Battagram												
15	DHQ Hospital, Daggar (Buner)												
16	DHQ Hospital Chitral												
17	DHQ Hospital Hangu												
18	Saidu Group of Teaching Hospital Swat												
19	DHQ Hospital, Lakki Marwat												

Verification by IVA

- Same data source may be used both for reporting and verification to avoid confusion
- IVA may sample districts, hospitals, and months for data verification
- Sampling methodology may used to give each reported number a fair chance of selection for verification
- IVA may document any data discrepancy in term of %age difference
- IVA may satisfy itself about the veracity of data and verify the reported results/ numbers

DLI 3

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
OUTPUT 1: CLINICAL PROTOCOLS, STANDARDS, AND GUIDELINES ARE AVAILABLE AND IMPLEMENTED AT SECONDARY HOSPITALS						
DLI 3: Gender-sensitive quality assurance mechanisms established						
<p><i>1e. Gender-sensitive performance and quality reporting established</i></p> <p>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.^b</p>	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

Verification Protocol

Definition and description of achievement

- DLI considered achieved when hospitals issuing the gender-sensitive annual performance and quality report.

Information Source and frequency

- Assessment reports by IMU based on gender-sensitive performance and quality reports

Verification Agency and Procedure

- IVA will utilize the IMU provided assessments and hospital annual activity/ quality reports to verify the achievement of DLI
- IMU to submit reports to ADB on achievement each year after IVA verification

Drafting of Annual Performance and Quality Report

- Use Annual Performance and Quality Report Outline given in the Program Implementation Document (PID)
- Five hospitals have compiled their annual reports for the year 2022-23
- Five above hospitals along with five more hospitals to compile annual reports for the year 2023-24 by the end of September 2024
- Accurate data should be used in these reports
- Looking at the data required for these reports, hospitals may have to devise mechanism to collect that data throughout the year

Report Template (contents)

1) Executive Summary

- a. Main outputs / outcomes of clinical services
- b. Relevant changes (management, new, or extended services and major events (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. plans for the extension / renovation / rehabilitation / modernization of the hospital and 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 seen in the OPD
- b. Number of admissions to inpatient care and the 10 most frequent diseases
- c. Deliveries managed at the hospital and number of normal / assisted deliveries and c-sections.
- d. Number of surgeries and 10 most frequent interventions conducted at the hospital

Report Template (contents)

4) Patient safety and treatment outcome

- a. Patient morbidity related to the treatment provided at the hospital.
- b. Surgical site infections and other hospital acquired infections (HAI) such as pneumonia.
- c. Thrombosis and embolism
- d. Patients fall by initial diagnosis / patient age.
- e. Inpatient mortality and relevant causes
- f. Average length of stay (overall and by diagnosis for the 10 most frequent causes of admission)
- g. Readmissions within a period of less than 10 days

5) Resources

- a. Human Resources
- b. Doctors: GPs, Specialist Doctors, Residents
- c. Nurses, Midwives, and medicotechnical staff (X-ray and laboratory assistants)
- d. Admin and technical support staff

Output-2: DLI-4

OUTPUT 2: HOSPITAL INFRASTRUCTURE AND MEDICAL EQUIPMENT MODERNIZED							
<p>2a. All SHC hospital infrastructures upgraded with average score of ≥ 9 and in compliance with SPS requirements.</p> <p>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).</p>	<p>Yes, DLI4, 15%, \$15 million</p>	<p>Infrastructure below benchmark level</p> <p>Rehabilitation modernization works have already started in 6 of the 33 hospitals</p>	<p>2021</p>	<p>By the end of 2022, the average score achieved by all hospitals undergoing rehabilitation works is ≥ 3</p>	<p>By the end of 2023, the average score achieved by all hospitals undergoing rehabilitation works is ≥ 5</p>	<p>By the end of 2024, the average score achieved by all hospitals undergoing rehabilitation works is ≥ 7</p>	<p>By the end of 2025, the average score achieved by all hospitals undergoing rehabilitation works is ≥ 9</p>
<p>Advance financing: yes. \$10 million</p>			<p>No prior results</p>	<p>3.75%, \$3.75 million</p>	<p>3.75%, \$3.75 million</p>	<p>3.75%, \$3.75 million</p>	<p>3.75%, \$3.75 million</p>

DLI-4 : Verification Protocol

Definition and description of achievement

- Achieved when the average score achieved by hospitals undergoing rehabilitation work is more or equal to 9, based on a standard checklist, defining criteria and the scores.

Information Source and frequency

- Assessment report by IMU based on average scoring with infrastructure list.

Verification Agency and Procedure

- IMU to submit the assessment report to the IVA.
- IVA to verify the submitted document.

DLI 4: Infrastructure evaluation

[A]	[B] Description	[C] Target	[D] W-F	[E] Score	[F] Comment
2.1.1	Functional washrooms available in sufficient and equal numbers for male and female users (patients, staff, visitors)	<ul style="list-style-type: none"> - 1 toilet room male & 1 toilet room female per 15 number of staff - 1 toilet room male & 1 toilet room female per 6 number of beds - 1 toilet room male & 1 toilet room female per 6 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: continuous water supply, free drainage of the toilet, appropriate cleanliness
2.1.2	Hand sanitizing wall dispenser, elbow operated, available in sufficient number	<ul style="list-style-type: none"> - 1 functional dispenser per 20 beds in ward areas - 1 functional dispenser per 20 staff in other areas - Minimum filling: 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 ≥50%

DLI 4: Infrastructure evaluation

[A]	[B] Description	[C] Target	[D]	[E] Score	[F] Comment
2.1.3	Scrub up rooms and areas are equipped with	Stainless-steel sinks with elbow or foot operated water taps - 1 functional tap per 2 operating rooms	1	91-100% = 1.0 81-90% = 0.9 <81% = 0.0	Functional = continuous 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	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	

DLI 4: Infrastructure evaluation

[A]	[B] Description	[C] Target	[D] W-F	[E] Score	[F]
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 / ICU area to avoid (minimize the risk of) contamination of the connected clean room (OR or ICU area). The airlocked changing room has two doors, one of which must remain closed.	1.5	Fulfilment in all OT and ICU areas = 1.00 Fulfilment in some areas = 0.50 non-fulfilment in any area = 0.00	

DLI 4: Infrastructure evaluation

[A]	[B] Description	[C] Target	[D]	[E] Score	[F]
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	<ul style="list-style-type: none"> • in all OTs = 1.0 • >90% of OTs = 0.9 • >80% of OTs = 0.8 • >70% of OTs = 0.7 • >60% of OTs = 0.6 • ≤60% of OTs = 0.0 	
2.1.9	Appropriate hospital waste management facilities and equipment are in place	<ul style="list-style-type: none"> • Segregation of normal household waste, sharps, and potentially infectious waste; Waste storage rooms available and used; Reduction of single-use items and plastic packaging (0-0.5). • Sterilization or incineration of potentially infectious waste before depositing / handing over to waste management companies 	1	<ul style="list-style-type: none"> • All departments: 0.50 • Some departments: 0.25 • Nowhere: 0.00 • For the sterilization: <ul style="list-style-type: none"> • Whole hospital: 0.50 • For some potentially infectious waste: 0.25 • No solution exists: 0.00 	
11/28/2024		KPHSSP: Implementation, Monitoring, Reporting and Verification.		10	Score

DLI 4: Infrastructure evaluation

[A] Item	[B] Description	[D] WF	[E] Score achieved (example)
1	Functional washrooms available	2	$71-80\%=0.8 \times 2 = 1.6$
2	Hand sanitizing wall dispenser available	0.5	$61-70\%=0.7 \times 0.5 = 0.35$
3	Scrub up rooms and areas correctly equipped	1	$81-90\%=0.9 \times 1 = 0.9$
4	OR, induction, and recovery rooms comply with minimum standards	0.5	fulfillment = $1.0 \times 0.5 = 0.5$
5	Correct air flow in the OR	1.5	$>60\%$ of ORs = $0.6 \times 1.5 = 0.9$
6	Electric cabling is compliant with norms	1	$>70\%$ of ORs = $0.7 \times 1 = 0.7$
7	OT and ICU areas have airlocked changing rooms for male and female staff.	1.5	Fulfilment in all OT and ICU areas = $1.00 \times 1.5 = 1.5$
8	OT and ICU areas are equipped with conductive floor, including skirting board	1	$>60\%$ of OTs = $0.6 \times 1 = 0.6$
9	Appropriate hospital waste management facilities and equipment are in place	1	In some clinical departments: $0.25 \times 1 = 0.25$
10	Hospital Score		$1.6 + 0.35 + 0.9 + 0.5 + 0.9 + 0.7 + 1.5 + 0.6 + 0.25 = 7.3$

DLI 5: Essential equipment

OUTPUT 2: HOSPITAL INFRASTRUCTURE AND MEDICAL EQUIPMENT MODERNIZED							
<p><i>2b. Essential equipment of the A&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&E, OR, sterilization, and the obstetrical departments are tagged, registered, and functioning. The list of essential equipment can be found below.</p>	<p>Yes, DLI5, 10%, \$10 million</p>	<p>0</p> <p>According to IMU evaluation, only 40% of the existing essential equipment is available and operational.</p>	<p>2021</p>	<p>By the end of 2022, at least 45% of the essential equipment is available and functioning at all SHC hospitals</p>	<p>By the end of 2023, at least 55% of the essential equipment is available and functioning at all SHC hospitals</p>	<p>By the end of 2024, at least 70% of the essential equipment is available and functioning at all SHC hospitals</p>	<p>By the end of 2025, at least 85% of the essential equipment is available and functioning at all SHC hospitals</p>
<p>Advance financing: yes. \$10 million</p>			<p>No prior results</p>	<p>2.5%, \$2.5 million</p>	<p>2.5%, \$2.5 million</p>	<p>2.5%, \$2.5 million</p>	<p>2.5%, \$2.5 million</p>

Verification protocol for DLI 5

Definition and description of achievement

- The DLI is achieved when at least 85% of the essential equipment is available and functioning at all the SHC hospitals.

Information Source and frequency

- Assessment report by IMU, based on hospital equipment inventory register, preventive and corrective maintenance plans.

Verification Agency and Procedure

- IVA will verify the submitted documents.

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

List of essential equipment

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)
Labor and Delivery			
	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	Slophopper
		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)

List of essential equipment

Department	Room name	Hospital category	Item description
		A, B, and C	Waste bin, standard, 5 L
Sterilization area			
	Wash and decontamination area	A, B, and C	Worktable, instrument wash
		A, B, and C	Cleaning gun, water / air
		A, B, and C	Washer - Disinfectant, 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
Accident & Emergency			
	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

DLI 6: Qualified gender-balanced human resources available

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
OUTPUT 3: HUMAN RESOURCES AND HEALTH SERVICE PLANNING REINFORCED						
DLI 6: Qualified, gender-balanced human resources available						
<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.^c</p>	77% of doctor sanctioned posts filled	2020 The hiring of doctors continues No prior results	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 ≥20% for NMDs.^c</p>	33.3% share of female doctors	2015 The hiring of female doctors continues	By the end of 2022, female doctors working at SHC facilities represent ≥35% of doctors, and ≥15% for NMDs	By the end of 2023, female doctors working at SHC facilities represent ≥36.5% of doctors, and ≥16% for NMDs	By the end of 2022, female doctors working at SHC facilities represent ≥39% of doctors, and ≥18% for NMDs	By the end of 2022, female doctors working at SHC facilities represent ≥40% of doctors, and ≥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.^d</p>	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%	By the end of 2022, absenteeism of doctors is reduced to ≤12% of the total working hours of filled	By the end of 2023, absenteeism of doctors is reduced to ≤10% of the total working hours of filled	By the end of 2024, absenteeism of doctors is reduced to ≤7.5% of the total working hours of filled posts, and ≤15% for NMDs	By the end of 2025, absenteeism of doctors is reduced to ≤5% of the total working hours of filled
		in 2021 for all DHQ hospitals	posts, and ≤24% for NMDs	posts, and ≤20% for NMDs		posts, and ≤10% for NMDs

Verification Protocol

Definition and description of achievement

- Filled post include staff absent for education and training.
- DLI considered achieved if sanctioned posts are filled per stated %age.
- DLI considered achieved if sanctioned posts are filled by women per stated %age.
- Absenteeism is defined as non-justified or non-permitted absence (justified or permitted absence is leave for various reasons). Achieved when absenteeism is less or equal to stated percentage.

Information Source and frequency

- Assessment report by IMU

Verification Agency and Procedure

- IMU will submit multiple publications and will be utilized by IVA for verification

Reporting in DLI Achievement Report

Sanctioned doctor posts for SHC facilities are filled

- Explain hospital record (posting notifications, sanctioning notifications, statements prepared by Admin etc.) relied up to calculate the determine the number of sanctioned and filled positions.
- Record may be kept for later verification by IVA
- Criteria may be uniform and applied throughout all hospitals

TABLE 11.1.1

No	Name of the Hospital	Total sanctioned positions	Total filled positions	Percentage of filled positions
1	DHQ Hospital Abbottabad			
2	DHQ Hospital, Charsadda			

Reporting in DLI Achievement Report

Percentage of female doctors working at SHC facilities is increased

- Explain hospital record (posting notifications, sanctioning notifications, statements prepared by Admin etc.) relied upon for determining sanctioned and positions filled by female doctors
- Determine the %age separate for settled districts and NMDs.
- Record may be kept for later verification by IVA
- Criteria may be uniform and applied throughout all hospitals

No	Name of the Hospital	Total sanctioned	Filled (Male)	Filled (female)	Total Filled	%age of female doctors of filled positions
1	DHQ Hospital Abbottabad					
2	DHQ Hospital, Charsadda					
3	DHQ Hospital Haripur					
4	DHQ Karak					
5	Naseer Ullah Babar Hospital					
6	Mahui Hospital					

Reporting in DLI Achievement Report

Absenteeism of doctors is reduced

- In the DLI Achievement report, explain how absenteeism is determined and calculated and what hospital record is relied upon
- Keep the record relied upon available for later verification by IVA
- Overall %age of absenteeism to be calculated based on the %age for each hospital in settled and NMDs separately
- Single methodology and uniform criteria may be applied

No	Name of the Hospital	%age Absenteeism
1	DHQ Hospital Abbottabad	
2	DHQ Hospital, <u>Charsadda</u>	
3	DHQ Hospital Haripur	
4	DHQ Karak	
5	Naseer Ullah Babar Hospital	
6	<u>Molvi</u> Jee Hospital Peshawar	
7		

DLI 7: Gender issues are adequately considered

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
DLI 7: Gender issues are adequately considered						
<p><i>3d1. Training on gender-based violence for all staff categories</i></p> <p>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>		<p>2021</p> <p>The training initiative has been launched in 4 DHQ hospitals</p>	<p>By the end of 2022, ≥10% of all staff working at SHC facilities has received training on GBV</p>	<p>By the end of 2023, ≥25% of all staff working at SHC facilities has received training on GBV</p>	<p>By the end of 2024, ≥45% of all staff working at SHC facilities has received training on GBV</p>	<p>By the end of 2025, ≥60% of all staff working at SHC facilities has received training on GBV</p>
<p><i>3d2. Counseling desks established in all OPDs on reproductive health and mental health</i></p> <p>By the end of 2026, at least 30 SHC facilities established in the OPDs counseling desk on reproductive and mental health</p> <p>Desks for reproductive health and mental health are to be counted separately.</p>	<p>Desks or consultation rooms for psychosocial care available in 7 of the program hospitals</p>	<p>2021</p> <p>Development program funded from PC-1 to routine funding and implementation</p>	<p>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</p>	<p>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</p>	<p>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</p>	<p>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</p>

Verification Protocol

Definition and description of achievement

- When %age of staff working (30% women) reported improved knowledge on GBV matches the target %age
- Attendance training logs, signed by hospital manager and the attending staff be reported to IMU
- Desks/ consultation rooms on both RH and mental health

Information Source and frequency

- Assessment report by IMU

Verification Agency and Procedure

- IMU will submit the report to ADB
- IVA will verify submitted documents

Reporting in DLI Achievement Report

Training on gender-based violence for all staff categories

- IMU to compile a report annually giving details of trainings conducted by hospitals containing numbers and percentage of attending staff
- Attach signed (by hospital managers) training logs and the lists of attending staff

Counseling desks established in all OPDs on RH and mental health

- IMU to compile a report annually on the hospital which have established such desks and consultation rooms with the details like staff deputed and the performance of these desks/ rooms etc.
- Attach any communication from the hospitals like compliance report, letters, pictures etc.

DLI 7: Gender issues are adequately considered

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
<p><i>3d3. Inquiry Committees established and operational</i></p> <p>By the end of 2026, inquiry committees in at least 28 SHC facilities established and operational.</p> <p>Code of conduct is displayed in offices and staff training is conducted.⁶</p> <p>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	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

Verification Protocol

Definition and description of achievement

- When Inquiry Committees established in required numbers under Harassment at Workplace Ordinance 20210 and are functional
- Operational means when at least two document meetings (minutes of meeting on record) are held per annum
- Code of Conduct (annexure to the Harassment at Workplace Ordinance) displayed in offices
- Staff training is conducted (training log and list of attendees)

Information Source and frequency

- Assessment report by IMU based on availability of minutes of Committee meeting

Verification Agency and Procedure

- IMU will submit the minutes and hospital activity reports on achievement each year
- IVA will verify submitted documents

Reporting in DLI Achievement Report

Inquiry Committees established and operational

- Give list of complying hospitals each year
- Attach notifications of the establishment of Inquiry Committees
- Attach minutes of meetings each year
- Attach list of staff attending training session signed by hospital manager



DLI 8: Essential medicines, vaccines, and supplies available

OUTPUT 4: MEDICINE SUPPLY CHAIN MANAGEMENT UPGRADED						
DLI 8: Essential medicines are available						
<p><i>4b. 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</p>	80% availability of essential drugs	2021 Ongoing procurement of	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	By the end of 2025, 97.5% of essential drugs and consumables
<p>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>		essential drugs and consumables	are available at SHC facilities	are available at SHC facilities	are available at SHC facilities	are available at SHC facilities

Verification Protocol

Definition and description of achievement

- The DLI is considered achieved when 97.5% of essential drugs and consumables are available at SHC facilities...with a 1-month stock buffer at SHC hospitals reaches 97.5% (2021 baseline: 80% availability of essential drugs)

Information Source and frequency

- Assessment reports by IMU
- List of essential drugs and consumables defined by DOH

Verification timeframe

- Every 6 months during the month following the semester period
- IMU will submit both the reports from the year to ADB on achievement each year.

Verification Agency and Procedure

- IVA will verify submitted documents

DLI 9: Contracting of non-clinical services in selected SHCs

Results Indicators	DLI (Yes / No)	Baseline Value	Baseline Year & Prior results	Target Values of Results Indicators			
				FY2023	FY2024	FY2025	FY2026
OUTPUT 5: SERVICE DELIVERY EFFICACY IMPROVED							
5a. Active contracting of clinical and non-clinical service providers is in place.							
<p><i>5a1. Contracting of clinical services in selected SHCs.</i></p> <p>By the end of 2026, at least 30 SHC facilities have concluded service contracts for clinical services (e.g., imaging, laboratory).</p>	<p>Yes, DLI9, 5%, \$5 million</p>	No service contracts signed	<p>2021 Elaboration of draft contracts and identification of interested service providers) has already started</p> <p>No prior results</p>	<p>By the end of 2022, ≥3 contracts will be signed for the provision of clinical services to any of the SHC hospitals</p> <p>0.75%, \$0.75 million</p>	<p>By the end of 2023, ≥9 contracts will be signed for the provision of clinical services to any of the SHC hospitals</p> <p>0.75%, \$0.75 million</p>	<p>By the end of 2024, ≥18 contracts will be signed for the provision of clinical services to any of the SHC hospitals</p> <p>0.75%, \$0.75 million</p>	<p>By the end of 2025, ≥30 contracts will be signed for the provision of clinical services to any of the SHC hospitals</p> <p>0.75%, \$0.75 million</p>
<p><i>5a2. Contracting of non-clinical services in selected SHCs.</i></p> <p>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).</p>		No service contracts signed	<p>2019 Service contract(s) (security) signed for 7 of the program hospitals</p> <p>No prior results</p>	<p>By the end of 2022, ≥10 hospitals will be included in contracts for the provision of non-clinical services</p> <p>0.5%, \$0.5 million</p>	<p>By the end of 2023, ≥15 hospitals will be included in contracts for the provision of non-clinical services</p> <p>0.5%, \$0.5 million</p>	<p>By the end of 2024, ≥20 hospitals will be included in contracts for the provision of non-clinical services</p> <p>0.5%, \$0.5 million</p>	<p>By the end of 2025, ≥30 hospitals will be included in contracts for the provision of non-clinical services</p> <p>0.5%, \$0.5 million</p>

Verification Protocol

Definition and description of achievement

- The DLI is considered achieved when ≥ 30 contracts for the provision of clinical services to any of the SHC hospitals are signed
- The DLI is considered achieved when ≥ 30 contracts for the provision of non-clinical services to any of the SHC hospitals are signed

Information Source and frequency

- 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.

Verification Agency and Procedure

- IVA will verify submitted documents

DLI 10: Fiduciary and financial management improved

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
DLI 10: Fiduciary and financial management improved						
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 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

Verification Protocol

- PMU is operational and number of vacant positions reduced as per annual targets
- PMU Annual Report each year with details of positions filled and vacant

DLI 10: Fiduciary and financial management improved

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
5c2. Project Procurement Plans are updated and published on KPPRA website	1 Procurement Plan for 6 hospitals	2021 Procurement plans prepared	By the end of 2022, ≥13 procurement plans have been published on the KPPRA website	By the end of 2023, ≥25 procurement plans have been published on the KPPRA website	By the end of 2024, ≥33 procurement plans have been published on the KPPRA website	-

Verification Protocol

Procurement plans are published on KPPRA website

PMIU annual report Procurement Plan, Annual Hospital Financial Reports (as part of annual performance reports)

IMU will submit the procurement plan report. IVA will verify the submitted documents

DLI 10: Fiduciary and financial management improved

Results Indicators	Baseline Value	Baseline Year & Prior Results	Target Values of Results Indicators			
			FY2023	FY2024	FY2025	FY2026
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

Verification Protocol

Financial and audit reports are submitted within 3 months at the end of financial year

Hospital financial reports (may be part of the annual performance report)

IMU to submit financial and audit reports to ADB on achievement each year.

IVA to verify submitted documents

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
Independent Verification Agency		
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
Operations		
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
Monitoring and Evaluation		
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

Financial Management		
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
Actions	Responsible Agency	Time Frame for Implementation
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
Fiduciary		
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 ^a
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

Environment and Safeguards		
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 ^b
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
Human Resources Management		
Provide training to inquiry committee members and other hospital staff on applicable law and code of conduct.	DOH, PMIU	During program implementation

Thank you

Question and answers.