The World Bank
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Republic of Lebanon
Office of the Minister of State for Administrative Reform
Center for Public Sector Projects and Studies
(C.P.S.P.S.)

June 28, 2002

الجمهورية اللبنانية
مكتب وزير الدولة لشؤون التنمية الإدارية
مركز مشاريع ودراسات القطاع العام

H.E. Suleiman Franjieh
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(Transmission by fax: 961-1-645 099)

Lebanon: Health Sector Rehabilitation Project (Ln. 3829-LE)
Supervision Mission, June 10-15, 2002
Aide-Memoire

Excellency:

I would like to thank Your Excellency and Your Excellency's colleagues at the Ministry of Public Health, for the kind assistance extended to my colleagues and myself during the World Bank Mission that took place between June 10 and 15, 2002. The Mission confirmed that the project continues to perform satisfactorily with many substantive achievements to date.

The Mission agreed that given the current policy and economic environments as well as the remaining life of the project, the Government would focus its efforts on finalizing the reform tools (e.g., carte sanitaire, needs based master-plan, flat rates, accreditation standards, IRB) rather than a broad-based global health reform strategy. The Mission also discussed the need to consolidate in one document all the analytical reform work done under this project including the health financing studies undertaken by the project. These analyses will serve as basis for further reform efforts.

In this regard, the Government indicated its interest in a possible follow-on project to complete any unfinished basic reform activities started under this project as well as to focus on developing and implementing other more controversial aspects of the reform which have not been addressed to date. The Government agreed to provide the Bank with a policy paper delineating these reform activities by September 2002. Based on this paper, the Mission agreed to include in its next Mission appropriate technical experts to work with the Government counterparts to develop a new health reform project.

The Mission also dedicated substantial time towards the Information and Communications Technologies (ICT) components of the project, the VISA/Billing, the Carte Sanitaire/GIS, and the District Health Information System (DHIS).

The Mission would like to acknowledge the great progress being made in the ICT components, which for the most part were not in the original design of the project. This clearly shows a vision as to the important role that ICT can play in improving the health services in Lebanon generally and in health sector reform specifically.

As to financial issues, while the disbursements and commitments stand today at around US$20 million, we urge you to speed up the execution of the rehabilitation and equipping of the four public hospitals in order that disbursements would accelerate to meet the Loan's closing date of June 30, 2003.

To ensure that all remaining implementation activities could be completed prior to the Loan closing date, an Action Plan has been prepared by the PCU and the Mission. The Bank team in the Country Office will collaborate closely with all concerned officials at the Ministry of Health in supervising these activities.

Finally, I would like to reiterate the Bank's support to the Government in completing this project successfully and in initiating the technical work needed to prepare a follow-on operation that will build on the achievements of this project and to further consolidate Your Excellency's efforts in reforming the health sector in Lebanon.

With kind regards,

Sincerely yours,

D. J. Heal M.

Jacques Baudouy
Director
Human Development Sector
Middle East and North Africa Region

Attachments

- Implementation Action Plan
- Aide-Memoire
- Annex 1: Procurement Plan (Overall Status)
- Annex 2: Procurement Plan (Four Public Hospitals)
- Annex 3: Health Information System Component, Synthesis Report
- Annex 4: Budget Summary
- Annex 5: Disbursement Commitments by Category

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Republic of Lebanon
Ministry of Public Health
Health Sector Rehabilitation Project, Loan no. 3829-LE

World Bank Supervision Mission, June 10-15, 2002

Implementation Action Plan

		Activity	Due Date (as per June 2002 mission)	Completion Date	Resp.	Status/Remarks
A.		**STRENGTHENING THE PLANNING, MONITORING AND QUALITY ASSURANCE CAPACITY OF MOH**				
	1	**Carte Sanitaire**				
	-	To recruit an international consultant to review the TORs for the needs-based masterplan and develop a phased approach for its development and implementation	Sept. 2002		Intl. Consultant	
	-	To submit to MOH the Implementation Decrees for the Application of the Carte Sanitaire Law	Oct. 2002		Mr. Galeb Oueidat	
	-	To complete the Inventory of Health Infrastructure and Human Resources in the Carte Sanitare Database	Nov. 2002		Local Firm	
	2	**Cost Containment Measures:**				
	-	To complete the analysis and the design phases of the medical cases flat rates and aggregation option for the surgical rates	July 2002		Dr. Najjar & Associates	
	-	The conversion and migration of the visa/billing system to the new oracle version	Aug. 2002		Astrolabe/ PCU	
	-	To conduct a "fiscal impact" analysis of the surgical flat rates.	Dec. 2002		Dr. Najjar & Associates/ PCU	
	-	MOH to start contracting with the 77 private and autonomous hospitals	Sept. 2002		MOH	To start contracting once the accred. survey is completed (Aug. 2002).
	3	**Emergency Medical Services:** Purpose- Dev. of potential short-term & high impact activities to improve the emergency med. services				
	-	To complete a pilot project for medical emergency services for North Lebanon	Dec. 2002		AVSI / CDR	In progress.
B.		**IMPROVING SERVICE DELIVERY:**				
	1	**Rehabilitation of Four Public Hospitals (Kaberechmoun, Baalbeck, Daher El Bacheq, and Tripoli) and Procurement of Medical Equipment, PHASE 2**				
	-	Kaberechmoun: To complete civil works	Sept. 2002		TRUST Contracting	
	-	Baalbeck: To complete civil works	Sept. 2002		AFIN	
	-	D. El Bacheq: To complete civil works	Dec. 2002		Trust/ Isopack	
	-	Tripoli: To complete civil works	March 2003		Tabet	
	-	Medical equipment phase II contract award	Oct. 2002		CDR	Delivery March 2003
	2	**Primary Health Care (PHC) & Empowerment of the Periphery** -- Purpose: Strengthening the PHC activities & improving the role of district health services				
	-	To recruit an international consultant to develop PHC accreditation and quality assurance standards.	Sept. 2002		Nadwa Rafeh/ PCU	Completion expected in May 2003
	-	To complete data collection/entry for the district and health care centers	Dec. 2002		Qada Physicians/ PCU	

Republic of Lebanon
Ministry of Public Health
Health Sector Rehabilitation Project, Loan no. 3829-LE

World Bank Supervision Mission, June 10-15, 2002

Implementation Action Plan

		Activity	Due Date (as per June 2002 mission)	Completion Date	Resp.	Status/Remarks
	3	**Hospital Accreditation Program**--Purpose: Development and implementation of a hospital accreditation and quality improvement system for cotnracting with public and private hospitals based on established quality standards.				
	-	To complete national hospital survey	Aug. 2002		OPCV	
	-	To complete a 3-year implementation plan for the program which include training, capacity building, etc.	Aug. 2002		OPCV	Part of on-going contract.
	-	To recruit an international consultant to devise and define a training program on the implementation of accreditation standards.	Sept. 2002		Individual Consultant	Completion expected in May 2003.
	-	MOH to award contracts to private hospitals based on the results of the accreditation survey	Oct. 2002		MOH	
	-	To recruit an international consultant to monitor the Quality Improvement Action Plans that have resulted from the National Survey.	Dec. 2002		Individual Consultant	Completion expected in May 2003
	-	To recruit an international consultant to complete the survey for the newly opened and the remaining public hospitals which were not included in the current survey	Dec. 2002		Individual Consultant	Completion expected in May 2003
	-	To establish the National Health Care Quality Council (NHCQC)	Dec. 2002		MOH	
C.		**SUPPORT TO THE DEVELOPMENT OF THE REFORM:** Purpose- Develop, analyze, cost and assess impelmentation of reform options based on the inst. And fiscal realities of the country and relevant national & international experience.				
	1	**Health Reform Study**				
	-	To provide the Bank with a Health Reform Policy Paper, deleneating accomplishments to date and further activities to be funded under a potential new project.	Sept. 2002		MOH / PCU	To be submitted to the World Bank in Sept. 2002
	2	**Health Care Financing**				
	-	To implement the inter connection between public funds as subsystem of visa/billing application	Sept. 2002		Astrolabe/ PCU	
	-	To complete all data entry activities by Nov. 2002	Nov. 2002		Astrolabe/ PCU	
D.		**INSTITUTIONALIZATION**				
	1 -	To complete staffing of: (i) Programs and Projects Units: and (ii) Information Technology Unit at the MOH	June 2003		MOH	
		INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT)				
	1 -	To submit a plan for any future requirement for the GIS as part of the HSRP's Carte Sanitaire Project	Aug. 2002		PCU	

REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

HEALTH SECTOR REHABILITATION PROJECT
(LOAN 3829-LE)

World Bank Supervision Mission
June 10-15, 2002
Aide-Memoire

A World Bank team from the Middle East and North Africa (MENA) Region, Human Development Sector (MNSHD) conducted a supervision mission of the Health Sector Rehabilitation Project - HSRP (Loan no. 3829-LE) from June 10 to 15, 2002. The Mission was composed of Dr. George Schieber (Health Sector Manager), Bassam Ramadan (Task Team Leader), Ghassan Alkhoja (Information Officer), Irene Jillson (Health Informatics Consultant), Robert Bou Jaoude (Financial Management Specialist), Imad Saleh (Procurement Specialist), Alia Achsien and Zeina El-Khalil (Program Assistants). Dr. Jacques Baudouy, Director MNSHD, who was in Beirut attending the Regional Public Health Conference, reviewed the implementation status of the project and the progress made to date.

The Mission met with H.E. Minister Sleiman Frangieh, Dr. Walid Ammar, Director General, Ministry of Health (MOH), and worked closely with advisors of the Minister, officials from MOH, the Ministry of Finance (MOF), the Council for Development and Reconstruction (CDR) and staff of the PCU. The Mission also met with the WHO Representative.

MAIN MISSION OBSERVATIONS

Implementation Progress (See Annex 1: Procurement Plan)

A. STRENGTHENING THE PLANNING, MONITORING AND QUALITY ASSURANCE CAPACITY OF MOH

I. Carte Sanitaire. Purpose: Strengthening the healthcare infrastructure and resource planning capacity of the MOH to meet the needs and priorities of health care in Lebanon.

a) Efforts are underway to complete the inventory of health infrastructure and human resources in the Carte Sanitaire Database that was constructed in 1997. Completion of the inventory is expected by November 2002. The health centers' questionnaires were completed, and the system was updated accordingly. The updating of hospitals' files was made using the MOH licensing register.

b) A legal consultant was hired to define the legislative requirements for the implementation of the Carte Sanitaire. The consultant submitted the carte sanitaire international experience review report and the draft carte sanitaire law and the latter was finalized in August 2001. The consultant is currently developing the Decrees of Application that are needed for the implementation of the law. It is expected that the proposed Decrees could be submitted for approval to MOH by October 2002.

c) A GIS firm was hired to develop and implement a Health Inventory Map for Lebanon. The firm has completed the following: (i) review of the existing system and recommended changes: (ii) user needs survey: (iii) training plan; (iv) maintenance plan; and (v) software upgrade and database conversion as well as the completion of the pilot studies.

d) A workshop was conducted in May 2001 to present the Carte Sanitaire objectives and program to the health care stakeholders. A demonstration of the GIS pilot projects was presented to the MOH and PCU concerned staff; consequently, the pilot project was approved and installed at the MOH.

e) A draft TOR for the Needs-Based Master Plan Study was prepared and needs to be coordinated with the GIS Based Health Inventory System and the "Burden of Disease Study. It was agreed that the Government would recruit an expert/international consultant to review the TORs and stage them to achieve the maximum results during remaining life of the project. The above mentioned consultant is expected to be already recruited in September 2002. Any unfinished activities would be considered for inclusion in a potential new project. The study will support the health reform program.

II. <u>Cost Containment Measures.</u> Purpose: Rationalization of MOH expenditures on care in private and public autonomous hospitals

Flat Rates

a) **Day care surgical procedures**: the flat rates were developed and have been implemented since April 2000.

b) **Common surgical procedures**: the flat rates were developed and have been implemented since October 2000.

c) **Remaining surgical procedures**: the final report for the flat rates was submitted in July 2001 and the implementation started in January 2002.

d) **Medical cases:** the contract for the study was signed in March 2002 and work is in progress. The Consultant has selected random sample of medical bills from MOH and has started the analysis and design phase. The analysis and the design phase will be completed in July 2002.

The fiscal impacts of the surgical flat rates need to be carefully verified. The currently available data is considered to be representative and an impact analysis will be conducted in September 2002. Completion of the analysis is expected by December 2002. The study will also assess the feasibility and impacts of aggregating the surgical cases payments into fewer numbers of codes.

Contracting with Private and Autonomous Hospitals

a) The Council of Ministers has approved the contracting of hospitals on the basis of a quarterly global expenditure ceiling for the year 2001.

b) MOH has prepared the contracts accordingly.

c) The contracts for the year 2002 were limited to the 77 top ranking hospitals according to the current classification system and the geographical distribution, awaiting the results of the accreditation survey which is expected by August 2002.

Visa-Billing System

a) The hardware required for the support of the visa/billing system was delivered and installed.

b) The conversion and migration of the visa/billing system to the new oracle version was contracted to Astrolabe. The new system will allow the remote access to the system from visa centers for visa issuance, as well as from private and public hospitals for on-line entry of the medical bills. The system will be implemented by August 2002.

c) A prototype of the billing system has been developed and is being used by the Audit Committee. The developed surgical flat rates have been incorporated in the system. The project has established a billing center at the Ministry; it is equipped with nine computers and a printer operating in client-server environment.

III. Emergency Medical Services. Purpose: Development of potential short-term and high impact activities to improve the emergency medical services in Lebanon

a) A TV campaign on raising public awareness issues regarding transportation of emergency cases is showing since May 2000.

b) Emergency medical services training for nurses and physicians in the South and Mount Lebanon was completed in August 2001.

c) A pilot project for medical emergency services for North Lebanon is under preparation. For that purpose, a workshop was conducted to all of the hospitals' representatives in the north of Lebanon, the Red Cross representatives and the MOH officials. The pilot project is expected to be completed by December 2002.

d) The evaluation of the level of ER services in all public and private hospitals will be evaluated, on the basis of the accreditation survey results, in order to identify hospitals that will participate in the pilot project.

B. IMPROVING SERVICE DELIVERY (see Annex 2)

I. Rehabilitation of Four Public Hospitals. Purpose: Improvement of health care delivery services in 4 front line referral public hospitals.

1. The progress in the four hospitals is still experiencing delays. To asses the progress on the different sites and the revised schedules for completion of works, the mission met with the PCU, CDR, and conducted site visits to the Baalbeck, Kaberechmoun, Daher el Bacheq hospitals. A visit to the Tripoli hospital was conducted in March 2002. The visits included meetings with the supervision consultant and contractors. The critical issue in the assessment was the required synchronization of the progress in civil works with the deployment of the medical equipment prior to the upcoming closing date of the Loan. The progress in the different sites is as follows:

2. **Kaberechmoun Hospital**. Some delays have occurred due to the late handing over of the existing building. This has been resolved and works are proceeding well. The new building has been constructed and finishing related works is at an advanced stage. There is a significant variation order that

is currently being processed by CDR. Overall progress is acceptable, even with the current delays ***the new schedule can be met if the current pace of work is maintained.***

Kaberechmoun Hospital:

Original contract value	US$2,400,000
Expected amended value	US$2,700,000
Estimate of medical equipment (Phase II)	US$1,432,000
Planned date for completion of civil works	July 2002
Revised date for completion of civil works	September 2002

3. **Baalbeck Hospital.** There is no new construction in Baalbeck, yet there are delays in the progress of work. Some parts of the building had not been handed over in time. The Ministry of Health has recently requested officially the handing over of all the remaining areas to the contractor. However, this is not the only reason for delay as it is obvious that work in this hospital is progressing very slowly. Even the new date for completion will not be met under the current pace of work. There is a significant variation order that is currently being processed by CDR. It has been cleared by the Projects Department and is currently awaiting the Board's review and approval. ***Overall progress is not acceptable for this hospital, and further delays are expected with the current pace of work.***

Baalbeck Hospital

Original contract value	US$1,854,000
Expected amended value	US$2,127,000
Estimate of medical equipment (Phase II)	US$1,542,000
Expected date for completion of civil works	June 2002
Revised date for completion of civil works	September 2002

4. **Daher el Bacheq Hospital.** The work in this hospital has experienced delays pertaining mainly to the demolition of an old building and reconstruction of a new one. This variation order has been approved by CDR and the construction of the new extension is completed. Work is progressing well, and several sections have been completed. The current pace is acceptable. It is worth mentioning that this is the only hospital which is fully functional during the rehabilitation phase with a high occupancy rate. ***The revised date for completion can be met if the current pace of work is maintained.***

Daher el Bacheq

Original contract value	US$1,950,000
Expected amended value	US$2,500,000
Estimate of medical equipment	US$1,970,000
Expected date for completion of civil works	November 2002
Revised date for completion of civil works	December 2002

5. **Tripoli Hospital.** This hospital was on the critical path due to the longer duration of the works and the large package of medical equipment that will be installed there. The construction of the new extension was completed and work was progressing well. However, a further complication arose as the rehabilitation of the existing building was found to be impractical and thus the construction of a new

building was proposed. CDR, by letter of June 12, 2002, has requested Bank's no objection to construct a new hospital as mentioned above. This no-objection was provided on June 14, 2002, in light of the justifications and the critical schedule for this hospital. The revised schedule of March 2003 enforces the need for a close monitoring of the construction activities and adhering to the set schedule. Although the first extension of the building (which will house the majority of the new equipment) will be ready prior to March 2003, it is crucial that necessary measures be taken to ensure that any further delays could be avoided in this site.

Tripoli

Original contract value	US$4,900,000
Expected amended value	US$5,600,000
Estimate of medical equipment	US$3,785,000
Expected date for completion of civil works	November 2002
Revised date for completion of civil works	March 2003

6. In general, all the construction is delayed beyond the revised plan that was provided in November 2001. The delays are attributed to several factors: handing over of areas, variation orders, delays in payments in general, and the Government contribution in particular, etc. The mission would like to emphasize the need to coordinate all efforts to ensure that no further delays should occur. The mission would also like to point that the supervision consultant should better anticipate some of these changes and in particular the one for the Tripoli hospital. ***It is highly important not to allow any further slippages in the set schedule.***

- **Supervision Consultant (Spectrum) contract**: The previous missions have constantly pointed out to the fact that Spectrum has several claims relating to their contract. The mission re-iterates its previous request to CDR to solve this issue as soon as possible, especially in the upcoming critical stage. The mission met with CDR who indicated that they are addressing this issue and will resolve it soon

Procurement of Medical Equipment:

7. **Phase I.** The bidding documents for Phase I were launched in August 2001. Bids opening was on October 23, 2001. The results of this exercise were mixed. Lot 1, which is the major one, was cancelled due to non responsiveness of bidders. Lots 2, 3 and 4 were proposed for award at a total value of US$1,106,000.

8. **Phase II.** The specifications and bidding documents for the package for Phase II (estimated budget is US$8,729,000) had been finalized after experiencing some delays. The bidding documents were further revised to reflect the lessons learned from the bidding process for Phase I. The draft bidding documents had been submitted to the Bank to allow time for the revision of the technical specifications. The Bank recruited an expert to review the technical specifications and the proposed packaging. The comments have been provided to MoH to be reflected in the final bidding documents. The review by the Bank of the final bidding documents will be completed in mid-July 2002.

9. These two components, civil works and medical equipment, amount to US$22,760,000 of which US$20,170,000 may be financed by the Bank. Up to this date, **only US$3,315,000 have been disbursed.** With only one year before the Loan closing date, there is a significant amount of works and goods that

have to be executed and delivered yet. The mission would like to emphasize the need for constant monitoring and follow up on these components. Exceptional efforts from MOH, CDR, Supervision Consultants and the Contractors are required if these critical schedules for the construction of the hospitals and the delivery of the equipment are to be met.

II. Primary Health Care (PHC) and Empowerment of the Periphery. Purpose: Strengthening the PHC activities and improving the role of district health services

10. **Ongoing and completed activities**

a) Most activities under this component are being phased out. Ongoing programs are related to the development of a health information system to automate the administrative and medical information at the Qada level and in the primary health care centers.

b) The health information system has been developed and the implementation phase was completed.

c) Training on the operation of the system for the district and health care centers staff was completed.

d) Data collection and entry for the district and health care centers is underway. Completion is expected by December 2002.

e) Computers and printers were recently delivered to 25 health centers and 15 district health offices.

11. **Proposed future activities by the PCU.** Significant work has been accomplished in the area of PHC; however, much remains to be done to achieve reform objectives. Performance monitoring is an essential guide to ensure that appropriate steps and actions are taken by the reform to achieve the intended impact. The monitoring is proposed to be carried out through two levels: (i) system-level measures that include a wide range of system-related, mainly outcome measures; and (ii) organizational-level measures, providing meaningful information about the quality of performance of individual facilities. To achieve the objectives of the above proposed performance monitoring; the project propose to conduct the following activities:

(a) To recruit a consultant to develop outcome indicators to monitor the overall performance of the PHC centers.

(b) To recruit a consultant to develop a unified set of standards applicable to primary health care centers in general.

(c) To recruit a consultant to develop a mechanism for measuring needs and outlining methods of capacity building at the center level.

(d) To recruit an international consultant to develop PHC accreditation and quality assurance standards by September 2002.

III. Hospital Accreditation Program. Purpose: Development and implementation of a hospital accreditation and quality improvement system for contracting with public and private hospitals based on established quality standards.

a) The Consultant, OPCV, had completed, during the first contract, the development of the National Hospital Accreditation Program.

b) A one week surveyors training course was conducted in September 2001. Ten representatives of the major stakeholders were trained and will accompany the OPCV team during the surveys.

c) The OPCV is implementing, under the second contract, the first national hospital survey which started since August 2001. The consultant is surveying hospitals in the fields according to schedule and the Survey phase will be completed by August 2002.

d) A Decree for the adoption of the hospital accreditation standards was issued by the Council of Ministers in April 2002. The work of the existing hospital classification committee has been suspended awaiting the results of the first national hospital survey that is scheduled to be completed by August 2002.

e) Contracts with private hospitals will be awarded based on the results of the accreditation survey according to the Ministerial Decree. Awards are expected to be conducted by October 2002.

f) A 3-year implementation plan ensuring the sustainability and institutionalization of the program is being prepared. It shall include various components related to training, capacity building and education to ensure local ownership. The plan is expected to be completed by August 2002.

g) The National Health Care Quality Council (NHCQC) will be established by December 2002.

h) The following international consultants will be recruited to assist the Government to implement the above mentioned activities (e-g) in:

- Devising and defining a training program on the implementation of accreditation standards. An individual consultant will be recruited by September 2002.
- Monitoring the quality improvement and action plans that have resulted from the national survey. An individual consultant will be recruited by December 2002.
- Completing the national survey for the new opening hospitals and the remaining public hospitals, which were not included in the current survey. An individual consultant will be recruited by December 2002.

IV. <u>Law of Autonomy of Public Hospitals</u>. Purpose: Evaluate the legal and operational adequacy of the law on the autonomy of public hospitals and to review the results of its implementation in 4 hospitals.

13. The Consultant submitted the first report in November 1999, which stated that the existing law does not make public hospitals financially and managerially autonomous. Furthermore, the Consultant recommended six (6) legal and institutional options and operational recommendations in managing and financing autonomous hospitals. The Consultant, in his second assignment (November 2000), submitted the report with these recommendations.

14. The next step is for the Government to decide on how to operationalize the report including seeking necessary legislative changes. For this purpose, a workshop on how to examine and evaluate the implementation of the Law of Autonomy was conducted in June 2001 for all the Board of Directors of the autonomous hospitals and MOH officials. The privatization of public hospitals was one of the options presented in the consultant's report, the ministry is currently exploring the possibility of the application of this option.

15. TORs were prepared for the privatization of the major public hospitals. There is great political and economic pressure to initiate the privatization process as soon as possible. Different options are being discussed with the World Bank to identify a Transaction Manager to develop models for private participation and to prepare bidding documents for the selection of hospital operators.

C. SUPPORT TO THE DEVELOPMENT OF THE REFORM

Purpose: Develop, analyze, cost, and assess implementation of reform options based on the institutional and fiscal realities of the country and relevant national and international experience.

I. Health Reform Study

a) The TORs for the following five basic interrelated components of health systems reform were prepared: (i) Pharmaceuticals; (ii) Manpower; (iii) Hospital and Inpatient Services; (iv) Public Health and Non-Personal Medical Services; and (v) Ambulatory and Primary Healthcare Services. Results form these studies will be an important input for the Government's 'white paper' on health reform.

b) The RFP was launched in March 2001 to a short list of international and national consultants. Only one short listed firm submitted a proposal. Due to the absence of competition and a change in the scope of the assignment, it was decided to cancel the procurement process.

c) A proposed work-plan with detailed activities on the revised reform components that include health information system and needs based health plan components was prepared and was sent to the World Bank for review. It was agreed to proceed with those two components that have achievable objectives within the remaining period of the project.

d) It was further agreed that given the current policy and economic environments as well as remaining life of the project, that the Government would focus its efforts on finalizing the reform tools (e.g., carte sanitaire, needs based masterplan, flat rates, accreditation standards, IRB) rather than a broad-based global health reform strategy. However, the Bank Team also discussed the need to consolidate in one document all the analytical reform work done under this project including the health financing studies discussed below. These analyses will serve as the base for further reform efforts.

e) In this regard, the Government indicated its interest in a possible follow-on project to complete any unfinished basic reform activities started under this project as well as to focus on developing and implementing other more controversial aspects of the reform which have not been addressed to date.

f) The Government agreed to provide the Bank with a policy paper delineating these reform activities by the end of August.

g) Based on this paper, the Bank team agreed to include in its next Mission appropriate technical experts to work with Government counterparts to develop a new health reform project.

II. <u>Health Care Financing</u>. Purpose: Availability of essential information on the financing and functioning of the Lebanese health care system to support the development of options and an action plan for implementation of health financing reform.

a) The WHO health financing studies were completed in December 2001.

b) The NHA report for 1998 was completed in December 2001. Updating of the NHA will be institutionalized at the MOH level.

c) The Household Health Expenditure And Utilization Survey has been completed. The analysis of survey data was completed.

d) An international consultant conducted an actuarial study on health care financing insurance options and on their dynamic modeling.

e) The WHO has requested an extension of the contract with CDR till December 2002 in order to complete the on-going studies (burden of disease and health system responsiveness). All proposed new activities by WHO will not be included in the extended contract. The new WHO contract value was reduced to 1,202,336 USD, the original value of the contract was 1,561,314 USD.

f) WHO has submitted the sixth project progress report in October 2001. The seventh progress report covering the period from Oct. 2001 till May 2002 will be submitted in July 2002.

g) The Council of Ministers have approved the project regarding the interconnection of the beneficiary databases of public funds and linking them to the Ministry of Health. The Ministry will be able to access the databases remotely to check the eligibility of an individual. The objective of this process is to eliminate double coverage and relief the individuals from obtaining non-eligibility certificates from the funds.

h) An action plan for the interconnecting system was prepared and approved by the public funds.

i) The interconnection between public funds will be implemented as a subsystem of the Visa / Billing application. It is expected to be implemented by September 2002.

j) The unification of all codes, standards, forms and procedures among public funds is being coordinated to ensure the compatibility of all systems.

k) A data entry plan has been prepared for the public funds in order to ensure the data readiness of their databases to support the interconnection. Data entry for the National Social Security Fund registry has been completed.

l) Procurement for data entry services for the other public funds is underway. All data activities are expected to be completed by November 2002.

D. INSTITUTIONALIZATION

Two Ministerial Decrees were issued concerning (i) the creation of a Programs and Projects Unit; and (ii) an Information Technology Unit at the MOH in order to institutionalize the work of the major components under the HSRP. Staffing for these units is expected to be concluded by June 2003.

INFORMATION & COMMUNICATIONS TECHNOLOGY

1. The mission dedicated substantial time towards the Information and Communications Technologies (ICT) components of the project. During the course of the mission, the team met with PCU staff, senior MoPH staff, the Director of the Central Administration of Statistics, the WHO IT Manager, the VISA/Billing contractor, the Carte Sanitaire/GIS contractor, the Director of the Beirut University Government Hospital, representatives from the Italian Cooperative for Health, and MEDNET, a private health insurance administrator. The mission would like to thank the valuable efforts of Ms. Samia Abou Ezze, PCU IT Coordinator, who accompanied, arranged, and facilitated many of the meetings and sessions with the IT specialists on the mission.

2. In addition, the team conducted field visits to: the Maqasid primary health care center in Beirut/Horj (operated by the YMCA); the MoPH Qaza center and primary health care center (co-located) in Nabatieh; and the Chouf Qaza center. At these sites, the team received a demonstration of the District Health Information System (DHIS), interviewed staff with responsibility for the DHIS, and engaged center management in a discussion on system usage and utility. The mission would like to thank the valuable efforts of Ms. Amal Hany, the PCU's District Health Information System Coordinator, for arranging and facilitating the visits.

3. The mission would like to acknowledge the great progress being made in the ICT components, which for the most part were not in the original design of the project. **This clearly shows a vision as to the important role that ICT can play in improving the health services in Lebanon generally and in health sector reform specifically.** The main observations from the visit are as follows:

a. Sustainability and refinement: While the project is now supporting a number of ICT initiatives, there is a need to take a more comprehensive and system-wide view of investments in this area: to ensure sustainability of existing progress as well as to support refinements; and to ensure that all activities are integrated with a view to improving health services and health systems management. This would also require full coordination and collaboration amongst sub-activity coordinators within the PCU, to ensure full implementation within the limited time left in the project.

b. Focus on highest quality care: It is important at this point for the MoPH to define broad goals and specific objectives for investments in ICT in the health sector, with emphasis on improving service delivery (e.g., to ensure that all citizens have access to the highest quality care at all levels of the system).

c. Quality control and efficiency: While keeping these primary goals and objectives in mind, it is important to note that the ICT components are also designed to lead to strengthened quality control mechanisms, and to more efficient service delivery and systems management. The MoPH has stressed that their primary focus is on improving services to and health status of consumers of care; this should be the foundation for defining the objectives and the interaction among them.

d. Information system architecture: The PCU, through the efforts of Ms. Samia Abou Ezze, completed a detailed information system architecture analysis for the MoPH's NHIS, focusing on the subsystems designed through the HSRP; this will serve as an important basis for planning future activities and analyzing interrelationships among the subsystems in place and in the planning stages.

4. Since the project will be closing in about one year, it is important to focus activities in two areas: (i) New activities that would provide immediate impact on the health system, and whose outputs can be used as a basis for future investments in the sector (possibly in an HSRP II); and ii) currently planned projects, and on ways to ensure their full implementation prior to project closing.

New Activities

5. **Overview.** During the remaining one year of the HSRP, the MoPH and the PCU should undertake a number of activities to ensure that the MoPH has in place at the end of the project not only operational subsystems that form an important basis for a national health information system (NHIS), but also a road map that can be used to further design, strengthen, and implement a comprehensive NHIS. This NHIS will build on subsystems that have been designed through the HSRP as well as others that are in place or are currently in the design and development phases.

6. Annex 3 presents a discussion of the systems in place and a framework for a road map that will be finalized over the course of the remaining year. In addition to on-going activities, after detailed discussion with the PCU and senior MoPH officials, three core activities are proposed, all of which are designed **to build capacity among MoPH personnel to collect, analyze, and utilize information to make informed decisions about service delivery, management, and policy in the health system in Lebanon.** These following activities are proposed to be undertaken through the remaining year in the project:

Activity 1: ICT Needs Assessment Review;
Activity 2: Demonstration of Participatory Planning Using a Need-based Approach;
Activity 3: Strengthening Data Quality and Data Analysis at the MoPH Policy, Management and Service Delivery Levels

7. There are several on-going initiatives that are related to these activities; the PCU will have to ensure that the results of those activities (e.g., OMSAR's review of roles and responsibilities and information flows within the MoPH and other GOL agencies) are utilized insofar as possible and that activities are not duplicated. Each of the proposed new activities is described below:

8. **Activity 1: ICT Needs Assessment Review.** The specific objectives of this activity are to: i) determine the adequacy and relevancy of information use at MoPH; ii) evaluate the extent the information supports the management of services and activities of the health system; iii) assess the timeliness, accuracy and completeness of health information; iv) and identify the weaknesses and gaps in the information and propose corrective measures and activities that should be undertaken to resolve problems. This Needs Assessment review will include five components:

a. Identifying information needs and capacity building through conduct of a series of workshops, including:
   i. an initial two-to-three day workshop, and
   ii. at least three follow-on workshops focusing on one aspect of health information systems (e.g., analysis of service delivery data);
b. information needs and flow analysis (targeting MoPH policy makers and senior service delivery management;
c. identifying and describing current and planned NHIS and related ICT projects and activities and their interrelationship;
d. analyzing the functionality of current systems and potential for data integration/importation; and
e. carrying out a "cross-walk" of the data elements devised for each of the subsystems designed through the HSRP (i.e., Carte Sanitaire, Visa Billing, PHC/DHIS, and Hospital Accreditation Data Base).

9. The activity would proceed in a phased manner, be undertaken by the PCU with support from a local consultant as necessary, and synchronized with both the Demonstration of Planning (Activity 2) and the Data Quality and Analysis Capacity-building (Activity 3). One or two international experts in health system information policy and planning could contribute to design and conduct of the initial workshop and could support additional activities as deemed appropriate. **In addition to capacity-building, the intent of this activity is to ensure that the ICT components of the project, and the NHIS planned by the MoPH are built on solid foundations and an explicit understanding of existing information systems.** Sample terms of reference for this activity will be provided to the PCU by end of June 2002.

10. **Activity 2: Demonstration of Participatory Planning Using a Needs-based Approach.** This activity builds on PCU plans for carrying out a Needs-based Health Planning activity, and incorporating key elements of participatory planning processes; identifying of core health system and health status indicators; use of HSRP and other health ICT subsystems; and preparing interim products within the life of the project that will be "stand-alone" (e.g., Key Health Systems and Health Status Indicators for Lebanon, Health Information Systems in Lebanon), and resulting in a guideline (or Vision statement for Health Status and Services Improvement in Lebanon for Health) that can be used by the MoPH to develop medium and long-range strategic health plans. This activity will be undertaken by local consultants; an international expert will be utilized if deemed necessary by the PCU and the MoPH. This activity will be carried out through:

a. Discussion of examples of health system and health status indicators (that will be provided through the PCU), and development of the key indicators report mentioned above);
b. Demonstration of use of HMIS subsystem data in planning (including through use of existing planning software); and
c. Conduct of planning exercises in workshops (including for example in the context of workshops carried out as part of Activity 1, to avoid duplication).

11. This activity will be coordinated with other related activities being carried out through the HSRP, including the development of quality standards (and related indicators) for primary health care. **This "hands-on approach" will strengthen the capacity of MoPH officials to analyze and use data and information, demonstrate the potential use of both independent ICT subsystems and integrated analysis of data from multiple systems, and yield policy and practice-relevant documents.** Sample terms of reference will be provided to the PCU by end of June 2002.

12. **Activity 3: Strengthening Data Quality and Data Analysis at the MoPH Policy, Management and Service Delivery Levels.** This activity includes:

a. technical assistance and short-term training for MoPH officials (department managers and staff with ICT roles and responsibilities) and provider staff who have responsibilities for data recording and entry (e.g., physicians who record diagnoses and procedures and nurses and data clerks who enter data);

b. support for data entry vis-à-vis subsystem components designed through the HSRP (e.g., PHC District Level Systems), to reduce backlog and ensure 100% completion and accuracy;

c. support for collecting hospital facility data through the current HSRP hospital accreditation data collection process, or through "purchase" of data from a private sector source (e.g., an insurance provider or network of facilities);

d. collaboration with the MoPH Department of Nursing and the Italian Cooperation in development of an informatics module for the nurses' continuing education program carried out in hospitals and at five PHCs; and

e. support for preparation of a common lexicon for use in data entry and quality control (related to but not duplicative of any training in use of ICD-9 or related standards for diagnostic and procedure codes).

13. The focus will be on improving data quality, including for example: training in use of diagnoses and procedure codes; data entry and quality control of data entry at all levels; analysis of facility-level data for use in practice (at PHCs and hospitals); analysis of district-level data; and analysis of health and related data for policy and planning. These activities will be undertaken by the PCU with local consultants, and will be coordinated with both the needs assessment review and planning activities. Sample terms of reference will be provided to the PCU by end of June 2002.

On-Going Activities

14. **VISA/Billing Database.** The public health provisioning process in Lebanon requires citizens who need public funds for treatment to go through the following steps:

(i) Patient visits the hospital they need to have treatment to be undertaken (the MoPH covers 95% of costs in public hospitals and 85% of costs in private hospitals).

(ii) The MoPH physician at the hospital manually fills out the patients diagnosis form (currently starting to use ICD-10 codes) and provides to the patient (MoPH physicians are stationed in all public and private hospitals in Lebanon).

(iii) The patient, or someone on their behalf, takes the initial form to the MoPH (they also need to make a visit to the Social Security agency, which issues a letter certifying that the patient is not receiving funds from this agency).

(iv) The MoPH enters all information from the form into the VISA system, and provides the patient with a printed form, which then needs to be approved by the VISA physician.

(v) The patient then can use this final form at the hospital to commence treatment. On a monthly basis, the hospitals send a floppy disk to the MoPH to be used as a basis for payment within the Billing system.

15. The contract for the development of the new VISA/Billing system was awarded in March 2002 to Astrolab IT, with a value of US$32,000. The main requirements as detailed in the TOR is to upgrade to a newer version of the database system, and to add various functionalities, of which distributed access is a main objective. The redesigned system will streamline the issuance of VISA's from the MoPH, as well 20 regional administrative offices across Lebanon, which are currently issuing VISA's manually. Hardware for the new system (servers, computers, and communications equipment) have already been procured, partly from MoPH budget.

16. In addition to the VISA system, the Billing system is also being upgraded. The new system will allow hospitals to enter billing information directly without having to send in floppy disks. Each contracted hospital (currently 77 hospitals) will be provided authorized access to the billing system, using a web interface. Hospitals would then enter the billing information on a monthly basis into the central MoPH database. This is a major improvement over the current manual and labor intensive operation.

17. A mission team, along with Ms. Samia Abu Ezze, Ms. Jenny Romanos, PCU VISA Coordinator, and Dr. Youssif Basim, Advisor to the Minister of Health, visited the offices of Astrolab IT and were provided with a demonstration of the initial version of the VISA system. A discussion took place on system functionality and schedule of implementation. It is expected that work on both the VISA and the Billing modules be completed by July 15, 2002. **The mission requested the PCU work with Astrolab IT to prepare the transition plan for the new system.**

18. **Interconnecting the Beneficiaries Database of Public Health Funds (IBD).** The objective of the IBD is to allow the MoPH and the other public funds: National Social Security Fund (NSSF), Cooperative of Civil Servants (COOP), the Army, and the Internal Security Force(ISF), to access each other's beneficiary database and inquire about the eligibility status of a particular individual at each of the funds. To this effect, the PCU retained the consulting services of CDC Systems, to undertake an analysis and design of the system, and to produce the required bidding documents.

19. The PCU's initial approach was to recruit a firm to undertake the development of the system as a stand-alone system (i.e. separate from VISA/Billing). While contracting proceeded on this basis and proposals evaluated, the PCU has decided to integrate the IBD into the VISA/Billing system. This is a sensible approach, which was also previously a recommendation from the World Bank. The required

integration efforts, judged to be minimal by the PCU, will now be undertaken as part of the Astrolab IT contract. Extraction routines required at each public funds have been discussed and will be put into place by each respective Fund when required. The routines are expected to require about 2-3 days of effort to complete.

20. To accomplish the functionality of the IDB, the records of the public funds would need to be updated, and in most cases computerized. The data at the NSSF have all been entered (about 700,000 records, through a contract with InfoPlus), and now require a thorough update of key status fields prior to being usable by the new integrated VISA/Billing system. It is estimated that this update would take another 9 months to be completed. This is the most important system, since it encompasses the largest population of coverage. Data collection at the ISF is completed, and is currently being entered by ISF staff and expected to be completed by end of September 2002. Data entry at the COOP is being handled as part of the OMSAR automation effort. The database at the COOP requires technical upgrade, and there are problems in the data collection process. The timeframe for completion is as of yet undetermined. The data on Army personnel will be entered through an RFP, which has already been developed, and is expected to be entered into contract around early September 2002.

21. The mission impressed upon the PCU the need to adequately package the integrated IBD into the VISA/Billing system, to ensure maximum benefit to consumers. The mission recommends proceeding with the full integration and operationalizing the integration only after having all records from the public funds (or at a minimum from the NSSF) fully verified. **This approach would provide maximum benefit to consumers and will provide the MoPH with an excellent opportunity to showcase progress towards improving service delivery.** To this effect, a communication campaign is recommended to inform consumers of the new benefits of the integrated system.

22. **Qada Information System.** The Qada IS is being deployed to various governarates in Lebanon, to assist the Qada physicians in improving efficiency and service delivery within their offices. The system is based on Microsoft Access 97, and is in the process of being upgraded to the latest version, and is designed to work in a networked environment. The Qada IS is composed of four main functions, as follows:

a. Administration: Includes human resource system, asset management, transaction tracking, etc.

b. General Information: Includes information on demographics, population, sanitation, water resources, vital statistics, institutions, etc.

c. Health Control: Includes information used for supervision of health providers.

d. Health Programs: Includes information on infectious disease, vaccinations, etc.

23. The system was developed by Mr. Ali Roumani, who has now been retained full-time by the PCU to continue work on upgrading and deploying the system throughout Lebanon. Ms. Lina Abou Mourad from the MOH is assisting Mr. Roumani in developing and managing the project.

24. The Qada IS has been deployed to five Qada's: Nabatieh (90% deployed), Sour (75%), Chouf (80%), Keserwan (75%), and West Baqaa (70%). Each Qada has one computer and one printer, except for Nabatieh, which has a local area network made up of 8 PC's and a server. The project supports financing computer equipment (US$30,000) for the 5 Qada's in the project, in addition to computer training (US$30,000).

25. The data collection and entry is in various stages, with Nabatieh at an advanced stage. The data collection/entry process is being financed by the World Health Organization (WHO). About 2-3 staff in each of the Qada, in addition to the Qada Physician, have been trained in basic computer literacy and in the use of the Qada IS application.

26. A mission team visited the Nabatieh and the Chouf Qada centers and met with the Qada Physician in both centers, and met with staff operating the system. The Nabatieh system is used extensively by the Qada Physician to manage day-to-day operations and in long-term planning. The Physician indicated the high utility of the system and indicated its impact on improving routine and administrative procedures to the benefit of consumers. The level of use at Chouf was much less than that at Nabatieh, as it has just been installed recently. In both cases, however, the centers indicated particularly the challenges associated with data collection (mainly attributed to reluctance of businesses and institutions to provide data), and problems with data entry (mainly attributed to the lack of time and qualified personnel to do the data entry).

27. The PCU initiated a short evaluation study (a combination of field visits and questionnaire) of the system in the 5 Qada's. Overall, the study found that the Qada Physicians appreciate the utility of the system overall, but cite difficulties in data collection and entry.

28. **Health Center Information System.** In addition to the Qada IS, Mr. Roumani is also responsible for developing the Health Center IS (HCIS). The HCIS is being deployed to the primary care facilities in the various regions in Lebanon, totaling 42 centers. It is initially being piloted in 11 centers as follows: Nabatieh, Sarafand, Karitass-Saida, Beitedine, Beirut-Tamliss, El Horoj, Halba, Khaldie, Karame, Ibn Sina, Keraawan. The level of deployment varies with: Nabatieh, Khaldie, and Karame at 100% for all modules; Sarafand, Karitass-Saida, and El Horoj at about 80%; Beitedine, Beirut-Tamliss, Ibn Sina, and Keraawan are in the initial stages.

29. The HCIS is being designed as a primary health care and clinical system, having modules on: i) Family and patient registry; ii) Family member data; iii) health history on those who visit; iv) and services rendered to each. The system uses ICD-10 codes, and the MOH's pharmaceutical coding schemes. The project will support financing computer equipment and networks for all health centers at an estimated cost of $180,000.

30. A mission team visited the Nabatieh and the El Horoj centers and met with the staff operating the system in both centers. The Nabatieh system is used extensively by multiple departments within the health center, using the existing local area network. The level of use at El Horoj was much less than that at Nabatieh, as it has just been installed recently. In both cases, and as is the case for the Qada IS, data collection and entry are major challenges facing the usage of the system.

31. **GIS System for Carte Sanitaire.** As part of the Carte Sanitaire project the MoPH retained the services of a GIS consulting firm, Khatib & Alami, for a contract value of $70,000. Data has been collected for all hospitals in Lebanon. Data on health centers and dispensaries for Nabatieh was also collected for the pilot of the GIS system. The last update on data occurred in 2001. The work is being done under the guidance of the MoPH's Planning Unit, and is supported by the MoPH computer center, with training being provided by the consultant.

32. A mission team visited the offices of Khatib & Alami and were provided a demonstration of the final system. The consultant provided a demonstation of the system capabilities, including data analysis,

mapping, and the long-term proposed action plan. It is noted that the system is only installed at the offices of the consultant, since adequate equipment and software are not available at the Ministry. Thus, MoPH Planning Unit staff need to travel to the offices of the consultant should they need to use the system.

33. While the demonstrated system shows a promising initial start, substantial work still remains to complete the data collection for all health facilities. More importantly, substantial capacity building would need to take place at MoPH to ensure full utility of the system in planning health care facilities in Lebanon (see earlier section on capacity building). As a short-term plan, the Ministry is in the process of purchasing one ARCGIS license and willinstall it on the existing server in order to support the operation of the developed application. As requested by the mission, the PCU will submit a plan for any future requirements for the GIS as part of the HSRP's Carte Sanitaire project at the end of August 2002.

34. **Hospital Information System for Daher El-Bashek Hospital.** The Hospital Information System installed in Daher El-Bashek Hospital (DEB) was developed by a local company, C.T. Serve. The software is DOS-based, and was developed using the Clipper/Dbase technology. The system is composed of various modules, including registration, accounting, human resources, patient records, radiology, laboratory, pharmaceuticals, and asset management. A server in the main registration office houses the database, with about five personal computers accessing the main server. C.T. Serve undertook the installation of the system, as well as training for staff in using the relevant modules.

35. Currently, the main modules being used at DEB are the registration, accounting, human resources, and asset management modules. The system generates various management reports, mostly routine reports, and are used extensively by DEB management. It was made clear that the system has had a major impact on improving the management and administration of the Hospital.

36. To date, however, the more substantive modules relating to patient care have not been deployed, as the use is mostly administrative rather than clinical. In addition, the software technology used by the system is dated to the early- to mid- 1990's, and is not compatible with new versions of network and personal computer systems (i.e. Windows 2000). C.T. Serve did indicate that they have embarked on an effort to upgrade the system to be Windows 2000 compatible and to be based on Microsoft SQL Server technology, but there was no indication as to timeframe.

37. It was noted that while the system lacks many of the functionalities of a full Hospital Information System (i.e., electronic patient records, results reporting, beside monitoring, clinical information, etc.), it has provided DEB with a mechanism to better manage and administer the hospital. For larger hospitals with higher rates of admissions, this system would need to be carefully reviewed prior to deployment, to ensure that it meets all of the information and systems requirements of the hospital.

38. The cost of the system was $20,000 (of which $12,000 was for software and training, and US$8,000 for equipment). The system was being proposed to be installed in the three other hospitals supported by the HSRP, Baalbak, Kaberchmoun, and Tripoli, for a total of US$60,000. However, due to changing requirements, the PCU is looking at other options for HIS for the these three hospitals.

FINANCIAL MANAGEMENT, DISBURSEMENT AND CASH FORECAST

1. CDR continues to be responsible for managing the project funds and all related financial transactions under Part A of the project, while MOH, through the PCU, manages all remaining activities as defined under Part B of the project. The CDR financial management system continues to be characterized by an adequate control environment and clear segregation of financial tasks. CDR staff is experienced with the Bank's guidelines and procedures dealing with the management of project funds and the project Special Account (SA). However, CDR is presently in the process of upgrading its accounting system to become capable of generating periodical project reports to be used for follow up and decision making.

2. The Financial Management System, Part B of the project, continues to be appropriate and capable of following on the project accounts, and to generate timely and reliable reports reflecting the project activities and Loan Categories.

3. Good communications about financial issues characterizes the relation between the two implementing units, thus allowing the PCU located at the MOH to issue consolidated expenditure and commitment statements that reflect the project financial status, and to prepare the project disbursement forecast.

4. **Special Accounts:** SA (A), managed by CDR, as of April 30, 2002 was showing a balance of US$320,694.37. The account reconciliation sheet shows a balance of US$3,735.06 as claimed but not replenished by the Bank. This amount is the result of a difference in interpretation on whether the reduction in financing, for Category 5 of the Loan, applies on the date of the payment from the SA, or on the date the Bank receives the withdrawal application. The mission recommends that this issue be settled in the near future.

5. SA (B), managed by MOH, as of May 31, 2002, shows a balance of US$234,393.84. The account continues to be well managed where all transactions are posted regularly and records are reconciled monthly. Supportive documentation is well filed, and easily traced when needed.

6. The sum of US$3.47 million was disbursed, since the last mission, through the project SAs (A) and (B). Withdrawal applications continue to be remitted by CDR and MOH on periodic basis to the Bank

7. ***Counterpart Funds***: The mission was informed by the civil works contractors that payments, covering the 20% of the approved invoices representing the Government counterpart funds, are being delayed by CDR. Further analysis revealed that the project counterpart funds are available within the CDR budget of FY02; however, the delays are in the fund transfers from MOF to CDR account. The mission raised concerns regarding this issue and reminded CDR that counterpart funds must be programmed to finance the Government contribution for civil works. Not honoring the payments on timely basis may affect the civil work component progress especially that the Loan closing date is June 30, 2003.

8. ***Project Audit***: The audit report for FY01 is due before September 30, 2002. The arrangement agreed upon between CDR and MOF for the previous year audit continues to be effective. This arrangement was based on extending the TORs of CDR auditor (Delloite and Touche) to include activities and transactions of Part B. The audit for this project is expected to be finalized and the report remitted to the Bank prior to the due date as mentioned in the Legal Agreement.

9. CDR Signed Contracts: The arrangement to honor contracts signed by CDR prior to opening SA (B) of the project continues to be satisfactory. All contracts signed by CDR and financed under Categories 4 and 5 of the Loan are being presented to CDR who approves and forwards the invoice to MOH accompanied by a signed letter requesting payment. MOH process the request and issues the payment.

10. ***Project Budget*** Close coordination is needed between the construction activities and the supply of equipments which have to be delivered and accepted prior to the closing date if they are to be financed through the Loan proceeds. Taking into consideration of the civil work progress plan and the procurement plan, the PCU have prepared a budget reflecting disbursements for the remaining 12 months of the project life. This budget will be used as a base for comparing the project actual disbursements and the estimates for variance analysis (copy of budget summary is attached as Annex 4). The uncommitted funds represents, mainly the allocation for the medical equipment that will be procured and installed for the renovated hospitals. However, based on the current projections, the project objectives will be achieved with a resultant and savings of about US$3.5 million from the Loan proceeds (Annex 5).

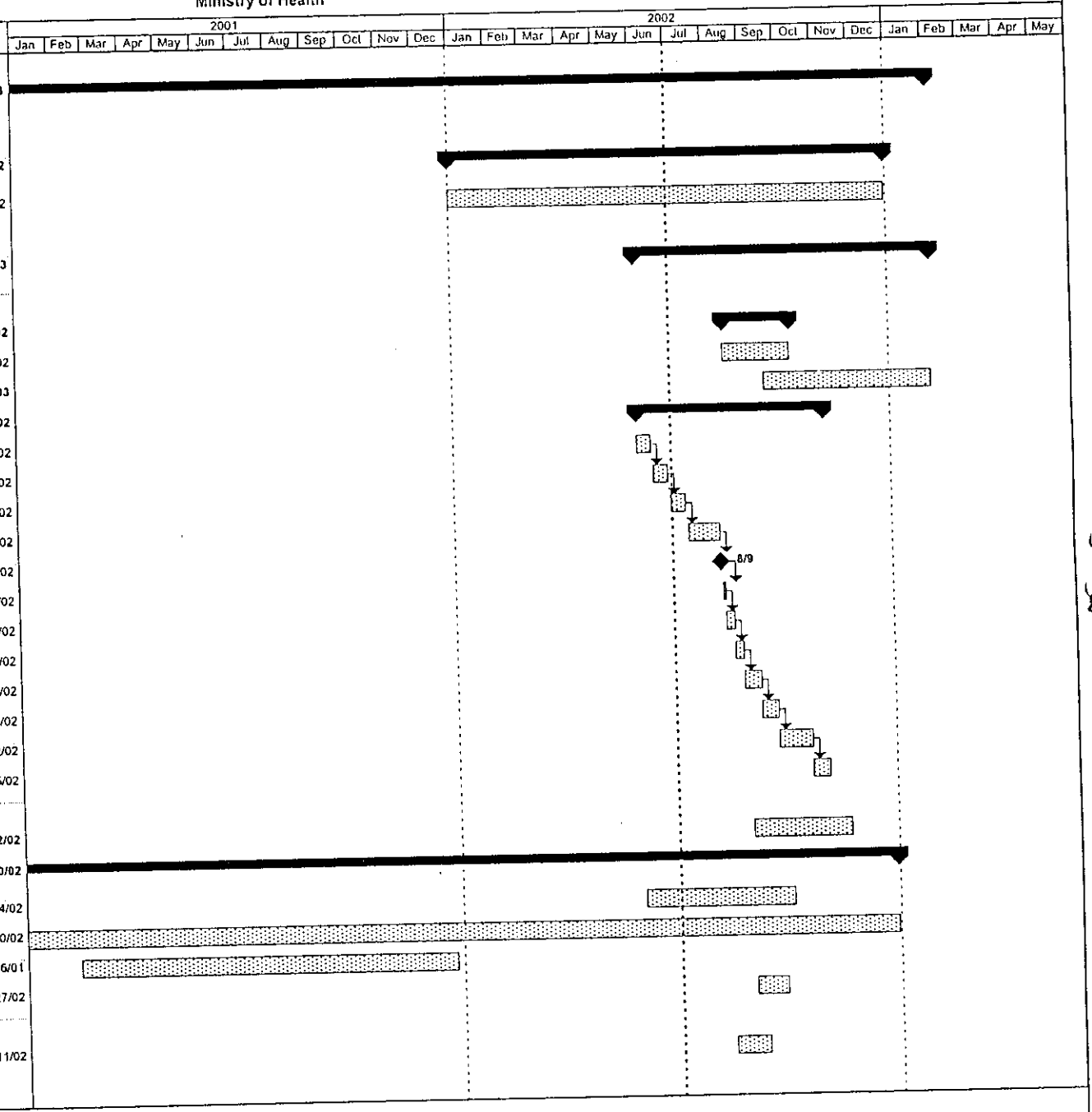
Attachments

Annex 1: Procurement Plan (Overall Status)
Annex 2: Procurement Plan (Four Public Hospitals)
Annex 3: Health Information System Component, Synthesis Report
Annex 4: Budget Summary
Annex 5 Disbursement Commitments by Category

Beirut, Lebanon
June 10-15, 2002

Health Sector Rehabilitalon Project
Ministry of Health

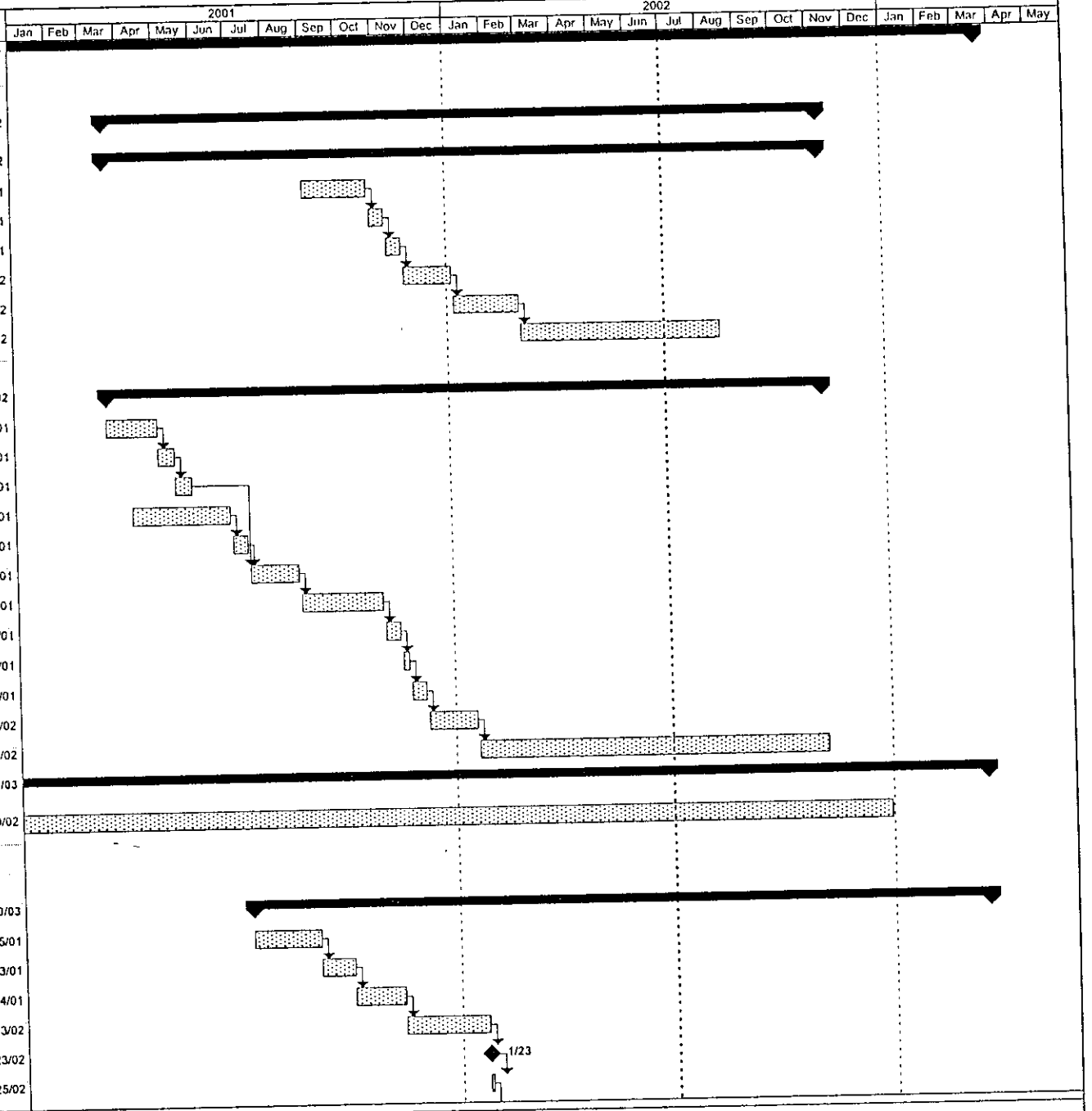
ID	O	Task Name	Duration	Start	Finish
1					
2		**A)Strengthen Planning Capacity**	626 days	Tue 9/12/00	Tue 2/4/03
3					
4		**A.1 ADMINISTRATIVE STRENTHENING**	260 days	Tue 1/1/02	Mon 12/30/02
5		training hsrp members(30k$)	52 wks	Tue 1/1/02	Mon 12/30/02
6					
7		**A.2 Empowerment of Periphery**	177 days	Mon 6/3/02	Tue 2/4/03
8					
9		computer training(30k$)	40 days	Thu 8/15/02	Wed 10/9/02
10		contract award	8 wks	Thu 8/15/02	Wed 10/9/02
11		workshops(5k$)	20 wks	Wed 9/18/02	Tue 2/4/03
12		computers & network (30k$)	112 days	Mon 6/3/02	Tue 11/5/02
13		Prepare equip lists and cost estimates	2 wks	Mon 6/3/02	Fri 6/14/02
14		Preparation of bidding documents	2 wks	Mon 6/17/02	Fri 6/28/02
15		Review of package by CDR	2 wks	Mon 7/1/02	Fri 7/12/02
16		Issue bidding documents	4 wks	Mon 7/15/02	Fri 8/9/02
17		Bid Opening	0 days	Fri 8/9/02	Fri 8/9/02
18		Set evaluation criteria	2 days	Mon 8/12/02	Tue 8/13/02
19		Evaluation/ post-qual/selection	1 wk	Wed 8/14/02	Tue 8/20/02
20		Techl evaluation approved by CDR	1 wk	Wed 8/21/02	Tue 8/27/02
21		final cdr board approval	2 wks	Wed 8/28/02	Tue 9/10/02
22		Award contract by CDR	2 wks	Wed 9/11/02	Tue 9/24/02
23		Delivery	4 wks	Wed 9/25/02	Tue 10/22/02
24		Accept delivery	2 wks	Wed 10/23/02	Tue 11/5/02
25					
26		furniture (3k$)	12 wks	Mon 9/2/02	Fri 11/22/02
27		**A.3 Carte Sanitaire (consultants)**	600 days	Tue 9/12/00	Mon 12/30/02
28		questionare update-CAS(27k$)	18 wks	Mon 6/3/02	Fri 10/4/02
29		Legal advisor (50k$)	120 wks	Tue 9/12/00	Mon 12/30/02
30		health planning/GIS Expert (70k$)	45 wks	Thu 2/15/01	Wed 12/26/01
31		Int. consultant / needs based master plan	4 wks	Mon 9/2/02	Fri 9/27/02
32					
33		Workshop (10k$)	4 wks	Thu 8/15/02	Wed 9/11/02
34					



الجمهورية اللبنانية
مكتب وزير الدولة لشؤون التنمية الإدارية
مركز مشاريع ودراسات القطاع العام

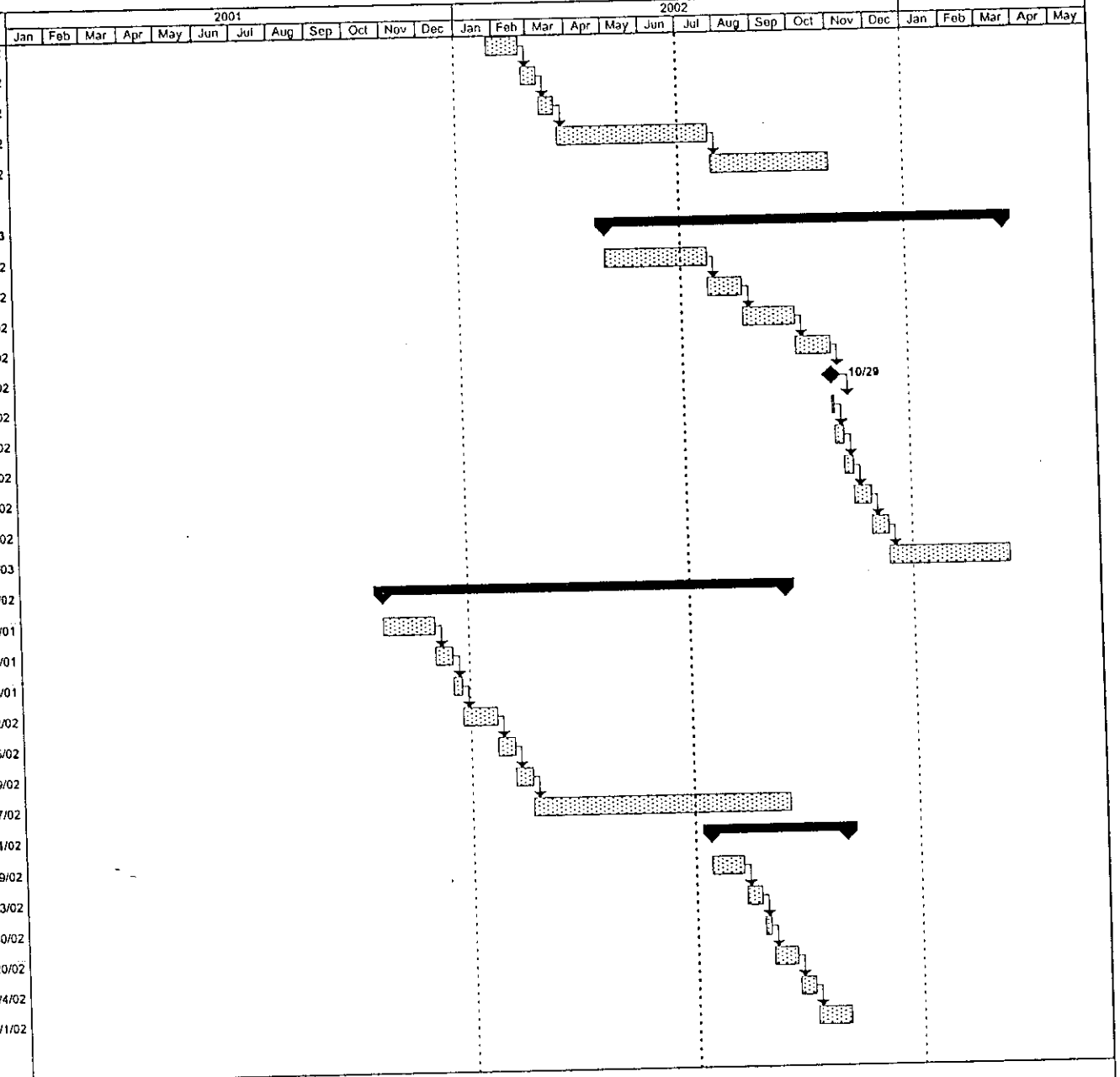
Health Sector Rehabilitaion Project
Ministry of Health

ID	Task Name	Duration	Start	Finish
35	B) Health Care Financing	1138 days	Tue 11/10/98	Thu 3/20/03
36				
37	B.1 Cost Containment	429 days	Tue 3/20/01	Fri 11/8/02
38	visa/billing system conversion (32$k)	429 days	Tue 3/20/01	Fri 11/8/02
39	tor preparation	8 wks	Mon 9/3/01	Fri 10/26/01
40	wb no objection on tor	2 wks	Mon 10/29/01	Fri 11/9/01
41	rfp preparation	2 wks	Mon 11/12/01	Fri 11/23/01
42	proposals submission	6 wks	Mon 11/26/01	Fri 1/4/02
43	proposals evaluation &	8 wks	Mon 1/7/02	Fri 3/1/02
44	contract award and execution	24 wks	Mon 3/4/02	Fri 8/16/02
45				
46	med services flat rates	429 days	Tue 3/20/01	Fri 11/8/02
47	spn	6 wks	Tue 3/20/01	Mon 4/30/01
48	short list selection	2 wks	Tue 5/1/01	Mon 5/14/01
49	wb no objection on	2 wks	Tue 5/15/01	Mon 5/28/01
50	tor& rfp preparation	12 wks	Mon 4/9/01	Fri 6/29/01
51	wb no objection on	2 wks	Mon 7/2/01	Fri 7/13/01
52	proposals submission	6 wks	Mon 7/16/01	Fri 8/24/01
53	tech proposals evaluation	10 wks	Mon 8/27/01	Fri 11/2/01
54	wb no objection	2 wks	Mon 11/5/01	Fri 11/16/01
55	financial evaluation	1 wk	Mon 11/19/01	Fri 11/23/01
56	wb no objection	2 wks	Mon 11/26/01	Fri 12/7/01
57	contract negotiation	6 wks	Mon 12/10/01	Fri 1/18/02
58	contract award and execution	42 wks	Mon 1/21/02	Fri 11/8/02
59	B.2 Healthcare Financing	1138 days	Tue 11/10/98	Thu 3/20/03
60	WHO Contract (1.2mil$)	216 wks	Tue 11/10/98	Mon 12/30/02
61				
62				
63	DB Implementation 180k$	441 days	Thu 7/12/01	Thu 3/20/03
64	Prepare specifications lists	8 wks	Thu 7/12/01	Wed 9/5/01
65	Preparation of bidding documents	4 wks	Thu 9/6/01	Wed 10/3/01
66	Review of package by CDR	6 wks	Thu 10/4/01	Wed 11/14/01
67	issue bidding documents	10 wks	Thu 11/15/01	Wed 1/23/02
68	Bid Opening	0 days	Wed 1/23/02	Wed 1/23/02
69	Set evaluation criteria	2 days	Thu 1/24/02	Fri 1/25/02



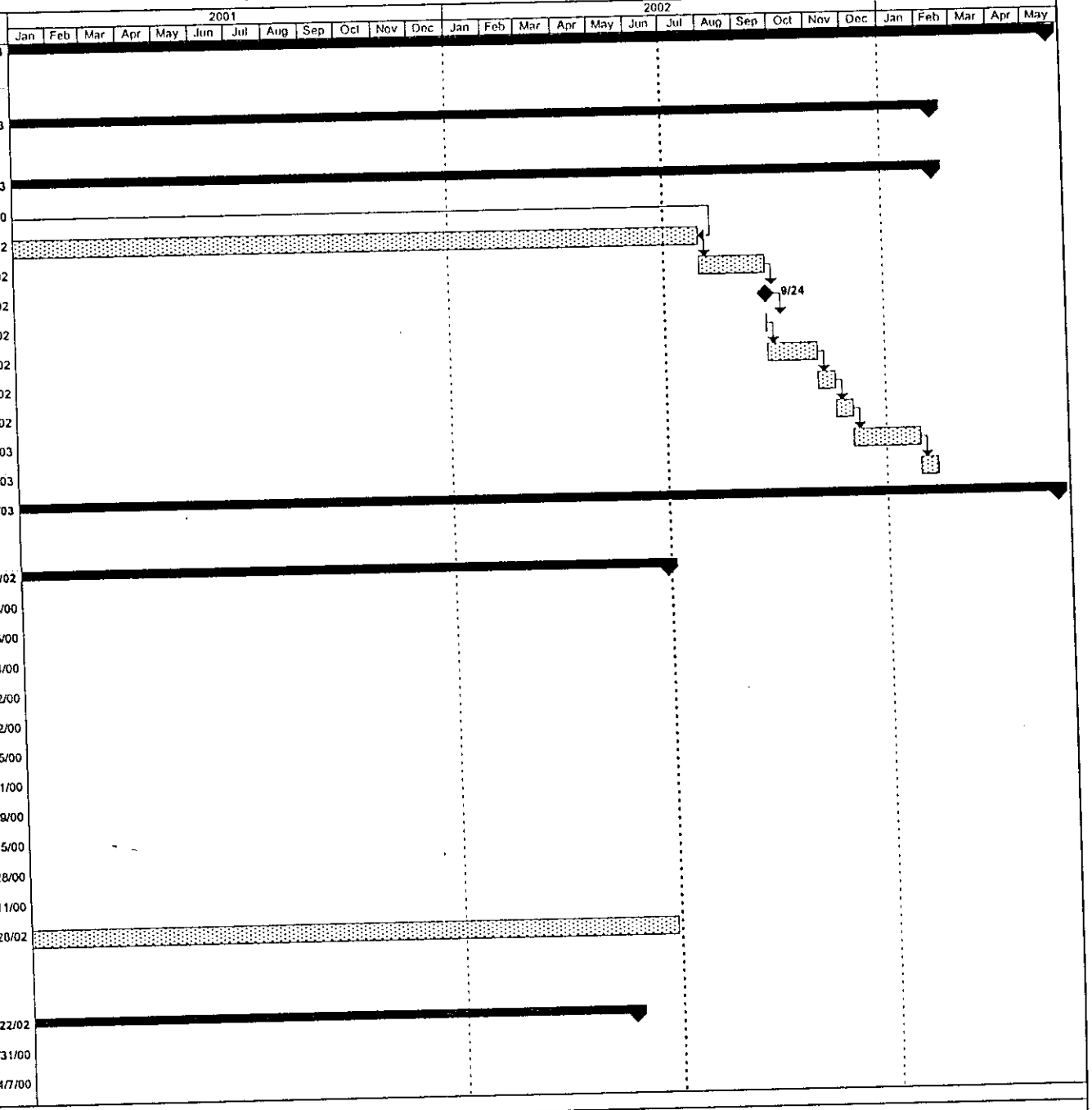
Health Sector Rehabilitaion Project
Ministry of Health

ID	Task Name	Duration	Start	Finish
70	Evaluation/ post-qual/selection	4 wks	Mon 1/28/02	Fri 2/22/02
71	Techl evaluation	2 wks	Mon 2/25/02	Fri 3/8/02
72	approved by CDR final cdr board approval	2 wks	Mon 3/11/02	Fri 3/22/02
73	Award contract	18 wks	Mon 3/25/02	Fri 7/26/02
74	(AWAITING MOH Delivery	14 wks	Mon 7/29/02	Fri 11/1/02
75				
76	**DB medical application 150k$**	232 days	Wed 5/1/02	Thu 3/20/03
77	Prepare specifications	12 wks	Wed 5/1/02	Tue 7/23/02
78	Preparation of bidding	4 wks	Wed 7/24/02	Tue 8/20/02
79	Review of package by	6 wks	Wed 8/21/02	Tue 10/1/02
80	Issue bidding documents	4 wks	Wed 10/2/02	Tue 10/29/02
81	Bid Opening	0 days	Tue 10/29/02	Tue 10/29/02
82	Set evaluation criteria	2 days	Wed 10/30/02	Thu 10/31/02
83	Evaluation/ post-qual/selec	1 wk	Fri 11/1/02	Thu 11/7/02
84	Techl evaluation	1 wk	Fri 11/8/02	Thu 11/14/02
85	final cdr board approval	2 wks	Fri 11/15/02	Thu 11/28/02
86	Award contract by CDR	2 wks	Fri 11/29/02	Thu 12/12/02
87	Delivery	14 wks	Fri 12/13/02	Thu 3/20/03
88	**data entry for public funds(180k$)**	235 days	Wed 10/24/01	Tue 9/17/02
89	preperation of tor & short list	6 wks	Wed 10/24/01	Tue 12/4/01
90	wb no objection	2 wks	Wed 12/5/01	Tue 12/18/01
91	preperation of rfp	1 wk	Wed 12/19/01	Tue 12/25/01
92	proposals from short listed	4 wks	Wed 12/26/01	Tue 1/22/02
93	evaluation of proposals	2 wks	Wed 1/23/02	Tue 2/5/02
94	wb no objection on evaluation	2 wks	Wed 2/6/02	Tue 2/19/02
95	contract award & execution	30 wks	Wed 2/20/02	Tue 9/17/02
96	**T.A. FOR IRB/TPA TOR PREPARA. (30K$)**	80 days	Mon 7/15/02	Fri 11/1/02
97	preperation of tor	4 wks	Mon 7/15/02	Fri 8/9/02
98	wb no objection	2 wks	Mon 8/12/02	Fri 8/23/02
99	preperation of rfp	1 wk	Mon 8/26/02	Fri 8/30/02
100	proposals from short listed	3 wks	Mon 9/2/02	Fri 9/20/02
101	evaluation of proposals	2 wks	Mon 9/23/02	Fri 10/4/02
102	contract award & execution	4 wks	Mon 10/7/02	Fri 11/1/02
103				



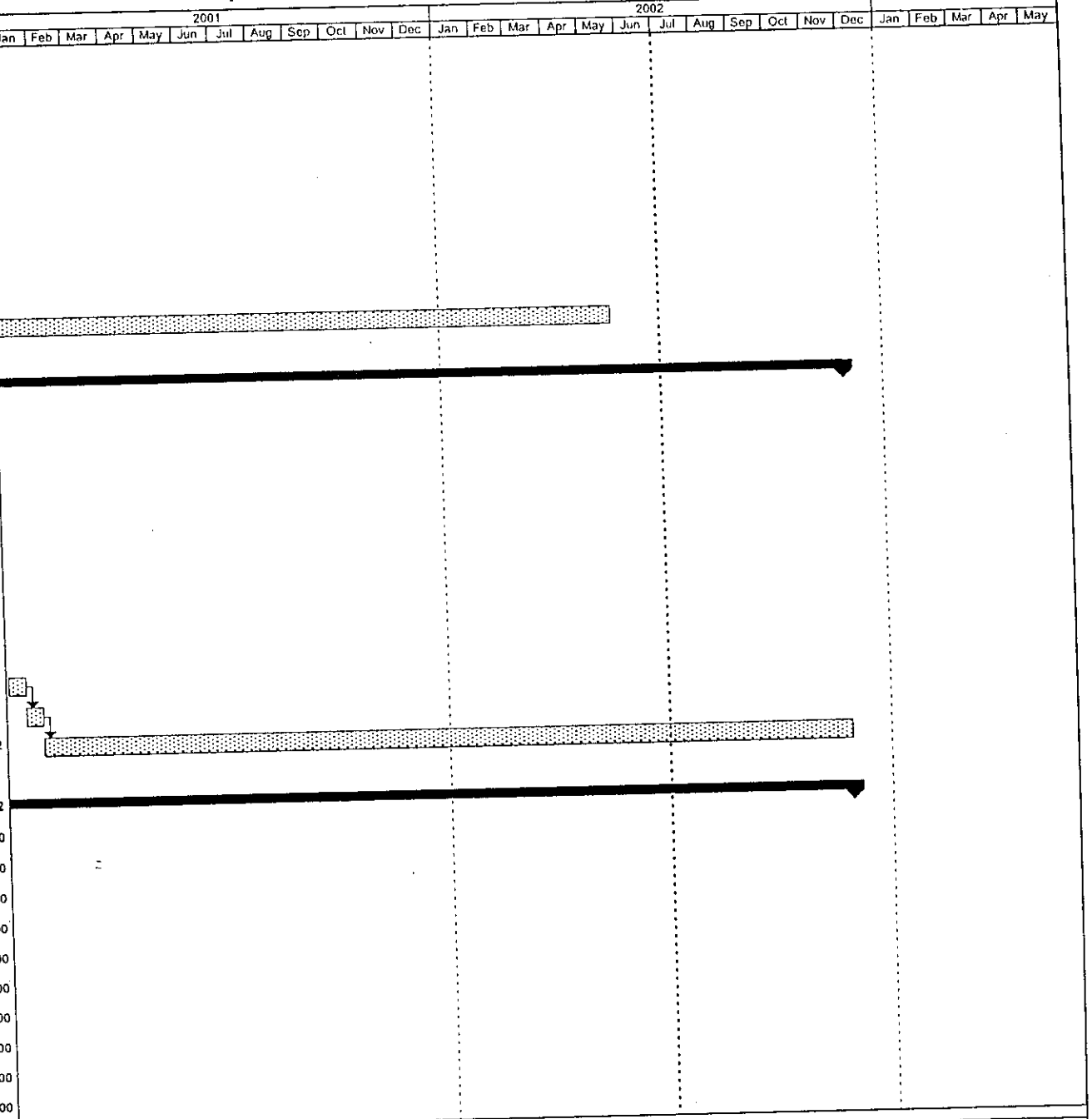
Health Sector Rehablilitaion Project
Ministry of Health

ID	O	Task Name	Duration	Start	Finish
104		C) Improve Services Delivery	1168 days	Tue 12/1/98	Thu 5/22/03
105					
106		c1. Health centers rehab & mang.	761 days	Wed 3/15/00	Wed 2/12/03
107					
108		non-med equipment (95k$)	761 days	Wed 3/15/00	Wed 2/12/03
109		Preparation of tech spec & BD	2 wks	Wed 3/15/00	Tue 3/28/00
110		cdr delay	120 wks	Wed 4/12/00	Tue 7/30/02
111		Issue bidding documents	8 wks	Wed 7/31/02	Tue 9/24/02
112		Bid Opening	0 days	Tue 9/24/02	Tue 9/24/02
113		Set evaluation criteria	1 day	Wed 9/25/02	Wed 9/25/02
114		Evaluation/ post-qual/selection	6 wks	Thu 9/26/02	Wed 11/6/02
115		Bid evaluation approved by CDR	2 wks	Thu 11/7/02	Wed 11/20/02
116		Award contract by CDR	2 wks	Thu 11/21/02	Wed 12/4/02
117		Delivery	8 wks	Thu 12/5/02	Wed 1/29/03
118		Accept delivery	2 wks	Thu 1/30/03	Wed 2/12/03
119		C.2 Public Hospitals Rehab& Mang.	1168 days	Tue 12/1/98	Thu 5/22/03
120					
121		Civil Works (NCB) KABERCHMOUN	629 days	Tue 2/1/00	Fri 6/28/02
122		preparation of bidding document	4 wks	Tue 2/1/00	Mon 2/28/00
123		Review of package by CDR	1 wk	Tue 2/29/00	Mon 3/6/00
124		WB no-objection to final bidding	1 day	Tue 4/4/00	Tue 4/4/00
125		add bidding	3 days	Mon 4/10/00	Wed 4/12/00
126		tendering	22 days	Thu 4/13/00	Fri 5/12/00
127		tender opening	1 day	Mon 5/15/00	Mon 5/15/00
128		Evaluation/ post-qual/selection	13 days	Tue 5/16/00	Thu 6/1/00
129		Bid evaluation approved by CDR	6 days	Fri 6/2/00	Fri 6/9/00
130		WB no-objection	4 days	Mon 6/12/00	Thu 6/15/00
131		Award contract by CDR	10 days	Mon 7/17/00	Fri 7/28/00
132		Mobilization	10 days	Mon 7/31/00	Fri 8/11/00
133		works	490 days	Mon 8/14/00	Fri 6/28/02
134					
135					
136		Civil Works (NCB) baalbeck	598 days	Mon 2/7/00	Wed 5/22/02
137		preparation of bidding document	8 wks	Mon 2/7/00	Fri 3/31/00
138		Review of package by CDR	1 wk	Mon 4/3/00	Fri 4/7/00



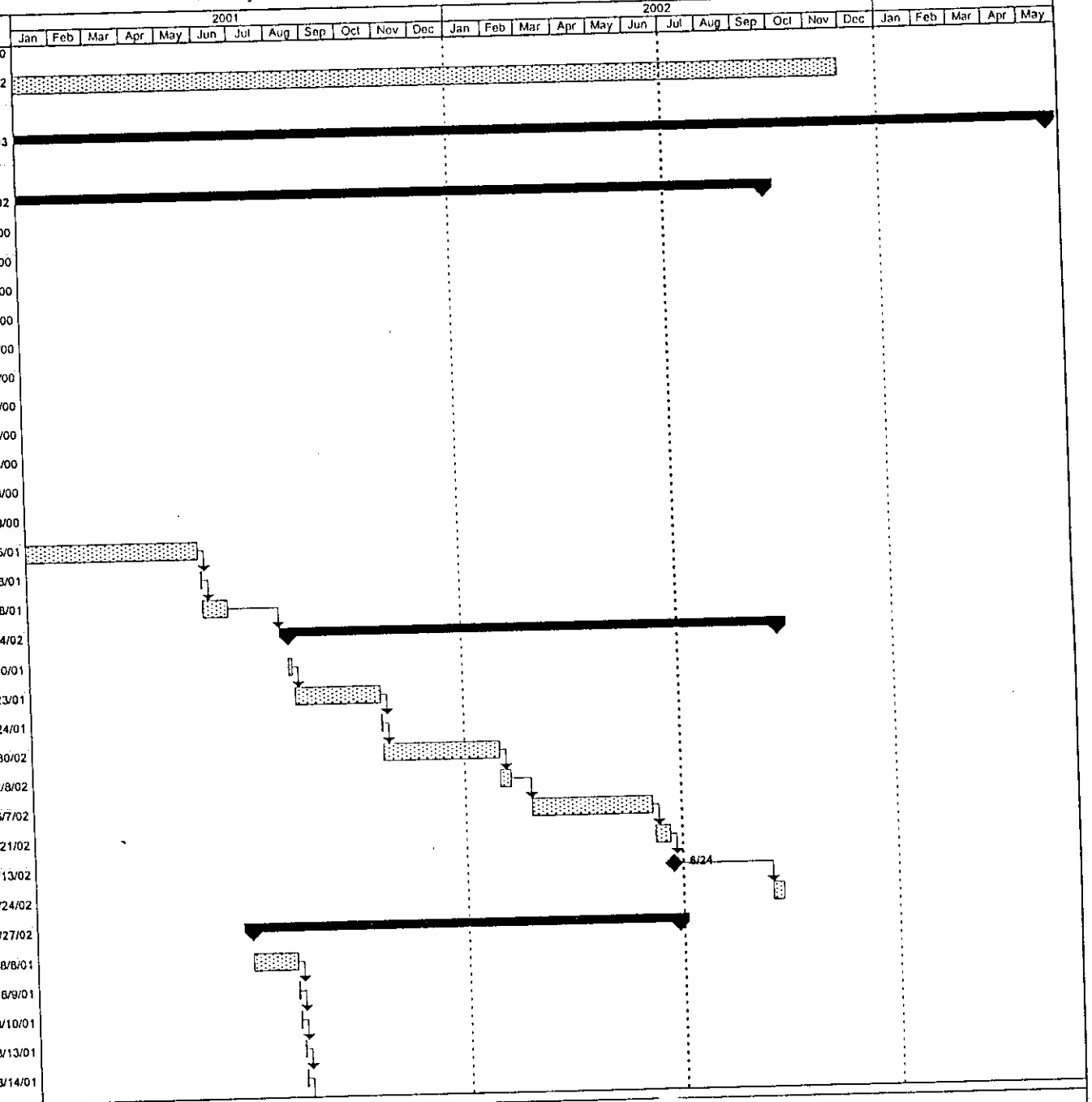
Health Sector Rehabilitaion Project
Ministry of Health

ID	Task Name	Duration	Start	Finish
139	WB no-objection to final bidding	1 day	Mon 4/10/00	Mon 4/10/00
140	add bidding	3 days	Tue 4/11/00	Thu 4/13/00
141	tendering	22 days	Fri 4/14/00	Mon 5/15/00
142	tender opening	1 day	Tue 5/16/00	Tue 5/16/00
143	Evaluation/ post-qual/selection	13 days	Wed 5/17/00	Fri 6/2/00
144	Bid evaluation approved by CDR	0 days	Mon 6/5/00	Mon 6/12/00
145	WB no-objection	4 days	Tue 6/13/00	Fri 6/16/00
146	Award contract by CDR	10 days	Mon 8/7/00	Fri 8/18/00
147	Mobilization	10 days	Mon 8/21/00	Fri 9/1/00
148	works	448 days	Mon 9/4/00	Wed 5/22/02
149				
150	Civil Work (NCB) daher albachek	697 days	Thu 3/30/00	Fri 11/29/02
151	preparation of bidding document	4 wks	Thu 3/30/00	Wed 4/26/00
152	Review of package by CDR	8 days	Thu 4/27/00	Mon 5/8/00
153	WB no-objection to final bidding	2 days	Tue 5/9/00	Wed 5/10/00
154	add bidding	3 days	Thu 5/11/00	Mon 5/15/00
155	tendering	75 days	Tue 5/16/00	Mon 8/28/00
156	tender opening	1 day	Tue 8/29/00	Tue 8/29/00
157	Evaluation/ post-qual/selection	35 days	Wed 8/30/00	Tue 10/17/00
158	Bid evaluation approved by CDR	21 days	Wed 10/18/00	Wed 11/15/00
159	WB no-objection	17 days	Thu 11/16/00	Fri 12/8/00
160	Award contract by CDR	10 days	Thu 1/4/01	Wed 1/17/01
161	Mobilization	10 days	Thu 1/18/01	Wed 1/31/01
162	works	477 days	Thu 2/1/01	Fri 11/29/02
163				
164	Civil Work (NCB) Tripoli	658 days	Fri 5/26/00	Fri 11/29/02
165	prequalification	68 days	Mon 5/29/00	Wed 8/30/00
166	preparation of bidding document	12 wks	Fri 5/26/00	Thu 8/17/00
167	Review of package by CDR	6 days	Fri 8/18/00	Fri 8/25/00
168	WB no-objection to final bidding	2 days	Mon 8/28/00	Tue 8/29/00
169	tendering	23 days	Fri 9/15/00	Tue 10/17/00
170	tender opening	1 day	Wed 10/18/00	Wed 10/18/00
171	Evaluation/ post-qual/selection	7 days	Thu 10/19/00	Fri 10/27/00
172	Bid evaluation approved by CDR	6 days	Mon 10/30/00	Mon 11/6/00
173	WB no-objection	2 days	Tue 11/7/00	Wed 11/8/00
174	Award contract by CDR	8 days	Thu 11/23/00	Mon 12/4/00



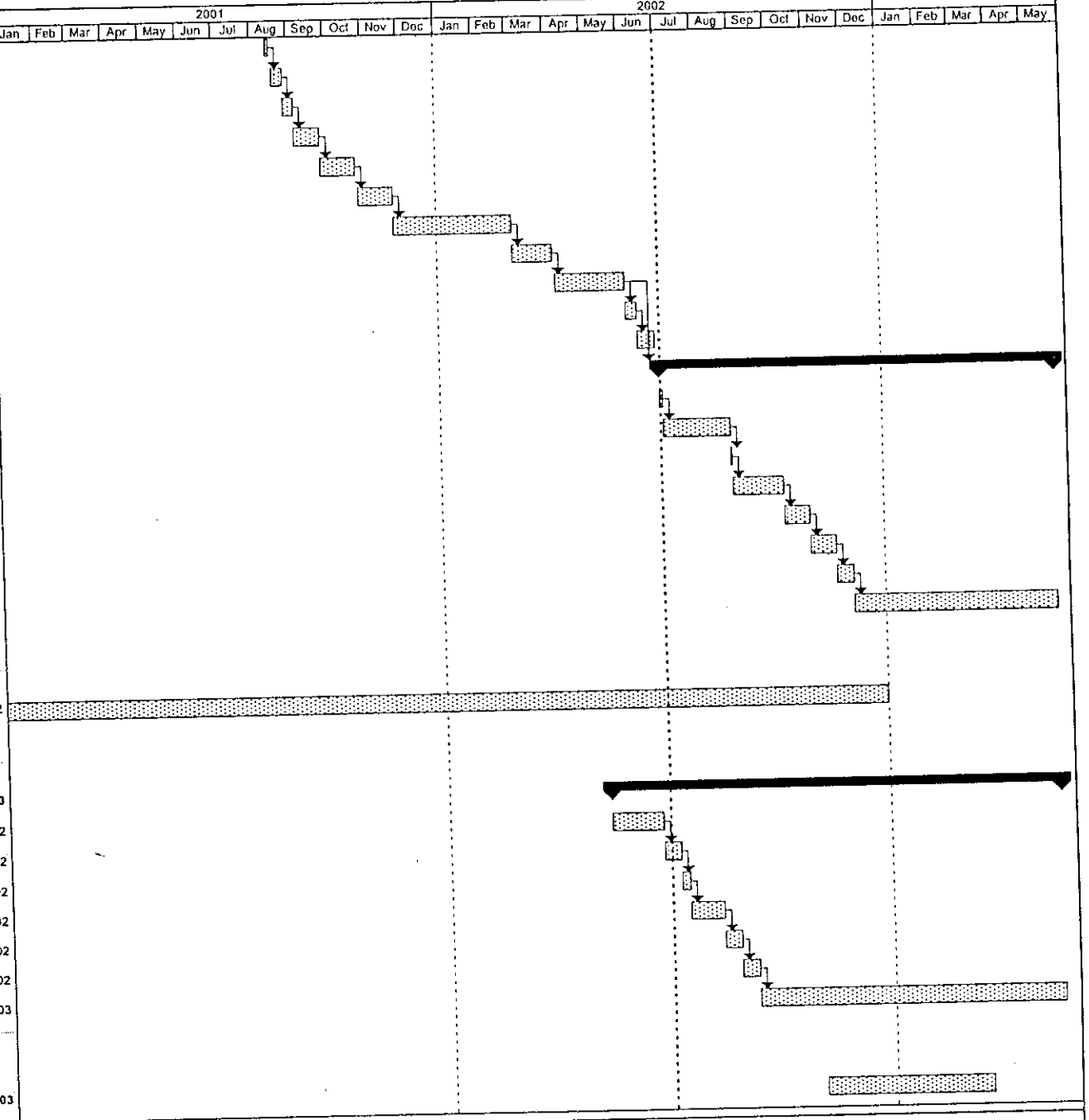
Health Sector Rehabilitaion Project
Ministry of Health

ID	Task Name	Duration	Start	Finish
175	Mobilization	10 days	Tue 12/5/00	Mon 12/18/00
176	works	509 days	Tue 12/19/00	Fri 11/29/02
177				
178	med Equipment for the 4 hospitals (ICB)	679 days	Mon 10/16/00	Thu 5/22/03
179				
180	Phase I:(Part equipt) Baalbeck,	507 days	Mon 10/16/00	Tue 9/24/02
181	Detailed list of equipment/dep	10 days	Mon 10/16/00	Fri 10/27/00
182	Approval of SHAHHAR	1 day	Mon 10/30/00	Mon 10/30/00
183	Approval of BAA hospital	1 day	Tue 10/31/00	Tue 10/31/00
184	Approval of DEB hospital	1 day	Wed 11/1/00	Wed 11/1/00
185	Revision of the inventory in	3 days	Thu 11/2/00	Mon 11/6/00
186	Revision of the inventory in	3 days	Tue 11/7/00	Thu 11/9/00
187	Revision of the inventory in	3 days	Fri 11/10/00	Tue 11/14/00
188	Final version of the BOQs	2 days	Wed 11/15/00	Thu 11/16/00
189		5 days	Mon 10/30/00	Fri 11/3/00
190	Cost estimation	30 days	Mon 10/30/00	Fri 12/8/00
191	Preparation of the technical	40 days	Mon 10/16/00	Fri 12/8/00
192	Prepare B/D-specs	24 wks	Mon 12/11/00	Fri 5/25/01
193	Submission to cdr	1 day	Mon 5/28/01	Mon 5/28/01
194	Approval of CDR & wb	3 wks	Tue 5/29/01	Mon 6/18/01
195	Tendering procedure	295 days	Wed 8/8/01	Tue 9/24/02
196	ad bidding	3 days	Wed 8/8/01	Fri 8/10/01
197	tendering	52 days	Mon 8/13/01	Tue 10/23/01
198	tender opening	1 day	Wed 10/24/01	Wed 10/24/01
199	evaluation	70 days	Thu 10/25/01	Wed 1/30/02
200	bid evaluation	7 days	Thu 1/31/02	Fri 2/8/02
201	WB no-objectk	74 days	Tue 2/26/02	Fri 6/7/02
202	Contract signing	10 days	Mon 6/10/02	Fri 6/21/02
203	Reception testing &	12 wks	Mon 6/24/02	Fri 9/13/02
204	Final reception	7 days	Mon 9/16/02	Tue 9/24/02
205	Phase II & III: Baalbeck,	259 days	Mon 7/2/01	Thu 6/27/02
206	Detailed list of equipment/dep	26 days	Mon 7/2/01	Wed 8/8/01
207	Approval of SHAHHAR	1 day	Thu 8/9/01	Thu 8/9/01
208	Approval of BAA hospital	1 day	Fri 8/10/01	Fri 8/10/01
209	Approval of DEB hospital	1 day	Mon 8/13/01	Mon 8/13/01
210	Approval of Tripoli hospital	1 day	Tue 8/14/01	Tue 8/14/01



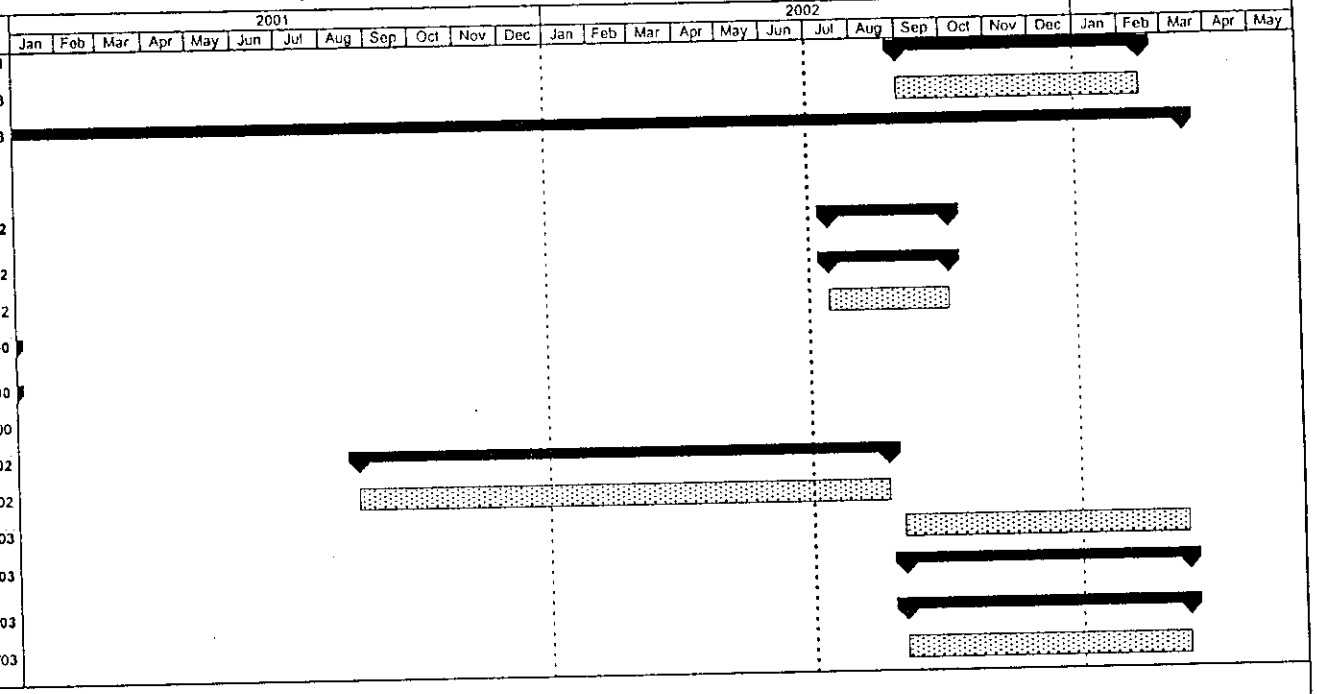
Health Sector Rehabilitaion Project
Ministry of Health

ID	Task Name	Duration	Start	Finish
211	Revision of the inventory in	3 days	Wed 8/15/01	Fri 8/17/01
212	Revision of the Inventory in	7 days	Mon 8/20/01	Tue 8/28/01
213	Revision of the Inventory in	7 days	Wed 8/29/01	Thu 9/6/01
214	Final version of the	15 days	Fri 9/7/01	Thu 9/27/01
215	BOQs	21 days	Fri 9/28/01	Fri 10/26/01
216	Cost estimation	21 days	Mon 10/29/01	Mon 11/26/01
217	tech specs & bidding	70 days	Tue 11/27/01	Mon 3/4/02
218	Submission to cdr	24 days	Tue 3/5/02	Fri 4/5/02
219	review of the CDR	42 days	Mon 4/8/02	Tue 6/4/02
220	wb no objection on	7 days	Wed 6/5/02	Thu 6/13/02
221	cdr approval on bidding doc	10 days	Fri 6/14/02	Thu 6/27/02
222	**Tendering procedure**	234 days	Mon 7/1/02	Thu 5/22/03
223	ad bidding	3 days	Mon 7/1/02	Wed 7/3/02
224	tendering	8 wks	Thu 7/4/02	Wed 8/28/02
225	tender opening	1 day	Thu 8/29/02	Thu 8/29/02
226	Evaluation	6 wks	Fri 8/30/02	Thu 10/10/02
227	bid evaluation	15 days	Fri 10/11/02	Thu 10/31/02
228	approved by WB	15 days	Fri 11/1/02	Thu 11/21/02
229	no-objection contract signing	10 days	Fri 11/22/02	Thu 12/5/02
230	**Reception, testing &**	24 wks	Fri 12/6/02	Thu 5/22/03
231				
232				
233	**Spectrum Contract (ongoing) (595k$)**	213.2 wks	Tue 12/1/98	Tue 12/31/02
234				
235				
236	**supervision on installation (80k$)**	265 days	Wed 5/15/02	Tue 5/20/03
237	preperation of tor	6 wks	Wed 5/15/02	Tue 6/25/02
238	wb no objection	2 wks	Wed 6/26/02	Tue 7/9/02
239	preperation of rfp	1 wk	Wed 7/10/02	Tue 7/16/02
240	proposals from short listed	4 wks	Wed 7/17/02	Tue 8/13/02
241	evaluation of proposals	2 wks	Wed 8/14/02	Tue 8/27/02
242	wb no objection on evaluation	2 wks	Wed 8/28/02	Tue 9/10/02
243	contract award & execution	38 wks	Wed 9/11/02	Tue 5/20/03
244				
245				
246	HIS FOR 3 HOSPITALS	20 wks	Mon 11/4/02	Fri 3/21/03



Health Sector Rehabilitaion Project
Ministry of Health

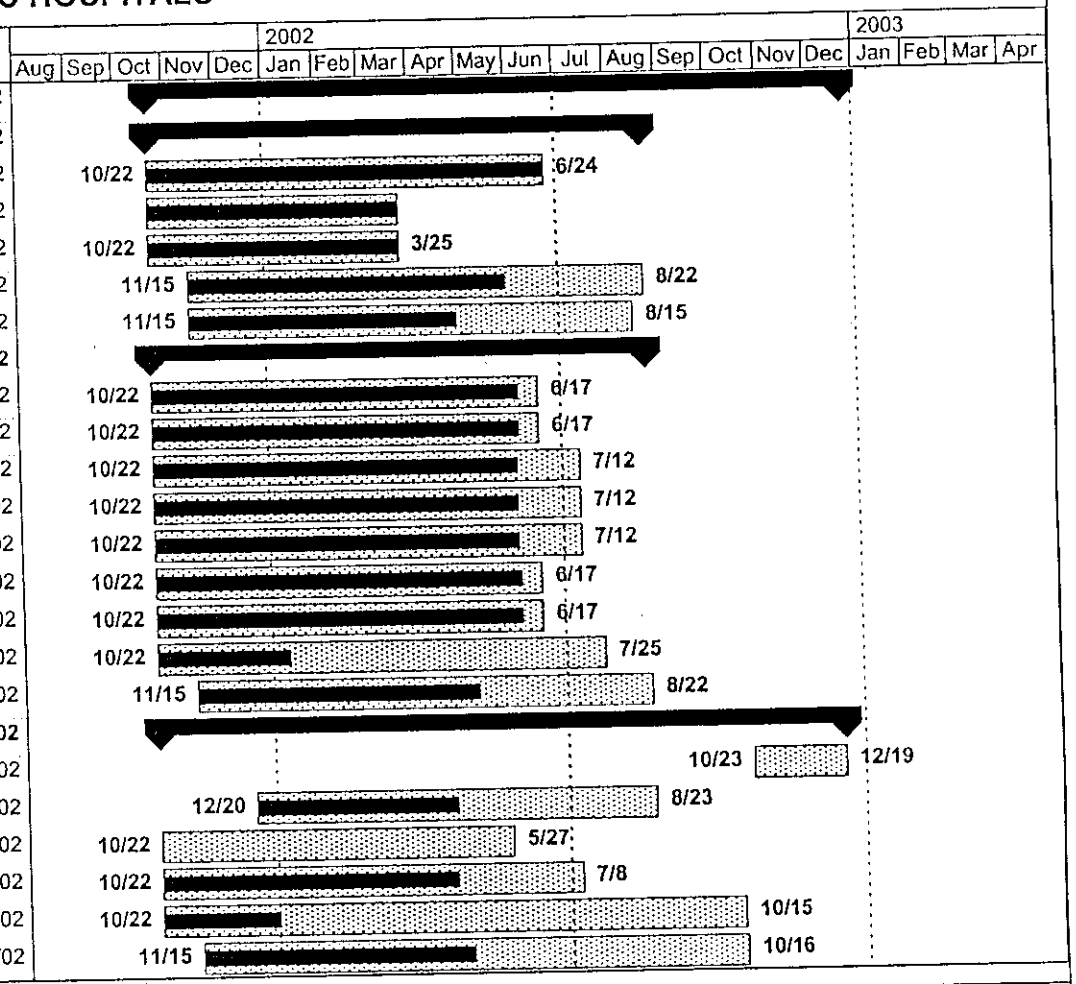
ID	O	Task Name	Duration	Start	Finish
247		T.A. contract mngt public hosp.(250k$)	120 days	Mon 9/2/02	Fri 2/14/03
248		int. consultants contract award	24 wks	Mon 9/2/02	Fri 2/14/03
249		D) Support Health Sector Reform	740 days	Mon 5/15/00	Fri 3/14/03
250					
251		D.1 Emergency Med Services	60 days	Mon 7/15/02	Fri 10/4/02
252		short term consultant (40k)	60 days	Mon 7/15/02	Fri 10/4/02
253		contract award	12 wks	Mon 7/15/02	Fri 10/4/02
254		D.2 Quality Assurance	165 days	Mon 5/15/00	Fri 12/29/00
255		accreditation (959k$)	165 days	Mon 5/15/00	Fri 12/29/00
256		contract award	165 days	Mon 5/15/00	Fri 12/29/00
257		implementation of accred. (951k$)	260 days	Fri 8/24/01	Thu 8/22/02
258		CONTACT AWARD	52 wks	Fri 8/24/01	Thu 8/22/02
259		Int. consultants to follow-up on accred.	28 wks	Mon 9/2/02	Fri 3/14/03
260		D.3 Health Reform study	140 days	Mon 9/2/02	Fri 3/14/03
261		primary healthcare study(50k$)	140 days	Mon 9/2/02	Fri 3/14/03
262		contract award	28 wks	Mon 9/2/02	Fri 3/14/03



World Bank Healyh Project
PCU

PLANNING OF HANDING OVER
CIVIL WORKS
FOUR PUBLIC HOSPITALS

ID	Task Name	Duration	Start	Finish
1	**Daher El Bacheq**	307 days	Mon 10/22/01	Tue 12/24/02
2	**First Level**	219 days	Mon 10/22/01	Thu 8/22/02
3	Kitchen	176 days	Mon 10/22/01	Mon 6/24/02
4	Laundry	111 days	Mon 10/22/01	Mon 3/25/02
5	Morgue	111 days	Mon 10/22/01	Mon 3/25/02
6	Store area	201 days	Thu 11/15/01	Thu 8/22/02
7	Jail Unit (New)	196 days	Thu 11/15/01	Thu 8/15/02
8	**Second Level**	219 days	Mon 10/22/01	Thu 8/22/02
9	Emergency	171 days	Mon 10/22/01	Mon 6/17/02
10	Out-Patient Dep	171 days	Mon 10/22/01	Mon 6/17/02
11	Ecography	190 days	Mon 10/22/01	Fri 7/12/02
12	Mammography	190 days	Mon 10/22/01	Fri 7/12/02
13	x-ray	190 days	Mon 10/22/01	Fri 7/12/02
14	CT Scan	171 days	Mon 10/22/01	Mon 6/17/02
15	Pharmacy	171 days	Mon 10/22/01	Mon 6/17/02
16	Laboratory	199 days	Mon 10/22/01	Thu 7/25/02
17	Nun's Dorms	201 days	Thu 11/15/01	Thu 8/22/02
18	**Third level**	304 days	Mon 10/22/01	Thu 12/19/02
19	Surgery Wards	42 days	Wed 10/23/02	Thu 12/19/02
20	Physiotherapy	177 days	Thu 12/20/01	Fri 8/23/02
21	I. C. U.	156 days	Mon 10/22/01	Mon 5/27/02
22	CSSD	186 days	Mon 10/22/01	Mon 7/8/02
23	Recovery	257 days	Mon 10/22/01	Tue 10/15/02
24	Operating Rooms (new)	240 days	Thu 11/15/01	Wed 10/16/02



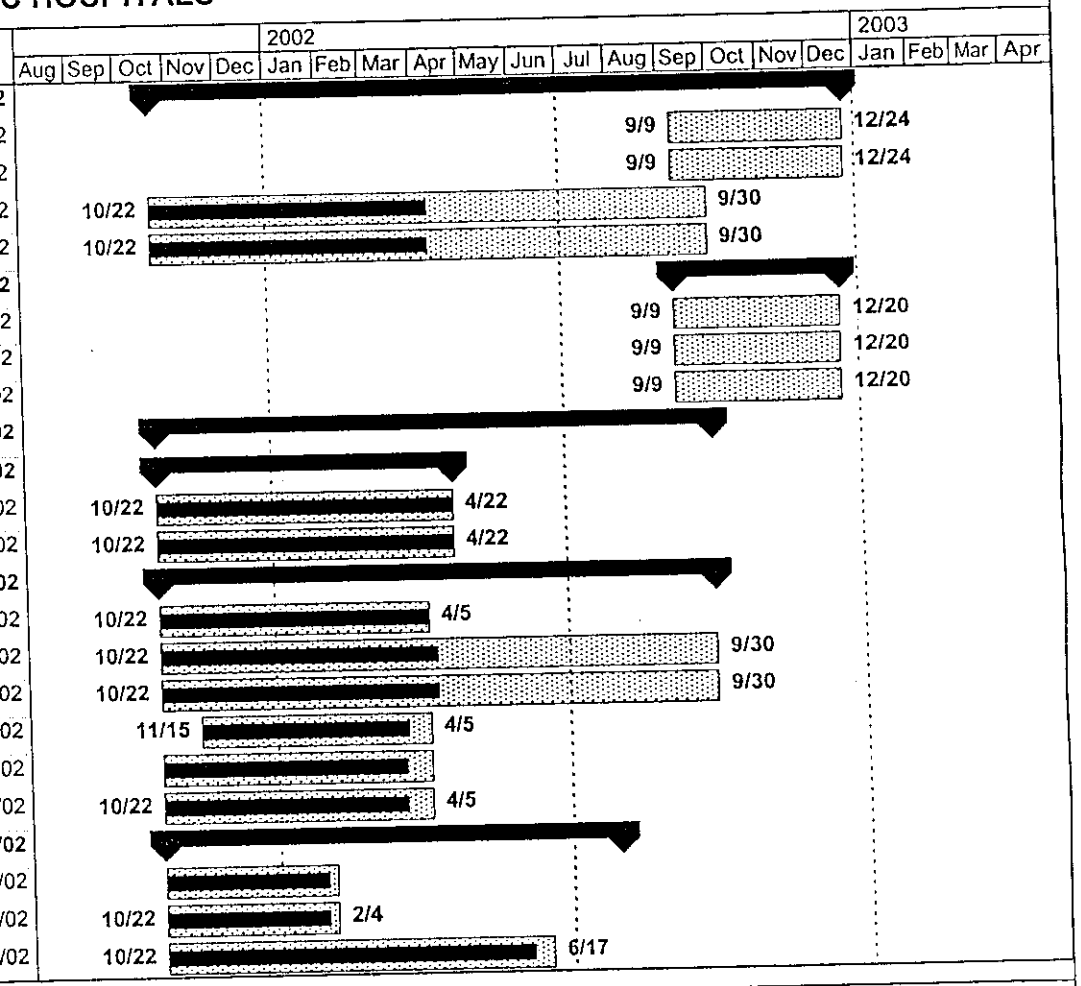
Project: Delevel Hospitals
Date: Mon 7/1/02

Task	Rolled Up Task	Project Summary
Split	Rolled Up Split	External Milestone
Progress	Rolled Up Milestone	Deadline
Milestone	Rolled Up Progress	
Summary	External Tasks	

World Bank Healyh Project
PCU

PLANNING OF HANDING OVER
CIVIL WORKS
FOUR PUBLIC HOSPITALS

ID	Task Name	Duration	Start	Finish
25	**Fourth Level**	**307 days**	**Mon 10/22/01**	**Tue 12/24/02**
26	Ortho/Ophtalmo Wards	77 days	Mon 9/9/02	Tue 12/24/02
27	Pediatrics Wards	77 days	Mon 9/9/02	Tue 12/24/02
28	0	246 days	Mon 10/22/01	Mon 9/30/02
29	Gynecology Wards (N)	246 days	Mon 10/22/01	Mon 9/30/02
30	**Fifth Level**	**75 days**	**Mon 9/9/02**	**Fri 12/20/02**
31	General Med Wards	75 days	Mon 9/9/02	Fri 12/20/02
32	Oncology Wards	75 days	Mon 9/9/02	Fri 12/20/02
33	Internal Med Wards	75 days	Mon 9/9/02	Fri 12/20/02
34	**Kaberchmoun**	**246 days**	**Mon 10/22/01**	**Mon 9/30/02**
35	**First Level**	**131 days**	**Mon 10/22/01**	**Mon 4/22/02**
36	Generator room	131 days	Mon 10/22/01	Mon 4/22/02
37	Store Area	131 days	Mon 10/22/01	Mon 4/22/02
38	**Second Level**	**246 days**	**Mon 10/22/01**	**Mon 9/30/02**
39	Kitchen	120 days	Mon 10/22/01	Fri 4/5/02
40	Laundry	246 days	Mon 10/22/01	Mon 9/30/02
41	Morgue	246 days	Mon 10/22/01	Mon 9/30/02
42	Store area	102 days	Thu 11/15/01	Fri 4/5/02
43	Pharmacy	120 days	Mon 10/22/01	Fri 4/5/02
44	Technical Area	120 days	Mon 10/22/01	Fri 4/5/02
45	**Third level**	**203 days**	**Mon 10/22/01**	**Wed 7/31/02**
46	Emergency	76 days	Mon 10/22/01	Mon 2/4/02
47	Out-Patient Dep	76 days	Mon 10/22/01	Mon 2/4/02
48	Ecography	171 days	Mon 10/22/01	Mon 6/17/02



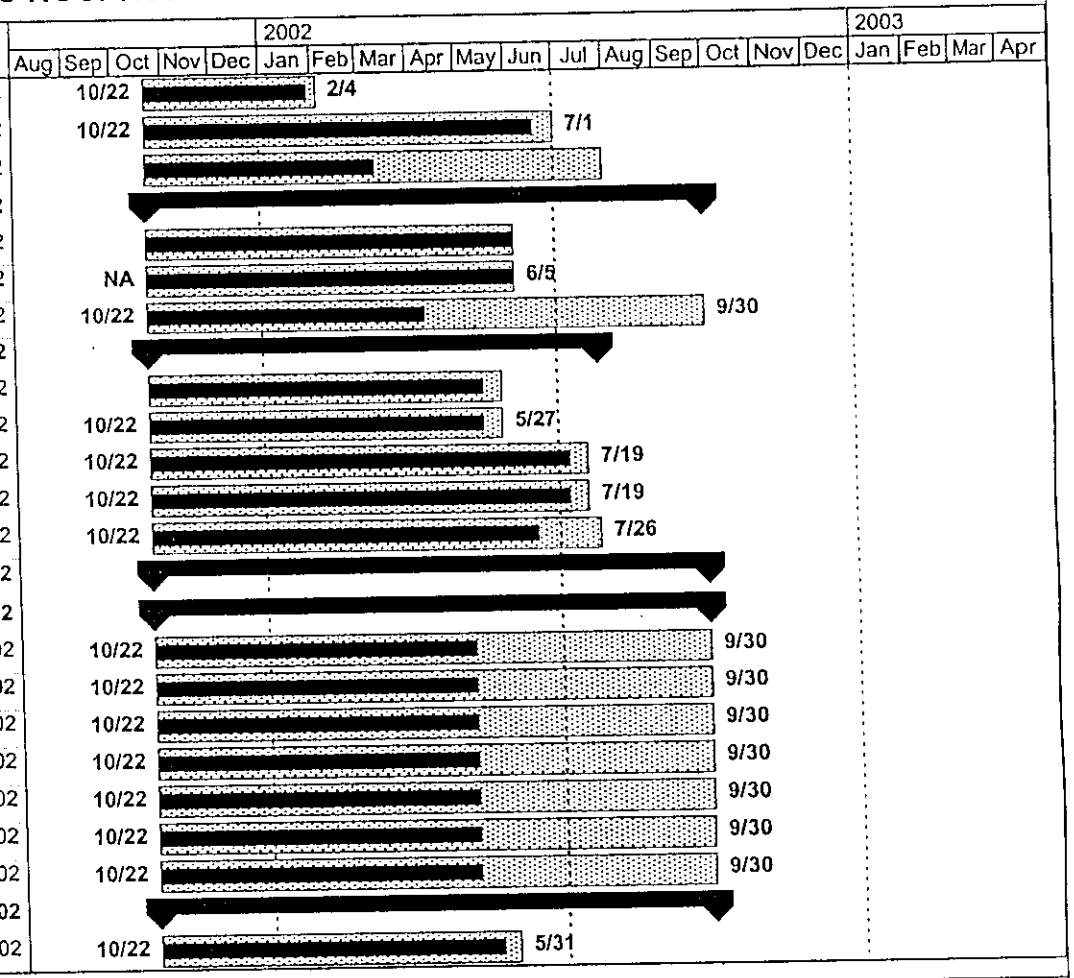
Project: Delevelopitals
Date: Mon 7/1/02

Task
Split
Progress
Milestone
Summary
Rolled Up Task
Rolled Up Split
Rolled Up Milestone
Rolled Up Progress
External Tasks
Project Summary
External Milestone
Deadline

World Bank Healyh Project
PCU

PLANNING OF HANDING OVER
CIVIL WORKS
FOUR PUBLIC HOSPITALS

ID	Task Name	Duration	Start	Finish
49	x-ray	76 days	Mon 10/22/01	Mon 2/4/02
50	Laboratory	181 days	Mon 10/22/01	Mon 7/1/02
51	One Day Stay	203 days	Mon 10/22/01	Wed 7/31/02
52	**Fourth Level**	**246 days**	**Mon 10/22/01**	**Mon 9/30/02**
53	Pediatrics Wards	163 days	Mon 10/22/01	Wed 6/5/02
54	Delivery Dep (New)	163 days	Mon 10/22/01	Wed 6/5/02
55	Administration	246 days	Mon 10/22/01	Mon 9/30/02
56	**Fifth Level**	**200 days**	**Mon 10/22/01**	**Fri 7/26/02**
57	Surgery Wards	156 days	Mon 10/22/01	Mon 5/27/02
58	I. C. U.	156 days	Mon 10/22/01	Mon 5/27/02
59	CSSD	195 days	Mon 10/22/01	Fri 7/19/02
60	Recovery	195 days	Mon 10/22/01	Fri 7/19/02
61	Operating Rooms (new)	200 days	Mon 10/22/01	Fri 7/26/02
62	**Baalbeck**	**246 days**	**Mon 10/22/01**	**Mon 9/30/02**
63	**First Level**	**246 days**	**Mon 10/22/01**	**Mon 9/30/02**
64	Kitchen	246 days	Mon 10/22/01	Mon 9/30/02
65	Laundry	246 days	Mon 10/22/01	Mon 9/30/02
66	Morgue	246 days	Mon 10/22/01	Mon 9/30/02
67	Store area	246 days	Mon 10/22/01	Mon 9/30/02
68	Pharmacy	246 days	Mon 10/22/01	Mon 9/30/02
69	CSSD	246 days	Mon 10/22/01	Mon 9/30/02
70	Technical Area	246 days	Mon 10/22/01	Mon 9/30/02
71	**Second level**	**246 days**	**Mon 10/22/01**	**Mon 9/30/02**
72	Emergency	160 days	Mon 10/22/01	Fri 5/31/02



Project: Delevelhyptals
Date: Mon 7/1/02

Task
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Progress
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Summary
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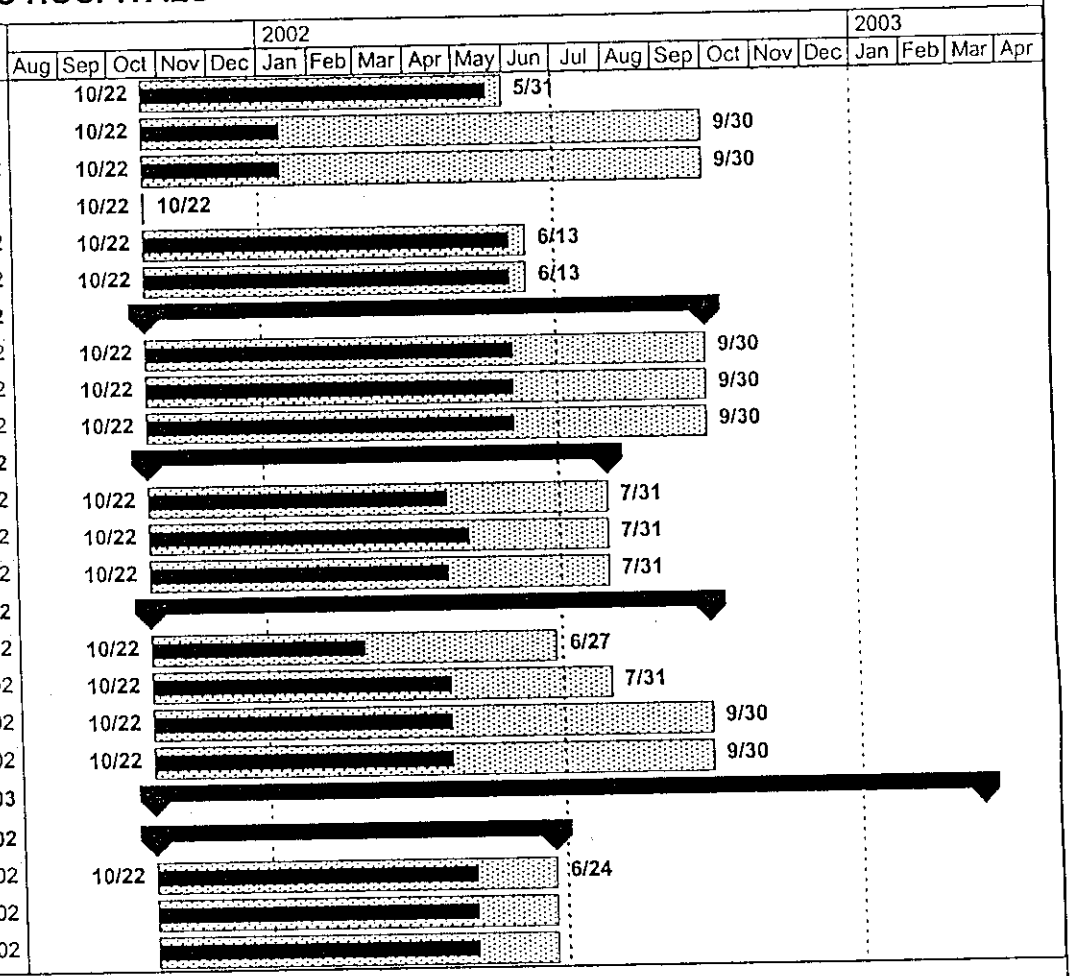
Rolled Up Split
Rolled Up Milestone
Rolled Up Progress
External Tasks
Project Summary
External Milestone
Deadline

World Bank Healyh Project
PCU

PLANNING OF HANDING OVER
CIVIL WORKS
FOUR PUBLIC HOSPITALS

ID	Task Name	Duration	Start	Finish
73	Out-Patient Dep	160 days	Mon 10/22/01	Fri 5/31/02
74	Ecography	246 days	Mon 10/22/01	Mon 9/30/02
75	x-ray	246 days	Mon 10/22/01	Mon 9/30/02
76	Laboratory	1 day	Mon 10/22/01	Mon 10/22/01
77	One Day Stay	169 days	Mon 10/22/01	Thu 6/13/02
78	Dialysis	169 days	Mon 10/22/01	Thu 6/13/02
79	**Third Level**	**246 days**	**Mon 10/22/01**	**Mon 9/30/02**
80	Pediatrics Wards	246 days	Mon 10/22/01	Mon 9/30/02
81	Delivery Dep	246 days	Mon 10/22/01	Mon 9/30/02
82	Gynecology	246 days	Mon 10/22/01	Mon 9/30/02
83	**Fourth Level**	**203 days**	**Mon 10/22/01**	**Wed 7/31/02**
84	Administration	203 days	Mon 10/22/01	Wed 7/31/02
85	Medicine Men	203 days	Mon 10/22/01	Wed 7/31/02
86	Medicine Women	203 days	Mon 10/22/01	Wed 7/31/02
87	**Fifth Level**	**246 days**	**Mon 10/22/01**	**Mon 9/30/02**
88	Surgery Wards	179 days	Mon 10/22/01	Thu 6/27/02
89	I. C. U.	203 days	Mon 10/22/01	Wed 7/31/02
90	Recovery	246 days	Mon 10/22/01	Mon 9/30/02
91	Operating Rooms (new)	246 days	Mon 10/22/01	Mon 9/30/02
92	**Tripoli**	**365 days**	**Mon 10/22/01**	**Sun 3/16/03**
93	**First Level**	**176 days**	**Mon 10/22/01**	**Mon 6/24/02**
94	Generator room	176 days	Mon 10/22/01	Mon 6/24/02
95	Store Area	176 days	Mon 10/22/01	Mon 6/24/02
96	Dialysis	176 days	Mon 10/22/01	Mon 6/24/02



Project: Delevelopitals
Date: Mon 7/1/02

Task
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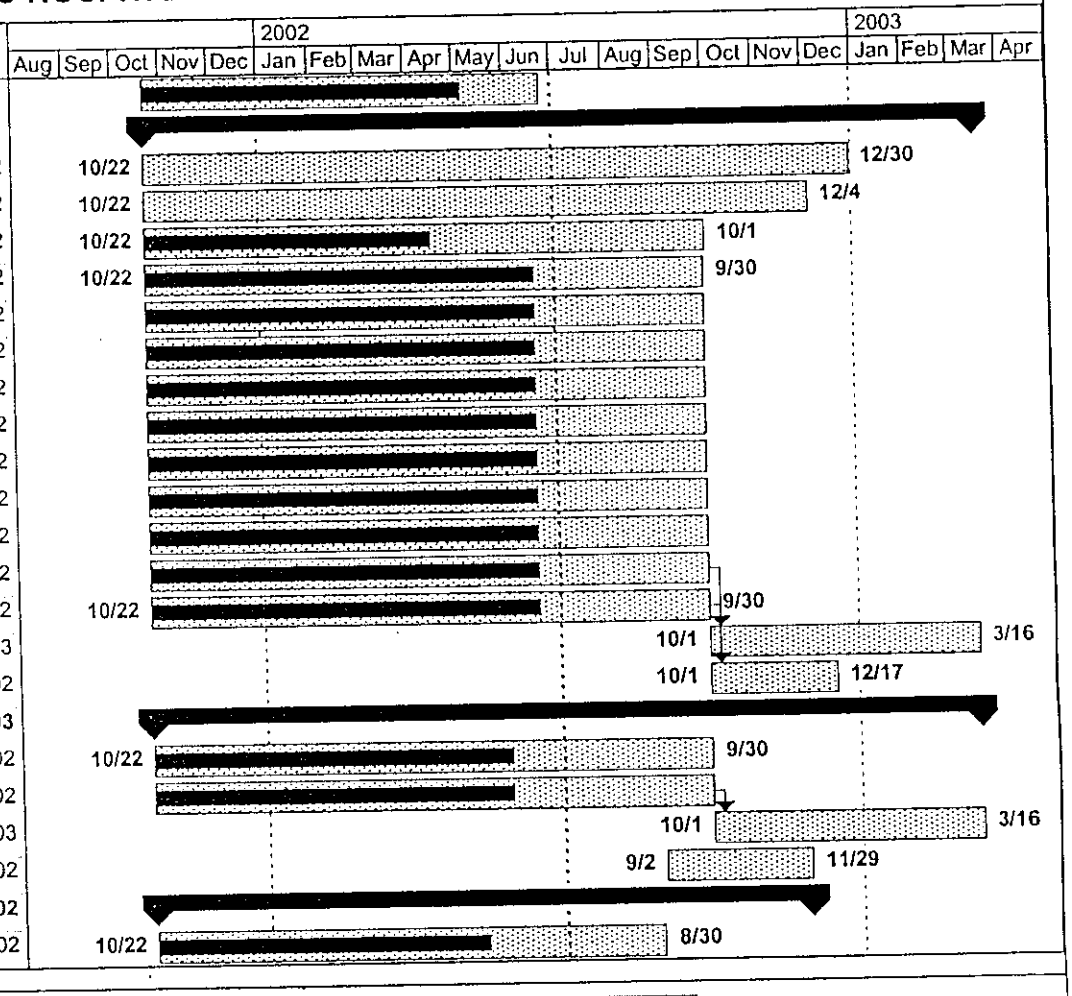
Summary
Rolled Up Task
Rolled Up Split
Rolled Up Milestone
Rolled Up Progress
External Tasks
Project Summary
External Milestone
Deadline

World Bank Healyh Project
PCU

PLANNING OF HANDING OVER
CIVIL WORKS
FOUR PUBLIC HOSPITALS

ID	Task Name	Duration	Start	Finish
97	Amphitheater	176 days	Mon 10/22/01	Mon 6/24/02
98	**Second Level**	**365 days**	**Mon 10/22/01**	**Sun 3/16/03**
99	Kitchen	311 days	Mon 10/22/01	Mon 12/30/02
100	Laundry	293 days	Mon 10/22/01	Wed 12/4/02
101	Morgue	247 days	Mon 10/22/01	Tue 10/1/02
102	CT Scan	246 days	Mon 10/22/01	Mon 9/30/02
103	X-Ray	246 days	Mon 10/22/01	Mon 9/30/02
104	Ecography	246 days	Mon 10/22/01	Mon 9/30/02
105	Laboratory	246 days	Mon 10/22/01	Mon 9/30/02
106	Phisiotherapy	246 days	Mon 10/22/01	Mon 9/30/02
107	One day stay	246 days	Mon 10/22/01	Mon 9/30/02
108	Jail Unit	246 days	Mon 10/22/01	Mon 9/30/02
109	Emergency	246 days	Mon 10/22/01	Mon 9/30/02
110	Out Patient	246 days	Mon 10/22/01	Mon 9/30/02
111	Pharmacy	246 days	Mon 10/22/01	Mon 9/30/02
112	Administration	119 days	Tue 10/1/02	Sun 3/16/03
113	Technical Area	56 days	Tue 10/1/02	Tue 12/17/02
114	**Third level**	**365 days**	**Mon 10/22/01**	**Sun 3/16/03**
115	Burn Unit	246 days	Mon 10/22/01	Mon 9/30/02
116	Ortho/Ophtalmo Wards	246 days	Mon 10/22/01	Mon 9/30/02
117	Pediatrics Wards	119 days	Tue 10/1/02	Sun 3/16/03
118	Staff Dorms	65 days	Mon 9/2/02	Fri 11/29/02
119	**Fourth Level**	**290 days**	**Mon 10/22/01**	**Fri 11/29/02**
120	Gynecology Wards	225 days	Mon 10/22/01	Fri 8/30/02



Project: Delevel Hospitals
Date: Mon 7/1/02

Task
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Summary
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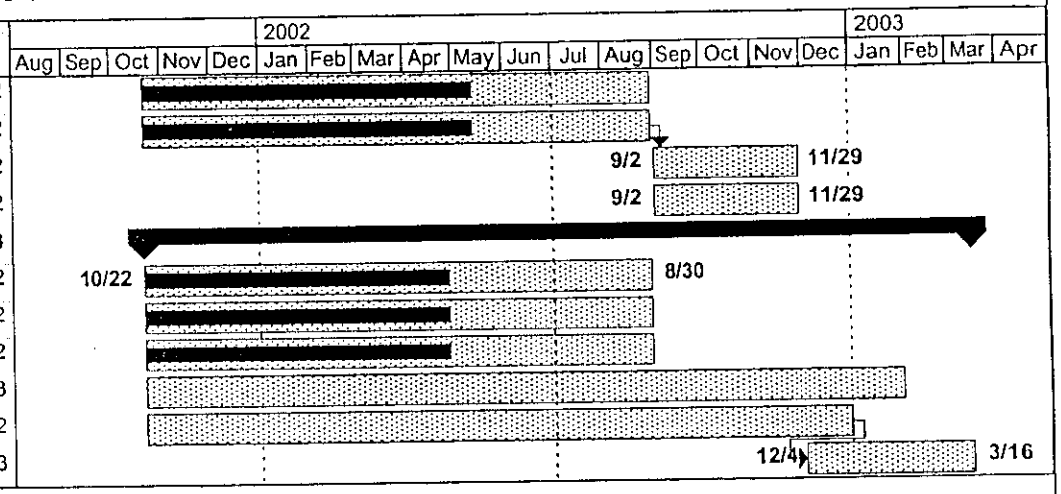
Rolled Up Split
Rolled Up Milestone
Rolled Up Progress
External Tasks
Project Summary
External Milestone
Deadline

PLANNING OF HANDING OVER
CIVIL WORKS
FOUR PUBLIC HOSPITALS

ID	Task Name	Duration	Start	Finish
121	Delivery Dep (New)	225 days	Mon 10/22/01	Fri 8/30/02
122	General Med Men	225 days	Mon 10/22/01	Fri 8/30/02
123	General Med women	65 days	Mon 9/2/02	Fri 11/29/02
124	Nuns Dorms	65 days	Mon 9/2/02	Fri 11/29/02
125	**Fifth Level**	**365 days**	**Mon 10/22/01**	**Sun 3/16/03**
126	CSSD	225 days	Mon 10/22/01	Fri 8/30/02
127	Recovery	225 days	Mon 10/22/01	Fri 8/30/02
128	Operating Rooms (new)	225 days	Mon 10/22/01	Fri 8/30/02
129	I. C. U.	335 days	Mon 10/22/01	Fri 1/31/03
130	C. C. U.	312 days	Mon 10/22/01	Tue 12/31/02
131	Surgery Wards	73 days	Wed 12/4/02	Sun 3/16/03



Project: Delevel Hospitals
Date: Mon 7/1/02

Task
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Progress
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Summary
Rolled Up Task
Rolled Up Split
Rolled Up Milestone
Rolled Up Progress
External Tasks
Project Summary
External Milestone
Deadline

HEALTH SECTOR REHABILITATION PROJECT-LEBANON(Ln. 3829)
HEALTH INFORMATION SYSTEM COMPONENT

SYNTHESIS REPORT

Purposes of Report

The purposes of this brief report are twofold:

1. to synthesize the status of the national health information system component of the Health Sector Rehabilitation Project (HSRP); and
2. to present a framework for a road map for further enhancements to and development of a comprehensive national health information system (NHIS) for Lebanon.

This report is intended to support the work of the MoPH and PIU in their collaborative efforts to devise and effect the implementation of a NHIS that meets the needs of decision-makers at all levels of the health care system, in both the public and private sectors.

Background

National health information systems must be viewed in the context of the health and socioeconomic systems in which they exist. In Lebanon, spending on health care, as a proportion of GDP, is the highest in the MENA region – approximately 12%. Health care services, in contrast to other countries in the region and to most other countries globally, are largely provided through the private sector and covered by the population directly; for example:

- 90% of hospital beds in the nearly 165 hospitals are in the private sector;
- the MOH operates approximately 13% of primary care centers; altogether, the public sector (MOH, MSA and Army) operate approximately 38% of centers; and
- 70% of health care spending is covered by out-of-pocket household expenditures.

Moreover, more than half of the population has no health insurance coverage, in spite of the vibrant and organized private sector health insurance system.

There are five primary public sources of health care financing, and their proportion of total expenditures in 1997, are:

- Ministry of Health (10%)
- Civil Servants' Co-op (just under 2%)
- Army (3.1-3.7%)
- Security Forces (2.6-3.1%)
- National Social Security Fund (8-9%).

In 1994, the World Bank and the GOL entered into a loan agreement, the Health Sector Reform Project (HSRP) designed to improve [Lebanon's] health conditions through better allocation and use of resources in the public and private sectors.

The project comprised several interrelated components, including two that related to health information systems:

- Computerizing and modernizing the internal operation of MOH public hospitals and health centers; and
- Creating a national medical monitoring network, for epidemiologic data.

In 1999, as part of the HSRP mid-term review, several additional information system components were added to the project, with the objective of ensuring linkages across the subsystems and an ultimate goal of having in place a coordinated national health information system. The sub-systems included:

- Carte Sanitaire;
- Visa Control (and billing);
- Hospital information system;
- Computer literacy; and
- Health Centers (PHC information systems).

Table 1 summarizes the original objectives, a brief description, and the current status of each of these subsystems. A more detailed discussion of the current status of each of these subsystems is included with the Aide Memoire of June 2002.

In addition, the hospital accreditation system – another component of the sector reform project, related to quality management – included development of a database comprising quality indicators resulting from the standards review process.

Framework for a Lebanese NHIS Road Map

Table 2 presents a depiction of the relationship between the HSRP health sector reform components, and the NHIS subsystems that are being developed through the HSRP. It is important to note that the subsystems (e.g., Visa Billing, Hospital Accreditation Data Bank) are interrelated, providing data for multiple purposes and meeting decision needs at multiple levels of services delivery and policy formulation. This can serve as a model for a depiction of the key foci of the Lebanese health care system and NHIS subsystems, irrespective of sector (public/private) and source of funding (e.g., World Bank, World Health Organization). This is of fundamental importance for Lebanon, in view of the key role of the private sector and the potential sharing of data and information between the public and private sectors and between and among public agencies.

At this juncture, several subsystems are in the process of development, with virtually all of those funded through the HSRP likely to be in place, at least partially, by June 2003 (the end of the HSRP) and others fully operational within a few years. Ensuring that these subsystems are part of a comprehensive, if not integrated, NHIS, requires a detailed review of the status of the various subsystems, and also development of a road map that can pave the way forward, ensuring:

- That the NHIS *en toto* and the subsystems individually meet the needs of policy makers and health service managers and providers at all levels;
- Comparability of data points collected through multiple subsystems;
- Data quality (from the point of diagnosis and procedure code determination to data entry and analysis);
- Possibility for importing and exporting of data from the subsystems and from other public and private sector data sources, where possible (e.g., CAS, , MSA, private insurance companies);
- Easy of utility for resource allocation (including health care financing), planning and clinical decision-making.

Table 3 presents an example of a pathway toward developing the road map; Table 4 presents a time schedule for activities for the remainder of the HSRP.

Table 1: HSRP ICT-Related Activities, Including Status as of June, 2002

COMPONENT/ACTIVITY	Original Objective	Summary Description	Status
Carte Sanitaire	Strengthen the healthcare infrastructure and resource planning capacity of the MOH to meet the needs and priorities of health care in Lebanon	The project was initially conducted with support from a French firm and has resulted in the development of a GIS based health resources assessment. The software includes hospital and other facility data, population data, and geographic data.	Prototype system complete; needs to be implemented at MOH; facility data from 1997 needs to be updated
Visa Billing/Control	Upgrade and improve the existing database system, including adding key functionalities; to improve the visa control and billing process	Initiated a multi disciplinary (medical, financial and administrative) computer-based "management" of the current visa application to 1) monitor the quality of health services paid for by MOH; 2) decentralize the process of visa issuing within the regions; and 3) control and contain the cost of the medical services provided by private health facilities by introducing mew payments mechanisms (Flat rate payment, DRG, etc.)	Billing system prototype has been developed and is being used by the audit committee. The surgical Flat Rates have been incorporated in the system. A billing center at the Ministry has been established.
PHC-District Health System	Strengthen the PHC activities and improving the role of district health services.	Client-based system that provides diagnoses, procedures, pharmaceutical dispensing and laboratory data at clinic level; summarized at Qaza level	Data collection and entry for the district and health care centers is underway.
Hospital Information	Improve health care delivery services in four front line referral public hospitals.	Computerize four pilot hospitals that have been granted autonomy; focus on applications for which procedure manuals have been finalized and transmitted to autonomous hospitals. Applications cover: Patients Admission; Budgeting and Billing; Maintenance; Contracts; and Medical records.	Hospital information system, including application system and hardware, was installed in the Daher El-Bashek hospital.

Table 2-Relationship between HSRP Reform Components/Activities and ICT Components/Activities

Health Reform Component ↓	ICT Component – provides data and information for reform components				
	Carte Sanitaire	Hospital Information System (4 public hosp.)	Qaza & PHC-Level Information Systems	Hosp. Accred. Data Bank	Visa-Billing
Cost Containment - Flat Rates		Billing, service, other facility-based data		Quality standards data by facility & service unit	Diagnosis & procedure data by facility
Cost Containment - Contracting with Private & Autonomous Hospitals	Location of hospitals (potentially additional & more current data)	Billing, service, other facility-based data		Quality standards data by facility & service unit	Diagnosis & procedure data by facility
Emergency Medical Systems	Population data; location of public and private sector health facilities	Utilization data, incl. by service category	Wide range of utilization and other data	Quality standards data by facility & service unit	
Rehabilitation of 4 public hospitals	Population data; location of public and private sector health facilities (e.g., for referral network strengthening)	Hospital information system developed for the 4 public hospitals	Wide range of utilization data (e.g., for referral network strengthening)	Quality standards data by facility & service unit – could be in place and used to monitor improvements in service delivery	Diagnosis & procedure data by facility
PHC Strengthening	Population data; location of public and private sector health facilities; (e.g., for referral network strengthening)		Wide range of utilization and other data, useful in strengthening quality and efficiency of services at PHC & Qada levels and across MoPH networks of care	Can be used as model for PHC quality standards development	Diagnosis & procedure data by facility (locational analysis could identify geographic distribution of diagnoses)
Hospital Accreditation	Location of accredited hospitals	Utilization and other data can be combined to describe hospitals broadly		Data bank developed for hospital accreditation component.	Could link diagnoses, procedures, and charges with quality standards data
Law of Autonomy	Location and other data could inform dialogue	Utilization and other data can inform dialogue		Quality data can inform dialogue	Diagnoses, procedures, and charges data can inform dialogue
Health Reform Study (Needs-based Plan)	Location and other data could inform planning	Utilization and other data can inform planning	Wide range of utilization and other data can inform planning	Quality data can inform planning	Diagnoses, procedures, and charges data can inform planning
Health Care Financing (incl. Linking public funds' data bases)		Utilization and other data can be linked with Funds' utilization and billing data		Quality standards data by facility could be linked with public funds' utilization & billing data	Diagnoses, procedures, and charges data could be linked with public funds' utilization and billing data

Table 3-Example of a Framework for a Road Map for Development of the NHIS

PHASE 1 NHIS REVIEW July 2002-February 2003	PHASE 2 NHIS COMPREHENSIVE DESIGN AND IMPLEMENTATION PLAN (March-June 2003)	PHASE 3 IMPLEMENTATION OF NHIS SUBSYSTEMS (June-December 2003)
• Information Needs Assessment and Flow Analysis • Identify & Describe NHIS & related Projects & Activities • Analyze functionality of existing and planned IT activities • Cross-walk of all IT systems in place (public & private sector) • Determine current IT gaps	• Pilot test importing/exporting of data • Develop IT operational Model for MoPH • Develop IT transition and implementation plan	• Implement linkages among subsystems • Review strategy quarterly; revise

Table 4: HSRP ICT-Related New Activities Time Schedule

ACTIVITY/subactivities	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June
Activity 1: Needs Assessment Review												
1. Conduct initial information needs identification and capacity building workshop 1a.Conduct at least three follow-on workshops		X		X		X		X				
2. Conduct information needs and flow analysis	----	----------	----------	---------								
3. Identify and describe NHIS and related ICT projects and activities	----	----------	----------									
4. Analyze functionality of current systems and potential for data integration/importation		----------	----------	---------	---------							
5. Prepare report on Lebanese NHIS, including description of public and private sector subsystems in place and in process						---------						
6. Carry out "cross-walk" of HSRP-supported subsystems			----------	---------								
Activity 2: Demonstration of Needs-based Planning												
1. Collect and review relevant health system and health status indicators used in planning and evaluation at the national level in Lebanon & other countries	---------	---------										
2. Conduct interviews and workshops to select priority indicators for Lebanon	----	--------X	----------	X								

ACTIVITY/subactivities	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar	Apr	May	June
3. Analyze relevant data from HSRP-supported and other NHIS and related data sources			---------	---------	---------	X------						
4. Demonstrate use of health planning software							--------	------X				
5. Prepare Health Vision for Lebanon (framework for strategic planning)									--------	--------	--------	
Activity 3: Strengthening Data Quality and Data Analysis												
1. Provide technical assistance and short-term training for MoPH officials and provider staff who have responsibilities for data recording and entry			---------	---------	---------	---------	---------	---------	---------	---------		
2. Complete data entry vis-à-vis subsystem components designed through the HSRP		---------	---------	---------	---------							
3. Collecting hospital facility data (through the current HSRP hospital accreditation data collection process, or "purchase" of data from a private sector source		---------	---------	---------								
4. Collaborate with the MoPH Department of Nursing and the Italian Cooperation to develop an informatics module for the nurses' continuing education program			---------	---------	---------							
5.Prepare a common lexicon for use in data entry and quality control		---------	---------	---------								

LEBANON: Health Sector Rehabilitation Project (Loan 3829-LE)

Budget Summary
Quarterly Disbursement Table by Category Starting July 01,2002.

Components	Contract value $	Contract value $/Wb part	Paid todate $	Remaining Balance - WB	Q3 -02	Q4-02	Total 2002	Q1-03	Q2-03	Total 2003
Category 1										
Baalbek Hospital	$1,860,000	$1,488,000	$879,240	$608,760	$487,008	$121,752	$608,760	0	0	$0
Kabreshmoun Hospital	$2,405,000	$1,924,000	$964,722	$959,278	$575,836	$383,442	$959,278	0	0	$0
Dahr el Basheq Hospital	$1,958,000	$1,566,400	$349,529	$1,216,871	$243,374	$486,748	$730,122	486,749	0	$486,749
Tripoli Hospital	$4,905,000	$3,924,000	$1,121,746	$2,802,254	$560,451	$560,451	$1,120,902	1,120,902	560,450	$1,681,352
Contingencies civil works 15%	$1,669,200	$1,335,360	$0	$1,335,360	$0	$0	$0	0	1,335,360	$1,335,360
Previous payments			$397,208							
(Health centers).										
Total Cat 1	$12,797,200	$10,237,760	$3,712,445	$6,922,523	$1,866,669	$1,552,393	$3,419,062	1,607,651	1,895,810	$3,503,461
Category 2										
M.Equipment for 4 Hospitals - phase 1	$1,106,892	$1,106,892	$0	$1,106,892	$110,689	$0	$110,689	996,203	0	$996,203
M.Equipment for 4 Hospitals - phase 2	$8,731,975	$8,731,975	$0	$8,731,975	$0	$873,198	$873,198	0	7,858,777	$7,858,777
Computers & Network for qada	$30,000	$30,000	$0	$30,000	$0	$30,000	$30,000	0	0	$0
database implementation	$180,000	$180,000	$0	$180,000	$18,000	$162,000	$180,000	0	0	$0
Database public funds medical application	$150,000	$150,000	$0	$150,000	$0	$0	$0	15,000	135,000	$150,000
non medical equip for health centers	$95,000	$95,000	$0	$95,000	$0	$0	$0	9,500	85,500	$95,000
computers for health centers	$180,000	$180,000	$0	$180,000	$180,000	$0	$180,000	0	0	$0
his 3 hospitals	$60,000	$60,000	$0	$60,000	$0	$0	$0	60,000	0	$60,000
Previous payments			$1,355,878							
Total Cat 2	$10,533,867	$10,533,867	$1,355,878	$10,533,867	$308,689	$1,065,198	$1,373,887	1,080,703	8,079,277	$9,159,980
Category 3										
additional furniture	$3,000	$1,800	$0	$1,800	$1,800	$0	$1,800	0	0	$0
Previous payments			$57,784							
Total Cat 3	$3,000	$1,800	$57,784	$1,800	$1,800	$0	$1,800	0	0	$0
Category 4										
4 additional database operators	$22,200	$22,200	$0	$22,200	$5,550	$5,550	$11,100	5,550	5,550	$11,100
4 administrative assistants	$24,000	$24,000	$0	$24,000	$6,000	$6,000	$12,000	6,000	6,000	$12,000
Full time consultants (attached list)	$459,819	$459,819	$0	$459,819	$121,823	$121,823	$243,646	110,168	106,005	$216,173
Training fees - moh & hsrp	$30,000	$30,000	$0	$30,000	$10,000	$20,000	$30,000	0	0	$0
training computer literacy - qada	$30,000	$30,000	$0	$30,000	$0	$30,000	$30,000	0	0	$0

LEBANON: Health Sector Rehabilitation Project (Loan 3829-LE)

Budget Summary
Quarterly Disbursement Table by Category Starting July 01,2002.

Components	Contract value $	Contract value $/Wb part	Paid todate $	Remaining Balance - WB	Q3 -02	Q4-02	Total 2002	Q1-03	Q2-03	Total 2003
Workshops for Qada	$30,000	$30,000	$0	$30,000	$0	$30,000	**$30,000**	0	0	**$0**
Ihaleb Oueidat - STC	$46,250	$46,250	$18,500	$27,750	$27,750	$0	**$27,750**	0	0	**$0**
Ihatib & alami - GIS / STC	$68,311	$68,311	$0	$68,311	$68,311	$0	**$68,311**	0	0	**$0**
eeds based master plan	$190,000	$190,000	$0	$190,000	$0	$0	**$0**	0	190,000	**$190,000**
Workshops for Carte Sanitaire	$10,000	$10,000	$0	$10,000	$0	$10,000	**$10,000**	0	0	**$0**
uestionaire update - Carte Sanitaire	$27,000	$27,000	$0	$27,000	$0	$27,000	**$27,000**	0	0	**$0**
onversion of visa billing - Astrolabe	$30,000	$30,000	$0	$30,000	$15,000	$15,000	**$30,000**	0	0	**$0**
lat rate - Dr. Najjar	$460,000	$460,000	$0	$460,000	$69,000	$207,000	**$276,000**	184,000	0	**$184,000**
ata entry for public funds	$180,000	$180,000	$0	$180,000	$0	$180,000	**$180,000**	0	0	**$0**
T.assistance for IRB/TPA - TOR preparation	$30,000	$30,000	$0	$30,000	$0	$30,000	**$30,000**	0	0	**$0**
Dr. Kasparian - STC	$8,325	$8,325	$0	$8,325	$8,325	$0	**$8,325**	0	0	**$0**
WHO contract	$49,000	$49,000	$0	$49,000	$0	$49,000	**$49,000**	0	0	**$0**
lata analysis-nasser yassine contract	$3,931	$3,931	$0	$3,931	$3,931	$0	**$3,931**	0	0	**$0**
T.Ass for m.equipment-phase 2&3	$22,200	$22,200	$9,000	$13,200	$13,200	$0	**$13,200**	0	0	**$0**
nst & acceptance M.Equip-phase 1	$20,000	$20,000	$0	$20,000	$0	$20,000	**$20,000**	0	0	**$0**
nst & acceptance M.Equip-phase 2	$60,000	$60,000	$0	$60,000	$0	$0	**$0**	0	60,000	**$60,000**
Spectrum contract	$595,620	$595,620	$191,620	$404,000	$150,000	$0	**$150,000**	0	254,000	**$254,000**
Law of autonomy	$99,658	$99,658	$70,000	$29,658	$29,658	$0	**$29,658**	0	0	**$0**
management of public hospitals	$250,000	$250,000	$0	$250,000	$0	$50,000	**$50,000**	200,000	0	**$200,000**
STC for emmergency	$40,000	$40,000	$0	$40,000	$40,000	$0	**$40,000**	0	0	**$0**
Hospital survey - OPCV	$880,000	$880,000	$230,554	$649,446	$259,778	$389,668	**$649,446**	0	0	**$0**
primary healthcare	$70,000	$70,000	$0	$70,000	$0	$21,000	**$21,000**	49,000	0	**$49,000**
Previous payments			$4,746,939							
Total cat 4	**$3,736,315**	**$3,736,315**	**$5,266,613**	**$3,216,641**	**$828,326**	**$1,212,041**	**$2,040,367**	**554,718**	**621,555**	**$1,176,273**
Category 5										
Running operating cost	$178,200	$178,200	$0	$178,200	$44,550	$44,550	$89,100	44,550	44,550	$89,100
Previous payments			$1,751,639							
Total cat 5	**$178,200**	**$178,200**	**$1,751,639**	**$178,200**	**$44,550**	**$44,550**	**$89,100**	**44,550**	**44,550**	**$89,100**
Grand Total	**$27,248,582**	**$24,687,942**	**$12,144,358**	**$20,853,031**	**$3,050,034**	**$3,874,182**	**$6,924,216**	**3,287,622**	**10,641,192**	**$13,928,814**

Republic of Lebanon
Office of the Minister of State for Administrative Reform
Center for Public Sector Projects and Studies
(C.P.S.P.S.)

الجمهورية اللبنانية
مكتب وزير الدولة لشؤون التنمية الإدارية
مركز مشاريع ودراسات القطاع العام

Lebanon: Health Sector Rehabilitation Project (Loan 3829-LE)

Disbursement Commitments by Category, as of June 10, 2002

Category	Description	Loan Allocations	Disbursed to date	Unpaid Commitments to Date	Disbursed & Committed	Available Balance	
		Amount US$	Amount US $				% Financed
1	Civil Works	11,300,000	3,712,445	5,587,163	9,299,608	2,000,392	80% of Expenditure on all Civil Works Done
2	Equipments, vehicles & Supplies	9,800,000	1,355,878	0	1,355,878	8,444,122	100% of Foreign Expenditure & 80% of Local Expenditure
3	Furniture	50,000	49,802	0	49,802	198	100% of Foreign Expenditure & 60% of Local Expenditure
4	Consultants services & Training	9,000,000	5,326,935	2,228,123	7,555,058	1,444,942	100%
5	Incremental Operating Cost	2,000,000	1,691,317	0	1,691,317	308,683	100%
6	Unallocated	3,550,000	0	0	0	3,550,000	Includes Future Contingencies
	Total	**$35,700,000**	**$12,136,377**	**$7,815,286**	**$19,951,663**	**$15,748,337**	