Program Implementation Document

INTERNAL

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Pakistan: Punjab Nursing and Health Workforce Sector Reform Program

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Asian Development Bank

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PURPOSE OF THE PROGRAM IMPLEMENTATION DOCUMENT

The developing member country is wholly responsible for implementing the program supported by results-based lending. Asian Development Bank staff support the results-based lending program design and implementation.

The program implementation document consolidates the essential program implementation information. It is a management tool that supports effective program implementation, monitoring, and reporting. It is developed throughout program processing and should be discussed with the developing member country at loan negotiations. It is a living document that should be refined and kept up-to-date during program implementation.

ABBREVIATIONS

ADB	=	Asian Development Bank
DMC	=	developing member country
DLI	=	disbursement-linked indicator
M&E	=	monitoring and evaluation
PID	=	program implementation document
PAP	=	program action plan
RBL	=	results-based lending
RRP	=	report and recommendation of the President

I. PROGRAM DESCRIPTION

1. The proposed results-based lending (RBL) program will support the Specialized Healthcare & Medical Education Department (SHC&MED) of Punjab to strengthen the quality, governance, and infrastructure of nursing education between calendar year 2026–2030. The program will construct and operationalize three climate-resilient centers of excellence (COE), enhance governance and workforce management through the creation of a digitized health workforce management system, institutional reform, and quality assurance mechanisms; and foster gender equality and international employment opportunities through inclusive recruitment, continuing professional development, and internationally certified training programs. The program results are aligned with the Punjab Health Sector Strategy, 2019–2028,[1] and the Pakistan Nursing and Midwifery Policy Framework 2025–2034.[2] As nursing is a feminized sector, the program will have an outsize benefit for women by expanding access to quality education and professional advancement opportunities.

Table 1: Program Scope
(as of July 2025)

Item	Broader Government Program	Results-Based Lending Program
Outcome	Availability of adequately skilled health workforce to fulfill the current and emerging health needs of population	Enhanced availability of an adequately qualified nursing workforce to meet evolving health needs with increased access to employment opportunities for women in the nursing profession
Key outputs	Establish a governance and leadership structure for human resources for health (HRH) policy, planning, production, and management Ensure availability of health care providers where required Establish ways of improving quality and productivity of HRH Improve retention of health workers and revitalize the concepts of continuous professional education and training Update the medical education curriculum with a focus on community-oriented medical education	Output 1: Quality of nursing professionals improved Output 2: Climate-resilient and gender-sensitive centers of excellence for nursing education established Output 3: Governance and management for health workforce strengthened

[1] Government of Punjab, Health Department. 2019. *Punjab Health Sector Strategy 2019–2028.*
[2] Government of Pakistan, 2025. *Pakistan Nursing and Midwifery Policy Framework 2025–34.*

Item	Broader Government Program	Results-Based Lending Program
Activities	Establish a governance and leadership structure for HRH policy, planning, production, and management (i) Establish a human resource planning and development unit Ensure availability of health care providers where required (i) Fill all vacant posts of health care providers at primary health care facilities, especially in rural and hard-to-reach areas, by introducing central induction policy (ii) Fill all vacant posts of specialists at secondary health care hospitals Establish ways to improve quality and productivity of HRH (i) Develop a health services academy on the lines of civil services academy for training different categories of health workers Improve retention of health workers and revitalize the concepts of continuous professional education and training (i) Develop strategy/policy guidelines for retention of HRH (ii) Fill faculty positions in all health educational institutions (medical, nursing, and allied health professionals) with trained and qualified teachers Update medical education curriculum with a focus on community-oriented medical education (i) Revise the medical education curriculum with more emphasis on promotive and preventive care and incorporate community-oriented medical education at all levels (ii) Create continuing medical education opportunities for health professionals and over time make continuing medical education mandatory for continuation of practice	Quality of nursing professionals improved: (i) Develop and approve a phased faculty recruitment and appointment plan for centers of excellence (COEs) (ii) Develop and approve a COE management capacity-building plan (iii) Appoint the first batch of COE faculty holding master of science in nursing degrees from accredited institutions. (iv) Finalize institutional partnerships for international training and certification of nursing students and COE leadership (v) Revise and update specialized diploma curricula in priority areas Climate-resilient and gender-sensitive COEs for nursing education established: (i) Finalize and approve standard equipment specifications and procurement packages for COEs (ii) Deploy e-learning platforms and digital simulation equipment at COEs to enable blended learning for nursing students (iii) Construct and equip COEs Governance and management for health workforce strengthened: (i) Expand human resource management information system to include (a) COE and (b) government nursing college enrollment and graduate data for all degree programs and courses (ii) Establish soft infrastructure for COEs, including governance, policies, and outreach systems (iii) Launch a digital academic assessment and credentialing system for COE students (iv) Operationalize the HRH management unit
Expenditure size	$981 million	$255 million
Main financiers and their respective total amount	Government of Punjab: $831 million Asian Development Bank: $150 million	Government of Punjab: $105 million Asian Development Bank: $150 million (concessional ordinary capital resources)

Item	Broader Government Program	Results-Based Lending Program
Geographic coverage	Punjab province	Punjab province, with focus on COEs in Lahore, Multan, and Rawalpindi
Implementation period	2019–2030	2026–2030

ADB = Asian Development Bank, CME = continuing medical education, COE = center of excellence, COL = concessional ordinary capital resources lending, HRH = Human Resources for Health, HRMIS = Human Resource Management Information System, MScN = Master of Science in Nursing.
Source: Asian Development Bank and government of Punjab.

II. RESULTS AND DISBURSEMENT

A. The Results-Based Lending Program's Overall Results

2. ADB disbursement is linked with the achievements of disbursement-linked indicators (DLIs), which are a subset of the RBL program results. Program DLIs have been designed in collaboration with the SHC&MED and are aligned to a specific outcome or output of the RBL. They have been selected because they represent key objectives of the Punjab Nursing Education Reform Strategy 2025–2030. The DLIs embody flexibility to accommodate adjustments as the program evolves over the implementation period of 2026 to 2030.

3. Associated with the outcome, there are two DLIs. DLI 1 will track at least 800 nursing professionals (of which at least 60% are women) graduating from COE degree programs, specialized courses and faculty development program. This DLI includes the number of nursing professionals who complete degree programs, namely, master of science in nursing (MScN), a two-year degree program offered in the three COEs. Since the COEs will be constructed and operational by Year 3 of the program, it is expected that one cohort of MScN students will graduate during the five-year RBL program duration. However, bachelor of science in nursing (BScN) students are unlikely to be captured since BScN is a 4-year degree program, and thus, the first cohort of students will graduate after the RBL duration. The DLI also takes into consideration nursing professionals completing specialized courses which are shorter in duration (one-year) and include high-demand fields, such as trauma care, oncology, geriatrics and mental health. Additional specialized courses may be added during program implementation. Existing government nursing college faculty completing the one-year faculty development program at COEs are also included in this target. On the other hand, DLI 2 measures improved quality at COEs based on student and faculty quality assessments. Performed by a third-party, the quality assessments will involve evaluating various aspects of COEs, including the curriculum, teaching methods, clinical placements and student outcomes, to identify areas for improvement and ensure the COEs meet established standards. A baseline composite score will be established in Year 4 of the RBL program and targets an improvement in the composite score after one year in Year 5 by two percentage points.

4. Three indicators are linked with Output 1. DLI 3 focuses on strengthening the nursing education faculty based on three sub-indicators. DLI 3a tracks on at least 15 nursing education leaders (of which at least 80% are women) enrolled in eligible international doctor of philosophy programs, DLI 3b tracks at least 45 nursing educators (of which at least 80% are women) sponsored to pursue MScN degrees from accredited national institutions and DLI 3c tracks at least 150 nursing educators (of which at least 80% are women) from government nursing colleges completed COE faculty development program training. Nursing educators, which refer to nursing teaching staff in existing 44 government nursing colleges in Punjab, will be selected for these programs based on the Punjab Nursing Capacity Building Policy 2025-30. The aim is to (i) prepare a cadre of qualified faculty to be staffed at COEs while in parallel (ii) uplift

prevailing teaching standards and pedagogy in existing government nursing colleges. DLI 4 will measure the number of nursing students enrolled in COE degree programs and is bifurcated in two sub-DLIs based on degree type: (4a) at least 800 nursing students (of which at least 80% are women) enrolled in COE BScN program and (4b) at least 100 nursing students (of which at least 60% are women) enrolled in COE MScN program. This DLI focuses on enrolment, reflecting upon the pipeline of nursing professionals being trained through COEs which will add to the overall health workforce in Punjab. The RBL will also offer international training opportunities to facilitate regional knowledge exchange and DLI 5 will track international participation certificates in public health, health security, or elderly care obtained by at least 150 COE nursing students (of which at least 60% are women).

5. Two DLIs are linked with Output 2. Integral to the overall RBL is the construction and operationalization of COEs. DLI 6 will track three climate-resilient and gender-sensitive COEs for nursing education constructed. These COEs will be established in Rawalpindi, Lahore and Multan and offer cutting-edge curricula, fully digital learning environments, advanced simulation labs, and climate-resilient and gender-sensitive infrastructure. They will be constructed as per design specifications provided by the Infrastructure Development Authority of Punjab (IDAP). These specifications will include climate resilience and energy efficient features to achieve Leadership in Energy and Environmental Design (LEED) Gold Certification (preferred) or a minimum of LEED Silver Certification for academic and student Center buildings. In parallel, DLI 7 focuses upon equipping of COEs, and it will track three COEs furnished with modern equipment and digital infrastructure. COEs will be equipped in accordance with the equipment and digital infrastructure specifications and quantities developed by SHC&MED and procured through the PIU.

6. One DLI is linked to Output 3. DLI 8 will measure improved health workforce governance through two sub-DLIs: (8a) COE governance framework comprising rules, regulations, and policies, including workplace gender equality[3] approved by the independent COE board of governors of which at least 33% are female members and (8b) a dedicated HRH management unit within SHC&MED to oversee workforce planning, management, and quality assurance. One board of governors will be formed to oversee operations and the quality of all three COEs. It will be responsible to develop a governance framework for COEs with support from the SHC&MED. The HRH management unit housed within the SHC&MED will oversee all human resource for health matters at the provincial level encompassing policy formulation, strategic planning (e.g. provincial HRH plans), education and training coordination, and workforce management and projecting provincial HRH requirements.

[3] In a predominantly female nursing sector, promoting workplace gender equality requires addressing structural barriers such as undervaluation of work, limited leadership, and exposure to harassment. The project includes workplace gender equality through: equitable career pathways [faculty development, international certification, HRH unit], professional recognition [competency based certification and faculty development], safe workplaces [zero tolerance policy for basement and GBV, backed by confidential reporting and grievance mechanism], supportive infrastructure [female only dormitories, on-site childcare], and women's representation in governance [33% female representation on COE board].

a. Program Results Framework

7. The results framework for the program, as agreed between ADB and the executing agency at the loan fact-finding mission and to be reconfirmed at loan negotiations, is in Table 2.

Table 2: Results-Based Lending Program Results Framework
(as of Jul 2025)

Results Indicators	DLI (Yes/ No)	Baseline Value	Baseline Year		Target Values[a]				
				Prior Results	2026	2027	2028	2029	2030
Outcome: Enhanced availability of an adequately qualified nursing workforce to meet evolving health needs with increased access to employment opportunities for women in the nursing profession.									
At least 800 nursing professionals (of which at least 60% are women) graduated from COE degree programs, specialized courses, and faculty development program	DLI 1	NA COEs yet to be developed	2025	PIU Notified and Staffed				≥300 nursing professionals	≥800 nursing professionals
COE student and faculty quality assessment scores improved by at least 2 percentage points	DLI 2	NA COEs yet to be developed	2025					Baseline composite score established at each COE	≥2 percentage points relative to the baseline composite score at each COE
Outputs									
Output 1: Quality of nursing professionals improved									
1.1 Nursing education faculty strengthened 1.1a. At least 15 nursing education leaders (of which at least 80% are women) enrolled in eligible international PhD programs	DLI 3a	0	2025	Punjab Nursing Education Capacity Building PC-1 approved	≥5 nursing educators enrolled in international PhD programs	≥10 nursing educators enrolled in international PhD programs	≥15 nursing educators enrolled in international PhD programs		
1.1b. At least 45 nursing educators (at least 80% are women) sponsored to pursue	DLI 3b	0	2025		≥15 nursing educators sponsored	≥30 nursing educators sponsored	≥45 nursing educators sponsored		

Results Indicators	DLI (Yes/ No)	Baseline Value	Baseline Year		Target Values[a]				
				Prior Results	2026	2027	2028	2029	2030
MScN degrees from accredited national institutions									
1.1c. At least 150 nursing educators (of which at least 80% are women) from government nursing colleges completed COE faculty development program training	DLI 3c	NA COEs yet to be developed	2025					≥50 nursing educators complete training at COEs	≥150 nursing educators complete training at COEs
1.2 At least 400 in-service nurses (of which at least 80% are women) complete continuing professional development program offered at COEs	No	NA COEs yet to be developed						≥150 in-service nurses	≥400 in-service nurses
1.3 At least four new specialized training programs in high-demand fields, such as oncology, pediatric care, geriatrics and mental health offered at COEs	No	NA COEs yet to be developed						≥2 specialized training programs offered at COEs	≥4 specialized training programs offered at COEs
1.4 Nursing students enrolled in COE degree programs 1.4a. At least 800 nursing students (of which at least 80% are women) enrolled in COE BScN program	DLI 4a	NA COEs yet to be developed						≥300 BScN students	≥800 BScN students
1.4b. At least 100 nursing students (of which at least 60% are women) enrolled in COE MScN program	DLI 4b	NA COEs yet to be developed	2025					≥40 MScN students	≥100 MScN students
1.5 International participation certificates in public health, health security, or elderly care obtained by at least 150 COE nursing students (of which at least 60% are women)	DLI 5	NA COEs yet to be developed	2025					≥50 COE nursing students	≥150 COE nursing students
Output 2: Climate resilient and gender sensitive Centers of Excellence for nursing education established									
2.1 Three climate resilient and gender sensitive COEs for nursing education constructed	DLI 6	0	2025		Works Awarded for development	≥30% of financial progress	100% financial progress		

Results Indicators	DLI (Yes/ No)	Baseline Value	Baseline Year		Target Values[a]				
				Prior Results	2026	2027	2028	2029	2030
					of 3 COEs to contractors	achieved at 3 COEs on aggregate basis	achieved at 3 COEs on aggregate basis		
2.2 LEED gold certification (preferred) or a minimum of LEED silver certification achieved for academic and student Center buildings at three COEs	No	NA COEs yet to be developed	2025					LEED gold (preferred) or silver certification for 3 COEs	
2.3 Three COEs furnished with modern equipment and digital infrastructure	DLI 7	NA COEs yet to be developed	2025		Equipment and digital infrastructure specifications finalized	≥30% of equipment and digital infrastructure procured according to specifications	≥85% of equipment and digital infrastructure procured according to specifications	100% of equipment and digital infrastructure procured according to specifications	
2.4 At least 15 COE lab technologists trained in operating equipment and software	No	NA COEs yet to be developed	2025				≥6 COE lab technologists	≥15 COE lab technologists	
2.5 At least 70% of COE faculty positions filled according to staff requirements specified in the PID	No	NA COEs yet to be developed	2025					≥50% faculty positions filled at 3 COEs	≥70% faculty positions filled at 3 COEs
2.6 A centralized LMS comprising digital libraries, student evaluations and examinations and course materials implemented at three COEs	No	NA COEs yet to be developed	2025			Centralized LMS tested	Centralized LMS fully developed	Centralized LMS implemented at ≥1 COE	Centralized LMS implemented at 3 COEs
Output 3: Governance and management for health workforce strengthened									
3.1 Improved health workforce governance 3.1a. COE governance framework comprising rules,	DLI 8a	NA COEs yet to be developed	2025	Board of Governors notified	Draft Governance Framework developed	Final Governance Framework notified			

Results Indicators	DLI (Yes/ No)	Baseline Value	Baseline Year		Target Values[a]				
				Prior Results	2026	2027	2028	2029	2030
regulations, and policies, including workplace gender equality[c] approved by the independent COE board of governors of which at least 33% are female members									
3.1b. A dedicated HRH management unit within SHC&MED to oversee workforce planning, management, and quality assurance functional	DLI 8b	0	2025	HRH Management Unit notified	Provincial HRH Plans developed	Report on projections for Provincial HRH requirements developed			
3.2 At least six COE outreach programs implemented to promote the value of nursing and elevate the status of the profession in Punjab	No	NA COEs yet to be developed					≥3 COE outreach programs	≥6 COE outreach programs	
3.3 Redressal Mechanism for SEAH introduced at 3 COEs	No	NA COEs yet to be developed					Redressal Mechanism developed	Redressal Mechanism introduced at ≥1 COE	Redressal Mechanism introduced at 3 COEs

ADB = Asian Development Bank, BScN = Bachelors of Science in Nursing, CPD = continuous professional development, COE = Center of Excellence, DLI = disbursement-linked indicator, HRH = human resources for health, HRMIS = human resources management information system, LEED = Leadership in Energy and Environmental Design, LMS = learning management system, MScN = Masters of Science in Nursing, NA = not applicable, PhD = Doctor of Philosophy PID = Program Implementation Document, PIU = program implementation unit, PNMC = Pakistan Nursing and Midwifery Council, SEAH = Sexual Exploitation, Abuse and Harassment, SHC&MED = Specialized Healthcare and Medical Education Department

[a] Targets specified are cumulative

[b] Data related to healthcare professionals including doctors and nurses staffed at the specialized and tertiary healthcare facilities as well as at medical universities and nursing colleges is digitally compiled in the HRMIS. The HRMIS will be expanded to capture data specific to selected DLIs and DMF during the first year of implementation of the RBL program and will be sex-disaggregated. The IT Cell, housed at SHC&MED, is the custodian of the data and responsible for ensuring its compilation, updating and sharing with the department.

[c] In a predominantly female nursing sector, promoting workplace gender equality requires addressing structural barriers such as undervaluation of work, limited leadership, and exposure to harassment. The project includes workplace gender equality through: equitable career pathways [faculty development, international certification, HRH unit], professional recognition [competency based certification and faculty development], safe workplaces [zero tolerance policy for basement and GBV, backed by confidential reporting and grievance mechanism], supportive infrastructure [female only dormitories, on-site childcare], and women's representation in governance [33% female representation on COE board].

Source: Asian Development Bank.

b. Implementation Status, Issues, Changes

8. The implementation status indicating actual performance of the program results will be reported to ADB semiannually following the program progress report template in Appendix 2. Any issues during implementation and the measures adopted or planned to address them, including any changes made to result indicators and the reasons for doing so, should be discussed in the semiannual program progress report using the template in Appendix 2.

B. Disbursement-Linked Indicators

1. Description of Disbursement-Linked Indicators

9. The DLIs for the program, as agreed between ADB and the executing agency at the loan fact-finding mission and to be reconfirmed at loan negotiations, are in Table 3.

Table 3: Disbursement-Linked Indicators[a]
(as of Jul 2025)

Disbursement-Linked Indicators	Baseline Value	Baseline Year	Target Values[a]				
			2026	2027	2028	2029	2030
Outcome: Enhanced availability of an adequately qualified nursing workforce to meet evolving health needs with increased access to employment opportunities for women in the nursing profession.							
DLI 1: At least 800 nursing professionals (of which at least 60% are women) graduated from COE degree programs, specialized courses, and faculty development program	NA COEs yet to be developed	2025				≥300 nursing professionals nursing professionals	≥800 nursing professionals
DLI 2: COE student and faculty quality assessment scores improved by at least 2 percentage points	NA COEs yet to be developed	2025				Baseline composite score established at each COE	≥2 percentage points relative to the baseline composite score at each COE

Disbursement-Linked Indicators	Baseline Value	Baseline Year	Target Values[a]				
			2026	2027	2028	2029	2030
Output 1: Quality of nursing professionals improved							
DLI 3: Nursing education faculty strengthened							
3a. At least 15 nursing education leaders (of which at least 80% are women) enrolled in eligible international PhD programs	0	2025	≥5 nursing educators enrolled in international PhD programs	≥10 nursing educators enrolled in international PhD programs	≥15 nursing educators enrolled in international PhD programs		
3b. At least 45 nursing educators (at least 80% are women) sponsored to pursue MScN degrees from accredited national institutions	0	2025	≥15 nursing educators sponsored	≥30 nursing educators sponsored	≥45 nursing educators sponsored		
3c. At least 150 nursing educators (of which at least 80% are women) from government nursing colleges completed COE faculty development program training	NA COEs yet to be developed	2025				≥50 nursing educators complete training at COEs	≥150 nursing educators complete training at COEs
DLI 4: Nursing students enrolled in COE degree programs							
4a. At least 800 nursing students (of which at least 80% are women) enrolled in COE BScN program	NA COEs yet to be developed	2025				≥300 BScN students	≥800 BScN students
4b. At least 100 nursing students (of which at least 60% are women) enrolled in COE MScN program	NA COEs yet to be developed	2025				≥40 MScN students	≥100 MScN students
DLI 5: International participation certificates in public health, health security, or elderly care obtained by at least 150 COE nursing students (of which at least 60% are women)	NA COEs yet to be developed	2025				≥50 COE nursing students	≥150 COE nursing students

Disbursement-Linked Indicators	Baseline Value	Baseline Year	Target Values[a]				
			2026	2027	2028	2029	2030
Output 2 Climate resilient and gender sensitive Centers of Excellence for nursing education established							
DLI 6: Three climate resilient and gender sensitive[b] COEs for nursing education constructed	NA COEs yet to be developed	2025	Works Awarded for development of 3 COEs to contractors	At least 30% of financial progress achieved at 3 COEs on aggregate basis	100% financial progress achieved at 3 COEs on aggregate ba sis		
DLI 7: Three COEs furnished with modern equipment and digital infrastructure	NA COEs yet to be developed	2025	Equipment and digital infrastructure specification s finalized	At least 30% of equipment and digital infrastructure procured according to specifications	At least 85% of equipment and digital infrastructure procured according to specifications	100% of equipment and digital infrastructure procured according to specifications	
Output 3: Governance and management for health workforce strengthened							
DLI 8: Improved health workforce governance							
8a. COE Governance Framework comprising rules, regulations and policies including workplace gender equality[c] approved by the independent COE Board of Governors of which at least 33% are female members	NA COEs yet to be developed	2025	Draft Governance Framework developed	Final Governance Framework notified			
8b. A dedicated HRH management unit within SHC&MED to oversee workforce planning, management, and quality assurance functional	0	2025	Provincial HRH Plans developed	Projections for Provincial HRH requirements developed			

BScN = Bachelor of Science in Nursing, COE = Center of Excellence, DLI = disbursement-linked indicator, MScN = Master of Science in Nursing, HRH = human resources for health, NA = not applicable, PhD = Doctor of Philosophy, PIU = Program Implementation Unit, SHC&MED = Specialized Healthcare and Medical Education Department of Punjab.

[a] Targets specified are cumulative.

[b] Gender-sensitive features include secure female dorms, provision of child care facilities, and modern sanitation (at least 2:1 ratio toilets for women).

[c] In a predominantly female nursing sector, promoting workplace gender equality requires addressing structural barriers such as undervaluation of work, limited leadership, and exposure to harassment. The project includes workplace gender equality through: equitable career pathways [faculty development, international certification, HRH unit], professional recognition [competency based certification and faculty development], safe workplaces [zero tolerance policy for basement and GBV, backed by confidential reporting and grievance mechanism], supportive infrastructure [female only dormitories, on-site childcare], and women's representation in governance [33% female representation on COE board].

Source: Asian Development Bank.

2. Implementation Status, Issues, and Changes

10. Any issues during implementation and the measures adopted or planned to address them, including any changes made to the DLIs and the reasons for doing so, will be discussed in the semiannual progress report using the template in Appendix 2.

C. Disbursement-Linked Indicator Verification Protocols

a. Description of the Verification Protocols

11. The disbursement verification protocols are provided in Table 4.

Table 4: Verification Protocols
(as of Jul 2025)

Disbursement-Linked Indicators	Definition and Description of Achievement[a]	Information Source and Frequency	Verification Agency and Procedure	Verification Time Frame
Outcome: **Enhanced availability of an adequately qualified health workforce to fulfill evolving health needs with increased access to employment opportunities for women in the nursing profession.**				
DLI 1: At least 800 nursing professionals (of which at least 60% are women) graduated from COE degree programs, specialized courses and faculty development program	Prior Result: A dedicated PIU at SCH&MED is established and staffed. This target is considered achieved when a Notification on the establishment of the PIU is issued by the SHC&MED and all positions specified in the PIU organogram provided in the PID are filled. Notification refers to an official written government document issued by SCH&MED. Definition of terms: Nursing professionals refer to health care professionals who complete any of the following COE programs: BScN, MScN, PhD, specialized course or faculty development. Degree Programs: BScN is a four-year undergraduate degree program in nursing; MScN is a two-year graduate degree program in nursing, PhD is a post-graduate degree program.	Prior Results: Official copy of Notification on the establishment of the PIU provided by SHC&MED and evidence of full staffing of PIU. SHC&MED's HRMIS[b] to integrate COE and existing government nursing college enrolment and graduate data for all degree programs and courses. HRH Management Unit will have access to	Prior Result: IVA to be engaged by SCH&MED to verify all prior results. IVA will review the Notification, and for staffing, review pertinent documents (such as contracts) and conduct interviews with staff to confirm whether the PIU is staffed according to the organogram in the PID.	SHC&MED shall request verification of results by the IVA before the intended withdrawal application. Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved or partially achieved.

<table>
<tr><th>Disbursement-Linked Indicators</th><th>Definition and Description of Achievement[a]</th><th>Information Source and Frequency</th><th>Verification Agency and Procedure</th><th>Verification Time Frame</th></tr>
<tr><td></td><td>Specialized courses are one-year training programs and include high-demand fields, such as trauma care, oncology, geriatrics, and mental health. Additional specialized courses may be added during program implementation.

Faculty development programs are specialized one-year training programs for existing government nursing college faculty.

Three (3) COEs will be developed under this RBL and offer cutting-edge curricula, fully digital learning environment, advanced simulation labs, and climate-resilient infrastructure. COEs will serve as degree-conferring institutions and align with global accreditation standards, such as those outlined by the WHO and NLN. (See DLI 6).

Calculation method

The total number of nursing professionals who graduate from any of the following (i) degree program, (ii) specialized course, or (iii) faculty development program, from any of the 3 COEs to be developed under this RBL.

Reporting on the indicator will be disaggregated by COE and gender.

Baseline and target values:

<table><tr><td>Baseline</td><td>NA</td></tr><tr><td>Prior Result</td><td>PIU notified and staffed</td></tr><tr><td>Target Value 2026</td><td></td></tr><tr><td>Target Value 2027</td><td></td></tr><tr><td>Target Value 2028</td><td></td></tr><tr><td>Target Value 2029</td><td>≥300</td></tr></table></td><td>this HRMIS data for compilation.

Responsible Unit: PIU to obtain data on nursing professionals graduated from COE degree programs and specialized courses from HRH Management Unit.

PIU will obtain data from HRH Management Unit on a quarterly basis.</td><td>IVA to be engaged by SHC&MED. The PIU will provide results in an Annual Progress Report to SHC&MED. IVA will verify PIU reported results based on trained nursing professionals in 2029 and 2030 by accessing relevant data in HRMIS.</td><td></td></tr>
</table>

Disbursement-Linked Indicators	Definition and Description of Achievement[a]	Information Source and Frequency	Verification Agency and Procedure	Verification Time Frame
	Target Value 2030 ≥800 At least 60% of the target value are women. Partial achievement: For 2029 and 2030, subject to achievement of a minimum of 60% of the target value, disbursement can be proportional to the results achieved. For example, the target value for graduated nurses in 2029 is ⩾300 nurses; for achieving 60% of this target (i.e. 180 nurses), 60% of the earmarked amount for target value in 2029 will be released.			
DLI 2: COE student and faculty quality assessment scores improved by at least 2 percentage points	Definition of terms: Quality assessments involve evaluating various aspects of COEs, including the curriculum, teaching methods, clinical placements and student outcomes, to identify areas for improvement and ensure the COEs meet established standards. Quality assessments will be conducted by a qualified third-party firm, which is competitively commissioned by PIU. The firm will be responsible to (i) develop and (ii) conduct the quality assessments at each COEs at the end of the academic years in 2029 and 2030 (i.e. 6 quality assessments in total). Details on the (i) selection criteria of students and (ii) faculty and (iii) procedures for conducting quality assessments and (iv) scoring are provided in the Punjab Nursing Education Capacity Building PC-1 (See DLI 3). A composite score will be calculated based on the assessment results of COE (i) students enrolled in BScN and MScN degree programs and (ii) faculty imparting BScN and MScN education. The baseline composite score in each COEs will be established in 2029. For 2030, the target is considered achieved when composite scores increase by at least 2 percentage points relative to the baseline composite score at each COE.	Data source: Quality assessments of COE students and faculty to be conducted by third-party firm commissioned by PIU. The firm will provide annual reports to PIU on quality assessment results. Responsible Unit: PIU to obtain and review annual reports conducted by a third-party firm.	IVA to be engaged by SHC&MED. The PIU will provide results in an Annual Progress Report to SHC&MED. IVA will verify achievement by reviewing the third-party firm reports and PIU annual reports and conducting interviews with staff and faculty that participated in the quality assessments in 2029 and 2030.	SHC&MED shall request verification of results by the IVA before the intended withdrawal application. Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved.

<table>
<tr><th>Disbursement-Linked Indicators</th><th>Definition and Description of Achievement[a]</th><th>Information Source and Frequency</th><th>Verification Agency and Procedure</th><th>Verification Time Frame</th></tr>
<tr><td></td><td>Calculation method

Weightage will be applied to student assessment results will be 60% and for faculty assessment it will be 40%.

At each COE, the composite score will be calculated as follows:

(Average BScN and MScN student assessment score multiplied by 60%) + (Average BScN and MScN faculty assessment score multiplied by 40%) = composite score at COE

Baseline and target values:

<table><tr><td>Baseline</td><td>NA</td></tr><tr><td>Target Value 2026</td><td></td></tr><tr><td>Target Value 2027</td><td></td></tr><tr><td>Target Value 2028</td><td></td></tr><tr><td>Target Value 2029</td><td>Baseline composite score established at each COE</td></tr><tr><td>Target Value 2030</td><td>⩾2 percentage points relative to the baseline composite score at each COE</td></tr></table>
Partial achievement: Not applicable for this DLI.</td><td></td><td></td><td></td></tr>
</table>

Output 1 Quality of nursing professionals improved				
DLI 3: Nursing education faculty strengthened	Prior Result: Punjab Nursing Education Capacity Building PC-1 developed by SHC&MED and approved by Punjab Planning and Development Board. The (i) selection criteria, (ii) process of	Prior Result: Official copy of Notification including official copy of the approved	Prior Result: IVA to be engaged by SCH&MED to verify all prior	SHC&MED shall request verification of results by the IVA before the

A.	At least 15 nursing education leaders (of which at least 80% are women) enrolled in eligible international PhD programs	sponsorship (see DLIs 3a and 3b) and of training placement (see DLI 3c), and (iii) eligible international PhD programs (see DLI 3a), eligible MScN programs (see DLI 3b) and eligible specialized programs (see DLI 3c) are provided in the Punjab Nursing Education Capacity Building PC-1.Further, the Punjab Nursing Education Capacity Building PC-1 will provide the following: (i) criteria for enrolment in BScN and MScN degree programs in COEs (see DLI 4) and (ii) criteria for nursing student selection criteria (see DLI 5). It will also include details on the (i) selection criteria of students and (ii) faculty and (iii) procedures for conducting quality assessments (DLI 2). Definition of terms: To prepare a cadre of qualified nursing education leaders for induction at COEs, existing senior nursing educators in government nursing colleges will be sponsored (i.e. provided financial support) by SHC&MED to pursue PhD degrees from eligible international institutions. Nursing educators refer to nursing teaching staff in existing 44 government nursing colleges in Punjab listed in the Punjab Nursing Education Capacity Building PC-1. Nursing education leaders are senior nursing educators exhibiting at least 5 years of experience in academic leadership (e.g. dean, associate dean, principal or vice principal) in a nursing college. Existing nursing educators in Punjab will be eligible to apply for specified international PhD programs. Educators will need to secure admission to eligible programs independently. The (i) selection criteria, (ii) process of sponsorship and (iii) eligible international PhD programs are provided in the Punjab Nursing Education Capacity Building PC-1. Calculation method The total number of nursing education leaders enrolled in eligible international PhD programs in	Punjab Nursing Education Capacity Building PC-1 provided by SHC&MED. SHC&MED's HRMIS to include data on nursing educators enrolled in eligible PhD programs. HRH Management Unit will have access to this data. Responsible Unit: PIU to obtain data on trained management personnel from the HRH Management Unit. PIU will obtain data from HRH Management Unit on a quarterly basis	results. IVA will review the Notification and official copy of the approved Punjab Nursing Education Reform and Capacity Building PC-1. IVA to be engaged by SHC&MED. The PIU will provide results in an Annual Progress Report to SHC&MED. IVA will verify PIU reported results based on enrolled educators in PhD programs in 2026, 2027 and 2028 by accessing relevant data in HRMIS and conducting interviews with enrolled nursing educators.	intended withdrawal application. Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved or partially achieved.

<table>
<tr>
<td></td>
<td>accordance with the selection, process, and eligibility requirements of the Punjab Nursing Education Capacity Building PC-1.

Reporting on the indicator will be disaggregated by gender.

Baseline and target values:

<table>
<tr><td>Baseline</td><td>NA</td></tr>
<tr><td>Prior Result</td><td>Punjab Nursing Education Reform and Capacity Building PC-1 approved</td></tr>
<tr><td>Target Value 2026</td><td>≥5 Nursing educators enrolled in international PhD programs</td></tr>
<tr><td>Target Value 2027</td><td>≥10 Nursing educators enrolled in international PhD programs</td></tr>
<tr><td>Target Value 2028</td><td>≥15 Nursing educators enrolled in international PhD programs</td></tr>
<tr><td>Target Value 2029</td><td></td></tr>
<tr><td>Target Value 2030</td><td></td></tr>
</table>
At least 80% of the target value are women

Partial achievement: Subject to achievement of a minimum of 60% of the target value, disbursement can be proportional to the results achieved. See example in DLI 1.</td>
<td></td>
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</tr>
<tr>
<td>B. At least 45 nursing educators (of which at least 80% are women) sponsored to pursue MScN degrees from accredited national institutions</td>
<td>Definition of terms:

To prepare a cadre of qualified nursing educators for induction at COEs, existing nursing educators in government nursing colleges will be sponsored (i.e. provided financial support) by SHC&MED to pursue MScN degrees from accredited national institutions.</td>
<td>Data source: SHC&MED’s HRMIS to include data on financial support provided to nursing educators to pursue MScN degrees. HRH</td>
<td>IVA to be engaged by SHC&MED. The PIU will provide results in an Annual Progress Report to SHC&MED. IVA</td>
<td>SHC&MED shall request verification of results by the IVA before the intended withdrawal application.</td>
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<td>Nursing educators will need to secure admission to eligible programs independently. The (i) selection criteria, (ii) process of sponsorship and (iii) eligible MScN programs are provided in the Punjab Nursing Education Reform and Capacity Building PC-1.

Calculation method

The total number of nursing educators provided with financial support to pursue MScN degrees in accordance with the selection, process, and eligibility requirements of the Punjab Nursing Education Capacity Building PC-1.

Reporting on the indicator will be disaggregated by gender and COE.

Baseline and target values:

<table>
<tr><td>Baseline</td><td>NA</td></tr>
<tr><td>Target Value 2026</td><td>≥15 nursing educators supported</td></tr>
<tr><td>Target Value 2027</td><td>≥30 nursing educators supported</td></tr>
<tr><td>Target Value 2028</td><td>≥45 nursing educators supported</td></tr>
<tr><td>Target Value 2029</td><td></td></tr>
<tr><td>Target Value 2030</td><td></td></tr>
</table>

At least 80% of the target value are women.

Partial achievement: Subject to achievement of a minimum of 60% of the target value, disbursement can be proportional to the results achieved. See example in DLI 1.</td>
<td>Management Unit will have access to this data.

Responsible Unit: PIU to obtain data on nursing educators provided with financial support from the HRH Management Unit.

PIU will obtain data from HRH Management Unit on a quarterly basis.</td>
<td>will verify PIU reported results based on financially supported nursing educators in F2026, 2027 and 2028 by accessing relevant data in HRMIS, reviewing selection criteria in the Punjab Nursing Education Reform and Capacity Building PC-1 and conducting interviews with nursing educators.</td>
<td>Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved or partially achieved.</td>
</tr>
<tr>
<td>C. At least 150 nursing educators (of which at least 80% are</td>
<td>A. Definition of terms:</td>
<td>Data source:</td>
<td>IVA to be engaged by SHC&MED.</td>
<td>SHC&MED shall request verification</td>
</tr>
</table>

<table>
<tr>
<td>women) from government nursing colleges completed COE faculty development program training</td>
<td>Faculty development training programs are specialized one-year training programs offered at COEs for existing government nursing college educators.

The (i) selection criteria, (ii) process of training placement and (iii) eligible specialized programs are provided in the Punjab Nursing Education Capacity Building PC-1.

B. Calculation method

The total number of nursing educators who completed the faculty development program training from any of the 3 COEs in accordance with the selection, process, and eligibility requirements of the Punjab Nursing Education Capacity Building PC-1.

C. Reporting on the indicator will be disaggregated by gender and COE.

D. Baseline and target values:

<table><tr><td>Baseline</td><td>NA</td></tr><tr><td>Target Value 2026</td><td></td></tr><tr><td>Target Value 2027</td><td></td></tr><tr><td>Target Value 2028</td><td></td></tr><tr><td>Target Value 2029</td><td>≥50</td></tr><tr><td>Target Value 2030</td><td>≥150</td></tr></table>At least 80% of the target value are women.

E. Partial achievement: Subject to achievement of a minimum of 60% of the target value, disbursement can be proportional to the results achieved. See example in DLI 1.</td>
<td>SHC&MED’s HRMIS to integrate COE and existing government nursing college enrolment and graduate data for all degree programs, specialized courses and faculty development program. HRH Management Unit will have access to this data.

Responsible Unit: PIU to obtain data on nursing educators trained in COE faculty development program from the HRH Management Unit.

PIU will obtain data from HRH Management Unit on a quarterly basis.</td>
<td>The PIU will provide results in an Annual Progress Report to SHC&MED. IVA will verify PIU reported results based on trained nursing educators in 2028-29 and 2029-30 by accessing relevant data in HRMIS and conducting interviews with nursing educators.</td>
<td>of results by the IVA before the intended withdrawal application.

Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved or partially achieved.</td>
</tr>
<tr>
<td>DLI 4: Nursing students enrolled in COE degree programs</td>
<td>A. Definition of terms:</td>
<td>Data source: SHC&MED’s HRMIS to integrate COE and</td>
<td>IVA to be engaged by SHC&MED. The PIU will provide</td>
<td>SHC&MED shall request verification of results by the IVA</td>
</tr>
</table>

<table>
<tr>
<td>a. At least 800 nursing students (of which 80% are women) enrolled in COE BScN program

b. At least 100 nursing students (of which at least 60% are women) enrolled in COE MScN program</td>
<td>Nursing students are individuals enrolled in COE nursing degree programs (i.e. BScN, MScN or PhD). Enrolled refers to being officially registered as a student at a COE. Enrolment criteria will be provided in the Punjab Nursing Education Capacity Building PC-1.

BScN refers to the four-year undergraduate Bachelor of Science in Nursing degree offered at COEs established under the RBL. MScN refers to the two-year graduate Master of Science in Nursing degree offered at COEs established under the RBL.

B. Calculation method

The total number of enrolled students in BScN program offered at 3 COEs in accordance with the enrolment criteria of the Punjab Nursing Education Capacity Building PC-1.

The total number of enrolled students in MScN program offered at 3 COEs in accordance with the enrolment criteria of the Punjab Nursing Education Capacity Building PC-1.

C. Reporting on the indicator will be disaggregated by gender level and COE.

D. Baseline and target values:

<table>
<tr><td>Baseline</td><td>NA</td></tr>
<tr><td>Target Value 2026</td><td></td></tr>
<tr><td>Target Value 2027</td><td></td></tr>
<tr><td>Target Value 2028</td><td></td></tr>
<tr><td>Target Value 2029</td><td>≥300</td></tr>
<tr><td>Target Value 2030</td><td>≥800</td></tr>
</table>
At least 80% of the target value are women</td>
<td>existing government nursing college enrolment and graduate data for all degree programs and courses. HRH Management Unit will have access to this data.

Responsible Unit:
PIU to obtain data on enrolled nursing students in COE BScN and MScN programs from HRH Management Unit

PIU will obtain data from HRH Management Unit on a quarterly basis</td>
<td>results in an Annual Progress Report to SHC&MED. IVA will verify PIU reported results based on enrolled nursing students at COE BScN and MScN programs in 2028-29 and 2029-30 by accessing relevant data in HRMIS. IVA will also conduct COE visits to review enrolment records, conduct spot-checks and interviews with staff and students on an annual basis.</td>
<td>before the intended withdrawal application.

Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved or partially achieved.</td>
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</table>

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<table>
<tr><td>Baseline</td><td>NA</td></tr>
<tr><td>Target Value 2026</td><td></td></tr>
<tr><td>Target Value 2027</td><td></td></tr>
<tr><td>Target Value 2028</td><td></td></tr>
<tr><td>Target Value 2029</td><td>≥40</td></tr>
<tr><td>Target Value 2030</td><td>≥100</td></tr>
</table>
At least 60% of the target value are women

E. Partial achievement: Subject to achievement of a minimum of 60% of the target value, disbursement can be proportional to the results achieved. See example in DLI 1.
</td>
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<tr>
<td>DLI 5: International participation certificates in public health, health security or elderly care obtained by at least 150 COE nursing students (of which at least 60% are women)</td>
<td>Definition of terms:

Nursing students are individuals enrolled in COE programs. Enrolled refers to being officially registered as a student at a COE established under the RBL.

COEs will offer short (1-2 weeks) international training opportunities in public health, health security or elderly care to facilitate regional knowledge exchange. Training delivery can include classroom sessions or online modules. Students would receive participation certificates issued by the partner universities (for example Tianjin Medical University International Medical School and Tianjin University).

Nursing student selection criteria for participation will be provided in the Punjab Nursing Education Capacity Building PC-1.

Calculation method

The total number of students who obtain an international participation certificate from partner universities in accordance with the selection criteria</td>
<td>Data source:
SHC&MED’s HRMIS to integrate COE nursing students’ international participation certificate data including digital copies of certificates. HRH Management Unit will have access to this data.

Responsible Unit:
PIU to obtain data on nursing students who obtain international participation certificates from HRH Management Unit.

PIU will obtain data from HRH Management Unit on a quarterly basis</td>
<td>IVA to be engaged by SHC&MED. The PIU will provide results in an Annual Progress Report to SHC&MED. IVA will verify PIU reported results based on nursing students obtaining international certifications in 2029 and 2030 by accessing relevant data in HRMIS. IVA will conduct short interviews with all nursing students who complete the international certification and obtain digital copies of their certificate.</td>
<td>SHC&MED shall request verification of results by the IVA before the intended withdrawal application.

Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved or partially achieved.</td>
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<table>
<tr>
<td></td>
<td>of the Punjab Nursing Education Capacity Building PC-1.

Reporting on the indicator will be disaggregated by gender and COE.

Baseline and target values:

<table>
<tr><td>Baseline</td><td>0</td></tr>
<tr><td>Target Value 2026</td><td></td></tr>
<tr><td>Target Value 2027</td><td></td></tr>
<tr><td>Target Value 2028</td><td></td></tr>
<tr><td>Target Value 2029</td><td>≥50</td></tr>
<tr><td>Target Value 2030</td><td>≥150</td></tr>
</table>

At least 60% of the target value are women

Partial achievement: Partial achievement: Subject to achievement of a minimum of 50% of the target value, disbursement can be proportional to the results achieved. For example, the target value for certified students in 2029 is ≥50; for achieving 50% of this target (i.e. 25 students or nurses), 50% of the earmarked amount for target value in 2029 will be released.</td>
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<td colspan="5"><u>Output 2</u> Climate resilient and gender sensitive Centers of Excellence for nursing education established</td>
</tr>
<tr>
<td>DLI 6: Three (3) climate resilient and gender sensitive COEs for nursing education constructed</td>
<td>Definition of terms

Under this RBL, three (3) COEs will be established (one each in Lahore, Multan and Rawalpindi). COEs will offer cutting-edge curricula, fully digital learning environments, advanced simulation labs, and climate-resilient infrastructure. They will also serve as degree-conferring institutions, and align with global accreditation standards, such as those outlined by WHO and NLN. Complete description of COEs is provided in the Punjab Nursing Education Reform and Capacity Building Policy 2025-30.</td>
<td>Data Source:
IDAP will provide detailed engineering design specifications and Master BOQs for the three COEs. It will be responsible for the overall project management of COE construction, ensuring timely delivery and</td>
<td>IVA will be engaged by SHC&MED to verify achievement of targets by reviewing financial payments made against the IPCs submitted by contractors and verified by IDAP, as per applicable</td>
<td>SHC&MED shall request verification of results by the IVA before the intended withdrawal application.

Within 1 month from receipt of IVA results verification report, ADB will</td>
</tr>
</table>

	COEs will be constructed as per design specifications provided by IDAP. These specifications will include climate resilience and energy efficient features to achieve LEED Gold Certification (preferred) or a minimum of LEED Silver Certification is required for academic and student Center buildings[c]. To enable LEED certification, PIU will initiate the LEED process in 2025-26 upon finalization of design specifications as specified in the PID. Design specifications will include gender-sensitive features such as well-lit and secure public spaces, 3 daycare provision (one for each COE), secure access points and female hostels. Master BOQ for construction will be developed by IDAP specifying milestones (quantified in terms of the percentage of works completed) aligned to the design specifications and payment schedule to track construction progress. The IDAP will be responsible for the overall project management of COE construction, ensuring timely delivery and compliance with technical standards. The IDAP through its design wing or commissioned architecture consultant will prepare the BOQ. Further, the IDAP will prepare bidding documents and select third-party contractors according to PPRA rules. Constructed refers to complete design, construction and finishing of functional buildings. IPC refers to a document issued during a construction project to certify the amount due to a contractor for work completed up to a specific date. Calculation method For 2026: total number of contracts awarded for construction of 3 COEs	compliance with technical standards, providing quarterly reports to PIU on COE construction progress and a final report upon completion. Contractor's paid IPCs will be the primary data source for this DLI. Responsible Unit: PIU will obtain quarterly reports from IDAP on COE construction progress and undertake quarterly visits to monitor results. PIU will monitor financial progress based on IPCs paid.	conditions of the respective contracts. It will also review design specifications, BOQ, awarded contracts, progress reports and completion reports provided by IDAP to the PIU. The IVA will conduct COE site visits to verify progress and completion.	review the report and confirm if the DLI target is achieved or partially achieved.

<table>
<tr>
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<td>For 2027 and 2028: the numerator is the sum of all IPCs paid including (i) amount paid post verification by IDAP and net of deduction and/or retention, (ii) mobilization advance and its subsequent adjustments, and (iii) impact of any variation orders and price escalations and the denominator is sum of the contract awards of all three civil works packages at the time of DLI verification by the IVA inclusive of variation orders and price escalations.

Baseline and target values:

<table>
<tr><td>Baseline</td><td>NA</td></tr>
<tr><td>Target Value 2026</td><td>Works awarded for development of 3 COEs to contractors</td></tr>
<tr><td>Target Value 2027</td><td>At least 30% financial progress achieved at 3 COEs on aggregate basis</td></tr>
<tr><td>Target Value 2028</td><td>100% of financial progress achieved at 3 COEs on aggregate basis</td></tr>
<tr><td>Target Value 2029</td><td></td></tr>
<tr><td>Target Value 2030</td><td></td></tr>
</table>
Partial achievement: Subject to achievement of a minimum of 60% of the target value, disbursement can be proportional to the results achieved. See example in DLI 1.</td>
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<tr>
<td>DLI 7: Three (3) COEs furnished with modern equipment and digital infrastructure</td>
<td>Definition of terms

COEs will be equipped as per equipment and digital infrastructure specifications and quantities developed by SHC&MED provided in PC-1 for the Punjab Nursing and Health Workforce Program. Equipment and digital infrastructure will be procured by the PIU according to PPRA rules.

Calculation method</td>
<td>Data Source: (i) Finalized equipment and digital infrastructure specifications in PC-1 and (ii) purchase orders from PIU.

Responsible Unit:</td>
<td>IVA to be engaged by SHC&MED. For 2026 to 2029, IVA will verify achievement by reviewing equipment and digital infrastructure specifications in PC-1, Purchase</td>
<td>SHE&MED shall request verification of results by the IVA before the intended withdrawal application.

Within 1 month from receipt of IVA results verification</td>
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</table>

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<td>For 2026: Finalized equipment and digital infrastructure specifications provided in the PC-1

For each of 2027, 2028 and 2029: The percentage of equipment and digital infrastructure procured will be determined using financial expenditure. The numerator will be the sum of the payments made to the suppliers against purchased equipment and digital infrastructure and the denominator will be the total allocated budget for equipment and digital infrastructure to be procured according to equipment and digital infrastructure specifications under this DLI.

Baseline and target values:

<table>
<tr><td>Baseline</td><td>NA</td></tr>
<tr><td>Target Value 2026</td><td>Equipment and digital infrastructure specifications finalized</td></tr>
<tr><td>Target Value 2027</td><td>At least 30% of equipment and digital infrastructure procured according to specifications</td></tr>
<tr><td>Target Value 2028</td><td>At least 85% of equipment and digital infrastructure procured according to specifications</td></tr>
<tr><td>Target Value 2029</td><td>100% of equipment and digital infrastructure procured according to specifications</td></tr>
<tr><td>Target Value 2030</td><td></td></tr>
</table>

Partial achievement for 2027, 2028 and 2029: Subject to achievement of a minimum of 60% of the target value, disbursement can be proportional to the results achieved. See example in DLI 1.</td>
<td>PIU to prepare quarterly procurement reports.</td>
<td>Orders and PIU reports and for 2028 to 2029, also conduct spot checks and interviews with faculty and staff in 3 COEs to confirm provision of equipment and digital infrastructure according to the PC-1.</td>
<td>report, ADB will review the report and confirm if the DLI target is achieved or partially achieved.</td>
</tr>
<tr>
<td colspan="5"><u>Output 3:</u> Governance and management for health workforce strengthened</td>
</tr>
</table>

<table>
<tr>
<td>DLI 8: Improved health workforce governance

A. COE Governance Framework comprising rules, regulations and policies including workplace gender equality[d] approved by the independent COE Board of Governors of which at least 33% are female members</td>
<td>Prior Result: An independent COE Board of Governors (“Board”) is to be established within the SHC&MED to govern the three COEs. The Board is considered established when it is notified by SHC&MED. Notified refers to an official written government document (i.e. Notification) issued by the SHC&MED and staffed according to the composition of the Board as specified in the Punjab Nursing Education Reform and Capacity Building Policy 2025–30.

Definition of terms

One (1) Board will be formed to oversee operations and quality of all three COEs. Composition of the Board and its functions are provided in the Punjab Nursing Education Reform and Capacity Building Policy 2025-30. At least 50% of its members will be women.

A governance framework for COEs will be developed by the Board with support from SHC&MED. This framework will comprise rules, regulations and policies pertaining to COE operations. The developed governance framework will be officially notified via Notification issued by the SHC&MED by 2027.

Calculation method

For 2026: draft Governance Framework developed

For 2027: final Governance Framework notified by SHC&MED

Baseline and target values:
<table>
<tr><td>Baseline</td><td>NA</td></tr>
<tr><td>Prior Result</td><td>Board of Governors notified</td></tr>
<tr><td>Target Value 2026</td><td>Draft Governance Framework developed</td></tr>
</table>
</td>
<td>Prior Result: Official copy of Notification on the establishment of the independent COE Board of Governors provided by SHE&MED and evidence of full staffing of the Board from the PIU.

Official copies of the (i) draft and (ii) final governance framework comprising rules, regulations and policies developed by the Board of Governors and (iii) Official copy of Notification on the final Governance Framework.

Responsible Unit: PIU to provide the official copies of the foregoing documents from the independent COE Board of Governors.</td>
<td>Prior Result: IVA to be engaged by SCH&MED to verify all prior results. IVA will review the notification of the Board of Governors and pertinent documents (such as contracts); it will conduct interviews with Board members to confirm composition according to the Punjab Nursing Education Reform and Capacity Building Policy 2025-30.

IVA to be engaged by SHC&MED. IVA will verify achievement by reviewing the (i) draft and (ii) final governance framework comprising rules, regulations and policies, and (iii) the official notification on the Final Governance Framework.</td>
<td>SHC&MED shall request verification of results by the IVA before the intended withdrawal application.

Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved.</td>
</tr>
</table>

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<table>
<tr><td>Target Value 2027</td><td>Final Governance Framework notified</td></tr>
<tr><td>Target Value 2028</td><td></td></tr>
<tr><td>Target Value 2029</td><td></td></tr>
<tr><td>Target Value 2030</td><td></td></tr>
</table>
Partial achievement: Not applicable for this DLI.
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<tr>
<td>B. A dedicated HRH management unit within SHC&MED to oversee workforce planning, management, and quality assurance functional</td>
<td>Prior Result: An HRH Management Unit is to be established within the SHC&MED and notified by SHC&MED. Notified refers to an official written government document (i.e. Notification) issued by the SHC&MED. Composition of the HRH Management Unit is specified in the Punjab Nursing Education Reform and Capacity Building Policy 2025-30.

A. Definition of terms

HRH management unit will oversee all human resource for health matters at the provincial level, encompassing policy formulation, strategic planning (e.g. provincial HRH plans), education and training coordination, workforce management and projecting provincial HRH requirements.

The role, structure and functions of the HRH management Unit are provided in the Punjab Nursing Education Reform and Capacity Building Policy 2025-30.

B. Calculation method

For 2027: Provincial HRH Plans
For 2028: Report on projections for provincial requirements of HRH

C. Baseline and target values:
<table>
<tr><td>Baseline</td><td>NA</td></tr>
<tr><td>Prior Result</td><td>HRH Management Unit notified</td></tr>
</table>
</td>
<td>For Prior Result:
Official copy of the Notification on the establishment HRH Management Unit.

Copies of HRH Plans and Report on HRH Projections.

Responsible Unit:
PIU to obtain reports from HRH Management Unit annually.</td>
<td>Prior Result:
IVA to be engaged by SCH&MED to verify all prior results. IVA will review the notification on the HRH Management Unit and pertinent documents (such as contracts); it will conduct interviews with unit staff to confirm composition according to the Punjab Nursing Education Reform and Capacity Building Policy 2025-30.

IVA to be engaged by SHC&MED. IVA will verify achievement by reviewing the HRH Plans and Report on HRH Projections.</td>
<td>SHC&MED shall request verification of results by the IVA before the intended withdrawal application.

Within 1 month from receipt of IVA results verification report, ADB will review the report and confirm if the DLI target is achieved.</td>
</tr>
</table>

Target Value 2026	Provincial HRH Plans developed
Target Value 2027	Report on projections for provincial requirements of HRH
Target Value 2028	
Target Value 2029	
Target Value 2030	

D. Partial achievement: Not applicable for this DLI.

ADB = Asian Development Bank, BoQ = bill of quantities, BScN = Bachelor of Science in Nursing, CPD = continuous professional development, COE = Center of excellence, DLI = disbursement-linked indicator, HRH = human resources for health, HRMIS = human resources management information system, IDAP = Infrastructure Development Authority of Punjab, IPC = interim payment certificates, LEED = Leadership in Energy and Environmental Design, MScN = Master of Science in Nursing, NA = not applicable, NLN = National League for Nursing, PC-1 = Planning Commission Form-I, PhD = Doctor of Philosophy, PID= Program Implementation Document, PIU = program implementation unit, PPRA = Public Procurement Regulatory Authority, RBL = results-based lending, SHC&MED = Specialized Healthcare and Medical Education Department of Punjab, IVA = independent verification agency

[a] Targets specified are cumulative

[b] Data related to healthcare professionals including doctors and nurses staffed at the specialized and tertiary healthcare facilities as well as at medical universities and nursing colleges is digitally compiled in the HRMIS. The HRMIS will be expanded to capture data specific to selected DLIs and DMF during the first year of implementation of the RBL program and will be sex-disaggregated. The IT Cell, housed at SHC&MED, is the custodian of the data and responsible for ensuring its compilation, updating and sharing with the department.

[c] The project aims to pursue LEED certification under the LEED BD+C v5 rating system for the construction of the COEs. LEED is a globally recognized green building certification program that promotes sustainable building strategies across several key categories. The project is aiming for LEED Gold certification (60–79 points), reflecting operating energy efficiencies of at least 35% per year. LEED Silver certification (50–59 points) is a minimum acceptable outcome. Further details on LEED certification process are provided in the PID.

[d] In a predominantly female nursing sector, promoting workplace gender equality requires addressing structural barriers such as undervaluation of work, limited leadership, and exposure to harassment. The project includes workplace gender equality through: equitable career pathways [faculty development, international certification, HRH unit], professional recognition [competency based certification and faculty development], safe workplaces [zero tolerance policy for basement and GBV, backed by confidential reporting and grievance mechanism], supportive infrastructure [female only dormitories, on-site childcare], and women's representation in governance [33% female representation on COE board].

Note: Disbursements are allowed for early or late achievement of all DLIs. This means that the planned disbursement amount for a given year can be released when the target is fully achieved, even if the achievement is a year or more late, so long as the achievement is on or before program completion date.

Source: Asian Development Bank.

b. Verification Status and Issues

12. The DLI verification progress and status, including (i) any issues during implementation and measures adopted or planned to address them, and (ii) changes made or proposed to the verification protocols, will be included in the semiannual program progress report using the template in Appendix 2.

D. Disbursement Allocation and Status

13. The loan proceeds will be disbursed following ADB's *Loan Disbursement Handbook* (2022, as amended from time to time),[4] and detailed arrangements agreed between the borrower and ADB.

14. Disbursement of loan proceeds will be made to an account designated by the borrower based on the verification of achievement of DLIs for which disbursement is requested. The borrower has requested advance financing of up to a ceiling of 25% which is necessary to support upstream activities particularly related to governance and institutional reforms and start-up activities for the civil works components. When the borrower submits a withdrawal application for the achieved DLIs, any outstanding advances must be liquidated before any disbursements are made.[5] The borrower must refund any unliquidated advances within 2 months after the winding-up period. Financing for prior results is also provided up to a ceiling of 5%, for DLIs achieved before loan effectiveness, but no earlier than 12 months before the signing of the loan agreement. The prior results mainly revolve around governance and institutional reforms such as Punjab Nursing Education Capacity Building PC-1 approved, PIU and HRH Unit establishment and COE Board of Governors notified, which are expected to be completed before loan effectiveness. The combined outstanding balance of advance financing and the amount for financing prior results should not exceed 30% of total ADB financing or their respective ceilings. Partial disbursement is allowed and would be necessary for all components which are expected to be implemented in phases, particularly civil works.

15. All DLIs must be achieved on or before the RBL program's completion date.[6] If a DLI is not achieved or not fully achieved by the RBL program completion date, the amount allocated to the portion of the DLI not achieved or not fully achieved will be canceled. Evidence of achievement of DLIs must be submitted with the withdrawal application. The borrower will have a winding-up period, which ends 4 months after the RBL program's completion date, for submitting withdrawal applications to ADB. If the amount of ADB financing disbursed exceeds the total amount of the government-owned program's expenditures after the winding-up period and final disbursement has been made, the borrower should refund the difference to ADB within 6 months after the RBL program completion date.

16. Before the submission of the first withdrawal application, the borrower will submit to ADB the evidence of the authority of the person(s) who will sign the withdrawal applications on behalf of the borrower, together with the authenticated specimen signatures of each authorized person. ADB's Client Portal for Disbursements[7] system should be used when submitting withdrawal applications to ADB.

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[4] The handbook is available electronically from the ADB website. ADB. Loan Disbursement Handbook.

[5] If the amount(s) of the achieved DLI(s) submitted in the withdrawal application exceeds the amount of the outstanding advance, the excess will be treated as reimbursement to the government.

[6] Under RBL, the program completion date is the same as the loan closing date.

[7] The portal facilitates the online submission of withdrawal applications to ADB, resulting in faster disbursement. The forms the borrower needs to complete are available in ADB. Guide to the Client Portal for Disbursements.

a. Expected Disbursement Allocation and Schedule

17. The DLIs for the program, to be agreed between ADB and the executing agency at the loan fact-finding mission and to be reconfirmed at loan negotiations, are in Table 5.

Table 5: Expected Disbursement Schedule and Allocation
($ million, as of Jul 2025)

Disbursement-Linked Indicators	Total ADB Financing Allocation	Share of Total ADB Financing (%)	{Financing for Prior Results}	2026	2027	2028	2029	2030
Outcome: Enhanced availability of an adequately qualified nursing workforce to meet evolving health needs with increased access to employment opportunities for women in the nursing profession								
DLI 1: At least 800 nursing professionals (of which at least 60% are women) graduated from COE degree programs, specialized courses and faculty development program	6.5	4.33%	2.5	0.0	0.0	0.0	1.5	2.5
DLI 2: COE student and faculty quality assessment scores improved by at least 2 percentage points	2.0	1.33%		0.0	0.0	0.0	1.0	1.0
Output 1: Quality of nursing professionals improved								
DLI 3: Nursing education faculty strengthened a. At least 15 nursing education leaders (of which at least 80% are women) enrolled in eligible international PhD programs	3.5	2.33%	2.0	0.5	0.5	0.5	0.0	0.0
b. At least 45 nursing educators (of which at least 80% are women) financially supported to pursue MScN degrees from accredited national institutions	1.5	1.00%		0.5	0.5	0.5	0.0	0.0
c. At least 150 nursing educators (of which at least 80% are women) from government nursing colleges complete COE faculty development program training	3.0	2.00%		0.0	0.0	0.0	1.0	2.0

Disbursement-Linked Indicators	Total ADB Financing Allocation	Share of Total ADB Financing (%)	{Financing for Prior Results}	2026	2027	2028	2029	2030
DLI 4: Nursing students enrolled in COE degree programs a. At least 800 nursing students (of which at least 80% are women) enrolled in COE BSCN program	6.0	4.00%		0.0	0.0	0.0	2.5	3.5
b. At least 100 nursing students (of which at least 60% are women) enrolled in COE MScN program	4.0	2.67%		0.0	0.0	0.0	1.5	2.5
DLI 5: International participation certificates in elderly care, public health or health security obtained by at least 150 nursing students (of which at least 60% are women)	3.0	2.0%		0.0	0.0	0.0	1.0	2.0
Output 2: Climate resilient and gender sensitive Centers of Excellence for nursing education established.								
DLI 6: Three climate-resilient and gender-sensitive COEs for nursing education constructed	80.0	53.33%		8.0	24.0	48.0	0.0	0.0
DLI 7: Three COEs furnished with modern equipment and digital infrastructure	35.0	23.33%		4.0	12.0	16.0	3.0	0.0
Output 3: Governance and management for health workforce strengthened								
DLI 8: Improved Health workforce governance a. COE Governance Framework comprising rules, regulations and policies including workplace gender equality[a] approved by the independent COE Board of Governors of which at least 33% are female members	3.0	2.00%	1.5	1.0	0.5	0.0	0.0	0.0
b. A dedicated HRH management unit within SHC&MED to oversee workforce planning, management, and quality assurance functional	2.5	1.67%	1.5	0.5	0.5	0.0	0.0	0.0
Total	150.0	**100.0**	7.5	**14.5**	**38.0**	**65.0**	**11.5**	**13.5**

BScN = Bachelors of Science in Nursing, COE = Center of excellence, DLI = disbursement-linked indicator, HRH = human resources for health, MScN = Masters of Science in Nursing, NA = not applicable, PhD = Doctor of Philosophy, SHC&MED = Specialized Healthcare and Medical Education Department.

[a] In a predominantly female nursing sector, promoting workplace gender equality requires addressing structural barriers such as undervaluation of work, limited leadership, and exposure to harassment. The project includes workplace gender equality through: equitable career pathways [faculty development, international certification, HRH unit], professional recognition [competency based certification and faculty development], safe workplaces [zero tolerance policy for basement and GBV, backed by confidential reporting and grievance mechanism], supportive

infrastructure [female only dormitories, on-site childcare], and women's representation in governance [33% female representation on COE board].
Source: Asian Development Bank.

b. Disbursement Status, Issues and Changes

18. The disbursement status, including any (i) issues during implementation and the measures adopted or planned to address them; and (ii) changes made to the disbursement amount and/or schedule and the reasons for doing so, will be discussed in the semiannual program progress report using the template in Appendix 2.

III. EXPENDITURE FRAMEWORK AND FINANCING

A. Expenditure Framework

1. Expected Expenditure Framework

19. The total program expenditure is estimated at $255 million over the five-year implementation period from 2026 to 2030. Capital expenditures account for the majority of the program envelope and include the construction of three COEs in Multan, Lahore, and Rawalpindi, along with hostel facilities and campus infrastructure. Capital costs also cover the procurement of teaching and simulation equipment, digital learning infrastructure, and furnishing of academic and residential spaces.

Table 6: Summary of Program Expenditure Framework
2026–2030
(as of Jul 2025)

Item	Amount ($ million)
A. Capital expenditure	
1. Construction of COEs (civil works and hostels)	99.4
2. Equipment, digital infrastructure, and furnishings	29.9
B. Recurrent Costs	
3. Faculty and staff training, CPD, quality assurance	95.0
4. Program management, monitoring, HRMIS integration	18.0
5. Verification, safeguards, and institutional strengthening	12.7
Total	**255.0**

CPD = continuous professional development, COE = Center of Excellence, HRMIS = human resource management information system

2. Expenditure Status, Issues and Changes

20. The expenditure status, including any (i) issues during implementation and the measures adopted or planned to address them, and (ii) changes made to the expenditure framework and the reasons, will be discussed in the semiannual program progress report using the template in Appendix 2.

B. Program Financing

a. Expected Financing Plan

21. The program financing plan includes a proposed ADB loan of $150 million, which will finance approximately 59% of total program costs. The remaining $105 million (41%) will be financed by the Government of Punjab through its budgetary allocations. ADB financing will be exclusively disbursed based on verified achievement of disbursement-linked indicators (DLIs) in line with the agreed verification protocols.

Table 7: Program Financing Plan
(as of Jul 2025)

Source	$ million	Share of Total (%)
Government of Punjab	105.0	41.2
Asian Development Bank (RBL Loan)	150.0	58.8
Total	**255.00**	**100.0**

b. Financing Status, Issues and Changes

22. The financing status, including any (i) issues during implementation and the measures adopted or planned to address them, and (ii) changes made to the financing plan and the reasons for doing so, will be discussed in the semiannual program progress report using the template in Appendix 2.

IV. PROGRAM SYSTEMS AND IMPLEMENTATION ARRANGEMENTS

23. The SHC&MED will serve as the executing agency and provide overall leadership for the program. A dedicated PIU within SHC&MED will be responsible for day-to-day implementation, procurement coordination, DLI tracking, financial management, and safeguards compliance. This PIU will serve to monitor the implementation progress as well as coordinate between various service providers within SHC&MED, the Government of Punjab, and others. The IDAP will act as a service provider for infrastructure development and procurement of allied furniture and fixtures, ensuring timely delivery of the three climate-resilient COEs. IDAP will also depute dedicated resources for the implementation of the program. DLI verification will be conducted by an independent agency, selected competitively and endorsed by ADB, following PID protocols. Strategic oversight and coordination will be ensured by a steering committee chaired by the Secretary SHC&MED, with representatives from IDAP, the Finance Department, and the Directorate General of Nursing.

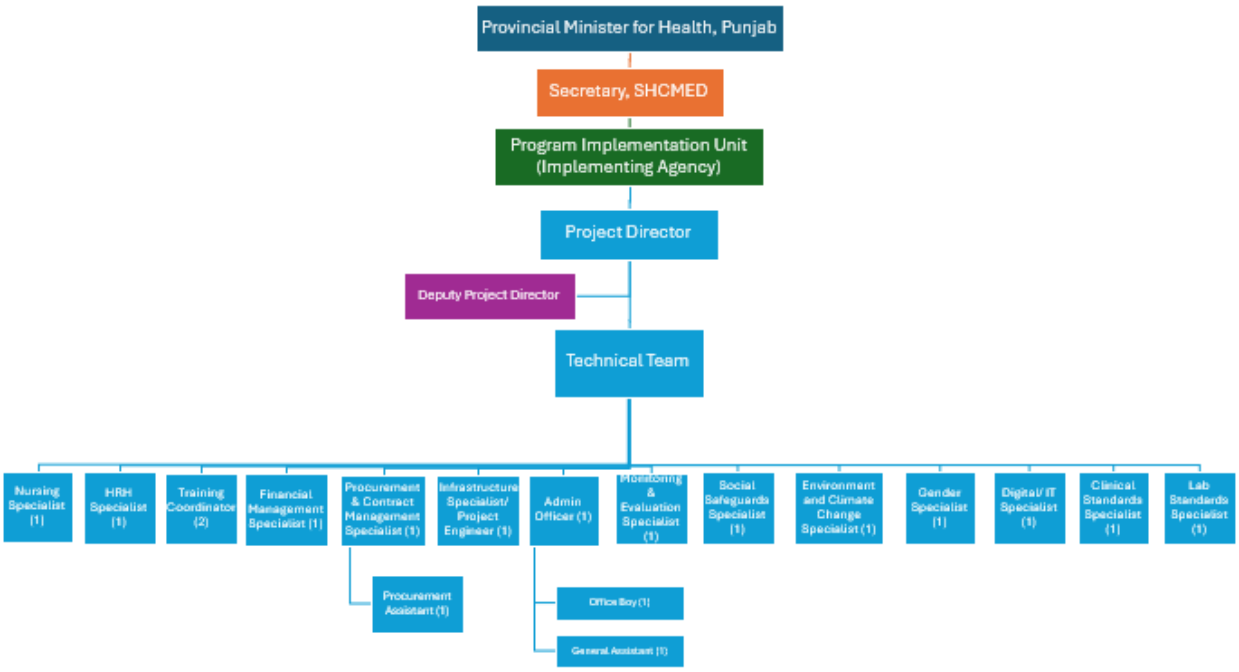
24. A separate and autonomous COE board of governors, receiving operational funding from SHC&MED, which will be established under the Punjab Specialized Medical Institutions Act 2025, will handle governance, staffing, academic coordination, and quality assurance once the COEs are operational. The roles and responsibilities of the EA, PIU and key organizations involved in implementation are:

25. The PIU will be responsible for producing the following program reports: (a) semiannual program progress report; (b) review DLI progress, identify, and adopt corrective actions as required, and share the meeting minutes with stakeholders, including ADB; (c) annual audited program financial statements; (d) semiannual environment and social safeguards reports; (e) quarterly gender DLI updates and gender equality monitoring reports; (f) bi-annual procurement

performance reports in a format agreed with ADB (see PAP: Procurement Readiness) ; and (g) other reports as required by the SHC&MED and ADB.

26. As the executing agency SHC&MED will be responsible for setting up the PIU and ensuring that all PIU positions, as proposed in Figure 1, are staffed with qualified and experienced personnel. Additionally, the PIU will oversee program implementation and infrastructure development through a service provider, the IDAP, which will be responsible for overseeing the design, construction and procurement of the infrastructure and allied furniture and fixtures required and will be responsible for submitting the program progress reports on a quarterly basis through the PIU.

Figure 1: Proposed structure of the PIU

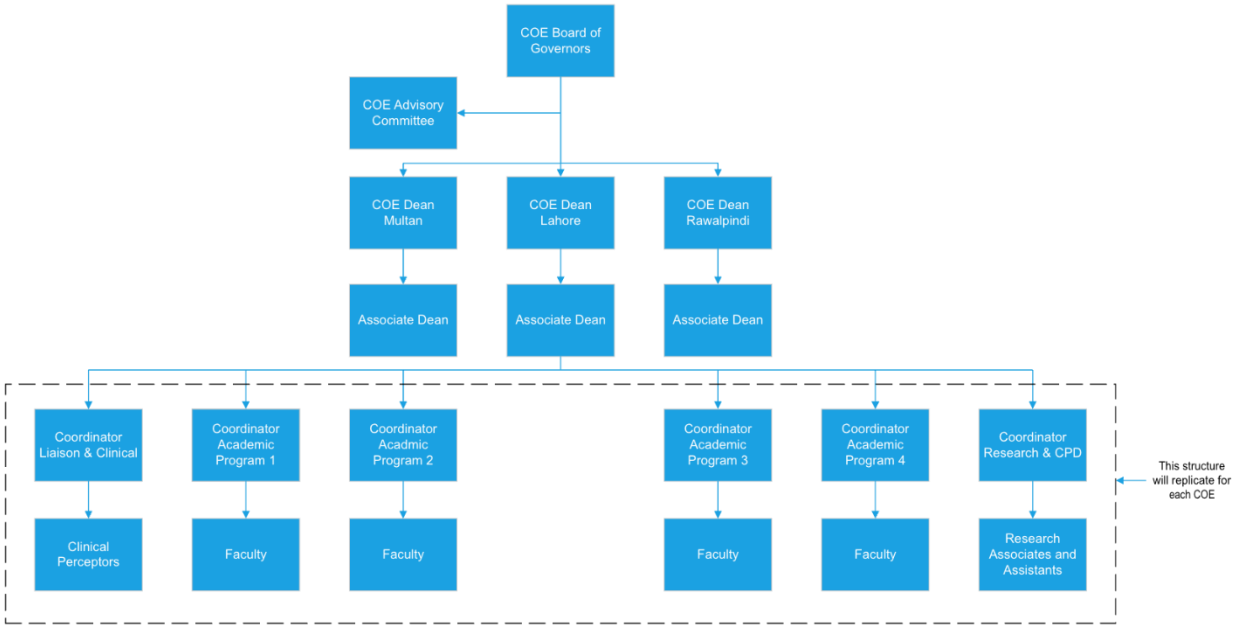


27. An independent and autonomous board of governors will be set up in line with the Punjab Specialized Medical Institution Act 2025, for COE management and administration, responsible to SHC&MED to oversee the governance, staffing, and academic functions of the COEs, including quality assurance and international alignment. During program implementation, a high-level steering committee, chaired by the Chairman Planning and Development Board and comprising representatives from the PIU, IDAP, the Finance Department, and the Directorate General of Nursing, will provide strategic oversight and inter-agency coordination throughout the program period.

28. Figure 1A the proposed organogram for the 3 COEs. An autonomous Board of Governors is the apex authority, with operational oversight delegated to the Dean of each individual COE. Academic leadership flows from the Dean to the Associate Dean, and a team of Program Coordinators overseeing academic programs, clinical liaison, and research. Four program-specific academic coordinators manage faculty members, while the Clinical & Liaison Coordinator oversees clinical preceptors. A dedicated Research & Continuing Professional Development

(CPD) unit will also be established. Strategic guidance will be provided by the COE Advisory Committee, reporting indirectly to the COE Board of Governors.

Figure 1A: Proposed Structure of COE Management



A. Monitoring and Evaluation System

a. Summary of Monitoring and Evaluation System and Actions

29. Institutional arrangements for monitoring and evaluation (M&E) need considerable strengthening at the Specialized Healthcare and Medical Education Department (SHC&MED), and the RBL program attempts to build upon existing institutions and their M&E systems to enable adequate monitoring of program results. Existing M&E systems can be leveraged to provide the mechanisms necessary for tracking progress on the achievement of the DLI targets; however, several require system enhancements, incorporation of new data elements, and putting in place new data collection processes and reporting procedures. Central to the overall program's M&E will be the SHC&MED's IT Unit which is also the custodian of the Human Resource Management Information System (HRMIS). The HRMIS will be enhanced to integrate data from COEs and government nursing colleges, setting the basis for the human resource for health (HRH) management system. Data from the expanded HRMIS will inform DLIs 1, 3a.-c., 4a.-b., and 5. Infrastructure Development Authority of Punjab (IDAP) be the source of information related to COE construction (DLI 6). The Program Implementation Unit (PIU) under the SHC&MED will provide evidence of progress and achievement for DLIs 2, procurement of equipment (DLI 7), and 8a.-b.

30. The program's monitoring and evaluation (M&E) system will be anchored in the existing planning and reporting structures of SHC&MED, with target enhancements to support the tracking of DLIs and broader program results. The PIU will be responsible for compiling quarterly and annual progress reports, drawing from institutional data sources, with the expanded HRMIS at SHC&MED serving as the primary platform. The upgraded HRMIS will capture nursing-specific data from COEs and affiliated colleges, including student enrolment, faculty deployment, training completion, and facility readiness. A dedicated M&E focal point will be appointed within the PIU

to coordinate results tracking, support DLI verification, and liaise with the IVA. The program will also support capacity building for data collection, validation, and reporting across the COEs and SHC&MED. A performance dashboard may be developed as part of the digitized HRH system to support real-time monitoring and evidence-based decision-making.

31. A dedicated PIU for this RBL will be established according to the structure and staffing indicated in the Program Implementation Document (PID). The PIU will have the overall responsibility for managing the implementation of this RBL, which will include on-going oversight, coordination and periodic reporting. The PIU will obtain data, information and reports from relevant sources identified in the verification protocols and DMF to report progress on DLIs and program indicators to SHC&MED, ADB and the independent verification agencies (IVAs).

32. M&E system-related program actions indicated in the PAP are as follows: (i) Establish and notify an M&E Working Group under the PIU to oversee program monitoring, DLI tracking, and reporting to ADB; ensure participation from SHC&MED, PIU staff, and the technical consultants. The M&E group will coordinate collection, review, and submission of data for DLIs, the DMF, and ADB reporting requirements. It will also support the Independent Verification Agent (IVA) and facilitate internal learning. Notification will include TORs and institutional anchoring;
(ii) finalize and operationalize the HRMIS module for nursing workforce tracking, integrated with public sector nursing colleges and licensing systems. This supports the rollout of a comprehensive HRH Information System (HRMIS) tailored to track nursing cadre data covering qualifications, postings, and deployment history. The system will be integrated with data from COEs, licensing bodies (PNC), and SHC&MED's personnel management units. It will serve as a foundation for workforce forecasting and verification under multiple DLIs. The HRH Unit will be granted access to HRMIS for analysis, planning, tracking program indicators and reporting results to PIU;
(iii) ensure all IT positions are filled at nursing colleges and COEs and build capacity of IT personnel to accurately collect and input data in HRMIS. Deployment of adequately trained IT personnel is critical for quality data entry and real-time tracking of program indicators. This action supports both institutional capacity and data integrity under the M&E framework; and (iv) Commission IVAs to verify achievement of DLIs, with formal engagement and protocols developed by the PIU. This is a standard RBL requirement. Early engagement ensures timely verification, enables credible disbursement, and builds confidence in the integrity of results measurement.

b. Monitoring and Evaluation of Program Disbursement-Linked Indicators

33. **DLIs 1, 3a.-c., 4a.-b., and 5:** Data from the expanded HRMIS will be used by the HRH 5 data at the institute level will be developed by the IT Unit. IT personnel staffed at the 44 government nursing colleges as well as in the proposed COEs will be required to compile and maintain digital records related to nursing students and faculty (other relevant parameters may be added by SHC&MED) using the dashboard on an on-going basis. Accordingly, HRMIS will track enrolment of nursing students in degree programs (DLI 4a and 4b), international training (DLI 5) as well as nursing educators enrolled in COE faculty development programs (DLI 3c) and specialized courses. Graduates from COE degree programs, specialized courses and faculty development programs will be aggregated to track DLI 1. Data for these indicators will be compiled by the HRH Unit (See DLI 8b) utilizing the HRMIS and reported to the PIU.

34. **DLI 2:** This indicator measures improved quality at COEs based on student and faculty quality assessments. To be performed by a third-party assessment firm, the quality assessments will involve evaluating various aspects of COEs, including the curriculum, teaching methods, clinical placements and student outcomes. A baseline composite score will be established in Year

4 of the RBL program and targets an improvement in the composite score after one year in Year 5 by two percentage points. The quality assessment firm will calculate these scores and share them with the Board of Governors (See DLI 8a) and PIU as part of annual quality assessment reports.

35. **DLI 6:** Integral to the overall RBL is the construction and operationalization of COEs. DLI 6 will track three (3) climate-resilient and gender-sensitive COEs for nursing education constructed. IDAP is the service delivery partner tasked with: (i) detailed engineering design, (ii) preparation of detailed bill of quantity (BOQ) for COE construction, (iii) procurement of works for the establishment of the three COEs, (iv) overall program management of COE construction, ensuring timely delivery and compliance with technical standards, (v) procurement of allied furniture and fixtures for the COEs, and (vi) data sharing and periodic reporting as required under the RBL program. Contractor's paid interim payment certificates (IPCs) will be the key data source for this DLI. The PIU will obtain quarterly reports from IDAP on COE construction progress and financial progress based on IPCs paid as well as undertaking quarterly COE site visits to monitor results.

36. **DLI 7:** This DLI will track three (3) COEs furnished with modern equipment and digital infrastructure. COEs will be equipped in accordance with the equipment and digital infrastructure specifications and quantities developed by SHC&MED and procured through the PIU. The PIU will prepare quarterly procurement reports based on the (i) finalized equipment and digital infrastructure specifications in PC-1 and (ii) purchase orders and submit these to the PIU.

37. **DLI 8a:** The COE Board of Governors established under this RBL will confirm development of the COE Governance Framework by submitting an official SHC&MED notification copy to the PIU along with the final framework. This framework will set the rules and regulations on COE operations and the entity will oversee workforce planning, management, and quality assurance.

38. **DLI 8b:** The HRH Management Unit within the SHC&MED will oversee all human resource for health matters at the provincial level, encompassing policy formulation, strategic planning (e.g. provincial HRH plans), education and training coordination, workforce management and projecting **provincial** HRH requirements. The Unit will also be responsible to compile data for DLIs 1, 3a.-c., 4a.-b., and 5 using the HRMIS and share results with the PIU. Additionally, it will develop (i) Provincial HRH Plans and (ii) projections for provincial requirements of HRH. Copies of HRH Plans and the Report on HRH Projections will be shared with the PIU.

c. Verification of Disbursement-Linked Indicator Achievements

39. The executing agency, with prior agreement of ADB, will competitively procure 2 third-party firms as IVAs: (i) to verify infrastructure-related DLIs; (ii) to verify programmatic indicators such as student enrolment, faculty training, and governance. Prior results will be verified by a third IVA before loan effectiveness – this may be an independent government agency as the prior results are non-technical and do not require specialized expertise to validate. Each IVA will apply standardized methodologies detailed in the Program Implementation Document (PID), drawing from HRMIS data, institutional records, program reports, and infrastructure reports. Verified results will be submitted to the executing agency and ADB, and disbursements will be processed upon satisfactory confirmation of achievement.

A. Reviews and Reporting

40. PIU will provide the SHC&MED with quarterly reports on the progress towards achievement of the DLIs and other RBL-program results and status of PAP implementation. SHC&MED shall prepare and submit consolidated semi-annual reports to the ADB for progress monitoring purposes following the template in Appendix 2. Semi-annual review missions will be fielded by the ADB focused on RBL program performance, monitor/confirm achievements against DLI targets, implementation of the PAP and other program results. These missions will also identify course corrective measures, as needed. A midterm review will be conducted jointly with the SHC&MED and ADB, indicatively planned after 30 months of the RBL program implementation. Within 12 months of loan closing of the program, SHC&MED will produce a program completion report that will be shared with ADB

1. Monitoring and Evaluation System-Related Program Actions Status, Issues and Changes

41. Four program actions related to monitoring and evaluation are specified in the PAP: (i) establish and notify an M&E Working Group under the PIU to oversee program monitoring, DLI tracking, and reporting to ADB, (ii) finalize and operationalize the HRMIS for nursing workforce tracking, integrated with public sector nursing colleges and licensing systems, (iii) Ensure all IT positions are filled at nursing colleges and COEs and build capacity of IT personnel to accurately collect and input data as in HRMIS and (iv) Commission Independent Verification Agencies (IVAs) to verify achievement of DLIs, with formal engagement and protocols developed by the PIU. Any issues during implementation and the measures adopted or planned to address them, and any changes made to the M&E system or the actions and reasons for doing so, will be reported in the semiannual program progress report using the template in Appendix 2.

B. Fiduciary Systems

a. Financial Management System

a. Summary of the Financial Management System

42. Pakistan's public financial management (PFM) system provides a comprehensive framework for federal and provincial budget formulation, execution, accounting, and auditing. Articles 78–86 of the Constitution govern federal fiscal procedures, while Articles 118–125 outline provincial financial responsibilities. Notably, Article 119 assigns custody of the Provincial Consolidated Fund and Public Account to the provincial government, with all withdrawals governed by legislation passed by the Provincial Assembly. This constitutional framework underpins the financial management arrangements applicable to the program.

43. Pakistan's national and provincial budget formulation processes follow a structured four-stage cycle: (i) issuance of a Budget Call Circular by federal or provincial finance authorities; (ii) submission of departmental expenditure estimates and, in Punjab, medium-term fiscal frameworks; (iii) cabinet review and approval of draft budgets and taxation proposals; and (iv) presentation and debate in the National or Provincial Assembly, leading to approval of the Finance Bill. Budgets are prepared using the IMF's GFS/COFOG classification system, which enables expenditure tracking by government function. While the budget framework is transparent, limited parliamentary capacity and time for review restrict detailed scrutiny. In Punjab, approximately 80% of provincial revenue is received as federal transfers under the National Finance Commission (NFC) award. These transfers are predictable in volume but often delayed in timing,

resulting in spending concentrated in the latter half of the fiscal year. The remaining 20% is generated through provincial taxes and service-based fees, though revenue mobilization efforts remain limited, and several tax instruments, such as the property tax, underperform relative to their potential.

44. For the RBL program, SHC&MED will serve as the executing agency, with the Program Implementation Unit (PIU) responsible for implementing the program under the leadership of the Secretary, SHC&MED. A Program Steering Committee chaired by the Secretary will provide strategic oversight and policy direction. Disbursement-linked indicator (DLI) achievements will be verified by a third-party verification agent before funds are released.

45. To manage financial aspects, specialized finance and accounts staff will be hired or deputed to the PIU, supported by a full-time financial management specialist dedicated to the ADB RBL program. While SHC&MED and PIU lack experience in managing foreign-funded projects, capacity will be strengthened through training and technical support. The PIU financial team, in coordination with SHC&MED's Financial Management Cell, will oversee disbursement, accounting, financial reporting, and compliance with ADB's RBL policies.

46. Key FM risks identified include: (i) inadequate staffing with qualified finance and accounts professionals and existing team with limited foreign-aided projects experience; (ii) lack of FM manual; (iii) ineffective internal audit system; and (iv) reliance on manual consolidation of budget codes for program financial statements. To mitigate the risks, it was proposed that: (i) the PIU is fully staffed with dedicated FM specialist before loan effectiveness; (ii) comprehensive FM manual is developed guiding the FM function and program accounting with identified chart of account codes linked to budget codes and program schemes; and (iii) institutionalizing internal audit function or strengthening the internal control by hiring an internal auditor for the program within the PIU.

47. **Accounting and financial reporting.** For this ADB-financed program, separate local currency assignment account(s) and records will be maintained by the executing agency. The SHC&MED with the support of its PIU will prepare annual program financial statements (APFS) for each fiscal year, starting from the program's effectiveness, and have these statements audited annually by the Auditor General of Pakistan (AGP). The first APFS should include the receipts and expenditures incurred in the period prior to effectiveness (up to 12 months before signing), since financing for prior results is allowed. The RBL program will adhere to the government's accounting and financial reporting system. The APFS shall encompass the entire RBL program boundary and not only ADB loan proceeds. It is anticipated that the SHC&MED and PIU will rely on existing accounting and financial information systems, which considering that program financial reporting and auditing is generally poorly performed in the country due to limited understanding that the funds are commingled from donor and government resources, may result in inaccurate and incomplete financial information, require cumbersome spreadsheet monitoring, and lead to delays in overall reporting and monitoring. To mitigate the risk, the SHC&MED and PIU shall be required to attend training on RBL modality from ADB, and effectively set up their team to utilize government's information systems for customized financial reporting of the program.

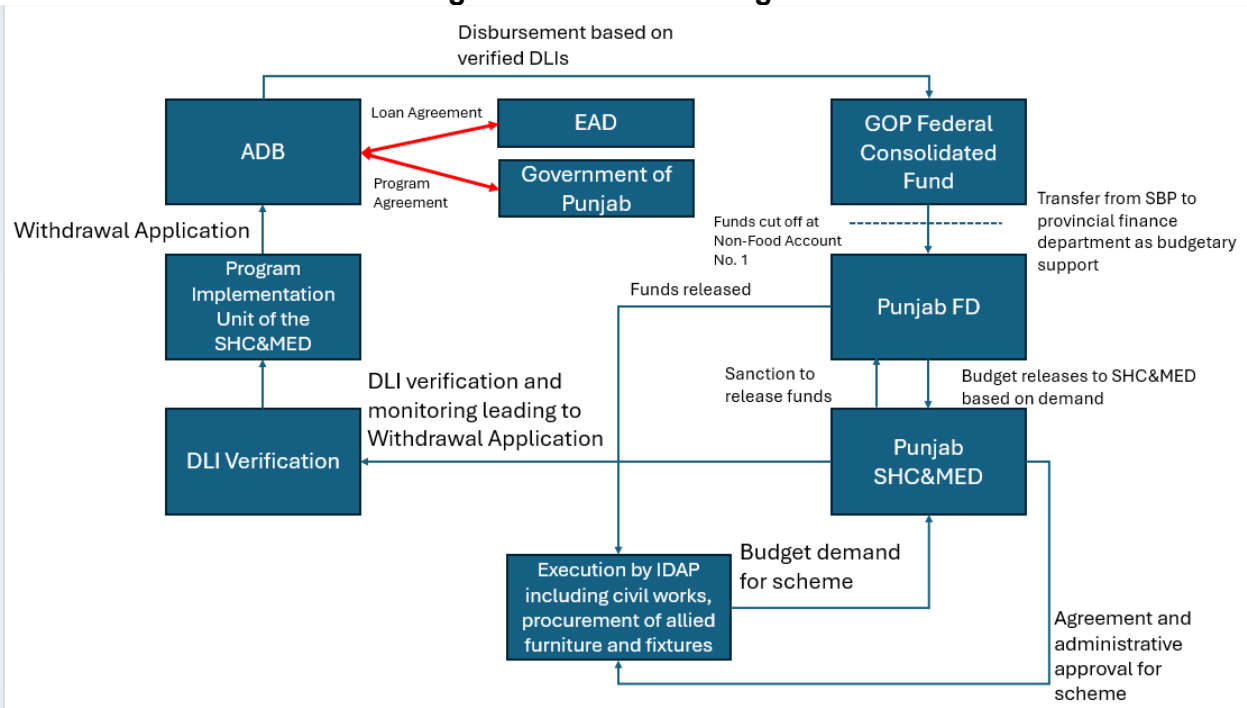
48. **Auditing and public disclosure.** The SHC&MED does not have an internal audit section which is a common theme Punjab's department which faces challenges due to limited capacity, lack of qualified staff, and restricted independence caused by overlapping pre-audit roles of the CGA system. There is a pressing need to establish an independent internal audit function aligned with internationally accepted standards. External audits of SHC&MED are conducted annually by

the AGP in accordance with the Constitution and the International Standards of Supreme Audit Institutions (ISSAI). While recent audits have not identified major accountability concerns, some outstanding audit observations remain and are expected to be resolved through the Departmental and Public Accounts Committees. For the RBL program, SHC&MED will ensure program financial statements are audited by an independent auditor acceptable to ADB and in line with international standards such as the financial attest audits carried out by the AGP. The audited APFS will be submitted to ADB within six months of the fiscal year-end. Timeliness of external audits has historically been a challenge for RBL programs in Pakistan; however, following several consultative sessions between ADB and the AGP, notable improvements have been achieved, with the AGP now committing to submit audit reports by 31 December for the preceding financial year ending 30 June. ADB will disclose on its website the program financial statements and the auditors' report thereon within 14 days of their acceptance, following ADB's Access to Information Policy.[8]

49. The audited APFS will be submitted in English language to ADB within 6 months after the close of the DMC's fiscal year, taking into consideration the DMC and program context. ADB reserves the right to require a change in the auditor (in a manner consistent with the laws and regulations of the DMC), or require additional support to be provided to the auditor, if the audits required are not conducted in a manner satisfactory to ADB or if the audits are substantially delayed.

50. **Disbursement and fund flow mechanism**. Disbursement by ADB will be subject to achieving key results in the DLI matrix, and submission of withdrawal applications with verifiable evidence of DLI achievements. Fund flows are given in the figure below.

Figure 2: Fund Flow Diagram



[8] ADB. 2018. *Access to Information Policy*. Manila.

b. Financial Management System-Related Program Actions Status

51. To improve the financial management system under the program, several key actions have been identified and are being implemented by the SHC&MED and PIU. These actions include: (i) recruitment of sanctioned FM staff, including a Financial Management Specialist with experience in foreign-assisted projects, as per the approved organogram (by Q4 2025); (ii) delivery of structured training on ADB financial management and anticorruption requirements to SHC&MED and PIU staff (Q4 2025); (iii) institutionalization of an internal audit function within SHC&MED, either in-house or outsourced (by Q2 2026); (iv) preparation of an accounting manual documenting program-specific FM procedures, including audit protocols and budget linkages with the program expenditure framework (by Q1 2026); (v) automation of financial management processes, including integration with the government's financial management information system and other reporting systems specific to SHC&MED (by Q2 2026); (vi) preparation of IPSAS cash-basis financial statements consolidating ADB and government funds (annually from 2026); and (vii) timely submission of audited financial statements to ADB within six months of fiscal year-end (starting 2026). These actions will be undertaken by the SHC&MED, being the implementing agency responsible for coordinating these actions, with support from the PIU and in consultation with provincial finance and planning departments. These actions are sequenced and monitored as part of the PAP to strengthen fiduciary oversight, enhance transparency, and ensure compliance with ADB's accountability requirements.

c. Issues and Changes

52. Any financial management issues during implementation and the measures adopted or planned to address them; and any updates or changes made to the financial management system or actions and the reasons for doing so, will be discussed in the semi-annual program progress report using the template in Appendix 2.

b. Procurement System

a. Summary of the Procurement System and Actions

53. The procurement under the RBL program are not expected to include high-value contracts,[9] and will include the following activities:

54. **The procurement of Construction of Center of Excellence (COEs, civil works and hostels) for nursing education**: This procurement is under Output 2, which supports the construction and operationalization of three state-of-the-art COEs in Multan, Lahore, and Rawalpindi. IDAP will be responsible for the procurement of construction activities and allied furniture and fixtures, under Output 2.

55. **The procurement of teaching and simulation equipment, digital infrastructure, and furnishings**: This procurement is required for equipping the COEs, and includes the following: IT equipment, Simulation Lab, Skills Lab, Science Lab, Anatomy Lab, Instruments, and other equipment/goods and furnishings as required for the RBL Program. The procurement will be carried out by the PIU.

[9] High-value contracts are those worth more than (i) $50 million for works, turnkey and supply, and installation contracts; (ii) $30 million for goods; (iii) $20 million for information technology systems and non-consulting services; or (iv) $15 million for consulting services.

56. **The hiring of consulting services to support the Program**: The Activities include the recruitment of consultants (both firms and individuals) under the Program for the following services: IVA (Independent Verification Agent), and consultants to be engaged for curriculum development for BScN (Bachelor of Science in Nursing), MScN (Master of Science in Nursing), specialized courses, CPD (continuing professional development), and faculty development, and implementation specialist to help the government implement the program activities. The selection of consultants will be done by PIU.

57. The RBL implementation will rely on the Government of Punjab's procurement system for the procurement of goods, works, and services as follows: (i) the Punjab Procurement Regulatory Authority (PPRA) Act 2009 (as amended through 9 January 2023), and (ii) the Punjab Procurement Rules (PPR) 2014 (as amended through 23 December 2022). The Fiduciary System Assessment found that both the Punjab PPRA Act and PPR-2014 are generally aligned with the ADB core procurement principles. The e-procurement system developed by PPRA, i.e. e-Pak Acquisition & Disposal System (EPADS),[10] has a basic feature for uploading and downloading procurement related documents in a procurement transaction, hence it is generally adequate and therefore it will be used for procurement transactions to be carried out under this RBL Program.

b. Procurement System-Related Program Actions Status

58. The Program Action Plan for Procurement includes the following, which will be implemented and delivered throughout the RBL program implementation: (i) PIU to depute an equipment procurement expert to support specification finalization and packaging, (ii) Develop and operationalize procurement reporting, through the submission of bi-annual procurement performance reports confirming that: (a) the procurement compliance, (b) no High-Value Contracts, and (c) no contracts awarded to entities debarred by ADB, (iii) Submit annual procurement audit reports, (iv) Confirm and formalize the role of IDAP as the civil works service provider for COE construction and the procurement of allied furniture, and fixtures through a government-issued notification, (v) Finalize and approve standard equipment specifications and procurement packages for COEs, including simulation labs, IT infrastructure, and instructional materials , and (vi) Provide procurement and contract management training to PIU, IDAP, and relevant SHC&MED staff on ADB's procurement requirements under the RBL modality.

c. Issues and Changes

59. The procurement risks and mitigation measures are summarized in Table 10. Program actions on procurement are detailed in Section 6 and will be continuously monitored and updated during the implementation as needed. Any issues during implementation and the measures adopted or planned to address them; and any changes made to the procurement system or actions and the reasons for doing so, will be discussed in the same report template

c. Anticorruption System

a. Summary of Anticorruption System and Actions

60. Pakistan ranked 135th out of 180 economies in the Corruption Perceptions Index.[11] Corruption in Pakistan has decreased in recent years but remains a notable problem. The

[10] It is noted that the most recent development and improvement of the EPADS was done under the World Bank assisted funding, and it is completed to be used starting this July 2024.
[11] Transparency International. 2024 Corruption Perceptions Index (accessed 30 June 2025).

Government of Punjab also has an anti-corruption department in the form of the Anti-Corruption Establishment (ACE). As is true of NAB (at the national level), the ACE has the power to investigate all complaints against public officials in the province. The ACE requires complainants to submit complaints in writing, either in person or by post, along with particulars of the complainant (name, address, national identity card number). In addition, complainants are supposed to submit an affidavit affirming that the contents of the complaint are verified and genuine. Enquiry officers are deputed to assess complaints and ascertain if these are "genuine." If the officer assesses that the complaint carries weight, he/she can order registration of a case and request that the investigation begins. If no criminal liability is found, but minor violations have taken place, then departments can take action against the public servants concerned, and the complaint is not escalated. If the investigation shows criminal conduct, an officer can be arrested by the police after higher authorities in his/her department have been notified.[14] NAB may utilize the services of ACE regarding the investigation of their cases. However, ACE operates under the authority of the Chief Secretary of the province.

61. The government will instruct all relevant agencies[12] to (i) comply with the requirements of ADB's RBL anticorruption guidelines, (ii) ensure that any person or entity debarred or suspended by ADB is not eligible to be awarded a contract under or otherwise allowed to participate in the RBL program during the period of such debarment or suspension, and (iii) include a provision related to item (ii) in the bidding documents. The bidding documents should also reference[13]

(i) the list of debarred and suspended firms and individuals available on ADB's website (footnote 10);
(ii) ADB's Office of Anticorruption and Integrity's website[14] where reports of allegations of integrity violations can be made:
  (a) by email to integrity@adb.org or anticorruption@adb.org;
  (b) through the complaint form;
  (c) by secure telephone access +63 2 8632 5004;
  (d) by fax +63 2 8636 2152; or
  (e) by mail to Office of Anticorruption and Integrity, Asian Development Bank, 6 ADB Avenue, Mandaluyong City, 1550 Metro Manila, Philippines; and
(iii) the reservation by the DMC's procurement administration offices at each level of the right to reject the proposed award to debarred or suspended entities.

62. The guidelines will be issued in the joint names of SCHMED and the to-be-established PIU within PMIU, which are responsible for the oversight of the RBL program, and may be updated within the program period.

63. ADB's guidelines on fraud, corruption, and other prohibited activities for RBL programs are in Appendix 2.[15]

b. Anticorruption System-Related Program Actions Status

64. SHC&MED and relevant implementing partners will receive structured training on ADB's Anticorruption Policy, including the use of ADB's eLearning modules, within two months after loan

[12] This includes all procuring entities, procurement agents, and other agencies at all levels under the RBL program.
[13] ADB. Sanctions List. For more information, including how to access ADB's Sanctions List, refer to ADB. 2022. *Frequently Asked Questions on ADB's Sanctions*.
[14] ADB. Anticorruption and Integrity.
[15] ADB. 2019. *Mainstreaming the Results-Based Lending for Programs.* Manila; and the staff instruction on business processes for RBL for programs.

effectiveness. The training aims to strengthen fiduciary oversight and ensure alignment with ADB's accountability standards.

65. The implementation status of anticorruption system-related program actions will be assessed during program implementation and semi-annual progress reviews.

c. Issues and Changes

66. This section will be updated during implementation.

C. Procurement from Member Country Eligibility Restrictions

67. The restriction related to procurement from ADB member countries does not apply to RBL programs as per the revised Staff Instruction on Business Processes for Results-based Lending Programs issued on 03 October 2025. Therefore, as per paragraph 56 of the above-mentioned staff instructions, universal procurement applies to RBL operations.

D. Safeguard Systems

a. Summary of Safeguard System and Actions

68. The program's safeguard system assessment (PSSA) was undertaken to make sure that the country's (national and provincial—Punjab Province) policies and regulatory frameworks for the environmental and social safeguards, their implementation, and institutional capacity to ensure adequate management of safeguard systems are in place for the program. It also assesses whether the safeguards systems comply with ADB's Safeguards Policy Statement (SPS) 2009 and proposes mitigation measures for identified gaps between the ADB's SPS and national/provincial policies, regulatory framework, implementation practices in the local systems and associated risks that could compromise safeguards requirements outlined in ADB's Safeguards Policy Statement 2009. The program safeguards system assessment is in Annex 2.

69. PSSA summarized the findings of the program safeguard systems assessment undertaken for the EA/IA Specialized Health Care and Medical Education Department (SHC&MED) Health Workforce and Nursing Sector Reform Punjab.

70. **Environment Safeguards:** The PSSA assessed the program's positive and negative environmental impacts and risks, the implementation of the legislative system and the capacity of the executing and implementing agencies to handle environmental safeguards to identify the required incremental improvements. The PSSA examined the environmental safeguards management and compliance aspects of the Government of Pakistan and of the systems in place at the executing agency — SHC&MED. The suggested safeguards actions when the significant gaps were identified with the principles of ADB's SPS 2009 related to environmental safeguards.

71. PSSA confirmed that the RBL program is categorized as **B for environmental safeguards** under ADB's SPS (2009). The PSSA identified that (i) there is a gap between national/provincial legislation and ADB's SPS 2009 requirements in conducting environmental screening and environmental assessment; (ii) the EA/IA lacks institutional capacity (human resources) and experience for environmental safeguards management, environmental compliance monitoring of the RBL program; (iii) public consultations and information disclosure

need to be improved; and (iv) a two-tiered grievance redress mechanism for handling and addressing safeguards issues will have to be established prior to commencement of works. The screening process during the implementation will follow the RBL policy according to which no high-risk activities shall be permitted that may fall into category A for environment which are likely to have significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and require preparation of an environmental impact assessment (EIA) as per ADB SPS 2009.

72. Site specific and reversible environmental impacts related to civil works and operation of three COEs will be addressed through compliance with provincial environmental regulations and the inclusion of green building standards. These impacts include construction-related nuisances such as dust, noise, water contamination, wastewater, waste disposal including hazardous, medical waste management and occupational and community health and safety risks. IDAP, which will manage procurement of construction works, will ensure compliance with environmental regulations issued by the Punjab Environmental Protection Agency (EPA), including the preparation and clearance of an Initial Environmental Examinations (IEEs), as applicable, prior to contract award. Civil works will adhere to green building standards and climate-resilient design guidelines, incorporating features such as solar energy systems, rainwater harvesting, natural ventilation, and environmentally sustainable construction materials. Institutional safeguards capacity will be strengthened through targeted training and technical support to SHC&MED, concerned offices of Chief Engineers (building), IDAP, and COE-level staff.

73. To facilitate safeguards planning and implementation and to streamline safeguards compliance throughout the program implementation period the PSSA included provisions for (i) specifying the requirements in subproject screening and categorization, assessment, and planning; (ii) anticipating environmental impacts of the subprojects and recommending mitigation and monitoring measures; (iii) specifying requirements for meaningful consultations with affected persons and other stakeholders, establishment of two-tiered GRM, and information disclosure; (iv) indicating capacity development for the project executing and implementing agencies and other stakeholders; (v) providing safeguards institutional arrangements, roles, and responsibilities; (vi) specifying monitoring and reporting requirements; (vii) assessing the capability of the project proponents to implement national laws and ADB's requirements; and (viii) identifying needs for capacity building.

74. **Social safeguards (involuntary resettlement and Indigenous Peoples).** The PSSA (i) reviewed the country's social safeguard systems, including land acquisition, involuntary resettlement and indigenous people planning practices and institutional set-up/capacity of the Executing Agency (EA) SHC&MED; and (ii) suggested actions where significant gaps with the principles of ADB's SPS 2009 related to social safeguards were identified.

75. The RBL program is **categorized B for involuntary resettlement and C for Indigenous Peoples** under ADB's SPS 2009. The PSSA identified that (i) the regulatory framework and practices for screening of project/program actions involving acquisition of land and resettlement of physically and/or economically displaced persons are not consistent with the ADB's SPS 2009 requirements; (ii) the EA/IA lacks institutional capacity (human resources) and experience for land acquisition, resettlement planning, implementation, and compliance monitoring of the RBL program; (iii) public consultations and information disclosure need to be improved; and (iv) a two i-tiered grievance redress mechanism for handling and addressing safeguards issues will have to be established. The screening process during the implementation will follow the RBL policy and any activities requiring significant or major adverse land acquisition and resettlement impacts will be excluded from the program scope.

76. No land acquisition is anticipated, and all construction will occur on state-owned land. Any site-specific involuntary resettlement impacts from informal land use of government-owned land parcels allocated for COEs will be managed in accordance with the government endorsed and ADB accepted Resettlement Framework (RF) included in the Program Safeguards System Assessment (PSSA).[16]

b. Safeguard System-Related Program Actions Status

77. Based on the assessment findings, safeguard-related actions have been proposed in the PAP to address the gaps and mitigate the identified risks. Key actions in the PAP (Section VI) to improve the safeguard systems are as follows:

(i) Establish environmental and social safeguards management capacity in PIU for screening and assessment of safeguards risks and preparing requisite safeguards management documents. SHC&MED will ensure that the PIU includes qualified, full-time environmental safeguards specialist and social safeguards specialist responsible for implementing the program's safeguards action plans. The Environmental Assessment and Review Framework (EARF) and Resettlement Framework (RF) will be finalized and endorsed by the SHC&MED and will be used as guide documents for site-specific environmental and social screening, preparation of the initial environmental examinations (IEEs) or environmental management plans (EMPs), social due diligence reports (SDDR) including RPs (if needed), and monitoring throughout civil works activities. (SHC&MED: timeline Q4 2025–Q2 2026).

(ii) Conduct safeguards orientation and training sessions for safeguards management capacity development of relevant, SHC&MED, IDAP and contractor teams. Based on the IEE, Gender Action Plan (GAP), and social safeguards due diligence, the PIU with TA support will design and implement safeguards management training sessions. These sessions will equip key implementation partners with a clear understanding of ADB's safeguards requirements, including environmental management, social risk mitigation, and gender-responsive infrastructure design. (ADB, SHC&MED, PIU: timeline Q4 2025–Q2 2026)

(iii) Establish a grievance redress mechanism (GRM) for infrastructure-related activities at each COE site, in line with ADB safeguards requirements. The GRM will provide a formal channel for affected parties to raise concerns related to environmental, social, or construction-related impacts. This mechanism will include designated focal points, public disclosure procedures, and a resolution framework, with reporting integrated into PIU oversight. (SHC&MED; IDAP: GRM fully operation before commencing works).

(iv) The implementation status of safeguard system-related program actions will be monitored and reported to ADB in the program progress reports and periodic environment and social monitoring reports to be delivered semi-annually.

c. Updates, Issues and Changes

78. Updates on the implementation status of safeguard system-related program actions will be reported to ADB in the semiannual environment and involuntary resettlement monitoring report and program progress reports, together with (i) major issues encountered during implementation,

[16] The PSSA is prepared and disclosed as RRP linked document.

if any, and the measures adopted or planned to address them; and (ii) changes made to the safeguard system or actions, and reasons for doing so, if any.

E. Social Dimensions

79. The program is classified as *gender equality objective* (GEN). Nursing is a predominantly female profession in Pakistan, with women comprising over 90% of enrolled nursing students and more than 95% of the registered nursing workforce in Punjab[19]. However, gender inequities persist in terms of career advancement, working conditions, and access to leadership roles—only 5% of faculty positions in public nursing colleges are held by women in academic leadership or supervisory positions.

80. The labor force participation rate for women in Punjab remains low at 19%, compared to 68% for men, indicating the transformative potential of nursing as a pathway to formal, secure employment. The program directly supports women's participation, retention, and advancement by incorporating gender-responsive design elements, including safe residential hostels, targeted faculty development for women educators, and structured pathways for career progression. It also promotes access to international employment opportunities through recognized certifications, contributing to empowerment, exposure to global higher education and income security. At the governance level, 33% female representation is required on COE Boards of Governors to embed women's voice in institutional oversight.

81. While focused on women's empowerment, the program also ensures equitable access to COE's education and trainings for male nurses, who remain a small and marginalized group within the sector. Specific gender-related indicators and actions are embedded in the DMF, DLIs, and PAP, ensuring institutional accountability for results. Gender equality considerations have been effectively mainstreamed across all program outputs, with explicit targets for female student enrollment, female faculty development, gender-sensitive infrastructure, and gender-disaggregated data tracking embedded into the program's design and results framework. A gender focal point within SHC&MED will coordinate monitoring and reporting, ensuring accountability through biannual updates and sex-disaggregated verification protocols.

82. Using the reporting template in Appendix 1, summarize any major issues encountered in the implementation of gender actions and discuss remedial actions agreed. Summarize any update, revisions, or changes in the gender actions that are agreed and approved by ADB.

F. Gender Equality

83. This RBL program, categorized as Gender Equality Objective (GEN), supports the government of Punjab in strengthening the health workforce while expanding women's access to decent work in the nursing sector. As a predominantly female profession with limited career mobility and recognition, nursing is a key entry point for addressing gender gaps in the paid care economy. Gender equality is embedded across most DLIs and Program Action Plan. DL2a and 2b enables at 12 female faculty in PhD programs and at least 36 in MScN programs, enabling women to strengthen their teaching skills and ensuring that the majority-female student body benefit from improved instruction and learning outcomes. DL3 and D4 expand access to nursing education by supporting the enrollment of at least 800 BScN and 100 MScN students, with a strong focus on women. These will help address key barriers – financial, cultural and mobility related – that often limit women's access to higher education and professional qualifications in the sector. DL5 enhances women's employability in specialized care fields by supporting at least 300 international participation certificates in public health, elderly care and health security – areas

with growing demand and opportunities. DL6 funds the construction of three gender sensitive and climate resilient Centers of Excellence (COEs) equipped with secure female hostels, day care facilities for students and faculty with young children, and accessible infrastructure. These investments create safe and supporting environments for women to teach and learn. DLI8 promotes institutional governance by mandating at least 33% female representation on COE Boards of Governors. It also strengthens HR systems to promote workplace gender equality,[17] including mechanisms to prevent and respond to harassment and abuse affecting both students and faculty. All DLIs will be independently verified with sex disaggregated data to ensure accountability for gender outcomes. While the program invests in a largely feminized profession, it also ensures equitable access for men, who currently represent only 6% of nursing workforce. Promoting gender balance in nursing enhances the recognition and professional value of the sector. It also helps respond to the needs of male patients and mitigates risk of gender based harassment female nurses may face in clinical settings.

84. The program is expected to contribute meaningfully to poverty reduction by expanding access to quality nursing education for women from low-income groups, and underserved rural areas, and religious minority communities. Institutional data from SHC&MED indicates that approximately 45% of students in public nursing colleges come from the bottom two income quintiles.[22] Enrolment in evening shifts introduced between 2020 and 2023 to expand intake has particularly benefited students from rural and peri-urban areas, with nearly 75% of these students identified as first-generation college attendees.[23] Religious minorities, particularly Christian women, have historically constituted an estimated 15–20% of Punjab's nursing workforce, significantly above their share of the provincial population (around 3%). However, field consultations suggest that the current enrollment of religious minority students in nursing colleges remains limited. The program enhances inclusivity by standardizing training quality, improving learning environments, and reducing geographic inequities through the establishment of regionally distributed COEs. These figures underscore the profession's unique role as an accessible employment avenue for marginalized groups. The program enhances this inclusivity by standardizing training quality, improving learning environments, and reducing geographic inequities through the establishment of regionally distributed COEs. By increasing access to formal employment and remittance-generating opportunities, the program is expected to improve the livelihoods of beneficiary households and advance broader social inclusion goals.

85. Using the reporting template in Appendix 1, summarize any major issues encountered in the implementation of gender actions and discuss remedial actions agreed. Summarize any update, revisions, or changes in the gender actions that are agreed and approved by ADB.

G. Communication and Information Disclosure Arrangements

[17] In a predominantly female nursing sector, promoting workplace gender equality requires addressing structural barriers such as undervaluation of work, limited leadership, and exposure to harassment. The project includes workplace gender equality through: equitable career pathways [faculty development, international certification, HRH unit], professional recognition [competency based certification and faculty development], safe workplaces [zero tolerance policy for harassment and GBV, backed by confidential reporting and grievance mechanism], supportive infrastructure [female only dormitories, on-site childcare], and women's representation in governance [33% female representation on COE board].

Table 8: Communication and Information Disclosure Arrangements

Program Documents	Means of Communication	Responsible Party	Frequency	Target Audience
DMF	ADB website	ADB	Included in progress reports and RRP	Stakeholders impacted by the program
RRP	ADB website	ADB	Within 2 weeks of program approval	General public
Legal (Program, and Loan) Agreements	ADB website	ADB	Within 2 weeks of program approval	General public
PSSA/PAP	ADB website	ADB	Draft before loan negotiations and final before Board circulation	General public and stakeholders impacted by the program
PID	ADB and SHC&MED websites	ADB, SHC&MED	Within 2 weeks of program approval and at the end of every review missions	General public, consultants and program contractors
Change in Scope/Implementation arrangements	ADB website	ADB	Within 2 weeks of approval of the change	Stakeholders impacted by the program
Semiannual Program Progress Reports	ADB and SHC&MED websites	ADB, SHC&MED	Semi-annual from program effectivity	General public
Audited Program Financial Statements	ADB website	ADB	Annually, within 14 days of its acceptance	General public and stakeholders impacted by the program
Environmental and Social Monitoring Reports	ADB website	ADB, SHC&MED	Semiannual	General public and stakeholders impacted by the program
Resettlement Plan (if required)	ADB and SHC&MED websites	ADB, SHC&MED websites	As and when needed	Project affected people and all relevant stakeholders
Completion Report	ADB and SHC&MED websites	ADB and SHC&MED	A year after program financial	General public

Program Documents	Means of Communication	Responsible Party	Frequency	Target Audience
			closing	
Gender Monitoring Reports	ADB website	ADB, SHC&MED	Semi Annual progress report	General public and stakeholders impacted by the program

ADB = Asian Development Bank, SHC&MED = Specialized Healthcare and Medical Education Department.
Source: ADB and Government of Punjab.

H. Development Coordination

86. The SHC&MED has an existing Development Wing that oversees broader Punjab Health Sector reforms, including necessary coordination with national institutions and development partners. While the current ADB-financed RBL operation will be managed through a dedicated PIU housed within SHC&MED, the Development Wing is expected to serve as the primary coordination and communication channel for any other development partners expressing interest in supporting nursing and health workforce reforms. Although no other development partners are currently financing human resources for health (HRH) or nursing education in Punjab, the department maintains active engagement with the Planning and Development Board (P&D) and Finance Department, the two provincial bodies responsible for aligning external assistance with sector priorities.

87. Notably, the World Health Organization (WHO) has provided technical support at the national level, including the development of the Pakistan Nursing and Midwifery Policy Framework, (2025-2034), assessment of governance mechanisms and accreditation standards for the Pakistan Nursing and Midwifery Council, and a comprehensive evaluation of 479 nursing institutions to identify gaps in governance, infrastructure, and quality of education. WHO also facilitated a high-level mission to support the government in determining health workforce requirements for primary health care (PHC) service delivery, aligned with Universal Health Coverage (UHC) best practices. These efforts offer valuable insights and potential synergies for future provincial-level initiatives.

88. Should additional donor-supported activities be initiated in the future, SHC&MED's Development Wing will act as the focal point to ensure policy coherence, avoid duplication, and harmonize interventions under the province's unified reform framework.

V. INTEGRATED RISKS ASSESSMENT AND MITIGATING MEASURES

A. Key Risks and Mitigating Measures

89. The integrated risk assessments and mitigating measures for the RBL program are provided in Table 13. Any issues during implementation and the measures adopted or proposed; and any changes or updates made to the risk assessment and mitigating measures will be summarized in the semiannual program progress report using the template in Appendix 1. Review Table 13 at each review mission and update Table 13 during implementation when there are major changes to the risks (for example changes in government priorities). Update the implementation status of the mitigating measures during program implementation.

B. Issues and Changes

90. Summarize any major issues during implementation and the measures adopted or planned to address them. Summarize any changes made to the risk assessment and mitigating measures and the reasons for doing so. Delete this section if there are no issues and changes made.

Table 9: Status of Integrated Risk Assessments and Mitigating Measures
(as of Jul 2025)

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
Results					
Delayed operationalization of COEs	Any delays in the construction of the COEs will directly impact their operationalization and have serious implications on other results and indicators of the program such as those associated with enrolment of students and education delivery at COEs.	High	Timely development and approval of PC-1 for COE development by SHC&MED. Formal arrangement with IDAP notified before loan effectiveness to enable contracting of civil works in Year 1. Regular oversight by IDAP with payments to contractors aligned with completion of works and delivery schedule.	SHC&MED notification prior to loan effectiveness PC-1 approval by Q1 2026 Contracting of civil works by Q2 2026	
Expanded HRMIS implementation	HRMIS will be central to monitor a number of DLIs and DMF indicators. In additional, IT personnel need to be staffed at COEs and nursing institutes and trained in its functioning to regularly input required data. Delayed HRMIS implementation or vacant IT positions will affect program results monitoring	Moderate	SHC&MED to (i) provide adequate resources to its IT Unit to enable timely expansion of HRMIS, (ii) fill IT positions at COEs and government nursing colleges and (iii) train IT personnel in compiling data and operating the HRMIS.	System piloted in Q2 – Q3 2026; full operationalization aligned with COE readiness by 2028	
Board of Governors notification	Delays in constituting and notifying the COEs Board of Governors will affect the development of the COE governance framework and policies. This will not only impact the achievement of disbursement targets, but also the operational readiness of COEs.	Moderate	Notification of the Board of Governors is a prior result. The Board will be constituted in accordance with the Punjab Nursing Education Reform and Capacity Building Policy 2025-30.	SHC&MED to notify Board of Governors before loan effectiveness	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
Expenditure and financing					
Adequacy, effectiveness, efficiency and economy	There are no specific budget codes which capture the RBL program boundary at the time of appraisal. This can lead to inconsistencies in budget allocation, program budget mapping from government documents to ADB RBL program and PID, as well as subsequent challenges in financial reporting and auditing.	High	The government to have the internal project documents approved (such as PC-I) for the three COEs, equipment and Project management cost at the earliest. Furthermore, the recurrent cost heads such as salaries of nursing staff and faculty which are to be covered under the program, must also be identified. The receipt and expenditure in these heads are required to be reported and audited in the annual program financial statements.	SHC&MED	
Sustainability	Post-completion, the government would have to bear the expense of operating the COEs, repair and maintenance, training, CPD, as well as salaries of incrementally hired staff	Moderate	The limited size of the incremental recurrent costs, the planned gradual increases in the budget allocation as per historic trend, strong execution rates for recurrent expenditures, and reasonable PFM practices including budgeting in the province of Punjab, render it likely that the SHC&MED will be able to sustain the incremental recurrent	SHC&MED	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
			costs after the program is completed.		
Financial management					
1. Organizational structure and staffing	Current organizational structure of the SHC&MED and PIU are (i) not fully recruited for the RBL program, (ii) may be overburdened with existing assignments if they are only on additional charge, and (iii) limited prior experience of donor funded programs and projects.	High	SHC&MED will recruit sanctioned staff for the program in the PIU which must include at least one position for financial management specialist having prior experience of handling projects financed by international financial institutions. ADB to provide training to the agency handling funds for the program on ADB's FM requirements for RBL programs particularly focusing on financial reporting and auditing, as well as training on ADB's Anticorruption Policy, including the use of ADB's eLearning courses on financial management.	ADB, SHC&MED Recruitment: before loan effectiveness Training: Within two months after loan effectiveness	
2. Funds flow	The funds flow risk concerns diversion or misuse of funds (use for other than the intended purposes).	Moderate	The SHC&MED's concerned Additional Secretary Development / Finance along with Director Budget and Accounts will ensure that the local currency assignment accounts under the specific PC-1s to enable funds for the program to be	SHC&MED Within 30 days after approval of respective PC-1s / development schemes	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
			placed at the disposal of the implementing agency.		
3. Internal audit	Weak capacity and hiring in an independent internal audit function at the SHC&MED may affect the effectiveness of risk management, control, and governance processes.	Substantial	Institutionalize internal audit function in the SHC&MED, either outsourced or in-house. In case of in-house capacity, this includes notification to the function, approved organogram and positions, internal audit charter and reporting lines.	SHC&MED Within 6 months of loan effectiveness	
4. External Audit	Due to limited understanding of the auditor and implementing agency in RBL programs, audited program financial statements may face delays in preparation and submission	Moderate	Methodology and execution of the audit of RBL programs to be discussed and documented between the SHC&MED and the auditors. The scope and methodology of audit, especially considering RBL programs, including the timelines for (i) deputing audit teams, (ii) carrying out field work, and (iii) submission of the audit report, shall be documented and the minutes of the meeting to be shared with ADB.	SHC&MED, AGP Within 6 months of loan effectiveness	
5. Information Systems	Consolidation of budget codes for the program financial statements will be carried out manually on excel, which may be prone to errors.	Substantial	The SHC&MED will automate the data extract, transform and load (ETL) function from all financial	SHC&MED, AGP Within 12 months of loan effectiveness	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
			sources including SAP to prepare linked financial statements and documented account codes and document such procedures in the FM manual.		
6. Financial reporting of the program	Complex financial reporting in RBL fund flows due to limited understanding of RBL programs at provincial level may result in incomplete financial reporting.	Moderate	An accounting manual shall be prepared to document the procedures carried out by the FMC for the RBL program. It will contain a section elaborating how the external audit of the program would be conducted. This will also include linkages between development and recurrent budget cost heads with the cost categories mentioned in the Program Implementation Document.	SHC&MED, AGP Within 6 months of loan effectiveness	
7. Accounting policies and procedures	**Budget codes are not identified which will be used for preparing the program financial statements.**	**Substantial**	PC-1s relevant to the program should be approved and budget codes relevant to the program in conformity with the program expenditure framework should be identified and approved by SHC&MED.	Before effectiveness	
Overall risk		Substantial			

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
Procurement					
Procurement delays and low quality of equipment	Delay and low quality of the procurement of teaching and simulation equipment, digital infrastructure, and furnishings . SHC&MED lacks the procurement strategy for the procurement of teaching and simulation equipment, digital infrastructure, and furnishings	High	1. Appoint simulation lab equipment expert and equipment procurement expert in the PIU to support the EA and the PIU for finalization of specifications, packaging of equipment, market assessment and assist the EA throughout the procurement process. Alternatively, a suitable equipment procurement expert may be provided through ADB's TA. 2. Finalize and approve standard equipment specifications and procurement packages for COEs, including simulation labs, IT infrastructure, and instructional materials.	Before loan effectiveness PIC: SHC&MED, PIU Q1–Q2 2026, post-loan effectiveness PIC: SHC&MED, PIU, Procurement Cell	
Compliance with the RBL requirements on procurement	Inadequate monitoring of the procurement performance	Moderate	Develop and operationalize procurement reporting. The e-Pak Acquisition & Disposal System (ePADS) will be adapted to track contract awards, supplier eligibility, and disbursement-linked procurements under	Q1–Q2 2026, post-loan effectiveness PIC: SHC&MED, PIU, Procurement Cell , IDAP	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
			the RBL. SHC&MED will prepare bi-annual procurement performance reports in a format agreed with ADB and submit them through the PIU, confirming: (i) procurement compliance, (ii) no High-Value Contracts, and (iii) no contracts awarded to entities debarred by ADB.		
Lack of institutional arrangement	The appointment of IDAP, as the service provider for the infrastructure development for the COE is not formalized yet	Moderate	Confirm and formalize the role of IDAP as the service provider for the infrastructure development for the COE, through a government-issued notification. The IDAP will deploy its in-house dedicated detailed engineering design, procurement support and construction supervision team to implement the COE construction and the procurement of allied furniture and fittings	Prior to the Loan Effectiveness PIC: SHC&MED, IDAP	
Limited capacity of PIU and SHC&MED	Institutional capacity of PIU, IDAP and SHC&MED is not familiar with the requirements	Moderate	Provide procurement and contract management training to PIU, IDAP, and	Within three months of loan effectiveness PIC: ADB, SHC&MED	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
	and execution of an RBL modality		relevant SHC&MED staff on ADB's procurement requirements under the RBL modality		
Procurement compliance with applicable procurement rules and regulations	Inadequate procurement audit system in place	High	Conduct a procurement audit at least annually, to ensure legal and procedural compliance of the applicable procurement rules	Annually within 6 months following each financial year end PIC: SHC&MED, PIU	
Inconsistency(ies) in ePADS and Punjab Public Procurement Rules	The Government of Punjab has requested the ADB and the World Bank to assess ePADS to determine its suitability for use in projects financed by MDBs. In response, ADB and the World Bank have collaborated with the IsDB and the AIIB to conduct a joint assessment of ePADS. The assessment may report any misalignment between Punjab Public Procurement Rules.	Moderate Moderate	In case any issue(s) is identified during the assessment, particularly those concerning the latest applicable procurement laws, rules, and regulations of the Government of Punjab, will be duly addressed by the provincial authorities. The EA, jointly with ADB, will extend support to the PPRA, as needed.		
Anticorruption					
	Program integrity risks related to financial management and procurement may be exacerbated since the	Moderate	ADB will conduct regular awareness and training sessions at inception and then	ADB, SHC&MED, PIU	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
	SHC&MED has limited prior experience of managing donor funded projects, donor compliance requirements, and engaging contractors and labor, procuring goods and materials, and rendering large civil works expenditure. Limited awareness of SHC&MED on ADB's anticorruption policies and requirements may result in heightened integrity risk that could negatively impact the program without adequate oversight and controls.		subsequently based on demand on (i) ADB's Anticorruption Policy and (ii) adequate due diligence during bid evaluation and payment processing to identify any irregularities, inconsistencies, and / or potential misrepresentations on the bids and claims		
Safeguards					
Safeguards non-compliance risk due to lack of safeguards management set-up and capacity of EA, IA and service provider i.e. IDAP department.	The SHC&MED and PIU lacks dedicated social and environmental safeguards experts who can lead risk screening, assess adverse impacts, deliver and implement safeguards management documents.	Moderate	Hiring and deployment of social safeguards expert and environmental safeguards / climate change specialists in the PIU in line with processes for screening, assessment and monitoring in the PSSA	SHC&MD, PIU Prior to loan effective date.	
Inadequate handling and management of safeguards related grievances and complaints.	Capacity. The capacity of existing GRM in PIU needs to be augmented for effective and timely resolution of complaints and grievance of project affected people and local communities.	Moderate	A multi-tier GRM will be established by notifying a PIU level GRC in SHC&MED and COE level GRC with relevant expert staff as its members. The status of grievances will be reported in semi-annual monitoring reports.	SHC&MD, PIU & IDAP Prior to Loan effectivity date and continue during program execution period.	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
Social Safeguards					
Screening and assessment of social safeguards risks including Involuntary Resettlement of program affected people and construction related social issues.	In some cases, risk of involuntary resettlement impact could be likely due to involuntary restriction on use of public land and/or due to restricted access to and use of resources. If not screened, assessed and documented properly it can lead to safeguards non-compliance issues and un-necessary disputes	Low	IR risk screening will ensure selection of COE sites on available government owned vacant land parcels within or in close proximity of existing Hospital under SHC&MED portfolio. The provision of the RF will be followed for IR risk screening, impact assessment and preparing requisite social safeguards due diligence reports and/or resettlement plans (RPs) if IR risks are not avoided by adopting site specific design adjustment.	PIU and IDAP In parallel with selection of eligible COE sites and finalization of the site specific design for establishing the COEs at each selected site	
Environment Safeguards					
Risks related to screening and assessment of environmental safeguards impacts and delivery of required environment safeguards planning and management documents, handling of construction related environment safeguards issues due to poor safeguard management capacity of PIU and IDAP (partner for infrastructure development and equipment procurement).	The risk exists that environmental impacts of selected COE sites will not be properly screened and documented. Mitigation measures will not be designed up to the level required for ADB-funded environment category B projects or will not be assessed at all. This gap can be overcome by the borrower's commitment for enhancing the institutional capacity of the PIU and IDAP for ensuring environment	Low	The EARF is prepared for the program, that will be followed for screening and excluding the site with significant irreversible adverse impacts, assessment of environmental impacts and delivery of IEEs & EMPs. Capacity development plan will be devised and implemented for orientation on ADB's safeguard requirements	PIU and IDAP In parallel with selection of eligible COE sites and finalization of the site specific design for establishing the COEs at each selected site.	

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
	safeguards management and compliance monitoring.		and enhancing safeguard management capacity of the PIU and IDAP staff.		
Gender					
	Harassment and security concerns, weak grievance mechanisms, and lack of workplace protections may deter female students and professionals, undermining workforce retention Weak private sector engagement and insufficient government enforcement could stall governance reforms, while paused infrastructure projects and substandard living conditions may limit student enrollment	High	The project must foster safe and supportive work places, reliable reporting mechanisms, security enhancements, and public awareness campaigns to support women in nursing, ensure rules to protect female nurses are followed. while ensuring policy continuity, and long-term investment in the nursing sector.	SHC&MD, PIU , immediately after loan effectiveness	
Operating environment	Persistent macroeconomic volatility, including fiscal constraints, poses a potential risk to program financing and implementation. Political instability and frequent changes in leadership within the provincial administration including key health sector posts may affect continuity and oversight. Additionally, resistance from entrenched stakeholder interests, particularly those averse to structural reforms in nursing governance and workforce deployment, could impede policy	High	The risks are partially mitigated by Pakistan's ongoing macroeconomic stabilization program supported by international development partners. The program's governance and implementation will be anchored through a high-level Program Steering Committee chaired by SHC&MED, providing consistent oversight and decision-making. The Program		

Risk	Risk Description	Risk Rating without Mitigation Measures	Key Mitigating Measures	Timeline and Responsible Agent	Implementing Status
	implementation and sustainability.		Implementation Unit (PIU), housed within SHC&MED, will coordinate activities with technical assistance from ADB to maintain policy continuity, stakeholder alignment, and timely implementation of reforms.		
Overall RBL program risk		Moderate			

AGP = Auditor General of Pakistan, ADB = Asian Development Bank, C&W = Communication and Works, COE = center of excellence, CPD = continuous professional development, DLI = disbursement-linked indicator, DMF = design and monitoring framework, EMP = environmental management plan, ETL = extract, transform and load, FM = financial management, GRC = grievance redress committee, GRM = grievance redress mechanism, HRMIS = human resources management information system, IDAP = Infrastructure Development Authority of Punjab, IEE = initial environmental examination, IR = involuntary resettlement, IT = information technology, PC-1 = Planning Commission Form-I, PFM = public financial management, PID = Program Implementation Document, Q = quarter, PIU = program implementation unit, RBL = results-based lending, RF = resettlement framework, RP = resettlement plan, SAP = Systems, Applications and Products in Data Processing, SHC&MED = Specialized Healthcare and Medical Education Department of Punjab, RBL = results-based lending, SHC&MED = Specialized Healthcare and Medical Education Department of Punjab.

Sources: Asian Development Bank and Government of Punjab.

VI. PROGRAM ACTION PLAN

91. Table 15 consolidates the program actions discussed in other relevant sections of the program implementation document. The progress made in PAP implementation and the continued relevance of the actions will be discussed during ADB missions or meetings. The PAP actions may be updated and amended, as necessary. Any issues during implementation and the measures adopted or planned to address them; and any changes made to the PAP and the reasons for doing so, should be summarized in the semiannual program progress report using the template in Appendix 1.

A. Status of Program Action Plan

Table 10: Status of Program Action Plan
(as of Jul 2025)

Program Implementation	Responsible agency	Timeframe for implementation
Nursing Education and Academic Preparedness		
Revise and update specialized diploma curricula in priority areas. The PIU and consultant team will lead a structured review and modernization of key post-RN diploma programs such as gerontology, neonatal nursing, and critical care aligned with national nursing standards and COE service profiles. Updates will include competency-based learning outcomes, integration of simulation, and structured clinical placements, and will be endorsed by SHC&MED and affiliating universities.	SHC&MED, PIU	Curriculum finalization by Q1 2027; endorsement by Q2 2027
Develop and implement a faculty development plan for COEs. A 5-year faculty development plan will be prepared, covering recruitment of MScN-qualified educators, design of training modules in student-centered teaching, simulation-based education, academic advising, and clinical supervision. Regular training-of-trainer (ToT) programs will be implemented to build instructional leadership within the COEs and affiliated public nursing colleges.	PIU, SHC&MED	Plan by Q4 2025; training rollout from Q1 2026
Establish soft infrastructure for COEs including governance, policies, and outreach systems. COEs will be institutionally prepared with approved admissions policies, grading systems, student handbooks, and grievance procedures. Academic and administrative leadership including COE deans will be appointed to manage these operations. Public outreach campaigns, a digital COE portal, and internal SOPs will also be developed to support readiness before physical commissioning.	SHC&MED, PIU	Leadership and policies in place by Q4 2027
Establish a dedicated Health Workforce Governance Unit under SHC&MED. A new HRH Governance Unit will be constituted within SHC&MED to oversee workforce analytics, institutional coordination, and evidence-based staffing policy. It will act as the anchor for provincial HRH reform efforts, linking nursing, allied health, and general HRMIS data streams. The unit will also coordinate with PNC, PMDC, and other regulatory bodies to align health workforce strategy and planning.	SHC&MED	Q4 2025 (this is a prior action)
Implement phase-wise expansion of Human Resource Information System (HRIS) SHC&MED will roll out a unified HRIS in three phases: • Year 1 (2026): All SHC&MED and P&SHD facilities • Year 2 (2027): Teaching hospitals and parastatal health agencies • Year 3 (2028): Private and NGO-run nursing education providers The system will track qualifications, deployments, training history, and vacancies, and be used for HRH forecasting, program monitoring, and verification under DLIs.	SHC&MED, HRH Unit	2025–28

Program Implementation	Responsible agency	Timeframe for implementation
PIU Staffing		
Recruit the PIU team as per the agreed organogram presented in the program documents. This action ensures the timely establishment of the core program implementation team, housed within SHC&MED, to oversee day-to-day operations, inter-agency coordination, and results monitoring. The PIU will be responsible for procurement, safeguards compliance, financial reporting, and implementation of DLIs across all components. Full staffing as per the organogram is a precondition for program execution and readiness for disbursement.	SHC&MED	Before loan effectiveness (this is a prior result)
Program Expenditure and Financing		
Ensure integration of the program expenditure boundary into the provincial budget, with adequate annual allocations to support result delivery. The Government of the Punjab, through SHC&MED, will ensure that the program expenditure boundary reflecting the full scope of activities and disbursement-linked results is incorporated into the provincial budget framework. Annual budget allocations will be made available for both development and recurrent expenditure items necessary for achieving program outcomes. Expenditure lines will be clearly linked to program components and DLIs to enable effective monitoring, financial tracking, and timely fund release.	GOPB, SHC&MED, FD	Starting from the next fiscal year i.e. July 2025, and budget commitment in each succeeding year during program implementation
Budget codes for PC-1s including: (i) three for civil works (Rawalpindi, Lahore, and Multan) and associated equipment, and (ii) one for capacity building for nursing professionals shall be incorporated into the PID and augment the PEFA within one month of their respective administrative approvals.	GOPB, SHC&MED	Within one month of approval of the respective PC-I
Financial Management		
SHC&MED will recruit sanctioned staff for the program in the PIU as per the approved organogram. All sanctioned positions including FM Specialist (having prior experience of handling projects financed by international financial institutions) dedicated for the ADB RBL program to be recruited as per approved organogram.	ADB, SHC&MED, PIU	Recruitment - before loan effectiveness
Deliver targeted training on ADB's financial management and anticorruption requirements for agencies handling program funds. SHC&MED and PIU will receive structured training on ADB's financial management requirements for RBL programs. This will cover financial reporting, internal controls, fund flow arrangements, and audit compliance. In addition, participants will be oriented on ADB's Anticorruption Policy, including the use of ADB's eLearning modules. The training aims to strengthen fiduciary oversight and ensure alignment with ADB's accountability standards.	ADB, SHC&MED, PIU	Within two months after loan effectiveness
Institutionalize internal audit function in the SHC&MED, either outsourced or in-house. In case of in-house capacity, this includes notification to the function, approved organogram and positions, internal audit charter and reporting lines.	SHC&MED, AGP	Within 6 months of loan effectiveness
Prepare accounting manual document the procedures carried out by the financial management cell (FMC), SHC&MED for the RBL program. The manual will contain a section elaborating how the external audit of the program would be conducted. This will also include linkages between development and recurrent budget cost heads with the cost categories mentioned in the Program Implementation Document.	SHC&MED, AGP	Within 6 months of loan effectiveness
Automate FM processes. The SHC&MED will automate the data extract, transform and load (ETL) function from all financial sources including SAP to prepare linked financial statements and documented account codes.	SHC&MED, AGP	Within 12 months of loan effectiveness
Prepare comprehensive program financial statements in accordance with IPSAS cash basis, covering all funding sources and expenditures. SHC&MED will prepare annual financial statements for the program using the IPSAS cash basis of accounting. These statements will present a consolidated view of all program financing - capturing both ADB	SHC&MED, PIU	Annually during program implementation

Program Implementation	Responsible agency	Timeframe for implementation
loan proceeds and government allocations (development and recurrent). The reports will provide transparent tracking of funds received and expenditures incurred across all components of the nursing and health workforce reform program, enabling effective financial monitoring and accountability.		
Submit annual audited program financial statements to ADB in accordance with applicable auditing standards. SHC&MED will ensure that the program financial statements are audited annually by an independent auditor acceptable to ADB, in line with national and international auditing standards. As ADB loan proceeds will be commingled with government resources, a separate audit opinion on ADB funds will not be required. However, it must be demonstrated that total RBL program expenditures meet or exceed ADB disbursements during each reporting period and cumulatively by program close. The audited financial statements will be submitted to ADB within six months of the end of each fiscal year.	SHC&MED, PIU	Annually within 6 months following each financial year end
Budget codes for expenditures identified and approved. PC-1s relevant to the program should be approved and budget codes relevant to the program in conformity with the program expenditure framework should be identified and approved by SHC&MED.	SHC&MED, PIU	Before loan effectiveness
Procurement Readiness		
Appoint equipment procurement expert to support specification finalization and packaging. PIU will depute a qualified equipment procurement expert to support the preparation of technical specifications, develop procurement packages (including simulation labs and IT infrastructure), and provide hands-on training to the PIU and procurement cell. This will ensure quality, consistency, and readiness for equipment tendering in line with ADB's core procurement principles. A suitable resource may also be provided by ADB through an appropriate TA.	PIU	Before loan effectiveness
Develop and operationalize procurement reporting. The e-Pak Acquisition & Disposal System (ePADS) will be adapted to track contract awards, supplier eligibility, and disbursement-linked procurements under the RBL. SHC&MED will prepare bi-annual procurement performance reports in a format agreed with ADB and submit them through the PIU. The procurement performance reports will confirm: (i) the procurement compliance, (ii) no High-Value Contracts, and (iii) no contracts awarded to entities debarred by ADB.	SHC&MED, PIU, Procurement Cell, IDAP	Q1–Q2 2026, post-loan effectiveness
Submit annual procurement audit reports: SHC&MED will ensure that, in conjunction with program financial audit, a third -party procurement audit will also be conducted beginning in Year 2, to ensure transparency and compliance with RBL requirements. The procurement audit report will be submitted to ADB within six months of the end of each fiscal year.	SHC&MED, PIU	Annually within 6 months following each financial year end
Confirm and formalize the role of IDAP as the a service provider for infrastructure development and procurement of allied furniture and fixtures for the COE, through a government-issued notification. This action will ensure clarity in institutional responsibilities for infrastructure delivery. The notification will formally designate IDAP as the service provider for the construction of infrastructure development and procurement of furniture and fittings for the COE, enabling it to deliver site planning, detailed design, design review, procurement, and oversight functions in coordination with SHC&MED. IDAP will establish its in-house dedicated team for the following functions: detailed engineering design, procurement support and construction supervision.	SHC&MED, IDAP	Q3 2025, prior to ADB loan effectiveness
Finalize and approve standard equipment specifications and procurement packages for COEs, including simulation labs, IT infrastructure, and instructional materials. This activity includes the development and validation of detailed technical specifications, packaging strategies, and procurement methods for all major equipment categories. It ensures readiness for procurement once the loan is effective and aligns with standards for simulation-based training and digital infrastructure. The PIU, SHC&MED's procurement cell will jointly undertake this work.	SHC&MED, PIU, Procurement Cell	Q1–Q2 2026, post-loan effectiveness

Program Implementation	Responsible agency	Timeframe for implementation
Provide procurement and contract management training to PIU, IDAP, and relevant SHC&MED staff on ADB's procurement requirements under the RBL modality. This will include structured training sessions, using ADB tools and case-based learning, on procurement planning, evaluation, contract management, and reporting under RBL. The training will ensure consistency with ADB guidelines and build capacity for large, multi-site procurements. ADB may support delivery through its regional procurement team.	ADB, SHC&MED	Within three months of loan effectiveness
Governance and Institutional Arrangements [18]		
Notify the governance structure and Terms of Reference (TORs) for the COE Board of Governors (BOG)[19] **ensuring balance of representation across SHC&MED, Directorate of Nursing, affiliating universities, and private sector experts.** This action will formally establish the governance mechanism for each COE, providing a legally notified structure and TORs for the Board of Management. The Board will oversee academic quality, faculty performance, infrastructure operations, and private sector collaboration. Ensuring balanced representation will support transparency, academic independence, and alignment with national policy. This action is foundational to DLI 7 and broader institutional reform objectives.	SHC&MED	Q3 2027
Issue a policy directive linking the appointment of COE faculty to MScN qualification standards in line with the Punjab Nursing Education Reform Policy 2025, specifying eligibility criteria and recognition of accredited institutions. This directive will establish minimum hiring standards and accreditation recognition criteria to ensure COE faculty quality and alignment with national nursing education policy. It will provide a formal basis for DLI 2b and support institutional credibility for international partnerships.	SHC&MED	Q4 2025 (This is a prior action)
Develop and approve a phased faculty recruitment and appointment plan for all COEs, covering MScN-qualified educators and short-term contract faculty if needed. This plan will outline the number, qualifications, phasing, and deployment timelines for academic and clinical faculty across the three COEs. It will be guided by DLI 2 targets, national accreditation standards, and projected student intake. Recruitment timelines will be aligned with construction and operational readiness milestones.	SHC&MED PIU	Q1 – Q2 2026
Develop and approve a COE management capacity-building plan, including modules for leadership training, and initiate implementation in line with Punjab Nursing Education Reform Policy. This action supports the professionalization of COE leadership by designing targeted international or regional training programs in institutional governance, academic planning, and infrastructure oversight. The plan will outline course content, target staff, and delivery modalities. It underpins DLI 2a and prepares the future cadre of COE leaders.	SHC&MED PIU	Plan approved by Q3 2025; implementation ongoing through 2026–28 (This is a prior action)
Appoint first batch of existing public sector nursing college faculty (minimum 15) holding BScN degrees for MScN programs at accredited national institutions. Capacity building of existing faculty, as well as preparation of future COE faculty will be initiated through this action.	SHC&MED PIU	Recruitment initiated in Q3 – Q4 2025
Appoint the first batch of COE faculty (minimum 15) holding MScN degrees from accredited institutions, aligned with program targets. This action ensures that each COE is staffed with qualified, postgraduate-level nursing educators in line with accreditation and DLI 2b requirements.	SCH&MED PIU	Recruitment initiated in 2027; appointments aligned with COE

[18] As the physical construction and commissioning of the COEs will begin in Year 3 of program implementation (2028), all actions related to faculty appointments, equipment deployment, digital systems for education, and international training are sequenced accordingly. PAP timeframes also align with annual DLI targets to ensure coherence between readiness actions and disbursement milestones.

[19] An autonomous board of governors will be established under the Punjab Specialized Medical Institutions Act 2025. This board will serve as the apex governance body for all three COEs, ensuring unified oversight, academic quality assurance, and institutional accountability.

Program Implementation	Responsible agency	Timeframe for implementation
Recruitment will be merit-based and prioritize readiness ahead of student intake in Year 3.		
Finalize and operationalize the HRMIS module for nursing workforce tracking, integrated with public sector nursing colleges and licensing systems. This supports the rollout of a comprehensive HRH Information System (HRMIS) tailored to track nursing cadre data covering qualifications, postings, and deployment history. The system will be integrated with data from COEs, licensing bodies (PNC), and SHC&MED's personnel management units. It will serve as a foundation for workforce forecasting and verification under multiple DLIs. The HRH Unit will be granted access to HRMIS for analysis, planning, tracking program indicators and reporting results to PIU.	SHC&MED	System piloted in Q2 - Q3 2026; full operationalization aligned with COE readiness by 2028.
Deploy e-learning platforms and digital simulation equipment at COEs to enable blended learning for nursing students. This will involve procurement, installation, and operationalization of virtual classroom infrastructure and simulation labs in all COEs. The platforms will support foundational and advanced coursework in nursing and allied health, with content aligned to modern pedagogical standards. Timing is aligned with COE operational readiness from Year 3.	SHC&MED	Procurement initiated in 2026; deployment completed by 2028 in line with COE readiness.
Launch a digital academic assessment and credentialing system for COE students, aligned with regulatory and workforce tracking systems. This system will issue secure, verifiable academic records and qualifications for nursing graduates. It will be integrated with HRMIS and national accreditation systems to support workforce mobility and international recognition. Pilot testing will begin prior to the first COE student cohort.	SHC&MED, PIU	System design and testing in 2027; rollout timed with first student cohort in 2028.
Finalize institutional partnerships for international training and certification of nursing students and COE leadership (e.g., with Tianjin Medical University, University of Philippines, or equivalent). This action involves identifying and signing MoUs with international institutions (e.g., Tianjin Medical University, University of the Philippines). The focus is on short-term training, certifications, and exposure to global best practices in nursing education. While MoUs may be negotiated before loan effectiveness, formalization and implementation are tied to project activation and COE readiness.	SHC&MED, PIU	MoUs under negotiation by Q4 2026; formalized in Q1–Q2 2027. Initial student placements to begin 2028, aligned with DLI 4 targets.
Safeguards Compliance		
Conduct safeguards orientation sessions for relevant IDAP, SHC&MED, and contractor teams based on the Initial Environmental Examination (IEE), Gender Action Plan (GAP), and Social Safeguards Due Diligence. These sessions will equip key implementation partners with a clear understanding of ADB's safeguards requirements, including environmental management, social risk mitigation, and gender-responsive infrastructure design. Orientation will ensure compliance during design finalization, site preparation, and construction phases. Training materials will align with ADB's SPS (2009) and include monitoring protocols.	ADB, SHC&MED, PIU	Prior to start of construction in each site (from Q4 2025)
Establish environmental safeguards management capacity in PIU. SHC&MED will ensure that the PIU includes a qualified, full-time environmental safeguards specialist responsible for implementing the program's Environmental Assessment and Review Framework (EARF). The EARF will be finalized and endorsed to guide site-specific environmental screening, EMP preparation, and monitoring throughout civil works activities. The specialist will also ensure climate resilience standards and LEED principles are reflected in COE design and construction activities.	SHC&MED	Q4 2025 – Q2 2026
Conduct environmental safeguards training for implementing partners. The TA team will deliver structured training for PIU, SHC&MED, and IDAP staff on environmental risk screening, mitigation planning, climate-resilient design principles, and EMP monitoring. Training materials will be developed in line with ADB's SPS (2009) and adapted to the program's LEED-aligned construction objectives.	ADB, SHC&MED, PIU	Q4 2025 – Q2 2026

Program Implementation	Responsible agency	Timeframe for implementation
Finalize and adopt social safeguards screening and Resettlement Framework (RF). SHC&MED will designate a social safeguards focal person within the PIU. A Resettlement Framework will be developed and approved, providing clear protocols for Involuntary Resettlement (IR) screening, preparation of site-specific Resettlement Plans (RPs), and grievance redress management. All COE sites will be screened and documentation prepared prior to commencement of civil works.	SHC&MED, PIU	Prior to civil works (Q4 2025 – 2026)
Conduct social safeguards training for SHC&MED and IDAP staff. Capacity building will be undertaken on IR risk identification, community consultations, RP preparation, grievance redress, and safeguards reporting. Training will be led by the TA safeguards team and will target SHC&MED, PIU, and engineering staff involved in design and supervision.	ADB, SHC&MED, PIU	Starting Q4 2025
Establish a grievance redress mechanism (GRM) for infrastructure-related activities at each COE site, in line with ADB safeguards requirements. The GRM will provide a formal channel for affected parties to raise concerns related to environmental, social, or construction-related impacts. This mechanism will include designated focal points, public disclosure procedures, and a resolution framework, with reporting integrated into PIU oversight.	SHC&MED, IDAP	GRM operational before starting of site works in each location
Monitoring and Evaluation		
Establish and notify an M&E Working Group under the PIU to oversee program monitoring, DLI tracking, and reporting to ADB; ensure participation from SHC&MED, PIU staff, and the technical consultants. The M&E group will coordinate collection, review, and submission of data for DLIs, the DMF, and ADB reporting requirements. It will also support the IVA and facilitate internal learning. Notification will include TORs and institutional anchoring.	SHC&MED, PIU, IDAP	Q3 2025 (This is a prior action)
Ensure all IT positions are filled at nursing colleges and COEs and build capacity of IT personnel to accurately collect and input data in HRMIS. Deployment of adequately trained IT personnel is critical for quality data entry and real-time tracking of program indicators. This action supports both institutional capacity and data integrity under the M&E framework.	SHC&MED	Q3–Q4 2026
Commission Independent Verification Agencies (IVAs) to verify achievement of DLIs, with formal engagement and protocols developed by the PIU. This is a standard RBL requirement. Early engagement ensures timely verification, enables credible disbursement, and builds confidence in the integrity of results measurement.	SHC&MED, PIU	Q1 2026

ADB = Asian Development Bank, BOG = Board of Governors, BScN = Bachelor of Science in Nursing, C&W = Communications and Works, COE = Center of Excellence, DLI = disbursement-linked indicators, DMF = design and monitoring framework, EMP = environmental management plan, ePADS = e-Pak Acquisition & Disposal System, ETL = extract, transform and load, FMC = financial management cell, GAP = Gender Action Plan, GRM = grievance redress mechanism, GOPB = Government of Punjab, HRH = Human Resources for Health, HRMIS = Human Resource Management Information System, IDAP = Infrastructure Development Authority of Punjab, IEE = initial environmental examination, IPSAS = International Public Sector Accounting Standards, IR = involuntary resettlement, IT = Information Technology, IVA = Independent Verification Agency, LEED = Leadership in Energy and Environmental Design, M&E = monitoring and evaluation, MOU = Memorandum of Understanding, MScN = Master of Science in Nursing, P&SHD = Primary and Secondary Healthcare Department, PIU = program implementation unit, PMDC = Pakistan Medical and Dental Council, PNC = Pakistan Nursing Council, Q = Quarter, RBL = results-based lending, RF = Resettlement Framework, RP = resettlement plan, SHC&MED = Specialized Healthcare & Medical Education Department Punjab, SOP = standard operating procedure, SPS = Safeguard Policy Statement, TA = Technical Assistance, TOR = terms of reference, ToT = training-of-trainer.
Sources: Asian Development Bank and Government of Punjab.

B. COE Selection Criteria

92. Before establishing the selection criteria for the COEs, the team reviewed national and provincial strategic priorities, including the Pakistan Nursing and Midwifery Policy Framework 2025-2034 and Punjab Health Sector Strategy 2019–2028. Extensive consultations with

SHC&MED and findings from the nursing sector assessment helped define stakeholder needs and geographic priorities. Site options were further validated through due diligence and technical assessments. The final locations Lahore, Multan and Rawalpindi were led by the Government of Punjab, reflect this policy-aligned, evidence-informed, and strategically balanced approach. Overall consideration of COE locations in Punjab are as follows:

- geographical coverage of South, Central, North Punjab
- population of more than 5 million people
- largest city in each zone: south, central and north Punjab

93. For the criteria related to DLIs 2, 3, 4 and 5: A prior result of the program is Punjab Nursing Education Capacity Building PC-1 developed by SHC&MED and approved by Punjab Planning and Development Board. The (i) selection criteria, (ii) process of sponsorship (see DLIs 3a and 3b) and of training placement (see DLI 3c), and (iii) eligible international PhD programs (see DLI 3a), eligible MScN programs (see DLI 3b) and eligible specialized programs (see DLI 3c) are provided in the Punjab Nursing Education Capacity Building PC-1. Further, the Punjab Nursing Education Capacity Building PC-1 will provide the following: (i) criteria for enrolment in BScN and MScN degree programs in COEs (see DLI 4), and (ii) criteria for nursing student selection criteria (see DLI 5). It will also include details on the (i) selection criteria of students and faculty; and (ii) procedures for conducting quality assessments (DLI 2).

VII. MONITORING OF KEY PROGRAM COVENANTS

94. During program implementation, this section will be updated to include information on the status of key program covenants.

VIII. ACCOUNTABILITY MECHANISM

95. The Accountability Mechanism provides an independent forum and process whereby people adversely affected by ADB-assisted operations can voice and seek a resolution to their problems, as well as report alleged violations of ADB's operational policies and procedures.[20] People who are, or may in the future be, adversely affected by a program supported by RBL may submit complaints to ADB's Accountability Mechanism.

96. Before submitting a complaint to the Accountability Mechanism, affected people should make a good faith effort to resolve their problems and/or issues by working with the concerned ADB operations department. Only after doing that, and if they are still dissatisfied, should they approach the Accountability Mechanism.

[20] ADB. 2012. *Accountability Mechanism Policy 2012*.

IMPLEMENTATION ARRANGEMENTS

A. Changes in Program Scope and Implementation Arrangements

1. Any major and minor changes in scope and implementation arrangements during implementation should be recorded and will be recorded chronologically and summarized in the table below.

Table 11: Changes in Scope and Implementation Arrangements
(as of {date})

Number	Changes and Key Reasons	Date	Names of Documents[c]
1			
2			
3			
4			
5			
6			

B. Program Officers and Focal Staff

1. Program Officers and Focal Persons

a. Initial Arrangements

Table 12: Program Officers and Focal Persons
(as of Oct 2025)

Number	Key Government Staff and Positions	Key ADB Staff and Positions
1	Mr. Azmat Mahmud Khan. Secretary SHC&MED	Ms. Sofia Shakil; Director; East, Central and West Asia, Human and Social Development Sector Office
2	Ms. Benish Fatimah Sahi Special Secretary Development and Reform SHC&MED Ms. Uzma Hafeez. Senior Chief Health, Planning and Development Board, Punjab	Ms. Cebele Wong, Health Specialist, Human and Social Development Sector Office Mr. Mansoor Ali Masood, Senior Project Officer, Human and Social Development Sector Office Ms. Ma Isabel Martin, Senior Project Officer, Human and Social Development Sector Office
4	Dr. Meer Muhammad Nawaz. Additional Secretary Development and Reform SHC&MED Mr. Ashfaq ur Rehman. Additional Secretary Finance SHC&MED Dr. Sidra Salim. Additional Secretary Medical Education SHC&MED	Ms Samina Sabir, Gender Officer, Gender Equality Division, Pakistan Resident Mission Mr. Mohsen Khan, Senior Procurement Officer, Procurement Division 1, Pakistan Resident Mission
5	Ms. Tahira Parveen. Director General Nursing Punjab Ms. Farzana Iqbal. Assistant Director General Nursing Academics Punjab Ms. Zamurad Khursheed. Assistant Director General Nursing Operations Punjab	Mr. Mussadiq Shaikh, Senior Financial Management Officer, Public Financial Management Division 1 Ms. Shazia Shahid, Safeguards Officer (Environment), Office of Safeguards

Number	Key Government Staff and Positions	Key ADB Staff and Positions
		Mr. Jose Tiburcio Nicolas, Principal Safeguards Specialist (Social), Office of Safeguards

ADB = Asian Development Bank, SHC&MED = Specialized Healthcare & Medical Education Department
Sources: Asian Development Bank and Government of Punjab.

b. Changes during Implementation

2. As this program implementation document is updated during implementation, records of any changes will be made here, including any changes of the key ADB and executing agency staff, indicating new names, titles, dates of the changes, and the reason for changes.

GUIDELINES TO PREVENT OR MITIGATE FRAUD, CORRUPTION, AND OTHER PROHIBITED ACTIVITIES IN RESULTS-BASED LENDING FOR PROGRAMS

A. Purpose and General Principles

1. The developing member country (DMC) is responsible for the implementation of programs supported by results-based lending (RBL). The Asian Development Bank (ADB) has a fiduciary responsibility to ensure that its loans and other forms of financing are used only for the purposes for which they were granted, in accordance with the Agreement Establishing the Asian Development Bank (the Charter).[21] To uphold that obligation, ADB presents these guidelines to prevent or mitigate fraud, corruption, and other prohibited activities[22] (referred to as 'integrity violations' in ADB's Investigation and Enforcement Framework, or 'IEF' for brevity) in RBL operations financed in whole or in part by ADB. These guidelines build upon the legal obligations presented in the loan agreement and apply to operations funded by RBL.[23]

2. These guidelines do not limit any other rights, remedies, or obligations of ADB or the DMC under the loan agreement or any other agreement to which the ADB and the DMC are both parties.

3. All persons and entities participating in the programs are bound by ADB's Anticorruption Policy (1998, as amended to date) and the IEF. As such, they must observe the highest ethical standards; take all appropriate measures to prevent or mitigate fraud, corruption, and other integrity violations; and refrain from engaging in such actions in connection with the programs.

B. Definitions

4. These guidelines address the following practices as defined by ADB:

(i) A "corrupt practice" is the offering, giving, receiving, or soliciting, directly or indirectly, anything of value to influence improperly the actions of another party.
(ii) A "fraudulent practice" is any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit, or to avoid an obligation.
(iii) A "collusive practice" is an arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party.
(iv) A "coercive practice" is impairing or harming, or threatening to impair or harm, directly or indirectly, any party or the property of the party to influence improperly the actions of a party.

5. In addition, ADB may investigate conflicts of interest and abuse, as well as other integrity violations enumerated and defined in the IEF:

(i) A "conflict of interest" is a situation in which a party has interests that could improperly influence a party's performance of official duties or responsibilities, contractual

[21] ADB. 1966. Agreement Establishing the Asian Development Bank.
[22] These are referred to as "integrity violations" in ADB's Investigation and Enforcement Framework (2024).
[23] ADB may support a part (or a slice) of a government program or the entire government program through RBL. The program or the part that is supported by the RBL is referred to as the RBL program.

obligations, or compliance with applicable laws and regulations. To the extent that conflicts of interest may provide an unfair competitive advantage or compromise the integrity of financial and governance systems, conflicted persons and entities must be excluded from participating in relevant program activities.

(ii) "Abuse" is theft, waste, or improper use of assets related to ADB-related activity, either committed intentionally or through reckless disregard.

C. Developing Member Country's Actions to Prevent Fraud, Corruption, and Other Integrity Violations in Results-Based Lending for Programs

6. Unless otherwise agreed in writing by the DMC and ADB, the DMC will take timely and appropriate measures to:

(i) ensure that the program is carried out in accordance with these guidelines;
(ii) avoid conflicts of interest in the program;
(iii) prevent fraud, corruption, and other integrity violations from occurring in the program, including adopting, implementing, and enforcing appropriate fiduciary and administrative practices and institutional arrangements to ensure that the proceeds of the loan are used only for the purposes for which the loan was approved;
(iv) promptly inform ADB of allegations of fraud, corruption, and other integrity violations found or alleged related to a program;
(v) investigate allegations of fraud, corruption, and other integrity violations and report preliminary and final findings of investigations to ADB;
(vi) respond to, mitigate, and remedy fraud, corruption, or other integrity violations that are found to have occurred in a program and prevent its occurrence;
(vii) cooperate fully with ADB in any ADB investigation into allegations of fraud, corruption, and other integrity violations related to the program; and take all appropriate measures to ensure the full cooperation of relevant persons and entities subject to the DMC's jurisdiction in such investigation, including allowing ADB to meet with relevant persons and to inspect all of their relevant accounts, records, and other documents and have them audited by or on behalf of ADB; and
(viii) ensure that persons or entities sanctioned or suspended by ADB do not participate in RBL programs in violation of their sanction or suspension.

D. ADB's Actions to Prevent Fraud, Corruption, and Other Integrity Violations in Results Based Lending for Programs

7. Unless otherwise agreed in writing by the DMC and ADB, ADB will:

(i) inform the DMC of credible and material allegations of fraud, corruption, and other integrity violations related to a program, consistent with ADB's policies and procedures;
(ii) have the right to investigate allegations, in accordance with the IEF, independently or in collaboration with the DMC, including meeting with relevant persons and inspecting all of their relevant accounts, records, and other documents and having them audited by or on behalf of ADB;
(iii) inform the DMC of the outcome of any investigation, consistent with ADB policies and procedures;
(iv) have the right to impose sanction and other remedial action on any individual or entity for engaging in corrupt, fraudulent, collusive, and coercive practices, or to suspend any individual or entity during an investigation, in accordance with ADB's policies and

procedures; sanctions and suspensions may result in that party's exclusion from an RBL financed activity or any other ADB-related activity indefinitely or for a stated period;[24]

(v) assess ways to respond pursuant to the Anticorruption Policy and other ADB policies and procedures, and may refer the case to appropriate authorities of a concerned DMC, if investigative findings indicate that a government official has engaged in fraud, corruption, and other integrity violations related to a program; and

(vi) recognize sanctions determined by other multilateral development banks in accordance with the Agreement for Mutual Enforcement of Debarment Decisions.[25]

[24] Pursuant to ADB's Investigation and Enforcement Framework (2024), if a sanctioned party has an ongoing contract financed by ADB, the debarment or suspension may not affect existing contractual obligations. However, ADB's Office of Anticorruption and Integrity must endorse any contract variation to ensure that any contract variation involving a sanctioned or suspended party is not an attempt to circumvent the sanction.

[25] ADB. 2010. Agreement for Mutual Enforcement of Debarment Decision.

TERMS OF REFERENCE

A. Project Implementation Unit (National Consultants)

1. Project Director (60 person-months, continuous)

1. **Scope of work.** The Project Director will be responsible for:
   - (i) Leading and managing the PIU and its technical and administrative staff;
   - (ii) Overseeing the planning, coordination, and execution of all project activities across outputs and DLIs;
   - (iii) Ensuring compliance with the ADB-supported RBL framework, including timely disbursement-linked results and deliverables;
   - (iv) Coordinating with SHC&MED departments, PNMC, the Directorate of Nursing, Boards of Governors of COEs, and development partners;
   - (v) Leading the preparation of periodic reports, verification protocols, project progress reviews, and ADB reporting requirements;
   - (vi) Supporting procurement processes and ensuring compliance with relevant government and ADB procedures;
   - (vii) Ensuring establishment and functioning of monitoring and evaluation systems, including integration of HRMIS data; and
   - (viii) Managing risks, bottlenecks, and change requests, and providing high-level strategic leadership to ensure program success.

2. **Qualifications and experience.** The Project Director should have the following qualifications:
   - (i) Advanced degree in Public Health, Health Management, Nursing, or related field; a doctorate or equivalent would be an advantage;
   - (ii) At least 15 years of progressively responsible experience in managing large-scale health or education programs;
   - (iii) Demonstrated leadership experience in institutional reform or health workforce development;
   - (iv) Proven ability to lead multi-disciplinary teams, manage large budgets, and interact with senior government and donor representatives; and
   - (v) Strong familiarity with ADB or other multilateral development bank procedures and results-based financing modalities is preferred.

3. **Reporting & coordination.**
   - (i) Reports to: Secretary, SHC&MED
   - (ii) Coordinates with: Director General Nursing, Deans of COEs, Procurement and Finance Officers, PIU staff, PNMC, ADB, and relevant departments of the Government of Punjab.

4. **Deliverables.**
   - (i) Annual and quarterly implementation plans and progress reports;
   - (ii) Verified documentation for DLI achievement and disbursement requests;
   - (iii) Risk mitigation plans and adaptive implementation strategies;
   - (iv) Oversight and support to all technical specialists and contracted firms; and
   - (v) Final program completion report.

Position Type: Full-Time
Location: PIU Office, SHC&MED, Lahore, Punjab
Duration: 5 years (linked to the program duration, with annual performance-based renewal)

2. Administration Officer (60 person-months, continuous)

1. **Scope of work.** The Administration Officer will be responsible for:

(i) Managing office logistics including facility setup, utilities, supplies, and maintenance;
(ii) Coordinating staff travel, meeting arrangements, and communications with stakeholders;
(iii) Maintaining HR records for PIU staff including attendance, leave, contracts, and appraisals;
(iv) Supporting procurement and inventory management of office equipment and assets;
(v) Managing incoming and outgoing official correspondence and records;
(vi) Supervising support staff (General Assistant and Office Boy) and ensuring smooth day-to-day operations; and
(vii) Assisting the Project Director and other technical staff with documentation, reporting, and filing.

2. **Qualifications and experience**

(i) Bachelor's degree in Business Administration, Public Administration, or related field;
(ii) At least 5 years of experience in office or project administration in a government or donor-funded environment;
(iii) Familiarity with administrative rules of the Government of Punjab and/or ADB projects is desirable;
(iv) Strong organizational, coordination, and interpersonal skills; and
(v) Proficiency in MS Office Suite and office communication tools.

3. **Reporting & coordination**

(i) **Reports to**: Project Director, PIU
(ii) **Supervises**: General Assistant and Office Boy
(iii) **Coordinates with**: Procurement, Finance, and HR units within SHC&MED and project consultants.

4. **Deliverables**

(i) Monthly administrative and logistics status reports;
(ii) Updated HR and personnel records;
(iii) Meeting and travel schedules for PIU team;
(iv) Supervision records for office support staff; and
(v) Asset and supplies inventory tracking.

Position Type: Full-Time
Location: Lahore (SHC&MED)
Duration: 5 years (linked to the program duration, with annual performance-based renewal)

3. Digital Infrastructure Specialist (36 person-months, intermittent)

1. **Scope of work.** The Digital Infrastructure Specialist will be responsible for:

(i) Leading the development, implementation, and integration of digital platforms including HRMIS and LMS across COEs and affiliated colleges;
(ii) Preparing technical specifications and standards for digital infrastructure procurement and rollout;
(iii) Ensuring that all digital tools are user- centric, scalable, gender-sensitive, and interoperable with existing systems under SHC&MED;
(iv) Supporting capacity building for digital literacy and ICT usage among faculty, students, and administrators;
(v) Overseeing IT infrastructure deployment including data centers, learning kiosks, and digital libraries;
(vi) Coordinating with vendors and service providers for platform customization, deployment, and maintenance; and
(vii) Ensuring compliance with data security, privacy protocols, and relevant government ICT policies.

2. Qualifications and experience

(i) Master's degree in Computer Science, Information Systems, ICT for Development, or a related field;
(ii) Minimum 8 years of experience in digital systems design and deployment, preferably in the education or public health sectors;
(iii) Experience with LMS, HRMIS, and institutional digital transformation;
(iv) Familiarity with government ICT policies, data governance frameworks, and ADB-financed project environments is preferred; and
(v) Strong project management and vendor coordination skills.

3. Reporting & Coordination

(i) **Reports to**: Project Director, PIU.
(ii) **Coordinates with**: M&E Specialist, HRH Specialist, Procurement and Training teams, SHC&MED IT Directorate, COE IT teams.

4. Deliverables

(i) Digital system implementation roadmap and status reports;
(ii) Functional and technical specifications for digital platforms and infrastructure;
(iii) Capacity building and user training plans;
(iv) ICT infrastructure roll-out plans for COEs and affiliated institutions; and
(v) Monitoring reports on system uptime, usage, and feedback.

Position Type: Intermittent
Location: Lahore (SHC&MED), with field visits to project sites
Duration: 3 years (linked to the program duration, with annual performance-based renewal)

4. Environment Specialist (12 person-months, intermittent)

1. **Scope of work**. The Environment Specialist will be responsible for:
   (i) Ensuring environmental compliance of all infrastructure activities in accordance with ADB safeguard policies and national/provincial environmental legislation;
   (ii) Leading the preparation, review, and implementation of Initial Environmental Examinations (IEEs), Environmental Management Plans (EMPs), and due diligence reports;
   (iii) Monitoring environmental mitigation measures and site-level implementation during construction and operations;
   (iv) Coordinating with provincial environmental protection agencies, contractors, and supervision consultants to manage environmental risks;
   (v) Supporting integration of climate-resilient and green building features in facility design, construction, and operation;
   (vi) Maintaining an environmental grievance redress mechanism in collaboration with the social safeguards team; and
   (vii) Contributing to the preparation of environmental monitoring reports (EMRs) and submitting periodic compliance documentation to ADB and SHC&MED.

2. Qualifications and experience

   (i) Master's degree or higher in Environmental Sciences, Environmental Engineering, or a related discipline;
   (ii) Minimum of 8 to10 years of experience in environmental safeguards and compliance, particularly on donor-funded infrastructure projects;
   (iii) Familiarity with ADB's Safeguard Policy Statement (2009) and Pakistan's environmental regulatory framework;
   (iv) Demonstrated ability to coordinate environmental assessments, prepare EMRs, and supervise EMP implementation;
   (v) Strong communication and report writing skills; and
   (vi) Experience with green building standards and energy-efficient design is an advantage.

3. Reporting & coordination

   (i) **Reports to**: Project Director, PIU
   (ii) **Coordinates with**: Infrastructure Specialist, Social Safeguards Specialist, Contractors, Provincial EPA, SHC&MED Engineering Units and C&W Department/IDAP.

4. Deliverables

   (i) Site-specific IEEs, EMPs, and screening checklists;
   (ii) Environmental compliance and monitoring reports;
   (iii) Training materials for contractors and implementing partners;
   (iv) Grievance redress logs related to environmental issues; and
   (v) Inputs to ADB's safeguard monitoring templates and reports.

Position Type: Intermittent
Location: Lahore with regular travel to construction and renovation sites
Duration: 3 years (linked to the program duration, with annual performance-based renewal)

5. Financial Management Specialist (60 person months continuous)

1. **Scope of work.** The Financial Management Specialist will be responsible for:

(i) Leading the preparation of annual budgets, multi-year forecasts, and financial work plans aligned with disbursement-linked indicators (DLIs) and program priorities.
(ii) Managing the end-to-end financial cycle, including fund flow, disbursement requests, payment processing, and bank reconciliations.
(iii) Ensuring compliance with ADB financial management requirements, including maintenance of program accounts and submission of withdrawal applications.
(iv) Coordinating with ADB on financial reporting, fund utilization, and audits.
(v) Preparing quarterly and annual financial statements in line with national public finance rules and ADB reporting standards.
(vi) Developing internal control mechanisms and financial monitoring tools to safeguard program funds.
(vii) Supporting external audit processes by facilitating documentation, responses, and timely closure of audit findings.
(viii) Reviewing financial aspects of procurement and contract management, including payment certifications and expenditure tracking.
(ix) Building the capacity of PIU and SHC&MED finance staff on RBL financial procedures and tools.

2. Qualifications and experience

(i) Master's degree in Accounting, Finance, Public Financial Management, or related field;
(ii) Professional certification such as CA, ACCA, CPA, or equivalent preferred;
(iii) Minimum 10 years of experience in public financial management, with at least 5 years working on donor-financed projects, preferably ADB or World Bank-supported;
(iv) In-depth knowledge of government budgeting, fund flow, and accounting systems in Pakistan;
(v) Demonstrated experience with ADB disbursement procedures, financial reporting, and audit processes under RBL or similar modalities; and
(vi) Strong skills in using accounting and financial software and tools, including Excel and ERP platforms.

3. Reporting & Coordination

(i) **Reports to**: Project Director, PIU
(ii) **Coordinates with**: SHC&MED finance department, Accountant General Punjab, ADB project officers, internal and external auditors, procurement and M&E teams.

4. Deliverables

(i) Annual and quarterly program budgets and fund flow forecasts;
(ii) Timely submission of withdrawal applications and disbursement tracking reports;
(iii) Monthly, quarterly, and annual financial statements and utilization reports;
(iv) Compliance matrices and audit follow-up reports; and
(v) Financial training materials and session reports for SHC&MED and PIU staff.

Position Type: Intermittent
Location: PIU Office, SHC&MED, Lahore
Duration: 5 years (linked to the program duration, with annual performance-based renewal)

6. Gender Specialist (12 person months, intermittent)

1. **Scope of work.** The Gender Specialist will be responsible for:

(i) Supporting the operationalization of gender actions outlined in the Gender Action Plan (GAP) and ensuring their alignment with ADB's gender classification criteria and targets;
(ii) Providing technical guidance to ensure gender mainstreaming across program components, including infrastructure, curriculum, HR, and digital systems;
(iii) Monitoring implementation of gender-related Disbursement Linked Indicators (DLIs), particularly related to enrolment, international placements, and workplace safety;
(iv) Leading capacity-building for faculty, staff, and PIU members on gender equality, inclusive pedagogy, and workplace harassment prevention;
(v) Designing and supporting implementation of systems to address Sexual Exploitation, Abuse, and Harassment (SEAH) in COEs and affiliated colleges;
(vi) Coordinating closely with M&E and HRH teams to ensure sex-disaggregated data collection and analysis;
(vii) Contributing to communication and visibility strategies that promote positive narratives on women in health leadership; and
(viii) Liaising with relevant government departments, ADB specialists, and gender units in partner institutions to maintain compliance and coherence.

2. **Qualifications and experience**

(i) Master's degree in Gender Studies, Development Studies, Sociology, Public Health, or related field;
(ii) At least 8 years of experience in gender mainstreaming within large-scale development programs, preferably in health or education;
(iii) Familiarity with ADB's gender classifications and operational requirements (GEN, EGM, etc.);
(iv) Demonstrated knowledge of SEAH policies and institutional safeguards;
(v) Proven experience in designing and monitoring Gender Action Plans (GAPs); and

(vi) Excellent communication, facilitation, and analytical skills; fluency in English and Urdu required.

3. **Reporting and Coordination**

(i) **Reports to**: Project Director, PIU.
(ii) **Coordinates with**: HRH Specialist, M&E Specialist, COE management teams, SHC&MED Women's Empowerment focal points, ADB Gender Team.

4. **Deliverables**

(i) Gender Action Plan implementation roadmap with indicators and timelines;
(ii) Quarterly Gender Monitoring Reports with progress on DLIs and GAP activities;
(iii) Training materials and completion reports for gender capacity-building sessions;
(iv) Recommendations for gender-sensitive facility design and HR policies; and
(v) SEAH prevention and redressal framework tailored to the nursing sector.

Position Type: Intermittent.
Duration: 3 years
Location: PIU Office, SHC&MED, Lahore, with periodic travel to COEs and affiliated colleges

7. General Assistant (60 person months, continuous)

1. **Scope of work.** The General Assistant will be responsible for:

(i) Managing photocopying, scanning, printing, filing, and distribution of documents as required by the PIU team;
(ii) Assisting with the organization of meetings, trainings, and official events including setup, materials distribution, and logistics;
(iii) Maintaining office supply inventories and notifying the Administration Officer of procurement needs;
(iv) Assisting in the dispatch and delivery of documents to SHC&MED departments and external partners;
(v) Ensuring meeting rooms are clean, organized, and equipped for use;
(vi) Supporting ad hoc requests from administration, procurement, and technical teams; and
(vii) Assisting with routine clerical tasks and documentation under supervision.

2. **Qualifications and experience**

(i) Intermediate or equivalent education preferred;
(ii) Minimum of 2 years of experience providing office or clerical support, preferably in a government or donor-funded project setting;
(iii) Basic computer literacy and document handling experience;
(iv) Ability to manage tasks independently and respond flexibly to support needs; and
(v) Strong sense of reliability, confidentiality, and teamwork.

3. **Reporting & Coordination**

(i) **Reports to**: Administration Officer
(ii) **Coordinates with**: All PIU team members for support tasks

4. **Deliverables**

(i) Daily support logs and activity tracking;
(ii) Document distribution logs;
(iii) Meeting/event setup completion reports; and
(iv) Inventory support and supply restocking requests.

Position Type: Full-Time
Location: PIU Office, SHC&MED, Lahore
Duration: 5 years (linked to the program duration, with annual performance-based renewal)

8. HRH Specialist (24 person months, intermittent)

1. **Scope of work.** The HRH Specialist will be responsible for:

(i) Supporting the development and implementation of HRH policies aligned with the National HRH Vision 2030 and provincial needs;
(ii) Advising on workforce planning, HRMIS development and integration, and HRH governance mechanisms across COEs and affiliated institutions;
(iii) Supporting SHC&MED and PNMC on workforce accreditation, licensing, and deployment frameworks;
(iv) Working with M&E and digital teams to integrate HRH data systems for performance monitoring, DLI tracking, and decision-making;
(v) Leading capacity-building efforts for HRH planning units and contributing to the development of guidelines and standards; and
(vi) Coordinating with HR units in SHC&MED, relevant directorates, and national regulatory bodies.

2. **Qualifications and experience**

(i) Master's degree or higher in Public Health, Human Resource Management, Health Systems, or related field;
(ii) At least 10 years of professional experience in HRH reform, workforce planning, or systems strengthening in the public health or education sector;
(iii) Demonstrated experience working with government institutions, preferably on donor-funded programs; and
(iv) Familiarity with HRMIS, workforce databases, and health labor market analytics is highly desirable.

3. **Reporting & coordination**

(i) **Reports to:** Project Director, PIU
(ii) **Coordinates with:** SHC&MED HR cell, Directorate of Nursing, PNMC, HRMIS technical teams, M&E and digital specialists.

4. **Deliverables**

(i) Provincial HRH strategy contributions and implementation roadmap;
(ii) Functional specifications and inputs for HRMIS integration;
(iii) HRH dashboards and analytics reports for DLIs and program tracking; and
(iv) Capacity-building plans and training modules for HR units.

Position Type: Intermittent
Location: PIU Office, SHC&MED, Lahore
Duration: 3 years (linked to the program duration, with annual performance-based renewal)

9. Infrastructure Specialist / Project Engineer (24 person months, intermittent)

1. **Scope of Work.** The Infrastructure Specialist / Project Engineer will be responsible for:

(i) Providing technical oversight for the planning, design, and execution of construction and refurbishment activities at COE sites and nursing colleges;
(ii) Reviewing and advising on architectural and engineering designs to ensure compliance with program requirements (e.g., energy efficiency, climate resilience, disability access, and gender-sensitivity);
(iii) Preparing or reviewing bills of quantities (BOQs), construction timelines, and cost estimates;
(iv) Monitoring site-level construction progress, quality assurance, and adherence to health and safety standards;
(v) Coordinating with design consultants, construction firms, provincial building departments, and SHC&MED engineering staff;
(vi) Supporting the preparation of technical sections of bidding documents and procurement evaluations;
(vii) Preparing infrastructure progress reports, identifying implementation risks, and recommending corrective measures where needed; and
(viii) Ensuring timely completion, handover, and commissioning of facilities in line with program targets and disbursement milestones.

2. **Qualifications and experience**

(i) Bachelor's or Master's degree in Civil Engineering, Architecture, Construction Management, or a related discipline;
(ii) Minimum of 10 years of experience in infrastructure project design, supervision, and construction management preferably in the education or health sector;
(iii) Familiarity with national building codes, safety regulations, and ADB or World Bank infrastructure guidelines;
(iv) Proven experience in managing large-scale public sector construction projects;
(v) Excellent project management, coordination, and documentation skills; and
(vi) Registration with Pakistan Engineering Council (PEC) is preferred.

3. **Reporting & Coordination**

(i) **Reports to**: Project Director, PIU
(ii) **Coordinates with**: Architecture and Engineering Consultants, C&W Department/IDAP, SHC&MED engineering departments, Contractors, Procurement Specialists, Environment and Social Safeguards Specialists

4. **Deliverables**

(i) Site assessment and design review reports;
(ii) Construction supervision and progress monitoring reports;
(iii) Technical inputs to procurement and contract documents;
(iv) Quality assurance and compliance checklists; and
(v) Facility completion certificates and handover documentation.

Position Type: Intermittent
Location: Lahore with frequent travel to construction sites across Punjab
Duration: 3 years (linked to the program duration, with annual performance-based renewal)

10. Monitoring & Evaluation Specialist (30 person months, intermittent)

1. **Scope of Work.** The M&E Specialist will be responsible for:

(i) Designing and implementing a program-wide M&E framework, including indicators, targets, baselines, and data collection tools aligned with the RBL DLIs and the Design and Monitoring Framework (DMF);
(ii) Leading the development of performance dashboards and templates for institutional reporting (e.g., for COEs and nursing colleges);
(iii) Overseeing data collection, cleaning, validation, analysis, and storage systems to ensure timely and accurate reporting;
(iv) Preparing quarterly and annual progress reports on program achievements, disbursement-linked results, and verification findings;
(v) Coordinating with the third-party verification agency to facilitate independent validation processes for DLI achievements;
(vi) Supporting integration of M&E data into the HRMIS platform and strengthening the use of evidence in planning and decision-making; and
(vii) Training PIU staff, SHC&MED officials, and college-level focal points in results-based M&E, data quality assurance, and adaptive learning practices.

2. **Qualifications and experience**

(i) Master's degree in Public Policy, Economics, Development Studies, Public Health, Education Planning, or a related discipline;
(ii) At least 10 years of experience in monitoring and evaluation of large-scale education or health sector programs, including at least 5 years in donor-funded initiatives (preferably ADB or World Bank);
(iii) Strong knowledge of results-based management, indicator design, and verification methodologies;

(iv) Experience with RBL modalities, DLI tracking, and use of digital M&E systems and dashboards;
(v) Excellent communication, report writing, and analytical skills; and
(vi) Familiarity with education and health data systems in Pakistan is desirable.

3. **Reporting & Coordination**

(i) **Reports to**: Project Director, PIU
(ii) **Coordinates with**: ADB, SHC&MED directorates, COE management teams, HRMIS focal persons, and third-party verification agency

4. **Deliverables**

(i) Detailed M&E framework and annual M&E plans;
(ii) Periodic DLI achievement reports and verification coordination documentation;
(iii) Consolidated progress reports aligned with DMF and ADB guidelines;
(iv) M&E capacity-building workshop materials and training reports; and
(v) Integrated data dashboards and analysis reports.

Position Type: Intermittent
Location: PIU Office, SHC&MED, Lahore
Duration: 5 years (linked to the program duration, with annual performance-based renewal)

11. Procurement and Contract Management Specialist (12 person months, intermittent)

1. **Scope of Work.** The Procurement and Contract Management Specialist will be responsible for:

(i) Preparing and updating the consolidated procurement plan based on the RBL DLIs and institutional requirements;
(ii) Drafting bidding documents, requests for quotations, expressions of interest, and terms of reference in line with ADB templates and national procurement procedures;
(iii) Coordinating and managing bid solicitation, evaluation, contract award, and negotiations for works, goods, and consulting services;
(iv) Monitoring contract execution, milestones, and performance against agreed timelines, deliverables, and budgets;
(v) Supporting the PIU and SHC&MED in contract administration, payment processing, and managing contract variations or disputes;
(vi) Maintaining a transparent procurement filing system and audit-ready documentation for all procurement activities;
(vii) Advising on procurement capacity building of implementing entities and end-user institutions; and
(viii) Ensuring adherence to procurement thresholds, prior review, and no-objection procedures as outlined in the Procurement Activity Monitoring Tool (PAMT) and ADB agreements.

2. **Qualifications and experience**

(i) Master's degree in Procurement, Engineering, Business Administration, Law, or a related field;
(ii) At least 10 years of procurement experience, with a minimum of 5 years on ADB or World Bank-financed programs;
(iii) Proven experience in managing procurement of large infrastructure projects, IT systems, and consulting services;
(iv) Familiarity with Pakistan's PPRA Rules, SPPRA procedures, and Punjab-specific procurement guidelines;
(v) Excellent drafting, negotiation, and communication skills; and
(vi) Proficient in MS Office and project management software; experience with ADB's Procurement Review System (PRS) is an asset.

3. **Reporting & coordination**

(i) **Reports to**: Project Director, PIU
(ii) **Coordinates with**: PIU technical teams, SHC&MED procurement unit, legal advisors, consultants, ADB procurement officers, and contractors

4. **Deliverables**

(i) Annual and updated rolling procurement plans with timelines and budget alignment;
(ii) Complete documentation for all procurement packages, including bid evaluation reports;
(iii) Contract monitoring reports and status updates;
(iv) Compliance checklists, risk logs, and audit-ready procurement records; and
(v) Procurement capacity-building plan and training reports.

Position Type: Intermittent
Location: PIU Office, SHC&MED, Lahore
Duration: 5 years (linked to the program duration, with annual performance-based renewal)

12. Social Safeguards Specialist (12 person months, intermittent)

1. **Scope of Work.** The Social Safeguards Specialist will be responsible for:

(i) Conducting social screening of program sites and activities to assess the need for resettlement planning or social management measures;
(ii) Preparing Social Due Diligence Reports (SDDRs), resettlement screening checklists, and stakeholder consultation records in line with ADB requirements;
(iii) Ensuring implementation of any mitigation measures and corrective actions if risks or impacts are identified;
(iv) Leading the preparation of periodic Social Safeguards Monitoring Reports (SSMRs) for submission to ADB and disclosure as required;
(v) Supporting the PIU in operationalizing and monitoring the Grievance Redress Mechanism (GRM), maintaining a log of grievances and resolution timelines;
(vi) Conducting stakeholder engagement activities including consultations with affected persons, community representatives, and civil society groups;

(vii) Building capacity of PIU, contractors, and field-level staff on social safeguards policies, responsibilities, and documentation; and
(viii) Liaising with ADB's social safeguards focal point, ensuring alignment with verification protocols where relevant.

2. **Qualifications and Experience**

(i) Master's degree in Social Sciences, Sociology, Anthropology, Development Studies, or a related field;
(ii) At least 8 years of experience in social safeguards management, preferably on donor-funded infrastructure or education/health programs;
(iii) Strong familiarity with ADB's Safeguard Policy Statement (2009) and Government of Pakistan land acquisition and resettlement laws;
(iv) Demonstrated experience in preparing SDDRs, SSMRs, and managing grievance redress systems;
(v) Proven ability to coordinate with government agencies, local communities, and multidisciplinary teams; and
(vi) Excellent writing and communication skills in English and Urdu; Punjabi language skills desirable.

3. **Reporting and Coordination**

(i) **Reports to**: Project Director, PIU
(ii) **Coordinates with**: Environmental Specialist, Infrastructure Specialist, ADB Social Safeguards Team, SHC&MED field staff, contractors, and grievance focal persons

4. **Deliverables**

(i) Social screening checklists and SDDRs for all project sites;
(ii) Quarterly or semi-annual Social Safeguards Monitoring Reports (SSMRs);
(iii) Grievance Redress Mechanism (GRM) implementation plan and tracking logs;
(iv) Documentation of stakeholder consultations and community feedback; and
(v) Capacity-building session materials and attendance records.

Position Type: Intermittent
Duration: 2 years
Location: Lahore (PIU Office) with frequent travel to project sites in Multan, Rawalpindi, and other districts as needed

13. Training Coordinator (30 person months, intermittent)

1. **Scope of Work.** The Training Coordinator will be responsible for:

(i) Developing annual training plans in line with program targets (e.g., international scholarships, CPD, faculty development);
(ii) Coordinating with national and international institutions offering MScN, PhD, and specialized nursing programs;
(iii) Overseeing calls for applications, shortlisting, selection, and bonding processes for training recipients;
(iv) Supporting the delivery of CPD modules, leadership courses, and pedagogy training across COEs and affiliated colleges;

(v) Maintaining a training database linked to HRMIS to track scholarship status, returns, and performance; and
(vi) Liaising with academic, regulatory, and implementing partners to align training efforts with program goals.

2. **Qualifications and Experience**

(i) Master's degree in Nursing Education, Public Health, Health Administration, or related field;
(ii) At least 7 years of experience managing training programs, preferably in the health or education sectors;
(iii) Strong understanding of higher education systems, scholarship management, and academic program coordination;
(iv) Proven ability to coordinate across institutions, maintain training records, and ensure follow-up compliance; and
(v) Experience working on donor-funded health or education projects will be an advantage.

3. **Reporting & Coordination**

(i) **Reports to:** Project Director, PIU
(ii) **Coordinates with:** Faculty Development Specialist, COE Deans, Nursing Schools, PNMC, national and international universities.

4. **Deliverables**

(i) Annual training plans and implementation progress reports;
(ii) Database of all trainees and monitoring reports on scholarship return and CPD completion;
(iii) Guidelines and SOPs for training and bonding procedures; and
(iv) Documentation for DLIs related to faculty development (DLI 2 and DLI 3).

Position Type: Intermittent
Location: PIU Office, SHC&MED, Lahore
Duration: 3 years (linked to the program duration, with annual performance-based renewal)

14. Specialist on Nursing Education and Continuous Professional Development (24 person months, intermittent)

1. **Scope of Work.** The Nursing Specialist will be responsible for:

a. Specialized Certificate Programs

(i) Reviewing existing nursing curricula and identifying gaps or areas for enhancement;
(ii) Advising on curriculum design in line with regional health priorities and international standards;
(iii) Conducting training workshops for educators and clinical trainers on modern pedagogical approaches;
(iv) Supporting the integration of simulation-based education and digital learning tools;
(v) Recommending quality assurance and evaluation mechanisms; and

(vi) Collaborating with relevant stakeholders including academic institutions, regulatory bodies, and healthcare facilities.

b. Continuous Professional Development (CPD)

(i) Designing CPD frameworks to ensure ongoing competency of nursing professionals;
(ii) Identifying CPD themes aligned with evolving healthcare needs and evidence-based practices;
(iii) Developing training modules for CPD delivery (online and in-person formats);
(iv) Establishing monitoring systems to track CPD participation and impact; and
(v) Mentoring nurse educators and leaders on lifelong learning strategies.

2. **Qualifications & experience**

(i) Advanced degree in Nursing Education or related field (Master's level or higher preferred);
(ii) Minimum of 7 years of experience in nursing education and curriculum development;
(iii) Proven expertise in instructional design and academic accreditation processes; and
(iv) Familiarity with healthcare delivery and nursing education systems in Pakistan in general and Punjab province in particular.

3. **Reporting & Coordination**

(i) Reports to: Project Director, PIU
(ii) Coordinates with: Director General Nursing; Deans of the COEs; PNMC and nursing leaders of the province.

4. **Deliverables**

a. For the specialized certificate programs:

(i) Diagnostic report on current curriculum status;
(ii) Revised curriculum framework with implementation plan;
(iii) Conducted workshops with documented outcomes; and
(iv) Final report with recommendations for institutionalization.

b. For CPD:

(i) Developed CPD modules with training schedule;
(ii) Conducted educator workshops with feedback summaries; and
(iii) Final report including roadmap for institutionalization of CPD.

Position Type: Intermittent
Location: Project Implementation Unit based at the SHC& MED, Lahore, Punjab
Duration: 3 years

15. Specialist on Designing Faculty Development and Scholarship Program for Nursing (12 person months, intermittent)

1. **Scope of Work.** Responsible for:

   a. **International Scholarships:**

      (i) Assess current scholarship opportunities available for nursing students and faculty;
      (ii) Identify international institutions and partners offering nursing-related fellowships and training programs;
      (iii) Develop a framework to promote scholarship awareness and outreach campaigns;
      (iv) Create guidelines for scholarship eligibility, application, and selection;
      (v) Establish partnerships with global nursing education institutions and professional bodies; and
      (vi) Coordinate pre-departure orientation programs and post-scholarship reintegration plans.

   b. **Structured Faculty Development Initiatives:**

      (i) Design a competency-based faculty development program targeting teaching, research, and leadership skills;
      (ii) Develop modular training content tailored to novice and experienced nursing educators;
      (iii) Organize capacity-building workshops, seminars, and mentorship activities;
      (iv) Introduce performance evaluation tools and continuous learning incentives; and
      (v) Collaborate with universities and licensing bodies to ensure alignment with academic standards and professional accreditation.

2. **Qualifications & experience**

      (i) Master's of Doctorate in Nursing, Nursing Education, or related field (for example Health Profession's education);
      (ii) Minimum of 10 years of experience in academic nursing, international partnerships, or education reform;
      (iii) Deep understanding of global nursing education systems and exchange programs;
      (iv) Demonstrated experience in faculty training, development planning, or instructional design; and
      (v) Excellent coordination, proposal writing, and stakeholder engagement skills.

3. **Reporting & coordination**

      (i) Reports to: Project Director, PIU
      (ii) Coordinates with: Director General Nursing; Deans of the COEs; PNMC and nursing leaders of the province.

4. **Deliverables**

(i) Mapping report of nursing scholarship opportunities;
(ii) Strategic proposal for scholarship outreach and partnership development;
(iii) Designed faculty development plans for five years;
(iv) Transition and placement plan for returnee scholars; and
(v) Final report including roadmap for institutionalization of faculty development plan

Position Type: Intermittent
Location: Project Implementation Unit based at the SHC& MED, Lahore, Punjab
Duration: 3 years

16. Office Boy (60 person months, continuous)

1. **Scope of Work.** The Office Boy will be responsible for:

(i) Performing daily cleaning of the office premises, including workstations, meeting rooms, pantry, and washrooms;
(ii) Assisting in serving tea, water, and refreshments to staff and guests during meetings or as required;
(iii) Managing pantry supplies and ensuring cleanliness of kitchen and utensils;
(iv) Running errands within the office and externally (e.g., courier deliveries, purchases, and bank/postal visits when necessary);
(v) Supporting the General Assistant and Administration Officer with movement of files, stationery, or equipment;
(vi) Assisting with setup and cleanup of meeting rooms or events; and
(vii) Performing any other duties assigned by the Administration Officer to support PIU operations.

2. **Qualifications and experience**

(i) Minimum education: Matriculation preferred;
(ii) Prior experience in an office environment or administrative support role desirable;
(iii) Basic understanding of office protocols and hospitality practices;
(iv) Good hygiene, discipline, and professional conduct; and
(v) Trustworthy and respectful in interacting with staff and visitors.

3. **Reporting & Coordination**

(i) **Reports to**: Administration Officer
(ii) **Coordinates with**: General Assistant and all PIU team members as required

4. **Deliverables**

(i) Daily cleaning and hospitality checklist;
(ii) Errand logs and delivery records;
(iii) Supplies tracking for pantry and cleaning materials; and
(iv) Meeting/event refreshment support.

Position Type: Full-Time
Location: PIU Office, SHC&MED, Lahore
Duration: 5 years (linked to the program duration, with annual performance-based renewal)

B. Independent Verification Agency

1. Independent Verification Agency 1 (Program Results)

a. Objective

2. The Independent Verification Agency (IVA) – Program Results will verify the achievement of Disbursement-Linked Indicator (DLIs) targets under the ADB-supported Results-Based Lending (RBL) program. By applying prescribed procedures in the DLI Verification Protocols, the IVA's findings will be used to determine progress against DLI targets, disbursement eligibility and transparency in results delivery.

b. Scope of Work

3. The IVA (Program Results) will be required to undertake the following key tasks:

(i) Review relevant RBL documents including the Program Results Framework and DLI Verification Protocols to fully understand program design, implementation mechanisms, results, data sources and DLI verification procedures;
(ii) Coordinate with the Executing Agency to obtain periodic reports on results achievements against seven (7) DLIs. Submission of these reports and request to verify results will prompt the IVA to proceed with DLI achievement verification based on the prescribed verification protocols;
(iii) Conduct (a) desk reviews, (b) data verification using the Human Resource Management Information System (HRMIS), (c) field verifications at Centres of Excellence (COEs) and/or (d) virtual interviews of nursing students to verify reported results as prescribed in the DLI Verification Protocols. IVA will follow the methodology prescribed in the Verification Protocols to verify respective DLI achievement;
(iv) Assess and validate progress against DLIs reported by the executing or implementing agencies;
(v) Verify consistency, accuracy, and reliability of reported data against agreed protocols;
(vi) Submit independent verification reports with recommendations on DLI target achievement to ADB; and
(vii) Address any comments or queries which the ADB may have on the IVA reports.

c. Deliverables

(i) Annual IVA DLI Achievement Verification Report
(ii) Supporting data, analysis and documents confirming results achievement.

C. Independent Verification Agency 2 (Prior Results)

1. **Objective.** The Independent Verification Agency (IVA) – Prior Results will verify the achievement of Disbursement-Linked Indicator (DLIs) Prior Result targets under the ADB-supported Results-Based Lending (RBL) program. Prior Results are to be achieved before the effectiveness of the relevant financing agreement, but no earlier than 12 months before the signing of the agreement. By applying prescribed procedures in the DLI Verification Protocols, the IVA's findings will be used to determine progress against a subset of RBL program DLIs with Prior Result targets, disbursement eligibility and transparency in results delivery.

2. **Scope of work.** The IVA (Prior Results) will be required to undertake the following key tasks:

(i) Review relevant RBL documents including the Program Results Framework and DLI Verification Protocols to fully understand program design, implementation mechanisms, results, data sources and DLI verification procedures, particularly for Prior Results associated with four (4) DLIs ;
(ii) Coordinate with the Executing Agency to obtain reports on Prior Result achievements. Submission of these reports and request to verify results will prompt the IVA to proceed with DLI achievement verification based on the prescribed verification protocols;
(iii) Conduct (a) desk reviews and (b) stakeholder confirmation(s) of reported results as prescribed in the DLI Verification Protocols. IVA will follow the methodology prescribed in the Verification Protocols to verify respective DLI Prior Result achievement;
(iv) Assess and validate progress against DLIs reported by the executing or implementing agencies;
(v) Verify consistency, accuracy, and reliability of reported data against agreed protocols;
(vi) Submit independent verification report with recommendations on DLI Prior Result target achievement to ADB; and
(vii) Address any comments or queries which the ADB may have on the IVA reports.

3. **Deliverables.**

(i) IVA DLI Prior Result Achievement Verification Report
(ii) Supporting data and documents confirming results achievement.

D. Independent Verification Agency 3 (Construction)

1. **Objective.** The Independent Verification Agency (IVA) – Construction will verify the achievement of the Disbursement-Linked Indicator (DLI) target under the ADB-supported Results-Based Lending (RBL) program associated with the construction of three climate resilient and gender sensitive Centres of Excellence (COEs). By applying prescribed procedures in the DLI Verification Protocols, the IVA's findings will be used to determine progress against DLI targets, disbursement eligibility and transparency in results delivery.

2. **Scope of work.** The IVA (Program Results) will be required to undertake the following key tasks:

(i) Review relevant RBL documents including the Program Results Framework, DLI Verification Protocols, COE PC-1s to fully understand program design, implementation mechanisms, results, data sources and DLI verification procedures.
(ii) Coordinate with the Executing Agency to obtain periodic reports on results achievements pertaining to DLI 6: Three (3) climate resilient and gender sensitive COEs for nursing education constructed. Submission of these reports and request to verify results will prompt the IVA to proceed with DLI achievement verification based on the prescribed verification protocols.
(iii) Conduct (a) desk reviews, (b) COE site verifications and (c) contractor and Implementing Agency consultations to verify reported results as prescribed in the DLI Verification Protocols. IVA will follow the methodology prescribed in the Verification Protocols to verify respective DLIs achievement.
(iv) Assess and validate progress against DLIs reported by the executing or implementing agencies.
(v) Verify consistency, accuracy, and reliability of reported data against agreed protocols.
(vi) Submit independent verification reports with recommendations on DLI target achievement to ADB.
(vii) Address any comments or queries which the ADB may have on the IVA reports.

3. **Deliverables**

(i) Annual IVA DLI 6 Achievement Verification Report
(ii) Supporting data, analysis and documents confirming results achievement.

E. Equipment Consultant (EQC)

1. **Scope of Assignment.** The consultant will work under the overall supervision of the Program's primary implementing agency, the PIU. The consultant will work in collaboration with the (i) ADB, (ii) executing agency SCH-MED, and (iii) implementing agencies PIU and IDAP, as well as relevant entities and stakeholders. The main objective of the assignment of EQC is to provide advice to the Government of Punjab (GoPB) and PIU for assessing the health equipment needs at the participating COEs, developing the technical specification, and being involved in the procurement of health equipment (i.e. managing, preparing, monitoring, evaluation and reporting of the equipment procurement, installation, testing, commissioning and acceptance certificate processes).

2. **Detailed Tasks and/or Expected Output.** The overall responsibilities of the expert will include but not limited to the following:

(i) Assist PIU on developing and updating its internal Operational Manual (if necessary) to streamline the procurement of health equipment under this RBL Program;
(ii) Assess the need analysis of health equipment in each COE and other health facilities as agreed under the RBL Program;
(iii) Assist PIU, as necessary, in the market sounding of the latest model & technology of the equipment as well as development of the technical specification;
(iv) Under the coordination of the PIU Procurement Specialist, provide advise the GoPB and PIU on all matters and issues related to the procurement of health equipment under the RBL program, including but not limited to the following:
    a. developing the procurement plan for the health equipment for the RBL Program;
    b. developing the technical specification of the bidding documents or request for quotation for the procurement of health equipment;
    c. providing assistance on monitoring, evaluation and reporting of the equipment procurement, installation, testing, commissioning and acceptance certificate processes; and
    d. assisting PIU on handling complaint related to the health equipment;
(v) Assisting PIU and IDAP on the technical guidance, training and capacity development as necessary with regard to the particular technical and market-related areas of health equipment procurement;
(vi) Coordinate with other PIU staff and consultant as necessary;
(vii) Participate in the ADB missions and meetings as necessary; and
(viii) Any other related task assigned by the Program Director time to time.

3. **Qualifications**

- Bachelor's degree (Master's degree preferred) in any related field, preferably in Engineering, or Public Health;
- Work experience for at least 10 (ten) years in health equipment business and industry in Pakistan, international experiences are advantage;
- Experience and knowledge on industry in overall health sector is an advantage;
- Experience of working in donor-funded projects in Pakistan will be preferred; and
- Good communication skills in English.

Minimum General Experience: 10 Years
Minimum Specific Experience (relevant to assignment):10 Years
Regional/Country Experience: Required

4. **Duration of Assignment**

- 2 years with possible annual extension with satisfactory performance