

SBF Project Implementation Monitoring Report

Maldives: COVID-19 Emergency Response and Health Systems Preparedness

1. Project Information

Project ID:	000378	Investment Number:	L0378A
Member:	Maldives	Region:	Southern asia
Sector:	Public Health	Sub-sector:	Public Health - NA
AIB Financing Type:	Loan: 7.3 USD million	Co-financier(s):	World Bank
E&S category:	C	Borrower:	Republic of Maldives
Red Flags Assigned:	0	Monitoring Regime:	Regular Monitoring
Implementing Agency:	Ministry of Health		
Project Team Leader:	Toshiaki Keicho		
Project Team Members:	Jana Halida Uno, Sr. Operational Policy Specialist Haiyan Wang, Sr. Finance Officer Liu Yang, Counsel; Ankur Agrawal Jurminla Jurminla, Procurement Specialist Yangzom Yangzom, Procurement Specialist Susrutha Goonasekera, Sr. Social Development Specialist Zhixi Zhu, Environmental Specialist Shonell Robinson, Financial Management Specialist Antong Hu, Administrative Assistant		
Completed Site Visits by AIB:			
Planned Site Visits by AIB:			

2. Project Summary and Objectives

This CRF project loan of USD 7.3million, co-financed with the World Bank, was approved by the BOD on June 30, 2020. The project's objective is to respond to and mitigate the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Maldives. The project has the following four components:

Component 1 (Emergency Response for COVID-19 Prevention): Procurement of essential protective equipment and other essential items to protect healthcare workers and patients; risk communication, community engagement and behavior change, including social distancing measures and associated mitigation strategies.

Component 2 (Emergency Health System Capacity Strengthening for COVID-19 Case Management): Strengthening the centralized and decentralized health system capabilities for disease surveillance, case management and infection prevention and control.

Component 3 (Implementation Management and Monitoring and Evaluation): Strengthening of public institutions for the coordination and management of the project, including central and regional arrangements for coordination of activities, financial management, procurement and social and environmental management.

Component 4 (Contingent Emergency Response Component): Zero-dollar component to ensure additional flexibility in response to the current and any potential other emergency that might occur during the lifetime of this project.

The project's implementation period is July 01, 2020 to June 30, 2023.

The total project cost of USD14.6 million has been financed by AIB's loan of USD 7.3million and the World Bank's IDA Credit and Grant of SDR2.7 million (USD3.65 million equivalent) each. AIB's Special Fund Window has been used to buy down the interest rate by 100 bps (amounting to USD0.87 million). AIB's financing would support Component 1, Component 2 and Component 3 with an amount of USD0.35 million, USD6.5 million and USD0.45 million respectively.

3. Key Dates

Approval:	Jun. 30, 2020	Signing:	Jul. 8, 2020
Effective:	Jul. 14, 2020	Restructured (if any):	
Orig. Closing:	Dec. 31, 2023	Rev. Closing (if any):	

4. Disbursement Summary (USD million)

a) Committed:	7.3	b) Cancellation (if any):	
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c) Disbursed:	0.978	d) Most recent disbursement: (amount / date)	0.501, Oct. 13, 2020
e) Undisbursed:	6.322	f) Disbursement Ratio(%) ¹ :	13.4

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

The project is progressing well at this early stage of implementation. The project has contributed to successful implementation of GOM's strategy of early detection, contact tracing, quarantine/isolation and case management. Specific examples include: (i) the provision of personal protective equipment (PPE) for health care workers early in the outbreak; (ii) increased testing capacity in Male and the atolls (RT-PCR testing kits, consumables); and (iii) the provision of medical equipment to health facilities (e.g. chest x-ray machines). Other activities have also been launched (including on risk communication and community engagement, grievance redressal mechanisms, healthcare waste management), and pace of implementation is expected to accelerate over the next few months.

Components	Physical Progress	Environmental & Social Compliance	Procurement
<p>Component 1- Emergency Response for COVID-19 Prevention</p> <p>Total cost:USD3.35 million AIIB financing: USD0.35 million</p>	<p>The project has already procured and delivered 16,785 sets of PPE that have been distributed to 168 health centers and 19 hospitals across the country, and the rapid response team (RRT) in Male. 55,000 PCR test kits were procured early September when the country faced critical shortage of test kits (only for 3-4 days in stock).</p>	<p>Environmental and social safeguards support had been seconded from other existing WB-financed projects. A qualified Environmental Specialist has been hired by the PMU, while recruitment of a Social Specialist has been delayed. Capacity building will be required through continuing support of the seconded staff. An Environmental and Social Implementation Plan is under development.</p>	<p>The contract for supply of medical equipment and drugs have been signed with UNOPS and M/s Philips and supply of critical items are happening but on slow rate. The Bank reviewed the performance of procurement during the first ISR mission and advised the PMU to adopt a more proactive approach with the UNOPS contract, with 48% of the contract still uncommitted, there needs to be closer follow up with UNOPS on the balance of the contract.</p> <p>On the Philips contract, the mission noted payment issues which is expected to be resolved shortly. Going forward, the mission advised PMU to be more strategic on the utilization of the remaining uncommitted portion of the fund and put in place plans to process the procurement.</p> <p>The World Bank rated procurement performance as "moderately satisfactory" and AIIB concurs to it.</p>
<p>Component 2- Emergency Health System Capacity Strengthening for COVID-19 Case Management</p> <p>Total cost:USD10.6 million AIIB financing: USD6.5 million</p>	<p>Isolation and ICU capacity for COVID-19 has significantly expanded. There are more than 400 beds for COVID-19 in Male and atolls, of which 130 are for ICU.</p>	<p>Environmental and social safeguards support had been seconded from other existing WB-financed projects. A qualified Environmental Specialist has been hired by the PMU, while recruitment of a Social Specialist has been delayed. Capacity building will be required through continuing support of the seconded staff. An Environmental and Social Implementation Plan is under development.</p>	<p>The contract for supply of medical equipment and drugs have been signed with UNOPS and M/s Philips and supply of critical items are happening but on slow rate. The Bank reviewed the performance of procurement during the first ISR mission and advised the PMU to adopt a more proactive approach with the UNOPS contract, with 48% of the contract still uncommitted, there needs to be closer follow up with UNOPS on the balance of the contract.</p> <p>On the Philips contract, the mission noted payment issues which is expected to be resolved shortly. Going forward, the mission advised PMU to be more strategic on the utilization of the remaining uncommitted portion of the fund and put in place plans to process the procurement.</p> <p>The World Bank rated procurement performance as "moderately satisfactory" and AIIB concurs to it.</p>
<p>Component 3- Implementatio n Management and Monitoring and Evaluation</p> <p>Total cost:USD0.65 million</p>	N/A	N/A	N/A

AIIB financing: USD0.45 million			
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Financial Management:

As per action plan as at project preparation, a Project Accountant has been hired to fulfill the financial management responsibilities. No significant matters have been noted during the virtual mission. The PMU needs to submit expenditure forecast for the nine months ending 30 June 2021 for demonstrating the funding needs from AIIB and WB for such period.

The First IFR capturing AIIB financing will be for the quarter ended December 31, 2020, which will become due as of February 14, 2021. In addition, the 2020 external audit report should be submitted by March 31, 2021.

6. Status of the Grievance Redress Mechanism (GRM)

A three-tier GRM has been established with a training program conducted for tier-1 members, i.e. Heads of the Health Care Facilities in the 5 Regions. The operationalizing of GRM is to be expedited with clear guidance on roles and responsibilities of different tiers of GRM, intake channels for receiving complaints, mechanisms for tracking and monitoring grievances, and awareness of the GRM to stakeholders.

7. Results Monitoring

As per World Bank, progress towards achievement of PDO and the overall Implementation progress is satisfactory.

Baseline Year: Mar. 22, 2020 End Target Year: Dec. 31, 2023

Project Objective Indicators	Year	Target	Actual	Others, if any
GOM has activated its public health National Emergency Operations Centre (NEOC) or other coordination mechanism for COVID-19	Dec. 31, 2023	Yes	Yes	Baseline: No
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Dec. 31, 2023	5	9	Baseline: 1
GOM adopted personal and community non-pharmaceutical interventions (school closures, telework and remote meetings, reduce/cancel mass gatherings)	Dec. 31, 2023	Yes	Yes	Baseline: No

Intermediate Result Indicators	Year	Target	Actual	Others, if any
Component 1: Proportion of hospitals with adequate personal protective equipment within a given month.	Dec. 31, 2023	70%	70	Baseline: 0
Component 2: Number of regions with ICU capacity.	Dec. 31, 2023	5	5	Baseline: 1
Proportion of health professionals trained in infection prevention and control per MOH-approved protocols.	Dec. 31, 2023	70%	40	Baseline: 0
Number of designated laboratories with staff trained to conduct COVID-19 diagnosis.	Jun. 30, 2023	5	9	Baseline: 1
Number of total daily testing capacity for SARS-CoV-2 in the country including five regional laboratories.	Jun. 30, 2023	1500	1980	Baseline: 350
Average transport time for COVID-19 lab specimen from health facility to a regional testing center.	Jun. 30, 2023	12	Not available.	Baseline: 30
Component 3: Proportion of hospitals that have submitted complete monthly reports on	Jun. 30, 2023	80	100	Baseline: 0

the number of suspected cases identified, number of cases tested, number of contacts traced, the presence of personal protective equipment, and the presence of an isolation unit.				
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Remarks: