ADB

# Project Administration Manual

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# Sector Development Program
# Papua New Guinea: Health Services Sector Development Program

# (Second Additional Financing)

**Project Administration Manual Purpose and Process**

The project administration manual (PAM) describes the essential administrative and management requirements to implement the project on time, within budget, and in accordance with government and Asian Development Bank (ADB) policies and procedures. The PAM should include references to all available templates and instructions either through linkages to relevant URLs or directly incorporated in the PAM.

The Department of Health (DOH) and selected provinces are wholly responsible for the implementation of ADB-financed projects, as agreed upon jointly between the borrower and ADB, and in accordance with government and ADB policies and procedures. ADB staff are responsible to support implementation including compliance by DOH and selected provinces of their obligations and responsibilities for project implementation in accordance with ADB's policies and procedures.

At Loan and Grant Negotiations the borrower and ADB will agree to the PAM and ensure consistency with the Loan Agreement. Such agreement will be reflected in the minutes of the Loan and Grant Negotiations. In the event of any discrepancy or contradiction between the PAM, and the Loan, project, and Grant Agreements, the provisions of the Loan and Grant Agreements, will prevail.

After ADB Board approval of the project's report and recommendation of the President, changes in implementation arrangements are subject to agreement and approval pursuant to relevant government and ADB administrative procedures (including the Project Administration Instructions), and upon such approval they will be subsequently incorporated in the PAM.

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## ABBREVIATIONS

| | | |
|---|---|---|
| ADB | – | Asian Development Bank |
| CEO | – | chief executive officer |
| CEPA | – | Conservation and Environment Planning Authority |
| CRVS | – | civil registration and vital statistics |
| CSS | – | country safeguards systems |
| DFAT | – | Australian Department of Foreign Affairs and Trade |
| DMF | – | design and monitoring framework |
| DOH | – | Department of Health |
| DOT | – | Department of Treasury |
| EARF | – | environmental assessment and review framework |
| EMP | – | environmental management plan |
| eNHIS | – | electronic national health information system |
| FMA | – | financial management assessment |
| GAP | – | Gender Action Plan |
| GOPNG | - | Government of Papua New Guinea |
| HFG | – | health funding grant |
| HSIP | – | Health Sector Improvement Program |
| HSSDP | – | Health Services Sector Development Program |
| IEE | – | initial environmental examination |
| IFMS | – | integrated financial management information system |
| ISDP | – | integrated suite of development programs |
| M&E | – | monitoring and evaluation |
| MTR | – | midterm review |
| NGO | – | nongovernment organization |
| NHP | – | National Health Plan |
| NHSS | – | National Health Service Standards |
| PAM | – | project administration manual |
| PCR | – | project completion report |
| PFM | – | public financial management |
| PHA | – | provincial health authority |
| PMU | – | project management unit |
| PNG | – | Papua New Guinea |
| PPC | – | Provincial Partnership Committee |
| PPMS | – | project performance management system |
| PSG | – | Project Steering Group |
| OCR | – | ordinary capital resources |
| RPHSDP | – | Rural Primary Health Services Delivery Project |
| RRP | – | Report and Recommendations to the President |
| SDG | – | Sustainable Development Goal |
| SDP | – | Sector Development Program |
| SPS | – | ADB Safeguard Policy Statement 2009 |
| TA | – | technical assistance |
| TOR | – | terms of reference |
| TWG | – | Technical Working Group |
| WA | – | withdrawal application |

# I. PROJECT OVERVIEW

## A. Summary of Project Rationale, Location, and Beneficiaries

1. **Country context.** Papua New Guinea (PNG) has an estimated population of over 9.9 million in 2021 across four regions, Highlands Region, Islands Region, Momase Region and Papua Region. The complexity of the PNG culture is reflected in the more than 800 languages across the country. PNG has the lowest life expectancy in the Pacific region, and is unlikely to achieve Sustainable Goal 3 of ensuring healthy lives and promote well-being for all, especially for health targets related to maternal and child health and infectious diseases including tuberculosis.[1] Health indicators vary significantly across the 22 provinces, such as 18% of births supervised in Southern Highlands Province compared with the national average of 56%.[2] Physical access to health services is limited for the nearly 90% of people who live in rural areas because of poor roads, and either non-existent or expensive transport, whether by road or sea. The leading causes of premature death are pneumonia, heart disease, stroke and neonatal conditions, and a leading risk factor is malnutrition.[3]

2. **Health system context.** During times of promising economic growth and budget expansion, PNG increased the health sector budget, however, weak public financial management (PFM) systems resulted in funds not reaching the service delivery level. The limited and irregular financing has contributed to a decline in health services and constrained the achievement of health outcomes.[4] Significant gains in PNG health outcomes could be achieved if there was a more effective health care system that delivered quality essential services to the rural majority which is the focus of the PNG National Health Plan 2021–2030 (NHP).[5] Addressing weaknesses in PFM in general, and health PFM, can support effective use of funds in the health sector, even when funds are limited due to general economic conditions.

3. Challenges in strengthening the PNG health system include (i) fiscal constraints, fragmented funding streams, and weak PFM; (ii) frequent medical supplies stock outs compromising clinical and health outcomes; (iii) an ageing workforce; (iv) inconsistent standards of governance, and management including effective use of information; (v) inconsistent health seeking behaviors by community members (e.g., for immunization); (vi) gender inequality contributing to poor health indicators; (vii) health infrastructure decaying due to lack of investments including maintenance; (viii) a misalignment between resources and accountability, and (ix) inconsistency in the equitable distribution of funds.

4. In response to these challenges, the Government of PNG (GOPNG, the government) is (i) aligning its national development plans to achieve the health Sustainable Development Goals (SDGs), (ii) implementing financial management reforms, (iii) supporting the removal of user fees for primary health care, and (iv) subsidizing selected specialist health services. The government's

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1 Global Change Data Lab. SDG Tracker – Sustainable Development Goal 3 (accessed 22 August 2022).
2 The World Bank. Births Attended by Skilled Health Staff (% of Total) – Papua New Guinea (accessed 22 August 2022).
3 Institute for Health Metrics and Evaluation. 2016. *Global Burden of Disease. Country Profile–Papua New Guinea.* University of Washington. Washington.
4 Howse et al. 2014. *A Lost Decade*. S*ervice Delivery and Reforms in Papua New Guinea 2002–2012*. Australian National University Development Policy Centre. Canberra; WHO. 2016. *Universal Health Coverage Fact Sheet*. Geneva; WHO. 2013. *Research for Universal Health Coverage: World Health Report.* Geneva.
5 Government of Papua New Guinea. 2021. *National Health Plan 2021–2030.* Port Moresby.

decentralized plan for the health system is complete by the establishment of provincial health authorities (PHAs) in all provinces.[6]

5. **Gender inequality.** Gender inequality, and gender violence contribute to an estimated 62% loss in potential human development in PNG. Gender inequality is exacerbated by the PNG systems of family and community relationships, which often exclude women from leadership roles, and decision-making. The 2014 Health Gender Policy that guides the Department of Health (DOH) on gender integration, equity, and equal access for men and women to health services, and a 2014 National Family Planning Policy.[7] Data on reproductive health is incomplete but estimates are that family planning rates dropped perhaps by 50% in 2013, after concerted efforts increased by 2016, and may be on the decline again. As well, family planning challenges are magnifying as PNG is facing the largest cohort of people in its history who are entering reproductive years.[8]

6. **Health Services Sector Development Program**. The Health Services Sector Development Program (HSSDP) approved in May 2018 supports the achievement of the health-sector related SDGs towards achieving universal health coverage.[9] The HSSDP is aligned with key government plans including the Medium Term Development 3 2018–2023, Medium Term Development 4 2023–2027, the PNG Vision 2050, the National Strategic Plan 2010–2050, the Development Strategic Plan 2010–2030, the NHP, and other government efforts to strengthen the health sector including through health financing.[10] The HSSDP design complements the activities of other development partners supporting PNG in the health sector, aiming to do so without overlap or duplication, seeking instead complementarity and synergies.

7. The HSSDP (the program) incorporates (i) policy lending with three 1-year sub-programs and (ii) project lending through a 9-year investment.[11] The program will support the government to ensure that (i) sufficient resources are safeguarded to the health sector; (ii) the flow of funds to support sub-national services delivery is timely and complete; and (iii) resources are used efficiently to improve service delivery for essential health care to the mainly rural population.[12] Specifically, the policy based loans support national public finance, and health policy reforms to improve the fiscal space for health and subnational flow of funds; and the project will finance investments that support the delivery of the policy actions, and ensure they are effectively operationalized in PHAs and districts to improve service delivery.

8. The program supports policy actions and investments nationally, and sub-nationally. Nationally, the program will support the Department of Health (DOH) in shifting its focus, and functions from direct management of service delivery to policy, regulation, monitoring, and health sector budgeting as the health system fully decentralizes, and support medical supplies strengthening. Sub-nationally, the program supports health system strengthening through development programs in evidence-based planning, corporate and clinical governance, leadership and management including financial management; and through partnerships with

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[6] Government of Papua New Guinea. 2013. *Free Primary Healthcare and Subsidized Service Policy*. Port Moresby; and Government of Papua New Guinea. 2007. *Provincial Health Authorities Act 2007.* Port Moresby.

[7] Government of Papua New Guinea. 2014. *Health Gender Policy.* Port Moresby; and Government of Papua New Guinea. 2014. Port Moresby.

[8] Government of Papua New Guinea. 2014. *Family Planning Policy.* Port Moresby.

[9] The Lancet. Sustainable Development Goal for health.

[10] Government of Papua New Guinea. 2011. *Vision 2050*. Port Moresby; Government of Papua New Guinea. 2010. *National Strategic Plan 2010–2050.* Port Moresby; and Government of Papua New Guinea. 2018. *Medium Term Development Plan 3 2018–2023.* Port Moresby. Footnote 5

[11] The three policy lending loans are closed.

[12] Government of Papua New Guinea. 2015. *National Health Service Standards*. Port Moresby.

district authorities and the private sector, improved information systems and their effective use, community health awareness raising and improved health seeking behaviors, and civil works for new health facilities at district level. The HSSDP investment builds on the ongoing Rural Primary Health Services Delivery Project (RPHSDP), independently assessed in 2017 as having significant and substantial outputs and outcomes, effective monitoring and evaluation, and good management and ongoing Asian Development Bank (ADB) technical assistance in PFM.[13] First additional financing from the Australian Government approved in June 2019 further expanded the HSSDP project investments. The second additional financing from ADB and the Australian Government will extend project investments.

9. The HSSDP reflects the global shift from vertical disease programs to universal health coverage through health systems strengthening, key goals of the World Health Organization, and SDG3 to ensure healthy lives and promote well-being for all at all ages.[14] The HSSDP supports the PNG national PFM reforms, identified priorities in the government's Public Expenditure and Financial Accountability Road Map 2015–2018 that builds on the International Monetary Fund-supported assessment of 2015, and the national planning framework under the PNG Planning and Monitoring Responsibility Act 2016.[15] The entire population of PNG is expected to benefit from the program through improved health system stewardship, better public financial management, and evidence-based planning.

10. Alignments within ADB include with (i) the objective of the ADB Country Partnership Strategy 2021–2025 for PNG where health is one of the priority areas, and (ii) ADB's Strategy 2030 Strategic Operational Priorities 1 by delivering improved health services thereby addressing inequalities in access to healthcare, 2 by improving healthcare for women and girls, 3 by delivering climate proofing health facilities and 7 by supporting regional public goods through public health.[16]

## B. Impact and Outcome

11. The impact statement of affordable, accessible, equitable and high-quality health services for all citizens developed in alignment with the National Health Plan 2011–2020 is being updated to align with the new National Health Plan 2021–2030 objective of increased access to quality and affordable health services.[17] The outcome of more sustainable and efficient health care system achieved will remain unchanged; however, an additional performance indicator target will be included under the second additional financing for the establishment of whole genome sequencing for the surveillance of emerging infections and public health threats nationally and regionally. The program design and monitoring framework (DMF) is in Appendix 9. Program outcomes will support the NHP key result areas in maternal and child health, reducing the burden of communicable diseases, improving health promotion, and supporting disease surveillance to prevent outbreaks.

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[13] ADB. 2011. *Report and Recommendation of the President: Rural Primary Health Services Delivery Project.* Manila; ADB. 2016. *Technical Assistance for Supporting Public Financial Management (Phase 3*); Footnote 7.

[14] World Health Organization. 2015. *Tracking universal health coverage*. Geneva; Footnote 11.

[15] Government of Papua New Guinea. 2015. *Public Expenditure and Financial Accountability Road Map* 2015–2018. Port Moresby; IMF. 2015. *Papua New Guinea Public Expenditure and Financial Accountability*. Fiscal Affairs Department. Washington, D.C.; and Government of Papua New Guinea. 2016. *Planning and Monitoring Responsibility Act 2016.* Port Moresby.

[16] ADB. 2020. *Country Partnership Strategy: Papua New Guinea, 2021–2025—Achieving Diversified, Sustained, and Inclusive Growth*. Manila; and ADB. 2018. *Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*. Manila.

[17] Government of Papua New Guinea. 2021. *National Health Plan 2021–2030*. Port Moresby.

12. Expected benefits include increased productivity from (i) reduced incidence and severity of illnesses resulting in fewer lost days of work; (ii) reduced mortality, particularly among mothers and newborn infants; and (iii) fewer work-days lost to caring for sick relatives and attending funerals. Further program benefits are household savings arising from lower travel costs, and shorter waits for health care services.

13. Unquantified benefits include consumption and utility gains derived by individuals from feeling healthier, psychological benefits of not having a sick family member to care for, herd immunity resulting from increased immunization rates among communities, and government resource savings with the more efficient and effective delivery of health care services.

## C. Outputs

14. The Sector Development Program (SDP) has three interconnected outputs.

15. **Output 1: National frameworks and public financial management enhanced.** Program output 1 strengthens overarching national regulatory, policy and planning frameworks, and PFM systems. The aim is to provide the foundation for efficient, effective, and long-term sustainable health service delivery in (i) fiscal and budgetary management (upstream PFM), (ii) budget execution including public procurement (downstream PFM), and (iii) health sector management. The focus of areas (i) and (ii) is adequate domestic health financing within a sustainable overall resource envelope, to improve allocative efficiency within the health sector, and to make better use of public resources through strengthened gender inclusive and responsive PFM systems. These reforms will leverage efficiency improvements beyond the health sector to the wider government resource envelope, multiplying the impact on public expenditure, and service delivery. The focus of area (iii) is overarching regulatory and planning frameworks for health, aiming to support and embed health system reforms under program outputs 2 and 3.

16. Upstream PFM policy actions include the approval, publishing, and regular updating of a medium-term fiscal strategy for 2018–2022. There will be a realistic deficit reduction plan translated into annual national budgets. Allocations will safeguard essential health service delivery, and other priority services during the current period of fiscal tightening. The interconnected project activities will support strengthened health system and health service delivery through the review of sector funding; resource allocation approaches, currently critical to overall funding; and bottom-up basic service costings for different health facility levels based on the PNG National Health Service Standards (footnote 13). Growing evidence on service delivery costs will inform rolling updates of the medium-term fiscal strategy, annual budgets, and benchmark monitoring.

17. Downstream PFM policy actions support (i) amendment of the Public Finance (Management) (Amendment) Act 2015 that extends, and defines, coverage to public and statutory bodies, such as PHAs, and makes PFM regulatory framework changes; (ii) the full implementation of the integrated financial management system (IFMS) as the system for budgeting, accounting and financial reporting of all public funds in national government entities, including the DOH; and (iii) the approval and implementation of a new procurement bill that addresses critical weaknesses, including exploring possibilities such as an independent regulatory function, and complaint redress mechanism. Under the new, proposed public procurement framework, project interventions will support strengthening national medical supplies procurement arrangements that will support government in addressing current shortcomings.

18. Health sector management actions include a unified health services and administration bill that replaces the current fragmented health sector regulatory frameworks. The bill will address overly complex financing and service delivery arrangements through simplification and alignment of functions, resources, and accountability. Project activities will support this by providing technical inputs during the review, consultation, and drafting process of the bill. In close collaboration with development partners and other stakeholders, project activities will support DOH in a stock-take of health sector reform progress against the objectives, and strategies of the NHP.

19. By mid-term in April 2023 the project supported (i) the costing of the NHP 2021–2030, (ii) the review of the National Health Service Standards 2011; (iii) development of a clinical governance framework for PHA; (iv) development of standard Patient Referral Guidelines; (v) updated National Infection Prevention and Control Guidelines; (vi) developed Strategic Health Service Development Plans for selected PHAs and (vii) contributed to a manual for the Governance and Management of PHAs including PFM Modules for PHAs. The budget module was trialed by the National Capital District PHA for the development of its 2022 annual budget submission. Three national forums for PHA chief executive officers, directors, and budget officers were held by the project to support the processes for formulation of budget submissions and coronavirus disease (COVID-19) planning. Additional financing will support a national laboratory strategic plan (with gender and regional considerations).

20. **Output 2: Subnational health system management strengthened.** Program output 2 supports (i) the full rollout of the decentralized PHA model across PNG; (ii) sustaining and increasing health financing, and its direct transfer to PHAs; and (iii) strengthening processes, systems, and management ability in PHAs. This includes support for the required subordinate legislation including PHA regulations and by-laws, and a PHA operational management manual. It also includes (i) better aligned funding for primary health and hospital services to PHAs including the direct channeling of health function grants to PHAs, instead of through provincial government administrations; and (ii) steps to identify and secure other critical fund flows, to reduce funds fragmentation, and avoid repurposing of funds or delays in transfers to service delivery points and health facilities. Policy actions support PHA efficiency and effectiveness in service delivery at all levels, and the PFM cycle (from planning to monitoring).

21. By midterm, output 2 project activities have been delayed due to COVID-19 travel restrictions but these activities are now picking up and include support for all PHAs and selected project health districts through an integrated suite of development programs (ISDP), based on adult learning and action-learning principles; all of which incorporate gender and social inclusion, and gender mainstreaming. The ISDP will be cross cutting through outputs 1 and 3, and target PHA board members; executive, district, and middle managers; multidisciplinary clinical staff; analysts in corporate services areas and aim to increase the pool of women ready for governance and senior management roles. It will raise the skills, standards, systems, and processes of (i) corporate and clinical governance; (ii) leadership and management, including PFM, and gender inclusive and responsive budgeting; (iii) the effective use of integrated data for decision making for better service delivery, including financial, workforce, and civil registration and vital statistics; (iv) clinical practice in project civil works facilities; and (iv) community health knowledge, community health seeking behaviors, and community-led health promotion. Course material for the proposed executive leadership development program has been developed and early discussions have been held with leaders of the University of Papua New Guinea's Schools of Medicine and Health Sciences and Business on the university's interest and capability to deliver the course in 2023. A procurement process was initiated in Q3 2022 for commencement of training, full rollout, and catch-up in 2023 and 2024. Pacific Adventist University is currently

providing a course to develop skills for Provincial Health Promotion Officers in community-led health promotion and the Divine Word University is currently providing skills development courses for District Health Managers and for Provincial Health information Officers in the effective use of integrated data for decision making.

22. Output 2 project activities also support PHAs develop (i) provincial and district health information profiles; (ii) evidence-based health plans; and (iii) comprehensive, gender-inclusive and responsive budgets, financial statements, and annual management and performance reports. This includes a regular PHA chief executive officer meeting for knowledge exchange and collective advocacy, and executive coaching for PHA board chairs. The model PHA manual will be aligned with relevant national frameworks (e.g., the amended PFM Act), promoting good practice in the PNG resource constrained environment. There will be strengthened financial management information systems in PHAs to establish improved financial controls, and enable PFM compliance. A PHA monitoring framework will be supported, including supporting DOH staff in its effective use in the decentralized health system. It will also include the revitalization of the reproductive health care and obstetrics curriculum and training. Additional financing will expand training to include at least 45 provincial laboratory personnel trained in national health services standards.

23. **Output 3: Health service delivery components strengthened.** The third program output supports five key components for effective delivery of quality health services, and progress towards universal health coverage: (i) medical supplies strengthening; (ii) health sector partnerships; (iii) health information systems; (iv) health facility infrastructure improvements; and (v) patient referral systems. Support will be given to streamline the current extensive national medical catalogue to facilitate procurement and inventory management.

24. Output 3 project activities support the review of medical supplies procurement and distribution which was completed in December 2021. By mid-term, the project has supported the national rollout of the electronic national health information system (eNHIS) including the procurement and installation of the eNHIS software, and training of health sector staff in its effective use, aligning this with the current DOH field epidemiology training where appropriate. The eNHIS complements financial information systems (project output 2), and mSupply for medical supplies (project output 3). eNHIS provides essential information on service delivery and health outcomes for planning, budgeting, monitoring, and reporting frameworks, including the provincial and district health profiles supported under project output 2.

25. Output 3 project activities also support health facility upgrades in selected provinces. Facility master planning will incorporate interprovincial population catchment, and will inform the location of current, and future health services in each target province. Distribution and levels of health facilities influence patient access and safety, and costs, making master plans a strategic, long-term tool for investments in health infrastructure for HSSDP facility upgrades, and for government-funded service improvement programs. Based on these, and the selection criteria outlined in project administration manual (PAM) Appendix 2, Civil Works Selection Criteria, the project will implement facility upgrades at district levels 3 and 4, a priority of government. [18]

26. Activities at civil works sites include (i) engaging with local communities, and provincial and district authorities to support increases in heath awareness, and health seeking behaviors (e.g., immunization), including with women's associations; (ii) training of all maternal health care

[18] To assist in the preparation of the various due diligence documents Bialla was tentatively agreed as a possible site for a district hospital and was used as a basis to prepare costings in Appendix 7, Procurement Plan.

workers in project facilities on essential obstetric care, integrated management of childhood illness, and safe birthing; and (iii) other clinical upskilling as prioritized. The project will also support training in (i) health facility management and maintenance at civil works sites, periodic assessment of facilities to ensure they meet the National Health Service Standards, and provide some support to civil registration and vital statistics; (ii) gender-based violence awareness including with construction staff, the community, and health workers. This training includes how to (i) identify symptoms of gender-based violence; (ii) provide culturally sensitive care and support; and (iii) apply best practice protocols and guidelines.

27. Output 3 project activities have supported the updating of model patient referral guidelines, and the tailoring and implementing of the guidelines to civil works provinces to support patient continuum of care at the appropriate level health facility. Good referral guidelines ease the patient load burden on provincial hospitals, improve patient care and health outcomes, and reduce costs.

28. By midterm, Ambunti Health Centre has been completed and handed over, similarly, Gaulim CHP in East New Britain, Bitokara in West New Britain and Umba in Morobe Province, are being completed. Contracts have been awarded for civil works for all stages of the health center at Kopiago in Hela Province, all stages of the Agevairua Health Centre in Central Province, for all stages of the Cape Gloucester Health Centre, and all stages of Wirui CHP in East Sepik Province and Warasikau CHP in Sandaun Province. Contracts have also been awarded for the first six stages of the Pomio District Hospital at Palmalmal in East New Britain Province and for stage one of the Bogia District Hospital in Madang Province. The second additional financing will expand output 3 by the construction of one additional district hospital (using the same criteria for site selection), and a national reference laboratory in Port Moresby.

29. **Program value addition.** The program will have demonstration value for health system strengthening, and sustainable change in other low resource settings. Innovative features include (i) multisectoral support to health service delivery by implementing national reforms in PFM; (ii) development of an integrated public health model that links community health posts, health centers, and small hospitals along a continuum of care based on referral guidelines; (iii) effective partnerships with churches, not-for-profits, the private sector, and the district development authorities, to ensure minimal risk to government; (iv) an integrated suite of organization and human resource development programs to achieve sustainable health system change which integrate gender and social inclusion, and gender mainstreaming; (v) an approach to health budgeting that promotes visibility and accountability, and emphasizes the importance of monitoring budget execution in addition to budget preparation; (vi) a structured approach to health system monitoring that creates the link between resourcing and service delivery by integrating finance and sex-disaggregated health workforce information, and health status and other health information from real-time information systems to underpin transformational change; and (vii) developing innovative approaches to support government efforts to strengthen medical supplies procurement and distribution. PAM Appendix 1, Program Design Synergies, provides further detail of program value addition.

30. **Project management.** The project activities are managed through a PMU under the DOH that was established through the RPHSDP, which was closed in December 2022, and has transitioned to the implementation of HSSDP. This is a seamless approach to capitalize on RPHSDP experiences, complete activities-in-progress, and maximize office facility efficiencies by using the same office space, and equipment for the HSSPD project. The PMU is responsible for (i) implementing project activities; (ii) project planning, reporting, coordination with development partners; (iii) monitoring and evaluation including reporting against the gender action plan; and (iv) ensuring safeguards compliance. It will cluster and coordinate health system strengthening

activities of development partners and government, and be used by the DOH as a key support for, and driver of, health system strengthening.

31. **Monitoring and evaluation (M&E).** M&E for the project investment is contracted to a specialist firm which will develop baseline data for all outputs using the district health profiles commenced by government in 2017, and the provincial and district health information generated under outputs 2 and 3, using eNHIS. The firm for M&E is contracted to (i) develop a needs assessment, (ii) assess the program theory of change, and (iii) perform a comprehensive progress, impact evaluation, and cost effectiveness analysis at mid-term (PAM Appendix 3, Monitoring and Evaluation Terms of Reference, which is based on the DMF, Appendix 8). The firm works with the HSSDP PMU to determine what will be monitored and evaluated, how data will be collected, who will do the collection and analysis, how frequently this will be done and in what format, how findings will be disseminated among those involved, and gain a clear understanding of limitations and potential on what actions may be taken as a result. The firm will use available government data wherever possible, thereby working within the government systems, actively assisting their strengthening. The firm build in processes for communication for learning as the basis for subsequent improvements and corrective action and bring people with them for continuous improvement for sustainable change. Additional financing will expand the M&E scope.

32. All reviews, assessments, and evaluations will provide recommendations for future consideration for continuous quality improvement of project activities, their impact, and outcomes including social inclusion and gender mainstreaming effectiveness, and any climate change issues. The program completion report will assess the overall effectiveness of this approach. Partners including the Australian Department of Foreign Affairs and Trade (DFAT) will be invited to provide technical inputs as relevant and appropriate, and the findings will be made available to all stakeholders.

## D. Sustainability

33. Health system change and reform will be sustained and supported in the longer-term by strengthened financial sustainability through the HSSDP national policy reforms, more efficient procurement, and through improved PHA and health district governance and management. Sustainability will also be strongly supported through the innovative ISDP, and further supported by the ISDP being designed and delivered in partnership with a local provider or providers.

34. The financial sustainability of the program has been assessed, and estimated operations and maintenance costs are within the anticipated health resource envelope. Policy reforms to improve public expenditure management, supported by the program component of the HSSDP, will further ensure that sufficient resources will be available for annual operations and maintenance costs associated with project outputs and activities. The Financial Analysis is in Linked Document in RRP. Any additional operational costs resulting from new or upgraded facilities will be identified in the Provincial Health Services Plans, and a sustainable stream of funding for the facility identified.

35. Environmental sustainability is addressed in the design of new and upgraded facilities, with an emphasis on renewable energy sources, and energy efficient designs.

36. Health system and management sustainability is addressed by ensuring that all inputs operate within PNG government systems and processes; by the integrated suite of organization and people development strategies in output 2 that cross-cuts through outputs 1 and 3; by the

demonstration value, innovation, and integrated health system change strategies; and by the transfer of technical skills over the life of the program. Sustainability will also be supported by the effective use of information becoming an integral part of how the health sector is governed, managed, planned, funded, and monitored.

## II. IMPLEMENTATION PLANS

### A. Program Readiness Activities

37. Implementation plans have been prepared and agreed that cover (i) program readiness activities (see Table 1 which summarizes the schedule of main program readiness activities); and (ii) the overall implementation plan, set out below. The plan will be adjusted at the time of loan effectiveness, and then reviewed and updated during the program implementation period and on an annual basis. Key activities are (i) National Executive Council submission, and (ii) the appointment of the local implementation consultants as soon as practical after loan effectiveness.

**Table 1: Schedule of Program Readiness Activities**

| | Jan | Feb | Jul | Aug | Sep | Oct | Nov | Responsible agency |
|---|---|---|---|---|---|---|---|---|
| Asian Development Bank (ADB) staff review | x | | | | | | | ADB |
| Evidence confirmed for sub-program 1 actions | | x | | | | | | ADB |
| National Executive Council approval | | | x | | | | | GOPNG |
| Designation of Gov. of PNG (GoPNG) focal points | | | x | | | | | DOH |
| Establish implementation arrangements | | | x | | | | | DOH |
| Loan negotiations | | | x | | | | | ADB and GOPNG |
| ADB Board consideration | | | | x | | | | ADB |
| Loan signing | | | | | x | | | GOPNG and ADB |
| Project agreement signing | | | | | x | | | GOPNG and ADB |
| Transition of Project Management Unit (PMU) | | | | | x | | | DOH |
| Formation of project steering group | | | | | | x | | GOPNG/ADB/ PMU |
| Formation of program steering committee | | | | | | x | | GOPNG/ADB/ PMU |
| Government legal opinion provided | | | | | | | x | GOPNG |
| Loan effectiveness | | | | | | | x | ADB |
| Additional (first) financing effectiveness | | | | | | | | May 2019 ADB GOPNG DFAT |
| Additional (second) financing effectiveness | | | | | | | x | Nov 2023 ADB GoPNG DFAT |

ADB= Asian Development Bank, DFAT = Department of Foreign Affairs and Trade, DOH = Department of Health, GOPNG = Government of PNG, PMU= project management unit.
Source: Asian Development Bank.

### B. Overall Program Implementation Plan

38. The overall program duration is 9 years with scheduled completion by 30 September 2027. The original program implementation plan (Figure 1), recording outputs with key implementation activities on a quarterly basis will be updated annually, and submitted to ADB with contract award and disbursement projections for each following year.

39. Throughout program implementation, the government ensures that the project investment complies with ADB's guidelines and policies in all areas of project administration, management, reporting, procurement, disbursement, financial management, and social and environmental safeguards.

40. **Project activities sequencing.** The activity sequencing for each output will be maintained as far as can be foreseen. For example, partnership agreements will be prepared before the civil works activities start. Right-sizing and right skilling of the health workforce will be planned as part of each civil works activity, as will strategies to enhance community health awareness, and community health seeking behaviors. PFM, and effective use of eNHIS, and other information systems such as for health workforce management will be integrated within the ISDP, as well as be stand-alone one- and two-day courses for those who require greater depth of knowledge, e.g., financial managers for PFM, planners for eNHIS. Clinical governance will incorporate a systems approach to patient safety and good patient outcomes, incorporating critical elements such as quality assurance systems, and efficient and effective staff rostering to meet clinical and patient safety needs.

## Figure 1: Overall Program Implementation Plan

| No. | Indicative activities | 2018 Qtr | | | 2019 Qtr | | | | 2020 Qtr | | | | 2021 Qtr | | | | 2022 Qtr | | | | 2023 Qtr | | | | 2024 Qtr | | | | 2025 Qtr | | | | 2026 Qtr | | | | 2027 Qtr | | | |
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| | | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| | Loan approval | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Loan signing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Loan effectiveness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1** | **Output 1: National frameworks and PFM enhanced** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 | Health sector budgeting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1.1 | Standard operating costings for health facility levels 2–4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1.2 | Review subnational health budget allocation model | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 | Health institutional and legislative framework | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2.1 | Review, drafting and consultation process support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 | NHP and National HSS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3.1 | NHP, 2011–2020 progress review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3.2 | Successor NHP development support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3.3 | NHSS, 2011–2020 review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3.4 | NHSS update support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3.5 | NHP and National HSS dissemination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3.6 | NHP 2021-2030 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 | Laboratory SOP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2** | **Output 2: Subnational health system management strengthened** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 | PHA manual and oversight framework | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1.1 | Assessment of PHA practices, skills, and systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1.2 | PHA model manual development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1.3 | PHA oversight framework development for DOH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Indicative activities | 2018 Qtr | | | 2019 Qtr | | | | 2020 Qtr | | | | 2021 Qtr | | | | 2022 Qtr | | | | 2023 Qtr | | | | 2024 Qtr | | | | 2025 Qtr | | | | 2026 Qtr | | | | 2027 Qtr | | | |
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| | | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 2.2 | Training approach and integrated training program suite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2.1 | Training approach development (incl funding arrangement) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2.2 | Training courses development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2.3 | Teaching materials/participant handouts development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 | Training partner identification and training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3.1 | Assessment of local training institutions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3.2 | Partnership formalization with suitable institution(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3.3 | Assessment, recruitment and training of trainers (incl through joint training course delivery and backstopping) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4 | ISDP delivery (incl testing of approach and materials, and skills transfer to local institution) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.1 | Governance development for PHA Boards | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.2 | Governance chair executive development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.3 | National health executive leadership development program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.4 | District manager development program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.5 | Middle manager program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.6 | Clinical governance program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.7 | Corporate upskilling programs (incl PFM for PHA analysts) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.8 | PHA oversight and support training for DOH staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5 | PHA learning and networking programs and events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5.1 | PHA learning exchange programs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5.2 | National PHA CEO Forum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Indicative activities | 2018 Qtr | | | 2019 Qtr | | | | 2020 Qtr | | | | 2021 Qtr | | | | 2022 Qtr | | | | 2023 Qtr | | | | 2024 Qtr | | | | 2025 Qtr | | | | 2026 Qtr | | | | 2027 Qtr | | | |
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| 2.5.3 | Plan and hold National Health Congress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.6 | PHA financial management system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.6.1 | Assessment of PHA systems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.6.2 | Design of PHA financial management system support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.6.3 | Support firm contracting and service provision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.7 | Reproductive and obstetrics health care course curriculum update | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.8 | Training laboratory staff on national standards | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3** | **Output 3: Health service delivery components strengthened** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 | Medical supplies procurement and distribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1.1 | Medical supplies procurement strengthening | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1.2 | Medical supplies provincial distribution arrangement design | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1.3 | Implementation support of provincial distribution solution(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2 | Health partnerships | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2.1 | Partnership engagement support between provinces and districts, and with non-government health sector partners | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3 | eNHIS rollout | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3.1 | Vendor contracting and national eNHIS rollout | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.3.2 | User training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.4 | Health facilities upgrading | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.4.1 | Facility master planning for target provinces | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.4.2 | Awarding contracts for infrastructure upgrades and supervising construction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| No. | Indicative activities | 2018 Qtr | | | 2019 Qtr | | | | 2020 Qtr | | | | 2021 Qtr | | | | 2022 Qtr | | | | 2023 Qtr | | | | 2024 Qtr | | | | 2025 Qtr | | | | 2026 Qtr | | | | 2027 Qtr | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| 3.4.3 | Clinical up skilling in project civil works | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.4.4 | Health awareness-raising at civil works sites | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.5 | Health referral system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.5.1 | Model referral guideline development support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.5.2 | Guideline adoption to project provinces | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4** | **Project Management Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1 | Project Management Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1.1 | Establish Project Management Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1.2 | Recruit consultants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1.3 | Organize inception, midterm, and final workshops | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1.4 | Oversee and manage program implementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1.5 | Conduct project completion review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 | Procurement plan key activities to procure contract packages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.3 | Environment management plan key activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.4 | Gender action plan key activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.5 | Communication strategy key activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.6 | Annual and midterm review | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.7 | Project completion report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CEO = chief executive officer, DOH = Department of Health, eNHIS = electronic national health information system, incl = including, ISDP = integrated suite of development programs, NHP = National Health Plan, NHSS = National Health Service Standards, PFM = public financial management, PHA = Provincial Health Authority, qtr = quarter.
Source: Asian Development Bank.

# III. PROGRAM MANAGEMENT ARRANGEMENTS

## A. Program Implementation Organizations: Roles and Responsibilities

41. **Executing and Implementing Agencies.** The Department of Treasury (DOT) will be the executing agency (EA), and the DOH will be the implementing agency (IA).

42. **Project Steering Group.** A project steering group (PSG) was established to monitor project activities and implementation, and be chaired by the Project Director, the Secretary for Health. Table 2 outlines HSSDP implementation arrangements.

**Table 2: Program Implementation Agencies and Responsibilities**

| Program Implementation Organizations | Management Roles and Responsibilities |
|---|---|
| Department of Treasury | **Borrower**<br>• sign the Loan Agreement;<br>• budget, allocate, and release counterpart funds;<br>• endorse to ADB the authorized staff with approved signatures for withdrawal allocation processing;<br>• ensure timely provision of agreed counterpart funds for project activities.<br>**Program executing agency**<br>• appoint the program director;<br>• monitor program implementation and provide coordination and facilitation;<br>• arrange required cross-department/inter-ministerial policy dialogue;<br>• coordinate with provincial authorities in the preparation and implementation of the project;<br>• supervise project procurement.<br>**Program implementation**<br>• achieve policy actions;<br>• and collate evidence. |
| Department of Health | **Implementing Agency [through PMU]**<br>• chair the Project Steering Group for monitoring and oversight of the project;<br>• manage the day-to-day implementation of the project at the national, provincial, and district levels;<br>• be responsible for the overall financial management and administration of the project including timely preparation of annual work plans and budgets, submission of quarterly and annual reports, and the preparation of annual audit reports and financial statements;<br>• manage specific program implementation activities including procurement, recruiting of consulting services, report preparation, the program performance monitoring systems, and preparation and submission of withdrawal applications;<br>• be responsible for preparation of supporting documents for replenishment of advance account, financial statements and arrangements of the annual audit report in close consultations with Department of Finance officials;<br>• monitor complications with policy, legal, financial, economic, environmental, social and other covenants contained in the program legal agreements;<br>• monitor and report program progress and performance; provide overall guidance to the implementation of the project at national, provincial, and local levels;<br>• participate in inception mission, project completion mission, |

| Program Implementation Organizations | Management Roles and Responsibilities |
|---|---|
| Provincial Governments / Provincial Health Authorities and state and nonstate district level health service providers (district authorities, church organizations, private sector, civil society, community participants) | and special administration review if necessary; and<br>• Participate in evaluations process and workshops with provincial and national stakeholders.<br>• administration of the advance account<br><br>**PHAs, state, and nonstate providers**<br>• establish partnership consultation process leading to agreements;<br>• participate in partnership meetings and contract agreements and carry out agreed upon outputs;<br>• provide technical support to the implementation of the project outputs. |
| ADB | Lead project joint review missions including inception mission, mid-term review, and project completion mission, and special administration review, if necessary. Provide support to the technical working group and project implementation supported by the PMU |

ADB = Asian Development Bank, EA= Executing agency, IA= implementing agency, PHA = provincial health authorities, PMU = project management unit.
Source: Asian Development Bank.

43. **Project Management Unit.** The PMU is part of DOH, directly reporting to the Secretary for Health, and closely connected to relevant sections of DOH. The PMU deploys local and international consultants, and volunteers as negotiated with partners to implement project activities. Skills transfer and other learnings are coordinated in all activities, and reinforced through the cross-cutting ISDP. Social inclusion and gender equity principles underpin the implementation of all project activities, systems and processes, including monitoring and evaluation. All PMU staff have gender equity, and mainstreaming training during orientation, and thereafter annually. The PMU helps the DOH prepare the project sustainability plan.

44. The PMU make staff available in adequate numbers with the requisite skills throughout the program to manage project activities, prepare reports, and coordinate with the EA and IA.

45. The PMU develop operational procedures and guidelines so that transfers of responsibility for specified tasks and functions will be agreed for periodic milestones. The government will maintain availability of named partner staff for each consultant, support regular meetings between consultants and partner staff, and monitor and transfer consultant functions to DOH on an agreed timeline.

46. **Consultants.** The project requires national and international consultants where the technical, and implementation expertise needed is currently not available in the DOH. Levels of consultant support will be monitored and reported semi-annually to the ADB. Assisting transition to inline government positions will be a specific requirement of all consultant contracts. Individual consultant contracts are long term (3 to 5 years) subject to satisfactory performance except where one-off inputs only are required. Consultant inputs are adjusted as needed based on the findings of these analyses and evaluations as reflected in the annual business plans, as adjusted.

47. **Gender**. An international gender and social safeguards consultant was recruited for the first half of the project supported by a nationally recruited gender and communications officer, and each PMU staff member will be responsible for specific gender integration deliverables in each of their key activities. All evaluation activities, including the MTR and project completion

report, will have a clear focus on the effectiveness of this approach. Each PMU staff member will have annual social inclusion and gender integration and mainstreaming training, and this will also be included in the orientation of all consultants, and in their performance assessments.

48. **Sustainability.** To support sustainability, the PMU provides training for, and skills transfer to, counterpart government staff, and national consultants over the life of the program. National staff and national consultants are 55% of the proposed project PMU staff. For output 2, sustainability will be supported by the identification of local education and training provider(s) in collaborative design and delivery of selected programs, and knowledge and skills transfer. For output 3, the PMU will support DOH and PHA to perform routine assessment of health facilities to ensure they meet the National Health Service Standards, and support PHAs allocate and procure services for facility maintenance. Other key PMU activities will be fully integrated into DOH systems by the time the program concludes, with the government providing necessary resources to sustain, manage, and enhance program achievements in line with the DOH strategy. It is the intention of government to build on the experience and expertise of the program for its own ongoing efforts for health system strengthening.

49. The PMU will advise the PSG on possible participating provinces and districts including for civil works sites as assessed against the agreed civil works site selection criteria (PAM Appendix 2, Civil Works Selection Criteria).

50. **Partners.** The program works closely with partners including the World Bank, World Health Organization, the Australian Government and the Province Partnership Committees. Cofinanciers and key partners, as agreed by ADB and DOH, will participate in the MTR, program completion review, and any special administration review, or other analyses and evaluation processes as appropriate, and relevant.

## B. Key Persons Involved in Implementation

**Table 3: Key persons involved**

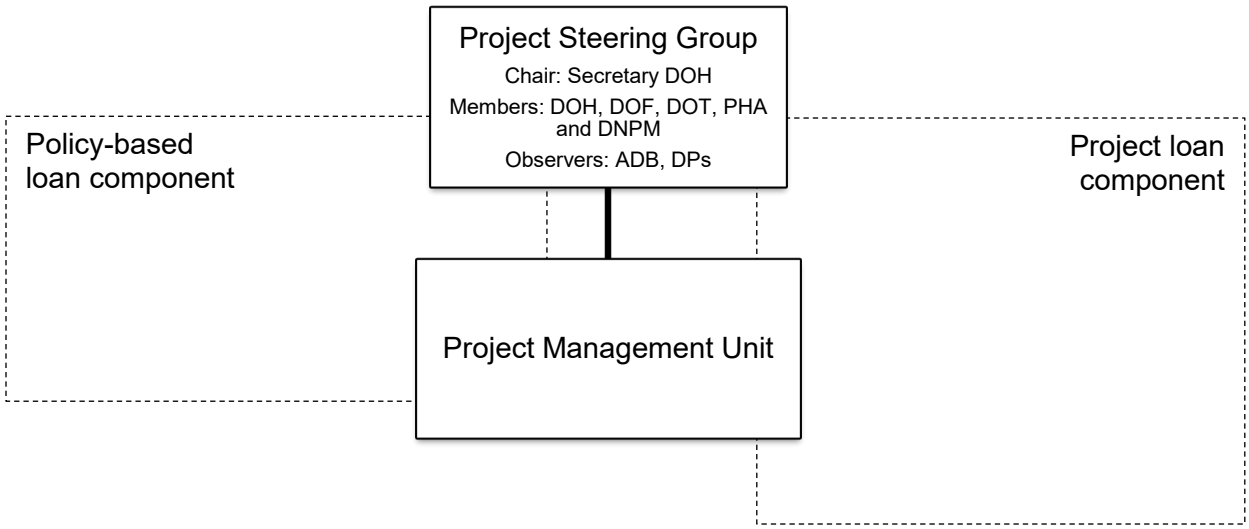
| | |
|---|---|
| **Executing Agency** | |
| Department of Treasury | Officer's Name: Andrew Oaeke<br>Position: Secretary<br>Telephone: 7623 8587/ 7091 6361<br>Email: Andrew_Oaeke@treasury.gov.pg |
| **Implementing Agency** | |
| Department of Health<br>and PHAs as selected and agreed | Officer's name: Osborne Liko<br>Position: Secretary of Health<br>Telephone: 31136021<br>Email: secretary@health.gov.pg |
| | Officer's name: Elva Lionel<br>Position: Deputy Secretary<br>Telephone: 31136021<br>Email address: elva.lionel@gmail.com |
| **ADB** | |
| | Staff Name: Karin Schelzig<br>Position: Director, Human and Social Development Sector Office (SG-HSD)<br>Telephone: +63 2 8632 4444<br>Email: kschelzig@adb.org |
| | Staff Name: Inez Mikkelsen-Lopez<br>Position: Senior Health Specialist, SG-HSD |

| | |
|---|---|
| | Telephone: +612 8270 9444<br>Email: imikkelsenlopez@adb.org |

## C. Program Organization Functional Structure

51. Figure 2 below outlines the governance structure, and Table 4 details key program implementation functions, organizations, and reporting lines for program oversight and implementation.

**Figure 2: Overall HSSDP Program Governance**




DOT= Department of Treasury; DOF = Department of Finance; DP = Development Partners; PHA = provincial health authority, DOH = Department of Health, DNPM= Department of National Planning and Monitoring; DPM = Department of Personnel Management.
Source: Asian Development Bank.

**Table 4: Governance Functions**

| Project Steering Group |
|---|
| • review project implementation<br>• recommend adjustment to project design and procurement<br>• provide guidance to the IA<br>• ensure alignment with DOH priorities and other development partner investments |
| The secretariat to the PSC is the PMU. Development partners will be invited as participating observers. The PSG will meet at least six-monthly over the duration of the project. |

IA = implementing agency, DOH= department of health, PSC = program steering committee, PSG= project steering group, PMU = project management unit.
Source: Asian Development Bank.

52. Based on ADB experience from the completed projects *Grant 0042-PNG:HIV/AIDS Prevention and Control in Rural Development Enclaves, Loan 2785/Grant 0259-PNG:Rural Primary Health Services Delivery Project,* and further consultations in the field with nongovernment organizations, and government and community representatives, the project will, in the first stage, bring together agreed partners, health service providers, and community representatives at the provincial and district levels through one Provincial Partnership Committee (PPC) in each project province, building on those used for RPHSDP.

## IV. COSTS AND FINANCING

53. The overall program loan approved in 2018 is $395 million in ADB financing, comprising (i) a policy-based loan of $350 million (divided into two $100 million annual subprograms for subprogram 1 and subprogram 2 and $150 million for subprogram 3), and (ii) a $95 million project investment component (a $45.1 million regular ordinary capital resources loan, and a $49.9 million concessional ordinary capital resources loan). Government counterpart financing will be $9.5 million (see Table 5 below).

54. Under the original financing the program included five loans, (i) three policy based loans of $100 million each in 2018, 2019 and 2020 which will each have a 15-year term including a grace period of 3 years at London Interbank Offered Rate plus 0.5% interest, and (ii) two project loans one of $45.1 million regular loan with 25 years term and 5 years grace period at London Interbank Offered Rate plus 0.5% interest, and a $49.9 million concessional loan with a 25-year term, and 5-year grace period at a fixed 2% interest.

55. Additional financing in 2019 of $38.0 million was provided by the Government of Australia, administered by ADB. It financed (i) consultancy services; (ii) medical equipment; (iii) capacity development of health service staff; (iv) construction and refurbishment of health facilities; and (v) monitoring and evaluation; and it also includes ADB's administration fee, audit cost and provision for foreign exchange fluctuations, provided that these items are not covered by the interest and investment income earned on this grant, or any additional grant contribution by the Government of Australia. [19]

56. For the second round of additional financing, ADB will finance $42 million, which is 66% of the additional financing cost of $63.6 million and includes expenditures in relations to civil works, equipment, consulting services, training, and interest charges. The Government of Australia will provide a $21.6 million grant (34% of the additional financing) to be administered by ADB. This grant will be used for expenditures in relationship to civil works, equipment, consulting services, training, and ADB's administration fee, audit cost and provision for foreign exchange fluctuations, provided that these items are not covered by the interest and investment income earned on this grant, or any additional grant contribution by the Government of Australia.

57. ADB financing of $42 million includes a concessional loan of $35 million from ADB's ordinary capital resources to help finance the project. The loan will have a 25-year term, including a grace period of 5 years; an interest rate of 2.0% per year during the grace period and thereafter (the interest and other charges during construction to be capitalized in the loan); and such other terms and conditions set forth in the draft loan agreement; and (ii) a grant not exceeding $7.0 million from ADB's Special Funds resources (Asian Development Fund) is provided. Climate mitigation is estimated to cost $0.8 million and climate adaptation is estimated to cost $4.4 million. ADB and ADB-administered cofinancing will finance 100% of mitigation costs and adaptation costs.

58. The proceeds of the loans and grants will be used to finance eligible project expenditures. All goods, works, and services to be financed out of the loans and grant proceeds will be procured in accordance with the Loans and Grant Agreements and will be used exclusively in carrying out the project. ADB may refuse to finance a contract where goods or services have not been procured under procedures in accordance with those agreed upon between the

[19] All project disbursements will be made on a pro rata basis in accordance with applicable percentage of cost allocation tables.

government and ADB, or where the terms and conditions of the contract are not satisfactory to ADB.

**Table 5: Revised Financing Plan**
($ million)

| Source | Current [a] | | Additional Financing | | Total | |
|---|---|---|---|---|---|---|
| | Amount ($) | Share of Total (%) | Amount ($) | Share of Total (%) | Amount ($) | Share of Total (%) |
| **Asian Development Bank** | **445.0** | **90.4** | **42.0** | **66.0** | **487.0** | **87.6** |
| Ordinary capital resources (program) (regular loan) | 300.0 | 60.1 | - | - | 300.0 | 53.9 |
| Ordinary capital resources (program) (concessional loan) | 50.0 | 10.2 | | | 50.0 | 9.0 |
| Ordinary capital resources (project) (regular loan) | 45.1 | 9.2 | - | - | 45.1 | 8.1 |
| Ordinary capital resources (project) (concessional loan) | 49.9 | 10.1 | 35.0 | 55 | 84.9 | 15.3 |
| Asian Development Fund (grant) | | | 7.0 | 11 | 7.0 | 1.3 |
| **Government of Australia** (grant)[b] | **38.0** | **7.7** | **21.6** | **34.0** | **59.6** | **10.7** |
| **Government of Papua New Guinea** | **9.5** | **1.9** | **-** | **-** | **9.5** | **1.7** |
| **Total** | **492.5** | **100.0** | **63.6** | **100.0** | **556.1** | **100** |

[a] Refers to the original amount, subprogram 2, subprogram 3 and past additional financing.
[b] The grant is administered by ADB. The grant is denominated in United States dollars pursuant to ADB's standard accounting practices. This amount also includes ADB's administration fee of 2%, audit costs, bank charges, and a provision for foreign exchange fluctuations (if any), to the extent that these items are not covered by the interest and investment income earned on this grant.
Source: Asian Development Bank estimates.

**Table 6: Revised Investment Plan**
($ million)

| Item | Current[a] ($) | Additional[b] ($) | Total ($) |
|---|---|---|---|
| **A. Base Cost** | | | |
| 1. Output 1: National frameworks and public financial management enhanced | 2.0 | 0.1 | 2.1 |
| 2. Output 2: Subnational health system management strengthened | 11.8 | 1.1 | 12.9 |
| 3. Output 3: Health service delivery components strengthened | 94.9 | 53.7 | 148.6 |
| 4. Project monitoring and management | 13.5 | 2.6 | 16.1 |
| **Subtotal (A)** | **122.2** | **57.4** | **179.6** |
| **B. Contingencies** [c] | **11.2** | **5.2** | **16.4** |
| **C. Financing Charges During Implementation** [d] | **8.3** | **0.6** | **8.9** |
| **D. Miscellaneous Administration Costs** | **0.8** | **0.4** | **1.2** |
| **Total (A+B+C+D)** | **142.5** | **63.6** | **206.1** |

Notes: Numbers may not sum precisely because of rounding.
[a] Refers to the original amount and past additional financing.
[b] Includes taxes and duties of $5.54 million to be financed from ADB loan resources and DFAT grant resources. Such an amount does not represent an excessive share of the project cost. The financing also includes $0.43 million for ADB's administration fee, and other charges pursuant to the cofinancing agreement. In mid-2022 prices which remains valid as the cost has not changed materially in the intervening period.
[c] Physical contingencies computed at 10.0% for civil works. Price contingencies computed at 6.5% and includes provision for potential exchange rate fluctuation under the assumption of a purchasing power parity exchange rate.
[d] Includes interest and commitment charges. Interest during construction for the regular OCR loan based on ADB's Flexible Loan Product. Commitment charges for the regular OCR loan are 0.15% per year to be charged on the undisbursed loan amount. Interest rate for the concessional OCR loan has been computed at 2.0% per year.
Source: Asian Development Bank estimates.

59. The various project cost tables are below in Tables 6–10.

**Table 7: Detailed Cost Estimates by Expenditure Category including additional financing**

| | Original Amount ($'000) | Additional Amount ($'000)[c] | Total Amount ($'000) | % of Total Base Cost |
|---|---|---|---|---|
| **A. Base Cost** | | | | |
| 1. Civil works | 66,149 | 41,361 | 107,510 | 52.2% |
| 2. Equipment | 14,915 | 9,193 | 24,108 | 11.7% |
| a. Medical equipment | 10,340 | 8,465 | 18,805 | 9.1% |
| b. Information Communication and Technology | 2,807 | 0 | 2,807 | 1.4% |
| c. Other equipment | 1,769 | 728 | 2,497 | 1.2% |
| 3. Consultants[a] | 26,724 | 5,396 | 32,120 | 15.6% |
| a. Project management | 8,204 | 722 | 8,926 | 4.3% |
| b. Capacity building / Technical assistance (Int-nat) | 13,250 | 3,467 | 16,717 | 8.1% |
| c. Capacity building/ Technical assistance (Nat) | 5,269 | 1,207 | 6,476 | 3.1% |
| 4. Trainings | 8,808 | 232 | 9,040 | 4.4% |
| 5. Administration and Operation | 3,799 | 720 | 4,519 | 2.2% |
| 6. Security services | 200 | 0 | 200 | 0.1% |
| 7. Monitoring and Evaluation[b] | 1,600 | 501 | 2,101 | 1.0% |
| **Subtotal (A)** | **122,196** | **57,402** | **179,598** | **87.1%** |
| **B. Contingencies** | | | | |
| 1. Physical | 7,166 | 4,096 | 11,262 | 5.5% |
| 2. Price | 4,048 | 1,069 | 5,117 | 2.5% |
| **Subtotal (B)** | **11,215** | **5,165** | **16,380** | **7.9%** |
| **C. Financial charges during implementation** | **8,329** | **582** | **8,911** | **4.3%** |
| **D. Miscellaneous Administration Cost** | **760** | **431.6** | **1191.6** | **0.6%** |
| **Total Project Cost (A+B+C)** | **142,500** | **63,580** | **206,080** | **100.0%** |

[a] As a result of the limited availability of Government of PNG funding at the start of the project approximately $4.2 million of the original project financing under ADB loan has been transferred under grant financing. The Government of PNG financing is now being used to cover additional civil works, equipment, and project management/operations costs.

[b] Monitoring and evaluation costs include $155,000 for audits over the life of the project.

[c] In mid-2022 prices which remains valid as the cost has not changed materially in the intervening period.

Notes: Numbers may not sum precisely because of rounding.

Source: Asian Development Bank estimates.

## A. Allocation and Withdrawal of Loan and Grant Proceeds

60. Except as ADB may otherwise agree, each item of expenditure will be financed from the proceeds of the loan on the basis of the percentages set forth in Table 8.

**Table 8a: Allocation and Withdrawal of ADB Financing Loan No. 3665-PNG (OCR)**

| Number | Category Item | OCR ($ '000) | ADB financing from loan |
|---|---|---|---|
| 1 | Civil works | 649 | 12 percent of total expenditures claimed |
| 2 | Civil works – effective 1 May 2020 | 4,700 | 100 percent of total expenditures claimed |
| 3 | Medical equipment and information, communication and technology, Consulting services, Trainings, Administration and Operation, Monitoring and evaluation | 33,243 | 100 percent of total expenditures claimed |
| 4 | Interest and commitment charges | 5,153 | 100 percent of amounts due |
| 5 | Unallocated | 1,355 | |
| | Total | **45,100** | |

ADB= Asian Development Bank, OCR= ordinary capital resources.
Source: Asian Development Bank.

**Table 8b: Allocation and Withdrawal of ADB Financing Loan No. 3666-PNG (COL)**

| Number | Category Item | COL ($ '000) | ADB financing from loan |
|---|---|---|---|
| 1 | Civil works | 4,475 | 88 percent of total expenditures claimed |
| 2 | Civil works – effective 1 May 2020 | 35,815 | 100 percent of total expenditures claimed |
| 3 | Interest charges | 3,176 | 100 percent of amounts due |
| 4 | Unallocated | 6,434 | |
| | Total | **49,900** | |

ADB= Asian Development Bank, COL= concessional ordinary capital resources.
Source: Asian Development Bank.

**Table 8c: Allocation and Withdrawal of Australian Government Grant Proceeds Grant No. 0648 (additional financing)**

| Number | Category Item | Amount ($ '000) | Grant Proceeds |
|---|---|---|---|
| 1 | Civil works, medical equipment and information, communication and technology, Consulting services, Trainings, Administration and Operation, Monitoring and evaluation | 34,200 | 100 percent of total expenditures claimed |
| 2 | Miscellaneous admin costs[a] | 760 | 100 percent of amounts due |
| 3 | Unallocated | 3,040 | |
| | Total | **38,000** | |

[a] Represents ADB fees for administering the grant proceeds and may be used for audit costs, bank charges, a provision for foreign exchange fluctuations, etc.
Source: Asian Development Bank.

**Table 8d: Allocation and Withdrawal of ADB Financing Loan No. xxxx (COL)**
**(Second Additional Financing)**

| Number | Category Item | COL ($ '000) | ADB financing from loan |
|---|---|---|---|
| 1 | Works, Goods and Consulting Services | 31,497 | 100 percent of total expenditures claimed |
| 2 | Interest charges | 582 | 100 percent of amounts due |
| 3 | Unallocated | 2,921 | |
| | Total | **35,000** | |

All cost estimates are inclusive of taxes and duties.
ADB= Asian Development Bank, COL= concessional ordinary capital resources.
Source: Asian Development Bank.

**Table 8e: Allocation and Withdrawal of ADB Financing Grant No. xxxx (ADF)**
**(Second Additional Financing)**

| Number | Category Item | Amount ($ '000) | ADB financing from loan |
|---|---|---|---|
| 1 | Works, goods, consulting services, trainings, administration and operation, monitoring and evaluation | 6,509 | 100 percent of total expenditures claimed |
| 2 | Unallocated | 491 | |
| | Total | **7,000** | |

All cost estimates are inclusive of taxes and duties.
ADB= Asian Development Bank, ADF= Asian Development Fund.
Source: Asian Development Bank.

**Table 8f: Allocation and Withdrawal of Australian Government Grant Proceeds**
**(Second Additional Financing)**

| Number | Category Item | Amount ($ '000) | Grant Proceeds |
|---|---|---|---|
| 1 | Miscellaneous administration costs[a] | 432 | 100 percent of amounts due |
| 2 | Works, goods, consulting services, trainings, administration and operation, monitoring and evaluation | 19,396 | 100 percent of total expenditures claimed |
| 3 | Unallocated | 1,772 | |
| | Total | **21,600** | |

All cost estimates are inclusive of taxes and duties.
[a] *Represents ADB fees for administering the grant proceeds and may be used for audit costs, bank charges, a provision for foreign exchange fluctuations, etc.*
Source: Asian Development Bank.

**Table 9: Revised Detailed Cost Estimates by Financier**

| | ADB | | | | | | Government of PNG [a] | | Government of Australia [b] | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Amount ($000's) | % of Cost Cat. | OCR (000's) | COL (000's) | COL (000's) | GRANT (000's) | Amount ($000's) | % of Cost Cat. | Amt. ($000's) | % of Cost Cat. | Amount ($000's) |
| **A. Base Cost[c]** | | | | | | | | | | | |
| 1. Civil works | 72,792 | 67.7% | 5,349 | 40,290 | 25,215 | 1,938 | 2,112 | 2.0% | 32,605 | 30.3% | 107,510 |
| 2. Equipment | 16,559 | 68.7% | 10,219 | 0 | 5,800 | 540 | 317 | 1.3% | 7,233 | 30.0% | 24,109 |
| a. Medical equipment | 12,343 | 65.6% | 6,543 | 0 | 5,800 | 0 | 317 | 1.7% | 6,145 | 32.7% | 18,805 |
| b. Information and Communication Technology | 2,807 | 100.0% | 2,807 | 0 | | 0 | 0 | 0.0% | 0 | 0.0% | 2,807 |
| c. Other equipment | 1,409 | 56.4% | 869 | 0 | 0 | 540 | 0 | 0.0% | 1,088 | 43.6% | 2,497 |
| 3. Consultants | 18,556 | 57.8% | 14,991 | 0 | 482 | 3,083 | 3,815 | 11.9% | 9,749 | 30.4% | 32,120 |
| a. Project management | 7,580 | 84.9% | 6,858 | 0 | 0 | 722 | 1,346 | 15.1% | 0 | 0.0% | 8,926 |
| b. Capacity building / Technical assistance Int. | 9,043 | 54.1% | 6,507 | 0 | 482 | 2,054 | 0 | 0.0% | 7,674 | 45.9% | 16,717 |
| c. Capacity building / Technical assistance Nat. | 1,934 | 29.9% | 1,626 | 0 | 0 | 308 | 2,469 | 38.1% | 2,074 | 32.0% | 6,477 |
| 4. Trainings | 4,853 | 53.7% | 4,772 | 0 | 0 | 81 | 1,051 | 11.6% | 3,136 | 34.7% | 9,041 |
| 5. Administration and Operation | 2,427 | 53.7% | 2,062 | 0 | 0 | 365 | 1,619 | 35.8% | 473 | 10.5% | 4,519 |
| 6. Security services | 0 | 0.0% | 0 | 0 | 0 | 0 | 200 | 100.0% | 0 | 0.0% | 200 |
| 7. Monitoring and Evaluation | 1,701 | 81.0% | 1,200 | 0 | 0 | 501 | 0 | 0.0% | 400 | 19.0% | 2,101 |
| **Total Base Cost** | **116,889** | **65.1%** | **38,593** | **40,290** | **31,497** | **6,509** | **9,114** | **5.1%** | **53,596** | **29.8%** | **179,599** |
| B. Contingencies | 11,201 | 68.4% | 1,354.5 | 6,434 | 2,921 | 491 | 386 | 2.4% | 4,793 | 29.3% | 16,379 |
| C. Financial charges during implementation | 8,910 | 100.0% | 5,152.5 | 3,176 | 582 | 0 | 0 | 0.0% | 0 | 0.0% | 8,910 |
| D. Miscellaneous Administration Cost | 0 | 0.0% | 0 | 0 | 0 | 0 | 0 | 0.0% | 1,192 | 100.0% | 1,192 |
| **Total Project Cost (A+B+C)** | **137,000** | **66.5%** | **45,100** | **49,900** | **35,000** | **7,000** | **9,500** | **4.6%** | **59,580** | **28.9%** | **206,080** |

ADB= Asian Development Bank, COL = concessional ordinary capital resources, OCR = ordinary capital resources, PNG = Papua New Guinea.
Notes: All cost estimates are inclusive of taxes and duties; Numbers may not sum precisely because of rounding.
[a] In addition to the $9.5m provided by the Government of PNG there will also be in-kind contributions from the government including serviced office space for the project management unit, which includes all utilities, rates, security and associated maintenance costs.
[b] Represents the sum of additional grant financing provided by the Government of Australia.
[c] In mid-2022 prices which remains valid as the cost has not changed materially in the intervening period.
Source: ADB estimates.

## Table 9a: Detailed Cost Estimates by Financier for Additional Financing

| | ADB | | | | Government of Australia [b] | | Total |
|---|---|---|---|---|---|---|---|
| | Amount ($000's) | % of Cost Cat. | COL (000's) | GRANT (000's) | Amt. ($000's) | % of Cost Cat. | Amount ($000's) |
| **A. Base Cost**[a] | | | | | | | |
| 1. Civil works | 27,153 | 65.7% | 25,215 | 1,938 | 14,207 | 34.3% | 41,361 |
| 2. Equipment | 6,340 | 69.0% | 5,800 | 540 | 2,853 | 31.0% | 9,193 |
| a. Medical equipment | 5,800 | 68.5% | 5,800 | 0 | 2,665 | 31.5% | 8,465 |
| b. Information and Communication Technology | 0 | 0.0% | 0 | 0 | 0 | 0.0% | 0 |
| c. Other equipment | 540 | 74.2% | 0 | 540 | 188 | 25.8% | 728 |
| 3. Consultants | 3,565 | 66.1% | 482 | 3,083 | 1,831 | 33.9% | 5,396 |
| a. Project management | 722 | 100.0% | 0 | 722 | 0 | 0.0% | 722 |
| b. Capacity building / Technical assistance Int. | 2,536 | 73.1% | 482 | 2,054 | 931 | 26.9% | 3,467 |
| c. Capacity building / Technical assistance Nat. | 308 | 25.5% | 0 | 308 | 899 | 74.5% | 1,207 |
| 4. Trainings | 81 | 35.0% | 0 | 81 | 151 | 65.0% | 232 |
| 5. Administration and Operation | 365 | 50.7% | 0 | 365 | 355 | 49.3% | 720 |
| 6. Security services | 0 | 0.0% | 0 | 0 | 0 | 0.0% | 0 |
| 7. Monitoring and Evaluation | 501 | 100.0% | 0 | 501 | 0 | 0.0% | 501 |
| **Total Base Cost** | **38,006** | **66.2%** | **31,497** | **6,509** | **19,396** | **33.8%** | **57,402** |
| B. Contingencies | 3,412 | 66.1% | 2,921 | 491 | 1,753 | 33.9% | 5,165 |
| C. Financial charges during implementation | 582 | 100.0% | 582 | 0 | 0 | 0.0% | 582 |
| D. Miscellaneous Administration Cost | 0 | 0.0% | 0 | 0 | 432 | 100.0% | 432 |
| **Total Project Cost (A+B+C)** | **42,000** | **66.1%** | **35,000** | **7,000** | **21,580** | **33.9%** | **63,580** |

ADB = Asian Development Bank, COL = concessional ordinary capital resources.
Note: All cost estimates are inclusive of taxes and duties.
[a] In mid-2022 prices which remains valid as the cost has not changed materially in the intervening period.
[b] Represents the sum of additional grant financing provided by the Government of Australia.
Source: ADB estimates.

**Table 10: Detailed Cost Estimates by Outputs including additional financing**

| | Total Amount ($000's) | Output 1 | | Output 2 | | Output 3 | | PMU | |
|---|---|---|---|---|---|---|---|---|---|
| | | Amount ($000's) | % of Cost Category | Amount ($000's) | % of Cost Category | Amount ($000's) | % of Cost Category | Amount ($000's) | % of Cost Category |
| **A. Base Cost**[a] | | | | | | | | | |
| 1. Civil works | 107,510 | - | - | - | - | 107,510 | 1.0 | - | - |
| 2. Equipment | 24,108 | - | - | 450 | 0.0 | 22,997 | 1.0 | 661 | 0.0 |
| a. Medical equipment | 18,805 | - | - | 315 | 0.0 | 18,490 | 1.0 | - | - |
| b. Information Communication and Technology | 2,807 | - | - | - | | 3,534 | 1.3 | - | - |
| c. Other equipment | 2,497 | - | - | 135 | 0.1 | 972 | 0.4 | 661 | 0.3 |
| 3. Consultants | 32,120 | 2,119 | 0.1 | 5,190 | 0.2 | 15,270 | 0.5 | 9,540 | 0.3 |
| a. Project management | 8,926 | 98 | 0.0 | 734 | 0.1 | 2,410 | 0.3 | 9,152 | 1.0 |
| b. Capacity building / Technical assistance (Int-nat) | 16,717 | 2,022 | 0.1 | 4,125 | 0.2 | 7,923 | 0.5 | 388 | 0.0 |
| c. Capacity building/ Technical assistance (Nat) | 6,476 | - | - | 332 | 0.1 | 4,938 | 0.8 | - | - |
| 4. Trainings | 9,040 | - | - | 207 | 0.0 | 25 | 0.0 | - | - |
| 5. Administration and Operation | 4,519 | - | - | 7,029 | 1.6 | 2,164 | 0.5 | 3,573 | 0.8 |
| 6. Security services | 200 | - | - | - | | 561 | 2.8 | 200 | 1.0 |
| 7. Monitoring and Evaluation[b] | 2,101 | - | - | - | | - | - | 2,101 | 1.0 |
| **Subtotal (A)** | **179,598** | **2,119** | **0.0** | **12,876** | 0.1 | **148,527** | **0.8** | **16,075** | **0.1** |
| **B. Contingencies** | | | | | | | | | |
| 1. Physical | 11,262 | - | - | 45 | 0.0 | 11,151 | 1.0 | 66 | 0.0 |
| 2. Price | 5,117 | 146 | 0.0 | 1,121 | 0.2 | 2,805 | 0.5 | 1,045 | 0.2 |
| **Subtotal (B)** | **16,380** | **146** | **0.0** | **1,166** | **0.1** | **13,956** | **0.9** | **1,111** | **0.1** |
| **C. Financial charges during implementation** | 8,911 | 84 | 0.0 | 1,037 | 0.1 | 7,446 | 0.8 | 1,122 | 0.1 |
| **D. Miscellaneous Administration Cost** | 1,192 | - | | 6 | 0.0 | 409 | 0.3 | - | - |
| **Total Project Cost (A+B+C)** | **206,080** | **2,349** | **0.0** | **15,084** | **0.1** | **170,338** | **0.8** | **18,309** | **0.1** |

All cost estimates are inclusive of taxes and duties.
Note: Numbers may not sum precisely because of rounding.
[a] In mid-2020 prices which remains valid as the cost has not changed materially in the intervening period.
Source: Asian Development Bank estimates

**Table 11: Detailed Cost Estimates by Year**

| | Total Amount ($000's) | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **A. Base Cost**[a] | | | | | | | | | | | |
| 1. Civil works | 107,510 | 1,075 | 2,150 | 4,300 | 6,451 | 10,751 | 13,976 | 22,577 | 24,727 | 16,127 | 5,376 |
| 2. Equipment | 24,108 | 241 | 482 | 964 | 1,446 | 2,411 | 3,134 | 5,063 | 5,545 | 3,616 | 1,205 |
| a. Medical equipment | 18,805 | 0 | 564 | 752 | 1,128 | 1,880 | 2,445 | 3,949 | 4,325 | 2,821 | 940 |
| b. Information Communication and Technology | 2,807 | 0 | 84 | 112 | 168 | 281 | 365 | 589 | 646 | 421 | 140 |
| c. Other equipment | 2,497 | 0 | 75 | 100 | 150 | 250 | 325 | 524 | 574 | 375 | 125 |
| 3. Consultants[a] | 32,120 | 321 | 642 | 1,285 | 1,927 | 3,212 | 4,176 | 6,745 | 7,388 | 4,818 | 1,606 |
| a. Project management | 8,926 | 89 | 179 | 357 | 536 | 893 | 1,160 | 1,874 | 2,053 | 1,339 | 446 |
| b. Capacity building / Technical assistance (Int-nat) | 16,717 | 167 | 334 | 669 | 1,003 | 1,672 | 2,173 | 3,510 | 3,845 | 2,507 | 836 |
| c. Capacity building/ Technical assistance (Nat) | 6,476 | 65 | 130 | 259 | 389 | 648 | 842 | 1,360 | 1,489 | 971 | 324 |
| 4. Trainings | 9,040 | 0 | 271 | 362 | 542 | 904 | 994 | 1,898 | 2,079 | 1,356 | 633 |
| 5. Administration and Operation | 4,519 | 90 | 452 | 452 | 452 | 452 | 542 | 542 | 542 | 542 | 452 |
| 6. Security services | 200 | 2 | 4 | 8 | 12 | 20 | 26 | 42 | 46 | 30 | 10 |
| 7. Monitoring and Evaluation[b] | 2,101 | 0 | 210 | 210 | 210 | 210 | 252 | 252 | 252 | 252 | 252 |
| **Subtotal (A)** | **179,598** | **1,730** | **4,212** | **7,581** | **11,041** | **17,960** | **23,101** | **37,120** | **40,579** | **26,741** | **9,534** |
| **B. Contingencies** | | | | | | | | | | | |
| 1. Physical | 11,262 | 113 | 225 | 450 | 676 | 1,126 | 1,464 | 2,365 | 2,590 | 1,689 | 563 |
| 2. Price | 5,117 | 51 | 102 | 205 | 307 | 512 | 665 | 1,075 | 1,177 | 768 | 256 |
| **Subtotal (B)** | **16,380** | **164** | **328** | **655** | **983** | **1,638** | **2,129** | **3,440** | **3,767** | **2,457** | **819** |
| **C. Financial charges during implementation** | **8,911** | 89 | 178 | 356 | 535 | 891 | 1,158 | 1,871 | 2,050 | 1,337 | 446 |
| **D. Miscellaneous Administration Cost** | **1,192** | 12 | 24 | 48 | 71 | 119 | 155 | 250 | 274 | 179 | 60 |
| **Total Project Cost (A+B+C)** | **206,080** | **1,995** | **4,742** | **8,640** | **12,630** | **20,608** | **26,543** | **42,681** | **46,670** | **30,713** | **10,858** |

All cost estimates are inclusive of taxes and duties.
Note: Numbers may not sum precisely because of rounding.
[a] In mid-2020 prices which remains valid as the cost has not changed materially in the intervening period.
Source: Asian Development Bank estimates

**Figure 3: Contract Awards and Disbursements S-Curve (Overall Project)**

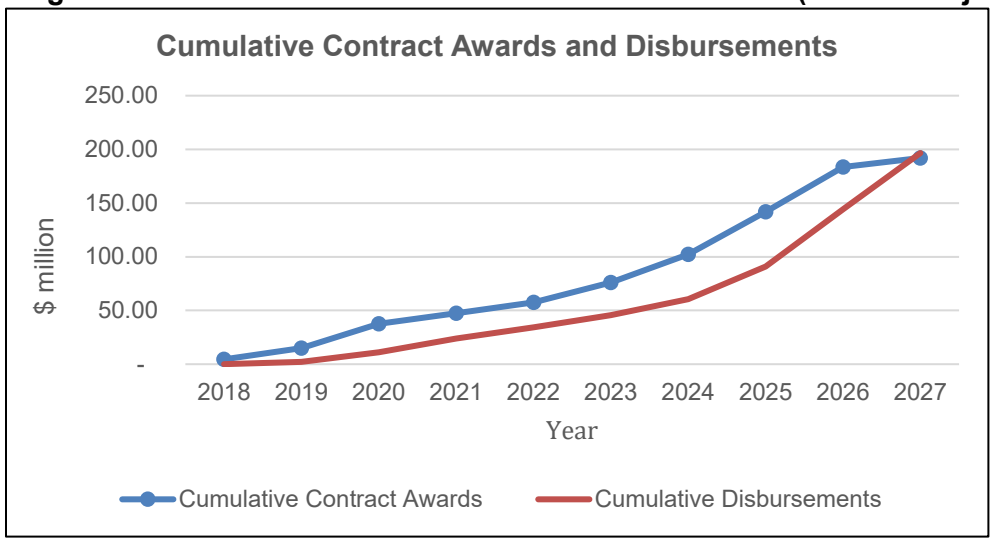



**Table 12: Revised Projections for Contract Awards ($ million)**

| Year | Q1 | Q2 | Q3 | Q4 | Total |
|---|---|---|---|---|---|
| 2018 | 0.000000 | 0.000000 | 0.000000 | 4.521195 | 4.521195 |
| 2019 | 4.004954 | 0.249326 | 3.634315 | 2.701730 | 10.590325 |
| 2020 | 10.503681 | 6.717724 | 0.000000 | 5.195430 | 22.416835 |
| 2021 | 0.000000 | 4.580950 | 3.768621 | 1.704013 | 10.053584 |
| 2022 | 2.760759 | 1.419888 | 5.702591 | 0.000000 | 9.883238 |
| 2023 | 5.318720 | 6.534710 | 2.727820 | 3.934820 | 18.516070 |
| 2024 | 3.839890 | 7.071510 | 7.705600 | 7.610230 | 26.227230 |
| 2025 | 7.476170 | 13.225310 | 12.026150 | 6.881260 | 39.608880 |
| 2026 | 6.671070 | 12.276320 | 13.912370 | 8.914800 | 41.774560 |
| 2027 | 2.605410 | 10.402663 | 0.000000 | 0.000000 | 13.008083 |
| **TOTAL** | | | | | **196.60000** |

Source: Asian Development Bank.

**Table 13: Revised Projections for Disbursements ($ million)**

| Year | Q1 | Q2 | Q3 | Q4 | Total |
|---|---|---|---|---|---|
| 2018 | 0.000000 | 0.000000 | 0.000000 | 0.037918 | 0.037918 |
| 2019 | 0.144834 | 1.148221 | 0.243640 | 0.538748 | 2.075443 |
| 2020 | 1.214248 | 2.412367 | 2.285242 | 3.155993 | 9.067850 |
| 2021 | 1.581407 | 1.869080 | 3.855655 | 5.490631 | 12.796773 |
| 2022 | 1.508879 | 3.177983 | 2.110107 | 3.477281 | 10.274250 |
| 2023 | 2.707660 | 3.149740 | 2.373840 | 3.146920 | 11.378150 |
| 2024 | 2.006930 | 2.901960 | 4.020460 | 5.910240 | 14.839590 |
| 2025 | 5.281140 | 6.864920 | 8.983800 | 9.367520 | 30.497370 |
| 2026 | 8.521470 | 11.853050 | 15.917590 | 17.080780 | 53.372890 |
| 2027 | 12.723790 | 16.432260 | 19.938046 | 3.165670 | 52.259766 |
| **TOTAL** | | | | | **196.600000** |

Source: Asian Development Bank.

# V. FINANCIAL MANAGEMENT

61. The financial management assessment (FMA) was prepared in November 2017 and updated in May 2022 and is in accordance with ADB's Guidelines for the *Financial Management and Analysis of Projects* (the Guidelines), the ADB *Financial Due Diligence. A Methodology Note* and *Financial Management Technical Guidance Note* (2015).[20] The assessment was informed by ADB experience in implementation of Project 41509, the *Rural Primary Health Service Delivery Program* and Grant 0042-PNG, and the *Prevention and Control of HIV/AIDS Rural Development Enclaves Project* in DOH, document review, and local consultations.[21]

62. The DOH has built its credibility as an executing and implementing agency in financial management under the previous ADB enclaves and RPHSDP projects, and currently under HSSDP. The program will build on the financing modality experience implemented under HSSDP to date to mitigate the risks of current overall government PFM challenges (Linked Document 19, Risk Assessment and Management Plan, in RRP Appendix 2). This could be further reviewed if PFM risks diminish during the project.

## A. Financial Management Assessment

63. The FMA was completed for DOH as the implementing agency. The FMA considered health sector financing currently through the RPHSDP and HSSDP facilities, and implications if changes were made to the current funding modalities.[22]

64. A trust fund account was established under the Health Sector Improvement Program (HSIP) to aggregate direct funding allocated by the development partners to support implementation of the NHP. There had been issues with release of funds to the district level from this trust fund account that resulted in periods when the trust account was frozen. Consistent qualified audit opinions and mismanagement of the Trust led to establishing the RPHSDP trust account. Since inception, all RPHSDP audit reports have been unqualified, and there has been strong financial accountability. RPHSDP was then used to create the current HSSDP advance account which is currently in use today. HSSDP has built upon the progress of the initial facility and continues to show high levels of financial accountability evidenced by a consistent track record of timely unqualified audit reports.

65. **Project Financial Management.** The PMU will be responsible for ensuring compliance with all ADB financial management requirements. Given the extension of the current project, the core team will remain the same; with several roles added with the additional financing. (PAM Appendix 4, PMU Terms of Reference). All additional PMU positions will be recruited competitively upon effectiveness of additional financing. Perpetuation of the existing HSSDP staff, in particular the project manager, and the finance and procurement specialist provide excellent continuity and support to the project. Each of the incumbents in these roles has broad and deep management, health, and other technical experience through HSSDP and previously in PNG, are thoroughly competent in ADB requirements, have exemplar relationships across PNG from the most senior levels to community leaders, and are strongly trusted and respected. Retaining these two experts through contract variation and extension will not only enable seamless extension in line with the

[20] ADB. 2005 *Financial Management and Analysis of Projects*. Manila; ADB. 2009. *Financial Due Diligence. A Methodology Note*. Manila. and ADB. 2015. Financial Management Technical Guidance Note. Manila.

[21] ADB. 2006. *Grant Assistance to Papua New Guinea for HIV/AIDS Prevention and Control in Rural Development Enclaves*. Manila

[22] The HSIP is the Government of Papua New Guinea 's Sector Wide Approach; and ADB. 2011. *Country Partnership Strategy: Papua New Guinea 2011–2015. Health Sector Assessment Summary.* Manila.

additional financing, but also cost efficiencies through retaining the same office and equipment including vehicles, and, critically, enable immediate impact and effectiveness of HSSDP as it expands the scope, an important factor in retaining government trust and goodwill.

66. The competitive recruitment of all additional PMU positions will be in accordance with ADB rules and regulations, with the selection agreed by ADB and the government. A senior accountant and accounting assistants will be engaged and will support the selected provincial governments with project financial management and disbursement requirements. All PMU staff will continue to receive training on ADB policies and procedures to ensure compliance with ADB financial management, and disbursement requirements. There will be appropriate administration support.

67. There will be regular, outsourced audits of the project receipts, expenditures, and procurement practices in all program locations, given limited DOH systems and skills.

68. The Financial Management and Internal Control Risk Assessment for the proposed Investment Program identified several financial management risks in staffing, information systems and funds flow. The overall inherent risk was assessed to be substantial, and project risks were also assessed to be substantial on balance. The overall combined risk was also assessed to be substantial. Although several major financial management risks were identified, the proposed mitigating measures are sufficient for the satisfactory implementation of the Investment Program (Table 14).

**Table 14: Financial Risks and Mitigating Measures**

| Weakness | Risk Rating | Mitigating Measure |
|---|---|---|
| Key staffing – Potential that project manager and/or the procurement and finance specialist leave the Project, and there is shortfall of capabilities within the PMU for auditing and monitoring of funds. | Substantial | Succession plan established within the finance function; skills transfer; good ADB management; smooth transition from RPHSDP to HSSDP; expedient recruitment if necessary. A deputy project manager position was created and filled in 2021 to support succession planning. |
| Counterpart financing – Delays due to fund flows and shortfalls can have significant impact on the completion of projects and available cash flows to the program. | Substantial | Detailed cashflow projections prepared on a monthly basis documenting warrants issued by government, and counterpart expenditure planned. Commitment from government on the amount and timing of financing. Appropriated government counterpart financing in national budgets have been received by the project. |
| Foreign currency restrictions – lack of available currency can cause delays and have a significant impact on the outcome of projects where foreign currency inputs are required. | Substantial | Utilize the established cash flows to ensure that wherever possible foreign currency denominated payments are made via direct withdrawal application transfers. |
| IFMS rollout – The decision to use the government run information system could have an impact on the consistency of reporting. | Moderate | If determined by DOT as a requirement a detailed integration plan including relevant chart of accounts. IFMS has been rolled out. |

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## B. Disbursement

69. The proceeds of ADB loans/grants and DFAT grants administered by ADB will be disbursed in accordance with the ADB *Loan Disbursement Handbook* (2022, as amended from time to time),[23] and detailed arrangements agreed between the government and ADB. Online training for project staff on disbursement policies and procedures is available.[24] Project staff will be encouraged to avail themselves of this training to help ensure efficient disbursement and fiduciary control.

70. Three advance accounts (one for ADB regular ordinary capital resources lending, one for ADB concessional lending, and one for grant cofinancing), have been established and administered by the implementing agency (Figure 4 below shows the Project Funding Flow). These include a sub account each in local currency. As the additional financing will come from the same fund source (DFAT and ADB), the existing advance account will be used with sub codes to identify the two different rounds of additional financing. A new advance account for the ADB grant financing will be established under the additional financing. For the ADB loans and the DFAT grant, the currency of the advance accounts will be US dollars. There will also be a specific trust account for counterpart financing and the currency of the government account is Papua New Guinea kina.

71. Total outstanding advance of each advance account should not exceed the estimate of the respective advance account's share of expenditures to be paid through the respective advance account for the forthcoming 6 months.[25] The RPHSDP PMU under the implementing agency (DOH) have effectively managed the relevant advance accounts and the FMA concludes that in the prescribed format the DOH and HSSDP PMU should have the capacity to continue to do so. HSSDP has shown capacity to manage various funding sources across the project with appropriate chart of accounts and sub ledgers to identify and report funds appropriately. This will be maintained and clearly represented in the project financial statements.

72. The advance accounts under the DOH will be used exclusively for the ADB and DFAT respective share of eligible expenditures. The DOT as the representative of the borrower authorizes financing into the advance account, and DOH is responsible for the administration of the advance account.

73. The DOH may request initial and additional advances to the respective advance accounts based on an Estimate of Expenditure Sheet setting out the estimated expenditures to be financed through the respective account(s) for the forthcoming 6 months. Supporting documents are to be submitted to ADB or retained by the borrower in accordance with the ADB *Loan Disbursement Handbook* (2022, as amended from time to time) when liquidating or replenishing the advance accounts.[26]

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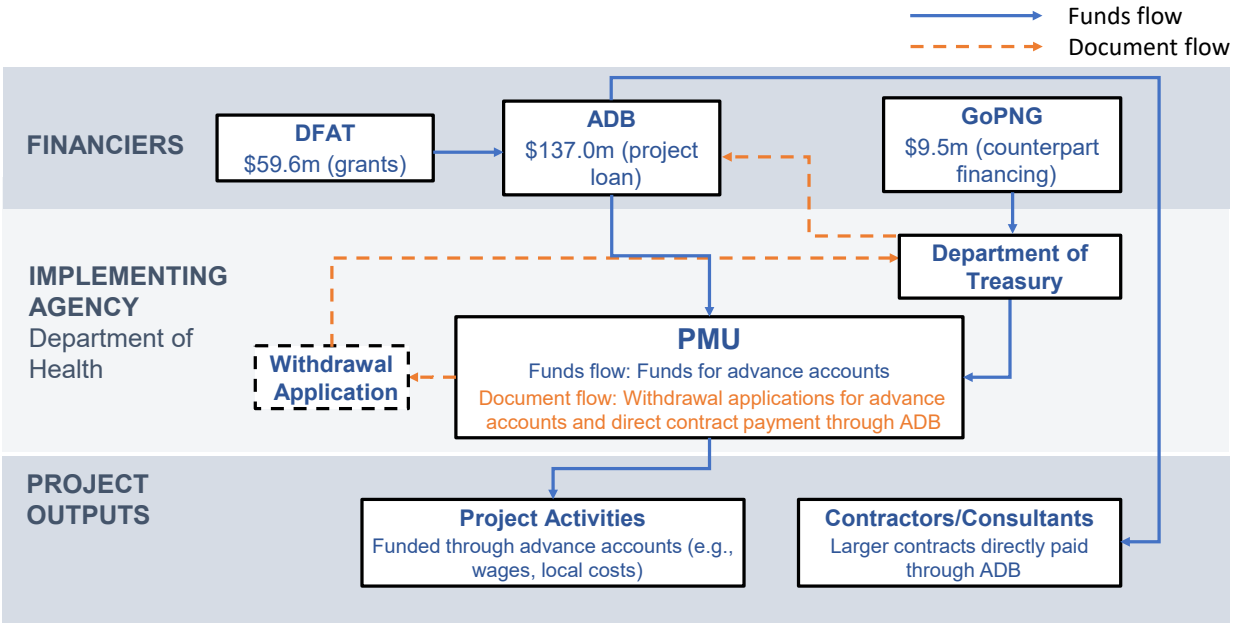
[23] The handbook is available electronically from the ADB website (http://www.adb.org/documents/loan-disbursement-handbook).
[24] Disbursement eLearning.
[25] If there is a sub codes for the separate financing source, the ceiling will be applied to each sub-code level.
[26] Estimate of Expenditure sheet is in Appendix 8A of ADB's *Loan Disbursement Handbook* (2022, as amended from time to time) and is available for download from the LFIS/GFIS website.

**Figure 4: Project Funding Flow**




ADB = Asian Development Bank; DFAT = Australian Department of Foreign Affairs and Trade; GoPNG = Government of Papua New Guinea; PMU = project management unit.
Source: Asian Development Bank.

74. Before the submission of the first withdrawal application (WA), the borrower should submit to ADB sufficient evidence of the authority of the person(s) who will sign the WAs on behalf of the government, together with the authenticated specimen signatures of each authorized person.[27] The minimum value per WA is stipulated in the *Loan Disbursement Handbook* (2022, as amended from time to time). Individual payments below such amount should be paid (i) by the implementing agency and subsequently claimed to ADB through reimbursement, or (ii) through the advance fund, unless otherwise accepted by ADB. The borrower should ensure sufficient category and contract balances before requesting disbursements. Use of the ADB Client Portal for Disbursements system is encouraged for submission of withdrawal applications to ADB.[28]

75. DOH should submit to ADB annual contract awards and disbursement projections at least a month before the start of each calendar year. DOH is responsible for (i) requesting budgetary allocations for counterpart funds, (ii) collecting supporting documents, and (iii) preparing and sending withdrawal applications to ADB.

76. The government contribution to project costs will be budgeted for in each project year.

## C. Accounting

77. The executing and implementing agencies will maintain separate project accounts, records by funding source for all expenditures incurred under the project, and follow international accounting

[27] Evidence of Authorized Persons to Sign Withdrawal Applications is in Appendix 4A of ADB's *Loan Disbursement Handbook* (2022, as amended from time to time) and is available for download from the LFIS/GFIS website (https://lfis.adb.org/gfis/headerServlet?action=download).

[28] The CPD facilitates online submission of WA to ADB, resulting in faster disbursement. The forms to be completed by the Borrower to register for CPD are available online at https://www.adb.org/documents/client-portal-disbursements-guide.

principles and practices. HSSDP will prepare consolidated project financial statements under International Public Sector Accounting Standards (IPSAS) in accordance with the government's accounting laws and regulations that are consistent with national accounting principles and practices and ADB loan requirements. The PMU staff will include one senior accountant and one accountant. The PMU staff will complete regular reconciliation with the accounting information maintained by the HSSDP financial management unit. The PMU will maintain all project transaction data in a secure but readily accessible computerized format.

## D. Auditing

78. The DOT and DOH, the executing and implementing agencies respectively, will cause the detailed consolidated loan, grant and project accounts respectively to be audited in accordance with International Standards on Auditing, and/or in accordance with the government's audit regulations as set forth in the Audit Act by an auditor acceptable to the ADB. The advance accounts will be audited as part of the annual audit of the HSIP trust account, which will be managed through the Office of the Auditor General. The annual audit may be outsourced to a private firm. International competitive bidding should be considered during the outsourcing process. The audited accounts will be submitted in the English language to ADB within 6 months of the end of the fiscal year by the executing agency or implementing agency as relevant.

79. The audit report for the project financial statements will include a management letter and auditor's opinions, which cover (i) whether the project financial statements present an accurate and fair view or are presented fairly, in all material respects, in accordance with the applicable financial reporting standards; (ii) whether the proceeds of the loan and grant were used only for the purposes of the project; and (iii) whether the borrower or executing agency was in compliance with the financial covenants contained in the legal agreements (where applicable).

80. Compliance with financial reporting and auditing requirements will be monitored by review missions and during normal program supervision, and followed up regularly with all concerned, including the external auditor.

81. The government and DOH have been made aware of ADB's approach to delayed submission, and the requirements for satisfactory and acceptable quality of the audited project financial statements.[29] ADB reserves the right to require a change in the auditor (in a manner consistent with the constitution of the borrower), or for additional support to be provided to the auditor, if the audits required are not conducted in a manner satisfactory to ADB, or if the audits are substantially delayed. ADB reserves the right to verify the project's financial accounts to confirm that the share of ADB's financing is used in accordance with ADB's policies and procedures.

[29] ADB's approach and procedures regarding delayed submission of audited project financial statements:
(i) When audited project financial statements are not received by the due date, ADB will write to the executing agency advising that (a) the audit documents are overdue; and (b) if they are not received within the next 6 months, requests for new contract awards and disbursement such as new replenishment of advance accounts, processing of new reimbursement, and issuance of new commitment letters will not be processed.
(ii) When audited project financial statements are not received within 6 months after the due date, ADB will withhold processing of requests for new contract awards and disbursement such as new replenishment of advance accounts, processing of new reimbursement, and issuance of new commitment letters. ADB will (a) inform the executing agency of ADB's actions; and (b) advise that the loan may be suspended if the audit documents are not received within the next 6 months.
(iii) When audited project financial statements are not received within 12 months after the due date, ADB may suspend the loan.

82. Public disclosure of the audited project financial statements, including the auditor's opinion on the project financial statements, will be guided by ADB's Access to Information Policy 2018.[30] After the review, ADB will disclose the audited project financial statements and the opinion of the auditors on the project financial statements no later than 14 days of ADB's confirmation of their acceptability by posting them on ADB's website. The management letter, additional auditor's opinions, and audited entity financial statements will not be disclosed.[31]

## VI. PROCUREMENT AND CONSULTING SERVICES

83. The Project Procurement Risk Assessment and the ADB Country and Sector/Agency Procurement Risk Assessment for PNG (2017) confirmed that the procurement systems and capacities in PNG´s health sector remain limited. The procurement risk for the project is rated as moderate to substantial. As is the case under the RPHSDP, the PMU will provide support for comprehensive procurement activities for the project. The project will also assist sector stakeholders in improving their institutional procurement capacity.

### A. Procurement of Goods, Works, and Consulting Services

84. All procurement financed under the program will comply with ADB Procurement Guidelines (2015, as amended from time to time), and the Guidelines on the Use of Consultants by ADB and Its Borrowers (2013, as amended from time to time). International competitive bidding procedures, national competitive bidding, and shopping procedures will be used within the thresholds indicated below. ADB has reviewed the National Procurement Act and conditions have been imposed to ensure consistency with ADB Procurement Guidelines. This will be included as part of the procurement plan.

### B. Procurement Plan

85. **Planned procurement**. A procurement plan has been prepared. The plan covers the next 18-months of the project and includes thresholds as well as procurement and review procedures for goods, works, and consulting services (PAM Appendix 7, Eighteen Month Procurement Plan). The procurement plan will be updated on an annual basis and disclosed on the ADB website. All shortlists and contract awards for consultancy services, and contract awards for goods and works contracts will also be publicly disclosed. The terms of reference for key consulting services are in PAM Appendix 3, PMU Terms of Reference. The project will support the use of local contractors and service providers to support domestic industries and increase local ownership of new health facilities. Strategic procurement planning was not adopted as the concept paper was approved 31 May 2017.

86. Except in cases where ADB agrees otherwise, the thresholds and review procedures that will apply to procurements of goods and works are in Table 15 below.

**Table 15: Procurement of Good and Works**

| Procurement of Goods and Works | | |
|---|---|---|
| **Method** | **Threshold** | **Review** |
| International Competitive Bidding for Works | $5,000,000 | Prior |
| International Competitive Bidding for Goods | $2,000,000 | Prior |

[30] ADB. 2011. *2011 Public Communications Policy (PCP) of the Asian Development Bank: Disclosure and Exchange of Information.* Manila.

[31] This type of information would generally fall under public communications policy exceptions to disclosure. ADB. 2011. *Public Communications Policy*. Paragraph 97(iv) and/or 97(v).

| Procurement of Goods and Works | | |
|---|---|---|
| **Method** | **Threshold** | **Review** |
| National Competitive Bidding for Works | $300,000 to $4,999,999 | First subject to prior review, thereafter post review |
| National Competitive Bidding for Goods | $300,000 to $1,999,999 | First subject to prior review, thereafter post review |
| Shopping for Works | Below $300,000 | Prior |
| Shopping for Goods | Below $300,000 | Prior |

Source: Asian Development Bank.

87. In line with the government's decentralization strategy and to increase technical capacity and promote ownership on provincial level, works contracts have been packaged for exclusive procurement through National Competitive Bidding (NCB) and the provincial tender boards. Efficient project, contract and risk management will be safeguarded by a strong PMU mandate.

88. **Procurement of consulting services.** Procurement of consulting services (consulting firms and individuals) will be according to the Guidelines on the Use of Consultants by ADB and Its Borrowers (2013, as amended from time to time). A summary is below at Table 16.

**Table 16: Procurement of Consulting Services**

| Consulting Services | |
|---|---|
| **Method** | **Comments** |
| Quality and Cost Based Selection | For the selection of Consulting Firms |
| Individual Consultant Selection | For recruitment of individual consultants |
| Single Source Selection | For less than or equal to US$100,000 or continuity of existing project |

Source: Asian Development Bank.

89. All consultant service procurements will be subject to prior review through ADB. Consulting firms will be engaged using the quality- and cost-based selection method with a quality:cost ratio of 90:10. Individual consultants will be recruited through Individual Consultant Selection other than the initial contract year for the project manager, and the procurement and finance specialist who will both contiguously continue from RPHSDP and partially funded through the program. The highly specialized consultant profiles required under the HSSDP result in a large number of procurement of individual consultants, whose work and outputs will be coordinated by the PMU. All other consulting packages will be advertised using the ADB Consulting Services Recruitment Notice of the ADB Consultant Management System.

## VII. SAFEGUARDS AND CLIMATE CHANGE CONSIDERATIONS

90. **Safeguards categorization**. The program has been screened for impacts and is categorized as B for environment, and C for both involuntary resettlement and Indigenous Peoples as per the Safeguard Policy Statement 2009 (SPS).

91. **Disbursement.** Pursuant to the ADB *Safeguard Policy Statement (2009),* ADB funds may not be applied to the activities described on the ADB *Prohibited Investment Activities List* in Appendix 5 of the Safeguard Policy Statement.[32] All executing and implementing agencies will ensure that their investments in construction and refurbishment of facilities under output 3 comply with applicable national laws and regulations, and will apply the prohibited investment activities list in Appendix 5 of the Safeguard Policy Statement to subprojects financed by ADB.

[32] ADB. 2009. *Safeguard Policy Statement*. Manila.

92. **Environment.** An environmental assessment and review framework (EARF) has been prepared to guide the process for project investments (Linked Document 16, Environmental Assessment and Review Framework, in RRP Appendix 2). The sites for program investments will be determined after program effectiveness (PAM Appendix 2, Civil Works Selection Criteria). The EARF sets out the process for compliance with the SPS, and the country safeguard system (CSS). The civil works, usually to be located on existing health facility sites in rural districts, will follow standardized designs, and are expected to be small to medium scale. Once sites are selected, specific details on how to mitigate and monitor risks, and impacts will be identified in the initial environmental examination (IEE) to be prepared for each site/facility.[33] An IEE has been prepared for a possible project investment identified during the preparation as an example for IEE preparation when sites are selected against the criteria (Linked Document 15, Initial Environmental Assessment, in RRP Appendix 2).

93. Construction will be over a short period, and will be straightforward building construction works. The anticipated construction impacts and risks will be localized, small-scale, and should be readily managed or mitigated with measures identified in the environmental management plan (EMP). Some operational environmental impacts are anticipated, including waste, wastewater, noise, fugitive dust, community and occupational health, and safety. There are a variety of wastewater treatment issues that require consideration. These are site specific and will be assessed and addressed during implementation following SPS requirements, and best practice, applicable codes, and regulations. The operations stage environmental impacts are anticipated to be manageable and will be managed through conventional operation and maintenance practices, health and safety codes, and EMP operational measures. Based on existing practice and mechanisms that have worked successfully in RPHSDP and other projects, the project will establish a grievance redress mechanism to resolve complaints or issues. The grievance redress mechanism will be established early in project implementation, during pre-construction stage activities.

94. The PMU will follow the procedures set out in the EARF and prepare the IEE including the EMP for each of the project civil works sites. The IEEs will be submitted to the PNG Conservation and Environmental Protection Agency, and to ADB for review and clearance, including issues of permits under CSS. Under the CSS, refurbishment of existing, and construction of small, health facilities do not require assessment but do require permits. Some aspects such as wastewater discharge, water extraction, and air discharge also require permits. To comply with the SPS, assessments will be undertaken of all project civil works sites. A design and supervision consultant, and environmental specialist(s) will support project civil works and assist the PMU to prepare and submit to the DOH and ADB semiannual monitoring reports that describe the status and progress of safeguards implementation, and compliance. The semi-annual monitoring reports will be disclosed by DOH and ADB throughout the project, and the DOH will ensure compliance with the EARF, subsequent IEE measures, all loan covenants, and project agreements.

95. **Involuntary resettlement.** The SDP policy actions have no involuntary resettlement impacts. The program civil works will not involve involuntary land acquisition or resettlement, given the selection criteria requires government-owned or church-leased land (PAM Appendix 2, Civil Works Selection Criteria). Nevertheless, a resettlement framework has been prepared giving guidelines to assess any unanticipated resettlement impacts that may arise during due diligence on land ownership, and for any resettlement plans required (Linked Document 17, Resettlement Framework, in RRP Appendix 2). The social safeguards/gender specialist will be responsible for

[33] During implementation it will be determined whether a group of sites/facilities can be covered in one IEE; this will be discussed and agreed between DOH-PMU, design and supervision consultant supporting the PMU, and ADB.

implementing and monitoring social safeguards during project implementation, including undertaking safeguards assessment, and preparing necessary documents for the succeeding subprojects.

96. **Indigenous peoples.** The majority of the PNG population is Melanesian. Indigenous peoples are defined as distinct and vulnerable groups. The HSSDP policy actions have no indigenous peoples impacts, and the project is not expected to have any negative impact on indigenous peoples. Nevertheless, a separate indigenous peoples framework has been prepared (Linked Document 18, Indigenous Peoples Planning Framework, in RRP Appendix 2) to guide assessment of project civil works. All project components will be implemented in a culturally appropriate, gender sensitive, and participatory manner.

97. **Safeguard documents.** DOH will endorse the draft safeguard documents for the project, and disclose relevant information from these documents to affected persons, and other key stakeholders. All the safeguards documents will be posted in the ADB website. The project will support the executing and implementing agencies, including safeguards focal points, in strengthening their ability to effectively manage safeguard activities.

98. **Climate change**. A Climate Risk Vulnerability Assessment (CRVA) was undertaken as part of the second additional financing that considered the project with respect to chronic and acute physical climate risks. A climate screening exercise considered the sensitivity of components and their exposure to climate hazards, with the main climate risks screened into the assessment being: (i) flood risk, including coastal, inland and surface water flooding, all of which are anticipated to become more severe with climate change; cyclone risk, with current understanding suggesting an increase in the intensity of the most severe events. The climate risk classification of the project is medium. The CRVA (Sector Document 18) and Climate Change Assessment (RRP Linked Document 12) have been prepared to further guide site selection, detailed design, and civil works. The following measures are to be included for further strengthening the resilience of the investments: (i) design should assume sea-level rise of 30–40cm by 2050 and explore whether any assumptions on changing flood risk could also be updated; (ii) the design of drainage at the sites should specifically account for an increase in heavy rainfall in the range of +10–20%; (iii) prior to finalizing site locations and designs, a flood risk assessment should be carried out that explicitly includes allowance for climate change, both in the form of sea-level rise, as well as heavy rainfall, and increased river flow; (iv) heat is an emerging risk—the effect of higher maximum temperatures on building design should be considered; and (v) review whether the current building code as it related to cyclones is suitable given anticipated increases in wind speed for the most severe events. The executing and implementing agencies are responsible for implementing the recommendations of the CVRA, and a Climate Change Specialist (Flood Risk) will be engaged to undertake the recommended flood risk assessment.

## VIII. GENDER AND SOCIAL DIMENSIONS

99. **Gender categorization.** The program is classified as "effective gender mainstreaming".

100. **Gender action plan.** There is a gender action plan (GAP) (Linked Document 14, Gender Action Plan, in RRP Appendix 2, and also attached as PAM Appendix 6) based on the poverty and gender analysis during project preparation. The executing and implementing agencies are responsible for implementing the GAP with support from the PMU's Social Safeguards/Gender Specialist, and PMU staff as relevant. Key gender targets include establishing gender friendly health facilities; upskilling of health workforce in reproductive health and safe birth; developing and implementing social inclusion and gender responsive trainings and training materials including for

the ISDP; and implementing sex-disaggregated reporting and monitoring from eNHIS. The firm contracted for project monitoring and evaluation will also include assessing progress in gender and social inclusion mainstreaming across all outputs. The PMU project manager, with support from the proposed gender and social safeguards specialist, and the gender and communication officer, is responsible for the overall effectiveness of gender mainstreaming in the project, and each PMU staff member and will have responsibility for effective gender mainstreaming in their activities, including for performance measures.

101. **Consultation and participation.** During project preparation, the transactional technical assistance included gender and social inclusion in all consultations as part of its mainstreaming approach. Further consultations by the gender and social inclusion specialist were conducted in rural communities, including with male and female community representatives, community leaders, health facility staff, health staff at the district and provincial levels, other provincial officials, and faith-based health providers. To promote community ownership of the new health facilities, and greater participation in health, the project will continue consultations with communities (and assist in forming stakeholder groups, e.g., community health committees at community level to continuously provide feedback to the project, and to support effective management of the new facilities) as part of the criteria for site decisions, and to support health system change during and after the building of new health facilities.

102. **Barriers to health.** Issues identified during consultations included: (i) gender violence, including its impact on the increase in sexually transmitted illnesses in PNG; (ii) non-inclusive community organization, and decision making; (iii) poor adult and infant diets; (iii) low health awareness, and health seeking behaviors for reproductive health, family planning, and maternal health; (iv) geographical and cost barriers to access; and (v) overall inconsistent community health awareness. and health seeking behaviors.

## IX. SELECTION CRITERIA FOR DISTRICTS AND HEALTH FACILITIES

103. The selection of health facility sites will be finalized after Board approval for the proposed SDP project investment against the agreed criteria (PAM Appendix 2, Civil Works Selection Criteria).

## X. PERFORMANCE MONITORING, EVALUATION, REPORTING, AND COMMUNICATION

### A. Program Design and Monitoring Framework

104. The SDP DMF (RRP Appendix 1, Design and Monitoring Framework) has been agreed between ADB, and the executing and implementing agencies. The DMF forms the foundation against which program success will be evaluated. The SDP impact and outcome are unlikely to change during program implementation while there may be output and input changes. The DMF will be monitored as part of the program supervision, and the DMF updated when necessary.

### B. Monitoring

#### 1. Program Performance Monitoring

105. Baseline data will be prepared by the DOH and PMU using the district health profiles commenced by government in 2017, and the further health profile information prepared under

output 2.[34] The baseline data will support the PMU in developing a comprehensive project performance management system (PPMS) drawing on RPHSDP experience, and based on the SDP DMF (RRP Appendix 1, Design and Monitoring Framework). The DOH and PMU will develop sex-disaggregated baseline data for output and outcome indicators, including for the PPMS, and update and report on these each semiannually.

106. The PPMS will include procedures to generate data systematically for the gender-disaggregated indicators to measure project progress and impact and will cite how beneficiaries will be involved in project monitoring and/or evaluation. The process will (i) confirm achievable targets; (ii) finalize monitoring, recording, and reporting arrangements; and (iii) establish systems and procedures to capture required sex-disaggregated data, and information no later than 6 months after loan effectiveness. The DOH and PMU, and participating provinces, will be responsible for monitoring and reporting on project performance to the PSG and ADB, including effective gender-mainstreaming.

107. The ADB-lead inception mission will be fielded as soon as possible after loan and grant effectiveness. ADB will conduct semi-annual review missions, and coordinate and lead an annual review by all stakeholders. If necessary, ADB will lead a Special Administration Mission and Supplementary Financing Appraisal Mission.

108. The firm contracted during the first six months of the project for monitoring and evaluation will provide independent monitoring and evaluation, including impact and outcomes evaluation where possible for (i) the MTR at the mid-point of project implementation, (ii) the PCR when the program is completed, and (iii) other targeted evaluations as agreed and negotiated with ADB, the PMU, and DOH (PAM Appendix 3, Monitoring and Evaluation Terms of Reference). The MTR, PCR, and series of targeted evaluations will include measures of health, social, and economic benefits with a focus on (i) the poor, women, and disadvantaged groups; and (ii) monitoring progress towards achievement of the health Sustainable Development Goals, and other NHP and government health targets.

109. The PMU will support DOH in monitoring key impact and outcome indicators, and associated assumptions with corresponding target dates.

110. In addition to the PPMS, the project annual business plans will include a series of targeted evaluations, and impact and outcome analyses of selected project activities. These will provide evidence-based feedback for continuous quality improvement to guide further activities.

### 2. Compliance Monitoring

111. Compliance with policy, legal, financial, economic, environmental, social, and other covenants contained in the loan and project agreements will be monitored by the PMU and reported semi-annually to ADB. The executing and implementing agencies will be required to advise the PMU of any circumstances that result, or will likely result, in noncompliance. ADB will monitor compliance through PMU reporting, and through selective follow-up discussions or more detailed reviews during supervisory missions.

112. In addition to the standard assurances, the Government of PNG has given assurances, which will be incorporated in the loan, grant, and project agreements as applicable.

[34] Modeled on those developed by Oil Search Foundation for their project provinces.

### 3. Safeguards Monitoring

113. Progress in implementing safeguards will be reported bi-annually as agreed when developing the PPMS. Environment and social safeguards will be monitored by international and national specialists in accordance with the requirements of the EARF, IEEs, and the Resettlement Framework (RRP Linked Document 17, Resettlement Framework, in RRP Appendix 2) and/or social safeguards due diligence report(s). The specialists will provide safeguards updates as part of the semiannual progress report, and based on those inputs the PMU will submit semi-annual safeguards monitoring reports to the government, and to ADB. ADB review missions will monitor and report the project's overall safeguards compliance, guided by the Environmental Assessment and Review Framework (Linked Document 16, in RRP Appendix 2). Once accepted by ADB, the semi-annual safeguards monitoring reports will be publicly disclosed in ADB, and government websites.

### 4. Gender and Social Dimensions Monitoring

114. The implementing agencies, and the PMU through the social safeguards/gender specialist will have accountability and responsibility for effective social inclusion and gender mainstreaming through GAP implementation (Linked Document 14, Gender Action Plan, in RRP Appendix 2, and also included as PAM Appendix 6). Particularly, the social safeguards/gender specialist will be responsible for overseeing and monitoring the implementation of required gender and social mainstreaming activities, and achievement of target indicators during design and construction works. This will include gender training, collecting sex-disaggregated data, and preparing semi-annual GAP implementation monitoring reports during project implementation.

## C. Evaluation

115. Semi-annual ADB reviews will be supported by the MTR, and targeted evaluations and analyses, including by the independent contracted firm. The MTR will assess the progress of each output, analyze issues and constraints, assess the effectiveness of mainstreaming social inclusion and gender equity, and determine necessary remedial actions and adjustments. The MTR will evaluate in detail the scope, implementation progress, implementation arrangements, safeguards issues, achievement of scheduled targets including those in the GAP, and any other related or outstanding issues under the program as appropriate. Within 6 months of physical completion of the program and its project, DOH will submit a project completion report to ADB.

## D. Reporting

116. DOH will provide ADB with (i) progress reports monthly in required ADB format; (ii) consolidated annual reports including (a) progress achieved by output as measured through the indicator's performance targets, (b) key implementation issues and solutions, (c) an updated procurement plans, and (d) an updated implementation plan for next 12 months; and (iii) together with DOT a program completion report within 6 months of physical completion of the program, and its project. To ensure viability and sustainability, project accounts and the executing and implementing agencies' audited financial statements, together with the associated auditor's report, will be adequately reviewed, and action taken as necessary.

## E. Stakeholder Communication Strategy

117. DOH with PMU support will provide all important information to the various stakeholders, including the public, in a manner easily understood by them. There will be compliance with national

legislation on rights to information. There will also be support to provinces and districts for information campaigns on new health facilities, and for health awareness and health seeking behaviors to keep the public and staff engaged and informed.

118. There will be public disclosure of all project documents through a project website attached to the DOH website. All evaluation and analyses results will be disseminated widely, including to other provinces with an interest in health system strengthening. A variety of district and national meetings, workshops, and conferences will be used to keep the staff of the health service, and the public fully informed of developments and progress. These will include community stakeholder committees to provide regular feedback to management, and to staff of relevant local health facilities.

## XI. ANTICORRUPTION POLICY

119. In accordance with ADB requirements, an assessment of public financial management, procurement, and anticorruption was undertaken. There are significant risks.

120. **Anticorruption policy**. ADB reserves the right to investigate, directly or through its agents, any violations of the Anticorruption Policy relating to the project. All contracts financed by ADB will include provisions specifying the right of ADB to audit and examine the records and accounts of DOH, the provinces, and all project contractors, suppliers, consultants, and other service providers. Individuals and/or entities on ADB's Sanctions List are ineligible to participate in ADB-financed, administered, or supported activities, and cannot be awarded any contracts under the project.[35] Relevant provisions are included in the loan and project agreements, and the bidding documents for the project.

121. **Governance and anticorruption.** The PNG government, and the provincial governments will ensure that (i) the project is carried out in compliance with all applicable PNG anticorruption regulations and ADB's *Anticorruption Policy,* including cooperating fully with any investigation by ADB directly or indirectly of any alleged corrupt, fraudulent, collusive, or coercive practices relating to the project; and (ii) all relevant staff actively participate in training in PNG's anticorruption regulations and ADB's *Anticorruption Policy*.

122. **Overall program risks.** Program risks include (i) lack of counterpart funding for recurrent operating costs; (ii) delays in transfer of public funds to PHAs for the health sector; (iii) disruptions in decision-making authority; (iv) civil unrest; (v) weaknesses in procurement controls; (vi) corruption; (vii) inconsistencies in PFM systems, procedures, and skills; (viii) difficulties in retaining trained health worker staff in rural communities, and (ix) security concerns for civil works and other contractors in remote rural areas. The Risk Assessment and Risk Management Plan is at Linked Document 19, in RRP Appendix 2.

123. To the extent possible, the project will be implemented through existing local institutions, and use country systems. To facilitate this, certain governance, fiduciary, and anticorruption safeguards have been incorporated into the project to mitigate the risk of diversion of funds, and to enhance and strengthen governance, accountability, and transparency.

124. Specific transparency and accountability measures include (i) development of a publicly accessible program website within the existing DOH website in which the borrower will disclose key project-related information including costs, safeguards, and procurement; and (ii) establishment of

[35] ADB. 1998. *Anticorruption Policy.* Manila.

a grievance redress mechanism satisfactory to ADB for receiving and resolving stakeholder complaints.

125. **Tender evaluation risks.** A Project Evaluation Committee will be established to address procurement ability, and anticorruption risks. The Committee will be chaired by the DOH Secretary, and include the project manager or delegate, the project architect, and an auditor from the PNG Auditor General's Office. The Committee will define the tender criteria including for replicable smaller civil works, align them with NHSS requirements prior to release of bids, and approve or disapprove awards of contracts, subject to final ADB approval. The Committee will also carry out spot checks, on a random, selective basis, of proposed awards of contracts as recommended by the tender boards at the provincial and central levels. The committee will meet as frequently as necessary to provide necessary input at the time of tendering contracts envisioned by the Procurement Plan, but no less than twice monthly during the tendering period.

126. **Fiduciary risk.** Fiduciary operations risks are addressed through ongoing PFM reforms including through the SDP, building PFM skills, using direct payment for international contracts, and having specialized international procurement, and accountancy consultants in the PMU.

127. Project-specific governance safeguards will mitigate the risk of misuse of funds, and support strengthened governance, accountability, and transparency through (i) use of ADB procurement rules and extensive use of prior review; (ii) independent verification of the quantity, quality, and cost of works by the international supervision consultant; (iii) independent accounting support to develop systems and skills, and to ensure, among other things, timely and rigorous reconciliations, orderly record keeping, and strict adherence to financial management policies and internal controls; (iv) independent external auditing of contracts, project accounts, and financial statements; (v) intensive supervision by ADB and other funding agencies; and (vi) forensic audits of any alleged corruption cases.

128. **Security risks.** There may be security concerns in some rural areas where civil works and community engagement are agreed activities, and a related concern that local communities will mistrust or not engage with project activities. Mistrust and non-engagement will be mitigated through use of national competitive bidding and shopping to permit local labor to benefit from the project, and by building of cross-community alliances and buy-in for the project through the partnership committees, which include representatives of the local government, and other local partnerships for community engagement.

129. **Staff attrition risks.** Health system staff attrition risks will be managed through staff incentives including refurbishment or construction of adequate staff housing, and ensuring appropriate clinical supervision for local staff based on the health services plans for the participating provinces and districts.

130. **Ombudsman**. The Ombudsman Commission of Papua New Guinea may be called upon to investigate any irregularities or complaints.

131. **Internal audit**. The audit of the project will be included in the annual work plan of the internal audit unit of DOH for each year during project implementation.

132. **Grievance redress mechanism**. The implementation staff will inform stakeholders of their right to submit complaints or grievances relating to the project.

## XII. ACCOUNTABILITY MECHANISM

133. People who are, or may in the future be, adversely affected by the project may address complaints to ADB, or request a review of ADB's compliance under the ADB Accountability Mechanism.[36]

## XIII. RECORD OF PAM CHANGES

134. All revisions/updates during the course of program implementation should be retained in this section to provide a chronological history of changes to implemented arrangements recorded in the PAM.

| Date of Revision | Revision |
|---|---|
| 25 February 2019 | Additional cofinancing investments added |
| 17 April 2023 | Second additional financing investments added |

Source: Asian Development Bank.

[36] ADB. 2012. *Accountability Mechanism Policy*. Manila.

# PROJECT DESIGN SYNERGIES

## A. Introduction

1. This appendix provides further details of project design thinking to support sustainable health system change. The purpose is to assist DOH and PMU planning for the inception phase and beyond, including the development of the PPMS.

2. The HSSDP policy program loan will support national public finance, and health policy reforms to improve the fiscal space for health and subnational flow of funds. The project loan will finance investments that support the delivery of the policy actions, and ensure they are effectively operationalized to improve service delivery.

## B. Design Thinking for Synergies

3. A key challenge for the effective governance and management of a health system is understanding the whole, and not just the parts. Health systems tend to be organizationally and managerially in discrete units or silos, partly because of the complex nature of a health system. Effective governance and management of a health system requires integrating and synthesizing information across these discrete units through various information lenses, and using the information effectively for sound decision making towards good clinical, and population health outcomes.

4. The HSSDP design takes a whole-of-health system, change management approach to support PNG accelerating progress towards Universal Health Coverage through strengthening its health system. The project design aims to support government efforts for transformational health system change through synergistic linkages and leverages between and across the three project outputs, under the umbrella of and linked to the HSSDP national policy reforms. The HSSDP project design builds on the experience of the RPHSDP, and has a sustainable, strategic, and layered approach to support the government implement essential finance, health, and workforce management information systems, and in parallel expand the required competencies, skills and aptitudes for their effective use by boards, clinicians, managers, policy makers, and various corporate roles including analysts.

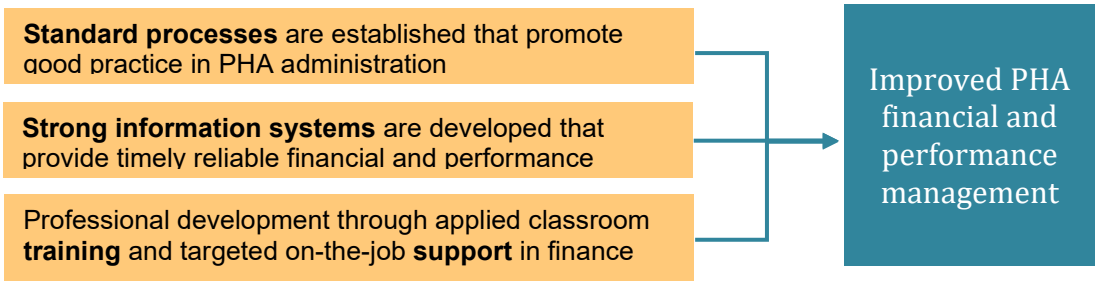
5. The integrated suite of organization and people development programs (ISDP) delivered through Output 2 is cross-cutting through all outputs. ISDP supports all other activities including (i) public financial management reforms in Output 1; (ii) civil works at district level through Output 3 built to the PNG National Health Service Standards; (iii) clinical up skilling at the new facilities to meet the Standards; (iv) community consultation on the civil works, and health promotion strategies linked to this to raise community health awareness, and health seeking behaviors; (v) information systems support for their effective use; (iv) support to the DOH to minimize the current frequent stock outs of basic, essential drugs. These approaches to health system change will provide models for adaptation and replication elsewhere in PNG, and the Pacific where there are similar local circumstances to PNG.

6. The development of standard processes will ensure the promotion of good practice in PHA administration, avoid unnecessary duplication and reinvention as more provinces adopt the PHA management structure and modality, and provide a rigorous platform for the design of the ISDP programs. A practical example of establishing standard processes is the development of a financial

management manual for PHAs that meets both health sector needs, and central agency requirements. [1]

7. In agreed areas, the HSSDP will assist PHAs achieve strong information systems across planning, financial management, human resource, and health information platforms to provide timely and reliable information that is used effectively. A practical example of this is the rollout and continued refinement and effective use of the electronic National Health Information System (eNHIS) that provides the sector with timely information on health service delivery performance. The ISDP is integral to skills and knowledge transfer on their effective use. This HSSDP approach is presented in Table 1 below.

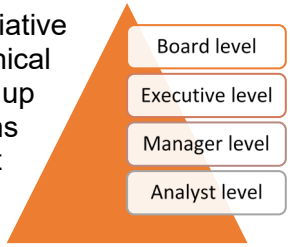
**Figure 1: The HSSDP Approach – Integration of Processes, Systems and Professional Development**




8. All training and development programs, across all outputs, will be action-learning based, involving a blend of applied classroom training, and targeted on-the-job support where needed. The design of the integrated suite of development programs will enable their cost-effective delivery at scale. Some development programs will be delivered nationally (e.g., senior health managers), some regionally (district managers), and some locally (PHA Boards, clinical up skilling associated with each new health facility in Output 3, and targeted on-the-job training such as for PHA budget development after classroom learning).

9. A local training/education provider or providers will be identified for some or all of the programs in Year 1 of HSSDP for skills transfer for sustainability. There are early discussions with The Precinct on this, for example.

## C. Content Overview of Cross-Cutting Training Programs




10. The HSSDP organization and people development initiative will promote an evidence-based approach to corporate and clinical governance, health management, and facility-based clinical up skilling in Papua New Guinea. The integrated suite of programs will include health monitoring, data analysis, PFM, patient safety, effective leadership and management models, the National Health Service Standards, and community engagement and consultation. Social inclusion and gender mainstreaming will be key principles throughout. The content of the programs will be modified to meet the information and learning needs of the differing levels, with the analyst level typically

[1] Compliance with the PFMA and related guidelines.

requiring more in-depth and hands-on learning compared to other levels. An overview (see Table 1 for further detail) is:

i. Board – two-day governance development program on appointment, and one day annually for continuing professional development (CPD) including on the effective use of high level information;
ii. Executives and managers – programs with a variety of models, approaches, and information tailored to their roles to lead, manage, and monitor their area of responsibility to support excellence in patient care, better health indicators, and provide advice to the Minister/the DOH/the PHA Board/the PHA CEO as relevant;
iii. Multidisciplinary clinical staff – clinical governance programs for effective systems, processes, and quality indicators for patient safety, and good clinical outcomes; clinical up skilling to meet National Health Service Standards in each new health facility; and health promotion skills transfer;
iv. 'Analysts' in corporate services areas, policy developers, planners – programs that impart the skills to manipulate and interpret data, and convey information in appropriate ways to effectively communicate to the range of key stakeholders (Table 1).

11. The approach will promote an integrated view of performance data that prioritizes the needs of corporate and clinical governance, management, monitoring, and policy development. There will also be specific training modules that will evolve in response to the analysis of development needs but are likely to include:

i. Using information for effective monitoring and management (finance, HR, health information);
ii. Good budgeting for PHAs (elements of budget *preparation*, and *execution* including reporting). [2]

12. The suite of national, cross-cutting, experiential, integrated organization and people development programs include good budget practice, efficient and effective service delivery for patient safety, and better health indicators. There is potential for catalytic impact.


## D. ISDP Delivery

13. The ISDP will be delivered by HSSDP in partnership with one or more local providers. Early talks are with the PNG Precinct, which is supported by DFAT, represented by the Schools of Business, the University of Papua New Guinea School of Medicine and Allied Health Sciences, and the Pacific Institute of Leadership and Governance. Specific subject experts will be engaged as required (e.g., for PFM). The programs will be evaluated independently during the MTR. There will be a further evaluation at end-year 4 to guide joint planning on ISDP needs beyond HSSDP, including budget, and funding sources.

14. Skills transfer will be critical as health leadership and management development experience is limited in PNG. The Divine Word University (Madang) offers a Degree in Health Management, and graduates up to 20 per year. Nearly all students are newly graduated from high school, and

[2] This will require coordination with the Department of Treasury and the Department of Finance to ensure program training outputs are acknowledged by central agencies, and consistent with Government requirements.

they struggle to find positions when they graduate from their degree due to their lack of practical experience. The University of Papua New Guinea offers Masters of Public Health but there is little management material in the curriculum. The Australia Awards fund some overseas study in Public Administration, and some Masters in Public Health but the numbers are small.

15. RPHSDP has developed a 2-week course in Health Facility Management in conjunction with Divine Word University, and have funded 160 participants (10 from each of the project Districts). The content is basic, and is generally followed up by the RPHSDP Middle Management training. RPHSDP has also worked with the Divine Word University to rewrite their curriculum for a 2-week course for District Health Managers that they completed in December 2017. Formal feedback is awaited but informal feedback is that students gained much from it.

16. There is also an RPHSDP-supported Graduate Certificate in Health Promotion with 27 students—all community health workers in RPHSDP project sites—who graduated in December 2017 from Pacific Adventist University. All have completed or supervised a practical project in their respective catchment areas. Some initiated village water supplies or toilets or general environmental cleanups preparatory for healthy village certification. The evidence may support this continuing under HSSDP.

## E. HSSDP Project Outputs

17. **Output 1: National public expenditure system enhanced**. The project will support the flow of financial and performance data between local facilities, provinces and the national level to support enhancement of the national public expenditure system. The project will provide critical hardware for installing financial systems where appropriate in PHAs including computers, printers, scanners, and devices for connectivity where not already available. Key elements of public financial management (PFM) training will be incorporated into, and reinforced through, ISDP in Output 2 and system change with the civil works and other activities in Output 3. Activities will include preparatory work such as matching of charts of accounts, and assessing software licenses and connectivity availability and costs. Planning will be informed by lessons learned from the 2016/2017 pilot IFMS implementation in East New Britain.

18. **Output 2: Public expenditure management reforms in the health sector.** Experiential, organization and people development programs will be designed and implemented to achieve enhanced skills and competencies, and behavior and attitude changes, across the PNG health system. The aims are (i) accelerated, system-wide enhancement of corporate and clinical governance, leadership and management, and clinical skills in the new facilities leading to sustainable health system change; (ii) a shared language, understanding, behavior and attitudes across the PNG health sector generated through cross cutting content of all strategies while ensuring they are tailored to the target cohort; (iii) systems, processes and procedures to support and maintain system change; (iv) evidence-based improvement in efficient and effective resource utilization;, (iv) better health indicators towards the achievement of the health Sustainable Development Goals; and (v) staff pride in progress continually increasing staff motivation, and inspiring better community confidence in the PNG health system.

19. Output 2 activities will assist the DOH, PHAs, and districts use core information (finance, heath information, and workforce management) for better corporate and clinical governance, health system management, and to understand and integrate gender equity principles and processes in all health sector endeavors. A standard PHA budget design will be developed, and a standard reporting calendar of financial performance. These will be aligned to Output 3 investments including

eNHIS implementation and effective use, and health system change associated with the civil works development and implementation, and Output 1 on IFMS, maximizing sustainability potential.

20. There are eight integrated organization and people development strategies. Some are cross-cutting nationally, one is clustered regionally, and others drill down in PHAs to districts. There are synergies between all, they are experiential or action-learning based, social inclusion and gender equity is integrated and mainstreamed throughout, and all will be patient and community-centered, to achieve better health outcomes, and more effective and efficient use of resources. Together they form a robust and strategic organizational development and people development approach to lay the platform for sustainable health system change. Each of the eight programs will share aspects of the same content but will be delivered in greater depth in some, and through different prisms in others. For example, clinical governance will be including in the proposed PHA board governance development programs from the perspective of governance responsibilities. The clinical governance development programs, targeting senior clinicians and managers, will have greater depth including rigorously addressing **how** to implement, manage, and maintain effective clinical governance systems and processes, for better patient safety and clinical outcomes.

21. Unlike many training course where a specific skill can be observed as having been learned or not at the end of each course, the true impact of development programs takes time because it involves a deeper approach to acquiring new knowledge, understanding, skills, and competencies, and attitude and behavior changes to embed and sustain the new ways of working. It is one reason why a large-scale approach is needed so there are sufficient numbers of people being exposed to different approaches for there to be on-site synergy for change. Evaluation of the impact of the various development programs will therefore be 18-24 months after the end of a program.

**Table 1: Overview of Output 2 Draft Activities and Indicative Schedule**

| | Programs | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|
| 1 | **PHA Governance** *(2 day soon after forming; 1 day annually CPD thereafter; all provinces* | **11 x 2 days** (for new PHAs) **& 11 x 1 day** (CPD) | **22 x 1 day** (CPD) | **22 x 1 day** (CPD) | **22 x 1 day** (CPD) | **22 x 1 day** (CPD) |
| 2 | **National Health Executive Leadership Development Program** *(x 2; 11 months long in four [4] two-week residential, one offshore in Australia, possibly James Cook University)* | **No** | **Yes** *(x 1 Program)* | **No** | **Yes** (*x 1 Program)* | **No** |
| 3 | **National PHA CEO Forum** *(X 2 each year for two days each)* | **Yes** *(x 2)* | **Yes** *(x 2* | **Yes** *(x 2)* | **Yes** *(x 2)* | **Yes** *(x 2)* |
| 4 | **District Management Development Program** *(3 days; total of four [4] held regionally then review)* | **Yes** *(x 2)* | **Possibly** | **Yes** *(x 2)* | **Possibly** | **Possible** |
| 5 | **Middle Manager Program** *(~two in each Province over the five years; 3 day each + one-day recall; say, 40 programs)* | **Yes** *(x10)* | **Yes** *(x5)* | **Yes** *(x15)* | **Yes** *(x5)* | **Yes** *(x10)* |
| 6 | **Clinical Governance** *(two in each Province over 5 years, say, 50 programs)* | **Yes** *(x5)* | **Yes** *(x5)* | **Yes** *(x15)* | **Yes** *(x15)* | **Yes** *(x10)* |

| Programs | | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|
| 7 | **Clinical Skills up skilling; civil works related; and health promotion** | | **Yes** | **Yes** | **Yes** | **Possibly** |
| 8 | **Targeted skills/competency training such as stand-alone PFM, and planning, monitoring including for** 'health analysts', planners, and policy developers engaged in planning, budget and finance, human resources and health information. *(~ two in each project Province over 5 years, say, 30-50 programs, held in conjunction with other activities to streamline travel)* | **Yes** | **Yes** | **Yes** | **Yes** | **Yes** |

CPD = continuing professional development, CEO = chief executive officers of PHAs, PFM = public financial management, PHA = provincial health authorities.
Source: Asian Development Bank.

## Table 2: Proposed Output 2 Activities Linking Outputs 1 and 3

| Outputs | Approaches | Timeline |
|---|---|---|
| 1. Sustainable overall training approach development | 1.1 Consultations to develop strategies on institutionalizing integrated suite of organization and people development programs (including PFM and other program), including delivery modality (partnerships/engagement of local/external training institutions like Precinct, individual consultants, firms, or a new school of health leadership and management at the University of PNG), incentives for participation/knowledge transfer, and retaining of health workforce | May 2018 –May 2020 |
| | 1.2 Agreement on cost effective/ sustainable/institutionalized ISDP approach for commencing skills transfer from Year 1 of HSSDP project, and funding after the project finishes | |
| 2. PFM capacity development designed and implemented | 2.1 PHA information systems analyzed in finance, human resources, and health information to inform development activities | May-Dec 2018 |
| | 2.2 Standardization agreed and developed (e.g., PHA manual) | |
| | 2.3 Design and development of training material | |
| | 2.4 Integration with cross-cutting suite of programs, and schedule for stand-alone training modules | |
| 3. Development programs delivered | 3.1 Development programs designed, scheduled, and delivered targeting specific audiences (Table 1) with core content according to audience needs | Jan 2019-Apr 2023 |
| | 3.2 Core content reflect health systems strengthening and universal health coverage approach, and includes variations on (i) corporate and clinical governance; (ii) leadership; (iii) management; (iv) understanding of self and others; (v) health system and health financing overview; (vi) planning and budget preparation looking at the annual budget process, basic models and analytical techniques; (vii) monitoring and reporting looking at the health monitoring cycle, use of health information available (financial, human resources, health facility data, and health statistics) to monitor, communicate and drive better health sector performance, and use reporting models and analytical techniques to support management-oriented monitoring and reporting; and (viii) other training areas identified through preparatory activities above. | |

| Outputs | Approaches | Timeline |
|---|---|---|
| | 3.3 Clinical up skilling designed and developed reflecting National Health Service Standards specific to each civil works health facility (e.g., immunization, safe birthing, Integrated Management of Childhood Illness, community engagement), and health promotion | |
| 4. On-the-job training | 4.1 Support visits to PHAs to apply and institutionalize new skills, knowledge, and competencies from development programs<br>- Timing of visits will be important to coincide with respective steps in annual PFM cycle to ensure maximum impact is achieved in assisting the PHAs in better planning, health service delivery, budgeting, management, monitoring and reporting.<br>- On-site support will be sequenced to complement each development program.<br>- On-site training could be interlinked with classroom development programs to maximize cost effectiveness, and information sharing and learning across PHAs; exchange programs could be considered (e.g., staff of well performing PHAs to be embedded in poor performing PHAs as trainers or vice versa) | Jan 2019-Apr 2023 |

HR = human resource, OD = organization development, PM = person month, PHA = provincial health authority, PMU = project management unit, PNG = Papua New Guinea, Precinct = Australian Government-funded training institute in Port Moresby.
Source: Asian Development Bank.

22. **Output 3: Health service delivery enhanced.** The proposed civil works will meet the National Health Service Standards and have environmentally sustainable architect designs. The project will use the civil works designs and standards developed under the RPHSDP. Province-specific referral systems are a key element of effective decentralized health services and will be developed for each project province, building on those developed through RPHSDP.

23. Site decisions will be based on submissions from PHAs assessed against agreed criteria. The system-change approach for implementation will include (i) up-skilling of the health workforce at each new health facility site and the pre and post referral sites; (ii) a community development approach to consultation and raising health awareness and health seeking behaviors (e.g., immunization, supervised births) including through Village Health Volunteers; (iii) clean water to villages located between the water source and the civil works assisting women who usually have responsibility for carting clean water, and impacting diarrheal and other water-borne diseases; (iv) bottom-up budget development including for the required workforce profile to meet the PNG National Health Service Standards; and (v) national roll out of and effective use of eNHIS, and the workforce management tool developed through RPHSDP.

## CIVIL WORKS SELECTION CRITERIA

### A. Subproject Eligibility Criteria

1. The Health Services Sector Development Program (HSSDP) facilitates close coordination and exchange among the health department and central agencies in Papua New Guinea (PNG) to support the 2017 100 Day Economic Plan, the PNG Vision 2050, the National Health Plan (2012−2020), and other relevant policies, plans, and strategies. The Government of PNG has identified health infrastructure at the district level a priority in the Health Services Sector Development Program project. The HSSDP implementing agency is the Department of Health (DOH) and will take the lead in identifying, prioritizing, appraising, designing, and implementing health facility sites identified for investment that meet National Health Standards, building on the experience and health facility designs of the current Primary Health Care Services Development Project (RPHSDP).

2. The HSSDP will target investments at the district level including both district hospitals, and health centers. Site selection will be based on compliance with selection criteria agreed between the government and ADB, including technical, economic, social, and environmental assessments (see below paras 5 and 6). The DOH will seek expressions of interest for civil works from provinces with provincial Health Authorities (PHAs), based on provincial health service delivery plans, documented priorities, and budget capacity to absorb for the new facility. The HSSDP project will support DOH to assess and rank the expressions of interest, and make recommendations to the HSSDP Project Steering Group for decision. The Project Steering Group will be composed of DOH, Department of Treasury, Department of National Planning, Department of Finance, and Department of Local Government.

3. The designs of the health facilities have been developed by the RPHSDP. They meet the requirements of the National Health Standards, are built of low-maintenance materials, include family friendly facilities (e.g. confidential consultation rooms, facilities for families and their children when their loved one must stay overnight), women-friendly labor wards, utilize solar power, and bring clean water to the facility, which is also piped to local villages where possible to assist reduction in water-borne diseases [such as diarrhea]), and provide something of immediate benefit directly to local communities.

4. **Eligibility Criteria.** The selection of civil works sites will be guided by the PNG Medium Term Development Program 2 2016−2017, the National Health Plan 2012−2020 (NHP) and its successor, the Health Services Development Plans of the Provincial Health Authorities, and other relevant plans, policies and strategies, including a social and poverty analysis.

5. **Environmental Criteria.** The Program will exclude civil works sites that are likely to cause major environmental impacts (environmental category A), according to ADB's Safeguard Policy Statement (SPS, 2009). Environmental screening will be conducted for all sites. In selecting civil works sites, environmental criteria will be used for the first level of screening. If the site does not meet any of the criteria, then the site will not be approved as part of the project. The environmental criteria for selection of sites for health facilities are set out below:

(i) Avoid direct or indirect significant, negative impacts on protected areas defined as wildlife management areas, national parks, or conservation areas.
(ii) Avoid sites that possess any areas of forest or undisturbed natural vegetation. Only sites that have been previously cleared are to be accepted.
(iii) Avoid direct or indirect significant, negative impacts on important items of cultural heritage.

(iv) Avoid areas that are currently under direct human habitation as well as sites that are being gardened.
(v) Do not cause any other environmental impacts that would trigger categorization as a Category A project in accordance with the ADB's Safeguard Policy Statement (2009) and OM/F1/OP Safeguard Review Procedures (2013).

6. **Land acquisition and resettlement.** No civil works site that requires land acquisition with significant resettlement impact, according to ADB's SPS, will be eligible for funding under the project. The inclusion of a civil works site in the project is contingent on compliance with agreed eligibility criteria, to minimize land acquisition, and its impacts:

(i) the civil works site is designed to minimize land acquisition including reduction of geometric standards where needed to avoid significant impacts;
(ii) the proposed civil works has local support;
(iii) the proposed civil works minimize the displacement of residential structures or other permanent structures;
(iv) there is negotiated agreement with affected owners and communities for acquisition of land; and
(v) there is no other significant adverse environmental or social impact; and
(vi) the PHA confirms that funds and resources necessary for the installation, operation, and maintenance of each new health facility are available, and will be provided on time.

7. **Health Sector Criteria.** The facilities must meet health sector priorities and approaches as evidenced through a range of criteria:

(i) **Provinces of greatest need**. Priority will be afforded Provinces of greatest need as ranked in the most recent Sector Performance Annual Report (SPAR), the district profiles being developed, and other data such as from the health information system (eNHIS).
(ii) **The request is for a district level health facility.** As nearly 90% of people in PNG live rurally, focusing civil works on districts to support primary health care for improved health outcomes, is the priority. For this reason, provincial hospital request do not meet the eligibility criteria.
(iii) **The proposed works are consistent with key plans, policies, and strategies.** The request must demonstrate alignment with the Medium Term Development Plan 2 2016−2017 and its successor, be prioritized in the Provincial Health Service Development Plan, and comply with the National Health Service Standards, relevant national laws and regulations and ADB's *Safeguard Policy Statement (2009)* and the Environment Management Plan, Environment Assessment and Review Framework, and Land Assessment Framework.
(iv) **Community consultation and agreement.** The request must provide evidence of community consultation for site selection, and community agreement.
(v) **Sufficient recurrent and operational budget.** The PHA must provide evidence of sufficient recurrent and operational budget for the new facility, including for maintenance, and cleaning, aligned with the DOH Asset Management Policy 2015.
(vi) **Sufficient staff with the right skills set.** The PHA must provide evidence of sufficient health workforce to staff the new facility, with the right skills set to meet the National Health Standards.
(vii) **Higher authority endorsement**. The Provincial Partnership Committee and Provincial Health Authority Board, and/or other relevant authorities if non-State based, have endorsed construction and financial arrangements.
(viii) **Land is unencumbered.** The State or other relevant health service provider (e.g. churches) owns the land unencumbered and has Certificates Authorizing Occupancy

(CAO) permits, deeds, and other title documentation.

(ix) **Reproductive health services**. The proposed facility will be able to deliver the full range of reproductive health services, including if on unencumbered Church land.

(x) **Building site access.** There will be access to and from the proposed facility site for vehicles or other transport, or it will be constructed in parallel with the project, and at the expense of non-project funds.

(xi) **One district hospital per district.** If the request is for a district hospital, there will no other district hospital in that district.

(xii) **Return on Investment through population served.** For health center submissions, the population served will be > 10,000.

(xiii) **Augmentation of referral systems**. The facility will augment effective referral systems, e.g. where Community Health Posts (CHPs) have recently been built.

(xiv) **Population, demographics, and transport support the proposal**. The requested facility is based on spatial distribution evidence (population and demographic), and connected by transport and communication links for referrals.

(xv) **Absorptive Capacity.** The District can absorb and utilize the proposed investment taking into account levels of security, law and order, governance, and administrative skills.

(xvi) **Cofinancing.** There will be government or DP cofinancing, or in-kind support, the quantum of which shall assist decision machining.

## B. Subproject Selection Procedures

8. The DOH will ask for expressions of interests through PHAs, firstly against the health-specific criteria. Each PHA, with the support of the Project Management Unit (PMU), will conduct stakeholder consultations, report the results, and propose civil works sites to the Project Steering Group. If agreed, the proposal will advance to the next stage of environmental, and land acquisition and resettlement, assessments, and poverty and social analysis, paid for by the PMU.

9. After these have been done, the proposal will be fully assessed by the PMU, and must meet acceptable ratings against each of the criteria, or the PMU recommend further works. When the proposal meets acceptable ratings, the PMU will submit the appraisal report and the original proposal to the PSG for endorsement before submitting to ADB for approval. ADB will review the appraisal report and, if necessary, may request additional materials and studies to justify the proposed civil works. ADB's formal approval for projects must be obtained before the tender document preparation for any subproject, and its inclusion for financing under the project.

# MONITORING AND EVALUATION TERMS OF REFERENCE

## I. OVERVIEW

### A. Summary of Monitoring and Evaluation Approach

1. **Outsourcing.** The monitoring and evaluation (M&E) of HSSDP will be outsourced to a firm. The aim is to ensure efficiency, objectivity, and rigor, using a collaborative process with DOH, PHAs, and HSSDP for continuous learning and improvement. Non-participatory, ad hoc approaches based on quantitative data only will be avoided; instead an active learning process is the aim, contributing to health system change.

2. **The principles**. The successful M&E firm will build on the *collaborative and participatory* HSSDP design process, and include those most directly affected, gaining agreement to carry out monitoring and evaluation together. The firm will make special effort to support health system strengthening and development by imparting skills and knowledge to their national counterparts, including conducting M&E workshops for DOH, HSSDP TA, PHA staff and partners when in the field.

3. The successful M&E firm will *collaboratively* design the M&E details with ADB, the TWG, and the PSG, based on the DMF. They will *negotiate* with key stakeholders to reach agreement on what will be monitored and evaluated, how data will be collected, who will do the collection and analysis, how frequently this will be done and in what format, how findings will be disseminated among those involved, and gain a clear understanding of limitation and potential on what actions may be taken as a result. At all times the successful M&E firm will attempt to use available data, thereby working within the GOPNG systems, and actively assisting their strengthening.

4. The successful M&E firm will build in processes for *learning*, as the basis for subsequent improvements and corrective action. Communication and engagement with key stakeholders will be key foundations for the effective relationships required to support learning, and health system change. *Flexibility* will be a key component given the numerous stakeholders and the wide variety, the often-rapid changes in the GOPNG landscape, and the need to bring people on the journey of continuous improvement for sustainable change.

5. The successful M&E firm will incorporate the outcomes of the proposed collaborative M&E approach on ISDP between HSSDP PMU and the preferred GOPNG provider institute, to accelerate and support ISDP skills transfer.

### B. TOR for Inclusion in M&E Contract

5. **Principles.** The successful M&E firm will need to provide evidence that their approach will be based on the principles of collaboration, participation, negotiation, learning, and flexibility, and demonstrate how these will be applied in the GOPNG context.

6. **Methodology.** The successful M&E firm will take an initial formative approach, collaboratively developing annual performance indicators based on the HSSDP RRP, PAM, and DMF, to create transparency for ongoing M&E. From these discussions and negotiations the successful M&E firm will (i) prepare a baseline for HSSDP and each project activity by Output, (ii) prepare an M&E Plan for Years 1 and 2, for agreement by ADB, and DOH. Thereafter the M&E Plan will be rolled out annually, always with at *least a two-year horizon,* adjusted according to any changing context, and experiences and learning across all project outputs.

7. **Field visits**. The purpose of the M&E process is to minimize risk, and support ongoing HSSDP improvement for the ultimate goal of sustainable health system change. Formative M&E will continue through the life of the project augmented by impact and outcome analysis for health system change. The firm will conduct M&E visits to PNG each six months until the MTR in Year 2.5. Thereafter the process may be annual subject to MTR recommendations. The M&E process will include performance tracking, performance improvement planning, risk assessments, and recommendations to ADB and DOH for the update of the HSSDP design where appropriate.

8. **Reports.** The successful M&E firm will provide reports to ADB and the DOH no longer than four (4) weeks after each M&E input, which present (i) progress against the original design; (ii) planned versus actual project performance based on the M&E plan; (iii) a review of the implementation schedule to confirm project duration; (iv) successes for continuation and replication elsewhere; (v) any constraints; (vi) sex-disaggregated data and equity issues; (viii) innovative approaches to continuous improvement for accelerated health system change, and (ix) recommendation to ADB and DOH as appropriate. These reports will also be available on the DOH and ADB web sites.

9. The successful M&E firm will design a learning strategy and activities, aligned with their field visits and HSSDP activities, and integrated where feasible (e.g., Output 2 ISDP, or Output 3 health system strengthening), to impart M&E knowledge and skills to GOPNG counterparts.

10. An overview of the M&E approach against which the successful M&E firm will develop their approach is at Table 1 below.

**Table 1: M&E Overview**

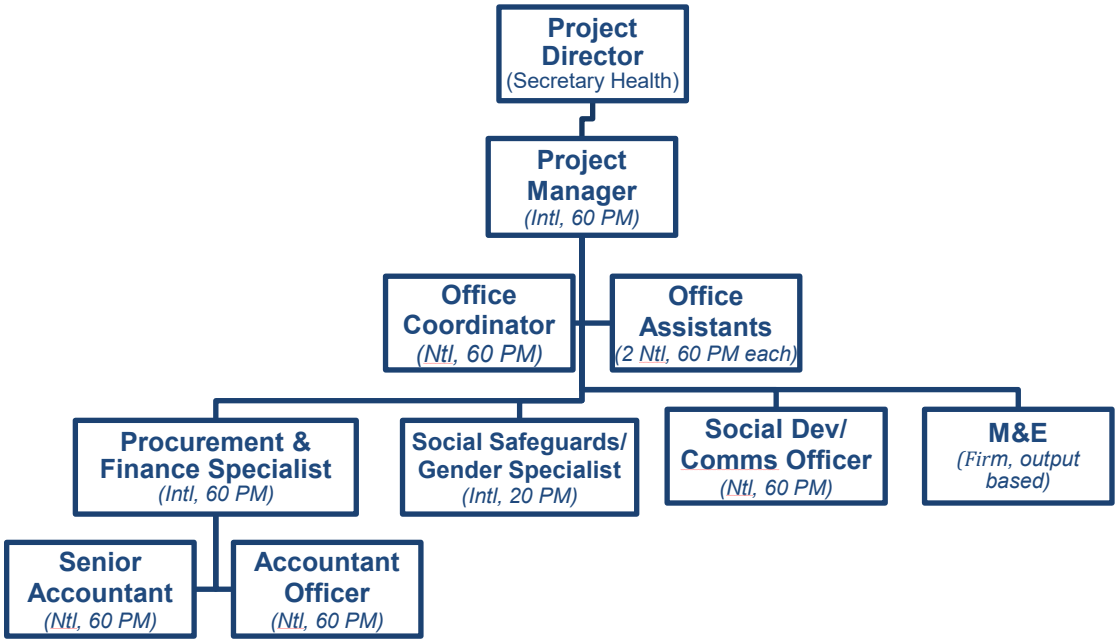
| **Continued Project Rationale** | **Project Efficiency** |
|---|---|
| Alignment with GOPNG plans?<br>Reflects development priorities?<br>Changes needed?<br>Improvements?<br>Innovation?<br>Learning? | Implementation on time and at cost?<br>Possible efficiency gains?<br>Improvements?<br>Innovation?<br>Learning? |
| **HSSDP Effectiveness (Impact)** | **Lessons Learned** |
| Outputs produced?<br>Impact(s) as a result?<br>Unintended impact(s)?<br>Improvements?<br>Innovation?<br>Learning? | for<br><br>Project relevance?<br>Achievements?<br>Efficiencies?<br>Replication?<br>Innovation?<br>Learning? |

## PROJECT MANAGEMENT UNIT TERMS OF REFERENCE

**A. TA qualifications and personal attributes.** All HSSDP TA, and PMU staff will have technical qualifications, and experience relevant to the position; act with the highest integrity at all times; have a respected professional reputation; be proficient in English, and ideally PNG Pidgin; have strong oral and written communication skills; have excellent interpersonal skills; have the ability to work as part of a team, to maintain effective and cooperative relations with national authorities, and with development and other partners; have the ability to handle sensitive issues with discretion in the complex PNG cultural environment; be experienced in organizing and conducting development programs or training courses, and workshops; build in monitoring and evaluation to all activities using sex disaggregated data where possible and appropriate; and demonstrate the ability to lead or contribute to, and role model, a HSSDP project team culture which incorporates gender mainstreaming, and social inclusion.

### B. PMU

#### 1. Organogram




Intl = International, NTL = National, PM = persons-month.

#### (i) PROJECT MANAGER

| | | | |
|---|---|---|---|
| **Contract** | **55 person months 2018 Q3 – 2023 Q2** | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Project Management | | |
| **Source** | International | **Category** | Independent |
| **Objective/Purpose of the Assignment:**<br>The Project Manager (PM) will be responsible for the overall leadership, management, and implementation of the project. The PM will work under the overall framework of the Health Sector Service Development Program and its Executing Agency, the Papua New Guinea (PNG) Department of Treasury, and under the direct guidance of and in consultation with the Secretary of the National Department of Health (DOH) as Project Director, and the Asian Development Bank (ADB) Project Officer. The PM will ensure gender sensitive and inclusive systems and procedures to achieve the | | | |

objectives and targets in the project design including the monitoring framework (DMF), ensure gender mainstreaming and social inclusion through all activities, and align all endeavors with the requirements of the PNG government and ADB.

**Scope of Work:**

- Develop collegial working relationships with key stakeholders including the relevant National DOH counterparts and support the development of a relevant 'inline' position by the end of the project.
- Establish and implement the Project Management Unit (PMU) including systems and procedures for management, monitoring, and reporting.
- Determine, minimize, and manage project risks.
- Ensure the implementing agencies have effective operating procedures that are in line with ADB operational guidelines for all project activities, disbursements, reporting, and monitoring and evaluation to achieve results.
- Ensure the project is implemented according to the report and recommendation of the President (RRP), Project Administration Manual (PAM) and any subsequent instructions/guidance from executing agency and ADB.
- Coordinate with ADB and the government to ensure smooth funding flow.
- Establish effective working relationships with key national, provincial and district stakeholders, state and nonstate, to promote complementarities and efficiency.
- Oversee the transition of the PMU to DOH over the life of the project.
- Underpin all activities with best practice leadership, management, organization and people development, and change management strategies, and ensure gender mainstreaming and social inclusion underpin all activities.

**Detailed Tasks:**

- Lead and role model a PMU culture of gender mainstreaming and social inclusion.
- Coordinate and realize synergies between outputs 1-3 at national, provincial level and district levels.
- Liaise with and build links between provincial and district authorities and relevant nonstate service providers.
- Liaise with other development partners to eliminate overlap or duplication and promote synergies, complementarities, efficiencies, and collegiality.
- Recruit and effectively manage long term and short term (international and national) consultants/firms based on ADB procurement guidelines.
- Support project provinces to develop or update health services plans.
- Assist in the design and delivery of the integrated suite of organization development and people development programs in Output 2.
- Ensure design briefs for district hospitals, health centers, any other health facilities built by the project meet National Health Service Standards.
- Advise the Secretary and DOH and facilitate the development of health policies, provincial health authorities (PHA) By-Laws, and other matters as relevant and appropriate.
- Participate in health development partner meetings.
- Attend the HSSDP Technical Working Group as a non-voting participant.
- Consultatively develop an exit strategy including a sustainability plan by the Mid Term Review.
- Manage, monitor and meet accountability requirements including preparing and managing annual business plans and formally reporting monthly, each 6 months and annually. meeting at least fortnightly with the Project Director. having at least weekly telephone meetings with ADB Project Officer. providing an annual audit report to government, ADB, cofinancers, formal partners. providing the Secretariat to the Project Steering Committee and provide relevant reports. other accountability mechanisms as required.
- Support and participate in joint inception mission preparation, implementation and discussion with government and other relevant stakeholders.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.

- Other duties as assigned and agreed.

**Reporting Requirements:**

- The Project Manager reports to the Project Director/Secretary for Health and the ADB Project Officer, and provides monthly, 6 monthly, and annual reports of project progress and activities and as required.

**Expected outcomes**

- The project contributes to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens developed.
- The project progress and outputs scheduled in the annual business plans and project DMF are reported on monthly, 6 monthly and annually and reviewed externally at the Mid Term Review.
- Grant covenants will be monitored and reported to ADB.

**Key relationships**

- ADB Project Officer
- Secretary for Treasury
- Secretary for Health
- Senior Executive Managers, Provincial Administrators, Provincial Health Authority Chief Executive Officers (CEO), Health Advisers
- Direct reports in PMU
- Cofinanciers and formal partners
- Development partners

**Person Specifications**

- At least 15 years senior experience in health leadership and management
- At least five years previous experience as an effective PMU manager in health in PNG
- Relevant qualifications
- Ability to establish and maintain effective relationships with multiple stakeholders, with ADB and with partners

### (ii) PROCUREMENT AND FINANCE SPECIALIST

| **Contract** | **55 person months 2018 Q3 – 2023 Q2** | | |
|---|---|---|---|
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Procurement and Finance Specialist | | |
| **Source** | International | **Category** | Independent |

**Objective/Purpose of the Assignment:**

The consultant will provide oversight on procurement, finance, accounting and support management of the project. The consultant will ensure gender mainstreaming and social inclusion in all activities and develop collegial, constructive relationships with state and nonstate key stakeholders.

**Scope of Work:**

- Develop collegial working relationships with key stakeholders including the relevant National DOH counterparts and support the development of an 'inline' position by the end of the project.
- Provide operational and professional supervision of the Project's Accounting Team.
- Refine the project's 18-month procurement plan and develop a detailed procurement plan, strategy, and manuals (if necessary) in accordance with ADB and Government of PNG procurement laws and regulations.
- Update the procurement plan and methods every six (6) months for the project six (6) monthly and annual reports or whenever necessary.
- Plan and conduct procurement training for the implementation agencies' staff on the use of standard bidding documents, requests for proposals, evaluation reports, contracts and procurement guidelines.

- Maintain coordination of project procurement activities and be responsible for the achievement of all project-related procurement targets.
- Manage the advertising process involved in procurement, procurement correspondence, bid receipt, and bid opening in strict accordance with the agreed upon procurement procedures.
- Manage the project procurement filing system in a systematic manner.
- Participate in contract negotiations.
- Prepare and execute purchase orders and requisitions.
- Store proposals and related bank securities in a safe location.
- Prepare physical progress and overall procurement activity reports quarterly for the Project Manager.
- Be responsible for project financial management, ensuring compliance with ADB policies and procedures.
- Ensure that annual budgets are prepared in advance of the financial year based on interaction with – as relevant - the Department of Health; provincial government and provincial health authority personnel; engineers and other project-related staff; and representatives of the National Planning and Monitoring Department and Department of Treasury.
- Assist the government and project experts in the design and implementation of direct facility funding for newly constructed or refurbished project health facilities.
- Implement a computerized financial management system to track project expenditures and reconcile regularly with ADB and government.
- Liaise with project/government external auditors and internal auditors and be responsible for ensuring timely presentation of the project financial statements for audit.
- Ensure that an annual audit is completed on the project in accordance with ADB requirements.
- Prepare and deliver training courses on financial management for project and government personnel directly involved in project activities including training on ADB financial management and procurement policies and procedures.
- Be responsible for project cash-flow management.
- Be responsible for management of foreign currency transactions and reconciliation.
- Manage PMU national procurement and accounting staff and provide training for skills transfer.
- Provide guidance and direction to relevant individuals, consultants and firms to ensure compliance with ADB's procurement and financial guidelines.
- Oversee the achievement of contractual obligations by the firms for Integrated Financial Managmeent System (IFMS); electronic national health information system (eNHIS); the workforce management tool; monitoring, evaluation, research and formative analysis; and others as contracted.
- Maintain effective relationships with national, provincial, and district key stakeholders, and state and non-state partners.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion,
- Contribute to monthly, six (6) monthly, and annual reports.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.
- Other duties as assigned.

**Reporting Requirements:**

- The consultant reports to the Project Manager.
- Procurement and finance activities are reported on monthly, six (6) monthly and annually and reviewed externally at the Mid Term Review, and as required by the Project Manager.

**Expected outcomes**

- Project procurement and finance activities enable project contribution to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens developed.
- Procurement and finance risks are identified, communicated in a timely manner to the Project Manager, minimized and effectively managed.

**Key relationships**

- ADB Project Officer
- Project Manager
- Engineer/construction manager
- Provincial/district/ provider facilities managers
- Provincial/district finance officers
- Participating non-state partners
- Building services providers
- DOH planning, HSIP finance and procurement officers

**Person Specifications**

- At least 10 years senior experience in procurement and finance
- At least five years previous experience as an effective procurement and finance expert in health in PNG
- Relevant qualifications
- Ability to establish and maintain effective relationships with multiple stakeholders, with ADB and with partners.

### (iii) SOCIAL SAFEGUARDS/ GENDER SPECIALIST

| | | | |
|---|---|---|---|
| **Contract** | TBC **20 person months 2018 Q3 – 2023 Q2** | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Social Safeguards/Gender | | |
| **Source** | International | **Category** | Independent |

**Objective/Purpose of the Assignment:**

To consultant will be mainly responsible for the implementation of gender action plan (GAP) activities but will also undertake safeguards assessment and preparation of required documents for other relevant sub-projects, for monitoring progress, and providing advice. The specialist will also educate and support PMU staff and counterparts to become proficient in gender mainstreaming in all their activities, including supporting them develop sex-disaggregated performance and monitoring indicators for all activities, support capacity building in gender responsive budgeting, and contribute to Output 2 Integrated Suite of Development Program (ISDP) for gender mainstreaming upskilling.

**Scope of Work:**

- Develop sex-disaggregated monitoring and evaluation indicators and targets for all GAP activities, in consultation with DOH, provincial and district officials, and other development partners, and establish performance and monitoring frameworks for GAP activities.
- Advise the PMU manager on progress of GAP activities and all project activities based on ex-disaggregated data, and incorporate into quarterly project progress reports.
- Provide support to the PMU project manager and all PMU specialists, consultants, and relevant counterparts to establish baseline indicators that include sex-disaggregated data in all project activities, and monitor their progress as above.
- Provide or organize gender awareness training for all PMU staff, DOH counterparts, and counterparts and other government and non-state key stakeholders in participating provinces and districts.
- In coordination with other PMU consultants, DOH, and provincial health authorities, develop a monitoring tool to ensure that constructed/renovated/upgraded district hospital and health centers or health facilities meet the standards specified under national guidelines and the GAP during implementation.
- Provide support to the PMU project manager and relevant specialists, consultants, and counterparts to ensure all activities in provinces and districts are based on consultations that include equal representation of women and men including on infrastructure management committees, and preferably where the women are also members of local women's associations.

- Based on these consultations, provide support to the health system consultant of the PMU in developing health infrastructure policies and strategies that address women and family friendly needs to the health facilities, and assist with developing specific monitoring and evaluation tools to measure increased access by women, and increased satisfaction.
- Provide support to the relevant consultant of the PMU in drafting and implementing the National Health Plan (2021-2030), ensuring gender sensitive and responsive PHA reports and manuals, and sex disaggregated performance measures.
- Contribute to the curriculum development of the Output 2 integrated suite of organization and development programs, including governance, management, planning, and financial management development programs, ensuring an integrated and mainstreamed approach to diversity and gender-sensitive training, as well as specific, stand-alone training, and similarly contribute to eNHIS development and training in project sites.
- Provide support to PHAs on gender responsive budgeting.
- Develop specific health promotion programs in selected provinces, and provide support to ensure that all health promotion activities (i) establish sex-disaggregated baselines; (ii) implement specific outreach activities involving both men and women; and (iii) include specific training on family planning, HIV/AIDS, and gender-based violence.
- Provide support to the relevant consultant of the PMU in drafting and implementing the National Health Plan (2021-2030), ensuring social safeguards are addressed, and similarly when implementing eNHIS in project sites.
- Assist the government in implementing and monitoring safeguards according to ADB requirements and pertinent government policies including ensuring a well-functioning and responsive grievance redress mechanism and maintaining a supervisory role over matters pertaining to access of land for health infrastructure construction (district hospitals and health centers) that may have implications for social harmony and conflict avoidance.
- Undertake safeguards assessment including review and analysis of relevant available data and reports, review of the Resettlement Framework prepared for the project, and undertake field visits to the project site to prepare the necessary safeguards requirements for the other sub-projects for submission to ADB and the government.
- Facilitate and undertake public consultations among the affected persons and assist the government in disclosing safeguards information to the affected persons and key stakeholders
- Provide safeguards training to counterpart staff on resolving project-related land issues and on ADB policy and procedural requirements on social safeguards.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Contribute to monthly, six (6) monthly, and annual reports.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.
- Other duties as assigned.

**Qualifications:** The Social Safeguards/Gender Specialist will have a degree in sociology, applied social science or other related fields. The specialist will have substantial and recent international experience in gender impact assessment, poverty, and social safeguards due diligence, and experience working in gender policy and implementation issues in several developing countries. Experience in preparing gender assessments diligence in compliance with the ADB requirements in the Pacific will be an advantage.

**Reporting Requirements:**

- The consultant reports to the Project Manager.

**Expected outcomes**

- Robust social safeguards support improved Health Services Sector Development Program (HSSDP) processes and outputs.
- Rural health services in project districts provide women and family friendly health facilities and services.

**Key relationships**

- Project Manager
- Gender and Communications Officer
- Other project technical assistance (TA)
- Project partners

**Person Specifications:**

- Substantial and recent experience in social safeguards assessment and gender impact assessment
- International experience in social safeguards and gender policy and implementation in several developing countries
- Experience with ADB requirements in the Pacific will be an advantage
- A degree in sociology, applied social science, or other related fields
- Substantial and recent experience in poverty and social safeguards and gender due diligence, and implementation
- International experience in policy and implementation in social development and/or safeguards in several developing countries
- Experience with ADB requirement sin the Pacific will be an advantage

### (iv) GENDER AND COMMUNICATIONS OFFICER

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | TBC **60 person months 2018 Q3 – 2023 Q2 (full time)** | | | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | | | |
| **Expertise** | Communications Officer | **Source** | National | **Category** | Independent |

**Purpose of the Position:**

The Communications Officer provides support and assistance for the Project for the implementation of Health Promotion in local communities.

**Scope of Work:**

- Develop collegial working relationships with state and nonstate key stakeholders including Health Promotion Branch counterparts in the National DOH counterparts and support the development of an 'inline' position by the end of the project.
- Manage the project website and keep updated with relevant and accurate information.
- Compile and distribute a six monthly newsletter communicating project activities for publication
- Support the implementation of Output 3 for gender responsive community development, health awareness raising and enhanced health seeking behaviors for system change aligned with civil works.
- Coordinate activities with UNICEF, WHO, and the Health Promotion Branch for the development of gender sensitive health awareness raising materials.
- Support the provincial public health teams to undertake a Needs Assessment using the National Department of Health 'Healthy Island program' as the core policy and support the districts develop their Plan of Action for health promotion based on the findings and gaps.
- Support the development of an assessment report from the Project Provinces and an assessment tool for the Provincial Health Authorities to use in the future with gender considerations.
- Work with other consultants to develop their program plan, ensuring that gaps identified by the needs assessment are addressed.
- Support the delegated Provincial and District Health officers to work with the community to establish or re-invigorate health sub-committees as relevant to Project activities.
- Support the District Health Officers to work with the community to implement the Community Action Participation process for civil works catchment population profile.
- Support the delegated Provincial and District Health Officers to provide orientation on health topics, the health system, and its functions with community leaders.

- Work with relevant PMU consultants to develop lesson plans (e.g., for Healthy Islands training) and to deliver training as relevant and appropriate.
- Coordinate with Provincial and District Health Promotion Officers to implement the Healthy Island Concept using the CAP approach to work towards a declaration of "A Healthy Village" as a model for replication in selected Districts.
- Document the diversity of process and outcomes of working towards the declaration of "a Healthy Village" including the CAP process, community profiling, the committee establishment process, orientation, and function, with a focus on capturing lessons learned or innovative strategies which can benefit the rest of Papua New Guinea.
- Support the development of funding proposals based on the CAP process and community identified needs, to submit to the Provincial Health Partnership Committees for review, endorsement, funding disbursement, and monitoring
- Be a conduit and maintain communication between National, Provincial, and District health promotion officers.
- Follow-up with delegated health promotion officers to monitor and provide supportive supervision to each Committee in the model villages with the implementation of their identified Community Action Plan.
- Maintain communication and liaison with health promoting organizations active in Community Health Post (CHP) catchment populations, such non-governmental organization (NGO), for communication materials for CHP populations and health promotion activities.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion in all project activities.
- Support the works of the Social Safeguards and Gender Specialist in implementing and monitoring GAP activities and social safeguards including facilitation of all consultations, undertaking field visits and preparation of GAP progress monitoring reports.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis as required.
- Provide regular reports as required by the Project Manager.
- Any other responsibilities as required by and agreed with the Project Manager.

**Reporting Requirements:**

- The Social Development/Communications Officer reports to the Project Manager for overall management and to the Social Safeguards/Gender Specialist for technical oversight and linkages, and professional supervision and mentoring.
- Provide regular reports as required.

**Expected outcomes:**

- Community action plans for participating communities completed and at least one partnership project mobilized.
- Project website maintained and information timely and accurate.
- Communication advice assists all Outputs.

**Key relationships**

- Project Manager
- Social Safeguards/Gender Specialist (international)
- Relevant PMU consultants
- Health Promotion Branch National Department of Health
- Community Based Organizations
- Ward Development Committees, Community Leaders, Local Level Government
- Provincial & District Health Promotion Officers
- District Health Managers
- Project Coordinator at each Provincial Level
- Provincial and District Health Promotion Officers

## (v) SENIOR ACCOUNTANT

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | TBC **60 person months 2018 Q3 – 2023 Q2** | | | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | | | |
| **Expertise** | Senior Accountant | **Source** | National | **Category** | Independent |

**Purpose of the Position:**
The Senior Accountant manages and maintains the financial accounts of the Project and acts as financial controller, meeting international best practice accounting standards.

**Scope of Work:**

- Develop collegial working relationships with other PMU colleagues.
- Maintain independent Project accounts matching the Government of PNG's chart of accounts, Asian Development Bank account classification and any additional data required by the Project Manager.
- Maintain an audit-ready, detailed paper trail for all transactions involving Project funds.
- Assist with preparation of any ad hoc analytical reports required by the Project Manager and/or the Procurement and Finance Specialist.
- Provide direction and support to and be responsible for the day-to-day performance of the Accountant.
- Develop an Annual Work Plan and accompanying strategies to optimize resource utilization and mitigate contractual and financial risks to the Project.
- Assist development of procurement schedules, in conjunction with the Procurement and Finance Officer and the Construction Supervisor, for construction/refurbishment works or equipment acquisitions consistent with annual budgets and cash flows.
- Reconcile the Project's independent accounts and provide a written opinion on variations to the Procurement and Finance Specialist at the end of each calendar month.
- Ensure processing of payment within three (3) maximum working days once requested and review every payment to ensure compliance to PFMA and ADB Disbursement Handbook.
- Review advance payments and follow-up for timely settlement of advances and ensure no advance payment remains unsettled for more than 30 days from the completion of intended activity or trip.
- Assist in recording every payment, journal, and receipt voucher into the Project electronic financial management system and complete monthly bank reconciliation by 7$^{th}$ day of every subsequent month
- Support preparation of monthly finance report for submission to all stakeholders.
- Compile vouchers and supporting documents for submission of monthly Liquidation and Replenishment of Expenses to ADB by 25$^{th}$ of every subsequent month and ensure timely replenishment of all claims.
- Substantiate any previously withheld or questioned costs by ADB on liquidation or replenishment claims with accurate supporting documents for reclaim from ADB by 30$^{th}$ November each year.
- Maintain Assets Register and verify quarterly by the 20$^{th}$ day of the months of January, April, July and October.
- Establish and maintain accurate systems, documentation and secure while accessible filing for financial transactions including invoices, receipts, delivery notes, and completion certificates.
- Provide direction and support to and be responsible for the day to day performance of the Accountant.
- Undertake field supervisory visits as requested and assist in tracking progress of project-assisted procurements.
- Ensure compliance to local rules and laws including the Income Tax Act and ensure monthly lodgement of claim for goods and services tax (GST) refund by 25$^{th}$ of every subsequent month, and periodical follow-up for refund.
- Provide a written Monthly Report to the Procurement and Finance Specialist on progress achieved against the annual work plan, and determine any existing and/or anticipated issues.

- Assist in the preparation of annual financial statement and terms of reference for independent auditing by the Office of Auditor General and facilitate annual auditing by end of 1st quarter from the end of fiscal year.
- Attend management meetings as requested.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis as required.
- Any other responsibilities as required by and agreed with the Procurement and Finance Specialist.

**Reporting Requirements:**

- The Senior Accountant reports to the Procurement and Finance Specialist and supervises the Accountant.
- Provide regular reports as required by the Procurement and Finance Specialist.

**Expected outcomes**

- Effective financial management of the Project and financial discipline.
- Project delivered on time and within available funds.

**Key relationships**

- Procurement & Finance Specialist
- Project Manager
- Senior Engineer/Construction Manager
- Accountant for the Project Management Unit

### (vi) ACCOUNTANT

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | TBC **60 person months 2018 Q3 – 2023 Q2** | | | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | | | |
| **Expertise** | Accountant | **Source** | National | **Category** | Independent |

**Purpose of the Position:**

Under the supervision of the Senior Accountant, the Accountant contributes to managing and maintaining the financial accounts of the Project to international best practice accounting standards.

**Scope of Work:**

- Develop collegial working relationshps with other PMU colleagues.
- Maintain independent Project accounts matching the Government of PNG's chart of accounts, Asian Development Bank account classification and any additional data requirement by the Project Manager.
- Maintain an audit-ready, detailed paper trail for all transactions involving Project funds.
- Assist with preparation of Annual Financial Statements at the conclusion of each year.
- Assist with the preparation of any ad hoc analytical reports required by the Project Manager and/or the Procurement and Finance Specialist.
- Assist the Senior Accountant to develop an Annual Work Plan and accompanying strategies to optimize resource utilization and mitigate contractual and financial risks to the Project.
- Prepare standard monthly financial reports detailing income, expenditure against budgets and outstanding commitments.
- Ensure compliance to local rules and laws including the provision of Income Tax Act. and ensure monthly lodgement of claim for GST refund by 25th of every subsequent month, and its periodical follow-up for refund.
- Assist with budgeting and cash flows, accounting and reporting functions for the Project.
- Liaise with DOH on procurement and payment processing matters.

- Undertake field supervisory visits as requested and assist in tracking progress of project-assisted procurements.
- Compile all vouchers and supporting documents required for submission of monthly Liquidation and Replenishment of Expenses to ADB by 25th of every subsequent month and ensure timely replenishment of all claims.
- Assist to substantiate any previously withheld or questioned costs by ADB on liquidation or replenishment claims with accurate supporting documents for reclaimed from ADB by 30th November each year.
- Establish and maintain accurate systems, documentation and secure while accessible filing for financial transactions including invoices, receipts, delivery notes, and completion certificates.
- Maintain an inventory of all capital assets procured through Project funds.
- Undertake the duties of the Senior Accountant during periods of annual or other approved leave.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis as required.
- Any other responsibilities as required by and agreed with the Procurement and Finance Specialist and Senior Accountant.

**Reporting Requirements:**

- The Accountant reports to the Senior Accountant.

**Expected outcomes**

- Effective financial management of the Project.
- Contribute to ensuring that the Project is delivered on time and within available funds.

**Key relationships**

- HSIP Management Branch, National Department of Health
- Senior Accountant
- Procurement and Finance Specialist
- Community Health Post and relevant health facilities management

### (vii) OFFICE COORDINATOR

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | TBC **60 person months 2018 Q3 – 2023 Q2** | | | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | | | |
| **Expertise** | Office Coordinator | **Source** | National | **Category** | Independent |

**Purpose of the Position:**

The Office Coordinator coordinates the overall general clerical and logistical support to the Project Management Unit (PMU).

**Scope of Work/Detailed Tasks:**

- Oversight, cooperatively and collegially, the work of the administrative staff to ensure the efficient operation of the PMU Office.
- Ensure efficient and effective telephone and other electronic systems.
- Plan and oversight an effective PMU document management system.
- Ensure banking, postal and general ad hoc administrative tasks are efficient and risk free..
- Ensure travel and accommodation arrangements are responsive to need, and within budget.
- Oversight provision of vehicle transport (driver) when required for ADB missions or short term consultants.
- Ensure efficient printing and distribution of specifications and contract documentation for civil works as required.
- Oversight and assist with preparation of liquidation documents as required.

- Oversight and assist with preparation and collation of regular and ad hoc reports required by the Project Steering Committee, the Project Director, relevant officers of the ADB and co financiers.
- Ensure rigorous systems for the collection of quotations for procurement needs and invoices for payments to suppliers.
- Monitor integrity of preparing financial vouchers and tracking expenses.
- Respond to ad hoc requests for information and support from Consultants.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis as required.
- Provide regular reports as required by the Project Manager and Procurement and Finance Specialist.
- Any other responsibilities as required by and agreed with the Project Manager.

**Reporting Requirements:**

- The Office Coordinator reports to the Project Manager, and supports the Procurement & Finance Specialist.

**Expected outcomes**

- PMU meets deadlines for reports, business papers, and travel requirements
- PMU presents as professional, efficient and client focused meeting the needs of clients and staff

**Key relationships**

- Project Manager
- Finance & Procurement Specialist
- Administration Assistants
- Senior Engineer / Construction Manager
- Other PMU staff and consultants

### (viii) ADMINISTRATIVE ASSISTANT (x 2)

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | TBC **60 person months 2018 Q3 – 2023 Q2 (x2)** | | | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | | | |
| **Expertise** | Administrative Assistant | **Source** | National | **Category** | Independent |

**Purpose of the Position:**

The Administrative Assistant provides general clerical and logistical support to the Project Management Unit (PMU).

**Scope of Work/Detailed Tasks:**

- Work cooperatively and collegially with other administrative staff to ensure the efficient operation of the PMU Office.
- Manage the PMU telephone switch system.
- Maintain the PMU document management system.
- Support the PMU with banking, postal and general ad hoc administrative tasks.
- Support the PMU office staff with travel and accommodation arrangements.
- Provide vehicle transport (driver) when required for ADB missions or short term consultants.
- Assist with printing and distribution of specifications and contract documentation for civil works as required.
- Assist with preparation of liquidation documents as required.
- Assist with preparation and collation of regular and ad hoc reports required by the Project Steering Committee, the Project Director, relevant officers of the ADB and co financiers.
- Collect quotations for procurement needs and invoices for payments to suppliers.
- Assist in preparing financial vouchers and tracking expenses.

- Respond to ad hoc requests for information and support from Consultants.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis as required.
- Provide regular reports as required by the Procurement and Finance Specialist.
- Any other responsibilities as required by and agreed with the Project Manager.

**Reporting Requirements:**

- The Administrative Assistant reports to the Project Manager, and supports the Procurement & Finance Specialist.

**Expected outcomes**

- PMU meets deadlines for reports, business papers, and travel requirements
- PMU presents as professional, efficient and client focused meeting the needs of clients and staff

**Key relationships**

- Project Manager
- Finance & Procurement Specialist
- Senior Engineer / Construction Manager
- Other PMU staff and consultants

### (ix) TORS FOR CONTRACTED SECURITY FIRM

**To be based on those of RPHSDP.**

## C. TERMS OF REFERENCE FOR OUTPUT 1

### (i) HEALTH ECONOMIST

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | TBC **20 person months** | | | | |
| **Project** | PNG: Health Services Sector Development Program | | | | |
| **Expertise** | Health Economist | **Source** | International | **Category** | Independent |

**Purpose of the Position:**

The Health Economist supports the program, through intermittent inputs, across all three outputs to ensure reform design and implementation, and project activities are technically sound from a health economics and systems perspective, and to contribute to the implementation of selected activities.

**Scope of Work/Detailed Tasks:**

- Output 1: National frameworks and public financial management (PFM) enhanced (estimated input: 50%)
  - Analyze and suggest improved processes for strategic health sector planning and budgeting/funding, including through review of top-down resource allocation approaches and bottom-up basic service costings for different health facility levels
  - Lead the development of standard operating costs for health facility levels 2-4 based on National Health Service Standards
  - Provide inputs into health institutional and legislative framework review, consultation and drafting processes
- Output 2: Subnational health system management strengthened (estimated input: 30%)
  - Provide inputs into model PHA manual development and related course materials in the areas of health economics and systems
  - Provide inputs into training approach development, particularly to develop and assess feasibility of financing options that gradually shift financing of courses to government

sources and incorporate contributions from various development partners to ensure sustainable training delivery beyond program duration
    - Support strengthening PHA staff through the integrated suite of training programs as applicable
    - Provide inputs into the PHA monitoring and support framework development for DOH, bringing in aspects of operational cost estimates and staffing gap indicators from a health economics and equity perspective
    - Support strengthening DOH staff in health economics and systems, and PHA monitoring and support
- Output 3: Health service delivery components strengthened (estimated input: 20%)
    - Provide inputs into provincial facility master planning models from a health economics and equity perspective, in view of the impact of health facilities distribution and levels on service delivery costs

**Reporting Requirements:**

- The Health Economist reports to the Project Manager, and closely collaborates with the PFM Expert, and the other training program design and delivery consultants under the lead of the Organization Development Expert.

**Expected outcomes**

- Standard operating costs for health facility levels 2-4

**Key relationships**

- Project Manager
- PFM Expert
- Organizational Development Expert
- Other training program design and delivery consultants

## (ii) PUBLIC FINANCIAL MANAGEMENT (PFM) EXPERT

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | TBC **27 person months** | | | | |
| **Project** | PNG: Health Services Sector Development Program | | | | |
| **Expertise** | PFM Expert | **Source** | International | **Category** | Independent |

**Purpose of the Position:**

The PFM Expert is responsible, through intermittent inputs, for the development and trialling of the PFM components of the PHA manual and training material, and training of local institution(s) in PFM course components across the integrated suite of training programs.

**Scope of Work/Detailed Tasks:**

- Output 2: Subnational health system management strengthened
    - Lead the model PHA manual development and related course materials in the areas of PFM, under overall leadership of the Organizational Development Expert (estimated input: 30%)
    - Support the implementation of Facility Based Budgeting, and cost center budgeting and accounting for health facilities in Project Provinces where real time activity data, and human resource deployment and utilization data are available.
    - Trial PFM course components for PHA staff as part of the integrated suite of training programs, and incorporate feedback into manual and training material (estimated input: 15%)
    - Revisit PFM related components of the PHA manual, training courses and approach incorporating findings of the program mid-term review (estimated input: 5%)
    - Provide inputs into training approach development, including the design of a sustainable funding model beyond program duration, as needed (estimated input: 5%)

- Train local institution(s) in PFM course delivery across the integrated suite of training programs (estimated input: 35%)
- Provide inputs into the PHA monitoring and support framework development for DOH in the area of PFM (estimated input: 5%)
- Support strengthening DOH staff in PFM-related aspects of PHA monitoring and support (estimated input: 5%)

**Reporting Requirements:**
The PFM Expert reports to the Organizational Development Expert, and closely collaborates with the other training program design and delivery consultants.

**Expected outcomes**
- PFM related components of PHA manual and training materials

**Key relationships**
- Project Manager
- Organizational Development Expert
- Other training program design and delivery consultants
- Health Economist

## D. TERMS OF REFERENCE FOR OUTPUT 2

### (i) HEALTH SECTOR ORGANIZATION AND PEOPLE DEVELOPMENT (OD/HR) EXPERT

| | | | |
|---|---|---|---|
| **Contract** | TBC **40 person months 2018 Q3 – 2023 Q2** | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Health Sector Organization and People Development Expert (1) | | |
| **Source** | International | **Category** | Independent |

**Objective/Purpose of the Assignment:**
The consultant will provide expert advice on organization development, people development and change management to all project activities and the National Department of Health, and design and deliver the suite of integrated organization and people development programs for Output 2. The consultant will ensure gender mainstreaming and social inclusion in all activities and develop collegial, constructive relationships with state and nonstate key stakeholders.

**Scope of Work:**
- Develop collegial working relationships with state and nonstate key stakeholders including the relevant National DOH counterparts,and support the development of an 'inline' position by the end of the project.
- Support DOH in its changing role in a decentralized health system including the structure, roles and responsibilities, and change management including organization development and training.
- Support the development and implementation of DOH national health workforce planning.
- Build ISDP skills and competences of key DOH people, and their costings.
- Lead the design and delivery of the integrated suite of organizational and action learning people development programs and strategies in Output 2, ensuring cross-cutting content to arrive at 'shared understanding and one language' across the PNG health system.
- Assist DOH and PHAs to decide upon suitable candidates for participation in the integrated suite of programs in Output 2.
- Provide cross-cutting advice to PMU colleagues on organization and people development and change management through all Outputs, ensuring synergy between all relevant activities.
- Support PHAs with roles and structures including staff engagement to avoid industrial issues.

- Support PHAs and Districts to effectively use the electronic workforce management tool for workforce management, planning, and auditing.
- Support PHAs and Districts to develop costed and budgeted annual staff training plans.
- Promote consultation with state and nonstate providers and community leaders to support community relations with the health sector.
- Determine, provide advice on, and transfer skills to a suitable local training institution or institutions to develop ISDP for sustainability of Output 2 initiatives post-project.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.
- Provide regular reports as required by the Project Manager at least monthly, six (6) monthly, and annually.
- Any other responsibilities as agreed from time to time with the Project Manager.

**Reporting Requirements:**

- The consultant reports to the Institutional Development/Strengthening Specialist.
- Activities and issues are reported monthly, six (6) monthly and annually and reviewed externally at the Mid Term Review, and as required by the Project Manager.

**Expected Outcomes:**

- Activities contribute to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens developed.
- Integrated suite of organization and action learning people development programs reflect international best practice and there are synergies between all.
- DOH, PHA and District governance, leadership, and management enhanced.
- DOH and PHA structures and processes appropriate for decentralized system.

**Key relationships**

- Project Manager
- Secretary for Health
- Institutional Development/Strengthening Specialist
- OD and People Development Officers
- Manager, Human Resource Management Branch, DOH
- Manager, Workforce Planning, Standards and Accreditation, DOH
- Local ISDP provider(s)
- PHA CEOs and District Health Managers
- Human Resource personnel in selected PHAs
- Other Project Consultants
- Relevant training institutions

### (ii) HEALTH SECTOR ORGANIZATION AND PEOPLE DEVELOPMENT (OD/HR) OFFICER

| | | | |
|---|---|---|---|
| **Contract** | **XYZ 20 person months 2018 Q3 – 2023 Q2** | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Health Sector Organization and People Development) | | |
| **Source** | International | **Category** | Independent |

**Objective/Purpose of the Assignment:**

Under the leadership of Health Sector Organization and People Development Expert, the Officer will provide expert advice on organization development, people development, and change management to all project activities and the National Department of Health, and support and contribute to the design and delivery of the suite of integrated organization and people development programs for Output 2. The Officer will ensure

gender mainstreaming and social inclusion in all activities and develop collegial, constructive relationships with state and nonstate key stakeholders.

**Scope of Work:**

- Develop collegial working relationships with state and nonstate key stakeholders including the relevant National DOH counterparts and support the development of an 'inline' position by the end of the project.
- Support DOH in its changing role in a decentralized health system including the structure, roles and responsibilities, and change management including organization development and training.
- Support the development and implementation of DOH national health workforce planning.
- Support the identification of key DOH people for ISDP skills transfer, and costings.
- Support the design and delivery of the integrated suite of organizational and action learning people development programs and strategies in Output 2, ensuring cross-cutting content to arrive at 'shared understanding and one language' across the PNG health system.
- Assist DOH and PHAs to determine suitable candidates for participation in the integrated suite of programs in Output 2.
- Provide cross-cutting advice to PMU colleagues on organization and people development and change management through all Outputs, ensuring synergy between all relevant activities.
- Support PHAs with roles and structures including staff engagement to avoid industrial issues.
- Support PHAs and Districts to effectively use the electronic workforce management tool for workforce management, planning, and auditing.
- Support PHAs and Districts to develop costed and budgeted annual staff training plans.
- Promote consultation with state and nonstate providers and community leaders to support community relations with the health sector.
- Provide advice on, and transfer skills to a suitable local training institution or institutions to develop ISDP for sustainability of Output 2 initiatives post-project.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.
- Contribute to regular reports as required by the Health Sector Organization and People Development Expert (1) at least monthly, six (6) monthly, and annually.
- Any other responsibilities as required by and agreed with the Health Sector Organization and People Development Expert (1) and Project Manager.

**Reporting Requirements:**

- The various TA will report to the Institutional Development/Strengthening Specialist through the Health Sector Organization and People Development Expert (1).
- Activities and issues are reported monthly, six (6) monthly and annually and reviewed externally at the Mid Term Review, and as required by the Project Manager.

**Expected Outcomes:**

- Activities contribute to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens developed.
- Integrated suite of organization and action learning people development programs reflect international best practice and there are synergies between all.
- DOH, PHA and District governance, leadership, and management enhanced.
- DOH and PHA structures and processes appropriate for decentralized system.

**Key relationships**

- Health Sector Organization and People Development Expert (1)
- Project Manager
- Institutional Development/Strengthening Specialist
- Secretary for Health
- Manager, Human Resource Management Branch, DOH

- Manager, Workforce Planning, Standards and Accreditation, DOH
- PHA CEOs and District Health Managers
- Human Resource personnel in selected PHAs
- Other Project Consultants
- Relevant training institutions

### (iii) OVERVIEW TORS FOR SHORT TERM TA OUTPUT 2

| TA | Person Months (pm) | Overview TOR |
|---|---|---|
| ISDP (Corporate Governance Expert) | 2.5 | Contribute to the design and delivery of the ISDPs to impart skills, knowledge, and understanding to participants of corporate governance, with a particular focus on the ISDP *Governance PHA Chair Executive Development* program, with a view to seeing measureable change within 18-24 months. Advise ADB, DOH, and PHAs, and provide support for continuous improvement. |
| ISDP (Hospital and Health Efficiency Expert) | 7 | Contribute to the design and delivery of the ISDPs to impart skills, knowledge, and understanding to participants of hospital and health efficiency issues, rationale, and strategies particular focus on the ISDP *Governance PHA Chair Executive Development* program, with a view to seeing measureable change and improvement within 18-24 months. Advise ADB, DOH, and PHAs, and provide support for continuous improvement |
| ISDP (Clinical Governance Expert) | 7 | Contribute to the design and delivery of the ISDPs to impart skills, knowledge, and understanding to participants of clinical governance, leading to the design and implementation of best practice clinical governance systems and procedures to minimize patients risks, maximise quality of patient care, and contribute to patient safety, and best practice clinical outcomes, with a view to seeing measureable change and improvement within 18-24 months. Advise ADB, DOH, and PHAs, and provide support for continuous improvement |

## E. OUPUT 3

## 1. TA TERMS OF REFERENCE

### (i) HEALTH PROMOTION AND STANDARDS EXPERT

| | | | |
|---|---|---|---|
| **Contract** | TBC **22 person months 2018 Q3 – 2023 Q2** | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Clinical Specialist | | |
| **Source** | International | **Category** | Independent |
| **Objective/Purpose of the Assignment:**<br>The specialist will ensure that the new facilities upgraded under HSSDP meet the National Health Service Standards including for design, and equipment. The specialist will support DOH to specify the equipment required for the health facilities, and conduct detailed assessments of the health facilities before they are commissioned to ensure they meet the National Health Service Standards. The specialist will be responsible for facilitating the necessary registration and accreditation of the health facilities and ensuring | | | |

they meet the health needs of the target catchment population, particularly women and children. The specialist will also train local health workers to upskill them in civil works sites including for infection control (cleaning), contribute to the design and delivery of the ISDPs to impart skills, knowledge, and understanding to participants about clinical skills up skilling to contribute to better clinical governance, patient safety, quality of care, and community trust in its heath system.

**Scope of Work:**

- Develop collegial working relationships with key stakeholders, state and nonstate, including the relevant National DOH counterparts.
- Provide technical advice to the Department of Health, and training institutions for continuous improvement of maternal and reproductive health.
- Support review of the National Health Standards.
- Conduct and coordinate clinical skills up skilling training at civil works sites.
- Develop province-specific referral guidelines in civil works provinces, and elsewhere as appropriate.
- Support a community development, public health and population health approach to planning and provision of health services at the provincial, district, and provider levels.
- Support the development and renewal of Provincial Health Services Plans to guide district health system strengthening.
- Collaborate with the Health Sector Organization and People Development Experts for clinical up skilling programs, and contribute to the development and delivery of ISDP under Output 2.
- Collaborate with key stakeholders on the selection of project health facility building sites.
- Consult with key stakeholders and ensure the design of new project health facilities is culturally appropriate for women and families, promote patient safety functionally, and ensure facilities are equipped for antenatal care, childbirth, postnatal care and other reproductive care services against the National Health Service Standards for each level.
- Consult with key stakeholders to ensure staff profile and competencies in new health facilities meet National Health Service Standards.
- Contribute to USDP design and delivery.
- Quality assure that mainstreamed gender equity and social inclusion is evident in all community, and other key stakeholder consultations for civil works, and in up skilling training.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.
- Provide regular reports as required by the Project Manager at least monthly, six (6) monthly, and annually.
- Any other responsibilities as agreed from time to time with the Project Manager.

**Reporting Requirements:**

- The consultant reports to the Project Manager.
- Activities and issues are reported on monthly, six (6) monthly and annually and reviewed externally at the Mid Term Review, and as required by the Project Manager.

**Expected Outcomes:**

- Activities contribute to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens.
- Health facilities meet National Health Service Standards.
- Selected district health teams have more effective clinical skills.
- Health facilities upgraded with a focus on gender specific reproductive health.

**Key relationships**

- ADB Project Officer
- Project Manager
- PMU Health Sector Organization and People Development Experts

- Officers of the National Department of Health's Medical Standards Division and Human Resources Management Branch.
- Provincial and District Health Divisions in selected provinces, Provincial Health Authorities
- District health teams
- Other members of the PMU and relevant project consultants
- PHA Partnership Committees

**Person Specifications**

- At least 10 years senior experience in health leadership and management
- Significant expertise in developing and implementing PNG National Health Standards
- At least five years previous experience at provincial and district level in PNG in effective clinical upskilling, staff and community engagement, community health awareness raising, and encouraging effective health seeking behaviors with a focus on women, children, and family
- Relevant qualifications
- Ability to establish and maintain effective relationships with multiple stakeholders, with ADB and with partners

## (ii) HEALTH SERVICES PLANNING AND PARTNERSHIPS SPECIALIST

| | | | |
|---|---|---|---|
| **Contract** | TBC **21 person months Q3 2018 – Q2 2023** | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Health systems strengthening; health sector or hospital management | | |
| **Source** | International | **Category** | Independent |

**Objective/Purpose of the Assignment:**

The Health Systems Specialist will be responsible for engaging with the provinces and districts to support the development of health service delivery plans and health services partnership agreements in selected provinces with civil society, non-government and private stakeholders to (i) determine the provincial health needs; (ii) define service delivery roles; (iii) specify existing health infrastructure and needs, and support prioritizing investments; (iv) support aligned budgeting; (v) facilitate reporting arrangements; and (vi) promote gender equity in health access. The specialist will support the identification of health facility upgrades under the project, and provide advice on asset management and facility maintenance, and contribute to ISDP design and delivery.

**Scope of Work:**

- Develop collegial working relationships with state and nonstate key stakeholders including the relevant National DOH counterparts.
- Support development of Health Service Development Plans by PHAs as they are constituted.
- Provide technical support for the establishment, formalization, and ongoing support of partnership committees in PHAs.
- Support formalization of sustainable partnerships between provincial governments and non-state providers of health services.
- Assess the functionality of PHA Boards and their partnership committees, and support reinvigoration where needed.
- Support the decentralization of functions within Provinces, particular Direct Facility Funding.
- Undertake assessments in Project Provinces of their operating environment including physical, institutional, administrative, legal, policy, and staffing.
- Assess and review existing contractual and other agreements and organizational arrangements in the selected provinces, in particular those between districts and relevant health service funders and providers in the specified provinces.
- Assess the availability, and capacity of potential nonstate health service providers (private, church, and NGOs).
- Support the establishment of new partnership committees, consult with them and existing participating partnership committee members, and other key stakeholders in the Project Provinces

on lessons learned and challenges met in the implementation of the partnerships, and contracts; and consult with the Oil Search Foundation on their lessons learned (see its "Working through a Partnership Model to Improve Delivery of Frontline Health Services".
- Assist with development of operational guidelines and facilitation of Partnership Committee meetings.
- Assist with the management of partnership agreements and contracts, including monitoring and evaluation frameworks.
- In consultation with the Project Manager and Health Sector Organization and People Development Experts, advise the Project Provinces and Districts on management support and supervision approaches.
- Support the monitoring and reporting of output and outcome indicators and performance of each health provider consistent with the DOH monitoring framework.
- Assist with the preparation of tender documents for the delivery of civil works and training activities.
- Provide advice on asset management and health facility maintenance.
- Contribute to ISDP design and delivery, including the PHA CEO Forum.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis as required.
- Provide regular reports as required by the project.
- Any other responsibilities as required by and agreed with the Project Manager.

**Reporting Requirements:**
- The consultant will report to the Project Manager.
- Provide regular reports as required by the Project Manager.

**Expected Outcomes:**
- Activities contribute to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens developed.
- Effective state and nonstate health partnerships in the Project Provinces.

**Key relationships**
- Project Manager
- Deputy Secretary, Policy, Planning & Corporate Services
- Executive Manager, Policy, and Planning Branch, DOH
- Provincial and District health teams including planners
- PMU Health Sector Organization and People Development Experts
- Other PMU consultants as required

**Person Specifications**
- At least 10 years senior experience in health leadership and management
- Significant expertise and experience in developing and implementing planning and partnerships at Provincial level in PNGs
- Experience in staff and community engagement, community health awareness raising, and encouraging effective health seeking behaviors with a focus on women, children, and family
- Relevant qualifications
- Ability to establish and maintain effective relationships with multiple stakeholders, with ADB and with partners

### (iii) ARCHITECT

| | |
|---|---|
| **Contract** | **TBC 55 person months Q3 2018 – Q2 2023** |
| **Project** | PNG: Project of the Health Sector Service Development Program |
| **Expertise** | Architect |

| **Source** | International | **Category** | Independent |
|---|---|---|---|

**Objective/Purpose of the Assignment:**

The consultant will provide expert advice on the scope and specifications for individual building contracts for project health facility civil works, environmentally sustainable designs, construction and engineering including specification of building materials, sustainable energy in remote areas, site-specific renewable energy sources, water harvesting, treatment and runoff management, eco-friendly sanitation, waste destruction systems and other environmental issues relevent in Papua New Guinea.The consultant will ensure gender mainstreaming and social inclusion in all activities and develop collegial, constructive relationships with state and nonstate key stakeholders.

**Scope of Work:**

- Develop collegial working relationships with state and nonstate key stakeholders including the relevant National DOH counterparts and support the development of an 'inline' position by the end of the project.
- Use and build on the civil works experience and designs in the Rural Primary Health Services Delivery Project, adapting standard designs for health centers and district hospitals to project sites.
- Consult with the DOH, provincial and district health teams, health facility staff, the community, local technical experts, and other key stakeholders and maintain effective relationships.
- Coordinate with the DOH Health Facilities Branch to develop and finalize design documents.
- Provide support for Building Board Approval to respective Provinces.
- Provide advice for monitoring and evaluation of indicators for climate proofing construction relevant to climate change impacts according to the policies of the Project.
- Advise on scope and specificity of building contracts.
- Supervise scope of structural, hydraulic, electrical, civil and mechanical engineers and respective drawings.
- Coordinate and facilitate schematic and detailed design drawings for project civil works.
- Assist Provincial Supply and Tenders Boards in preparing bidding document and support in specifying construction period and qualification requirements with respect to technical capacities.
- Facilitate pre-bid meeting and bid opening meeting and facilitate bidders in understanding design documentation and technical specifications.
- Support bid evaluations against technical specifications were requested by bid evaluation committee.
- Assist construction supervisors in construction management, review construction progresses, design compliances and address construction issues and modify design documents where required.
- Assist local contractors in understanding design requirements, design specifications and mentor and strengthen ability of site managers to comply with design documentation.
- Participate in post-occupancy evaluation of both district hospitals and at least one health center in each Province and adopt lessons learned into design, tendering and construction of further project civil works.
- Support the Health Facilities Branch of DOH and provide on-the-job training to relevant national positions and architects for design documentation, refurbishment requirements, and compliance requirements to the various standards.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.
- Provide regular reports as required by the Project Manager at least monthly, 6-monthly, and annually.
- Any other responsibilities as agreed from time to time with the Project Manager.

**Reporting Requirements:**

- The consultant reports to the Project Manager.
- Activities and issues are reported monthly, 6-monthly and annually and reviewed externally at the Mid Term Review, and as required by the Project Manager.

**Expected Outcomes:**

- Activities contribute to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens developed.
- Project health facilities reflect international best practices in building design, sustainability, and environmental impacts for potential adoption by government for health facilities throughout PNG.
- DOH and PHA strengthened.

**Key relationships**

- ADB Project Officer
- Project Manager
- DOH and its Health Facility Branch
- Provincial and District health teams
- Provincial and District Health Facility managers and staff
- Provincial Supply and Tenders Board
- Provincial Works Manager / Building Inspectors
- Construction Supervisors
- Project Manager
- Finance & Procurement Specialist
- Building contractors

**Person Specifications**

- At least 10 years senior experience in architecture
- Significant expertise and experience in designing and implementing a range of health facilities within provinces in PNG
- Experience in staff and community engagement and consultation
- Relevant qualifications
- Ability to establish and maintain effective relationships with multiple stakeholders, with ADB and with partners

### (iv) CONSTRUCTION SUPERVISORS x 2

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | **TBC 20 person months Q3 2018 – Q2 2023** | | | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | | | |
| **Expertise** | Construction Supervisor | **Source** | National | **Category** | Independent |

**Purpose of the Position:**

The Construction Supervisor is responsible for supervising construction of health faciliity civil works in Output 3 to standard, on time, and on budget.

**Scope of Work:**

- Work closely with and develop collegial relationships with the Commercial Support Branch and the Health Facilities Branch of the DOH for project construction or refurbishment of health facilities.
- Prepare detailed construction activity schedule with specific time-bound construction milestone and reporting requirements in pre-agreed specified template.
- Provide periodical construction supervision and monitoring reports summarizing construction progress, recording any challenges, delays, and non-compliant work supported by documents and/or photographs, and suggesting risk mitigation strategies and actions.
- Ensure that construction activities do not commence at any site until no objection has been given based on PMU environmental specialist review and clearance of the construction environmental management plan (CEMP) prepared by the contractor(s).
- Work with the provincial safeguards officer(s) to review, inspect and monitor compliance with approved CEMP for each civil works contract.

- Prepare periodic monitoring report against the CEMP. Ensure that reporting is consistent with the requirements of the semi-annual monitoring reports.
- Develop a periodical work-plan (quarterly, semi-annual, and annual) with key milestones to optimize resource utilization and mitigate contractual and financial risks to the Project.
- Provide technical guidance and support to Provincial and District Officers upon request to scope and document the extent of construction or refurbishment work, and the most appropriate construction methods for each site.
- Work collaboratively with the Project's architect and engineering consultants to finalize design specifications for construction works prior to the invitation of tenders.
- Develop construction supervision and monitoring schedule for each civil works with the Finance and Procurement Specialist aligned to annual budgets and cash flows.
- Review construction progress and certify progress and practical completion of construction/refurbishment projects for the purpose of authorizing contract periodical or final payment and substantiate certifications with reports including photographs.
- Work collaboratively with Provincial Construction Management Unit staff to review and monitor quality of construction works specifications, design documentation, and compliance with contract specifications including defects liability requirements.
- Assess any health facility proposed for refurbishment and provide detail assessment report with specific measurements, suggested approaches, and specific construction materials for the local environment.
- Review environmental factors against the Project Initial Environmental Examination (IEE), support the preparation of Environment Management Plans, and monitor contractors for compliance and periodical reporting.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis as required.
- Provide regular reports as required by the Architect.
- Any other responsibilities as required by and agreed with the Architect and Project Manager.

**Reporting Requirements:**

- The Construction Supervisor reports to the Architect.
- Provide regular reports as required by the Architect.

**Expected outcomes**

- Civil works that meet National Health Service Standards and other required standards.
- Civil works are on time, and on budget.
- Civil works that comply with environmental safeguards.

**Key relationships**

- Project Manager
- Architect
- Provincial and District Officers assigned to Project Works
- Senior Accountant
- Procurement and Finance Specialist
- Safeguard Specialists
- Building Contractors

### (v) (a) ENVIRONMENT SPECIALIST and (b) ENVIRONMENT OFFICER

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | TBC (i) International -15 person months 2018 Q3 – 2023 Q2 (intermittent)<br>(ii) National – 60 person-months (full-time) | | | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | | | |
| **Expertise** | | **Source** | International | **Basis** | Intermittent |

| | | | | | |
|---|---|---|---|---|---|
| | Environmental Management | | National | | Full-time |

**Purpose of the Roles:**

The International Environment Specialist has overall responsibility for environmental management of the Program, working closely with the National Environment Officer. Together the team is responsible for implementation of environmental safeguards requirements of HSSDP as set out in the environmental assessment and review framework for complying with both country safgeuard systems (CSS), and the ADB Safeguard Policy Statement 2009. This will include: (i) screening sites/facilities to determine category; (ii) preparation of enviornmental assessment(s) of sites and facilities following the IEE prepared for Bialla; (iii) integrating the environmental management plans (EMP) into the bid and contract documents; (iv) reviwing and approving contractor's CEMPs; and (v) monitoring and reporting. The detailed tasks and scope of work is set out below.

**Scope of Work:**

- Act as a focal point between the PMU, provincial implementing agencies, ADB, and contractors.
- Coordinate and liaise with the PNG Conservation and Environment Protection Authority (CEPA) on regulatory requirements for the Program overall and projects (sites/facilities) including permitting process.
- Undertake screening of each site/facility to determine due diligence requirements as per the environmental assessment and review framework (EARF) (to comply with the ADB Safeguard Policy Statement 2009 this may require a higher standard of documentation than normally required under CSS for some sites/facilities). Screening briefs (as Environmental Inception Report under the Environment Act) will be submitted to ADB for concurrence, and to CEPA for clearance under the CSS (sites/facilities may be bundled to expedite the review and clearance process).
- Undertake environmental assessment [1] (guided by the initial environment examination prepared for Bialla) for each site/facility (subproject) financed under the project. Submit the assessment to ADB for approval.
- Prepare and submit applications and documents to CEPA and obtain applicable permits. If environmental assessment is not required under the CSS, Notification of Preparatory Work will be submitted.
- Update the EMP from the cleared environmental assessment (as required based on detailed design). Ensure that the updated EMP, and all other safeguard provisions and requirements, are included in the bidding and contract documents.
- Provide assistance, as required, to contractor(s) as they prepare their CEMP. Review and approve contractor's CEMP. Advise the Supervisor or Engineer that no objection can be given to contractor taking possession of the site and commencing works.
- Provide guidance and training to provincial safeguards officer(s) (SO) and contractor staff on approved CEMP implementation, compliance, and monitoring activities.
- Undertake periodic inspections (and spot checks) at subproject sites and advise engineer, SOs, and contractors on environmental management issues (including corrective actions required).
- Review the safeguards sections of contractor monthly reports and advise SOs and engineers of issues to be followed up or requiring action. Review the reports of SOs on contractor compliance with the approved CEMP.
- Prepare inputs to quarterly progress reporting prepared by the PMU, prepare semi-annual environmental monitoring reports, and submit these reports to the PMU, and to ADB.
- Assist DOH to disclose approved IEEs, and semi-annual monitoring reports to the public.

**Reporting Requirements:**

- Screening and scoping briefs and Environmental Inception Report (format to be agreed with ADB and CEPA).
- Environmental assessments and/or EMPs for each site/facility.

[1] If, under the CSS, an environmental assessment is required to accompany the EP application process the environmental assessment will follow CSS with additional elements as required to also comply with the ADB Safeguard Policy Statement 2009. If only an EP is required under the CSS, an IEE will be prepared.

- Support the provincial implementing agency lodge submissions and environmental permit applications (and any other permit applications) including Notification(s) for Preparatory Work to CEPA.
- Integrate EMPs into bid and contract documents.
- Report on CEMP review and clearance process.
- Provide inputs to quarterly progress reports, and to the preparation of semi-annual monitoring reports.

**Expected outcomes**

- Compliance with environmental safeguards and effective management and implementation of mitigation measures.

**Key relationships**

- Project Manager
- Safeguards Officers
- Provincial environment officers
- Social/ Gender Specialists
- Contractor – Environment, Health and Safety Officer

### (vi) HEALTH SYSTEMS INFORMATION SPECIALIST

| | | | |
|---|---|---|---|
| **Contract** | TBC **16 person months 2018 Q3 – 2023 Q2** | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Health information systems | | |
| **Source** | International | **Category** | Independent |

**Objective/Purpose of the Assignment:**

The health systems and information specialist will support the DOH and PHAs to develop sustainable health information systems, and to report on, and use, integrated data effectively to support decision making including managerial, planning, policy, and strategy, ensuring cohesion between data sets, and with DOH and Government of PNG systems, and support civil registration and vital statistics (CRVS).

**Scope of Work:**

- Consult with key stakeholders and analyze key documents and data to develop a gap analysis of what is versus is possible versus what is needed.
- Provide technical advice to Department of Health, PHAs, and relevant training institutions for continuous improvement in the collection and effective use of health system data.
- Support the use of integrated data in the development and renewal of Provincial Health Services Plans to guide district health system strengthening.
- Review the eNHIS data fields and other information systems.
- Ensure alignment with sector performance annual report (SPAR) key performance indicators (KPI).
- Support sex disaggregated data wherever possible.
- Support the government to report against the sustainable development goals (SDG).
- Support the DOH to develop sustainable performance monitoring dashboards to measure Provincial Health Authorities performance.
- Support PHAs to collect and report against the dashboard in a timely manner.
- Consult with key stakeholders to ensure staff profiles, and competencies in selected PHAs and the DOH are appropriate for sustainable data collection, analysis, and effective use.
- Collaboratively contribute to the design and delivery of ISDP under Output 2.
- Support the inclusion of complete birth and death recording (sex disaggregated) in the eNHIS and DOH and PHA up-skilling as appropriate.
- Support HSSDP TA in using available data effectively to guide the development of their activities, and their monitoring and evaluation (M&E).

- Develop collegial working relationships with key stakeholders, state and nonstate, including relevant Department of Health counterparts.
- Consult with key stakeholders and ensure the design of new project health facilities is culturally appropriate for women and families, promote patient safety functionally, and ensure facilities are equipped for antenatal care, childbirth, postnatal care, and other reproductive care services against the National Health Service Standards for each level.
- Consult with key stakeholders to ensure staff profile and competencies in new health facilities meet National Health Service Standards.
- Conduct and coordinate clinical skills up skilling training at civil works sites.
- Contribute to USDP design and delivery.
- Quality assure that mainstreamed gender equity, and social inclusion is evident in all data sets where appropriate.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.
- Provide regular reports as required by the Project Manager at least monthly, 6-monthly, and annually.
- The specialist will provide advice to ADB, DOH, and PHAs for continuous improvement.
- Any other responsibilities as agreed from time to time with the Project Manager.

**Reporting Requirements:**

- The specialist reports to the Project Manager.
- Activities and issues are reported on monthly, 6-monthly and annually and reviewed externally at the Mid Term Review, and as required by the Project Manager.

**Expected Outcomes:**

- Activities contribute to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens.
- Health facilities meet National Health Service Standards.
- Selected district health teams have more effective clinical skills.
- Health facilities upgraded with a focus on gender specific reproductive health.

**Key relationships**

- ADB Project Officer
- Project Manager and other HSSDP TA
- Health Information Officer
- Relevant officers in DOH and selected PHAs
- Selected district health teams

### (vii) HEALTH SYSTEMS INFORMATION OFFICER

| | | | |
|---|---|---|---|
| **Contract** | TBC **20 person months 2018 Q3 – 2023 Q2** | | |
| **Project** | PNG: Project of the Health Sector Service Development Program | | |
| **Expertise** | Health information systems | | |
| **Source** | National | **Category** | Independent |

**Objective/Purpose of the Assignment:**

The health systems and information officer will support the health information specialist to develop sustainable health information systems, and to report on, and use, integrated data effectively to support decision making including managerial, planning, policy, and strategy, ensuring cohesion between data sets, and with DOH and Government of PNG systems; and including CRVS.

**Scope of Work:**

- Under the leadership of the health information specialist, the officer will assist the specialist to:

- Consult with key stakeholders and analyze key documents and data to develop a gap analysis of what is versus is possible versus what is needed.
- Provide technical advice to Department of Health, PHAs, and relevant training institutions for continuous improvement in the collection and effective use of health system data.
- Support the use of integrated data in the development and renewal of Provincial Health Services Plans to guide district health system strengthening.
- Review the eNHIS data fields and other information systems.
- Ensure alignment with SPAR KPIs.
- Support sex disaggregated data in all indicators.
- Support the government to report against the SDGs.
- Support the DOH to develop sustainable performance monitoring dashboards to measure Provincial Health Authorities performance.
- Contribute to CRVS.
- Support PHAs to collect and report against the dashboard in a timely manner.
- Consult with key stakeholders to ensure staff profiles, and competencies in selected PHAs and the DOH are appropriate for sustainable data collection, analysis, and effective use.
- Collaboratively contribute to the design and delivery of ISDP under Output 2.
- Support HSSDP TA in using available data effectively to guide the development of their activities, and their M&E.
- Develop collegial working relationships with key stakeholders, state and nonstate, including relevant Department of Health counterparts.
- Consult with key stakeholders and ensure the design of new project health facilities is culturally appropriate for women and families, promote patient safety functionally, and ensure facilities are equipped for antenatal care, childbirth, postnatal care and other reproductive care services against the National Health Service Standards for each level.
- Consult with key stakeholders to ensure staff profile and competencies in new health facilities meet National Health Service Standards.
- Participate in ISDP as required.
- Quality assure that mainstreamed gender equity, and social inclusion is evident in all data sets where appropriate.
- Contribute to and role model a PMU culture of gender mainstreaming and social inclusion.
- Support and participate in joint review missions, and other relevant missions including for monitoring, evaluation, research, and formative analysis.
- Provide regular reports as required by the Project Manager at least monthly, six (6) monthly, and annually.
- The specialist will provide advice to ADB, DOH, and PHAs on areas for improvement.
- Any other responsibilities as agreed from time to time with the Project Manager.

**Reporting Requirements:**

- The officer reports to the Health Information Specialist.
- Activities and issues are reported on monthly, six (6) monthly and annually and reviewed externally at the Mid Term Review, and as required by the Project Manager.

**Expected Outcomes:**

- Activities contribute to the goal of the National Health Plan 2010-2020 of affordable, accessible, equitable, and high-quality health services for all citizens.
- Health facilities meet National Health Service Standards.
- Selected district health teams have more effective clinical skills.
- Health facilities upgraded with a focus on gender specific reproductive health.

**Key relationships**

- Health Information Specialist
- Project Manager and other HSSDP TA
- Relevant DOH and PHA officers.
- District health teams

## (viii) PROVINCIAL HEALTH PRIVATE PARTNER ENGAGEMENT EXPERT

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | **20 person months** | | | | |
| **Project** | PNG: Health Services Sector Development Program | | | | |
| **Expertise** | Public health | **Source** | International | **Category** | Independent |

**Purpose of the Position:**
The provincial health private partner engagement expert is responsible, through intermittent inputs, to support selected provinces where there are private-for-profit investment activties to partner with the provincial health authorities and provincial governments to improve health services. This will be done through increased engagement of key stakeholders leading to improved collaboration, better sector advocacy, joint solutions to technical issues. The expert will also support the partnership team at the Department of Health to develop capacity in monitoring partnerships based on subnational experience.

**Scope of Work/Detailed Tasks:**
The assignment will cover:

- Map private-for-profit partners who have expressed interest in supporting the health sector in East New Britain, East Sepik, Enga, Gulf, Hela, Morobe, New Ireland, Southern Highlands, Western and West New Britain provinces outlining capacities and scope.
- Document and identify good practices that exist in PNG's health sector with private sector engagement. Identify innovative approaches to partnership and how they align to national policies and standards and improve equity and quality of health services in the province.
- Make recommendations to the Provincial Health Authorities/Provincial Government to support provinces to establish partnerships with deliverables, responsibilities, and goals
- Build provincial capacity to undertake effective private engagement
- Identify technical gaps at the Department of Health to oversee partnership.

**Minimum Qualification Requirements**
The incumbent should have:

- An advanced degree public health, business or a related field
- A minimum of 10 years relevant experience in supporting private sector health
- Experience in PNG with an understanding of the decentralization process is preferred
- Good communications skills, and experience in facilitating consultations and consensus building with various stakeholders
- Good analytical capacity
- Concise writing skills

| | |
|---|---|
| **Minimum General Experience** | 15 Years |
| **Minimum Specific Experience (relevant to assignment)** | 10 Years |
| **Regional/Country Experience** | Not required |

**Reporting Requirements:**
The expert reports to the HSSDP project manager, and closely collaborates with the health system planning and partnerships expert other training program design and delivery consultants.

**Expected outcomes**

- Private sector engagement plans for selected provinces
- Partnership frameworks for further engagement

**Key relationships**

- Project Manager
- Health system planning and partnerships

### (ix) PUBLIC FINANCIAL MANAGEMENT (PFM) EXPERT—PHA PFM MANUAL DEVELOPMENT

| | | | | | |
|---|---|---|---|---|---|
| **Contract** | 6 person months (130 work days), intermittent over a period of 12 months (at least 75% in-country, remaining time home based) | | | | |
| **Project** | PNG: Health Services Sector Development Program (HSSDP) | | | | |
| **Expertise** | PFM Expert (PHA PFM Manual Development) | **Source** | International | **Category** | Independent |

**Purpose of the Position:**
The DOH in consultation with PHAs is in the process of preparing a comprehensive PHA manual that will introduce and standardize good practices across all areas of PHA operations. Its objective is to translate applicable legal frameworks, information system functionality, and good practice processes and procedures into an easy-to-use guide that can be used for reference, self-learning, and as the basis for training material development.

The PFM Expert is responsible, through intermittent inputs over a period of 12 months, for the development and testing of the PFM components/modules of the PHA manual, a brief training approach assessment, and development of a set of training materials. Importantly, the manual and set of training materials will have to be written in such a way that it suits local interpretation, understanding and practical application, e.g., by using relevant in-country case studies as examples.

**Scope of Work/Detailed Tasks (5% equals about 6.5 work days):**

- Compile existing manuals and PHA policies, relevant legislation, as well as examples of good practices and manuals from comparable environments into a document library, and review documentation. This includes the Public Finance Management Act (PFMA) and the whole-of-government Finance Management Manual, which is currently being updated by the Department of Finance to reflect legislative amendments including for public bodies such as PHAs (estimated input: 5%)
- Identify different target audiences and lead the development of suitable PHA manual components/modules in the area of PFM, including but not limited to planning, budgeting, procurement, financial management, accounting and reporting (including reviewing and developing financial statements and monitoring reports within the prescribed legal framework), audit, capital investment planning and project management, asset management, under overall leadership of the HSSDP Organizational Development Expert (estimated input: 60%)
- Facilitate consultations on the draft manual components/modules (e.g., through the existing DOH-PHA Working Group), test manual with selected PHAs, and incorporate feedback into manual (estimated input: 5%)
- Develop a brief options paper on suitable, value-for-money training approaches in the area of PFM for the identified target audiences (e.g., regional and/or national level classroom training, on-the-job mentoring, PHA staff exchanges), incorporating adult learning approaches and how to use technology to increase reach under constrained resources, as well as options for sustainable funding arrangements beyond HSSDP program duration (estimated input: 10%)
- Develop a set of training materials suitable for adult learning and e-learning to accompany the PFM modules of the PHA manual (estimated input: 15%)
- Provide inputs into the PHA monitoring and support framework development for DOH in the area of PFM (estimated input: 5%)

**Reporting Requirements and Collaboration:**
The PFM Expert (PHA Manual Development) reports to the HSSDP Organizational Development Expert, and closely collaborates with the Project's Health Economist and other training program design consultants. Selected DOH and PHA staff and advisors

**Expected outputs with tentative timelines (assumed start date beginning of April 2019):**

- Work plan for consulting assignment (by end of April 2019)

- Document library of existing manuals, policies and other relevant documents from PNG and other comparable environments (by end of May 2019)
- PFM related components/modules of the PHA manual (draft by end of August 2019, consultations completed by end of September 2019, final draft by end of October 2019)
- Training approach options paper (by end of September 2019)
- Set of training materials to accompany PFM manual modules (draft by end of December 2019, consultations completed by end of February 2020, final draft by end of March 2020)

**Key relationships**

- DOH and PHA management and staff
- HSSDP Project Manager
- HSSDP Organizational Development Expert
- Other HSSDP training program design and delivery consultants
- HSSDP Health Economist
- Other partners and their technical advisors

**Requirements**

- Academic background in public financial management, public finance, health economics or related discipline.
- At least 8 years of relevant experience in public financial management, including in the health sector
- Prior experience in manual and training material development, including with tailoring content to local interpretation, understanding and practical application, as well as in adult learning and distance/e-learning approaches.
- Flexibility to adapt to local circumstances, and ability to work in multi-cultural and cross-sectoral teams
- Past experience working in Papua New Guinea, the Pacific region, and/or in comparable environments, i.e., environments with often thin and volatile capacity levels, requiring a focus on practical application with adequate (rather than best) practices

## (x) OVERVIEW TOR FOR SHORT TERM TA OUTPUT 3

| TA | Person Months (pm) | Overview TOR |
|---|---|---|
| Supply Chain Specialist | 6 | The Supply Chain Specialist will support selected provinces to map existing supply chain networks for pharmaceuticals, and describe alternative models for more efficient and effective supply chains. The specialist will provide advice to ADB, DOH, and PHAs on areas for improvement. |

## GOVERNANCE TERMS OF REFERENCE

### A. PROJECT STEERING GROUP TERMS OF REFERENCE (DRAFT)

1. These draft Terms of Reference clarify the role, responsibilities, functions, and composition of the Project Steering Group (PSG, the Group) for the Health Services Sector Development Program (HSSDP) project and prescribe the manner in which the Group shall operate.

2. A Project Steering Committee representing the Department of National Planning and Monitoring, Treasury, and the National Department of Health (DOG), and relevant Provincial Health Authorities will be established.

3. **Membership.** During the Project Inception Mission in mid-April, 2017 it was agreed by the representatives of the participating Central Agencies that membership of the Project Steering Group will consist of:

- Secretary for Department of Health as Chair
- Deputy Secretary for Department of National Planning and Monitoring
- Deputy Secretary for Department of Treasury
- Deputy Secretary for Department Finance
- Deputy Secretary of Department of Local Government Affairs
- Chief Executive Officers of the Provincial Health Authorities in HSSDP civil works provinces
- Chief Executive Officers of agreed other Provincial Health Authorities that have significant HSSDP activity (e.g., eNHIS, PFM, strong participation and engagement with the integrated suite of organization and people development strategies.

4. A senior representative of the Oil Search Foundation will be a participating observer. As and if other partners formally engage with HSSDP, they will be also be invited to attend as participating observers.

5. The Project Manager (PM), and the Finance & Procurement Specialist (F&PS) from the Project Management Unit (PMU) will attend PSG meetings as observers and provide advice.

6. The PMU will provide Secretariat support to the Project Steering Group.

7. **PSG purpose.** The purpose of the PSG is to:

- Monitor the work of the PMU, and the implementation of the Project by Implementing Agencies;
- Recommend adjustment to the project design and procurement;
- Provide guidance to the Implementing Agency;
- Keep the Health Sector Partnership Committee informed of progress and issues; and
- Ensure transparent communication with members, provinces, partners, and any cofinanciers, including through circulation of minutes of its meetings;
- Ensure alignment with DOH priorities and other investments;
- Keep the Program Steering Committee informed through its ADB Secretariat.

8. To achieve its purpose, the PSG will solicit the views and opinions of a wide range of interests including national and sub national governments, relevant development partners, and civil society organizations.

9. To achieve its purpose the PSG will:

- Act as an overall advisory body to the project and provides an informed forum for discussion and decision making on the overall direction of the project;
- Be responsible for oversight of the project including reviewing progress and endorsing the annual Implementation Plan;
- Review reports submitted to the PSG by the PMU on project activity implementation progress;
- Review half yearly financial reports submitted by the PSU;
- Review all evaluation reports;
- Where appropriate, participates in site visits for the purpose of monitoring and evaluation of the Project's work.

10. **Duty of PSGC Members.** Each member of the PSG has a responsibility to ensure that the PSG takes decisions in the best interests of the Project and the wider community. As such, PSG members in their individual capacities must work together so that collectively the functions of the PSG are fully met.

11. All discussion within PSG meetings is confidential, and is to be respected as such by all members.

12. Individual members of the PSG have a responsibility to ensure that they are sufficiently informed, and prepared to make decisions on the matters put before the PSG, and have read the PSG Agenda and Business Papers prior to meetings.

13. Members of the PSG should work to ensure that, as far as possible, resolutions of the meeting are decided by consensus, as declared by the Chairperson. If a consensus cannot be reached, PSG members will abide by the result obtained by the resolution being decided by majority vote equivalent to at least the composition of the quorum (6 votes).

14. The Chairperson may, if required, exercise a casting vote.

15. The PSG provides advice on matters of strategy including overall strategic direction of the project through its monitoring of the project's progress. The PSG as a collective or its individual members are not involved in the day to day financial, administrative or other operational matters of the project. Decisions of the PSG are implemented by the officers of the PMU, and by the Implementing Agencies who report back to the PSG on actions taken.

16. **PSG Chairperson.** The Secretary for Health shall be the chairperson of the Project Steering Committee. When the Chairperson is absent from a meeting, the members in attendance will elect an Acting Chairperson from among the attending representatives of Department of National Planning and Monitoring and Treasury. The Acting Chairperson will relinquish the position at the close of that particular meeting.

17. **Delegations.** The Project Steering Committee shall not delegate any of its powers or entitlements to any sub-committee, individual, or group of individuals. It may nominate a working group comprised of members of the PSG for a specific purpose and for a specific period but responsibility for decisions made by the working group remains with the PSG.

18. **Appointment and removal of Members.** Members of the Project Steering Committee are appointed by virtue of their substantive position, and shall remain eligible to be members whilst ever they occupy one of the prescribed positions.

19. A member's position on the PSG will be declared vacant if the member:
    (i) retires from their substantive position by notice in writing;
    (ii) is required to resign from their substantive position because she/he is seeking election to political office;
    (iii) is terminated from their substantive position for any reason;
    (iv) is absent from 3 consecutive PSG meetings without leave of absence;
    (v) is directly or indirectly interested in any organization that is contracted by the RPHSDP and fails to declare his/her interest to the RPHSDP at the time the contract is proposed;
    (vi) is deemed by the PSG to have breached the confidentiality of the Committee.

20. Members may not nominate a proxy to attend meetings of the PSG in their absence, except with the prior permission the Chairperson.

21. **Convening of meetings.** PSG regular meetings will be six monthly in March/April and September/October of each year, and consider all evaluations of the preceding period.

22. A minimum of two weeks (14 days) notice will be given for the holding of a regular meeting. Agenda, business papers, and reports for consideration by the PSG will be provided to members at least two weeks prior to the meeting being convened.

23. Special meetings may be scheduled by the PSG or may be called by the Chairperson following a written request to do so by at least two other members of the Committee. A week's notice must be given, and a quorum must be present for such meetings to proceed.

24. The PSG members may, at the discretion of the Chairperson, consider urgent issues outside the regular meetings. In such cases arrangements for particular issues to be discussed, and for any decisions required will be the responsibility of the Chairperson, and may include telephone conference calls or the circulation of papers to all members. In such circumstances the issue/s to be discussed will be clearly articulated and, along with any decision(s) reached, will be formally recorded in the minutes of the next regular PSG meeting.

25. Meetings of the PSG will be normally conducted at the HQ of the National Department of Health.

26. PSG members will be provided with travel expenses to attend meetings, and a per diem, if travel and overnight stays are required. Travel expenses, and per diems may also be provided for PSG working groups where appropriate.

27. **Minutes.** The Project Manager will be responsible for preparing documentation for the meetings, and keeping minutes of all PSG meetings as part of the PMU secretariat support responsibility. Minutes will be circulated to members, partners, co financiers, and agreed others within one month of the meeting. The PMU will be responsible for maintaining all records, and documentation arising from meetings of the PSG.

28. **Quorum.** No business shall be transacted at any meeting until a quorum of members is present. A quorum will exist when at least two (2) members representing the Central Agencies, and at least four (4) members representing the Provincial Health Authorities are present. In the event that a quorum is not achieved within 30 minutes of the appointed time for a meeting the meeting will lapse, and be convened at a later date determined by those present at the time.

29. **Resolutions.** The PSG has a duty to make decisions on matters before it, and should only defer decisions to subsequent meetings when additional information is required. Resolutions of the meeting shall be decided by consensus as declared by the Chairperson. If a consensus cannot be reached, the resolution will be decided by majority vote equivalent to at least the composition of the quorum, which is six members. The Chairperson may if required exercise a casting vote. If a member of the PSG is absent from a meeting there is no provision for proxy voting.

30. **Conflict of Interest.** Where a PSG member is directly engaged, has an advisory or governing role or a material financial interest in an organization, key partner, civil society organization or a community based organization which is seeking to enter a contract funded by the HSSDP project, the member must disclose such interest to the Chairman of the PSG.

31. Where a situation arises which may present a conflict of interest for a PSG member, the conflict of interest must be declared at the commencement of each meeting, and recorded in the minutes or must be disclosed to the Chairperson prior to the meeting and recorded in the minutes.

32. Where there is a conflict of interest the relevant PSG member must absent him or herself from the meeting for that agenda item.

33. **Changes to procedures.** Fourteen (14) days written notice must be given of any proposed change to the above procedures. Any proposed change to procedures will be resolved at a PSG meeting, and be consistent with the procedures outlined above.

## GENDER ACTION PLAN

| Outcome and Outputs | Activities and Performance Targets | Responsibility | Timeframe | Budget |
|---|---|---|---|---|
| **Outcome: A more sustainable and efficient healthcare system achieved.** | **DMF Outcome Indicator c./GAP Outcome Target a.** Proportion (%) of births attended by skilled personnel at health facilities increases to at least 50% in 2023–2028 2027–2028 (2015–2016 baseline: 38%) | DOH | By end 2028 | Government/project |
| | **DMF Outcome Indicator e./GAP Outcome Target b.** Establishment of whole genome sequencing (disaggregated by sex) including bioinformatics, for surveillance of emerging infections and public health threats nationally and regionally by 2028. (2022 baseline: not applicable) [a] | DOH | By end 2028 | Government/project |
| **Output 1: National Framework and PFM enhanced** | **Target 1.1.** 0% stock outs in oxytocin, contraception, and other medical supplies critical for women's sexual and reproductive health in area medical stores (Baseline: 0) [b] | DOH/PMU | 2018–2027 | Government/Project |
| | **Activity 1.1.** Resource allocation formula modelling incorporates equity weightings including for poverty, the aged, women, and children (Baseline: N/A) | PMU | 2018–2023 | Project |
| | **Target 1.2/DMF Target 1c.** A costed and prioritized National Health Plan 2021-2030 (gender responsive) approved by DOH (2017 baseline: not approved). **(**Achieved) [c] | DOH | 2022 | Government/Project |
| | **Activity 1.2.** National Health Plan 2021–2030 has gender-disaggregated data and targets (Baseline: N/A) (Achieved) | DOH/PMU | 2018–2021 | Government/Project |
| | **Activity 1.3** National Health Standards review incorporates gender equity assessment criteria (Baseline: National Health Service Standards 2011–2020) (Achieved) | DOH | | Government/Project |
| | **Target 1.3/DMF Target 1d.** A national reference laboratory strategic plan 2026-2030 developed, incorporated women's health screening and testing, and regional cooperation approved by DOH (2022 baseline: not available). [d] | DOH | 2023 | Government/Project |
| | **Activity 1.4.** National laboratory plan with gender considerations published (Baseline: NA) | DOH | 2023 | Government/Project |

| Outcome and Outputs | Activities and Performance Targets | Responsibility | Timeframe | Budget |
|---|---|---|---|---|
| **Output 2: Subnational health system management strengthened** | **Target 2.1/DMF Target 2c.** PHA Boards constitute at least one woman from women's organizations or an organization with proven track record on work on gender equality and women's empowerment* (Baseline = 11 PHAs; target 20 when all PHAs implemented post June 2018) (Achieved) | GOPNG and DOH | 2019–2023 | Government |
| | **Target 2.2/DMF Target 2d.** At least 10 staff (5 men; 5 women) annually per province with increased knowledge in budget preparation, (including gender based budgeting) and monitoring (2017 baseline: 0) (Achieved) | DOH/PHAs/ PMU | 2018–2023 | Project and government |
| | **Target 2.3.** All data in annual provincial health information profiles sex-disaggregated by 2023. (Baseline: 3) (Achieved) | DOH/PHA/ PMU | 2018–2023 | Government |
| | **Activity 2.1.** Gender indicators are institutionalized in the health system performance monitoring database. (Achieved) | DOH/PHA/PMU | 2018–2023 | Government/Project |
| | **Target 2.4/DMF Target 2e.** By 2025, at least 200 health workers with increased knowledge in reproductive health care will be achieved | DOH/PHA/PMU | 2023-2025 | Government/Project |
| | **Target 2.5/DMF Target 2f.** By 2026 at least 45 provincial laboratory personnel (at least 50% female) trained in the implementation of the national health service standards [e] | DOH/PHA/PMU | 2023-2027 | Government/Project |
| | **Target 2.6.** At least 20 laboratory scientists trained in cervical screening and testing | DOH/PMU | 2023-2027 | Government/Project |
| **Output 3: Health Service Delivery Components Strengthened** | **Target 3.1./DMF Target 3c** 100% of Health Partnerships and MOUs in effect as of November 2017 compiled at the national and sub-national levels, by province and partner category including which partnerships have a gender equity focus. (2017 baseline: 80% of national partnerships include gender equity considerations) (Achieved) | DOH/ PHA/PMU | 2018–2023 | Government/ Project |
| | **Target 3.2./DMF Target 3d.** eNHIS implemented and sex-disaggregated data entered in all 89 districts (2017 Baseline: eNHIS implemented data entered in 18 districts in 5 provinces) (Achieved) | eNHIS firm/DOH/PHAs/ PMU | 2018–2023 | Government/Project PHA/project |

| Outcome and Outputs | Activities and Performance Targets | Responsibility | Timeframe | Budget |
|---|---|---|---|---|
| | **Activity 3.1.** Gender-differentiated needs assessment of primary healthcare services conducted. (Achieved) | PHA/PMU | 2018–2019 | Government/ Project |
| | **Target 3.3./DMF Target 3f.** 100% of clinical health workers (both men and women) in project-upgraded facilities with increased knowledge in essential obstetric care training course (2017 baseline: N/A) | PHA/PMU | 2018–2025 | Government/ Project |
| | **Target 3.4.** 80% of births for women living in the newly constructed project health facility catchment are supervised in a health facility. (Baseline: Specific to each civil works site & percentage & number gathered during planning) | PHA/PMU | 2018–2027 | Government/ Project |
| | **Target 3.5.** 100% of maternal deaths in facilities in project provinces audited for service improvement (Baseline: 0) | PMU | 2018–2027 | Government/ Project |
| | **Target 3.6.** At least one gender-responsive health training conducted per project area per year, with special module on gender-based violence prevention and support for survivors (Baseline: 0) | DOH/PMU | 2018–2027 | Government/project |
| | **Target 3.7./DMF Target 3e** At least three level 4, seven level 3 and eight level 2 gender sensitive health facility infrastructure upgrades (e.g. with access to information on sexual and reproductive health, legal and health services for survivors of GBV, women-friendly hours of operation, confidential consultation area and family-friendly delivery suites) completed and commissioned (2017 baseline: 0) [f] | DOH/PMU | 2018–2027 | Government/project |
| | **Activity 3.2** Consultations undertaken with women and girls to inform gender sensitive health facility upgrades. | DOH/PMU | 2018–2027 | Project |
| | **Target 3.8.** At least 50% of all the male and at least 50% of all the female patients, by upgraded health facility, are provided with gender sensitive information on disease prevention and available health screening (including sexual and reproductive health and rights, and GBV). | DOH/PMU | 2018–2027 | Government/project |
| | **Activity 3.3.** Conduct a study on the health seeking behavior of women and men, before and after the supply of | DOH/PHA/PMU | 2020–2027 | Government/project |

| Outcome and Outputs | Activities and Performance Targets | Responsibility | Timeframe | Budget |
|---|---|---|---|---|
| | equipment and staff training to the upgraded facilities. | | | |
| | **Target 3.9** At least 80% of all upgraded facilities provide monitoring and evaluation data which is disaggregated by sex. | DOH/PHA | 2018–2027 | Government/project |
| | **Target 3.10** At least 50% of women and men surveyed in the communities surrounding the upgraded facilities, report increased confidence in consulting with the facilities (Baseline: N/A) | DOH/PHA/PMU | 2018–2027 | Government/project |
| | **Activity 3.4** Sex-disaggregated information on the staffing of health facilities reported. | DOH/PHA/PMU | 2019–2027 | Government/project |
| | **Target 3.11/DMF Target 3g** One national reference laboratory built with gender-responsive designs (including family friendly staff amenities and safe working environment) and climate considerations.[g] | DOH/PMU | 2024- 2027 | Government/project |
| | **Activity 3.5.** Laboratory provides cervical screening and HPV testing, including a dedicated women's health program and clinics. | DOH/PMU | 2024-2027 | Government/project |

DOH = Department of Health, eNHIS = electronic national health information system, GBV = gender-based violence; GOPNG = Government of Papua New Guinea, MOA = Memorandum of Agreement, MOU = Memorandum of Understanding, N/A = not applicable, PHA = provincial health authority, PMU = project management unit.

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

[b] All patient data is disaggregated by age and sex.

[c] The National Health Plan 2021-2030 gender responsive elements include (i) a gender equity and social inclusion policy and (ii) incentive schemes to improve access to antenatal care, supervised delivery, postnatal care and family planning.

[d] Womens health screening for breast and cervical cancer. Package of measures together for a maternal health clinic (gluclose, blood pressure) to improve maternal health outcomes.

[e] Women make up approximately 50% of the laboratory staff

[f] The additional financing will finance one district hospital (level 4). Health facility service levels refer to community health posts (level 2), health centers (level 3), and district hospitals (level 4). Gender sensitive elements include family friendly delivery suites and establishment of confidential consultation rooms.

[g] Gender design elements include family friendly safe amenities, separate facilities for female staff on call and a womens health clinic.

Note: Implementation Arrangements–The Gender Action Plan (GAP) will be implemented by DOH and its PMU, which will recruit one international gender expert (intermittent) to support the national social development/communication officer (full-time). These gender experts will work with the national and PHA staff and project consultants particularly in developing gender training materials, ensuring gender responsive manuals and reports, and other organization planning activities. They will be responsible for assisting the implementation of the GAP including conducting gender training workshops and establishment of sex-disaggregated indicators for project performance and monitoring framework. The PMU will ensure that the experts will report the progress of GAP activities in semi-annual project progress reports to the government and ADB.

Source: Asian Development Bank.

# PROCUREMENT PLAN

## Basic Data

| | | |
|---|---|---|
| **Project Name**: Health Services Sector Development Program, Subprogram 1 | | |
| **Project Number:** 51035-001 | | **Approval Number:** 3666/3665/0648 |
| **Country:** Papua New Guinea | | **Executing Agency**: Department of Treasury |
| **Project Procurement Risk:** Medium | | **Implementing Agency**: Department of Health |
| **Project Financing Amount:** US$142,500,000<br>**ADB Financing:** US$95,000,000<br>**Cofinancing (ADB Administered):** US$38,000,000<br>**Non-ADB Financing:** US$9,500,000<br><br>**Additional Financing:** US$63,580,000<br>**ADB Financing**: US$42,000,000<br>**Cofinancing (ADB Administered):** US$21,580,000 | | **Project Closing Date:** 30 September 2027 |
| **Date of First Procurement Plan:** 29 January 2019 | | **Date of this Procurement Plan**: 20 August 2023 |
| **Advance Contracting:** No | **Related to COVID-19 response efforts:** No | **Use of e-procurement (e-GP):** No |

## A. Methods, Thresholds, Review and 18-Month Procurement Plan

### 1. Procurement and Consulting Methods and Thresholds

Except as the Asian Development Bank (ADB) may otherwise agree, the following process thresholds shall apply to procurement of goods and works.

| Procurement of Goods and Works | | |
|---|---|---|
| **Method** | **Threshold** | **Comments** |
| International Competitive Bidding for Goods | US$ 2,000,000 and Above | Prior review |
| National Competitive Bidding for Goods | Between US$ 300,000 and US$ 1,999,999 | The first NCB is subject to prior review, thereafter post review. |
| Shopping for Goods | Up to US$ 299,999 | Prior review |
| International Competitive Bidding for Works | US$ 5,000,000 and Above | Prior review |
| National Competitive Bidding for Works | Between US$ 300,000 and US$ 4,999,999 | The first NCB is subject to prior review, thereafter post review. |
| Shopping for Works | Up to US$ 299,999 | Prior review |

| Consulting Services | |
|---|---|
| **Method** | **Comments** |
| Quality- and Cost-Based Selection for Consulting Firm | For the selection of consulting firms |
| Individual Consultant Selection for Individual Consultant | For recruitment of individual consultants |
| Single Source Selection for Individual Consultant | For less than or equal to $100,000 or continuity of existing project |

## 2. Goods and Works Contracts Estimated to Cost $1 Million or More

The following table lists goods and works contracts for which the procurement activity is either ongoing or expected to commence within the next 18 months.

| **Package Number** | **General Description** | **Estimated Value** | **Procurement Method** | **Review** (Prior/ Post) | **Bidding Procedure** | **Advertisement Date** (quarter/year) | **Comments** |
|---|---|---|---|---|---|---|---|
| CW-0305 | Gloucester Health Centre-West New Britain Province (Package 5) | 1,550,000.00 | NCB | Post | 1S1E | Q4 / 2023 | Prequalification of Bidders: N<br>Domestic Preference Applicable: N<br>Bidding Document: Small Works<br>Covid-19 Response? No<br>Comments: specs: 10 staff houses |
| CW-0405 | Agevairu Health Centre-Central Province (Package 5) | 1,250,000.00 | NCB | Post | 1S1E | Q1 / 2024 | Prequalification of Bidders: N<br>Domestic Preference Applicable: N<br>Bidding Document: Small Works<br>Covid-19 Response? No<br>Comments: specs: services blocks & renovation of existing health centre building to non-clinical purpose |

| Package Number | General Description | Estimated Value | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Advertisement Date (quarter/year) | Comments |
|---|---|---|---|---|---|---|---|
| CW-0501 – 0503 | Soroken (formerly named as Kunua) Health Centre-Central Province (Package 1-3)<br><br>Lot 1:<br><br>Lot 2:<br><br>Lot 3: | 8,250,000.00<br><br>2,750,000.00<br><br>2,750,000.00<br><br>2,750,000.00 | NCB | Post | 1S1E | Q1 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No<br><br>Comments: specs: Clinical and non-clinical Services Buildings with Operation Theatre and 16 units of 3-bedroom staff houses |
| CW-0601 – 0603 | Malalaua (formerly named as Ihu) Health Centre-Central Province (Package 1-3)<br><br>Lot 1:<br><br>Lot 2:<br><br>Lot 3: | 8,250,000.00<br><br>2,750,000.00<br><br>2,750,000.00<br><br>2,750,000.00 | NCB | Post | 1S1E | Q3 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No<br><br>Comments: specs: Clinical and non-clinical Services Buildings with Operation Theatre and 16 units of 3-bedroom staff houses |
| CW-0709 | Pomio District Hospital-East New Britain Province (Package 9) | 2,750,000.00 | NCB | Post | 1S1E | Q2 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No<br><br>Comments: specs: General and MCH Inpatient Buildings |

| Package Number | General Description | Estimated Value | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Advertisement Date (quarter/year) | Comments |
|---|---|---|---|---|---|---|---|
| CW-0710 | Pomio District Hospital-East New Britain Province (Package 10) | 1,750,000.00 | NCB | Post | 1S1E | Q3 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No<br><br>Comments: specs: Kitchen & Laundry Building, Haus Wins, road works, helipad, water and power supply & externals |
| CW-0806 / 0807 | Bogia District Hospital-Madang Province (Package 4) | 2,750,000.00 | NCB | Post | 1S1E | Q1 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No<br><br>Comments: specs: Outpatient, Accident & Emergency Building and Buildings for Operation Theatre with Diagnostic Services and CSSD |
| CW-0808 / 0809 | Bogia District Hospital-Madang Province (Package 5) | 2,750,000.00 | NCB | Post | 1S1E | Q4 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No<br><br>Comments: specs: General and MCH inpatient Wards |

| Package Number | General Description | Estimated Value | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Advertisement Date (quarter/year) | Comments |
|---|---|---|---|---|---|---|---|
| CW-0810 | Bogia District Hospital-Madang Province (Package 6) | 1,750,000.00 | NCB | Post | 1S1E | Q2 / 2025 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No<br><br>Comments: specs: Kitchen & Laundry Building, External works, Overall road / power / water arrangements |
| CW-0901 - 0903 | Maramuni Health Centre (upgraded from CHP)-Enga Province<br><br>(Packages 1 – 3)<br><br>Package: 1<br><br>Package: 2<br><br>Package: 3 | 7,873,500.00<br><br>2,579,250.00<br><br>2,647,125.00<br><br>2,647,125.00 | NCB | Post | 1S1E | Q2 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No |
| CW-1101 | Talyokas CHP-Enga Provinces | 1,550,000.00 | NCB | Post | 1S1E | Q1 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br>Bidding Document: Small Works<br><br>Covid-19 Response? No |
| CW-1601 | Kinjibi CHP-Western Highlands Province | 1,550,000.00 | NCB | Post | 1S1E | Q2 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No |

| Package Number | General Description | Estimated Value | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Advertisement Date (quarter/year) | Comments |
|---|---|---|---|---|---|---|---|
| MEQ-03A & MEQ – 03B | Medical Equipment for District Hospital-Pomio (East New Britain)<br><br>(Packages 1-2)<br><br>Lot 1<br><br>Lot 2 | 3,200,000.00<br><br><br><br>1,600,000.00<br><br>1,600,000.00 | NCB | Post | 1S1E | Q2 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Goods<br><br>Covid-19 Response? No |
| MEQ-04A & MEQ-04B | Medical Equipment for District Hospital-Bogia (Madang)<br><br>(Packages 1-2)<br><br>Lot 1<br><br>Lot 2 | 3,200,000.00<br><br><br><br>1,600,000.00<br><br>1,600,000.00 | NCB | Post | 1S1E | Q4 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Goods<br><br>Covid-19 Response? No |
| MEQ-05 | Medical equipment for Gloucester Health Centre (West New Britain) | 1,500,000.00 | NCB | Post | 1S1E | Q3 / 2023 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Goods<br><br>Covid-19 Response? No |
| MEQ-06 | Medical equipment for Agevairu Health Centre (Central) | 1,550,000.00 | 1 | Post | 1S1E | Q1 / 2024 | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Goods<br><br>Covid-19 Response? No |

### 3. Consulting Services Contracts Estimated to Cost $100,000 or More

The following table lists consulting services contracts for which the recruitment activity is either ongoing or expected to commence within the next 18 months.

| Package Number | General Description | Estimated Value | Recruitment Method | Review (Prior/Post) | Advertisement Date (quarter/year) | Type of Proposal | Comments |
|---|---|---|---|---|---|---|---|
| CSI-30 | Provincial Health Private Partner Engagement Specialist | 500,000.00 | ICS | Prior | Q3 / 2024 | | Assignment: International<br>Expertise: Private Partnership<br>Covid-19 Response? No |
| CSI-37 | Health Facility Guideline Specialist | 225,000.00 | QCBS | Prior | Q4 / 2024 | | Assignment: International<br>Expertise: Health Facility Guideline<br>Covid-19 Response? No |
| CSI-40 | Policy Specialist | 100,000.00 | ICS | Prior | Q2 / 2024 | | Assignment: International<br>Expertise: Laboratory<br>Covid-19 Response? No |
| CSI-41 | Laboratory Design Firm | 985,000.00 | QCBS | Prior | Q1 / 2025 | | Assignment: International<br>Expertise: Design Specialist<br>Covid-19 Response? No |
| CSI-42 | Laboratory Specialist | 230,000.00 | ICS | Prior | Q2 / 2025 | | Assignment: International<br>Expertise: Laboratory<br>Covid-19 Response? No |
| CSI-43 | Pathologist | 230,000.00 | ICS | Prior | Q2 / 2025 | | Assignment: International<br>Expertise: Pathologist<br>Covid-19 Response? No |

| Package Number | General Description | Estimated Value | Recruitment Method | Review (Prior/Post) | Advertisement Date (quarter/year) | Type of Proposal | Comments |
|---|---|---|---|---|---|---|---|
| CSI-44 | Biomed | 225,000.00 | ICS | Prior | Q2 / 2026 | | Assignment: International<br>Expertise: Biomed<br>Covid-19 Response? No |
| CSI-45 | Information System – Laboratory | 275,000.00 | ICS | Prior | Q2 / 2025 | | Assignment: International<br>Expertise: Information System<br>Covid-19 Response? No |
| CSI-46 | Monitoring & Evaluation Specialist | 500,000.00 | ICS | Prior | Q4 / 2024 | | Assignment: International<br>Expertise: M&E<br>Covid-19 Response? No |
| CSI-47 | Gender Specialist | 230,000.00 | ICS | Prior | Q2 / 2025 | | Assignment: International<br>Expertise: Gender<br>Covid-19 Response? No |

**4. Goods and Works Contracts Estimated to Cost Less than $1 Million and Consulting Services Contracts Less than $100,000 (Smaller Value Contracts)**

The following table lists smaller-value goods, works and consulting services contracts for which the activity is either ongoing or expected to commence within the next 18 months.

**Goods and Works**

| Package Number | General Description | Estimated Value | Number of Contracts | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Advertisement Date (quarter/year) | Comments |
|---|---|---|---|---|---|---|---|---|
| AEQ-05 | Office Equipment / Furniture for Buin Hospital | 130,000.00 | 2 | SHOPPING | Post | | Q3 / 2024 | Covid-19 Response? No<br>Comments: 2 separate procurements |

| Package Number | General Description | Estimated Value | Number of Contracts | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Advertisement Date (quarter/year) | Comments |
|---|---|---|---|---|---|---|---|---|
| AEQ-06 | Vehicles for Buin Hospital | 50,000.00 | 1 | SHOPPING | Post | | Q3 / 2024 | Covid-19 Response? No<br><br>Comments: 1 separate procurement |
| AEQ-07 | Office Equipment / Furniture for National Referral Laboratory | 140,000.00 | 2 | SHOPPING | Post | | Q3 / 2025 | Covid-19 Response? No<br><br>Comments: 2 separate procurements |
| AEQ-08 | Vehicles / Ambulances for National Referral Laboratory | 400,000.00 | 2 | SHOPPING | Post | | Q3 / 2025 | Covid-19 Response? No<br><br>Comments: 2 separate procurements |

**Consulting Services**

| Package Number | General Description | Estimated Value | Number of Contracts | Recruitment Method | Review (Prior/ Post) | Advertisement Date (quarter/year) | Type of Proposal | Comments |
|---|---|---|---|---|---|---|---|---|
| CSI-33 | Health FM ICT Specialist | 40,000.00 | 1 | ICS | Prior | Q2 / 2025 | | Assignment: International<br><br>Expertise: Health ICT<br><br>Covid-19 Response? No |
| CSI-34 | Biomedical Supervisor | 30,000.00 | 1 | ICS | Prior | Q3 / 2024 | | Assignment: National<br><br>Expertise: Biomedical Engineering<br><br>Covid-19 Response? No |

## B. Indicative List of Packages Required Under the Project

The following table provides an indicative list of goods, works and consulting services contracts over the life of the project, other than those mentioned in previous sections (i.e., those expected beyond the current period).

## Goods and Works

| Package Number | General Description | Estimated Value (cumulative) | Estimated Number of Contracts | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Comments |
|---|---|---|---|---|---|---|---|
| CW-1401 to 1403 | Karap Health Centre-Jiwaka Province (Packages 1-3)<br><br>Lot 1:<br><br>Lot 2:<br><br>Lot 3: | 7,500,000.00<br><br>2,500,000.00<br><br>2,500,000.00<br><br>2,500,000.00 | 5 | NCB | Post | 1S1E | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Small Works<br><br>Covid-19 Response? No<br><br>Comments: Clinical, administration and services building including staff accommodation |
| MEQ-07 | Medical equipment for Health Centre-Karap, Jiwaka Province | 1,450,000.00 | 1 | NCB | Post | 1S1E | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Goods<br><br>Covid-19 Response? No |
| MEQ-08 | Medical equipment for Health Centre-Soroken (formerly named as Kunua), Bougainville | 1,450,000.00 | 1 | NCB | Post | 1S1E | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Goods<br><br>Covid-19 Response? No |
| MEQ-09 | Medical equipment for Health Centre-Malalaua (formerly named as Ihu), Gulf Province | 1,450,000.00 | 1 | NCB | Post | 1S1E | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N<br><br>Bidding Document: Goods<br><br>Covid-19 Response? No |
| CW-1801 to 1806 | Buin District Hospital - Autonomous Region of Bougainville Province (Packages 1-6) | 15,250,000.00 | 6 | NCB | Post | 1S1E | Prequalification of Bidders: N<br><br>Domestic Preference Applicable: N |

| Package Number | General Description | Estimated Value (cumulative) | Estimated Number of Contracts | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Comments |
|---|---|---|---|---|---|---|---|
| | Lot 1: $2.75m<br>Lot 2: $2.75m<br>Lot 3: $2.75m<br>Lot 4: $2.75m<br>Lot 5: $2.75m<br>Lot 6: $1.50m | | | | | | Bidding Document: Small Works<br>Covid-19 Response? No<br>Comments: Clinical services block with residential houses and administrative blocks |
| MEQ-10 | Medical equipment for Buin District Hospital – Autonomous Region of Bougainville<br>Lot 1: $1.6m<br>Lot 2: $1.6m | 3,200,000.00 | 1 | NCB | Post | 1S1E | Prequalification of Bidders: N<br>Domestic Preference Applicable: N<br>Bidding Document: Goods<br>Covid-19 Response? No |
| CW-1901 to 1902 | National Referral Laboratory | 24,140,000.00 | 1 | ICB | Prior | 1S1E | Prequalification of Bidders: N<br>Domestic Preference Applicable: N<br>Bidding Document: Works<br>Covid-19 Response? No<br>Comments: - Specialised Laboratory Building block with administrative blocks |
| CW-1902 | National Referral Laboratory | 3,280,000.00 | 1 | NCB | Post | 1S1E | Prequalification of Bidders: N<br>Domestic Preference Applicable: N<br>Bidding Document: Works<br>Covid-19 Response? No |

| Package Number | General Description | Estimated Value (cumulative) | Estimated Number of Contracts | Procurement Method | Review (Prior/ Post) | Bidding Procedure | Comments |
|---|---|---|---|---|---|---|---|
| | | | | | | | Comments: Residential Accommodation |
| MEQ-11 | Medical equipment for National Referral Laboratory | 3,250,000.00 | 1 | ICB | Prior | 1S1E | Prequalification of Bidders: N<br>Domestic Preference Applicable: N<br>Bidding Document: Goods<br>Covid-19 Response? No |
| CSI-35 | Medical Equipment Training | 80,000.00 | 1 | SSS | Prior | | Assignment: National<br>Expertise: Medical Equipment Operation<br>Covid-19 Response? No<br>Comments: 7 individual contracts |

**Consulting Services**

| Package Number | General Description | Estimated Value | Number of Contracts | Recruitment Method | Review (Prior/ Post) | Type of Proposal | Comments |
|---|---|---|---|---|---|---|---|
| CSI-35 | Medical Equipment Training | 80,000.00 | 1 | SSS | Prior | | Assignment: National<br>Expertise: Medical Equipment Operation<br>Covid-19 Response? No<br>Comments: 7 individual contracts |

## C. List of Awarded and On-going, and Completed Contracts

The following tables list the awarded and on-going contracts, and completed contracts.

## 1. Awarded and Ongoing Contracts

### Goods and Works

| Package Number | General Description | Estimated Value | Awarded Contract Value | Procurement Method | Advertisement Date (quarter/year) | Date of ADB Approval of Contract Award | Comments |
|---|---|---|---|---|---|---|---|
| AEQ-01 | PMU Vehicles | 90,000.00 | 81,842.00 | SHOPPING | Q1 / 2019 | 29-MAR-19 | Completed Apr 2019 |
| AEQ-02 | PMU Vehicles | 120,000.00 | 117,326.00 | SHOPPING | Q2 / 2019 | 08-JUL-19 | Completed Jul 2019 |
| AEQ-03 | PMU Vehicles | 70,000.00 | 66,631.00 | SHOPPING | Q1 / 2020 | 03-MAR-20 | Completed Mar 2020 |
| CW-0701 HSSDP/NCB/ CW/30/1119 | Construction of District Hospital-Pomio in East New Britain Province-Stage I | 1,500,000.00 | 1,160,000.00 | NCB | Q4 / 2019 | 10-FEB-20 | Completed Sep 2020 |
| CW-0702 HSSDP/NCB/ CW/34/0620 | Construction of District Hospital-Pomio in East New Britain Province-Stage II | 1,500,000.00 | 1,230,000.00 | NCB | Q2 / 2020 | 07-SEP-20 | Completed Aug 2023 |
| CW-0703 HSSDP/NCB/ CW/35/0620 | Construction of District Hospital-Pomio in East New Britain Province-Stage III | 1,500,000.00 | 1,240,000.00 | NCB | Q2 / 2020 | 07-SEP-20 | Completed Aug 2023 |
| CW-0704 HSSDP/NCB/ CW/36/0620 | Construction of District Hospital-Pomio in East New Britain Province-Stage IV | 1,500,000.00 | 1,240,000.00 | NCB | Q2 / 2020 | 07-SEP-20 | Completed Aug 2023 |
| CW-0201 HSSDP/NCB/ CW/27/1019 | Construction of Health Centre-Ambunti in East Sepik Province-Stage I | 1,500,000.00 | 1,300,000.00 | NCB | Q4 / 2019 | 04-FEB-20 | Completed May 2022 |
| CW-0202 HSSDP/NCB/ CW/28/1119 | Construction of Health Centre-Ambunti in East Sepik Province-Stage II | 1,500,000.00 | 1,210,000.00 | NCB | Q4 / 2019 | 04-FEB-20 | Completed May 2022 |
| CW-0203 HSSDP/NCB/ CW/29/1119 | Construction of Health Centre-Ambunti in East Sepik Province-Stage III | 1,500,000.00 | 1,360,000.00 | NCB | Q4 / 2019 | 04-FEB-20 | Completed May 2022 |

| Package Number | General Description | Estimated Value | Awarded Contract Value | Procurement Method | Advertisement Date (quarter/year) | Date of ADB Approval of Contract Award | Comments |
|---|---|---|---|---|---|---|---|
| CW-0101 HSSDP/NCB/ CW/24/1019 | Construction of Health Centre-Kopiago in Hela Province-Stage I | 1,500,000.00 | 1,420,000.00 | NCB | Q4 / 2019 | 13-DEC-19 | |
| CW-0102 HSSDP/NCB/ CW/25/1019 | Construction of Health Centre-Kopiago in Hela Province-Stage II | 1,500,000.00 | 1,430,000.00 | NCB | Q4 / 2019 | 13-DEC-19 | |
| CW-0103 HSSDP/NCB/ CW/26/1019 | Construction of Health Centre-Kopiago in Hela Province-Stage III | 1,500,000.00 | 1,310,000.00 | NCB | Q4 / 2019 | 13-DEC-19 | |
| CW-0101 HSSDP/NC B/CW/24/1 019 | Construction of Health Centre-Kopiago in Hela Province-Stage 1 | 1,500,000.00 | 1,420,000.00 | NCB | Q4 / 2019 | 13-DEC-19 | |
| CW-0102 HSSDP/NC B/CW/25/1 019 | Construction of Health Centre-Kopiago in Hela Province-Stage II | 1,500,000.00 | 1,430,000.00 | NCB | Q4 / 2019 | 13-DEC-19 | |
| CW-0103 HSSDP/NC B/CW/26/1 019 | Construction of Health Centre-Kopiago in Hela Province-Stage III | 1,500,000.00 | 1,310,000.00 | NCB | Q4 / 2019 | 13-DEC-19 | |
| CW-1601 HSSDP/NCB/ CW/32/0620 | Construction of Umba Community Health Post-Menyamya in Morobe Province | 1,500,000.00 | 1,140,000.00 | NCB | Q2 / 2020 | 12-OCT-20 | Completed Oct 2022 |
| CW-1001 HSSDP/NCB/ CW/39/0221 | Construction of Bitokara Community Health Post-Talasea in West New Britain Province | 1,500,000.00 | 1,310,303.00 | NCB | Q1 / 2021 | 20-APR-21 | Completed Feb 2023 |
| CW-0204 HSSDP/NCB/ CW/40/0321 | Construction of Health Centre-Ambunti in East Sepik Province-Stage IV | 1,500,000.00 | 1,149,552.00 | NCB | Q1 / 2021 | 06-MAY-21 | Completed Oct 2022 |

| Package Number | General Description | Estimated Value | Awarded Contract Value | Procurement Method | Advertisement Date (quarter/year) | Date of ADB Approval of Contract Award | Comments |
|---|---|---|---|---|---|---|---|
| CW-0205 HSSDP/NCB/ CW/41/0321 | Construction of Health Centre-Ambunti in East Sepik Province-Stage V | 900,000.00 | 879,313.00 | NCB | Q1 / 2021 | 06-MAY-21 | Completed Oct 2022 |
| MEQ-01 HSSDP/NCB/ MEQ/42/0321 | Medical Equipment for Health Centre-Ambunti (East Sepik) | 1,200,000.00 | 1,382,109.00 | NCB | Q1 / 2021 | 03-JUN-21 | Completed Nov 2021 |
| CW-1201 HSSDP/NCB/ CW/49/0621 | Construction of Gaulim Community Health Post-Gazelle in East New Britain Province | 1,500,000.00 | 1,290,291.00 | NCB | Q2 / 2021 | 02-AUG-21 | Completed Nov 2022 |
| CW-0705 HSSDP/NCB/ CW/50/0621 | Construction of District Hospital-Pomio in East New Britain Province-Stage V | 1,500,000.00 | 1,254,112.65 | NCB | Q2 / 2021 | 09-AUG-21 | |
| MEQ-02 HSSDP/NCB/ MEQ/45/0521 | Medical Equipment for Health Centre-Kopiago (Hela) | 1,200,000.00 | 1,333,952.69 | NCB | Q2 / 2021 | 06-AUG-21 | Completed Aug 2023 |
| CW-0801 HSSDP/NCB/ CW/43/0421 | Construction of District Hospital-Bogia in Madang Province-Stage I | 1,500,000.00 | 1,269,039.50 | NCB | Q2 / 2021 | 22-SEP-21 | Completed Oct 2022 |
| CW-0706 HSSDP/NCB/ CW/51/1121 | Construction of District Hospital-Pomio in East New Britain Province-Stage VI | 1,500,000.00 | 1,387,911.24 | NCB | Q4 / 2021 | 10-JAN-22 | |
| MEQ-10-HSSDP/NCB/ MEQ/46/1221 | Medical Equipment for Community Health Posts – 8 sets (1 set each for Umba, Gaulim, Maramuni, Talyokas, Kapau, Kinjibi, Warasikau and Wirui) | 900,000.00 | 456,446.77 | NCB | Q4 / 2021 | 09-MAR-22 | Completed Nov 2022 |
| CW-0105 | Construction of Kopiago | 1,500,000.00 | 1,419,887.99 | NCB | Q4 / 2021 | 12-APR-22 | |

| Package Number | General Description | Estimated Value | Awarded Contract Value | Procurement Method | Advertisement Date (quarter/year) | Date of ADB Approval of Contract Award | Comments |
|---|---|---|---|---|---|---|---|
| HSSDP/NCB/CW/44/1121 | Health Centre-Stage IV for Staff Houses | | | | | | |
| CW-0401 HSSDP/NCB/CW/61/0322 | Construction of Agevairu Health Centre-Stage I for Civil Works, A&E Building and external Works | 2,750,000.00 | 2,600,394.72 | NCB | Q1 / 2022 | 03-JUN-22 | |
| CW-0402 HSSDP/NCB/CW/62/0322 | Construction of Agevairu Health Centre-Stage II for MCH, FSC, Service Buildings and 8 Staff Houses | 2,750,000.00 | 2,792,227.32 | NCB | Q1 / 2022 | 03-JUN-22 | |
| CW-0301/0302 HSSDP/NCB/CW/64/0722 | Construction of Gloucester Health Centre-Stage I for OPD and A&E Building, Administration Building, Outpatient Bloc, 3 x Staff Houses and external Works | 3,000,000.00 | 2,661,494.60 | NCB | Q3 / 2022 | 24-OCT-22 | |
| CW-0303/0304 HSSDP/NCB/CW/62/0322 | Construction of Gloucester Health Centre-Stage II for Inpatient and Maternity Building, Family Support Centre, Services Buildings and 6 x Staff Houses | 3,000,000.00 | 2,832,909.56 | NCB | Q3 / 2022 | 19-DEC-22 | |
| CW-1701 HSSDP/NCB/CW/68/0822 | Construction of Warasikau Community Health Post | 1,550,000.00 | 1,327,304.19 | NCB | Q3 / 2022 | 19-DEC-22 | |
| CW-1301 HSSDP/NCB/CW/70/1122 | Construction of Wirui Urban Clinic | 1,550,000.00 | 1,183,420.00 | NCB | Q3 / 2022 | 09-JAN-23 | |

| Package Number | General Description | Estimated Value | Awarded Contract Value | Procurement Method | Advertisement Date (quarter/year) | Date of ADB Approval of Contract Award | Comments |
|---|---|---|---|---|---|---|---|
| MEQ-11 | Medical Equipment for Laiagam District Hospital – Accident & Emergency with Operation Theatre and Diagnostic Block | 1,500,000.00 | 812,270.55 | NCB | Q4 / 2022 | 27-FEB-23 | Completed Aug 2023 |
| CW-0802/0803 HSSDP/NCB/CW/72/0223 | Construction of Bogia District Hospital-Stage II for 5 units of duplex staff houses, 8 units of 3 bed-room staff houses and 6 units of 3 bed-room executive staff houses | 3,100,000.00 | 2,736,595.10 | NCB | Q1 / 2023 | 22-MAY-23 | |
| CW-0804/0805 HSSDP/NCB/CW/73/0323 | Construction of Bogia District Hospital-Stage III for 12 units of 3 bed-room staff houses; Pharmacy, Physiotherapy, Biomedical Workshop and Bulk Store Building; Generator Block with Generators; Outpatient Ablution Block; and Family Support Centre Building | 3,100,000.00 | 2,731,765.05 | NCB | Q1 / 2023 | 22-MAY-23 | |
| CW-0707/708 HSSDP/NCB/CW/74/0723 | Construction of District Hospital-Pomio in East New Britain Province-Stage VII for Outpatient, Accident and Emergency Building and Building with Operation Theatre, CSSD and Diagnostic Services | 2,750,000.00 | 2,121,751.27 | NCB | Q3 / 2023 | 18-AUG-23 | |

**Consulting Services**

| Package Number | General Description | Estimated Value | Awarded Contract Value | Recruitment Method | Advertisement Date (quarter/year) | Date of ADB Approval of Contract Award | Comments |
|---|---|---|---|---|---|---|---|
| CSF-01 | M&E Consultant | 1,600,000.00 | 1,600,000.00 | QCBS | Q2 / 2019 | 12-Dec-19 | |
| CSF-02 | Strengthening Medical Supplies Procurement and Supply Chain Management | 2,070,000.00 | 1,866,877.10 | QCBS | Q1 / 2019 | 07-Oct-19 | Completed Dec 2021 |
| CSF-03 | eNHIS National Rollout, equipment, training and support | 4,850,000.00 | 4,848,097.10 | QCBS | Q2 / 2019 | 27-Feb-20 | |
| CSI-01 | Project Manager | 2,400,000.00 | 2,170,118.30 | SSS | Q3 / 2018 | 28-Sep-18 | |
| CSI-02 | Deputy Project Manager - Procurement, Finance & Infrastructure Development Specialist | 2,375,000.00 | 2,372,022.10 | SSS | Q3 / 2018 | 28-Sep-18 | |
| CSI-03 | Social Safeguards, Health Promotion & Gender Specialist | 692,257.00 | 691,378.31 | ICS | Q1 / 2019 | 04-Jan-19 | Resigned on 11th Sep 2021 |
| CSI-04 | Architect | 1,750,000.00 | 1,530,427.15 | ICS | Q1 / 2019 | 16-Jan-19 | |
| CSI-05 | Health Planner & Partnership Specialist | 750,000.00 | 712,675.35 | ICS | Q1 / 2019 | 17-Jan-19 | |
| CSI-06 | Clinical Governance and Standards Specialist | 1,089,422.00 | 1,079,668.24 | ICS | Q1 / 2019 | 16-Jan-19 | Resigned on 12th May 2021 |
| CSI-07 | Supply Chain Specialist | 750,000.00 | 723,688.83 | ICS | Q1 / 2019 | 18-Jun-19 | Completed Sep 2022 |
| CSI-08 | Public Financial Management Specialist | 620,000.00 | 615,498.00 | ICS | Q2 / 2019 | 12-Dec-19 | Completed Aug 2023 |
| CSI-09 | Health Systems & Information Specialist | 450,000.00 | 393,476.40 | ICS | Q2 / 2019 | 24-Jul-19 | |

| Package Number | General Description | Estimated Value | Awarded Contract Value | Recruitment Method | Advertisement Date (quarter/year) | Date of ADB Approval of Contract Award | Comments |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| CSI-10 | Environmental Specialist | 200,000.00 | 188,178.00 | ICS | Q2 / 2019 | 14-May-19 | |
| CSI-11 | Health Economist | 525,000.00 | 500,000.00 | ICS | Q1 / 2019 | 09-Oct-20 | |
| CSI–12 | Senior Accountant PMU | 350,000.00 | 181,200.00 | ICS | Q4 / 2021 | 1-Apr-22 | |
| CSI–13 | Accountant PMU | 330,000.00 | 182,491.00 | ICS | Q4 / 2021 | 3-Jan-22 | |
| CSI–14 | Social Development / Communications Officer PMU | 300,000.00 | 210,125.00 | ICS | Q4 / 2021 | 3-Jan-22 | |
| CSI-15 | Construction Supervisor | 300,000.00 | 142,443.42 | ICS | Q2 / 2019 | 25-JUL-19 | |
| CSI-16 | Construction Supervisor | 300,000.00 | 142,414.64 | ICS | Q2 / 2019 | 25-JUL-19 | Resigned on 31st May 2022 |
| CSI-16a | Construction Supervisor | 100,000.00 | 69,303.67 | ICS | Q2 / 2022 | 24-JUN-22 | |
| CSI–17 | Office Coordinator / Administrative Assistant PMU | 300,000.00 | 114,775.00 | SSS | Q4 / 2021 | 3-Jan-22 | Resigned on Jul 2023 |
| CSI–18 | Administrative Assistant PMU | 300,000.00 | 114,775.00 | SSS | Q4 / 2021 | 3-Jan-22 | Resigned on Jun 2023 |
| CSI–19 | Administrative Assistant PMU | 300,000.00 | 114,775.00 | SSS | Q4 / 2021 | 3-Jan-22 | |
| CSI-21 | ISDP (OD/HR Expert) | 1,576,000.00 | 1,575,923.00 | ICS | Q2 / 2019 | 09-SEP-19 | |
| CSI-22a | Clinical Educator | 275,000.00 | 266,653.00 | ICS | Q4 / 2021 | 29-Dec-21 | |
| CSI-22b | Clinical Educator | 275,000.00 | 266,653.00 | ICS | Q4 / 2021 | 29-Dec-21 | |
| CSI-23 | Architectural Draftsperson | 150,000.00 | 143,855.76 | ICS | Q2 / 2019 | 03-Jun-19 | Resigned on 31st May 2021 |
| CSI-24 | Clinical Specialist - Sexual Health | 50,000.00 | 1,276.56 | ICS | Q3 / 2019 | 02-Oct-19 | Completed Jan 2021 |

| Package Number | General Description | Estimated Value | Awarded Contract Value | Recruitment Method | Advertisement Date (quarter/year) | Date of ADB Approval of Contract Award | Comments |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| CSI-26 | Obstetrician/Gynecologist | 30,000.00 | 30,546.00 | ICS | Q3 / 2019 | 02-Oct-19 | Completed Jan 2021 |
| CSI-27 | Curriculum Development Specialist | 30,000.00 | 28,827.00 | ICS | Q3 / 2019 | 02-Oct-19 | Completed Jun 2020 |
| CSI-28 | Clinical and Public Health Specialist | 50,000.00 | 45,293.60 | ICS | Q3 / 2019 | 02-Oct-19 | Completed Dec 2019 |
| CSI-29 | Deputy Project Manager - Program Coordinator | 475,000.00 | 352,573 | ICS | Q4 / 2021 | 29-Dec-21 | Deceased on 23rd May 2022 |
| CSI-31 | NDoH - Organization Review | 35,000.00 | 32,000.00 | ICS | Q2 / 2020 | 26-May-20 | Completed Jul 2020 |
| CSI-32 | NDoH - Organization Review | 30,000.00 | 30,000.00 | ICS | Q3 / 2020 | 15-Sep-20 | Completed Oct 2022 |
| CSI-36 | Clinical Expert – Reproductive Health - Obstetrician / Gynecologist | 65,000.00 | 62,480.00 | SSS | Q1 / 2022 | 24-Feb-22 | Completed Jul 2022 |
| CSI-38 | Clinical Services Planning Specialist | 66,000.00 | 65,942.00 | ICS | Q2 / 2022 | 07-Jul-22 | |
| CSI-39 | Clinical Governance and Health Standards Specialist | 275,000.00 | 274,702.40 | ICS | Q1 / 2023 | 21-Apr-23 | |

## D. National Competitive Bidding

### 1. General

National competitive bidding (NCB) shall conform to the provisions set in the Public Financial Management Act (PFMA) as issued in 1995 and amended in 2003, and the specific procedures prescribed in the Financial Instructions (FIs) issued in 2005 including the provisions of Section 7 of National Procurement Act, with the clarifications and modifications described in the following paragraphs required for compliance with the provisions of ADB Procurement Guidelines.

### 2. Participation in Bidding

(i) Government-owned enterprises in Papua New Guinea shall be eligible to bid only if they can establish that they are legally and financially autonomous, operate under commercial law, and are not a dependent agency of the Borrower/Executing Agency/Implementing Agency.
(ii) Foreign bidders shall be eligible to participate in bidding under the same conditions as national bidders.
(iii) Bidding shall not be restricted to preregistered firms and such registration shall not be stated in the bidding documents as a condition for the submission of bids. Where registration is required prior to award of contract, bidders: (i) shall be allowed a reasonable time to complete the registration process; and (ii) shall not be denied registration for reasons unrelated to their capability and resources to successfully perform the contract, which shall be verified through post-qualification.

### 3. Classification of Contractors; Qualification; Post-qualification

(i) Post qualification shall be used unless prequalification is explicitly provided for in the loan agreement/procurement plan.
(ii) Bidding shall not be restricted to any particular class of contractors, and non-classified contractors shall also be eligible to bid. Qualification criteria (in case prequalification was not carried out) shall be stated in the bidding documents, and before contract award, the bidder having submitted the lowest evaluated responsive bid shall be subject to post-qualification.

### 4. Conflict of Interest

Bidders may be considered to be in conflict of interest with one or more parties in this bidding process if, including but not limited to:
(i) they have controlling shareholders in common, or
(ii) they receive or have received any direct or indirect subsidy from any of them; or
(iii) they have the same legal representative for purposes of this bid; or
(iv) they have a relationship with each other, directly or through common third parties, that puts them in a position to have access to information about or influence on the Bid or another Bidder, or influence the decisions of the Employer regarding this bidding process; or
(v) a Bidder participates in more than one bid in this bidding process. Participation by a Bidder in more than one Bid will result in the disqualification of all Bids in which the party is involved. However, this does not limit the

inclusion of the same subcontractor in more than one bid; or

(vi) a Bidder or any of its affiliates participated as a consultant in the preparation of the design or technical specifications of the contract is the subject of the Bid; or

(vii) a Bidder or any of its affiliates has been hired (or is proposed to be hired) by the Employer or Borrower as Engineer for the contract.

**5. Preferences**

No preference shall be given for domestic bidders and for domestically manufactured goods.

**6. Advertising, time for bid preparation**

(i) Invitations to bid shall be advertised in at least one newspaper of national circulation or freely accessible and well-known website, allowing a minimum of 4 weeks for the preparation and submission of bids, such 4 weeks period to begin with the availability of the bid documents or the advertisement, whichever is later.

(ii) Bidding of NCB contracts estimated at $500,000 or more for goods and related services, or $1,000,000 or more for civil works, shall be advertised on ADB's website via the posting of the Procurement Plan.

**7. Standard Bidding Documents**

Until national standard bidding documents approved by ADB are available, bidding documents acceptable to ADB should be used.

**8. Bid Security**

If required by the bidding documents, bid security shall be in the form of a bank guarantee from a reputable bank. A bidder's bid security shall apply only to a specific bid.

**9. Bid Opening and Bid Evaluation**

(i) Bidders may deliver bids, at their option, either in person or by courier service or by mail.

(ii) Bidders shall not be allowed to amend their tenders after the closing date and time for submission of bids.

(iii) Bids shall be opened in public, immediately after the deadline for submission of bids. No bid shall be rejected during bid opening. The name of the bidder, the total amount of each bid, and any discounts shall be read aloud and recorded in the minutes of the public bid opening.

(iv) Evaluation of bids shall be made in strict adherence to the Qualifications and Evaluation Criteria stipulated in the bidding documents

(v) No bidder shall be rejected merely on the basis of a comparison with the employer's estimate and budget ceiling without ADB's prior concurrence.

(vi) The Contract shall be awarded to the technically responsive bidder that offers the lowest evaluated price, and meets the qualifying criteria. In determining the lowest evaluated price, the following are to be considered: (i) bid price, as offered, (ii) arithmetical corrections on the bid price, if any, and (iii)

monetary value of the evaluation criteria that are stated in the bidding document.

**10. Rejection of Bids**

Bids shall not be rejected and new bids solicited without ADB's prior concurrence.

**11. Extension of the Validity of Bids**

In exceptional circumstances and with prior ADB approval, the procuring entity may, before the expiration of bid validity, request all bidders in writing to extend the validity of their bids. In such a case, bidders shall not be requested nor permitted to amend the price or any other condition of their bid. Bidders shall have the right to refuse to grant such an extension without forfeiting their bid security, but bidders granting such an extension shall be required to provide a corresponding extension of their bid security.

**12. Disclosure on Contract Awards**

At the same time that notification on award of contract is given, the Borrower /Executing Agency/Implementing Agency shall publish the following information on contract award on a free and open access website or other means of publication acceptable to ADB: (i) name of each bidder who submitted a bid; (ii) bid prices as read out at bid opening; (iii) name and evaluated price of each bid that was evaluated; (iv) names of bidders whose bids were rejected and the reasons for the rejection; and (v) name of the winning bidder, price it offered as well as the duration and summary scope of the contract awarded. The Executing/Implementing Agency shall respond in writing to unsuccessful bidders who seek explanations on the grounds on which their bids are not selected.

**13. No Negotiations**

There shall be no negotiations, even with the lowest evaluated bidder, without ADB's prior concurrence. A bidder shall not be required, as a condition of award, to undertake obligations not specified in the bidding documents, or otherwise, to modify the bid as originally submitted.

**14. Inspection and Auditing**

Each contract financed from the proceeds of a Loan/Grant shall provide that the contractor/supplier shall permit ADB, at its request, to inspect their accounts and records relating to the performance of the contract and to have said accounts and records audited by auditors appointed by ADB.

**15. Member Country Restriction**

Bidders must be nationals of member countries of ADB, and offered goods must be produced in and supplied from member countries of ADB.

## FINANCIAL MANAGEMENT RISK AND RISK MITIGATION TABLE

**Summary Risk Description and Mitigating Actions**

| Financial Management Risk | Mitigating Action | Responsibility | Timeframe |
|---|---|---|---|
| Key Person Risk - Potential that project manager and/or the procurement and finance specialist leave the Program, and there is shortfall of capabilities within the PMU. | Succession plan established within the finance function ensuring adequate training is in place if the HSSDP project manager or finance specialist were to leave the program. | DOH | Throughout |
| Counterpart financing - Delays or shortfalls can have significant impact on the completion of projects and available cash flows to the program. | Detailed cash flow projections prepared on a monthly basis documenting warrants issued by government, and counterpart fund expenditure planned. Commitment from government of the amount, and timing of financing. | DOH | Updated monthly on commencement of HSSDP.<br><br>Government commits upon the signing of the loan and grant and reconfirm yearly with DOT on release of the budget. |
| Foreign currency restrictions – lack of available currency can have a significant impact on the outcome of projects where foreign denominates inputs are required. | Utilize the established cash flows to ensure that wherever possible foreign currency denominated payments are made via direct withdrawal application transfers. | DOH | In line with the cash flow projections above. |
| IFMS rollout – The decision to use the government run system could have an impact on the consistency of reporting. | If determined by DOT as a requirement a detailed integration plan including relevant chart of accounts. | DOH | 1 month upon advice from treasury that IFMS is to be used. |

Source: Consultant's Assessment

The Project Steering committee which includes representative from Department of Treasury, Department of Health, Department of Planning and Department of Finance together with the ADB will be responsible for monitoring the above actions against the relevant time frames.

## CONCLUSION

The Financial Management and Internal Control Risk Assessment for the proposed Sector Development Program identified several financial management risks in staffing, information systems, and funds flow. The overall inherent risk was assessed to be substantial, and project risks were also assessed to be substantial. The overall combined risk was also assessed to be substantial. Although several financial management risks were identified, the proposed mitigating measures are sufficient for the satisfactory implementation of the Investment Program.

## REVISED DESIGN AND MONITORING FRAMEWORK

The revised design and monitoring framework strikes out content for deletion and underlines content to be added.

| **Impact the Program is Aligned with**<br>~~Affordable, accessible, equitable, and high-quality health services for all citizens developed (National Health Plan 2011–2020)~~[a]<br>Access to quality and affordable health services increased (National Health Plan, 2021–2030)[a] | | | |
|---|---|---|---|
| **Results Chain** | **Performance Indicators with Targets and Baselines** | **Data Sources and Reporting Mechanisms** | **Risks and Critical Assumptions** |
| **Outcome**<br>A more sustainable and efficient health care system achieved | **By the end of 2028**<br>a. Average annual provincial health expenditure as a proportion of estimated need increased to at least 80.0% for ~~2023–2024~~ 2027–2028 (2013–2014 baseline: average of 53.5%) (OP.1.1.2)<br><br>b. Proportion (%) of children under 1 year of age who have received three doses of DPT3-Hib-HepB vaccine increased to at least 80% in ~~2023–2024~~ 2027–2028 (2015–2016 baseline: average of 49%) (OP1.1.2)<br><br>c. Proportion (%) of births attended by skilled personnel at health facilities increased to at least 50% in ~~2023–2024~~ 2027–2028 (2015–2016 baseline: 38%) (OP1.1.2)<br><br>d. Average annual percentage of months that facilities do not have a shortage of any of eight essential supplies for more than 1 week in any month increased to at least 85% for ~~2022–2024~~ 2027–2028 (2015–2016 baseline: average of 69%)[b.] (OP1.1.2)<br><br>e. Whole-genome sequencing, disaggregated by sex and including bioinformatics, established for the surveillance of national and regional emerging infections and public health threats by 2028 (2022 baseline: not applicable)[c.] (OP1.1.2; OP7.3.3) | a–e. Annual DOH SPAR reports | R: Internal or external shocks undermine fiscal consolidation, the safeguarding of health spending, and policy reform efforts.<br><br>R: Changes in government priorities shift resources away from identified reform areas.<br><br>R: Outcomes of the Bougainville Peace Agreement process delay project implementation. |
| **Outputs**<br>1. National frameworks and PFM enhanced | **By September 2027**<br>**Program targets**<br>Programmatic approach<br>1a. Acts and supporting regulations on PFM, procurement, and health brought up to date (2016 baseline: | 1a. Acts published in the Papua New Guinea National Gazette | R: Financing for health facility |

| Results Chain | Performance Indicators with Targets and Baselines | Data Sources and Reporting Mechanisms | Risks and Critical Assumptions |
|---|---|---|---|
| | Public Finances [Management] Act, 1995 with amendments; Provincial Health Authority Act, 2007; Public Hospitals Act, 1994; National Health Administrations Act, 1997) | | operations may be insufficient. |
| | Subprogram 1<br>1b. A medium-term fiscal strategy for 2018–2022 approved by the Cabinet and published (2016 baseline: not approved) | 1b. Medium-term fiscal strategy | |
| | **Project targets**<br>1c. A costed, prioritized, and gender-responsive National Health Plan, 2021–2030 approved by the DOH (2017 baseline: not approved)[d] (OP1.1.2; OP2.2.2) | 1c. National health plan | |
| | 1d. A national reference laboratory strategic plan for 2026–2030, incorporating women's health screening and testing and regional cooperation, developed and approved by the DOH (2022 baseline: not started)[e] (OP1.1.2; OP2.2.2) | 1d. National laboratory strategic plan | |
| 2. Subnational health system management strengthened | **Program targets**<br>Programmatic approach<br>2a. PHAs established in 22 provinces by 2023 (2017 baseline: 11 PHAs) | 2a. PHA establishment agreements | |
| | Subprogram 1<br>2b. 2018 national budget allocates health function grants under PHA votes (2017 baseline: not approved) | 2b. 2018 national budget | |
| | 2c. PHA boards include at least one woman from women's organizations or an organization with proven track record on gender work (baseline: 11 PHAs; 20 when all PHAs implemented after June 2018) | 2c. PHA establishment agreements | |
| | **Project target**<br>2d. At least 10 staff annually (5 males; 5 females) per province with increased knowledge in budget preparation and monitoring (2017 baseline: not applicable) (OP1.1.2) | 2d. Annual project reports | |
| | 2e. By ~~2022~~ 2025, at least 200 health workers with increased knowledge in reproductive health care (OP1.1.2; OP2.2.2) | 2e. Annual project reports | |

| Results Chain | Performance Indicators with Targets and Baselines | Data Sources and Reporting Mechanisms | Risks and Critical Assumptions |
|---|---|---|---|
| | 2f. By 2026, at least 45 provincial laboratory personnel (at least 50% female) trained in implementing the 2021 national health service standards (2022 baseline: 0)[f] (OP1.1.2; OP7.3.3) | 2f. Annual project reports | |
| 3. Health service delivery components strengthened | **Program targets**<br>Programmatic approach<br>3a. The percentage of project facilities requisitioning monthly from the area medical stores increased to at least 85% for 2022–~~2024~~2026 (2015–2016 baseline: 0%) | 3a. DOH electronic health information system | |
| | Subprogram 1<br>3b. Revised medical catalog published (2017 baseline: not published) | 3b. Medical catalog | |
| | 3c. 100% of health partnerships and MOUs in effect as of November 2017, compiled at the national and subnational levels, by province and partner category, including which partnerships have a gender equity focus (2017 baseline: 80% of national partnerships include gender equity considerations) | 3c. DOH SPAR reports, project reports | |
| | **Project targets**<br>3d. eNHIS implemented and sex-disaggregated data entered in all 89 districts (2017 baseline: eNHIS implemented data entered in 18 districts in 5 provinces) (OP1.1.2) | 3d. Annual project reports | |
| | 3e. At least ~~two~~ three level 4, seven level 3, and eight level 2 gender-sensitive health facility infrastructure upgrades completed and commissioned (2017 baseline: not applicable)[g](OP1.1.2; OP3.2.5) | 3e. Annual project reports | |
| | 3f. 100% of clinical health workers (both men and women) in project-upgraded facilities gained increased knowledge in essential obstetric care (2017 baseline: not applicable) (OP1.1.2; OP2.2.2) | 3f. Annual project reports | |
| | 3g. One national reference laboratory built with a gender-responsive design | 3g. Annual project reports | |

| Results Chain | Performance Indicators with Targets and Baselines | Data Sources and Reporting Mechanisms | Risks and Critical Assumptions |
|---|---|---|---|
| | and climate considerations and commissioned by 2027 (2022 baseline: 0)[h]<br>(OP1.1.2; OP2.2.2; OP3.2.5; OP7.3.3) | | |

**Key Activities and Milestones**

Program

Not applicable

**Project Management Activities**

**1. National frameworks and PFM enhanced (Q2 2018–Q4 ~~2022~~2024)**

1.1 Develop standard operating costs for health facility levels 2–4 based on national health service standards (Q2 2018–Q2 2019)[d] (completed)

1.2 Support health institutional and legislative framework review and drafting processes (Q2 2018–Q4 2019) (completed)

1.3 Review progress against the objectives and strategies of the National Health Plan, 2011–2020; and support consultative development of a successor sector plan (Q1 2020–Q4 2020) (completed)

1.4 Develop and finalize a national reference laboratory strategic plan, ensuring gender considerations (Q4 2023–Q2 2024) (additional financing)

**2. Subnational health system management strengthened (Q2 2018–Q4 ~~2022~~2026)**

2.1 Develop a model PHA manual, training approach, and course materials (Q2 2018–Q1 2019) (completed)

2.2 Build capacity for PHA and facility staff in an integrated suite of training programs, including in governance and management; planning and financial management, including gender-responsive budgeting; and monitoring and reporting (Q4 2018–Q4 ~~2022~~2025)

2.3 Develop a PHA monitoring and support framework for the DOH (Q3 2018–Q4 2019) (completed)

2.4 Build DOH staff capacity in governance and management and in PHA monitoring and support (Q3 2018–Q4 ~~2022~~2025)

2.5 Create provincial health information profiles (Q4 2019) (completed)

2.6 Facilitate PHA chief executive officers' annual meetings and national forums, bringing together PHAs and relevant central government departments in 2020 (Q1 2019–Q4 ~~2022~~2026)

2.7 Assess and strengthen PHA financial management information systems (Q3 2018–Q4 ~~2020~~2022)

2.8 Establish a training center for reproductive health and training ~~by 2021~~ (Q4 2019–Q4 ~~2020~~2025)

2.9 Develop a national health service standard training program for provincial health staff (Q4 2023–Q2 2024) (additional financing)

2.10 Roll out the training program for provincial laboratory staff (Q1 2024–Q3 2025) (additional financing)

**3. Health service delivery components strengthened (Q2 2018–Q4 ~~2024~~2026)**

3.1 Strengthen medical supplies procurement arrangements and capacity (Q3 2018–Q4 2020) (completed)

3.2 Design and support implementation of provincial distribution solutions for drugs and other medical supplies (Q4 2018–Q4 2023) (completed)

3.3 Support partnership engagement between provinces and districts, and with nongovernment health sector partners (Q1 2019–Q4 2022) (completed)

3.4 Contract vendor and implement national eNHIS rollout, including training on effective use (Q4 2018–Q2 ~~2021~~2024)

3.5 Prepare facility master plans for target provinces (Q3 2018–Q4 2019) (completed)

3.6 Award contracts for infrastructure upgrades and supervise construction (Q1 2019–Q4 ~~2023~~2026)

3.7 Implement health awareness-raising strategy at civil works sites (Q4 2019–Q2 ~~2024~~2026)

3.8 Train maternal health care workers in project facilities on essential obstetric care (Q4 2019–Q4 ~~2023~~2025)

3.9 Support model referral guideline development and tailoring of guidelines to project provinces (Q2 2019–Q4 2023) (completed)

| 3.10 Award contracts for the district hospital and national reference laboratory, and supervise construction (Q4 2023–Q4 2026) (additional financing) |
|---|
| **Inputs**<br>Asian Development Bank<br>Program loans<br>Subprogram 1: $100 million (regular loan)<br>Subprogram 2: $100 million (regular loan)<br>Subprogram 3: $150 million (regular and concessional loans)<br>Project loans and grant<br>$45.1 million (regular loan)<br>$~~49.9~~ 84.9 million (concessional loan, $35.0 million additional)<br>$7.0 million (Asian Development Fund grant, additional)<br><br>Government of Australia (grant): $~~38.0~~ 59.6 million ($21.6 million additional)<br>Government of Papua New Guinea: $9.5 million |

DOH = Department of Health, DPT3 = diphtheria-pertussis-tetanus, eNHIS = electronic national health information system, HepB = hepatitis B, Hib = Haemophilus influenza type B, MOU = memorandum of understanding, PFM = public financial management, PHA = provincial health authority, Q = quarter, R = risk, SPAR = sector performance annual review.

[a] Government of Papua New Guinea. 2021. *National Health Plan, 2021–2030.* Port Moresby.

[b] The eight essential medical supplies are Depo-Provera injections (family planning), ergometrine (maternal health), measles vaccines, oral rehydration solutions (diarrheal disease), oxygen, amoxicillin tablets, artemisia combination, and baby books.

[c] All patient data is disaggregated by age and sex.

[d] The National Health Plan's gender-responsive elements include (i) a gender equity and social inclusion policy; and (ii) incentive schemes to improve access to antenatal care, supervised delivery, postnatal care, and family planning.

[e] This includes testing and screening for breast and cervical cancer, glucose, and blood pressure at maternal health clinics to improve maternal health outcomes.

[f] Women make up about 50% of laboratory staff.

[g] The additional financing will finance one district hospital (level 4). Health facility service levels refer to community health posts (level 2), health centers (level 3), and district hospitals (level 4). Gender-sensitive elements include family-friendly delivery suites and confidential consultation rooms.

[h] Gender design elements include family-friendly and safe amenities, separate facilities for female staff on call, and a women's health clinic.

Source: Asian Development Bank.