Cambodia Health Equity and Quality Improvement Project (H-EQIP) (P157291)

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EAST ASIA AND PACIFIC | Cambodia | Health, Nutrition & Population Global Practice | IBRD/IDA | Investment Project Financing | FY 2016 | Seq No: 5 | ARCHIVED on 21-Feb-2019 | ISR34208 |

Implementing Agencies: Ministry of Health, Kingdom of Cambodia, Ministry of Health

Key Dates

Key Project Dates

Bank Approval Date: 19-May-2016 Effectiveness Date: 15-Sep-2016
Planned Mid Term Review Date: 29-Apr-2019 Actual Mid-Term Review Date: -Original Closing Date: 30-Jun-2021 Revised Closing Date: 30-Jun-2021

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

To improve access to quality health services for the targeted population groups with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia.

Has the Project Development Objective been changed since Board Approval of the Project Objective?

Yes

Public Disclosure Authorized

Board Approved Revised Project Development Objective (If project is formally restructured)

To improve access to quality health services for the targeted population groups, with protection against impoverishment due to the cost of health services in the Kingdom of Cambodia, and to provide immediate and effective response in case of an eligible crisis or emergency.

Components

Name

Component 1: Strengthening Health Service Delivery:(Cost \$74.20 M)

Component 2: Improving Financial Protection and Equity: (Cost \$70.00 M)

Component 3: Ensuring Sustainable and Responsive Health Systems:(Cost \$36.00 M)

Component 4: Contingent Emergency Response

Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	Satisfactory	Satisfactory
Overall Implementation Progress (IP)	Moderately Satisfactory	Moderately Satisfactory
Overall Risk Rating	Substantial	Substantial

Implementation Status and Key Decisions

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Project implementation is progressing well despite some initial delays in key interventions such as the roll out of quality assessment. Lump sum grants financed by the Royal government of Cambodia and performance-based grants are flowing to the health facilities on time. SDG phase 2 was rolled out in October 2018 and SDG phase 3 roll out is expected in July 2019. Six rounds of ex-ante assessment have been carried out on a quarterly basis, and being counter verified by an independent agency, GFA. The ex-post verification role is expected to be handed over to PCA by April 2019. Payment of the Health Equity Fund (HEF) is on time, and the HEF monitoring role was successfully taken over by the Payment Certification Agency in July 2018. Contracts for the construction of the 45 health centers have been awarded in mid-January 2019, and procurements of the 15 maternity ward construction are on going and expected to be completed by end of March 2019. The firm to support the design and drawings of the two provincial hospitals and civil work supervision is expected to be on board by end of February 2019. Additional Financing has been approved. Signing and effectiveness of Financing Agreement/Grant Agreement amendment letters is expected within the next few days. The AF expands the scope of the project and its development impact by adding three new DLIs focusing on NCDs and long term family planning, and taking the opportunity to restructure some of the indicators and DLI definitions/targets to address some of the implementation constraints observed in the initial stages of the project.

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Risks

Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
Political and Governance	Substantial	Substantial	Substantial
Macroeconomic	Moderate	Substantial	Substantial
Sector Strategies and Policies	Moderate	Substantial	Substantial
Technical Design of Project or Program	Substantial	Substantial	Substantial
Institutional Capacity for Implementation and Sustainability	Substantial	Substantial	Substantial

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Fiduciary	High	Substantial	Substantial
Environment and Social	Moderate	Moderate	Moderate
Stakeholders	Moderate	Substantial	Substantial
Other			
Overall	Substantial	Substantial	Substantial

Results

PDO Indicators by Objectives / Outcomes

Improve access to quality h	ealth services			
►Increase in the number of h Custom)	nealth centers exceeding (60% score on the quality a	assessment of health fac	cilities. (Number,
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	49.00	392.00	442.00	700.00
Date	30-Apr-2016	24-Apr-2018	17-Dec-2018	30-Jun-2021
Comments:		ted HCs, 802 HCs were assesed, 442 HCs exceeded 60% ata in Round 6, Q4 2018.		I 347 HCs in Phase II roll-

Improve financial protectio	n and equity			
▶Reduction in the share of h	ouseholds that experience	ed impoverishing health sp	pending during the year	. (Percentage, Custom)
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.90		0.40	0.70
Date	30-Oct-2015		15-Jan-2019	30-Jun-2021
Comments:	methodology used for the consistent with the baselin Source: Cambodia Socio-	Economic Survey (2014 for b	national poverty line, and upaseline, 2017 for current	using a methodology values)
▶Reduction in out of pocket	nealth expenditure as per	centage of the total health	expenditure. (Percenta	ge, Custom)
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	62.30		60.40	55.00
Date	30-Oct-2015		15-Jan-2019	30-Jun-2021
Comments:		the draft version of Cambodi on of data, and information wi		ted in November 2018.

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▶Increase in the num	nber of outpatient services (e	pisodes) covered by HEF (N	lumber, Custom)	
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	2,474,350.00		2,474,350.00	3,100,000.00
Date	30-Apr-2018		15-Jan-2019	30-Jun-2021
Comments:	beneficiary (Percent earlier period. The b accurate values as p The data is based calendar year 2017.	PDO indicator revised from "In tage)" in the recent restructuring paseline data has been updated per National Health Congress Ron National Health Congress Ron National Health Congress Ron Data for calendar year 201 ng published in March 2019 and	I, hence the baseline is for a from the approved project eport (March 2018). eport (dated March 2018) b will be available in the new part of the project in the project	2017 rather than for an paper, to reflect the passed on data for the full ext National Health

Intermediate Results Indicators by Components

Strengthening Health	Service Delivery			
	n center, CPA-1, CPA-2, and CF 90 days of the end of the quarter		e payments based on pe	erformance that includes
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	100.00	100.00	70.00
Date	30-Oct-2015	24-Apr-2018	19-Dec-2018	30-Jun-2021
Comments:	Comments: This is base	ed on administrative informa	tion received from DBF.	
►Reduction in the var	iance in score on Health Center	r quality assessment. (Te	ext, Custom)	
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	53 percentage points	60.65%	87.03 percentage points	43 percentage points
Date	30-Oct-2015	24-Apr-2018	17-Dec-2018	30-Jun-2021
Comments:	lowest score was 9.85% 87%. It should be noted 2018	e was 96.88% in Chob Vear in Akphivoadth HC in Kam that this lowest scored HC i data in Round 6, Q4 2018 Q	pong Chhnang OD. The va is in the phase II roll-out as	riance is: 96.88% - 9.85%
►Percentage of CPA- Custom)	1, CPA-2 and CPA-3 facilities h	aving a 60% quality scor	e in the previous quality	assessments. (Text,
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	59.5%	52.63%	Baseline +50%
Date	30-Oct-2015	24-Apr-2018	17-Dec-2018	30-Jun-2021
Comments:	Notos: Among 76 CDA1	, CPA2 and CPA3 Hospitals	/including 22 hospitals in	phase II assessed in O4

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Comments:

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Source: MoH validated data in Round 6, Q4 2018 Quality Assessment.

Improving Financial Protection and Equity

Number of operational districts reporting an increase of over 10 percent in current LTFP service users over the previous 12 months (DLI 9) (Text, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	TBD (based on DLI submission expected in next DLI report) Source: based on HMIS (disaggregated by contraception method)	NA	TBC	20% increase over baseline
Date	23-Apr-2018	31-May-2018	15-Jan-2019	30-Jun-2021
Comments:		pe made available as part Date for baseline data is "T	of the next DLI report, as thi FBD".	is is a new DLI indicator

Ensuring Sustainable and Responsive Health Systems

▶Number of women screened for cervical cancer screening with VIA (cumulative) (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	37,267.00	37,267.00	37,267.00	130,000.00
Date	30-Apr-2018	30-Apr-2018	15-Jan-2019	30-Jun-2021
Comments:	for calendar year 2017. Ti	on National Health Congress ne data for calendar year 201	8 will be available in Natio	

▶ Percentage of health centers, hospitals and OD/PHD receiving HEF and SDG payments within specified timelines (DLI 6). (Percentage, Custom)

report in March 2019 and will be updated in the next ISR.

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	100.00	100.00	80.00
Date	30-Oct-2015	24-Apr-2018	19-Dec-2018	30-Jun-2021

▶Number of University of Health Sciences courses that adopt competency-based curricula with trained faculty and use of skills laboratory (DLI 1). (Number, Custom)

	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	2.00	2.00	25.00
Date	30-Jul-2016	01-Jul-2018	15-Jan-2019	30-Jun-2021
	Notes: No further increase	e has been possible so far. Pr	rogress towards achieving	Year 2 Targets is being

g made (5 more courses are expected to be reported in the upcoming DLI report).

Source: Report of Verification Mission for Year 2 DLIs, October 2018 after independent verification

discussions with UHS on upcoming DLI report.

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	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.59	0.71	0.71	0.95
Date	30-Oct-2015	24-Apr-2018	15-Jan-2019	30-Jun-2021
Comments:	year 2017. The date	based on National Health Congr a for calendar year 2018 will be dated in the next ISR.		
▶Proportion of hea	Ith centers with functioning he	alth center management con	nmittees. (Text, Custom)	
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	64%	75%	75%	Baseline + 25%
Date	24-Mar-2017	24-Apr-2018	15-Jan-2019	30-Jun-2021
Comments:	calendar year. The	based on National Health Congr data for 2018 calendar year will ll be updated in the next ISR.		
▶People who have	received essential health, nut	rition, and population (HNP)	services (Number, Corp	orate)
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	13,221,685.00	13,221,685.00	13,221,685.00	16,000,000.00
Date	01-Jan-2018	30-Apr-2018	15-Jan-2019	30-Jun-2021
Comments:	calendar year. The March 2019 and wi	based on National Health Congr data for 2018 calendar year will Il be updated in the next ISR. Th and inpatient department cases t	be available in National He is value is derived from the	ealth Congress report in total number of outpatient
	ve received essential health, nement)	utrition, and population (HNF	P) services - Female (RM	S requirement) (Numbe
	Baseline	Actual (Previous)	Actual (Current)	End Target

Data on Financial Performance

Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P157291	IDA-58130	Effective	USD	30.00	30.00	0.00	9.46	20.62	31%

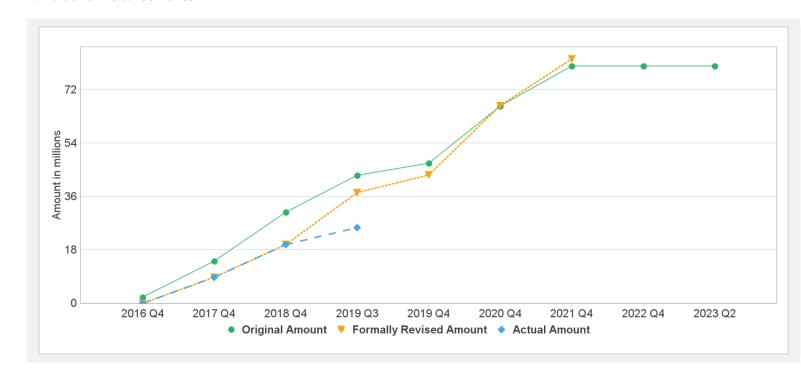
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P157291	TF-A2562	Effective	USD	1.00	1.00	0.00	0.24	0.76	24%
P157291	TF-A3114	Effective	USD	20.00	20.00	0.00	15.76	4.24	79%

Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P157291	IDA-58130	Effective	19-May-2016	26-Aug-2016	09-Nov-2016	30-Jun-2021	30-Jun-2021
P157291	TF-A2562	Effective	19-May-2016	15-Sep-2016	15-Sep-2016	30-Jun-2020	30-Jun-2020
P157291	TF-A3114	Effective	19-May-2016	26-Aug-2016	09-Nov-2016	30-Jun-2021	30-Jun-2021

Cumulative Disbursements



Restructuring History

There has been no restructuring to date.

Related Project(s)

P167351-Additional Financing for Health Equity and Quality Improvement Project (H-EQIP)

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