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R2019-0034/2

March 14, 2019

FROM: Acting Vice President and Corporate Secretary

China - Guizhou Aged Care System Development Program
Program-for-Results

Extension of Closing Date

At the request of Mr. Nishikata, the closing date for the proposed loan to China for a Guizhou Aged Care System Development Program (R2019-0034) that was distributed for consideration on an absence-of-objection basis with a closing date of March 14, 2019, is being extended to **Thursday, March 21, 2019**.

Distribution:
Executive Directors and Alternates
President
Bank Group Senior Management
Vice Presidents, Bank, IFC and MIGA
Directors and Department Heads, Bank, IFC, and MIGA

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R2019-0034/1

February 25, 2019

Closing Date: Thursday, March 14, 2019 at 6:00 p.m.

FROM: Vice President and Corporate Secretary

China - Guizhou Aged Care System Development Program

Program-for-Results

Program Appraisal Document

Attached is the Program Appraisal Document regarding a proposed loan to China for the Guizhou Aged Care System Development Program (R2019-0034), which is being processed on an absence-of-objection basis.

Distribution:
Executive Directors and Alternates
President
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Vice Presidents, Bank, IFC and MIGA
Directors and Department Heads, Bank, IFC, and MIGA

Document of

The World Bank

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Report No: PAD2841

PROGRAM APPRAISAL DOCUMENT

ON A

PROPOSED LOAN

IN THE AMOUNT OF EUR 305.7 MILLION
(US$350 MILLION EQUIVALENT)

TO THE

PEOPLE'S REPUBLIC OF CHINA

FOR A

GUIZHOU AGED CARE SYSTEM DEVELOPMENT PROGRAM

February 21, 2019

Social Protection and Jobs Global Practice
East Asia And Pacific Region

CURRENCY EQUIVALENTS

(Exchange Rate Effective December 31, 2018)

Currency Unit =	Chinese Yuan (CNY)
USD 1 =	CNY 6.8785
USD 1 =	EUR 0.8732

FISCAL YEAR
January 1 - December 31

Regional Vice President:	Victoria Kwakwa
Country Director:	Bert Hofman
Senior Global Practice Director:	Michal J. Rutkowski
Practice Manager:	Philip B. O'Keefe
Task Team Leader(s):	Dewen Wang, Josefina Posadas

ABBREVIATIONS AND ACRONYMS

12FYP	12th Five Year Plan
13FYP	13th Five-Year Plan
14FYP	14th Five-Year Plan
ACFs	Aged Care Facilities
ACIF	Aged Care Industry Fund
ACLG	Aged Care Leading Group
ADL	Activities of Daily Living
AFD	*Agence Française de Développement*
CAB	Civil Affairs Bureau
CPF	Country Partnership Framework
CPS	Country Partnership Strategy
DOCA	Department of Civil Affairs
DOF	Department of Finance
DLI	Disbursement-Linked Indicator
DLR	Disbursement-Linked Result
EAP	East Asia and Pacific
ECA	Europe and Central Asia
EFA	Expenditure Framework Assessment
EPB	Environmental Protection Bureau
ESC	Expert Steering Committee
ESSA	Environmental and Social Systems Assessment
FB	Finance Bureau
FDI	Foreign Direct Investment
FM	Financial Management
GACO	Guizhou Aged Care Office
GDP	Gross Domestic Product
GPL	Government Procurement Law
HC	Health Commission
HRSSB	Human Resources and Social Security Bureaus
IADL	Instrumental Activities of Daily Living
IBRD	International Bank for Reconstruction and Development
ID	Identity
IVA	Independent Verification Agency
LAC	Latin Amrica and Caribbean
LG	Leading Group
LTC	Long-Term Care
MFD	Maximizing Finance for Development
M&E	Monitoring and Evaluation
MOCA	Ministry of Civil Affairs
MOF	Ministry of Finance
NDRC	National Development and Reform Commission
OECD	Organization for Economic Co-operation and Development
OM	Operational Management

OP	Operations Policy
PAD	Program Appraisal Document
PAP	Program Action Plan
PCP	Provincial Cloud Platform
PDO	Program Development Objective
PFM	Public Financial Management
PforR	Program for Results
POM	Program Operations Manual
PPP	Public-Private Partnership
RA	Results Area
RAS	Reimbursable Advisory Services
RF	Results Framework
SORT	Systematic Operations Risk-rating Tool
TBL	Tendering and Bidding Law
WA	Withdrawal Application
WB	World Bank
WBG	World Bank Group
ZBB	Zero-Based Budget

BASIC INFORMATION

Is this a regionally tagged project?	Financing Instrument
No	Program-for-Results Financing

Bank/IFC Collaboration	Does this operation have an IPF component?
No	No

Proposed Program Development Objective(s)

The PDO is to increase equitable access to a basic package of aged care services and to strengthen the quality of services and the efficiency of the aged care system.

Organizations

Borrower : People's Republic of China

Implementing Agency : Guizhou Provincial Department of Civil Affairs

COST & FINANCING

SUMMARY (USD Millions)

Government program Cost	2,535.41
Total Operation Cost	1,664.32
Total Program Cost	1,664.32
Total Financing	1,664.32
Financing Gap	0.00

Financing (USD Millions)

Counterpart Funding	1,199.80
Borrower/Recipient	1,199.80
International Bank for Reconstruction and Development (IBRD)	**350.00**

Cofinancing - Other Sources (IFIs, Bilaterals, Foundations)	114.52
FRANCE: French Agency for Development	114.52

Expected Disbursements (USD Millions)

Fiscal Year	2020	2021	2022	2023	2024	2025
Absolute	65.03	58.94	58.88	67.87	58.57	40.70
Cumulative	65.03	123.98	182.86	250.73	309.30	350.00

INSTITUTIONAL DATA

Practice Area (Lead)

Social Protection & Jobs

Contributing Practice Areas

Health, Nutrition & Population

Climate Change and Disaster Screening

Yes

Private Capital Mobilized	Public Private Partnership
Yes	Yes

Gender Tag

Does the program plan to undertake any of the following?

a. Analysis to identify Project-relevant gaps between males and females, especially in light of country gaps identified through SCD and CPF

Yes

b. Specific action(s) to address the gender gaps identified in (a) and/or to improve women or men's empowerment

Yes

c. Include Indicators in results framework to monitor outcomes from actions identified in (b)

Yes

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	Low
2. Macroeconomic	Moderate
3. Sector Strategies and Policies	Moderate
4. Technical Design of Project or Program	Substantial
5. Institutional Capacity for Implementation and Sustainability	Substantial
6. Fiduciary	Substantial
7. Environment and Social Environmental Risk rating from Specialist: Moderate as of 11-Nov-2018 Social Risk rating from Specialist: Substantial as of 11-Nov-2018	Substantial
8. Stakeholders	Moderate
9. Other	
10. Overall	Substantial

COMPLIANCE

Policy

Does the program depart from the CPF in content or in other significant respects?

[ ] Yes [✓] No

Does the program require any waivers of Bank policies?

[ ] Yes [✓] No

Safeguard Policies Triggered

Safeguard Policies	Yes	No
Projects on International Waterways OP/BP 7.50		✓
Projects in Disputed Areas OP/BP 7.60		✓

Legal Covenants

Sections and Description

Program Institutions

Program Agreement (PA), Schedule, Section I B. 1: The Program Implementing Entity shall maintain, and cause to be maintained, the following entities with composition, powers, functions, staffing, facilities and other resources acceptable to the Bank:

(a) at the provincial level: (i) the Aged Care Leading Group, responsible for providing leadership, policy guidance and coordination in the preparation and implementation of the Program; (ii) an expert steering committee, responsible for providing technical advice and guidance for the implementation of Program activities; and (iii) the Guizhou Aged Care Office, responsible for supporting the coordination, management, reporting, and supervision of the Program, including coordination with the line departments, the Program Prefectures and the Program Districts and Program Counties on Program implementation.

(b) at the prefecture level: (i) a leading group in each Program Prefecture, responsible for providing overall policy, financial and institutional guidance on Program implementation and facilitating coordination among different implementing agencies within the prefecture concerned; (ii) an office in the civil affairs bureau of each Program Prefecture, responsible for implementation of the Program at the prefecture level, coordinating day-to-day activities with the Guizhou Aged Care Office and other agencies, and monitoring Program implementation within the prefecture concerned.

(c) at the district or county level: (i) a leading group in each Program District and each Program County, responsible for providing overall policy, financial and institutional guidance on Program implementation and facilitating coordination among different implementing agencies within the district or county concerned; (ii) an office in the civil affairs bureau of each Program District and each Program County, responsible for implementation of the Program at the district or county level, coordinating day-to-day activities with the Guizhou Aged Care Office and other agencies, and monitoring Program implementation within the district or county concerned.

Sections and Description
Program Action Plan

PA, Schedule, Section I B. 2: The Program Implementing Entity shall, and shall cause the Program Counties and the Program Districts to: (a) undertake the actions set forth in the Program Action Plan; (b) not amend, revise or waive, nor allow to be amended, revised or waived, the provisions of the Program Action Plan, or any provision thereof, without the prior written agreement of the Bank; and (c) maintain policies and procedures adequate to enable it to monitor and evaluate, in accordance with guidelines acceptable to the Bank, the implementation of the Program Action Plan.

Sections and Description
Program Operations Manual

PA, Schedule, Section I B. 3: The Program Implementing Entity shall, and shall cause the Program Counties and the Program Districts to: (i) by no later than August 31, 2019 prepare and adopt the Program Operations Manual, in form and substance acceptable to the Bank; and (ii) thereafter apply the Program Operations Manual in a manner acceptable to the Bank. The Program Implementing Entity shall, and shall cause the Program Counties and the Program Districts to not amend, abrogate, suspend, or waive any part of the Program Operations Manual without the prior written approval of the Bank. In the event of any inconsistency between the provisions of the Program Operations Manual or any part thereof and the provisions of this Agreement or the Loan Agreement, the provisions of this Agreement or the Loan Agreement shall prevail.

Sections and Description
Mid-term Review

PA, Schedule, Section III, 2: The Project Implementing Entity shall prepare, under terms of reference acceptable to the Bank, and furnish to the Bank no later than June 30, 2022, a consolidated mid-term review report for the Project, summarizing the results of the monitoring and evaluation activities carried out from the inception of the Project, and setting out the measures recommended to ensure the efficient completion of the Project and to further the objectives thereof.

Sections and Description
Verification Agency

PA, Schedule, Section III, 4: The Program Implementing Entity shall, not later than September 30, 2019, hire, and thereafter maintain, throughout the period of Program implementation, verification agents having experience and qualifications in the relevant technical fields, acceptable to the Bank, and under terms of reference, including a time-table and adequate budget for its activities, acceptable to the Bank, to monitor and verify the achievement of the

DLRs.

Conditions

Type	Description
Effectiveness	Loan Agreement (LA). Article IV. 4.01. The Co-financing Agreement has been executed and delivered and all conditions precedent to its effectiveness or to the right of the Borrower to make withdrawals under it (other than the effectiveness of this Agreement) have been fulfilled.

TASK TEAM

Bank Staff

Name	Role	Specialization	Unit
Dewen Wang	Team Leader(ADM Responsible)	Senior Social Protection Economist	GSP02
Josefina Posadas	Team Leader	Senior Economist	GSP02
Zheng Liu	Procurement Specialist(ADM Responsible)	Procurement Specialist	GGOPP
Etel Patricia Bereslawski Aberboj	Procurement Specialist	Lead Procurement Specialist	GGOPP
Fang Zhang	Financial Management Specialist(ADM Responsible)	Senior Financial Management Specialist	GGOEA
Mauricio Monteiro Vieira	Social Specialist(ADM Responsible)	Senior Social Development Specialist	GSU02
Yongli Wang	Environmental Specialist(ADM Responsible)	Environmental Engineer	GEN2A
Aimin Hao	Social Specialist	Social Development Specialist	GSU02
Alejandro Alcala Gerez	Counsel	Senior Counsel	LEGES
Aristeidis I. Panou	Counsel	Senior Counsel	LEGES
Elena E. Glinskaya	Team Member	Program Leader	GSP02
Lansong Zhang	Team Member	Operations Officer	GSP02
Maheshwor Shrestha	Team Member	Economist	GSP02
Min Zhao	Team Member	Senior Economist	GGOEA
Rui Liu	Team Member	Health Specialist	GHN02
Tao Su	Team Member	Program Assistant	EACCF

Tianxiu Kang	Team Member	Senior Program Assistant	EACCF
Yan Zhang	Team Member	Program Assistant	EACCF
Yang Huang	Team Member	Economist	GSP02
Zhuo Yu	Team Member	Senior Finance Officer	WFACS

Extended Team

Name	Title	Organization	Location
Jin Feng	Short-Term Consultant	Fudan University	Shanghai, China
Li Du	Short-Term Consultant	Fudan University	Shanghai, China
Lipyeow Lim	MIS and Informatics Expert	University of Hawaii	Honolulu, United States
Melody Sang	Deputy Director	Agence Française de Développement en Chine	Beijing, China
Nadine Poupart	Project Manager	Agence Française de Développement	Paris, France
Philippe Lagier	Project Manager	Agence Française de Développement	Paris, France
Yan Tang	Senior Project Officer	Agence Française de Développement	Beijing, China
Youxuan Zhu	Short-Term Consultant (Social Safeguards)	STC for the World Bank	Washington, D.C., United States
Yujuan Liao	Short-Term Consultant	Guizhou University	China

CHINA
GUIZHOU AGED CARE SYSTEM DEVELOPMENT PROGRAM

TABLE OF CONTENTS

I. STRATEGIC CONTEXT

A. Country Context

1. **China's population is aging rapidly due to low fertility and longer life expectancy.** Today, China is beyond the midpoint of the demographic transition from an aging to an aged society.[1] It had 158 million people who were 65 years of age and above in 2017, equivalent to 11.4 percent of the country's population. The aging process will accelerate in the coming decades, with 26 percent of the population expected to be over 65 years of age by 2050. In addition, growth in the population of "older elderly" (80 years and above) will accelerate even more rapidly, with around 32.5 percent of the elderly population expected to be in this group by 2050. To address this challenge of rapid population aging, China needs to develop a comprehensive policy and institutional framework to address the challenges of rapid population aging.

2. **China's aged care system is underdeveloped.** In 2017, gross domestic product (GDP) per capita in China was USD 8,827, equivalent to 15 percent of U.S. GDP per capita and 25 percent of average GDP per capita of the Organisation for Economic Cooperation and Development (OECD) countries. Most OECD countries had an extended transition from an aging to an aged society, such as 115 years in France, 69 years in the United States, 45 years in the United Kingdom, and 40 years in Germany. In contrast, China will complete this transition in just 25 years. During their longer aging transitions, the OECD countries were able to establish and continue improving their aged care systems. In China, where the elderly have long relied on adult sons and daughters for support, formal care for the elderly is relatively nascent. Public expenditure on long-term care (LTC) is less than 0.05 of GDP, much lower than the average of 1.7 percent in the OECD countries.

3. **Like the rest of the country, Guizhou—one of the poorest provinces in China—faces similar challenges in meeting the needs of its growing elderly population.** Guizhou's population has aged at a similar pace to the national average. In 2017, Guizhou had 3.72 million people aged 65 years and above, of which more than 1 million required assistance and care services. The elderly share of the population was 10.7 percent in 2017 and is expected to reach 16.0 percent by 2030. More than half of the elderly population lives in rural areas, where they are spatially dispersed. Guizhou is also a mountainous province with ethnic minorities accounting for 36.1 percent of the total provincial population. Most elderly care services in Guizhou are provided informally by family members and relatives, although formal provision of care services has started to emerge.

4. **Guizhou's income level is low but has been catching up at a fast pace.** Guizhou, which had long been the least developed of China's 31 provinces, had an income level that was 63.6 percent of national GDP per capita in 2017. It has the largest number of poor people of all provinces in China. However, it has been catching up in recent years with double-digit growth rates, well above the national rate of 6 to 7 percent. From 2011 to 2017, Guizhou's GDP per capita increased from USD 2,541 to USD 5,541. This rapid growth has greatly contributed to poverty reduction. Poverty incidence in Guizhou dropped from 33.4

[1] An 'aging society' is typically defined as one where at least 7 percent of the population is 65 years of age and above, while an 'aged society' is one where 14 percent or more of the population is 65 years of age and above.

percent in 2011 to 8.0 percent in 2017, and Guizhou is expected to eradicate absolute poverty by 2020. The provincial Government has introduced a poverty strategy that includes provision of income support and social services for the poor and vulnerable elderly.

B. Sectoral (or Multi-Sectoral) and Institutional Context

5. **With rapid aging and smaller average family size, the demand for formal provision of elderly care services has been rising quickly.** According to the 2015 national aging survey,[2] China has more than 40 million elderly people with partial or full functional limitations, who account for 18.5 percent of the total elderly population aged 60 and older and who often need professional aged care services. As China's population ages, the demand for elderly care services is expected to increase dramatically. Care for the elderly has traditionally been the responsibility of the family, as prescribed by the Confucian norm of filial piety. However, this care model is facing great challenges as the family unit becomes more nuclear and as increasing numbers of older people need assistance and care services.[3] Formal provision of aged care services has started emerging over the past decade but to date, is far from meeting the needs of the elderly. In rural areas, the elderly have very limited access to basic aged care services, and the large outflow of young adults to urban centers has further strained the familial care provision model.

6. **To address these challenges, the Chinese Government has been proactive in formulating strategic policies to develop the aged care system**. In the 12th Five-Year Plan (12FYP, 2011–2015), the Chinese Government formally introduced sectoral strategies and amended relevant laws to develop the aged care policy framework. The 13th Five-Year Plan (13FYP, 2016–2020) has refined the policy framework, which features a three-tiered model of aged care service provision: **home-based care as the bedrock, supported by community-based care, supplemented by institutional care, and coordinated between aged care and health care**. It aims to expand home and community-based aged care, coordinate aged care with medical care, mobilize private participation, and strengthen government stewardship capacity. The long-run vision of China's aged care system is to develop a well-functioning market for aged care services in which individuals can find services that satisfy their needs, preferences, and resource constraints. The Government will continue to fund services for poor, low-income, and vulnerable groups while bringing private provision increasingly to the center of the aged care delivery system.

7. **Since 2010, China has made major strides in developing its aged care system.** Official statistics reflect rapid growth in the aged care sector during this period. Aged care facilities nearly quadrupled from 40,868 in 2011 to 155,000 in 2017, with most of the increase taking place at the community level. Private aged care facilities have also emerged but still account for only a small portion of the aged care sector. With increased investment in residential homes and community daycare centers, the number of aged care beds rose from 3.5 million in 2011 to 7.5 million in 2017, and the ratio of beds per thousand elderly grew from 19.1 to 30.9 during the same period. Public spending more than tripled from CNY 16.7 billion in 2011

[2] The Fourth-Wave Urban and Rural Elderly Status Survey was carried out by the National Aging Commission Office in 2015. It drew 1 percent of total population from 31 provinces as a sample to collect the information on individual characteristics (age, gender, and education); health conditions and care needs; economic conditions; family structure; social participation; rights protection; and housing conditions. *http://www.xinhuanet.com/gongyi/2016-10/18/c_129327224.htm*.
[3] China's family structure is known as 4-2-1, which represents 4 grandparents, 2 parents, and 1 child.

to CNY 54.4 billion in 2017, [4] which translated into greater coverage. The number of the elderly receiving aged care services and nursing subsidies jumped from 0 in 2011 to 4.2 million in 2017, and the number of elderly who received senior living allowances increased from 9 million to 26.8 million over the same period.

8. **Although significant progress has been made, new challenges are emerging in the aged care sector.** Such challenges include issues regarding the policies, institutions, resources and capacities needed to expand coverage of basic aged care services and to strengthen the quality of aged care services and efficiency of the aged care system. More specifically, the challenges include:

9. **The coverage of basic aged care services is very low, and the concept of a 'basic package' of aged care services is not yet defined.** To date, public provision of formal elderly care has been limited to a small share of welfare beneficiaries.[5] Public expenditure has been channelled largely toward aged care infrastructure—construction of new facilities and bed availability—leaving limited public funding for service provision. Although Government policies emphasize provision of basic aged care services, the list of basic aged care services to be publicly financed is not yet clearly defined. Because of the high spending share for infrastructure, expansion of elderly care has been skewed toward institutional care rather than home and community-based care, despite the policy priority on the latter. While home and community-based care have gradually grown in urban areas, such services are still in their infancy in rural areas. Furthermore, existing aged care services focus mainly on meals and to a lesser extent on personal care, housekeeping, shopping, cultural activities, and wellness. Professional care services such as respite services, nursing care, therapy services, rehabilitation, medical services, and hospices are underdeveloped.

10. **Both lack of quality standards and shortage of skilled caregivers are bottlenecks for the improvement of aged care services.** In contrast to the rapid growth of aged care facilities, national average occupancy rates of aged care beds declined sharply from 73.7 percent in 2011 to 46.3 percent in 2017. This decline can be attributed to various factors such as individual affordability, poor quality standards and compliance, shortage of skilled caregivers, poor service delivery and management, and social norms. Among those factors, the quality of aged care services seems particularly important. Large occupancy and quality gaps can be seen between services for better-off elderly and publicly run services for welfare recipients, as well as between urban and rural residents. In rural areas, the occupancy rate of welfare homes is extremely low due to poor facility conditions, low-quality services, limited amenities, and even stigma as these facilities are occupied mostly by welfare recipients. The Ministry of Civil Affairs (MOCA) has launched a three-year campaign to monitor the quality of aged care services, but filling the gap requires several public interventions including the development of quality standards, human resources, case management, coordination between aged care and health care, and monitoring and quality assurance.

11. **Fragmentation of aged care institutional arrangements and the financing and delivery systems compromises efficiency and sustainability.** The fragmentation results from the challenges of horizontal

[4] Equivalent to an increase from USD 2.4 billion TO USD to USD 7.8 billion.

[5] Provision of public care has been directed to: (a) the 'Three Nos' or *Sanwu* in urban areas, people who have no legal guardians to support them, no ability to work, and no source of income; and (b) the 'Five Guarantees' or *Wubao* in rural areas, the elderly to whom the local Government guarantees food, clothing, housing, medical care, and burial expense. According to the Interim Provision of Social Assistance issued by the State Council in 2014, urban *Sanwu* and rural *Wubao* were unified as *Tekun*, which refers to destitute (extremely poor) people.

coordination across many line agencies such as civil affairs, health, finance, and labor, and of vertical coordination across different levels of administration[6]. The horizontal and vertical fragmentation results in significant variation in aged care policies and implementation at the local level. Moreover, additional efforts are needed to ensure allocative efficiency in public expenditure on aged care. The aged care sector is funded through multiple sources— including from earmarked investment, general revenues, and welfare lottery funds—and comes from different levels of administration, from the national to the local level. Lack of an effective mechanism to better manage the planning and execution of public financial resources makes it difficult to avoid over- or duplicated investment. With increasing public financial resources and greater interest in mobilizing social and private capital, the Chinese Government has formulated policies to implement institutional, budgetary, and regulatory reforms, aiming to bring value for money. The investment also has the potential to help create more job opportunities and contribute to developing the aged care market and local economies in China.

12. **The Government of China has committed to further reforms to address these challenges.** The Chinese Government has introduced various pilot programs such as the comprehensive reform of the aged care system, home and community care development reform, coordination between aged care and health care, and the 'internet plus' aged care model. For the coordinated aged care and health care services, the Government has launched various health reform programs (for example, the Basic Public Health Services Program) and encouraged pilots of different mechanisms to strengthen the coordination between the health sector and aged care sector. These pilot programs encourage innovations and experiments to explore the best service delivery model and inform further policy formulation. At the same time, the Chinese authorities have taken proactive measures to open the aged care market and mobilize private sector participation in capital investment and service provision, including policy initiatives that set targets for commissioning of public aged care facilities with private operators. For basic aged care services, the Government is committed to expanding coverage and providing a continuum of care services through purchase of services. This arrangement aims to create steady demand for services from the private sector and thus stimulate development of the aged care market. At the national level, the Central Government has promoted a comprehensive public finance reform covering all sectors and emphasized strengthening of governance capacity and the performance of public financing.

13. **Following the national policy lead, Guizhou has actively promoted aged care sector reforms and accelerated the development of its aged care system.** Guizhou's 13th Five-Year Development Plan on the Aged Care System (Guizhou 13FYP) outlines its policy directions, objectives and implementation plans from 2015 to 2020, and it has started to formulate a future Five-Year Action Plan (2019-2023). The provincial Government has clearly committed through appropriate public financing to provide basic aged care services to meet the needs of the poor, low-income, empty-nest elderly[7] and senior elderly with functional limitations. Mirroring the national policy framework, Guizhou has put increased emphasis on home and community-based care, quality standards and enforcement, training and skills development for caregivers and professionals, coordination between aged care and health care, and monitoring and evaluation (M&E).

[6] There are six administrative levels from the central down to province, prefecture, district/county, street/township, and community/village in China.

[7] Empty-nest elderly is the term given to the elderly who live in households where the bread-winner adult sons and daughters have migrated out.

At the same time, the provincial Government has formulated strategic policy initiatives to develop a supportive environment for aged care market development and level the playing field to encourage private sector participation in provision of aged care services and products. These reforms will help further define the roles of the government as purchaser, regulator and public financier rather than simply direct service provider for the aged care sector. Like a few other provinces, Guizhou has also approved the establishment of an Aged Care Industrial Fund (ACIF) to mobilize social and private capital investment in the aged care sector.

14. **Despite strong commitments, translating policy reforms into implementation requires capacity building. The Guizhou Government is seeking financial and technical support from international financial institutions for this endeavor.** This Program for Results (PforR) operation will provide financial support to the Government of Guizhou in developing its provincial aged care system. The Program will be co-financed with the Agence Française de Développement (AFD). The World Bank (WB) and AFD will finance 27.9 percent of the provincial cost of the aged care system for the next six years. The combined AFD-WB support amounts to EUR 405.70 million (USD 464.52 million equivalent), of which 75 percent is provided by the WB and 25 percent by the AFD. In addition, the AFD will provide technical assistance to support Program implementation.

C. Relationship to the CAS/CPF and Rationale for Use of Instrument

15. **The proposed Program furthers the World Bank Group (WBG)'s twin goals of ending extreme poverty and boosting shared prosperity and is fully aligned with the key priorities identified in the Country Partnership Strategy (CPS) for China (Report No. 67566-CN), and the objectives of the new Country Partnership Framework (CPF) that the World Bank is preparing.** The Program supports the Strategic Theme 2 of the CPS: *Promoting More Inclusive Growth*, by strengthening the policy and institutional framework for accessing quality aged care services. More specifically, the Program will increase access to quality aged care services in Guizhou, one of the poorest provinces of China. The Program also supports one of the five priority areas identified in the Systematic Country Diagnostic (Report No.113092-CN): *Reducing the disparity in access to quality public services*, by improving the availability of affordable and better-quality aged care services in rural and urban areas, and by incentivizing local Governments to enhance service delivery.

16. **The proposed Program will support innovations in China in a business area that is new for China and the developing world.** China has put aging at the top of the policy agenda. The World Bank has been engaging the Chinese Government and completed analytical work on the aged care sector.[8] This study informed the first standalone World Bank investment project financing on aged care, which was approved in June 2018. The proposed Program continues the collaboration and aims to promote sector-wide reforms. The most notable innovations of the Program are: (a) introducing a basic package of aged care services, a concept that has been widely applied in the health sector; (b) exploring public-private partnership (PPP) models, to help the Government set up appropriate mechanisms to commission the

[8] See Glinskaya, Elena and Zhanlian Feng, eds. 2018. Options for Aged Care in China: Building an Efficient and Sustainable Aged Care System. Directions in Development. Washington, DC: World Bank.

management of public aged care facilities to private operators and purchase aged care services from private providers; (c) supporting sector-wide budget reform and enhancing budget performance management by introducing zero-based budget (ZBB) reform; (d) coping with cost pressures through an overall interlinked system design;[9] and (e) utilizing Big Data, through establishment of a Provincial Cloud Platform (PCP), to support service delivery, quality enhancement, and public financial management (PFM). With this collaboration on aging between China and the World Bank, more innovative operations are expected in this new business line.

17. **The proposed Program can be considered a global public good, with a demonstration effect not only for other provinces in China, but also for other aging countries in East Asia and the Pacific (EAP) (such as Vietnam, Thailand and Mongolia) and other developing regions, in particular Europe and Central Asia (ECA), Latin America and the Caribbean (LAC), and parts of South Asia**. This Program and the Anhui project (P154716) are the first two standalone lending operations of the World Bank in aged care,[10] an area of growing interest worldwide as described in recent World Bank regional flagship reports.[11] This Program is the first lending operation that will support sector-wide reform of the key building blocks for developing an equitable, efficient, and sustainable aged care system. It will form part of a larger Bank-financed engagement in the sector to help China strengthen institutional systems and capacities, while promoting sector-wide reforms to address the emerging challenges. The Program reflects lessons learned from international experiences including the importance of government stewardship capacity in fostering, monitoring and overseeing the aged care market; the need for evidence-based policy formulation based on a comprehensive M&E system; and the importance of ownership and strong commitment from Government of policy and institutional reforms.[12] The Program implementation will also shed valuable insights on how a sector-wide policy and institutional reform could help promote an equitable, efficient and sustainable aged care system. Therefore, the engagement in this important area is not only helping develop knowhow among Chinese counterparts but also enriching the global knowledge base for other countries. It would be well aligned with the next CPF, which aims to take a more systematic approach to distilling and transferring China's development lessons to other countries.

18. **The Program is also aligned with the WBG approach of maximizing finance for development (MFD).** Government policies at both the national and the provincial levels have been encouraging the private sector to play an increasing role in aged care service provision and capital investment through PPP.

[9] As populations age, the rising cost of long-term care will result in great pressures on government budgets. See: Ronald Lee and Andrew Mason. 2017. "Cost of Aging." *Finance and Development*. March 2017, Vol. 54, No. 1. Maisonneuve, Christine de la and Joaquim Oliveira Martins. 2013. "Public Spending on Health and Long-Term Care: a New Set of Projections." *OECD Economic Policy Papers No. 06*.

[10] There are also lessons from the World Bank support to Chile in developing their aged care system, through a series of Reimbursable Advisory Services (RAS).

[11] Three regional aging reports speak about developing aged care systems. See: World Bank. 2016. *Live Long and Prosper: Aging in East Asia and Pacific*. World Bank Publications; Bussolo, M., Koettl, J., & Sinnott, E. 2015. *Golden aging: Prospects for healthy, active, and prosperous aging in Europe and Central Asia*. The World Bank; and Cotlear, D. eds. 2010. *Population aging: is Latin America ready?* The World Bank.

[12] See OECD. 2005. *The OECD Health Project: Long-Term Care for Older People*. Paris: OECD; Francesca, C., Ana, L. N., Jérôme, M., & Frits, T. 2011. *OECD health policy studies help wanted? Providing and paying for long-term care: providing and paying for long-term care* (Vol. 2011). OECD Publishing; OECD/European Commission, 2013. *A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care,* OECD Health Policy Studies, OECD Publishing.

The Program design will help the provincial Government of Guizhou in promoting institutional and regulatory reforms and contribute to leveraging private resources for the aged care sector in multiple ways. First, it will provide subsidies for a basic package of aged care services, which will be delivered largely by the private sector. As its coverage expands, the Program will help generate a steady demand in a market that is currently under-developed, leading to business expansion and job creation. New private firms, including foreign direct investment (FDI) firms, are expected to enter the aged care market to satisfy this demand, and other services beyond the basic package are also likely to expand, taking advantage of economies of scale. The Government has agreed to put public subsidies for the basic package of aged care services into its regular fiscal budget after the Program completion to ensure sustainability. Over time, a growing share of such services will be provided by the private sector. The Program will also demand and subsidize aged care sector skills, which in turn will require increased provision of specialized training by private providers. Moreover, by making the Government a major purchaser of services—and hence a price setter—and by strengthening the Government's capacity for managing the various PPP arrangements, information asymmetries among the government (commissioners), the elderly, and service providers should be reduced, contributing to development of the private market. In addition to purchasing aged care and training services, the Government will contract private operators to run public aged care facilities. Guizhou aims to outsource more than 50 percent of aged care facilities for private operation by 2020. This reform will bring in further investment, staff, resources, and management expertise from the private sector. At the same time, it can promote market competition among public, private, and mixed model aged care facilities to help maximize the efficiency of the aged care delivery system.

19. **The PforR instrument was chosen because it facilitates a sector-wide approach to aged care reform.** The Program will support Guizhou in developing an equitable, efficient, and sustainable aged care system. To achieve this goal, the Program addresses several thematic areas that involve multiple sectoral agencies and levels of Government. Such cross-sectoral support would have been challenging through Investment Project Financing and allows for greater attention to results and outcomes. The PforR approach will give the authorities, the World Bank, and the AFD a good instrument for designing the key elements of the aged care system and building capacities, pooling efforts under one umbrella Program.

II. PROGRAM DESCRIPTION

A. Government Program

20. **The Government of Guizhou has set two ambitious goals: (a) to achieve an aged care system that provides basic aged care services to the elderly; and (b) to develop the aged care market**. The Guizhou 13FYP proposes policy interventions in the following seven areas: (a) promoting the development of home and community-based aged care services in urban and rural areas; (b) increasing investment in aged care facilities and institutions; (c) promoting coordination between aged care and medical care; (d) strengthening public infrastructure for aged care services in urban areas, (e) promoting human resources development for the aged care sector; (f) developing the aged care service market to attract elderly tourists; and (g) fostering an enabling environment for development of a growing market for aged care

products and services. These areas cover the entire spectrum of aged care services and products, to satisfy the continuum of individual preferences for aged care services.

21. **The latest policy directives in Guizhou refine the roles of the Government as purchaser, regulator, and public financier rather than direct provider of basic aged care services.** The *Implementation Opinions on Comprehensively Opening the Market and Promoting the Quality of Aged Care Services* issued by the provincial Government in 2018 emphasizes levelling the playing field to attract private service providers and strengthen the quality of care services. The *Five-Year Action Plan to Accelerate the Aged Care Industry in Guizhou (2019-2023)* is a forward-looking strategic action plan which proposes that public financing should prioritize the provision of basic aged care services to meet the needs of the poor, low-income, empty-nest, and senior elderly with functional limitations and that the Government should strengthen its governance capacities and develop a supportive business environment to attract social and private capital.

22. **Implementation responsibility for the Government program is shared between provincial and sub-provincial Governments.**[13] The provincial Government has the stewardship role, formulates policies and guidelines for implementation, invests in workforce skills upgrading, and monitors and evaluates overall implementation. For crucial policy reforms, the provincial Government has adopted a gradualist approach, piloting reforms on a small scale then rolling them out based on the lessons from pilots. Local Governments (prefectures and districts/counties) are responsible for delivering the services and investing in infrastructure following the provincial guidelines.

23. **This ambitious agenda will be achieved by increasing and better using public financial resources and by mobilizing social and private capital investment.** The provincial aged care system is financed through general budget resources from all Government levels—national, provincial, prefectural, and district/county—and through revenues from the welfare lottery fund and earmarked investment funds. Public financial resources are predictable but fragmented, leaving large room for efficiency gains. Overall, Guizhou had an average of USD 320 million (about CNY 2.2 billion) per year between 2015 and 2017 for aged care, which represents 0.16 percent of provincial GDP. Most of the resources came from local Governments (48 percent) and the province (34 percent).[14]

24. **The Guizhou ACIF has been designed to mobilize social and private capital and to increase the expenditure efficiency of the welfare lottery funds.** The Guizhou provincial Government approved the establishment of the Guizhou ACIF in December 2018. The provincial Government has frozen and put four years' worth of welfare lottery funds (2017—2020) into the ACIF, with the aim that the CNY 1 billion seed capital will leverage another CNY 7 billion of social and private capital for Guizhou's aged care sector.[15] The provincial Department of Civil Affairs (DOCA) will be the agency in charge of supervision of the ACIF. It will outsource the management of the fund to a professional management company. The ACIF management

[13] The links between the national and provincial responsibilities are summarized in Box 1 and more details can be found in the Technical Assessment and in Wang, Chapter 2 of Glinskaya and Feng. (2019). Figure 2.1 clearly shows the division of responsibilities at the subnational level.

[14] More details about the funds source composition can be found in the Expenditure Framework Assessment section (Section 4) in the Technical Assessment.

[15] The ACIF will be funded with CNY 1 billion from DOCA welfare lottery funds, CNY 200 million from Jiahao Fund Company, and CNY 6.8 billion from social and private capital.

policy document, which will outline the institutional arrangements for its governance, supervision, and management, is under preparation.

B. Program Development Objective(s) (PDO) and PDO Level Results Indicators

25. **The Program Development Objective (PDO) is to increase equitable access to a basic package of aged care services and to strengthen the quality of services and the efficiency of the aged care system**.

26. This PDO has several key terms developed in the specialized literature:

- ***Basic package*** refers to a set of publicly financed aged care services comprising three tiers of home and community-based care and institutional care.
- ***Equitable access*** refers to the opportunities to receive the publicly financed basic package conditional on individual functional ability and economic needs. The functional needs are assessed using the needs assessment toolkit. The economic needs are assessed using an income and/or asset test. The two assessments will determine the eligibility of individuals for the basic package and the level of subsidy they receive.
- ***Quality*** refers to improvement of the delivery process, inputs, level, and range of aged care services that will increase the wellbeing of the elderly and their families.
- ***Efficiency*** refers to maximizing the results of the aged care system for a given level of resources. The Program will be implemented within the existing real fiscal resources and budget lines and will optimize public expenditure composition and promote greater allocative efficiency.
- ***Aged care system*** refers to policies, regulations and activities related to service delivery, quality enhancement, and PFM for the aged care sector.

27. **The PDO-level indicators selected to measure the expected results are:**

- Indicator 1: Number of eligible elderly receiving the basic package of aged care services (disaggregated by gender, location, tier, and income status);
- Indicator 2: Development of the aged care quality standards and number of aged care facilities complying with the aged care quality standards; and
- Indicator 3: Development of the zero-based aged care budget planning and allocation guidelines and number of Program districts/Program counties where implementation of the zero-based aged care budget planning and allocation guidelines has occurred (see paragraph 46 for details).

28. **The direct beneficiaries of the Program are the elderly with limited functional ability facing vulnerable economic circumstances, who as a result will gain access to the basic package of aged care services.** The Program will expand the coverage of basic aged care services by providing total or partial subsidies for the services included in the basic package. Under the Program, coverage will go beyond *Tekun* (current beneficiaries of publicly financed aged care services) and gradually expand to *Dibao* beneficiaries,

low-income, empty-nest, and senior elderly with functional limitations, including dementia.

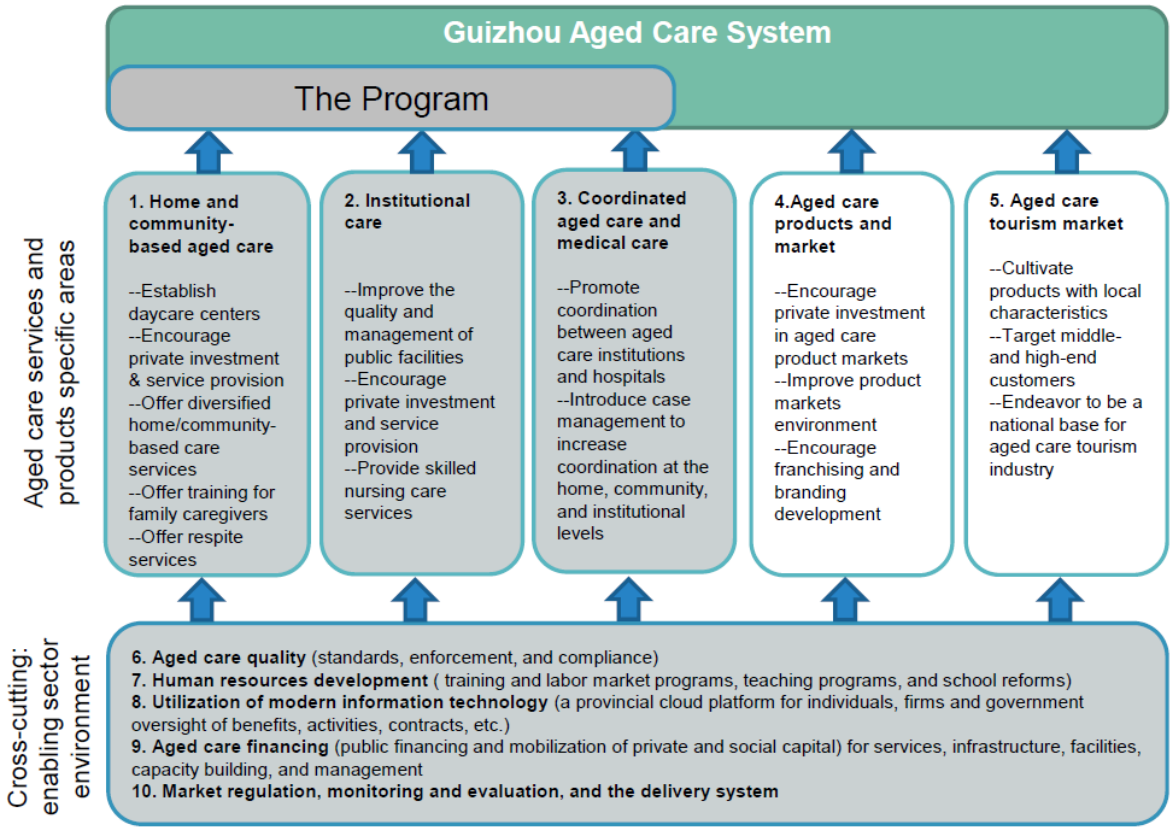
29. **The indirect beneficiaries of the Program include formal aged care workers, family caregivers and the remaining elderly population.** First, wage workers (formal caregivers, professionals, managers, and government officials) will benefit from the training and skill development activities supported under the Program. Formal caregivers will also benefit from a wage subsidy. Expansion of the aged care sector will create more job opportunities, so those who will find new jobs in the aged care sector will be indirect beneficiaries. Second, informal family caregivers (disproportionately women) will benefit from subsidies and/or respite services, allowing them to have more time for leisure and/or market work. Third, the elderly population above age 60 will benefit from a growing aged care sector as they will have a wider range of aged care services and products from which to choose in the market and can enjoy enhanced quality.

C. PforR Program Scope

30. **The Program will support a subset of the Guizhou aged care system.** The Program boundary is defined along three dimensions: thematic activities, geographic coverage, and sources of financing. The timeline of the Program is 2019—2024, which covers the remaining years of Guizhou's 13FYP and the early years of its 14FYP. The three dimensions along which the Program boundary has been defined are:

- ***Thematic activities.*** Within the Program boundary are activities in areas 1-3 and 6-10 (Figure 1). The Program operation will help the Government of Guizhou develop an aged care system that will deliver a basic package of aged care services for the eligible elderly, with an emphasis on expanding home and community-based care, enhancing the quality of services, and enhancing the efficiency of public financial resources.
- ***Geographic coverage.*** The Program has a geographic boundary that covers cross-cutting activities at the provincial level related to stewardship of this emerging sector such as needs assessment, quality standards, training, and the PCP as well as aged care service delivery at the sub-provincial level in five well-performing prefectures. Guizhou will roll out the enhanced program in phases, focusing first on those prefectures that have the capacity to implement the reforms and provide lessons for future expansion.
- ***Sources of financing.*** The Program will support ZBB planning, allocation, and execution under the existing budget lines and will monitor the performance of public financing for aged care. The ACIF will be outside the Program, for reasons explained below.

Figure 1. Activities of the Guizhou Aged Care System That Are Covered by the Program



Source: Task team based on Guizhou 13FYP and latest policy directives.

31. **Guizhou DOCA will deploy the Program in five well-performing prefectures before a full roll-out.** The selection of prefectures by the provincial Government followed a formal scoring process that considered several key factors, including local economic, social, and demographic conditions; local Government commitment; local capacity; and local fiscal space. Based on the scores, Guiyang (the capital city of Guizhou), Liupanshui (a mining region), Qiannan (a prefecture with a high concentration of ethnic minorities), Qianxinan (the second-smallest prefecture in terms of population), and Zunyi (the second-largest prefecture in terms of population) were chosen. These five prefectures account for 56 percent of the 36 million people in Guizhou's population and for 54 percent of the nearly 6 million elderly in Guizhou who are 60 years and above. The aggregated GDP from the selected five prefectures accounted for 68.5 percent of Guizhou's GDP in 2017.

32. **Guizhou decided— and the World Bank agreed —to exclude the ACIF from the Program.** Several considerations support this decision (Box 1). First, the ACIF will adopt a market-based mechanism to guide its investment decisions and will operate independently from regular administrative structures. It will be managed and operated by a professional fund management company. The funds will be separate from

regular government expenditures for planning or accounting purposes, and the large bulk of funding is expected to come from the private sector. Second, it will focus on individual project investment in three priority areas: aged care facilities and operations, coordinated aged care and medical care operations, and aged care industrial cluster and market development. This will put more emphasis on infrastructure and aged care product development, and on profit-making in investment decisions. Third, its implementation timeline is not well-aligned with that of the Program as determined by the National Development and Reform Commission (NDRC) and the Guizhou Government. The ACIF was only approved in December 2018. With the provincial Government undergoing administrative reorganization, it will take time to elaborate a clear institutional arrangement for ACIF operations. Considering its business model and preliminary governance structure, DOCA decided to put the ACIF outside the Program; otherwise, it could not have completed the due diligence of a WB operation as planned, including in-depth technical, legal and expenditure framework assessments. Although it is excluded from the Program, the Guizhou authorities plan for the ACIF to build a complementary relationship with the Program.[16]

Box 1: Guizhou Aged Care Industry Fund

Following the national and provincial policy guidelines, in December 2018, the Provincial Government of Guizhou approved a DOCA proposal to establish the Guizhou ACIF, a Government-type but autonomous industry fund. The objectives of the ACIF are to explore an innovative way to leverage social and private capital investment that can fill funding gaps, promote the development of the aged care service industry, and enhance the quality of services in Guizhou.

The size of the ACIF is expected to be CNY 8 billion during its expected life of 10 years. Of this total, only 12.5 percent will come from the Government and the remaining 87.5 percent from social and private capital. Social and private contributions are from private investors, commercial banks, state-owned enterprises, and insurance companies, as well as other qualified investors.

The ACIF will adopt a market-based mechanism. It will be managed and operated by the Jiahao private sector fund management company independently. It will be separate from regular Government expenditures for planning and accounting purposes. The ACIF will invest in individual projects, selected from pipeline projects from listings registered in the DOCA's *Management and Information Platform.* The ACIF has a Risk Control Committee responsible for evaluating candidate investment projects and presenting risk evaluations to the Investment Decision Committee. The committee will make the final investment decisions.

The ACIF can provide equity, bonds, and equity and bonds, and it can also set up sub-funds in selected areas and segmented industries. Specific investment standards and credit enhancement measures will be set up for projects in different categories. Eligible projects should come from three broad priority areas: (a) aged care facilities and operations, (b) coordinated aged care and medical care operations, and (c) aged care industrial cluster and market development. The investments will be made only in operations in Guizhou province.

The ACIF is a new investment business model in China. Prior to the Guizhou ACIF, the Ministry of Commerce and the Ministry of Finance (MOF) jointly chosen eight provinces for pilots: Jilin, Shandong, Inner Mongolia, Gansu, Hunan, Hubei, Anhui, and Jiangxi. Implementation of those pilots is slower than expected and the performance

[16] Annex 1 in the Technical Assessment provides more details about its objectives, scope, investment and governance of the ACIF.

of the already established has been mixed. There is no adequate information on the business model and governance structure for each pilot case.

Source: Guizhou DOCA. 2018. *Proposal of Establishing Guizhou Aged Care Industrial Funds*; Zhang, Jiakan. 2018. *Status, Challenges, and Recommendations of Aged Care Industrial Funds*. Aged Care Financing Forum; Li, Yang. 2017. *Status, Problems, and Solutions of Government Industrial Funds*. Macro-Observation 2017.

33. **The Program design follows an elderly-centered approach and groups the proposed activities into three interlinked Results Areas (RAs).** The activities in Results Area 1 (RA1) contribute to increased equity through expanded coverage of basic aged care services. The activities in Results Area 2 (RA2) are related to the quality of aged care services. Finally, the activities in Results Area 3 (RA3) help enhance the efficiency of aged care public financing.

34. **All activities are interlinked, complementing and affecting each other.** All the activities are closely connected to one another, both within and across RAs. For example, within RA1, the needs assessment informs the target population to be eligible for the basic package, the definition of the basic package will define what services they have access to, and both will determine how many vulnerable elderly with functional limitations will benefit from it. At the same time, the basic package is determined by the amount of resources the Government will dedicate to services vis-à-vis other expenditure rubrics as well as the cost of services, which depends in turn on the quality standards established. Similarly, more services included in the basic package could reduce coverage for a given budget, or more efficient provision by private providers could decrease the cost of services and increase coverage. Hence, the policies and activities need to be planned carefully as they affect each other.

35. **Results Area 1: Expanding coverage of basic aged care services for the elderly**. Activities to be included in the Program boundary are to: (a) develop a needs assessment toolkit for measuring the functional limitations of the elderly and carry out needs assessments at the district/county level; (b) define the basic package of aged care services and level of subsidy for the basic package; (c) define eligibility criteria for the elderly accessing the basic package of aged care services based on individual functional needs and an income/assets test; and (c) deliver the basic package of aged care services in urban and rural areas, covering the three tiers of home and community-based care, and institutional care, with an emphasis on home and community-based care.

36. The ***needs assessment*** is the set of assessments that will determine the functional capacity and service needs of an elderly person with physical or mental limitations. The first element is the measurement of the functional ability of persons aged 60 and older to live independent of the care of others. In 2013, MOCA issued the national *Elderly Ability Assessment Standard* as a sectoral guideline for local reference. [17] The functional ability assessment will be complemented by an assessment of the living conditions of the elderly. It will include an examination of household composition as well as living environment (e.g., dwelling condition, location). The results of the two assessments will be combined in one measure or matrix, which will determine access to the basic package of aged care services. In Guizhou,

[17] It covers four dimensions of limitations: activities of daily living (ADL), mental health, sensation and communication, and social involvement. Based on the individual score on functional limitations, disabilities are classified according to four levels: (i) no disability, (ii) low level, (iii) medium level, and (iv) high level.

different needs assessments are used—some are adaptations of national standards, others are privately developed—and they are applied only to a small percentage of the population. Borrowing from international experience and good domestic practices, a provincial needs assessment toolkit will be developed, aligned in turn with the menu of services that will be provided under the basic package.

37. The ***basic package*** of aged care services consists of a menu of services that will be offered to the target population, with an associated level of subsidy. The list of services will include social care and health care services. Services will be delivered for the three tiers of home, community, and institutional care. The level of subsidy will vary—from fully to partially funded—depending on the services, the results of the needs assessment, and the economic conditions of the elderly and their household. Formulation of the basic package will consider: (a) breadth: who is the target population of the elderly?; (b) scope: which care and services will be included?; and (c) depth: what proportion of the care service cost will be publicly financed? Under the Program, the basic package will be delivered first to the current beneficiaries of government services (*Tekun* beneficiaries) and expanded over the life of the Program to other categories of the vulnerable elderly population.

38. The ***eligibility criteria*** will determine who is eligible to receive the basic package of aged care services. In many high-income countries, the public provision of aged care services is delivered in the form of subsidies, which vary in level depending on the income level of the elderly, the severity of the functional limitations, and the household environment. This Program will use a means test for basic and low-level care needs, and an asset-test for intermediate and high-level care needs. The results from both the needs assessment and income/asset means-test will determine eligibility for accessing a certain level of subsidy.

39. Districts and counties will carry out the needs assessment and be responsible for delivery of the basic package to the elderly population. To expand coverage of basic aged care services, local Governments will rely increasingly on private sector provision and use ***government purchase of services***. To do this, they will need to select qualified service providers, purchase basic aged care services from contracted service providers, and monitor the quality of delivered services. The activities under RA2 and RA3 are thus linked to the delivery of the basic package of services through private providers.

40. **Results Area 2: Enhancing quality of aged care services for the elderly.** Activities to be included in the Program boundary are to: (a) improve and implement aged care quality standards for facilities and services; (b) introduce case management and promote coordination of aged care and health care services at the home, community, and institutional levels; (c) enhance and expand aged care skills by providing training to wage and family caregivers, professionals, managers, and government officials, job subsidies to wage caregivers, and subsides and respite services for family caregivers; and (d) establish a provincial cloud platform for service delivery, quality enhancement, and public financial management.

41. Improving ***aged care quality standards*** involves various steps. These include: developing a provincial quality standard framework; enforcing a few key provincial standards while testing more innovative ones (especially for services); enhancing capacities to write detailed specifications, protocols and contracts for aged care services; and providing training for monitoring, inspection and implementation of aged care quality standards. By the completion of the program, Guizhou plans to have established a comprehensive aged care quality standard system that enforces both infrastructure standards and service

standards. Guizhou has started reviewing the existing aged care standards formulated at the national, provincial, and local levels and the compliance status of aged care facilities and service providers.

42. ***Case management*** is a new concept for Guizhou, which will be essential for increasing coordination among the three tiers of aged care and between aged care and health care. Guizhou plans to experiment with various case management models in rural and urban areas for home, community, and institutional care and explore coordination mechanisms among the three tiers of aged care services to build a continuum of care for the elderly. Under the Program, Guizhou will pilot home and community care, signing contracts with family and village doctors to deliver coordinated aged care and health services. It will also encourage local hospitals and aged care institutions to build effective partnerships that could promote better quality of care for the frail and disabled elderly and those with dementia. It will consider choosing one county or district with an adequate budget allocation to pilot the case management model before rolling it out.

43. ***Aged care skills*** will be enhanced and expanded under the Program. The provincial DOCA plans to organize training programs targeted at wage and family caregivers, professionals, managers, and government officials. At the same time, Guizhou plans to increase job attractiveness in the aged care sector and provide financial support for family caregivers. Before launching the training programs, DOCA will carry out training needs assessments by prefecture and will review the training capacities of candidate training institutions and schools. It will purchase training services from qualified training providers and monitor and assess the quality and outcomes of training activities to inform future planning and budgeting. In addition, DOCA will develop a job subsidy program for wage caregivers at aged care facilities and support measures such as respite services for family caregivers.

44. The establishment of a ***provincial cloud platform*** (PCP) will be instrumental to supporting the activities in the three RAs. The PCP will have information about the target population, their functional limitations, needs assessment, services received, and corresponding levels of subsidies. It will create a personal account following the Australian 'my aged care account' in which individuals will have access to their information. The PCP will also store information about providers such as contracts issued, services provided, and results of the enforcement of quality standards, which in turn will also be an input into the provider selection process. The PCP will also store information about budget planning, allocation, and execution, which will be an input for improved planning of aged care public financing. Most importantly, by using big data, the PCP provides a better way to monitor the quality of services for quality assurance, a critical challenge in the process of developing an aged care system.

45. **Results Area 3: Strengthening efficiency of aged care financing for the elderly.** Activities to be included in the Program boundary are to: (a) enhance the planning and utilization of public financial resources in the aged care sector by introducing a zero-based budget (ZBB) reform; (b) refine the decision process for new infrastructure investments in the aged care sector to comply with the provincial investment management guidelines; (c) enhance the service delivery and management of public aged care facilities through the promotion of institutional reforms, and enable the participation of private providers and operators in the aged care sector; and (d) establish a monitoring and evaluation (M&E) system, including setting up a provincial M&E framework, collecting quality data, and carrying out evaluations.

46. Guizhou plans to implement the ***zero-based budget (ZBB)*** reform to reduce current budget rigidity and fragmentation and to prioritize public financial resource allocations. The ZBB reform refers that the new budgeting process would start from zero as its base, and the budget planning, allocation and execution should be informed by actual local needs from market analysis and the gaps identified for the aged care system development.[18] Therefore, this reform would help DOCA better plan, execute, and manage scarce public financial resources and establish a transparent and predictable transfer mechanism. Under the Program, Guizhou will formulate provincial guidelines on ZBB planning and allocation for the aged care sector in the first year and implement the provincial guidelines at the district/county level in the following years. At Program completion, all districts and counties in the selected prefectures will be expected to have adopted and implemented the provincial guidelines for the aged care sector. This intervention will contribute to increased efficiency, affordability and sustainability of the aged care system in Guizhou.

47. At the micro level, Guizhou will refine the decision-making process for new infrastructure investment activities. Under the Program, DOCA will formulate the ***provincial investment management guidelines*** in the first year, laying out the principles, scope, priorities, approaches, and procedures to guide new infrastructure investment for the aged care sector. The provincial investment guidelines will be implemented at the district/county level, which will be part of the Program Action Plan (PAP). Moreover, DOCA will formulate the ***provincial operational management (OM) guidelines*** that will support the reforms of public aged care facilities such as public welfare homes in rural and urban areas, urban community daycare centers and rural happiness homes. The reforms will introduce a mechanism with rules, procedures and specific requirements for overseeing the operations of public aged care facilities, including the publicly-owned and publicly-operated ones and the publicly-owned and privately-operated ones. These interventions aim to improve the quality and efficiency of public aged care facilities.

48. ***Purchase of aged care services*** is a new business model in China and Guizhou**.** Following the national policy initiatives on purchase of aged care services,[19] Guizhou plans to expand coverage of basic aged care services through increased public spending to mobilize the participation of private service providers. Under the Program, DOCA will develop the guidelines to regulate the purchase and private provision of aged care services. The guidelines will lay out the selection principles and procedures for service providers, contracting requirements, eligible activities, performance indicators, and monitoring and verification procedures, as well as financial reporting requirements, the terms of payment, and disbursement arrangements. Developing the provincial guidelines on the purchase of aged care services will be part of the PAP to be implemented at the district/county level.

49. Guizhou will establish a ***comprehensive M&E system for aged care*** under the Program. With

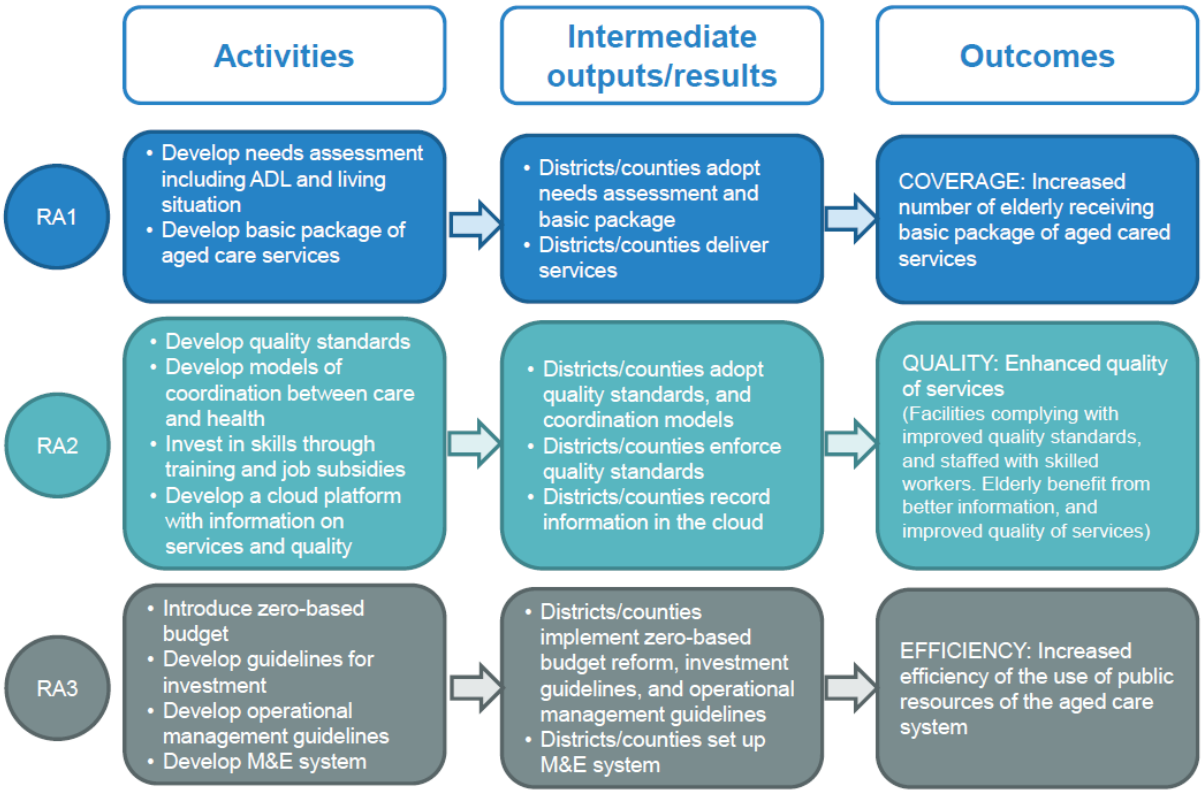
[18] Traditionally, the incremental increase approach was adopted for budgeting, which took the actual spending in the previous year as the base and added a marginal increase for the new budget in the coming year. Based on the ZBB approach, a ledger will also be set up for keeping records, accounting and reporting of the budget planning, allocation, and execution process in alignment with the existing budget line.

[19] See MOF, NDRC, MOCA and the National Aged Commission Office. 2014. *A Notice on Government Purchase of Elderly Care Services;* MOF, MOCA, and the State Administration for Market Regulation. 2014. *An Interim Measures on Government Purchase of Services.* According to those initiatives, the scope of government purchase of services includes basic public services, social administration services, sectoral management and coordination services, and technical services.

technical support from the World Bank and AFD, Guizhou DOCA will develop an action plan on the M&E framework at the provincial level in the first year and carry out the provincial M&E framework at the district/county level in the following years to collect essential information and data through administrative channels. The M&E system will also include the household survey for the elderly and their families, and facilities/service providers surveys at the three tiers to evaluate the impacts of Program interventions. Using the information and data collected, annual assessment reports will be produced on service delivery, quality enhancement, and PFM to inform decision making and further reforms.

50. **The results chain of the Program is presented in Figure 2.** It summarizes the activities, intermediate outputs and results, and outcomes by RA. The first results chain focuses on the coverage expansion of aged care services, along the dimensions described in RA1. The second results chain focuses on quality enhancement, and the third chain focuses on improved efficiency of public resources. In all cases, all the activities start at the provincial level, with Guizhou formulating the assessment toolkit, packages, standards, and guidelines. The intermediate results are the implementation of these provincial tools by districts and counties. Once the activities are fully rolled out, the outcomes can be seen. The province will also invest in certain activities such as the PCP, skills development for the aged care sector, and the M&E system, which will further contribute to achieving the outcomes and PDO.

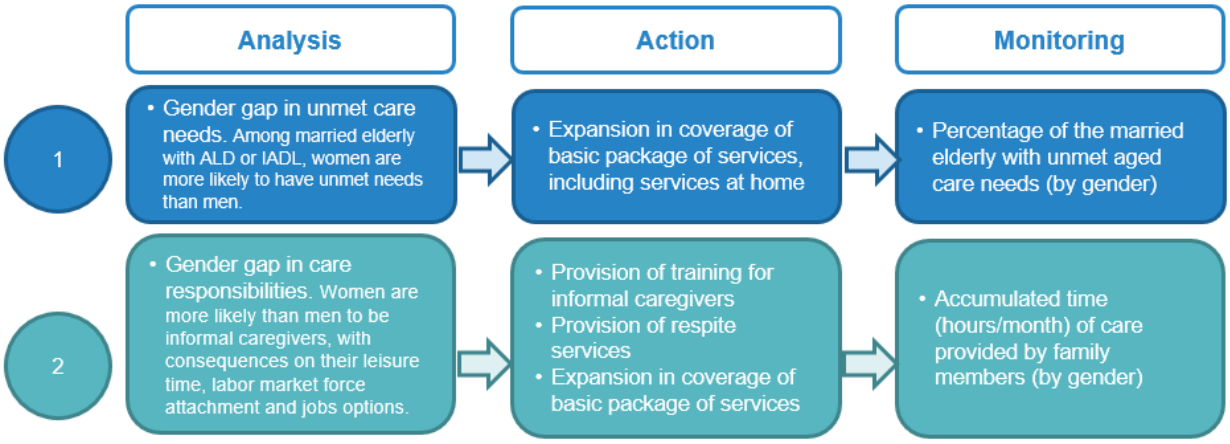
Figure 2: Theory of Change—the Results Chain



51. **The Program seeks to narrow important gender gaps.** There are several gender gaps related to aged care. The multiple dimensions, and the different strengths of each of the drivers and constraints

affecting gender gaps, are explained at length in the Technical Assessment. Among all the identified gaps, there are two the Program is likely to contribute to narrow and with the indicators in the Results Framework (RF) to monitor progress. The first gender gap is on unmet care needs among married elderly couples with ADL or instrumental activities of daily living (IADL) needs, where women are less likely than men to receive care (about 10 percent, after controlling for other factors).[20] Increasing access to the basic package of aged care services for both men and women should contribute to close this gap in unmet needs. This will be monitored by measuring the percentage of the married elderly with unmet aged care needs (by gender). The second gender gap is on the burden on informal caregivers (within or outside the family). These caregivers are disproportionately likely to be female.[21] Family caregivers are less likely to work, and conditional on working, female caregivers will work about 3 fewer hours per week (compared to male caregivers who will work 6 more hours when there is an elder in need of care). The expansion of the basic package, including in particular the provision of respite services and training for informal caregivers, should contribute to alleviate the burden of women in charge of this work. This will be monitored by the accumulated time (hours/month) of care provided by family members (by gender). Figure 3 summarizes the theory of change for these gender gaps within the Program.

Figure 3. Theory of Change for Closing Gender Gaps



52. **Guizhou is vulnerable to climate change caused by the mountainous topography and humid monsoon weather.** Between 1961 and 2010, the annual average temperature in Guizhou increased by 0.5 to 1.0 Celsius and is projected to increase under all emissions scenarios by at least 1.0 C by 2100.[22] The average annual precipitation is 900—1,500mm.[23] Over the same 50-year period, the average seasonal precipitation for the spring and autumn in Guizhou declined, whereas the summer and winter precipitation

[20] For more details see Chen, Giles, Wang and Zhao.2018. "Gender Patterns of Eldercare in China." *Feminist Economics*. 24 (2), 54-76.
[21] For more details see Glinskaya and Feng eds. 2018.*Options for Aged Care in China*. Directions in Development. Washington DC. World Bank
[22] Asian Development Bank. 2017. *Climate Change Assessment for People's Republic of China: Guizhou Rocky Desertification Area Water Management Project*.
[23] See *http://www.chinatoday.com/city/guizhou.htm*.

increased, the scenario analysis shows varying trends for the rest of the 21st century.[24] These changes in climate are expected to exacerbate extreme weather events in the region, including heavy rain, flooding, drought, freezing rain, and landslides. The elderly are particularly vulnerable to climate variability which will have negative impacts on their health and wellbeing. Recent research found that warmer temperatures increase the likelihood of the elderly being underweight and an increase in temperature anomalies makes the elderly more susceptible to respiratory and gastrointestinal symptoms, headaches and dizziness, joint and muscle pains, and skin conditions.[25]

53. **The Program will address climate change vulnerability and contribute to climate co-benefits through two channels.** The first channel is to increase the adaption capacity in response to extreme weather conditions. Under the PCP, a weather and disaster warning platform will provide real time information to the aged care facilities (ACFs), in particular to those in rural mountainous areas, to take preventive measures by customizing service provision based on the individual health profile. Training activities will be carried out for managers, caregivers and the elderly to improve their ability to respond to natural disasters and emergencies. The elderly will be provided with knowledge on the climate changes, their impacts, and countermeasures such as choosing suitable weather conditions for outdoor exercises and appropriate indoor temperature for daily living. The adaptation measures are vital for the safety and security of the elderly and service continuity, especially during extreme events. The second channel is to achieve substantial energy efficiency through mitigation for the ACFs. The establishment and operation of the ACFs will adopt energy efficiency measures exceeding the regular standard requirements and specifications of the Governments. The site selection for the new ACFs will analyze local topography and climate conditions to minimize the potential risks. The specific energy efficiency measures include: (a) energy-saving architecture design; (b) energy-saving materials and equipment introduced to reduce heat transmission and infiltration; (c) installation of energy saving lighting equipment and intelligent light control systems; and (d) utilization of renewable energy such as solar energy, and biogas. The development of PCP will adopt advanced ICT technologies, energy efficiency IT infrastructure, and energy-saving equipment.

54. **The climate change adaptation and mitigation measures are incorporated into the Program design, including the disbursement-linked indicators (DLIs) and the PAP.** The climate change adaptation and mitigation measures will be an integral part of the Program activities, which will significantly contribute to climate change co-benefits. For the adaptation part, the activities under DLIs 1, 2, 3 (needs assessment, eligibility determination, and service delivery) and information to be collected and stored in the PCP will be linked with the weather and disaster warning platform for risk managment and action-taking. The training activities (DLI 5) will help increase the awareness and improve resilience capacity. For the mitigation part, energy-saving measures will be built into the core service and infrastructure standards (DLI

[24] Asian Development Bank. 2017. *Climate Change Assessment for People's Republic of China: Guizhou Rocky Desertification Area Water Management Project*.

[25] Mueller, V., and C. Gray. 2018. "Heat and Adult Health in China." *Population and Environment*. 40: 1. *https://doi.org/10.1007/s11111-018-0294-6*. Leyva, E. W., A. Beaman, and P. M.Davidson. 2017. "Health Impact of Climate Change in Older People: An Integrative Review and Implications for Nursing." *Journal of Nursing Scholarship*. 49: 670-678. doi:10.1111/jnu.12346. https://www.ncbi.nlm.nih.gov/pubmed/29024396.

4) and integrated into the OM of the public ACFs (DLI 7). The Implementation of these measures will be guaranteed by the resource allocation at the high-level policy measures, such as the overarching principles for budget allocation in the ZBB guidelines (DLI 6), and the investment management guidelines for specific investment projects (included in the PAP). Moreover, the PCP—one of the important Program activities at the provincial level (included in the PAP)–will utilize disruptive technology to support an energy-saving monitoring Internet of Things, which will monitor and optimize the energy saving management at ACFs in real time, and use Big Data to support service delivery, quality enhancement, and public financing management at all levels.

Table 1: Program Financing

Source	Amount (USD Million)	Percentage of Total
Counterpart Funding – Borrower	1,199.80	72.1
International Bank for Reconstruction and Development (IBRD)	**350.00**	21.0
Cofinancing - Other Sources (IFIs, Bilaterals, Foundations) FRANCE: *Agence Française de Développement*	114.52	6.9
Total Program Financing	**1,664.32**	

55. **The Program financing will amount to USD 1,664.32 million over the period 2019—2024 (Table 1).** Of this amount, 21.0 percent (USD 350 million) will be financed by the World Bank, 6.9 percent (USD 114.52 million) from the AFD loan, and 72.1 percent (USD 1,199.80 million) from counterparts at the provincial level and the five Program prefectures. The expenditure boundary of the Program overlaps with the boundary of the Government budget for the aged care sector (i.e., excluding ACIF), except that the geographic coverage of the Program will be restricted to the scope at the provincial level and the five Program prefectures in Guizhou. Within the Program, 45.8 percent of the budget will be used to support expanded coverage of basic aged care services (RA1), 18.1 percent is expected to be invested in the quality enhancement of aged care services (RA2), and the remaining 36.1 percent will help strengthen the efficiency of aged care financing for the elderly (RA3).

56. **The expenditure framework assessment (EFA) indicates that aged care public spending in the past was heavily driven by infrastructure and channeled toward institutions**. About 66.5 percent of total expenditures was used for input subsidies for beds and equipment or direct investment for construction of new aged care institutions and facilities (see the Technical Assessment report). Expenditures on service provision, operations, and workforce training were disproportionately low, which might be one of the factors leading to the low bed occupancy rates and low quality of services in many public aged care facilities. Moreover, 92.4 percent of total expenditure was geared toward residential institutions, leaving only 4.5 percent for home and community-based facilities, which sustained the fast growth of aged care

institutions over the 12FYP but left a big gap in the development of the home and community-based aged care system.

57. **The budget projections suggest that public financing will be adequate to sustain the increasing expenditures for developing the aged care system in Guizhou**. The historical budget data from each government level shows a steadily increasing trend. In the coming years, the provincial and sub-provincial Governments of Guizhou have committed to increasing the government budgets on aged care significantly, but they will channel more resources to support the provision of home and community-based aged care services and quality enhancement. The Welfare Lottery Fund will continue to be an important source of financing for the development of the aged care system after 2020. Most importantly, the zero-based aged care budgeting reform will help the Government better plan, execute and oversee the scare public financial resources for the Program and build a mechanism that will address the issues of affordability and sustainability in the long run.

D. Disbursement Linked Indicators and Verification Protocols

58. **The formulation of DLIs is based on the possibility of timely measurement and contribution to PDO achievement.** The use of hybrid DLIs, which combine formulation of the new policies and their subsequent implementation/roll-out, responds to the need to strike a balance between funding needs and the importance of the initial steps in the overall program design. Program funds will be disbursed through seven DLIs. The selection of DLIs reflects the key intermediate results and outcomes needed to achieve the PDO based on the theory of change (Figure 2). The DLIs are summarized in Table 2, the justification for DLI formulation is provided in Table 3, and the complete DLI matrix can be found in Annex 2.

Table 2. Summary of Disbursement-Linked Indicators by Results Area

Result Area/DLIs	IBRD Financing EUR Million (%)	AFD Financing EUR Million (%)
Results Area 1: Expanding coverage of basic aged care services for the elderly		
DLI 1. Development of the needs assessment toolkit and number of Program districts/Program counties where implementation of the needs assessment toolkit has occurred	28.66m (10%)	10m (10%)
DLI 2. Development of the basic package of aged care services and number of Program districts/Program counties where implementation of the basic package of aged care services has occurred	28.66m (10%)	10m (10%)
DLI 3. Number of eligible elderly receiving the basic package of aged care services	57.32m (20%)	20m (20%)
Results Area 2: Enhancing quality of aged care services for the elderly		
DLI 4. Development of the aged care quality standards and number of facilities complying with the aged care quality standards	57.32m (20%)	20m (20%)
DLI 5. Number of wage caregivers receiving training and certification in the aged care sector	28.66m (10%)	10m (10%)
Results Area 3: Strengthening efficiency of aged care financing for the elderly		

DLI 6. Development of the zero-based aged care budget planning and allocation (ZBB) guidelines and number of Program districts/Program counties where implementation of the ZBB guidelines has occurred	57.32m (20%)	20m (20%)
DLI 7. Development of the operational management (OM) guidelines for public aged care facilities and number of Program districts/Program counties where implementation of the OM guidelines has occurred	28.66m (10%)	10m (10%)

Note: (a) In this table, the World Bank loan allocation to each DLI is in EUR to keep consistency with the Loan Agreement (LA), and (b) The World Bank loan allocation to the DLIs is EUR 286.6 million as the front-end fee, interest, and commitment charge are deducted from the World Bank loan.

Table 3. Justification for DLI formulation
Results Area 1: Expanding coverage of basic aged care services for the elderly
DLI 1. Development of the needs assessment toolkit and number of Program districts/Program counties where implementation of the needs assessment toolkit has occurred
DLR 1.1. DOCA has developed the needs assessment toolkit. This is an indispensable first step in identifying the target population who will be considered for the basic package of aged care services. DLR 1.2. Implementation of the needs assessment toolkit has occurred in 48 Program districts/Program counties (scalable). This means that Program districts/Program counties have adopted and carried out the provincial needs assessment methodology and instruments by assessing people age 60 and older
DLI 2. Development of the basic package of aged care services and number of Program districts/Program counties where implementation of the basic package of aged care services has occurred
DLR 2.1. DOCA has developed the basic package of aged care services. The first fundamental step is to define the list of services and to determine the level of subsidy for services in the list. DLR 2.2. Implementation of basic package of aged care services has occurred in 48 Program districts/Program counties (scalable). This means that Program districts/countries have adopted and carried out the provincial basic package and delivered the aged care services to the eligible elderly
DLI 3. Number of eligible elderly receiving the basic package of aged care services
DLR 3. 402,000 eligible elderly receiving the basic package of aged care services (scalable). This DLI measures the outcome—the total number of beneficiaries, which will be verified by using the administrative data stored in the PCP and spot checks. The year-5 target is approximately 67 percent of the estimated population with ADL needs in the five Program prefectures
Results Area 2: Enhancing quality of aged care service for the elderly
DLI 4. Development of the aged care quality standards and number of aged care facilities complying with the aged care quality standards
Quality improvements in the provision of services and conditions of facilities are an essential part of the Program as their benefits will go beyond the target population receiving the basic package. DLR 4.1. DOCA has developed the aged care quality standards. The first step is for DOCA to redefine the standards for the services and facilities at each of the three-tiers of care. DLR 4.2. 1,500 aged care facilities complying with the aged care quality standards (scalable). This means that Program districts/Program counties will adopt the standards and enforce them. This step will require inspection for compliance with the standards and registration of the results in the PCP
DLI 5. Number of wage caregivers receiving training and certification in the aged care sector
DLR 5. 19,000 wage caregivers receiving training and certification in the aged care sector (scalable). The expansion of service provision through the basic service package and beyond is expected to increase the demand for aged care givers. The Program will finance training of caregivers province-wide, which are recorded in the PCP

Results Area 3: Strengthening efficiency of aged care financing for the elderly
DLI 6. Development of the zero-based aged care budget planning and allocation (ZBB) guidelines and number of Program districts/Program counties where implementation of the ZBB guidelines has occurred
The expansion of quality services will not materialize if the Government does not allocate more resources to service provision and operating costs. DLR 6.1. DOCA has developed the zero-based aged care budget planning and allocation guidelines. This means that DOCA will provide guidance on the principles, methodologies, procedures, and templates for annual budget planning for aged care public financing and set up a ledger for recordkeeping, accounting and reporting of budget planning, allocation, and execution. DLR 6.2. Implementation of the zero-based aged care budget planning and allocation guidelines has occurred in 48 Program districts/Program counties (scalable). This means that Program districts/Program counties have adopted and carried out the budget guidelines, which are consistent with the requirements of the zero-based aged care budget planning and allocation guidelines and recorded in the PCP
DLI 7. Development of the operational management (OM) guidelines for public aged care facilities and number of Program districts/Program counties where implementation of the OM guidelines has occurred
Allocative efficiency gains can come from introducing competition between service providers and operators. DLR 7.1. DOCA has developed the operational management guidelines for public aged care facilities. DOCA will formulate the OM guidelines establishing rules, procedures, and specific requirements for managing and overseeing the operations of public aged care facilities including publicly owned and operated ones and publicly owned but privately-operated ones. DLR 7.2. Implementation of the operational management guidelines for public aged care facilities has occurred in 48 Program districts/Program counties (scalable). Program districts/Program counties will then put those guidelines into practice by standardizing the management of the publicly operated facilities and by signing contracts or establishing partnerships with the private sector to operate publicly owned facilities, which the PCP has the records for verification and management

Note: DLR=Disbursement-Linked Result

59. **The verification of achievement of DLIs will be carried out by an Independent Verification Agency (IVA).** Progress toward the achievement of the Program's objective will be verified on a yearly basis by the IVA. The IVA will provide independent confirmation of the achievement of results and report to the Borrower and the World Bank. The verification data will be drawn from the information management system as part of the cloud platform. The verification process will combine a desk review, with field visits, interviews, small-scale spot checks, and process evaluation.

III. PROGRAM IMPLEMENTATION

A. Institutional and Implementation Arrangements

60. **Program implementation will rely on existing Government agencies and structures.** The various levels of Governments in Guizhou show a strong commitment to developing and implementing the Program activities. The Government capacities are adequate for carrying out implementation. Guizhou DOCA is the responsible agency for the Program implementation. DOCA will develop the toolkits and guidelines, coordinate agencies across departments and Government levels, and carry out the M&E. The Program prefectures and Program districts/Program counties at the sub-provincial levels are responsible

for delivery of the basic package of services, investments in upgrades and/or new facilities, and implementation of provincial guidelines.

61. **At the provincial level, an Aged Care Leading Group (ACLG) will be established to provide leadership, policy guidance, and coordination in the preparation and implementation of the Program.** The ACLG is a decision-making body involved in the major policy issues and action plans on aged care system development in Guizhou. An Expert Steering Committee (ESC) will be established, responsible for providing technical advice and guidance for the implementation of Program activities such as the technical standards for aged care services, needs assessment tools, implementation procedures, the package of basic aged care services, and purchase of aged-care services. The ACLG will coordinate the relevant government agencies such as the Finance Bureaus (FB), Development and Reform Commissions (DRC), Health Commission (HC), and Human Resources and Social Security Bureaus (HRSSB) to make joint efforts to support the development of the aged care system in Guizhou.

62. **DOCA has established the Guizhou Aged Care Office (GACO) to oversee implementation of the Program.** It is led by the Director of Social Welfare and Charity Division of DOCA and comprises key staff members from other divisions and agencies. GACO has recruited an experienced team to provide operational support during the implementation. It will work with all aged care offices at the provincial, prefecture and district/county levels on development of the provincial aged care system (including aged care service providers and facilities) and carry out capacity building and training activities. It will also serve as the coordinator between the WBG, the AFD, and all counterparts in Guizhou during Program implementation.

63. **At the local level, the Program prefecture and Program district/county civil affairs bureaus (CABs) are responsible for implementation.** The structure at the prefecture and district/county levels mirrors that at the provincial level, with a leading group (LG) and an office in each prefecture and district/county of the Program. The Program district/county will carry out the policies, standards, and guidelines developed at the provincial level and is responsible for local level Program implementation across the three RAs. The aged care service delivery system is extended to urban communities and rural villages where the most intensive interactions with direct beneficiaries take place. The street/township Governments and community/village committees will provide support in terms of human resources.

B. Results Monitoring and Evaluation

64. **Under this Program, the PCP will constitute the backbone of the M&E of the Guizhou aged care system.** The PCP will store and provide detailed information about the elderly population (e.g., basic individual socio-demographic characteristics, data from needs assessments, data from income/assets test, and consumption of the basic package), private service providers (e.g., contracts signed to provide basic package, services delivered, and private operators in the sector), service provision (e.g., type and price/cost of aged care services), and staff (e.g., trained staff, job placement, qualifications, wages, and benefits). The administrative data will be complemented by the tailored household survey and service provider survey to assess the quality of aged care services delivered and the satisfaction of the elderly and their families. The PCP will also register the results of quality inspections for both services and facilities. M&E should be used

to better inform the Program implementation and management. More broadly, it will be used to oversee the aged care sector and industry in Guizhou. Hence, while the PCP will have several functionalities including production of several standard reports, DOCA is expected to strengthen its technical capacity to analyze administrative and survey data for evidence-based policy making.

65. **The M&E of the Program will be the responsibility of DOCA, which will rely on various data sources to report to the WBG.** The scope of M&E for the Program includes service delivery, quality enhancements, and public budgeting and financial management (FM). The results of the M&E should go beyond the reporting needed for the Results Framework and achievement of DLIs. The public budget and expenditure data stored in the PCP can be used to monitor the budget and all the financial expenses and transfers from different levels of Government. This data source tracks the flow of money from the upper levels to the lower levels of Government, as well as the categories of expenditures, as described in the EFA and detailed in the Fiduciary Assessment. In addition, GACO will conduct relevant surveys on the elderly and their families and on aged care facilities to assess the service innovations and their social and economic impacts. Finally, there will be a paper trail with monitoring data coming from the regular reporting from district/counties to prefectures, and from Program prefectures to DOCA.

C. Disbursement Arrangements

66. **The World Bank and AFD will disburse the loan proceeds respectively through the seven DLIs under the Program.** The World Bank and AFD will harmonize their approaches by adopting the same results framework to measure Program achievements and using the same DLIs for disbursement. The AFD will jointly finance the Program by contributing a fixed portion of its loan to each DLI, which will be disbursed upon achievement of the corresponding DLR. The World Bank will provide Program disbursement services to the AFD. The annual disbursement amount has been estimated by considering the timeframe for achieving the annual target of each DLI and budget needs, but there is no restriction on early achievement of the DLIs. All releases of DLI amounts will be done after verification of DLI achievement by an IVA according to the verification protocols.

67. **The Guizhou DOCA will be responsible for consolidating all the data from the provincial, prefecture and district/county levels, facilitating the verification process and submitting a consolidated report to the Guizhou Department of Finance (DOF)**. DOF will inform the World Bank through a Results Achievement Notification Letter and provide the IVA's verification report. The World Bank will review the submitted documentation and request any additional information considered necessary to verify achievement of the DLIs. The China Country Director will inform the Borrower of the World Bank's acceptance of the evidence of results achievement and the amount of loan proceeds to be disbursed. Guizhou DOF will then submit the withdrawal application (WA) via the e-disbursement system. The World Bank will promptly notify the AFD that the requested amount has been determined to be eligible for disbursement in accordance with the legal agreement with the AFD. The disbursement will be deposited in bank account(s) designated by the Borrower and acceptable to the World Bank and AFD. If the AFD does not approve the payment requested in the WA, it shall promptly inform the World Bank and the Borrower of its decision and the basis for such decision.

68. **The World Bank will advance to the Borrower up to EUR 76.4 million, 25 percent of the total IBRD financing for this Program**. The advance will complement the Government funds to carry out the pilots of the key interventions of the Program (i.e., needs assessment, provision of basic aged care services, compliance of quality standards, budget planning) for rolling out in the Program districts/counties. When the DLR of a DLI against which an advance has been disbursed is achieved and verified, the World Bank will record an amount of the advance as disbursed after it has notified the Borrower of its acceptance of the evidence of achievement of the result for which the advance was provided. The amount recovered will become available for further advances. This rolling advance will be adjusted against the claims for disbursement against DLIs. The World Bank requires that the Borrower refund any advances (or portion of advances) if the DLIs have not been met (or have been only partially met) by the closing date of the Program, promptly upon notice thereof by the World Bank. The Borrower has selected a euro-denominated, commitment-linked loan, based on six months EURIBOR plus a variable spread. It has also selected all conversion options, level repayment profile, a final maturity of 34 years, including a six-year grace period, with repayment dates of March 15 and September 15 in each year. The front-end fee, the commitment fee and interest during implementation will be financed out of the IBRD loan proceeds. Based on the financial cost estimated by Guizhou, the loan amount of EUR 286.6 million will be allocated to the seven DLIs.

D. Capacity Building

69. **The Program spans responsibilities across provincial, prefecture, district/county, and community/village level actors.** The success of the Program will hinge on the success of the elderly-centered approaches together with reforms and innovations. There is an annual mechanism of bottom-up budgeting from districts/counties for the aged care sector, coupled with transparent and accountable financing and M&E support from higher levels of Government. These will also need to work in tandem with the aged caregivers, service providers and operators, third parties, and system administrators integral to the Program.

70. **The Guizhou Government has devoted major resources to the Program, but capabilities at the different levels can be strengthened to ensure the achievement of results across Program districts/counties more efficiently and effectively.** With Program districts/Program counties having the core responsibility for achieving most DLIs, capacity gaps remain in terms of how to design and implement specific Program activities to enhance their social welfare impact, how to monitor the results effectively, and how to strengthen the linkages among inputs, outputs, and outcomes. While improved public finance systems have been established, many Program management steps are still manual and labor-intensive. The provincial DOCA, with its focus on accurate M&E of aged care outcomes and related inputs (financing) can play a significant role in improving the efficiency and impact of the Program by providing districts/counties with support to better align activities with intermediate outputs and outcomes.

71. **Under the Program, the AFD will provide grant-funded technical support to help strengthen capacity building.** It will cover the following activities: (a) strengthening France-Guizhou exchanges through high-level exchanges; and (b) developing aged care tools and mechanisms for (in priority order):

(i) training of caregivers and managers; (ii) needs assessment toolkits, the basic service package and subsidy criteria, and aged care service evaluation (M&E); (iii) purchasing of aged care services, and case management guidelines; and (iv) facilitating the exchange of practitioners between France and Guizhou.

IV. ASSESSMENT SUMMARY

A. Technical (including program economic evaluation)

72. **The Technical Assessment has established the rationale for the Program intervention, its boundary and expenditure framework, and the economic return to the investment[26].** The two main goals of the Government of Guizhou for the aged care sector are to further protect the most vulnerable groups of the elderly by expanding the basic package of aged care services, and to develop the market for aged care services and products. The contribution of the Program financing will be to help strengthen the functions of the provincial Government, including the stewardship role, policy guidance for implementation of activities by local Governments, and monitoring of results. At the same time, it will help strengthen budget planning and execution, the institutional arrangements across sectors and across levels of government, and the information requirements for implementing and monitoring the activities needed to achieve the results. Through provision of a basic package of aged care services purchased from private providers, the Government of Guizhou and the Program will serve the most vulnerable elderly and help create steady demand to develop the aged care market. During the Program cycle, the key milestones are included as DLIs with supported activities such as the PCP and the investment management guidelines included in the PAP. The proposed set of reforms will complement the impressive progress made during the 12FYP period, when large investments in infrastructure were made.

73. **The Program boundary is defined based not only on activities but also on geography and sources of financing.** The rationale for supporting the selected prefectures relies on an experimentation approach, which first deploys the Program in the districts and counties that have the good capacity to implement the reform as well as a sound public financial position. With the lessons learned from these prefectures, the reforms will be adjusted as needed to be fully rolled out in the rest of the province. Using a market-based mechanism, the ACIF will be managed and operated independently and focus on infrastructure and aged care product development and on profit-making in investment decisions. DOCA decided that the ACIF will be outside the Program but will facilitate the building of a mutually supportive relationship between the Program and the ACIF.

74. **The economic analysis indicates that the Program will have substantial benefits for the aged care sector, improve the efficiency of public resources, and bring welfare gains for the elderly and their families.** Based on the provincial input-output table, the multiplier effects of the Program are estimated to be about 3.34 times the value of the Program investment. The effects will be obtained through the direct channel of providing health and social services and through the indirect channels of income-generating

[26] See the supporting Technical Assessment report for details. China: Guizhou Aged Care System Development Program—Technical Assessement.

activities in upstream and downstream sectors such as agriculture, wholesale, and retailing, and other sectors. The multiplier effects will be realized in increases in value added and job creation. The efficiency gains in public resources are estimated to bring an 8 percent increase in economic benefits, coming from the reallocation of resources away from infrastructure and toward services[27].

75. **The third dimension of benefits is the increase in welfare of the elderly and their families, although it is not easy to quantify.** The Technical Assessment attempts to estimate it by projecting the increases in wages of family members who, once relieved of their care duties, increase their labor market participation as well as by projecting the reduced medical expenses resulting from improved aged care and preventive health practices for the elderly receiving the basic package. However, the social benefits will go beyond these measures, as having access to these services is expected to bring a sense of security and even longer life, to which it is harder – if not impossible – to attach a monetary value.

B. Fiduciary

76. **Adequacy of Program's fiduciary systems.** The World Bank's fiduciary team assessed the Program's FM and procurement systems and concluded that the systems are broadly adequate to meet the requirements set forth in the World Bank's PforR Policy and Directive.

77. **Procurement overview.** The Government of China accounts with a robust Procurement legal framework, which includes the Tendering and Bidding Law (TBL) effective on January 1, 2000 and revised on December 28, 2017; the Government Procurement Law (GPL) effective on January 1, 2003; as well as the implementation regulations enacted by Governments at the national, provincial, prefecture, and district/county levels. In addition to the procurement laws and regulations, the procurement systems in Guizhou province and the five Program prefectures will sufficiently assure adequate levels of transparency, competitiveness, efficiency and fairness. The National Government has recently issued directives for the government purchase of aged care services. The Program activities include: consulting services such as development of the needs assessment toolkit, the basic package, the aged care quality standards, and the M&E framework; non-consulting services such as purchase of the basic package of aged care services for the eligible elderly in urban and rural areas; and procurement (equipment and works) such as establishment of the PCP, as well as infrastructure improvement for aged care facilities.

78. **Key procurement risks and mitigation measures:** The team has identified three major risks. The first risk is lack of experience in purchase of aged care services. The procuring entities have little previous experience in this area. Given that purchase of services will account for a large portion of procurement, the provincial DOCA should explore the possible procurement approaches that might be a better fit within the existing structure of laws and rules. The approaches will be included in the Operations Manual as guidance for the procuring entities. A second risk is the involvement of many procuring entities and stakeholders. Their procurement capacities vary materially. The provincial DOCA should take the lead to constantly enhance procurement capacity by sharing the knowledge and lessons learned at different levels.

[27] Section 6 of the Technical Assessment report has detailed information on the economic impacts of the Program intervention.

A third risk is unawareness of the World Bank's debarment and suspension list, which could lead to awarding of contracts to firms or individuals ineligible for World Bank financing. Guizhou is committed to take all appropriate measures to ensure that the Program is carried out in accordance with the World Bank PforR Anti-Corruption Guidelines. The Operations Manual will specify that the procuring entities should report to the World Bank the cases of fraud and corruption on a regular basis in the Program progress report, and the World Bank has the right to conduct an inquiry into such allegations or other indications independently or in collaboration with Government counterparts. To mitigate the risk of unawareness of the World Bank's debarment and suspension list, the Operations Manual should clearly state that the procuring entity shall take responsibility for verifying whether the selected firm or individual is enlisted and checked against the debarment and suspension list.

79. **Financial management overview.** The Government of China has well defined policies on how public funding for aged care can be spent. PFM policies and procedures are largely defined at the national and provincial levels and are relatively consistently adhered to at lower levels of Governments. PFM systems, including planning, budgeting, accounting, financial reporting, internal control and external audit function reasonably well and provide adequate control over Program expenditures. The Program budget is prepared with due regard to Government policies and implemented in an orderly and predictable manner. The aged care budget appears adequate and overall fiscal sustainability is acceptable. Three funding sources with two budgeting and funds flow channels incurred under the budget codes 208 and 229 will exist under the Program. Based on the existing budget law, the IBRD loan and AFD loan for which the Government would take a guarantee obligation cannot be integrated into the existing general budget and treasury system and will follow separate budgeting and funds flow arrangements. Preparation and auditing of a Program specific financial report is required. Annual audit of the Program expenditures will be submitted to the World Bank no later than nine (9) months after the end of each fiscal year. To meet the fiduciary requirements for PforR, the Program specific arrangements on planning, funds flow, accounting, and external audit concurred with the World Bank are addressed in the related mechanism and guidelines.

80. **Key financial management risks and mitigation measures:** The financial system assessment also identified funds flow, accounting and reporting risks. One risk is the effective management of the Program funds. Two separate budget planning and allocation lines—one for general budget and one for foreign loans—must go through under the Program and cover 5 prefectures and 48 counties, which may cause ineffective management of Program funds. This risk will be mitigated by a Program specific mechanism integrating the planning and funds flow of the two budget lines produced by the provincial DOCA and the provincial Finance Bureau, concurred with the World Bank and strictly followed by the relevant agencies. A second risk is inadequate financing reporting information. The Program financial statements cannot be generated from the existing financial reporting system to meet the World Bank's PforR fiduciary requirements, and the existing financial report lacks adequate information to support value-for-money decision making. The team suggested that a provincial guideline for ledger set-up and financing reporting be introduced to strengthen Program financial reporting. The third risk is inadequate auditing arrangements. The existing government auditing arrangements may not fully cover the Program transactions on an annual basis. As such, a Program specific financial audit is required to avoid the risk of weak audits, at least in the initial years of the Program.

C. Environmental and Social

81. **The Environmental and Social Systems Assessment (ESSA) finds the existing legal and regulatory frameworks for social and environmental management relevant to the activities supported under the Program are consistent with the World Banks's PforR Policy and Directive.** The environmental and social screening of the activities within the Program boundary has allowed exclusion of those activities with significant adverse impacts that are sensitive, diverse, or unprecedented on the environment and/or affected people and has identified recommendations to improve the Government's processes. Health care facilities are hence limited to Class l, according to the specifications for categorization of health care facilities in China. Consultations with Government departments and site visits in Guizhou at the provincial, municipal, county, township, and village levels, have demonstrated that the institutional arrangements at the Program level have been clearly established and that the continuum procedures (e.g., review, approval, monitoring, training, certification, examination and supervision, and grievance redress) have been well operated and maintained.

82. **The Program is expected to bring positive environmental, social, and health benefits by increasing equitable access to a basic package of aged care services and to strengthen the effectiveness of the aged care system in Guizhou, which will directly benefit about 3.72 million urban and rural elderly people.** By increasing access to aged care services among poor elderly, the Program will help address the substantial disparity between urban and rural areas in terms of accessibility and quality of aged care. The selection of prefectures includes some with a high proportion of ethnic minority populations who will benefit from the Program. Moreover, improved training and quality standards will enhance the protection of aged care and health care workers. In addition, improved management practices for medical waste in the selected five cities and prefectures will strengthen the system.

83. **Some of the activities supported under the Program have potential negative impacts and risks**. Considering the geographical coverage and nature of the Program activities, OP 7.50 on International Waterways or OP 7.60 on Disputed Territories are not triggered. However, in the construction stage, the negative environmental impacts identified are dust, wastewater, solid waste, waste gas, vegetation clearing and soil erosion, and minor social interference. Fire safety, air emission, medical waste and radiation risks may occur in the operational stage. Of these, medical waste and radiation management are considered the main issues from an environmental, health, and safety perspective.

84. **During the screening, it was noted that several good practices are followed, for example with medical waste.** The medical waste categorization system, medical waste management plan, and ad-hoc training program are practiced, and there is regular supervision of the effectiveness and performance of internal medical waste management. A minimum disposal capacity has been established, and the disposal facilities use state-of-the-art technologies for medical waste disposal and pollution control. However, given that most of the disposal facilities adopt the wet thermal technology that is not capable of dealing with anatomical wastes, an exclusionary criterion has been determined to ensure the health care service under the Program is only limited to Class I health care facilities, according to the specifications for categorization of health care facilities in China.

85. **Good practices are also followed for radiation risks.** According to domestic regulations, the Class I health care facilities will use only the Class III radioactive devices for diagnosis purposes. Documentation, procedures and capacity are in place to manage the radiation impacts and risks in the Class I health care facilities and local communities. On radiation exposure of medical workers and communities, health care facilities in Guizhou have proper protection wear and shelter, and portable detectors are provided to monitor and control radiation leakage. For medical radiation equipment, the licensing, review and assessment, inventory, safe use, work-site detection, monitoring, maintenance, and emergency response are specifically required and regulated jointly by the Health Commission (HC) and Environmental Protection Bureau (EPB). The site visit confirmed that radiation management performance is satisfactory.

86. **The overall impact of land acquisition appears to be limited in scale and moderate in degree.** The overall scale of land acquisition will be relatively small. Moreover, the renovation of facilities or the construction of new ones will not raise risks such as those associated with large-scale housing demolition and/or displacement, including displacement of ethnic minorities.

87. **The beneficiary population and affected people should be consulted about the proposed Program activities, including both physical development and new procedures.** Public consultations and education programs for the elderly are necessary to increase their awareness of the Program, to ensure that their needs or demands are considered and incorporated into the Program. If the elderly have any dissatisfaction and wish to express their opinions on certain proposed activities, they should be able to voice their concerns through established grievance procedures under the Program. An appeal could proceed through several stages if the appellant is not satisfied with the initial response. The procedure should remain valid throughout the Program implementation period. These social impacts and risks are considered moderate, and suitable to the activities to be supported by the Program according to the World Bank's PforR Directive and Policy.

88. **Given these negative impacts and risks, the following recommendations have been developed and included in the PAP.** These recommendations include: (a) establishing an environmental screening mechanism; (b) improving the environmental performance in medical waste management; (c) conducting regular social monitoring and enhance the land acquisition monitoring process; and (d) enhancing the participation, consultation and grievance procedures for Program implementation.

D. Risk Assessment

89. **The overall risk is rated *Substantial***. In the Systematic Operations Risk-rating Tool (SORT) in the Technical Assessment report, the risk categories rated Substantial are: (a) Technical Design of Program; (b) Institutional Capacity for Implementing and Sustainability; (c) Fiduciary; and (d) Environmental and Social.

90. **The technical design of the Program aims to address the multiple dimensions of aged care service delivery, quality of aged care services, public financing and governance from a system-wide perspective.** The Program will support a series of innovations to increase access to the basic package of aged care services and strengthen the capacities for service delivery and governance at the provincial,

prefecture and county levels in Guizhou. To mitigate the risk, the provincial DOCA will develop the necessary needs assessment tools, basic service package, quality standards, and guidelines for budget planning and OM as designed in the three RAs to guide the implementation at the local levels. The district/county Governments will play a critical role in implementing in accordance with policy and technical guidance from the provincial level. The DLIs were selected with a focus on the primary innovations, and the DLRs capture the key milestones in achieving the objectives. Sufficient technical support is also essential to ensure that the principles are adapted appropriately. The joint World Bank and AFD team will provide technical support in the RAs as needed through the preparation and implementation period. In addition, the AFD will finance technical assistance to share the French experience and expertise in the focus areas.

91. **The institutional capacity for implementation risk is *Substantial*.** This is the first operation on aged care system development in Guizhou and the first World Bank operation to be implemented by Guizhou DOCA and local CABs. Therefore, there will be a continuous learning curve for the Government and the implementing agencies during Program implementation. On the government side, the risks will be mitigated by strong leadership and coordination between the province and prefectures, as well as among the relevant agencies at all levels. The Program will also carry out training targeted at government officials at all levels, managerial staff at the ACFs, and caregivers in the institutions and at home. The World Bank has provided and will continue to provide training on various aspects of the Program operations. The Program has designed the relevant DLIs to monitor progress toward the results in this regard and will develop an Operations Manual covering all operational aspects to guide implementation as defined in the PAP.

92. **The fiduciary risk is rated *Substantial.*** Guizhou has limited experience in service provision. Section IV-B presents the key procurement and FM risks and their mitigation measures. The fiduciary assessment report provides additional detailed analysis of the procurement and FM systems, key risks and mitigation measures.

93. **The overall environmental and social risks are rated *Substantial,* with the environmental risk as *Moderate* and the social risk as *Substantial*.** Section IV-C presents key environmental and social risks and mitigation measures, respectively.

94. **In view of the above, the overall risk rating is *Substantial*.** The joint World Bank and AFD team has conducted the three assessments and identified specific actions to mitigate the risks during Program preparation. The actions agreed with the Guizhou authorities will be included in the PAP. The joint team will continue to monitor the risks and provide risk-based support during implementation.

ANNEX 1. RESULTS FRAMEWORK MATRIX

PDO Indicators by Objectives / Outcomes	DLI	CRI	Unit of Measure	Baseline	Intermediate Targets (IT)					End Target
					Y1	Y2	Y3	Y4	Y5	Y6
Objective/Outcome 1: Increase equitable access to a basic package of aged care services										
PDO Indicator #1. Number of eligible elderly receiving the basic package of aged care services (by gender, by rural/urban area, by tier, by income status)	DLI 3		Number	0.00	1,000.00	21,000.00	108,300.00	213,300.00	312,100.00	402,000.00
Women			Number	0.00	300.00	6,000.00	36,000.00	105,708.00	158,875.00	201,000.00
Rural area			Number	0.00	750.00	185,000.00	99,200.00	191,979.00	280,862.00	361,800.00
Home and community-based care			Number	0.00	800.00	17,850.00	95,241.00	191,806.00	281,382.00	361,800.00
Tekun			Number	0.00	1,000.00	21,000.00	32,000.00	32,000.00	32,000.00	32,000.00
Dibao			Number	0.00	0.00	0.00	76,300.00	181,300.00	280,100.00	32,000.00
Low income			Number	0.00	0.00	0.00	0.00	0.00	0.00	50,000.00
Objective/Outcome 2: Enhance quality of aged care services										
PDO Indicator #2. Development of the aged care quality standards and number of aged care facilities complying with the aged care quality standards (by tier)	DLI 4		Text	0.00	Yes	200.00	425.00	906.00	1281.00	1,500.00
Community facilities			Text	0.00		130.00	283.00	633.00	901.00	1,100.00
Objective/Outcome 3: Strengthen efficiency of the aged care system										

PDO Indicators by Objectives / Outcomes	DLI	CRI	Unit of Measure	Baseline	Intermediate Targets (IT)				End Target
					Y1	Y2	Y3	Y4	Y5	Y6
PDO Indicator#3 Development of the zero-based aged care budget planning and allocation (ZBB) guidelines and number of Program districts/counties where implementation of the ZBB guidelines has occurred	DLI 6		Text	0.00	Yes	20.00	30.00	38.00	44.00	48.00

Intermediate Results Indicators by Results Areas	DLI	CRI	Unit of Measure	Baseline	Intermediate Targets (IT)					End Target
					Y1	Y2	Y3	Y4	Y5	Y6
Results Area 1: Expanding coverage of basic aged care services for the elderly										
Development of the needs assessment toolkit and number of Program districts/ Program counties where Implementation of the needs assessment toolkit has occurred	DLI 1		Text	0.00	Yes	10.00	22.00	33.00	43.00	48.00
Development of the basic package of aged care services and number of Program districts/ Program districts where Implementation of the basic package of aged care services has occurred	DLI 2		Text	0.00	Yes	10.00	22.00	33.00	43.00	48.00
Number of elderly assessed using the needs assessment toolkit (by gender, by rural/urban areas, by degree)			Number	0.00	150,000.00	1,077,000.00	1,484,100.00	2,025,725.00	2,443,550.00	2,474,000.00
Women			Number	0.00	50,000.00	420,800.00	669,534.00	1,001,836.00	1,221,775.00	1,237,000.00
Rural			Number	0.00	25,000.00	488,500.00	881,190.00	1,206,165.00	1,484,670.00	1,546,250.00
Screening only			Number	0.00	125,000.00	902,000.00	1,244,100.00	1,698,225.00	2,048,550.00	2,064,000.00
Professional assessment			Number	0.00	25,000.00	175,000.00	240,000.00	327,500.00	395,000.00	410,000.00
Percentage of the married elderly with unmet aged care needs (by gender)			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Women			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Results Area 2: Enhancing quality of aged care services for the elderly										
Number of communities that use health records for screening of the elderly's needs assessment			Number	0.00	0.00	1,440.00	3,384.00	5,274.00	6,732.00	7,200.00

Number of persons receiving training and certification in the aged care sector (by gender, by occupation)			Number	0.00	4,850.00	14,450.00	20,490.00	27,490.00	32,920.00	37,000.00
Women			Number	0.00	3,783.00	11,271.00	15,982.00	21,442.00	25,678.00	28,860.00
Wage caregivers			Number	0.00	1,250.00	7,250.00	10,500.00	13,900.00	16,900.00	19,000.00
Managers and adminitrators			Number	0.00	1,000.00	2,000.00	2,900.00	3,775.00	4,450.00	5,000.00
Doctors			Number	0.00	500.00	1,000.00	1,450.00	1,888.00	2,225.00	2,500.00
Government officials			Number	0.00	100.00	200.00	290.00	378.00	445.00	500.00
Graduates majored in elderly care			Number	0.00	2,000.00	4,000.00	5,800.00	7,550.00	8,900.00	10,000.00
Number of wage caregivers receiving training and certification in the aged care sector	DLI 5		Number	0.00	1,250.00	7,250.00	10,500.00	13,900.00	16,900.00	19,000.00
Number of wage caregivers receiving training and certification in the aged care sector (Women)			Number	0.00	1,000.00	5,800.00	8,040.00	11,190.00	13,620.00	15,000.00
Number of wage caregivers receiving job subsidies (by gender)			Number	0.00	0.00	4,000.00	7,600.00	11,100.00	13,800.00	16,000.00
Women			Number	0.00		3,200.00	6,080.00	8,880.00	11,040.00	12,800.00
Number of family caregivers receiving subsidies or respite services (by gender)			Number	0.00	200.00	1,400.00	2,390.00	3,440.00	4,220.00	5,000.00
Women			Number	0.00	170.00	1,190.00	2,031.00	2,924.00	3,587.00	4,250.00
Number of hours per week that family caregivers spent in providing aged care to their elderly recipients (by gender)			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Women			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
	Results Area 3: Strengthening efficiency of aged care financing for the elderly									

Development of the operational management (OM) guidelines for public aged care facilities and number of Program districts/Program counties where implementation of the OM guidelines has occurred	DLI 7		Text	0.00	Yes	10.00	22.00	33.00	43.00	48.00
Bed occupancy rate of 24-hour aged care facilities (by tier, by ownership)			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Institutions			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Community facilities			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Public-owned, public-operated			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Public-owned, private-operated			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Private			Text	TBD	TBD	TBD	TBD	TBD	TBD	TBD

Monitoring & Evaluation Plan: PDO Indicators	
Indicator Name	PDO Indicator #1. Number of eligible elderly receiving the basic package of aged care services (by gender, by rural/urban area, by tier, by income status)
Frequency	Annual
Data Source	Administrative data in DOCA Provincial Cloud Platform (PCP)
Methodology for Data Collection	The elderly refers to the population group aged 60 years old and above in accordance to the Chinese Law on Protection of Rights and Interests of the Elderly. The elderly who received a basic package of aged care services partially or fully subsidized by the Government, will be counted. This information will be disaggregated by gender, by tier, by urban/rural area, and by income status. The tier refers to home- and community based care services and institutional care services, respectively. The division of urban/rural areas refers to where the elderly live, either urban community or rural village. The income status is grouped into Tekun, Dibao, low income, and others. (Cumulative) Local CABs under the Program keep the records of the beneficiaries who received each type of aged care service included in the basic package, and the level of subsidy received. CABs enter data in DOCA PCP in real time. DOCA PCP produces a report with basic information on the beneficiary (name, identity (ID) number, address, gender, age, urban/rural, and district/county); the service(s) received; the level of subsidy; the provider (by tier, and ownership/management); and an aggregated report by beneficiary (name, ID, address, gender, age, urban/rural, district/country, and prefecture); and average value of services received.
Responsibility for Data Collection	Guizhou DOCA with inputs of each CAB
Indicator Name	Women
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Rural area
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Home and community-based care
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Tekun
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Dibao
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Low income
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	PDO Indicator #2. Development of the aged care quality standards and number of aged care facilities complying with the aged care quality standards (by tier)
Frequency	Annual
Data Source	Administrative records in DOCA PCP; DOCA standards documentation
Methodology for Data Collection	In Year 1, a set of core aged care quality standards will be developed by DOCA. This will determine the requirements for service standards and infrastructure standards for facilities, the level of compliance, the guidance for inspections procedures (responsibility, and frequency), grace periods for revision if compliance failure, penalties for noncompliance, grievances process. (binary YES/NO) In Years 2—6, corresponds to the number of aged care facilities at the community and institutional level, as well as the providers of home-based care complying with aged care quality standards. Compliance refers to the passing the requirements for the core standards (compliance threshold). CABs adopt the standards and carry out regular inspections of aged facilities and home-based care provider firms, enter the information collected on each dimension of quality standard requirements and assessment results into DOCA PCP. DOCA PCP also registers the basic information of facilities (address, tier, ownership, rural/urban, district/county, and prefecture) and the inspection parameters (compliance score). DOCA PCP will produce annual aged care quality review report at the provincial level. (cumulative)
Responsibility for Data Collection	Guizhou DOCA, and CABs that have implemented the core aged care quality standards and conducted the inspections
Indicator Name	Community facilities
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	PDO Indicator#3 Development of the zero-based aged care budget planning and allocation (ZBB) guidelines and number of Program districts/counties where implementation of the ZBB guidelines has occurred
Frequency	Annual
Data Source	Administrative data in DOCA PCP; CABs annual budget and allocation plans
Methodology for Data Collection	In Year 1, the provincial zero-based aged care budget planning and allocation guidelines will be formulated with requirements on the principles, procedures, approaches and templates. The zero-based budgeting approach will be informed by actual local needs from market analysis and the gaps identified for the aged care system development. The guidelines will include the principles for budget planning and allocation, the evidence-based market analysis, and the priority areas identified for local aged care system development. (binary YES/NO) In Years 2—6, corresponds to the number of districts/counties that have implemented the provincial ZBB planning and allocation guidelines. CABs follow the provincial guideline requirements to prepare annual aged care budgeting and allocation plan. CABs submit the plan to the prefectures, which in turn review and produce an aggregated report submitted to DOCA for review. CABs enter the budgeting and allocation information into DOCA PCP and DOCA aggregates the data at the provincial level and produce an annual report. (cumulative)
Responsibility for Data Collection	DOCA, and CABs that have produced annual aged care budgeting and allocation plans.

Monitoring & Evaluation Plan: Intermediate Results Indicators	
Indicator Name	Development of the needs assessment toolkit and number of Program districts/ Program counties where implementation of the needs assessment toolkit has occurred
Frequency	Annual
Data Source	Administrative data in DOCA PCP; Administrative data collected by CABs
Methodology for Data Collection	In Year 1, Guizhou DOCA will develop, pilot and finalize the needs assessment toolkit at the provincial level. (binary YES/NO) In Years 2—6, corresponds to the number of districts/counties that have implemented the needs assessment toolkit. CABs will adopt the needs assessment toolkit, prepare an implementation plan including the budget plan and submit the plan to prefectures for review and to DOCA for registration. Upon the approval of DOCA, CABs start implementation and submit annual progress report to prefectures and DOCA. CABs enter all evidence into DOCA PCP. DOCA aggregate the data at the provincial level. (cumulative)
Responsibility for Data Collection	DOCA, and CABs that have implemented the needs assessment toolkit

Indicator Name	Development of the basic package of aged care services and number of Program districts/ Program districts where Implementation of the basic package of aged care services has occurred
Frequency	Annual
Data Source	Administrative data in DOCA PCP; Administrative record of CABs that have implemented the basic package of aged care services.
Methodology for Data Collection	In Year 1, Guizhou DOCA will develop, pilot and finalize the needs assessment toolkit at the provincial level. (binary YES/NO) In Years 2—6, corresponds to the number of districts/counties that have implemented the needs assessment toolkit. CABs will adopt the needs assessment toolkit, prepare an implementation plan including the budget plan and submit the plan to prefectures for review and to DOCA for registration. Upon the approval of DOCA, CABs start implementation and submit annual progress report to prefectures and DOCA. CABs enter all evidence into DOCA PCP. DOCA aggregate the data at the provincial level. (cumulative)
Responsibility for Data Collection	Administrative data in DOCA PCP; Administrative data collected by CABs
Indicator Name	Number of elderly assessed using the needs assessment toolkit (by gender, by rural/urban areas, by degree)
Frequency	Annual
Data Source	Administrative data in DOCA PCP; Administrative data collected by CABs
Methodology for Data Collection	CABs contract with the qualified third parties (aged care facilities, hospitals, clinics, nursing homes, civil society organizations, and others) to conduct the needs assessments by using the needs assessment toolkit. The results report with disaggregated data (by gender, by tier, by rural/urban areas, by degree) prepared by the qualified third parties will be presented to CABs for review and payment, and for entering into DOCA PCP. Data in DOCA PCP are aggregated at the provincial level. (cumulative)
Responsibility for Data Collection	DOCA, CABs, and the third parties that carry out the needs assessments of the elderly

Indicator Name	Women
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Rural
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Screening only
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Professional assessment
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Percentage of the married elderly with unmet aged care needs (by gender)
Frequency	Three waves (Year 1, Year 3, Year 6)
Data Source	Household survey
Methodology for Data Collection	A person is defined to have unmet care needs if this person (a) is above 60 years, (b) has at least one ADL/IADL need, and (c) does not receive eldercare (neither formal nor informal). The sub-indicators would be disaggregated by gender. Household and individual surveys. A baseline survey will be conducted at the Program start, the second wave survey at the midterm review, and the final wave by the end of the Program.
Responsibility for Data Collection	DOCA
Indicator Name	Women
Frequency	Three waves (Year 1, Year 3, Year 6)
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Number of communities that use health records for screening of the elderly's needs assessment
Frequency	Annual
Data Source	Administrative data in DOCA PCP; Administrative data collected by CABs
Methodology for Data Collection	Communities that use health records of the elderly for screening needs assessment report to CABs. CABs review the report, and validate the data through third-party sample survey. CABs enter the data into DOCA PCP at county/district level. DOCA aggregates the data from all CABs at the provincial level using DOCA PCP. (cumulative)
Responsibility for Data Collection	DOCA, CABs, and communities/villages that use health records for screening of the elderly's needs assessment
Indicator Name	Number of persons receiving training and certification in the aged care sector (by gender, by occupation)
Frequency	Annual
Data Source	Administrative data in DOCA PCP; Administrative records in CABs; Training institutions and schools
Methodology for Data Collection	DOCA will organize the training and skills upgrading activities at the provincial level. They will first carry out the training needs assessment and then develop the training plan by year with yearly quota. DOCA will select the qualified training institutions and schools and purchase training services for targeted trainees in batches. After the delivery of training, training institutions and schools will, in turn, report to DOCA the number of persons trained and certified with breakdown by government officials, professionals, managers, and wage caregivers for aged care facilities, nurses, doctors, family caregivers, and relevant service providers. DOCA will review the report and verify the data and the quality of training by sample survey through a third party for payment. Data as verified will be entered to DOCA PCP. The prefectures and districts/counties are responsible for registration of local participants in training. (cumulative)
Responsibility for Data Collection	DOCA, prefectures, CABs, training institutions and schools, and third parties

Indicator Name	Women
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Caregivers
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Managers and adminitrators
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	
Responsibility for Data Collection	Refer to the methodology for the parent indicator
Indicator Name	Doctors
Frequency	Annual
Data Source	
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Government officials
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Graduates majored in elderly care
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Number of wage caregivers receiving training and certification in the aged care sector
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Number of wage caregivers receiving training and certification in the aged care sector (Women)
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Number of wage caregivers receiving job subsidies (by gender)
Frequency	Annual
Data Source	DOCA PCP, CABs in charge of job subsidies for the formal caregivers, and third parties
Methodology for Data Collection	DOCA will formulate policy measures on job subsidies for wage caregivers in the aged care sector. CABs in charge of job subsidy programs report to the provincial DOCA on the number of wage caregivers and their basic information (ID number, name, gender, work unit, amount of subsidy, and date of subsidy receipt) and enter the data in DOCA PCP. DOCA will review the information and verify it by sample survey through a third party. The data of each district/county are aggregated at the provincial level in DOCA PCP. (cumulative)
Responsibility for Data Collection	DOCA, CABs in charge of job subsidies for wage caregivers, and third parties
Indicator Name	Women
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Number of family caregivers receiving subsidies or respite services (by gender)
Frequency	Annual
Data Source	DOCA PCP
Methodology for Data Collection	CABs collect data on individual family caregivers receiving either subsidies and/or respite services. CABs, through a third party, carry out regular spot checks to verify the data. CAB enter the data of family caregivers disaggregated by gender. DOCA consolidates the data at the provincial level in DOCA PCP. (cumulative)
Responsibility for Data Collection	DOCA, CABs that provided subsidies or respite services to family caregivers

Indicator Name	Women
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Number of hours per week that family caregivers spent in providing aged care to their elderly recipients (by gender)
Frequency	Three waves (Year 1, Year 3, Year 6)
Data Source	Household survey
Methodology for Data Collection	Number of hours per week refers to the actual number of hours of care family caregivers provided to an elderly. The sub-indicators would be disaggregated by gender (and most likely constrained to the nuclear family members). Household and individual surveys representative of age 60 years and older population in Guizhou. A baseline survey will be conducted at the Program start, the second wave survey at the midterm review, and the final wave by the end of the Program.
Responsibility for Data Collection	DOCA
Indicator Name	Women
Frequency	Three waves (Year 1, Year 3, Year 6)
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Development of the operational management (OM) guidelines for public aged care facilities and number of Program districts/Program counties where implementation of the OM guidelines has occurred
Frequency	Annual
Data Source	Administrative data in DOCA PCP; Administrative data collected by CABs
Methodology for Data Collection	In Year 1, DOCA will formulate the OM guidelines for public aged care facilities that set the rules and procedures including how to select and manage private aged-care operators. (binary YES/NO) In Years 2—6, corresponds to the number of districts/counties that have implemented the OM guidelines for public aged care facilities. CABs will manage the process for the public aged care facilities that will be (re) contracted out to private operators by following the provincial guideline. CABs will enter the information of public aged care facilities, private operators, and contracts into DOCA PCP. DOCA aggregate the district/county data at the provincial level in DOCA PCP. (cumulative)
Responsibility for Data Collection	DOCA, CABs, and public and private operators
Indicator Name	Bed occupancy rate of 24-hour aged care facilities (by tier, by ownership)
Frequency	Annual
Data Source	Administrative data in DOCA PCP; Administrative data collected by CABs
Methodology for Data Collection	The aged care facilities (residential homes/institutions, 24-hour residential facilities with 10 beds or more at the community level) report the information on number of beds, days of occupancy, and payment for occupied beds to CABs. CABs review the information regularly and enter the data in DOCA PCP, which are disaggregated by tier of services and by ownership. DOCA aggregates the data of all the districts/counties at the provincial level.
Responsibility for Data Collection	DOCA, CABs, and public and private operators

Indicator Name	Institutions
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Community facilities
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Public-owned, public-operated
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

Indicator Name	Public-owned, private-operated
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator
Indicator Name	Private
Frequency	Annual
Data Source	Same as the parent indicator
Methodology for Data Collection	Refer to the methodology for the parent indicator
Responsibility for Data Collection	Same as the parent indicator

ANNEX 2. Disbursement Linked Indicators, Disbursement Arrangements and Verification Protocols

Disbursement Linked Indicators Matrix[28]

DLI 1	Development of the needs assessment toolkit and number of Program districts/ Program counties where implementation of the needs assessment toolkit has occurred			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Text	32,820,000.00	1.97
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
Calendar Year 2019	Yes		6,564,000.00	USD 6,564,000 for DLR 1.1
Calendar Year 2020	10.00		5,470,000.00	USD 547,000 per Program District/County for DLR 1.2
Calendar Year 2021	22.00		6,564,000.00	
Calendar Year 2022	33.00		6,017,000.00	

[28] The World Bank loan allocation to each DLI is in USD as it is the default currency in the World Bank Portal. Disbursements during implementation will occur in Euro using the Euro-denominated allocations and unit price set in the LA.

Calendar Year 2023	43.00	5,470,000.00	
Calendar Year 2024	48.00	2,735,000.00	

DLI 2	Development of the basic package of aged care services and number of Program districts/ Program counties where Implementation of the basic package of aged care services has occurred			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Text	32,820,000.00	1.97

Period	**Value**	**Allocated Amount (USD)**	**Formula**
Baseline	0.00		
Calendar Year 2019	Yes	6,564,000.00	USD 6,564,000 for DLR 2.1
Calendar Year 2020	10.00	5,470,000.00	USD 547,000 per Program District/County for DLR 2.2
Calendar Year 2021	22.00	6,564,000.00	
Calendar Year 2022	33.00	6,017,000.00	

Calendar Year 2023	43.00	5,470,000.00	
Calendar Year 2024	48.00	2,735,000.00	

DLI 3	Number of eligible elderly receiving the basic package of aged care services			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Outcome	Yes	Number	65,640,000.00	3.95

Period	**Value**	**Allocated Amount (USD)**	**Formula**
Baseline	0.00		
Calendar Year 2019	1,000.00	163,284.00	USD 163.29 per Eligible Elderly for DLR 3
Calendar Year 2020	21,000.00	3,265,672.00	
Calendar Year 2021	108,300.00	14,254,656.00	
Calendar Year 2022	213,300.00	17,144,776.00	
Calendar Year 2023	312,100.00	16,116,090.00	
Calendar Year 2024	402,000.00	14,695,522.00	

DLI 4	Development of the aged care quality standards and number of aged care facilities complying with the aged care quality standards			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Outcome	Yes	Text	65,640,000.00	3.95
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
Calendar Year 2019	Yes		19,692,000.00	USD 19,692,000 for DLR 4.1
Calendar Year 2020	200.00		6,126,400.00	USD 30,632 per aged care facility for DLR 4.2
Calendar Year 2021	425.00		6,892,200.00	
Calendar Year 2022	906.00		14,733,992.00	
Calendar Year 2023	1,281.00		11,487,000.00	
Calendar Year 2024	1,500.00		6,708,408.00	

DLI 5	Number of wage caregivers receiving training and certification in the aged care sector			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Number	32,820,000.00	1.97
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
Calendar Year 2019	1,250.00		2,159,211.00	USD 1,727.37 per wage caregiver for DLR 5
Calendar Year 2020	7,250.00		10,364,211.00	
Calendar Year 2021	10,050.00		4,836,631.00	
Calendar Year 2022	13,900.00		6,650,368.00	
Calendar Year 2023	16,900.00		5,182,105.00	
Calendar Year 2024	19,000.00		3,627,474.00	

DLI 6	Development of the zero-based aged care budget planning and allocation (ZBB) guidelines and number of Program districts/Program counties where implementation of the ZBB guidelines has occurred			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Outcome	Yes	Text	65,640,000.00	3.95
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
Calendar Year 2019	Yes		19,692,000.00	USD 19,692,000 for DLR 6.1
Calendar Year 2020	20.00		19,145,000.00	USD 957,250 per Program District/County for DLR 6.2
Calendar Year 2021	30.00		9,572,500.00	
Calendar Year 2022	38.00		7,658,000.00	
Calendar Year 2023	44.00		5,743,500.00	
Calendar Year 2024	48.00		3,829,000.00	

DLI 7	Development of the operational management (OM) guidelines for public aged care facilities and number of Program districts/Program counties where implementation of the OM guidelines has occurred			
Type of DLI	**Scalability**	**Unit of Measure**	**Total Allocated Amount (USD)**	**As % of Total Financing Amount**
Intermediate Outcome	Yes	Text	32,820,000.00	1.97
Period	**Value**		**Allocated Amount (USD)**	**Formula**
Baseline	0.00			
Calendar Year 2019	Yes		6,564,000.00	USD 6,564,000 for DLR 7.1
Calendar Year 2020	10.00		5,470,000.00	USD 547,000 per Program District/County for DLR 7.2
Calendar Year 2021	22.00		6,564,000.00	
Calendar Year 2022	33.00		6,017,000.00	
Calendar Year 2023	43.00		5,470,000.00	
Calendar Year 2024	48.00		2,735,000.00	

Verification Protocol Table: Disbursement Linked Indicators	
DLI 1	Development of the needs assessment toolkit and number of Program districts/ Program counties where implementation of the needs assessment toolkit has occurred
Description	The needs assessment toolkit comprises methodologies and assessment instruments to measure the functional limitations, and the environment needs of the elderly for access to publicly funded basic package of aged care services. It will be developed based on the national Elderly Ability Assessment Standard, international experiences and domestic pilots. The functional ability assessment will be complemented by an assessment of the living conditions of the elderly. It will include the examination of the household composition as well as the living environment (dwelling condition, location, and so on). The results of the two assessments will be combined in one measure or matrix, to be linked to the basic package of aged care services DLR 1.1. DOCA has developed the needs assessment toolkit DOCA will develop the needs assessment toolkit, pilot it in districts /counties of the five selected Program prefectures, and finalize it based on the pilots' experience. DOCA will officially promulgate the needs assessment toolkit and will distribute a technical manual to CABs comprising the implementation procedures to conduct the individual assessment (e.g. responsible professional to evaluate the elder; frequency of the evaluation, and so on), data entry and management to determine the individual score; and other details. The DLR for the first year is binary (Yes/No) and it is considered achieved when the needs assessment toolkit is promulgated, and the associated manual distributed to the prefectures and district/counties. DLR 1.2. Implementation of the needs assessment toolkit has occurred in 48 Program districts/ Program counties The CABs will develop an implementation plan at the local level, based on the needs assessment toolkit. DOCA will guide and prefecture will review the implementation plan of CABs to ensure it is consistent with the provincial toolkit requirements and CABs start assessing the target population. The indicator measures the number of Program districts/Program counties that implementation of the needs assessment toolkit has occurred. For the purpose of this DLRs 1.2, implementation is achieved when at least 500 elderly was assessed according to the needs assessment toolkit, and the data is recorded in the PCP. (Scalable)
Data source/ agency	• Administrative data in DOCA PCP

	• Administrative data collected by CABs • DOCA and CABs reports and third party reports • Commissioning contracts for carrying out the needs assessment
Verification Entity	IVA
Procedure	The IVA carries out the verification on annual basis through review of supporting documents, interview of the responsible government officials of CABs in charge of implementing the needs assessment toolkit, interview of third parties who have carried out the needs assessment, and spot check of a small proportion of assessed elders. Specifically, the report includes: **DLR 1.1. DOCA has developed the needs assessment toolkit** • The technical review document on the final version of the needs assessment toolkit by the Expert Steering Committee (ESC) • DOCA official promulgation of needs assessment toolkit • Needs assessment toolkit comprising technical manual on methodologies, procedures and template for needs assessment **DLR 1.2. Implementation of the needs assessment toolkit has occurred in 48 Program districts/ Program counties** • District/county implementation plan and DOCA's approval (district/counties send implementation plans to prefectures for review, which in turn registered and reported to DOCA). • DOCA PCP records on the information and the results of the elderly who received needs assessment. • Spot checks of needs assessment among those evaluated. Appropriate sample size of assessed persons will be chosen for spot checks, which should be acceptable to the World Bank. IVA will prepare a verification report to record the methodology and results and confirm the full or partial achievement of DLRs for scalable DLRs. All the elderly receiving the public subsidies should be assessed (with differentiated the margin of error by urban/rural).
DLI 2	Development of the basic package of aged care services and number of Program districts/ Program counties where implementation of the basic package of aged care services has occurred

Description	The basic package of aged care services refers to a list of aged care services by tier and by the level of subsidy. The service provision will target to the elderly mainly in four categories: Tekun (Sanwu and Wubao), Dibao, Low-income and disabled, and dementia. The eligibility criteria accessing to the basic package of aged care services will be determined by the degree of functional limitations and income/asset level. DLR 2.1. DOCA has developed the basic package of aged care services Provincial DOCA will develop, pilot and finalize the provincial basic package of aged care services and officially distribute it to the CABs. DOCA will officially promulgate the basic package of services and will distribute a technical guideline to the CABs for them to develop the district/county basic package of services and implementation plan. The DLR for the first year is binary (Yes/No) and it is considered achieved when the basic package of aged care services is promulgated, the associated technical manual is distributed to the prefectures and district/counties and their content is reviewed by the ESC. DLR 2.2. Implementation of basic package of aged care services has occurred in 48 Program districts/Program counties This indicator measures the number of Program districts/Program counties that have adopted and customized DOCA's basic package of aged care services. The CABs in the Program can adopt the provincial basic service package with or without top-ups. CABs will prepare the implementation plan and submit it to prefecture for review and to DOCA for guidance. Upon DOCA's approval, CABs start implementation and submit annual progress report to prefectures and DOCA. Each CAB enters all evidence (list of services, level of subsidy, and beneficiaries) in DOCA PCP. DOCA keeps track of the number of Program districts/Program counties that have adopted the basic package. For the purpose of this DLR 2.2 in this DLI sequence, implementation is achieved when the basic package is delivered to at least 500 eligible beneficiary (according to DLI1), and the data is recorded in the PCP. (Scalable)
Data source/ agency	• Administrative data in DOCA PCP • Administrative records of CABs • DOCA and CABs reports and third-party reports
Verification Entity	IVA
Procedure	The IVA carries out verification on annual basis through review of supporting documents, interview of the responsible

	government officials of CABs in charge of the provincial basic service package, and spot check of a small proportion of beneficiaries. Specifically, the documents and data review include at least the following: **DLR 2.1. DOCA has developed the basic package of aged care services** • The technical review document of the final version of the provincial basic package of aged care services • The DOCA official document on the promulgation of the provincial basic package of aged care services • Technical specification of basic aged care services comprising a list of clearly defined aged care services by tier • Technical guidance on the methodology to determine the level of subsidy and mechanism for adjustment over time **DLR 2.2. Implementation of basic package of aged care services has occurred in 48 Program districts/Program counties** • District/county annual implementation plan with projections of take up • DOCA's approval of district/county package of aged care services and implementation plan (district/counties send implementation plans to prefectures for review, which in turn send report to DOCA) • District/county annual progress report on the basic package of aged care services sent to prefectures and DOCA. • DOCA PCP record on the list of basic aged care services, and level of subsidy that districts/counties have adopted and implemented the provincial basic package of aged care services, and number of the elderly who received basic aged care services • IVA will prepare a verification report to record the methodology and results and confirm the achievement or partial achievement of DLI target.
DLI 3	Number of eligible elderly receiving the basic package of aged care services
Description	The elderly who were assessed by the needs assessment toolkit and received the subsidized basic aged care services given their eligibility based on income/asset testing, will be counted in the past calendar year. This information will be disaggregated by gender, by tier, by urban/rural area, by income group (Tekun, Dibao, low-income). The interim and end targets are cumulative value of the number of elderly. The division of urban/rural areas refers to the elderly who received a basic package set up for either urban areas or rural areas, according to where they live either in urban community or rural village. DLR 3. 402,000 eligible elderly receiving the basic package of aged care services

	CABs in the Program finance the subsidy of the basic package of aged care services in accordance with the annual implementation plan. The service providers report to CABs on the number of elderly who received the basic package of aged care services (and individual characteristics such as ID, address, age, gender, and so on) and, the services provided (by tier, and type of services), based on the contract/Memorandum of Understanding between the CAB and the service providers. CABs verify the service provision (system verification through spot checks with an appropriate sample size of the elderly population registered to receive services, not inspection) through a third party and make payments to the service providers. CABs enter the data in the database of DOCA PCP in real time and submit annual progress report to Guizhou DOCA yearly. (Scalable)
Data source/ agency	• Administrative data in DOCA PCP • Administrative data collected by CABs • Contracts between CABs and service providers
Verification Entity	IVA
Procedure	**DLR 3. 402,000 eligible elderly receiving the basic package of aged care services** The IVA carries out verification on annual basis through review of supporting documents, interviews with service providers and government officials, and system inspection on a sample of service providers and beneficiaries. In Year 1, at least 500 eligible elderly should receive the basic package of aged care services. For the following years, an appropriate sample size of the beneficiaries randomly selected with strata will be interviewed to verify the quality and quantity of services provided. Specifically, the documents will include at least the following: • DOCA PCP data on beneficiaries comprising name, ID, address, gender, age, category of beneficiary, services provided by tier, level of subsidy, provider characteristics (MOU/contract, publicly/privately operated) and date of delivered services. Services need to be provided within 12-month window corresponding to the corresponding year • Spot checks of service provision to elderly and spot checks on reports from service providers. The spot checks need to cover an appropriate sample size of beneficiaries and service providers acceptable to the World Bank • Third-party (engaged by CABs) verification report on service provision based on district/county annual progress report on basic aged care services, PCP data on beneficiaries and service providers cross-checked with the register of local residents of welfare nursing home, and interviews

	• Invoice and payment records through bank transfers (by provider and type of provider) IVA will prepare a verification report to record the methodology and results and confirm the achievement or partial achievement of DLI target as DLI is scalable.
DLI 4	Development of the aged care quality standards and number of aged care facilities complying with the aged care quality standards
Description	Aged care quality standards comprise a list of core service standards and core infrastructure standards for aged care facilities and services. DOCA will refer to the existing national standards and develop a framework of quality standards and indicators to measure and monitor for quality enhancement. DLR 4.1. DOCA has developed the Aged Care Quality Standards DOCA will develop a framework of aged care quality standards for services and infrastructure, which comprises a list of core service standards and core infrastructure standards, and indicators for quality measurement. DOCA also set up the thresholds of aged care quality level and develops inspection procedures and certification criteria to be adopted by CABs. The framework and indicators of the provincial aged care standards are reviewed by the ESC. (binary, YES/NO) DLR 4.2. 1,500 aged care facilities complying with the aged care quality standards It is the number of the aged care facilities (including skilled nursing homes, welfare homes, community day-care centers, happiness homes, home-care service providers, and other facilities in urban and rural areas) in compliance with the provincial quality standards of aged care facilities to be developed by Guizhou Provincial DOCA under the Program. CABs are responsible for carrying out the annual inspection to those aged care facilities under their administrative jurisdiction and certify the facilities that meet the provincial standards. They are responsible for entering the data of quality measurement indicators into DOCA PCP. DLR 4.2 is numerical and scalable.
Data source/ agency	• Administrative data in DOCA PCP • Administrative data collected by CABs

Verification Entity	IVA
Procedure	The IVA carries out verification on annual basis through review of supporting documents and data, interviews to service providers and government officials, field visits to the aged care facilities on sample basis. Specially, the documents and activities would include the following: **DLR 4.1. DOCA has developed the Aged Care Quality Standards** • DOCA official document on the promulgation of aged care quality standards and inspection procedures • IVA report on documents and interviews with government officials and ESC **DLR 4.2 1,500 aged care facilities complying with the aged care quality standards** • District/county inspection plan with a budget • DOCA's approval of district/county inspection plan • Relevant data in DOCA PCP including the list of facilities inspected, the passing score, the date of the inspection, and name of inspector • IVA report with Interview of inspectors, and field visits to the facilities on sample basis. At least 10% of the inspected facilities and 2.5% of the facilities that were not inspected will be randomly selected for visits by the IVA. In Year 2, at least 100 aged care facilities should comply with the aged care quality standards. • IVA will prepare a verification report to record the methodology and results and confirm the achievement or partial achievement of DLI target as DLI is scalable.
DLI 5	Number of wage caregivers receiving training and certification in the aged care sector
Description	Wage caregivers refer to wage workers who are caregivers, nurses, therapists and rehabilitators at aged care facilities, excluding supporting and managerial staff, professionals such as doctors and managers, and Government officials in charge of elderly care (which are recorded in the RF). DLR 5. 19,000 wage caregivers receiving training and certification in the aged care sector This indicator measures the number of wage caregivers and nurses, employed by aged care institutions, community-based facilities and other facilities, as well as home-based care service providers, who have taken the aged care skills training

	financed by DOCA and received the certificates issued by the training institutions after successful completion of the training. DOCA will engage a third-party to evaluate the trainee's learning achievements. This indicator measures the trainees in the province not only the Program districts/counties. The training includes the short- and medium-term skills development activities provided by certified training institutions selected by DOCA through competitive bidding. (Scalable)
Data source/ agency	• Administrative data in DOCA PCP • Administrative record in the training institutions
Verification Entity	IVA
Procedure	**DLR 5. 19,000 wage caregivers receiving training and certification in the aged care sector** The IVA carries out verification on annual basis through review of supporting documents, sample survey of training institutions, and interview of trainees. The documents and activities would include the following: • Data record in DOCA PCP with the names, ID, age and gender of the trainees, the certification obtained, the name and ID of the employer, and the name and ID of the training school, cross checked with administrative records from training institutions • Visit to the training institutions on sample basis to cover an appropriate sample size of the trainees acceptable to the World Bank. In Year 2, at least 625 wage caregivers should receive training and certification in the aged care sector. • Invoice and payment records through bank transfers to training service providers • IVA report based on all of the above and training curricula of training institutions, administrative records in the training institutions, interviews with trainees, and employers, including the type of skills, the length of the training, the location of the training school, the average passing rates, and so on. • IVA will prepare a verification report to record the methodology and results and confirm the achievement or partial achievement of DLI targets.
DLI 6	Development of the zero-based aged care budget planning and allocation (ZBB) guidelines and number of Program

	districts/Program counties where implementation of the ZBB guidelines has occurred
Description	The ZBB approach refers that the new budgeting process would start from 0 as its base, and the budget planning, allocation and execution should be informed by actual local needs from market analysis and the gaps identified for the aged care system development. Traditionally, the incremental increase approach was adopted for budgeting, which took the actual spending in the previous year as the base and added a marginal increase for the new budget in the coming year. Based on the ZBB approach, a ledger will be set up to keep records, accounting and reporting of the budget planning, allocation and execution process in alignment with the existing budget line. DLR 6.1. DOCA has developed the zero-based aged care budget planning and allocation guidelines Guizhou DOCA will formulate the ZBB planning and allocation guidelines for aged care public financing. The guidelines provide principles, methodologies, procedures and templates on annual budget planning, allocation and execution. The principles will respond to market analysis to identify gaps and priorities for the development of aged care system locally. The final version of the zero-based aged care budget planning and allocation will be reviewed by the ESC. DLR 6.2. Implementation of the zero-based aged care budget planning and allocation guidelines has occurred in 48 Program districts /Program counties The districts/counties in the Program who decide to implement the guidelines will prepare annual budget plan with supporting evidence by following the provincial guidelines. CABs submitted an annual budget plan to prefecture for review, and further to DOCA for guidance. DLR 6.2 is numerical and scalable.
Data source/ agency	• Administrative records of DOCA and CABs • Administrative data in DOCA PCP
Verification Entity	IVA
Procedure	The IVA carries out verification on annual basis through review of supporting documents and interview of government officials in charge of aged care public financing and management on sample basis. The documents to be reviewed and activities would include the following: **DLR 6.1. DOCA has developed the zero-based aged care budget planning and allocation guidelines**

	• Public consultation and ESC review documents on the draft ZBB planning and allocation guidelines • Policy document on the provincial ZBB planning and allocation guidelines **DLR 6.2. Implementation of the zero-based aged care budget planning and allocation guidelines has occurred in 48 Program districts /Program counties** • Approval of annual ZBB plan with supporting documents prepared by districts/counties • IVA report based on visits to selected districts/counties and interview the government officials in charge of aged care public financing • Data record in DOCA PCP on the annual budget planning, allocation and execution IVA will prepare a verification report to record the methodology and results and confirm the achievement or partial achievement of the DLI target as the DLI is scalable after the promulgation of the measures.
DLI 7	Development of the operational management (OM) guidelines for public aged care facilities and number of Program districts/Program counties where implementation of the OM guidelines has occurred
Description	OM refers to a set of institutional setting with rules, procedures, and specific requirements to manage and oversee the operations of public aged care facilities including the publicly owned and publicly operated ones and the publicly owned and privately operated ones. The main purposes are to improve the quality, efficiency, and suitability of public aged care facilities. DLR 7.1. DOCA has developed the operational management guidelines for public aged care facilities DOCA will formulate the provincial OM guidelines, which will be consulted with the public and reviewed by the ESC. DLR 7.2. Implementation of the operational management guidelines for public aged care facilities has occurred in 48 Program districts/ Program counties It measures the number of districts/counties that have implemented the provincial OM guidelines. DLR 7.2 is numerical and scalable.
Data source/ agency	• Administrative records of DOCA and CABs

	• Administrative data in DOCA PCP
Verification Entity	IVA
Procedure	The IVA carries out verification on annual basis through review of supporting documents and spots check on sample basis. The documents and activities would include the following: **DLR 7.1. DOCA has developed the operational management guidelines for public aged care facilities** • Public consultation and ESC review documents on the draft OM guidelines for public aged-care facilities • The provincial OM guidelines and its distribution to districts/counties **DLR 7.2. Implementation of the operational management guidelines for public aged care facilities has occurred in 48 Program districts/ Program counties** • The list of publicly operated facilities that become privately operated and the list of public-owned and public-operated facilities • Contracts signed between CABs, originally publicly operated facilities and the private operators; security deposit • CABs annual report in this regard • Relevant data in DOCA PCP • Visit to selected publicly operated facilities that become privately operated to ensure their compliance with the service standards • Visit to selected public-owned and public-operated facilities to ensure their compliance with the requirements for quality service improvement IVA will prepare a verification report to record the methodology and results and confirm the achievement or partial achievement of DLI target as DLI is scalable after the promulgation of the provincial OM guidelines

ANNEX 3. PROGRAM ACTION PLAN

COUNTRY : China
Guizhou Aged Care System Development Program

Action Description	DLI#	Responsibility	Recurrent	Frequency	Due Date	Completion Measurement
Develop a technical roadmap to guide the organization and coordination of Program activities in the three RAs, including an overall technical roadmap in Year 1, annual plan in Years 2-5, and an overall review and sustainability plan in Year 6		DOCA,CABs at prefecture, district/county	Yes	YEARLY		• Year 1: Overall technical roadmap • Year 2-5: Annual technical plan and review report with recommendations • Year 6: Overall technical implementation review report with recommendations for next steps Due Date Y1 August 31, 2019; Y2-6 November 30
Define a systemic M&E framework by DOCA and implement M&E at all government levels		DOCA,CABs at prefecture, district/county	Yes	YEARLY		Year 1: A provincial M&E framework; Year 2-5: List of main M&E activities completed and assessment report with recommendations; Year 6: Overall Implementation review with recommendations for next steps Due Date Y1 August 31, 2019; Y2-6 November 30
Develop and implement aged care investment management		DOCA,CABs at prefecture, district/county	Yes	YEARLY		• Year 1: Investment Management Guideline promulgated by

guidelines. DOCA will develop the guidelines for the investment decision making; Program districts/counties will implement the guidelines based on its requirements						DOCA • Year 2-6: DOCA's approval of district/county investment plan(s) /project (s) which include effective demand analysis and financial analysis of business operations Due Date Y1 November 30, 2019; Y2-6 November 30
Establish the provincial cloud platform by DOCA in four phases: design overall architecture, develop applications for end users and implementers, pilot in the selected counties, and roll out across the province		DOCA	Yes	YEARLY		• Year 1: DOCA's overall implementation plan and budget on the cloud platform • Year 2-6: DOCA's annual plan and progress report on the cloud platform development at each stage Due Date: Y1 October 31, 2019; Y2-6 January 31
Set up an accounting ledger to record Program transactions and the reporting system to match Program needs that will be followed by the relevant agencies at all levels		DOCA and DOF	No		31-Aug-2019	• An accounting ledger developed by DOCA and DOF • Program financial reporting produced by Program prefectures and Program districts/counties
Adjust the auditing arrangement to produce the information/reports needed for the Audits		DOCA and DOF	No		31-Aug-2019	Program financial reporting adequate for audits

Develop provincial guidelines for government purchase of basic aged care services, which lay out the selection procedures for service providers, contracting requirements, performance review, verification, financial reporting, and payment arrangements		DOCA	No		31-Oct-2019	The provincial guidelines for the government purchase of basic aged-care services developed by DOCA and distributed to Program prefectures and Program districts/counties
Engage a qualified monitoring agency to conduct regular social monitoring among approved projects and conduct due diligence on the land use conditions for those institutions selected as potential service providers		DOCA	No		31-Oct-2019	• Contract completed • Monitoring report to verify the full compliance with national laws and local regulations, as well as the protection of interests of the affected people
Establish environmental screening mechanism by assigning a staff with competency to collect and review all the proposals submitted by the districts/counties and to screen the candidate activities based on the exclusionary and limitation criteria		DOCA	No		31-Oct-2019	• Staff with good command of environmental knowledge assigned • Budget allocated • Screening reports
Program Operations Manual (POM) developed and		DOCA	Yes	CONTINUOUS		• POM developed following the requirements

updated to guide the implementation with details on all operational aspects, sub-manuals on procurement, FM, land acquisition, citizen engagement, consultations, grievance redress system, and climate change						defined in three assessments and adopted by DOCA (by August 31, 2019) • DOCA provided training for all levels • DOCA monitoring the compliance with POM • POM updates with prior agreement from the World Bank

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