

SBF Project Completion Note

Hungary: Emergency Assistance for Healthcare Expenditures

1. Project Information

Project ID:	P000522	Instrument ID:	L0522A
Member:	Hungary	Region:	Eastern Europe
Sector:	CRF-Public Health	Sub-sector:	N/A
Instrument type:	Loan	E&S category:	B
Co-financier(s):			
Borrower:	Ministry of Finance, Hungary		
Guarantor:			
Implementing Agency:	National Directorate General for Hospitals; Directorate for Public Procurement and Supply		
Project Team Leader(s):	Zacharias Ziegelhöfer,PTL		
Project Team Members:	Natalia Sanz,Back-up PTL Yuyou Guo,Project admin Rizal Rivai , SFD - Procurement Specialist Bernardita Saez , Project Counsel Christopher Damandl , Alternate Counsel Yogesh Malla , SFD - Financial Management Specialist Weini Li , SFD - Environment & Social Development Specialist		
Site Visits by AIIB:	September.2022 May.2022 November.2023		

2. Project Summary and Objectives

The Project has three components as outlined below, designed to address the emergency healthcare needs and strengthen healthcare system services in Hungary with the Project Objective to strengthen the public health emergency response infrastructure in Hungary and to improve pandemic preparedness.

Component 1. Building Case Management Capacity. Emergency procurement of oxygen therapy devices, vital sign monitors, personal protective equipment (PPE), and medication to increase the case management capacity of COVID-19 patients.

Component 2. Strengthening Hospital Laboratory System. Emergency procurement of laboratory equipment, test kits, reagents, and other testing supplies to increase testing capacity per the national COVID-19 guidelines and regular case reporting for surveillance purposes.

Component 3. Refurbishment of Hospital Buildings. Refurbishment of 17 hospitals in Budapest, including hospitals used for the case management of COVID-19 patients and essential hospitals required to remain open during the pandemic. The targeted hospitals are i) national/regional level designated COVID-19 care centers or ii) hospitals where patients face a significantly higher risk due to their chronic diseases, or iii) hospitals where capacity must be fully maintained during the pandemic. The investments provide the hospitals with modern technology through the installation of efficient ventilation systems to operating rooms, development of unified hospital access control systems and patient referral areas, renovation of hospital wards, waiting areas and the connecting social areas. Other upgrades include replacement of surfaces (e.g., floors and walls) to allow for better disinfection, replacement of water pipes and reorganization of patient flow to improve infection control measures. These are crucial features will help the hospitals prepare for potential future waves of COVID-19 and improve the overall capacity of the patient care system in general and the ability of the system to respond to future pandemics.

3. Key Dates

Approval:	August 26,2021	Signing:	September 10,2021
Effective:	September 20,2021	Restructured (if any):	May 09,2023
Orig. Closing:	June 30,2023	Rev. Closing (if any):	
Final Maturity Date	August 15,2029		

4. Disbursement Summary (Euro million)

a) Committed:	183.10	b) Cancelled (if any):	1.40
c) Disbursed:	181.70	d) Last disbursement: (amount /date)	11.10 / October 31,2023
e) Undisbursed (if any):	0.00	f) Disbursement Ratio (%) ¹ :	99.20

¹ Disbursement Ratio is defined as the volume (i.e. the dollar amount) of total disbursed amount as a percentage of the net committed volume, i.e., $f = c / (a - b)$

5. Estimated and Actual Costs

Given the activities of Component 1 and 2 had been procured and paid before loan approval, the cost estimate reflects the actual costs of the activities. The disbursements on Component 1 and Component 2, corresponding to Category 1 of the loan agreement, are reported jointly in the below table to ensure the accuracy of the reported figures. During the pandemic period, some of the emergency procurements (e.g., PPE) have been deployed in both hospitals and hospital laboratory systems preventing an accurate disaggregation between the two Components.

As a lesson learned from the pandemic, the National Directorate General for Hospitals (OKFO), responsible for the centralized procurement and management of hospital supplies, has introduced a new IT-based system for the central procurement, management, and tracking of supplies, which will allow the precise tracking of supplies going forward.

Given the retroactive financing cut-off of September 1, 2020, a lower number of activities under Component 1 and 2 than anticipated were eligible for reimbursement under the loan, resulting in a lower utilization of Category 1 of the loan (48.8%). As all activities were completed, the remaining costs were borne by the Government. The unused loan balance of Category 1 has been reallocated to Category 2 upon the client's request after AIIB's review and approval.

The actual cost of Component 3 was EUR 171.5 million, as the framework contracts for the hospital refurbishments were already concluded prior to the approval of the AIIB's financing. During the implementation period, the contractor experienced increased material and labor costs as well as a depreciating local exchange rate. The work plan was agreed upon with the participating hospitals progressively during implementation and the envisaged activities could be realized within the allocated loan amount and Government counterparty contribution. The completion mission and third-party monitoring found the executed activities to be fit-for-purpose and of adequate quality. Notwithstanding major improvements, the site visits revealed that further investment needs exist in the participating hospitals, which could not be covered within the budget of this project.

The actual project cost was EUR 226.4 million. The identified activities have been executed within budget and the planned implementation period. At project closing, 99.2% of the loan has been drawn down. The undisbursed balance of EUR 1,412,722.16 has been canceled.

Item	Total Estimated Costs (EUR million)	Total Actual Costs (EUR million)	Financing Allocation			
			AIIB Original Commitment (EUR million) (%)	AIIB Actual Commitment (EUR million) (%)	Borrower's Original Commitment if any (EUR million) (%)	Borrower's Actual Commitment if any (EUR million) (%)
A. Base Cost						
<i>Component 1: Building case management capacity</i>	27.6	54.9	54.9 (100%)	26.8 (48.8%)	0.00 0.00%	28.1 (51.2%)
<i>Component 2: Strengthening hospital laboratory system</i>	27.3					
<i>Component 3: Refurbishment of hospital buildings</i>	171.5	171.5	128.2 (74.8%)	154.9 (90.30%)	43.3 (25.20%)	16.6 (9.68%)
Total	226.4	226.4	183.1 (80.9%)	181.7 (80.30%)	43.3 (19.10%)	44.7 (19.70%)

6. Project Implementation, including major changes to the original Objective, Project Design, and Indicators

The Project Objectives were fully achieved as outlined further in the results section. The AIIB support in form of emergency assistance was provided on a timely basis as intended under the COVID-19 Recovery Facility (CRF). The project was delivered as one of the few standalone operations under the AIIB's CRF. The loan agreement was signed on September 10, 2021 and became effective on September 20, 2021. The Environmental and Social Management Planning Framework (ESMPF) has been completed and was satisfactory to the AIIB. The ESMPF has been publicly disclosed in both English and Hungarian (URL: <http://www.kef.gov.hu/Kozerdeku/290>).

At the start of the implementation, the Department for International Finance under the Ministry of Finance was tasked to lead the coordination of the implementation of the project. Due to a reorganization of the central Government administration in 2022, the Department for International Cooperation and Development Finance under the Ministry for Economic Development (MoED) became responsible for the supervision of project implementation.

The Project Implementation Agencies (PIAs) remained unchanged during project implementation. The National Directorate General for Hospitals (OKFŐ), under the supervision of the Ministry of Interior (formerly Ministry of Human Capacities), was responsible for the implementation of Components 1 and 2, and Directorate for Public Procurement and Supply (KEF), under the supervision of the Ministry of Finance, was responsible for Component 3. During the most severe epidemic crisis period in Hungary, the Ministry of Foreign Affairs and Trade assisted OKFŐ in the emergency procurement of essential equipment and supplies under Components 1 and 2, after which the procured items and implementation responsibility were fully transferred to OKFŐ. The PIAs, OKFŐ and KEF were fully responsible for the implementation of the project activities under the respective components, including contract management, monitoring and supervision, quality control, approval of payment certificates for supply contracts, authorizations for payment, and safeguards implementation.

For the supervision of Component 3, KEF had designated 10 project managers to conduct construction supervision for the works in the 17 hospitals. The project managers held weekly meetings, where the progress and coordination of tasks was reviewed. The schedule of additional work areas to be handed over was also agreed upon at the meetings taking into consideration hospitals' occupancy and caseload during the pandemic. During the construction period, the project managers conducted technical inspections of the construction work carried out by the contractor regularly to monitor progress against the planned timeline and conduct quality control. In addition, a quantitative and qualitative review of the work was carried out before payments, as this review was the basis for the certificate of completion. Project managers reported to KEF weekly on the progress of the construction works, the technical and quality problems encountered, and remedial actions, if required.

At project closing, the physical project implementation was completed and 99.2% of the committed loan amount has been utilized. The undisbursed amount has been canceled. The emergency procurements under Components 1 and 2 have been fully completed by September 10, 2021. The refurbishments of hospital buildings in Budapest under Component 3 have been completed by December 31, 2022.

Emergency Care Research Institute (ECRI), an independent not-for-profit healthcare technology management and patient safety organization, was contracted by AIIB to conduct a post-review of already completed procurements in terms of technical adequacy, deployment of supplies, and prices paid against the available information at the time. In 2022 a post-delivery monitoring assistance was conducted by ECRI on a sample basis on behalf of AIIB with testing and verification of medical equipment to ensure the equipment was appropriate, safe, and functional through an on-site visit to the selected health and laboratory facilities that have received equipment. The post-review through the third-party monitor on Components 1 and 2 has been completed and found the documentation satisfactory.

ECRI also assisted the Bank in its implementation monitoring of the hospital refurbishment activities, conducting a sample-based review, to make recommendations for the optimization of the measures where appropriate. ECRI conducted physical missions in May and September 2022 to conduct site inspections in the hospitals that were refurbished under Component 3. AIIB undertook site visits jointly with the third-party monitor in September 2022 and independently in November 2023 during the project completion mission. The review of the activities (documentation and site visits) was completed and was found satisfactory.

Components	Physical Progress*	Environmental & Social Compliance	Procurement
Component 1 - Building Case Management Capacity: procurement of oxygen therapy devices, vital sign monitors, personal protective equipment (PPE), and medications.	Completed.	The Environment and Social (ES) impacts of Component 1 were limited to the procurement of goods.	Procurement completed. Post-review through third-party monitor completed
Component 2 - Strengthening Hospital Laboratory System: procurement of lab equipment, test kits, reagents, and other testing supplies.	Completed.	An assessment of the management of hospital waste, in this case waste coming from the laboratory and diagnostic services of the hospital, has been done and was found to be adequate for Hungary. EU regulations on healthcare waste/hospital waste were followed in Hungary.	Procurement completed. Post-review through third-party monitor completed.

Component 3 – Refurbishments of Hospital Buildings: refurbishment of 17 hospitals in Budapest, including hospitals designated for the case management of COVID-19 patients and essential hospitals required to remain open during the pandemic.	Completed.	The ESMPF has been developed satisfactory to the AIIB and disclosed in English and local language. The ESMPF covered procedures for potential impacts from the refurbishment of hospitals financed by the project.	Completed.
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Financial Management:

The total cumulative disbursed was EUR 181.7 million. The Borrower submitted Interim Unaudited Financial Reports (IUFs) on periodic basis with some delays. The first project audit was accepted after several rounds of review. Given the Borrower's graduation from the World Bank, the Borrower had no recent institutional memory of MDB procedures in terms of audit, additional clarifications were required for the audit to comply with AIIB's requirements. The Borrower is in process of submitting the final audit report FY23.

7. Implementation of Environmental and Social Policy and project specific E&S instruments, including the project level Grievance Redress Mechanism (GRM)

The retroactive financing activities under Components 1 and 2 consist mainly of procurement of goods. The ESMPF covers the impacts from civil works construction under Component 3. It includes (i) a review of national legislations, regulations and practices on environmental management of medical facilities, healthcare waste management and disposal, and hospital wastewater management; (ii) screening of proposed activities for ES impacts, mitigation measures, and actions for improving capacity and training of the Implementing Agencies' staff; and (iii) provision for measures to support equitable access to COVID-19 related services and supplies for women, the elderly and the disabled. A project-level Grievance Redress Mechanism (GRM) has been included as an element of the ESMPF, detailing the procedures for recording and processing complaints and grievances.

The ESMPF has been publicly disclosed in both English and Hungarian (URL: <http://www.kef.gov.hu/Kozerdeku/290>). The third-party monitor conducted physical missions in May and September 2022 to conduct site inspections at hospitals that were refurbished under Component 3. The AIIB conducted joint site visits with the third-party monitor in September 2022 and independent site visits in November 2023. The review of the activities (documentation and site visits) was completed and was found satisfactory.

During the project implementation period, the information channels set up by the KEF received no complaints about the renovations. There were no accidents or fatalities during the implementation. It was the responsibility of the contractor to ensure that the project was carried out by an appropriately qualified workforce and that workers were provided with the necessary protective equipment. The contractor provided workers with health and safety training before the start of the work, and during the

implementation, the contractors carried out random checks according to their inspection system. KEF was continuously informed about working conditions and any exceptional occurrences during weekly visits to the sites.

8. Results Achieved (Against the original indicators and/or revised indicators. RMF table will be exported on the last page of this PCN.)

The physical project implementation was completed. The activities under Components 1 and 2 have been fully completed, with the procured emergency supplies and activities dispatched and all project deliverables materialized by December 31, 2021. The decreased financing share of AIIB financing for Components 1 and 2 had no material effect on the achieved results, as the remainder of the costs were covered by the Government. The hospital refurbishments under Component 3 were completed by December 31, 2022. Pre-project photo documentation illustrated the obsolete state of the targeted hospitals, which were not fit for infection control in a pandemic context, and the urgent need for refurbishments. The site inspections before/after construction and before/after photo documentation demonstrated the improvements in the hospitals, including improved patient waiting areas and patient flow, improved ventilation systems, refurbishment of surfaces to allow for adequate disinfection, improved patient rooms with separate sanitary facilities, and measures to improve durability (e.g., protectors at walls and doors against impacts from hospital beds or wheelchairs).

Remarks:

9. Investment Sustainability (operational, financial/commercial, institutional)

The emergency procurements under Components 1 and 2 mainly consisted of consumables, which have been fully deployed, hence no sustainability assessment for these components is required.

For the Component 3, the investment sustainability is considered high. The implementing agency KEF prioritized the refurbishment of hospitals in poor condition and prioritized areas in poor conditions within the targeted hospitals, which were in urgent need of refurbishment, extending the life of the existing hospital infrastructure and contributing to its sustainable operation going forward.

As an example, the Korányi National Institute of Pulmonology was planned for decommissioning due to its obsolete state before the pandemic. As its facilities were needed during the pandemic period, it has been refurbished to an appropriate standard under the project and will continue to be operational.

During the implementation of works at the 17 hospitals, durable materials and sustainable technologies were used where adequate, including the below-listed actions:

- replacement of 30-40 years old lighting equipment with high energy consumption by modern, economical and energy-efficient lighting devices (LED panels);
- refurbished walls have been mounted with protective strips to protect against damage from impacts (e.g., through wheelchairs, or hospital beds); and
- painting of wall surfaces with environment-friendly, washable painting materials wherever it was possible to ensure long-term sustainability and strict hygienic conditions of health institutions.

Through the conducted site visits, AIIB found the completed activities to help ensure sustainability, including: i) most urgent needs to maintain adequate medical services in a pandemic environment were prioritized, ii) clear improvements in the condition of the targeted work areas reaching an adequate modern standard were demonstrated, iii) adequate mitigation actions to protect the achieved results and increase sustainability of activities have been included (e.g., protection against physical impacts, durable materials), and iv) further needs for investments were identified (not all areas of hospital could be refurbished given limited budget).

During the site visits conducted by AIIB with the Implementing Agency KEF, AIIB met hospital management and key persons responsible for the maintenance of the facilities, who were satisfied with the completed activities and demonstrated their commitment to ensuring the sustainability of the achieved results. The visited national and regional level hospitals where the refurbishments were executed are operational and have adequate capacity to ensure appropriate management of the facilities.

10. Compliance and Alignment with AIIB’s Policies and Strategic Priorities

Project’s alignment with AIIB’s COVID-19 Recovery Facility (CRF). The completed emergency assistance covered (i) emergency expenditures related to essential medical supplies, respiratory devices and personal protective equipment (PPE) to combat the pandemic; and (ii) the capacity of Hungary’s health system strengthened to increase its preparedness to respond to the next wave of the pandemic as well as other future public health related shocks. The implementation and realized results are fully aligned with the objectives of AIIB’s CRF. In addition, the Project also supported the overall enhancement of the public healthcare system, which complemented initiatives by development partners such as the European Investment Bank and the Council of Europe Development Bank that were focused on emergency relief.

AIIB’s Directive on Sovereign-backed and Non-sovereign-backed Financing allows up to 20 percent of the total loan amount to be used for retroactive financing for expenditures incurred in the 12 months prior to the expected date of loan signing. Recognizing the exceptional circumstances, AIIB authorized this ceiling to be raised to 30 percent for this project for expenditures incurred after September 1, 2020 and before loan signing. During the project implementation, the granted increase in the retro-active financing limit did not need to be exhausted. At project closing, the retro-active financing amount accounts for 22 percent of the loan amount, reflecting a lower utilization of category 1 of the loan (emergency procurements).

11. Any outstanding issues not yet resolved, if applicable

The Final Project Audit covering the calendar year 2023 is due on September 30, 2024. The Borrower has agreed to accelerate the final audit report. The previously submitted audit, covering the project implementation period until December 31, 2022 has been received and accepted by the AIIB.

12. Lessons learned that can be considered for future investments

Lesson Tag	Lesson Description
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Other	<p>Challenge to execute works in an operational hospital during the pandemic. During the initial construction phase, the contractor experienced challenges to agree with the participating hospitals on hand-over work areas for the refurbishments given challenging conditions during the pandemic period. Through a close coordination between KEF, the contractor and the hospitals, a staggered work plan, with arrangements for alternative patient flows, as needed, minimizing the temporary impact on the operations of the hospitals, was agreed. Based on the positive experience, hospital management agreed to progressively hand over more and more work areas for refurbishment, leading to a successful implementation of the activities. During the site visits, hospital management emphasized the excellent coordination with the KEF and the contractor, on a constant basis, which enabled the execution of the activities while ensuring the delivery of medical services.</p>
Other	<p>Further need for hospital refurbishments. Notwithstanding the stark improvements, as evidenced through before- after documentation as well as site visits, more needs for investments in the participating hospitals were identified. Despite the established working arrangements, successful track record, and demonstrated needs, given the closing of the Covid Response Facility, it is unclear whether AIIB would be able to finance future similar refurbishments in light of the requirements of its Non-Regional Member Strategy.</p>
Other	<p>Working with a Borrower with no recent institutional knowledge with MDB-procedures. Given that Hungary graduated from the World Bank in 2008, no recent institutional experience existed with the Borrower regarding the requirements of MDB-procedures. During the early implementation phase, a higher effort from the Borrower and the AIIB team was required to clarify applicable requirements and to guide the Borrower to produce documentation, acceptable to the AIIB. Hungary is used to working with European IFIs such as the European Investment</p>

	<p>Bank, which share and accept the Aquis European, the body of European Union (EU) laws, regulations, directives, and standards that member states must adopt and implement in order to become and remain part of the EU, as legal basis and related applicable standards. As part of the feedback shared with AIIB at closing, the Borrower indicated that AIIB's requirements in terms of required due diligence, provision of documentation, and reporting exceeded the requirements of other financiers.</p>
<p>Other</p>	<p>Lender's monitor. The Emergency Care Research Institute (ECRI), an independent not-for-profit healthcare technology management and patient safety organization, was contracted by the Bank as a lender's monitor. ECRI conducted a post-review of completed procurements in terms of technical adequacy, deployment of supplies, and prices achieved against the available information at the time. Post-delivery monitoring assistance was conducted on a sample basis on behalf of the Bank with testing and verification of medical equipment to ensure the equipment is appropriate, safe, and functional through an on-site visit to the selected health and laboratory facilities that have received equipment. ECRI also assisted the Bank in its implementation monitoring of the hospital refurbishment activities, conducting a sample-based review, and made recommendations for the optimization of the measures where appropriate. The contracting of ECRI as lender's monitor proved to be a beneficial arrangement for the project. ECRI reviewed and confirmed the adequacy of documentation for the retroactive activities under Components 1 and 2 and provided valuable recommendation for the hospital refurbishments, in particular with respect to optimizing the hygiene-related activities in a pandemic context (e.g., using materials to allow for effective disinfection) and the sustainability of the activities (e.g., wall protectors). The IA KEF welcomed ECRI's engagement and implemented the recommendations as possible.</p>

Procurement	System for centralized procurement and tracking of medical supplies. As a lesson learned from the pandemic, the National Directorate General for Hospitals (OKFO), responsible for the centralized procurement and management of hospital supplies, has introduced a new IT-based system for the central procurement, management, and tracking of supplies. The system collects the procurement needs of public hospitals in Hungary, conducts centralized procurements to achieve a good price, quality, and timely delivery, and subsequently allows for the precise tracking of supplies, including the status of the stock of items, relevant expiry dates of supplies, and utilization.
Other	Permitted Liens. During the loan negotiations, the Hungary delegation had expressed concerns regarding the broad scope of the Negative Pledge, which given the sophisticated operations of the Borrower's debt management agency risked being in breach with ongoing capital market operations, potentially leading to an inadvertent technical default. AIIB accepted as permitted, Liens that arise from derivative operations arising in the Borrower's ordinary course of banking transactions. As a learning, such practice may be used in the future with Borrowers, who have similarly sophisticated banking practices.

13. Borrower's Feedback

Services and Support Provided by the Project Team. The Hungarian organizations involved in the project implementation maintained regular and efficient communications with the Project Team, ensuring fast and unobstructed information flow. The Project Team's support was recognized consistently professional, sufficient, and timely. Team members were readily available for assistance and clarification, and online meetings were comprehensive. The Project Team provided quick answers and detailed methodology information during the assembly of documentation for withdrawals.

Value-Addition of AIIB's Financing in the Project. AIIB's loan played a crucial role in addressing an emergency need, which became evident during the pandemic. The financing contributed to the advancement of health infrastructure and provided valuable knowledge to Hungarian counterparts about MDB-financed projects. The loan's financial management process, including smooth settlement in EUR and favorable pricing levels, proved beneficial for the borrower.

Suggestions for Improvement. While acknowledging the clear and simple project leadership by the

Project Team, Hungary suggests incorporating all relevant loan conditions into the Loan Agreement itself, rather than referring to policy documents. Hungarian counterparts also highlight certain unusual features, such as the wide range of information requested for loan approval and the requirement for the Borrower to finance additional consultancy services to develop an Environmental and Social instrument, leading to additional expenditures and time effort under the emergency situation. Further, improvements in the timing of disbursement notifications would help the internal processes of the Hungarian State Debt Management (ÁKK).

Consideration of Future Collaboration. Based on the positive experience with AIIB financing health infrastructure development, Hungary expresses a willingness to consider working with AIIB again in future infrastructure development projects. The good experience, including the smooth settlement process and favorable pricing levels, is considered beneficial for future financing transactions.

14. Achievement of Project Results

The envisaged Project Results have been fully achieved (100%). The emergency procurements of critical supplies and equipment needed during the pandemic period were completed and distributed. Component 1 supported the immediate expenditures incurred for the management of COVID-19 patients and helped to protect high-risk groups as well as healthcare professionals through the enhanced provision of masks and protective gear, including personal protective equipment (masks, special protective clothing), medical devices, enabling to handle an increased number of patients requiring intensive care (i.e. vital sign monitors, and oxygen therapy devices) and ancillary medical products (mostly disposable items for healthcare). Component 2 financed the emergency procurement of laboratory equipment, test kits, reagents, and other supplies to increase testing capacity per the national COVID-19 guidelines and regular case reporting for surveillance purposes, and helped Hungary increase and maintain a higher level of its laboratory and testing capacities for detection purposes, to ensure the resilience of its healthcare system to handle a larger caseload during the COVID-19 pandemic.

The refurbishment of 17 hospitals in Budapest has been completed (100%). The investments provided the hospitals with modern technology through the installation of efficient ventilation systems in operating rooms, the development of unified hospital access control systems and patient referral areas, and the renovation of hospital wards, waiting areas, and connecting social areas. Other upgrades include the replacement of surfaces (e.g., floors and walls) to allow for better disinfection, replacement of water pipes and reorganization of patient flow to improve infection control measures. These are crucial features that will help the hospitals prepare for potential future waves of COVID-19 and improve the overall capacity of the patient care system in general and the ability of the system to respond to future pandemics.



Project Completion Note

Prepared on 06/26/24

Project Objective Indicators	Indicator level	Unit of Measure	Cumulative Target Values																		Frequency	Responsibility	Comments				
			Baseline		2019		2020		2021		2022		2023		2024		2025		End Target								
			Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Year	Target				Actual			
Number of designated hospitals/quarantine centers fully equipped with supplies for case management (e.g. oxygen devices, vital signs monitors, PPE and medications).	Project	Number	2019	0					0				95	95	95	95	95	95				95			By end of project	Dept. of International Finance, Ministry of Finance	
Utilization rate of COVID-19 diagnostic equipment, test kits, and reagents financed by the project.	Project	%	2019	0					0				100	100	100	100	100	100				100			By end of project	Dept. of International Finance, Ministry of Finance	
Number of public hospitals that complete the planned upgrading through the support of the Project.	Project	Number	2021	0									0	17	8	17	17	17				17			By end of project	Dept. of International Finance, Ministry of Finance	

Project Intermediate Indicators	Indicator level	Unit of Measure	Cumulative Target Values														Frequency	Responsibility	Comments									
			Baseline		2021		2022		2023		2024		2025		End Target													
			Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Year	Target				Actual								