Report Number : ICRR0020613

1. Project Data

Project ID	Project Name
P102284	KH-Second Health Sector Support Program

Country	Practice Area(Lead)	Additional Financing
Cambodia	Health, Nutrition & Population	P145507,P146271,P150472,P54911

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
IDA-44700,TF-93574	30-Jun-2014	231,570,050.00

Bank Approval Date	Closing Date (Actual)
19-Jun-2008	30-Jun-2016

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	30,000,000.00	124,370,725.00
Revised Commitment	30,000,000.00	124,370,725.00
Actual	28,168,118.63	124,370,724.80

Prepared by	Reviewed by	ICR Review Coordinator	Group
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Project ID	Project Name
P154911	Third Additional Financing for HSSP2 (P154911)

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)

12,140,000.00

Bank Approval Date
30-Oct-2015

Closing Date (Actual)

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	0.00
Revised Commitment	0.00	0.00
Actual	0.00	0.00

Project ID
P150472

Project Name
P150472 Second Health Sector Support-AF2 (P150472)

L/C/TF Number(s)

Closing Date (Original)

Total Project Cost (USD)
12,695,325.00

Bank Approval Date
11-Sep-2014

Closing Date (Actual)

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	0.00
Revised Commitment	0.00	0.00
Actual	0.00	0.00

Project ID
P146271

Project Name
Second Health Sector Support Project-AF (P146271)

L/C/TF Number(s)	Closing Date (Original)	Total Project Cost (USD)
		13,449,700.00
Bank Approval Date	**Closing Date (Actual)**	
15-Oct-2013		

	IBRD/IDA (USD)	Grants (USD)
Original Commitment	0.00	0.00
Revised Commitment	0.00	0.00
Actual	0.00	0.00

2. Project Objectives and Components

a. Objectives

The objectives of the Project were "to support the implementation of Second Health Strategic Plan in order to improve health outcomes through strengthening institutional capacity and mechanisms by which the Recipient and Program Partners can achieve more effective and efficient sector performance" (Financing Agreement, p. 5). The Project Appraisal Document objectives are identical.

b. Were the project objectives/key associated outcome targets revised during implementation?

No

c. Will a split evaluation be undertaken?

No

d. Components

Component 1: Strengthening Health Service Delivery (Appraisal US$54.99 million; Actual US$84.83 million).

1. Provision of Service Delivery Grants and contracting for health services at the provincial level and below;
2. Strengthening health services management supervision and public health functions at provincial and district levels; and

3. Investments for the improvement, replacement, and extension of the health service delivery network.

Component 2: Improving Health Financing (Appraisal US$13.93 million; Actual US$40.70 million).

1. Health protection for the poor through the consolidation of health equity funds under common management and oversight arrangements, and expansion of health equity fund coverage; and
2. Supporting the development of health financing policies and institutional reforms.

Component 3: Strengthening Human Resources (Appraisal US$12.47 million; Actual US$2.41 million).

1. Strengthening pre- and in-service training and supporting enrollment where shortfalls existed;
2. Strengthening human resource management in the Ministry of Health; and
3. Supporting the Merit-Based Performance Incentive scheme for health managers and key technical staff participating in the implementation of the Second Health Strategic Plan at central and provincial levels.

Component 4: Strengthening Health System Stewardship Functions (Appraisal US$28.59 million; Actual US$24.88 million).

1. Development of policy packages and strengthening institutional capacity, mainly to meet decentralization demands;
2. Private sector regulation and partnerships; and
3. Governance and stewardship functions of national programs and centers overseeing the Second Health Strategic Plan.

Note on geographic coverage, resource allocations, and support to the poor. The project covered the whole country, i.e., 90 operational districts in 25 provinces. An operational district is a managerial sub-unit within the health system (TTL clarifications, 2/6/2017). Project resource allocations and investments were based on a Health Coverage Plan, which identified gaps and considered population criteria and geographical access (PAD, p. 5). Local government authorities identified the poor through interviews that assessed household assets and vulnerabilities, and provided them with cards that granted them access to subsidized services at public health facilities. The project included resources for Health Equity Funds, which provided cash subsidies that paid for out-of-pocket expenses (transportation cost and food allowance) incurred by poor residents, to enable them to better access health services. The Health Equity Funds reimbursed public health facilities for the cost of exempting the poor from user fees.

e. Comments on Project Cost, Financing, Borrower Contribution, and Dates

The IDA credit was pooled into a Multi-donor Trust Account with other development partners under common management and reporting arrangements. At appraisal, the indicative resource envelope was US$110 million over five years, including US$30 million in IDA financing, US$50 million from the UK

Department for International Development (DfID), and US$30 million from the Australian Agency for International Development (AusAID).

Additional grant financing of US$5.64 million was provided by DfID on 10/1/2013, raising its commitment from US$50 million to US$55.64 million. Similarly, AusAID provided a total additional financing of US$27.72 spread over 2013-2015, raising its commitment from US$30 million to US$57.72 million. Additional financing of US$4.50 million was provided on 6/04/2014 by Korea-KOICA; and US$6.50 million was provided on 10/30/2015 by Germany-KfW. The total actual donor financing aggregated at US$152.54 million, including an actual IDA commitment of US$28.17 million. The closing date was extended from 6/30/2014 to 12/31/2015 to allow completion of civil works and delivery of medical equipment. On 10/30/2015, the closing date was extended from 12/31/2015 to 6/30/2016 to accommodate additional donor financing.

The ICR does not provide information on the Borrower's contribution in its financing table. The TTL explained the difficulties in identifying the full total counterpart funding provided through different routes, but stated that the amount of counterpart funding officially channeled through the pooled account was US$60 million (TTL clarifications, 2/6/2017).

3. Relevance of Objectives & Design

a. Relevance of Objectives

At appraisal, the government identified improving health outcomes as a priority for the country, as reflected by its health indicators, such as high maternal and infant mortality. The objectives were consistent with the Country Assistance Strategy 2005-2008, which called for increased investments in sectors critical to attaining the Millennium Development Goals. They were aligned with the Bank's Healthy Development Strategy for strengthening health systems and focusing on results. They were also aligned with the country's Second Health Strategic Development Plan (2008-2015). At project closing, the objectives remained relevant and consistent with the Third Health Strategic Plan 2016-2020, whose goal is "improved health outcomes of the population, with increased financial risk protection in access to quality health services." The project objectives are consistent with the country's broader development agenda under the National Strategic Development Plan (2014-2018) which, according to the ICR, provided the foundation for investing in health (ICR, p. 14). Also, The TTL explained the relevance of objectives to the Country Engagement Note FY 2016-17 for inclusive growth and shared prosperity, and that the Note identifies health, in particular access to the poor and Health Equity Funds, as a key developmental priority (TTL clarifications, 2/6/2017).

Rating
High

b. Relevance of Design

The design adopted a sector-wide management approach, which was a flexible sector-wide approach with a common strategic framework, but where pooled funding was not a pre-requisite for the participation of development partners. The design focused on strengthening health service delivery and financial protection for the poor to promote their access to services.

The design was consistent with the stated objectives and laid out a results chain where it was plausible that activities, outputs and intermediate outcomes would contribute to improved health outcomes. The results chain is understood as follows: strengthening health service delivery, promoting financial protection for the poor, and strengthening health system stewardship functions would enhance health sector performance and lead to improved health outcomes for Cambodians.

Rating
Substantial

4. Achievement of Objectives (Efficacy)

Objective 1
Objective
Improve health outcomes

Rationale
Outputs

- Construction of 121 health centers, 79 delivery rooms in health centers, 15 maternity wards in hospitals, 12 non-communicable disease clinics, five health posts, one new referral hospital, one pharmacy store, two regional medical training centers, and a National Laboratory for Drug Quality and Control, and strengthening of drug stock management.
- Provision of drugs, commodities for contraception, micro-nutrient supplementation, Vitamin A, and de-worming of school children, medical instruments and equipment, vehicles, office equipment and furniture.
- Service Delivery Grants to Operational Districts and referral hospitals.
- Technical support to Provincial Health Department and Operational Districts.
- Support to incremental operating costs for management, public health, integrated supervision, and capacity strengthening activities based on Annual Operational Plans in the provinces.
- Financing Health Equity Funds-Grants, support to operating and management costs, costs associated

with the identification of the poor, outreach activities and community participation for eligible NGOs operating the grants.

- Technical support for health costing, health financing information, supervision, and integration of M&E functions.
- Support to training institutions, pre-service and in-service training, construction of two new regional training centers, and licensing of professionals. Over the course of the project, training and re-training involved 166,042 health personnel.
- Support to the National Center for Health Promotion in behavior change communications.

Outcomes

Health outcomes that were presented by the ICR showed improved trends between 2008 and 2014, as reported by the Cambodia Demographic and Health Surveys (CDHS). The infant mortality rate declined from a baseline of 66 per 1,000 live births in 2005-2008 to 28 per 1,000 in 2014, exceeding the target of 50 per 1,000 live births. The under-five mortality rate declined from a baseline of 83 per 1,000 live births in 2005-2008 to 35 per 1,000 in 2014, exceeding the target of 65 per 1,000 live births. The maternal mortality ratio decreased from a baseline of 472 maternal deaths per 100,000 live births in 2005-2008 to 170 in 2014, moderately short of the target of 140 per 100,000 live births. Childhood stunting decreased from a baseline of 43% in 2005-2008 to 32% in 2014, short of the target of 22%. The level of improvements in health outcomes varied across provinces. The ICR (p.19) showed comparative data between Cambodia and the East Asia and Pacific Region over the period 2008-2014, indicating that the country moved closer to average regional outcomes. For example, in 2008, the gap was high between Cambodia's infant mortality of 66 per 1,000 and the regional infant mortality of 25.3 per 1,000; and, in 2014, the gap narrowed between the Cambodia rate of 28 per 1,000 (CDHS) and the regional rate of 21.2 per 1,000 (WHO).

While the ICR recognizes that improvements in health are influenced by broader socio-economic determinants beyond the project, such as economic growth and higher incomes (ICR, p. 17), the report notes the important contribution of the project to improve health outcomes: it states that the increased investments in physical infrastructure, improvements in the quality of health services, and the increase in essential health service utilization by the Cambodian population, including the poorest, are important plausible contributing factors behind these trends (ICR, p. 18). The percentage of deliveries attended by trained personnel increased from a baseline of 58% in 2008 to 85.2% in 2016, close to the target of 87%, and the percentage of children under one year immunized with DPTHepB3 (Diphtheria, Pertussis, Tetanus, and Hepatitis B) increased from a baseline of 84% in 2008 to 94.8% in 2016, close to the target of 98 percent. By May, 2016, 100% of health centers were implementing Integrated Management of Childhood Illness services, surpassing a target of 90 percent. The infrastructure for health service delivery was strengthened by the construction or upgrading of 699 facilities, including emergency obstetric and neonatal care facilities, exceeding the original target of 300 facilities. The distribution of secondary midwives improved during the project period, and all health centers had at least one secondary midwife at the end of the project, exceeding the target of 85%. The project scaled up Health Equity Funds, which assisted the poor by increasing their access to health services, and the percentage of the poor population having access to these funds increased from 57% in 2008 to 100% in 2016. The project supported the contracting of selected facilities, designated as Special Operating Agencies, for implementing Service Delivery Grants in

exchange for stronger accountability at the provincial and district levels, and by the end of the project, this arrangement was scaled up nationwide. There were some shortcomings related to strengthening human resources management. The ICR notes the mixed quality of training and weaknesses in training relevance. Also, there was modest progress made in professional registration, licensing, and private sector regulation.

Rating
Substantial

5. Efficiency

The PAD's analysis was not specific and provided generic arguments supporting this kind of investment. The PAD stated that project interventions reflected best practice, and that, in general, the economic value of an additional healthy year of life was in the range of one to three times a person's annual income. It concluded that the project "can reasonably expect to generate significant health gains" (PAD, p. 19). It also concluded that "external financing is likely to be needed over the long term" (PAD, p. 20)

By contrast, the ICR provided a robust economic analysis, and estimated the Net Present Value of the project in light of the overall achievement in health outcomes. It quantified the gains in terms of valuation of incremental life expectancy. The analysis estimated the Net Present Value to lie between US$220 million (using a 7% discount factor) and US$930 million (using a 3% discount factor), showing benefit to cost ratios ranging from 2.5 to 6.2.

Some aspects of design also contributed to efficiency, such as the use of a pooled funding mechanism and a Sector Wide Management Approach, which leveraged the resources of development partners, decreased fragmentation, facilitated alignment with the Ministry of Health, and promoted joint monitoring.

However, there were some shortcomings in the efficiency of implementation. Outreach activities faced budget shortfalls, as they received less than the allocations indicated in the annual plans. There were delays in the transfer of Service Delivery Grants. While the project was extended in 2015 to accommodate additional donor financing, it was extended once to complete project activities, from 6/30/2014 to 12/31/2015 to allow the finalization of civil works and delivery of medical equipment.

Efficiency Rating
Substantial

a. If available, enter the Economic Rate of Return (ERR) and/or Financial Rate of Return (FRR) at appraisal and the re-estimated value at evaluation:

	Rate Available?	Point value (%)	*Coverage/Scope (%)
Appraisal		0	0 ☐Not Applicable
ICR Estimate		0	0 ☐Not Applicable

* Refers to percent of total project cost for which ERR/FRR was calculated.

6. Outcome

Relevance of objectives is rated High as improving health outcomes was and remains a country priority, and the objectives are consistent with past and future development plans. Relevance of design is rated Substantial as project design was consistent with the stated objectives and laid out a results chain linking funding, activities, outputs, and intermediate outcomes to improved health outcomes. Briefly, the results chain is understood as follows: strengthening health service delivery, increasing financial protection and access to health services by the poor, and strengthening stewardship functions of the health sector, would improve sector performance and lead to improved health. The objective to improve health outcomes was achieved and is rated Substantial. Efficiency is rated Substantial. Taken together, these ratings are indicative of minor shortcomings in the project preparation and implementation, and therefore an Outcome rating of Satisfactory.

a. Outcome Rating

Satisfactory

7. Rationale for Risk to Development Outcome Rating

Cambodia's economy is growing, and the country has recently graduated to lower-middle income status. The government continues to show strong commitment in pursuing health improvement efforts. The recently approved follow-on operation aims at improving the quality of care, consolidating gains for vulnerable groups, and protecting against impoverishment from health care costs. Technical strategies are sound. Improving health outcomes has broad stakeholder support. The risk that development outcomes will not be maintained is therefore rated modest, keeping in mind that financing and governance risks remain, including the regulation of public and private providers.

a. Risk to Development Outcome Rating

Modest

8. Assessment of Bank Performance

a. Quality-at-Entry

The strategic relevance of the operation was high, as it was responsive to sector priorities identified in the Second Health Strategic Plan, and provided continuity to the First Health Sector Support Project. Preparation built on analytic and sector work undertaken in 2006-2007, notably the Review of the Health Sector Strategy 2003-2007, Public Expenditure Tracking Survey Report, Contracting Review, Midwifery Review, Poverty Assessment, and Equity Review. The operation built on lessons learned, including the recommendations of the Sector Wide Management Review for improving alignment of resources with government priorities, strengthening primary health care services, strengthening joint planning and monitoring, and the need to integrate accountability functions within line departments. The project interventions were technically sound. The preparation and appraisal team ensured that the operation was consistent with the Bank's fiduciary role. Environmental aspects, poverty aspects, and risk assessment were well prepared. Mitigation measures were adequate, including a Good Governance Framework, technical support, monitoring, and physical verification. M&E arrangements were adequate, and the results framework was aligned with the Second Health Strategic Plan, although it was unnecessarily lengthy.

Quality-at-Entry Rating

Satisfactory

b. Quality of supervision

Under four task team leaders, supervision was regular, and the missions were conducted jointly with other development partners contributing to the pooled fund. The Bank fulfilled its convening role and managed the development partners pooled account. Reports of the joint reviews were structured around project components and development impact. The reports were of good quality. Supervision of fiduciary and safeguard policies was appropriate, and Implementation Status Report (ICR) reporting was adequate. The Bank teams were pro-active in addressing arising issues and in contributing to the mobilization of additional funding. The Bank team facilitated transition arrangements with the follow-up operation. Also, the ICR states that a performance assessment was undertaken in 2016 by development partners, who scored Bank performance at five points out of six for its focus on results, maximizing value for money, timely delivery, and good monitoring (ICR, p. 32).

Quality of Supervision Rating

Satisfactory

Overall Bank Performance Rating

Satisfactory

9. Assessment of Borrower Performance

a. Government Performance

The Government showed commitment to improving health outcomes as reflected in its health strategy plans and national development plans, and by pursuing its agenda with a follow-on operation (Health Equity and Quality Improvement Project). It was proactive in mobilizing resources to support the project. The government maintained key functions of the secretariat of the previous operation, including key staff, consultants, finance and procurement units, M&E arrangements, and also created additional positions to support project implementation. The ICR states that, while there were some delays in the provision of counterpart funding, the government actually increased its funding, notably for the Health Equity Funds and the Service Delivery Grants, where government funding steadily increased from 10% in the first year of the project to 40% in 2014 and in subsequent years (ICR, p. 32). According to the ICR, the establishment of Special Operating Agencies (Section 4) has fostered a new mindset in public service delivery, where citizens are seen as customers, and where results are more important than bureaucratic systems (ICR, p. 29). Given minor shortcomings, the overall performance of the government is rated Satisfactory.

Government Performance Rating

Satisfactory

b. Implementing Agency Performance

The Ministry of Health was responsible for overall implementation, assisted by a Secretariat for day-to-day coordination of the project. This Secretariat was developed under the First Health Sector Support Project and was largely staffed by consultants. The initial plan envisaged project-related functions to be integrated with respective line departments of the Ministry of Health to facilitate a closer shift to a sector-wide approach with full use of country systems. Such a transition was only partially implemented because of human resources constraints. Performance in the implementation of M&E was satisfactory. Joint supervision missions, six-month joint review meetings, joint quarterly management meetings, and joint technical audits were conducted as planned. Adequate support was provided for the preparation of the subsequent operation, the Health Equity and Quality Improvement Project, which was approved by the Board in May 2016. There were weaknesses in training relevance and targeting of personnel cadres. There were some shortcomings in fiduciary aspects in 2012 and 2013, mainly in book-keeping and timeliness (see Section 11). There were some procurement delays, including technical specifications, civil works, and consultant recruitment. Given these moderate shortcomings, the performance of the Implementing Agency is rated Moderately Satisfactory.

Implementing Agency Performance Rating

Moderately Satisfactory

Overall Borrower Performance Rating

Moderately Satisfactory

10. M&E Design, Implementation, & Utilization

a. M&E Design

The project objectives were specified as improving health outcomes. The M&E framework was designed to be aligned with the Government's Health Strategic Plan framework, as there was broad agreement among development partners on adopting common results and a single monitoring framework. The indicators were measurable, although there were no indicators specified at appraisal to measure the reduction in non-communicable diseases. Some intermediate results indicators did not have baselines or targets. Arrangements for data collection and analysis were appropriate and included existing systems such as the Health Management Information System of the Ministry of Health, the Cambodia Socio-Economic Household Surveys of the Ministry of Planning, and participatory assessments.

b. M&E Implementation

M&E implementation was adequately carried out, and the results framework underwent three revisions in 2010, 2014, and 2015 essentially involving intermediate indicators. The revisions reflected further alignment with the government's framework.

c. M&E Utilization

M&E findings were used by the Joint Semi-Annual and Annual Performance Reviews, and were shared with main stakeholders and development partners. The reviews were used to assess progress towards achieving project objectives and to measure outcomes. They also formed the basis for planning the annual operational plans, which were an integral part of the Ministry of Health processes. Under the project, such planning contributed to facilitating the decentralization process through the strengthening of provincial plans. The ICR (p.14) reports that implementation arrangements of the follow-on project (Health Equity and Quality Improvement project - P157291), which was approved on 5/19/2016, were based on lessons learned from this project, but it does not elaborate further.

M&E Quality Rating

Substantial

11. Other Issues

a. Safeguards

The project triggered four safeguard policies, and the ICR reports that all were complied with.

The safeguard policies were Environmental Assessment (OB/BP 4.01), Pest Management (OP 4.09), Involuntary Resettlement (OB/BP 4.12), and Indigenous People (OB/BP 4.12). The Government prepared an Environmental and Social Management Framework comprising: (a) an updated Environmental Management Plan with details on pesticide mitigation measures related to human and environmental impacts; (b) an updated Framework for Land Acquisition Policy and Procedures describing mechanisms for handling involuntary resettlement; and (c) an Indigenous People's Planning Framework prepared in consultation with ethnic minorities. Compliance was rated satisfactory in all ISRs, except for the safeguard on indigenous people, where the government encountered initial delays in conducting the required consultations, but compliance was assessed as satisfactory from 2013 until project closure.

b. Fiduciary Compliance

Financial Management. Related arrangements were adequate. A Financial Management Group was responsible for financial management at the central level, and it pursued capacity building efforts both centrally and at the sub-national level. Overall, financial management and compliance were adequate, although some issues were identified in 2012 and 2013, including late settlement of advances, fixed asset registers not updated, some invoice and payment vouchers not stamped as paid, instances of pre-signed blank checks by Provincial Health Department Directors, delays in the submission of technical audit reports, inaccurate cost projections, and lack of segregation of duties between accountant and cashiers in a number of Provincial Health Departments. The TTL explained that the issues did not raise major concerns because they were largely related to timeliness and inadequate book-keeping (TTL clarifications, 2/6/2017). By 2014, the above issues were resolved, and the audit reports were unqualified until project closure.

Procurement. Overall, procurement was conducted according to standard procedures, but with occasional delays in the provision of technical specifications, consultant recruitment, and civil works. There were some delays in executing civil works due to shortage of construction labor. Initially, procurement was carried out by an International Procurement Agent who adhered to the government's Standard Operating Procedures for Externally Assisted Projects. In 2012, the government and the Bank agreed to exit this arrangement upon the expiry of Agent's contract, and an international procurement consultant was hired to support procurement functions of the Ministry of Health.

c. Unintended impacts (Positive or Negative)

None reported.

d. Other

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12. Ratings

Ratings	ICR	IEG	Reason for Disagreements/Comment
Outcome	Satisfactory	Satisfactory	---
Risk to Development Outcome	Modest	Modest	---
Bank Performance	Satisfactory	Satisfactory	---
Borrower Performance	Satisfactory	Moderately Satisfactory	There is no actual disagreement. The ICR and the ICRR have the same ratings for Government Performance (Satisfactory) and Implementing Agency Performance (Moderately Satisfactory). The ICRR notes reasons related to some shortcomings in financial management, procurement, civil works, and training. According to the harmonized guidelines, when Government Performance is rated Satisfactory and Implementing Agency Performance is rated Moderately Satisfactory, the appropriate rating to assign for overall Borrower Performance is Moderately Satisfactory. If the ICR had correctly applied the guideline, the Borrower Performance rating in the ICR would also have been Moderately Satisfactory.
Quality of ICR		Substantial	---

Note
When insufficient information is provided by the Bank for IEG to arrive at a clear rating, IEG will downgrade the relevant ratings as warranted beginning July 1, 2006.
The "Reason for Disagreement/Comments" column could cross-reference other sections of the ICR Review, as appropriate.

13. Lessons

The project provided a number of lessons (ICR, p. 34):

"The harmonization of development partner management and implementation systems is an important aspect of aid effectiveness that can support government ownership and sector governance. However, when these harmonization efforts are not accompanied by a reduction in parallel systems, structures and reporting requirements of individual development partners can also increase the partner Government's transaction costs."

The following lessons are drawn from the ICR and adapted by IEG:

The Sector-wide Management Approach, as followed by the Bank and by development partners in Cambodia, can be an effective approach for aid delivery and for using government systems. The approach was more flexible than a full sector-wide approach because it did not mandate pooled funding or the adoption of the same implementation arrangements.

Experimentation and the effective use of evaluation findings are key ingredients for a successful scale up of health interventions. The project followed gradual steps in improving financial protection and in scaling up Health Equity Funds nationwide, building on prior experience that started under the First Health Sector Support Project.

14. Assessment Recommended?

No

15. Comments on Quality of ICR

The ICR is thorough, bringing descriptive as well as analytical inputs into the text. It is results-oriented and provides adequate analysis and convincing evidence from which conclusions can be drawn. The report provides rich insights on the sector-wide management approach pursued by the operation. The document is internally consistent. The lessons are based on project experience. Project costs should have included the Borrower's contribution. Apart from that omission, the ICR adheres to the guidelines.

a. Quality of ICR Rating
Substantial