

SBF Project Implementation Monitoring Report

India: India COVID-19 Emergency Response and Health System Preparedness Project

1. Project Information

Project ID:	000380	Investment Number:	L0380A
Member:	India	Region:	Southern asia
Sector:	Others	Sub-sector:	Exceptions
AIB Financing Type:	Loan: 500 USD million	Co-financier(s):	World Bank
E&S category:	B	Borrower:	Ministry of Finance, Government of India
Red Flags Assigned:	0	Monitoring Regime:	Regular Monitoring
Implementing Agency:	Ministry of Health and Family Welfare		
Project Team Leader:	Hari Bhaskar		
Project Team Members:	Pratyush Mishra, Bernardita Saez, Giacomo Ottolini, Somnath Basu, Zhaojing Mu, Yi Geng, Haiyan Wang		
Completed Site Visits by AIB:	Dec, 2020 Virtual implementation support mission conducted in Dec 2020 by the World Bank (WB) and AIB.		
Planned Site Visits by AIB:	Apr, 2021 Subject to travel restrictions. Tentatively planned for early Q2 2021.		

2. Project Summary and Objectives

The project objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen the national health systems for preparedness in India. This project is financed under the COVID-19 Crisis Recovery Facility. The project is co-financed with the World Bank. AIB's loan size is USD 500 million while the WB's is USD 1 billion. WB is the lead co-financier.

3. Key Dates

Approval:	May. 7, 2020	Signing:	May. 8, 2020
Effective:	May. 15, 2020	Restructured (if any):	
Orig. Closing:	Dec. 31, 2024	Rev. Closing (if any):	

4. Disbursement Summary (USD million)

a) Committed:	500	b) Cancellation (if any):	
c) Disbursed:	251.25	d) Most recent disbursement: (amount / date)	250, Jun. 2, 2020
e) Undisbursed:	248.75	f) Disbursement Ratio(%) ¹ :	50.25

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

5. Project Implementation Update

- Component 1 (50% of the project cost) focuses on emergency response activities. The recent mission in December 2020 noted the impressive implementation of emergency actions as the pandemic unfolded - especially with the ramping up of health infrastructure for Covid management, scaling up of testing facility, improved disease surveillance and effective risk communication.
- ESMF and the Project Implementation Manual finalized.
- Progress report for the period April to September 2020 submitted by the implementing agency. Next progress report for the period up to March 2021 is expected in May 2021.
- Delay in recruitment of a) experts in the Technical Support Unit (to assist the implementing agencies), and b) environmental and social experts are raised as concerns during the mission. The implementing agency has assured us that these will be addressed quickly.
- A restructuring of the loan is on the cards and is likely to be proposed in the next few months. The original plan was to spend 50% of the project cost on emergency response (component 1) and the balance 50% on medium term measures to shore up the resilience of the health care system. Since the pandemic has gone on for longer than expected, the emergency response has soaked up much higher expenses than planned. The restructuring is likely to involve allocating higher fund to the emergency response. The Ministry of Health and Family Welfare is planning a comprehensive, nation wide health system resilience project to attend to the medium term needs to improve the pandemic preparedness and to enhance the service delivery. The Ministry is already in discussing with various IFIs

to plan this project.

Components	Physical Progress	Environmental & Social Compliance	Procurement
Component 1: Emergency COVID-19 Response (USD 250 million)	50%	In compliance	In progress. More than 80% of the planned cost committed.
Component 2: Strengthening National and State Health Systems to Support Prevention and Preparedness (USD 135 million)	Some of the critical care infrastructure already ramped up under component 1. Planning work on construction of 2 nos. Bio Safety Level 3 (BSL 3) laboratories will start in the coming months.	In compliance, for the critical care infrastructure already built as part of component 1. Remaining activities are yet to start.	In compliance, for the critical care infrastructure already built as part of component 1. Remaining activities are yet to start.
Component 3: Strengthening Pandemic Research and Multi-sector, National Institutions and Platforms for One Health (USD 50 million)	These activities under 'One Health' have not started due to extended (and ongoing) focus on the emergency response.	Activities not started yet	Activities not started yet
Component 4: Community Engagement and Risk Communication (USD 35 million)	Ongoing. Risk communication strategy developed and is under implementation by the Ministry of Health and Family Welfare with support from UNICEF.	In compliance.	In progress.
Component 5: Implementation Management, Capacity Building, Monitoring and Evaluation (USD 30 million)	Ongoing. Project Secretariat, Project Steering Committee and the Project Governing Committee already established. Technical Support Unit to assist implementing agencies established and is being beefed up.	In compliance. Recruitment of E&S experts in the technical support unit is ongoing.	In progress
Component 6: Contingent Emergency Response Component (USD 0 million)	Component will be used only if required.	Component will be used only if required.	Component will be used only if required.

Financial Management:

The project has reported expenditures up to quarter ended June 30, 2020 partially; and supplementary IUFRRs for the period are under finalization. The IUFRRs for the quarter ending September 2020 are expected to be submitted by end January 2021. Going forward, the implementing agencies have agreed to submit the IUFRRs within 45 days from the end of quarter.

6. Status of the Grievance Redress Mechanism (GRM)

The GRM for community has been established. The MOHFW has deputed a nodal officer for handling the public grievances. The public grievances could be received through existing channels including Government of India's public grievance portal <http://pgportal.gov.in/> or through various helplines.

The GRM for workers will be included in the future Civil Works Contracts to ensure a responsible GRM, to quickly inform involved agencies of labor issues, such as a lack of PPE, unreasonable overtime, and unsatisfactory work conditions.

7. Results Monitoring

It is too early to provide any actual results. The proposed project development objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national health systems for preparedness in India.

Baseline Year: May. 7, 2020 End Target Year: Dec. 31, 2024

Project Objective Indicators	Year	Target	Actual	Others, if any
1. Percentage of district hospitals with isolation capacity	Jan. 31, 2022	70	98	18 months after project implementation
2. Proportion of specimens submitted for COVID-19 laboratory testing confirmed within WHO-stipulated standard time	Dec. 31, 2024	70	84	Measured monthly. Actual number has been between 84% and 95% in the preceding measurements.
3. Proportion of population able to identify	Aug. 31, 2020	50	Not measured	Frequency to be changed to 'to be measured once in March

three key symptoms of COVID-19 and/or seasonal influenza and three personal prevention measures (as assessed by a representative population survey)			yet	2021'.
4. The Government has activated their one health coordination mechanism for COVID-19	Dec. 31, 2024	100	Not applicable, at this stage	to be measured once at the end of project
5. Percentage of district health centers/district hospitals with PPE and infection control products and supplies, without stock-outs in preceding two weeks	Dec. 31, 2024	70	Not available yet	Indicator proposed to be modified as - Percentage of dedicated COVID hospital (DCH) with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks. Information is proposed to be collected for two data points: (i) upto August 2020 the data will be obtained from the COVID portal as centralized procurement was underway by MOHFW. (ii) For period Sept 2020 – Sept 2021 data will be collected from states in view of decentralized procurement. Reporting frequency proposed to be changed from monthly to quarterly.

Intermediate Result Indicators	Year	Target	Actual	Others, if any
1. Emergency COVID-19 Response (i)Proportion of states with sufficient COVID-19 testing capacity within 4 weeks of project implementation	Aug. 31, 2020	70	100	
1. Emergency COVID-19 Response (ii)Proportion of states using a national health information reporting platform that unifies multiple pre-existing platforms	Dec. 31, 2024	70	Not applicable	To be measured once at the end of the project period
1. Emergency COVID-19 Response (iii)Proportion of suspected cases who are tested within 2 days of being identified	Dec. 31, 2020	70	Data not available	Indicator proposed to be modified as – No. of tests per million per day (in concordance with WHO stipulated standard of 140 test per million per day)
2. Strengthening National and State Health Systems to support Prevention and Preparedness (i)Proportion of district hospital doctors and nurses who are trained on WHO standards of clinical treatment for COVID-19 within 8 weeks of project implementation	Sep. 30, 2020	80	-To be measured in March 2021	Indicator proposed to be modified as - Number of doctors and nurses in dedicated COVID hospitals (DCH) who are trained on WHO standards of clinical treatment for COVID-19 by March 2021. End line is proposed to be extended upto March 2021 to capture the full gamut of capacity building under the project.
3. Strengthening Pandemic Research and Multi-sector, National Institutions & Platforms for One Health (i)Proportion of states with Emerging Infectious Disease Contingency Plans in place with dedicated budget	Dec. 31, 2024	70	Not applicable	To be measured once, at the end of the project period
3. Strengthening Pandemic Research and Multi-sector, National Institutions & Platforms for One Health (ii)Number of new Biological Safety Level 3 (BSL3) labs with biosafety certification	Dec. 31, 2024	5	Not applicable	To be measured once, at the end of the project period
4. Community Engagement and Risk Communication (i)Proportion of states issuing school closures with state-level distance learning strategies for primary and secondary school students	Jul. 31, 2021	70	Not applicable	Once, 12 months after the start of the project period.
5. Implementation Management, Capacity Building, Monitoring and Evaluation	Dec. 31, 2024	40	Not applicable	Once, at the end of the project period.

(i)Number of peer-reviewed publications produced with support of the project funding				
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Remarks: During the recent implementation support mission (conducted by WB and AIIB together in December 2020), the implementing agency has proposed modifying some of the results indicators which has been agreed in principle by us. This change is likely to take effect in end January 2021 / early February 2021.