

## Maldives : COVID-19 Emergency Response and Health Systems Preparedness Project

### 1. Project Information

Project ID:	P000378	Instrument ID:	L0378A
Member:	Maldives	Region:	Southern Asia
Sector:	CRF-Public Health	Sub-sector:	N/A
Instrument type:	<input checked="" type="checkbox"/> Loan:7.30 US Dollar million <input type="checkbox"/> Guarantee	Co-financier(s):	World Bank
ES category:	B	Borrowing Entity:	Ministry of Finance, Maldives
Implementing Entity:	Ministry of Health, Maldives		
Project Team Leader:	Jana Halida Uno (Responsible DG: Rajat Misra; Responsible Department: INF1)		
Project Team Members:	Susrutha Goonasekera, OSD - Environment & Social Development Specialist; Toshiaki Keicho, Team Member; Liu Yang, Project Counsel; Duran Moy, Alternate Counsel; Shonell Robinson, OSD - Financial Management Specialist; Jurminla Jurminla, OSD - Procurement Specialist; Jinghui Li, Project admin		
Completed Site Visits by AIIB:	Aug, 2021 Virtual mission with the World Bank Mar, 2022 Virtual mission with the World Bank Nov, 2022 Physical Mission from October 30 - November 3, 2022 attended by Jana Halida Uno (PTL)		
Planned Site Visits by AIIB:	May, 2023 Joint field mission of AIIB and the World Bank		
Current Red Flags Assigned:	0		
Current Monitoring Regime:	Regular Monitoring		
Previous Red Flags Assigned:	0		
Previous Red Flags Assigned Date:	2022/03		

### 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 beneficiaries will be the population at large in the Maldives given the nature of the disease. 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 AIIB's loan of USD 7.3million and the World Bank's IDA Credit and Grant of SDR2.7 million (USD3.65 million equivalent) each. AIIB's Special Fund Window has been used to buy down the interest rate by 100 bps (amounting to USD0.87 million). AIIB'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. 08, 2020
Effective:	Jul. 14, 2020	Restructured (if any):	
Orig. Closing:	Dec. 31, 2023	Rev. Closing (if any):	

### 4. Disbursement Summary (USD million)

Contract Awarded:		Cancellation (if any):	0.00
Disbursed:	3.03	Most recent disbursement (amount/date):	0.23/Jun. 02, 2022
Undisbursed:	4.27	Disbursement Ratio (%) <sup>1</sup> :	41.46

### 5. Project Implementation Update

The project has continued to strengthen the country's capacity of pandemic response and preparedness. Some highlight findings from the mission:**Advanced the contracting for the two big ticket items:** (i) expanding a quarantine facility at a critical hospital location (Kulhudhuffushi) --- revision of the UNOPS draft contract has been completed, and feedback was provided to shorten the procurement deadline to ensure completion of procurement activity before project closure (ii) procuring speed boats to decrease the time for samples to reach the PCR testing facilities and to transport patients from remote locations--- the pending tax issue with the winning bidder has been resolved in early November, andcontracting is expected to finish soon.**The needs to accelerate procurement and activity implementing in order to complete all activities by the closing date:** The WB-AIIB team and the PMU discussed the project closing dates of December 31, 2023 and discussed the processes and plans to ensure all necessary actions are taken for timely completion of the project. Given the limited time to project closure, it has been agreed between the WB-AIIB team and the PMU that all the new procurement and new activities such as goods related to the telemedicine pilot project will be planned and initiated soon in December 2022. The team will review those plans together.

<sup>1</sup> Disbursement Ratio is defined as the volume (e.g. the dollar amount) of total disbursed amount as a percentage of the net committed volume.

Components	Physical Progress	Environmental & Social Compliance	Procurement
Component 1- Emergency Response for COVID-19 Prevention  Total cost:USD3.35 million AIIB financing: USD0.35 million	<p>The project has been complementing the GOM's COVID-19 response, and all hospitals are well stocked with COVID-19 consumables and related equipment. On the second pillar:</p> <p>a. Implementing the Vaccine Risk Communication Plan in collaboration with the Maldives Red Crescent (MRC) is completed.</p> <p>b. Procurement of equipment for the risk communication program is still ongoing. The Information Technology (IT) requirement requested by HPA/HEOC was sent to procurement for processing on April 24, 2022, but no further progress to date.</p> <p>c. Stakeholder engagement workshops for 8 regions are completed for the year 2021. Year 2022 workshops commenced.</p> <p>d. A complete beneficiary feedback mechanism has been developed and is under implementation. For feedbacks of 2021, reports are completed and submitted to the World Bank. Year 2022 feedback evaluation is in ongoing.</p> <p>e. Grievance Redressal Mechanism (GRM) is being implemented and materials of information, education, and communication (IEC) are prepared, approved, and</p>	<p>Compliance in line with the World Bank's Environmental and Social Framework (ESF) and project's Environmental and Social Management Plan (ESMF) is upgraded to Satisfactory. The project now has a full-time Environmental Specialist who has been proactively managing due diligence requirements along with the Social Specialist. The E&amp;S screening for all sites should be completed and submitted to the Bank by January 30, 2023. On medical waste, all upcoming Health Care Waste Management (HCWM) storage and operational facilities to support health care facilities will be subject to Environmental and Social Safeguards (E&amp;S) prior to commencement of procurement. The units will be housing for an autoclave and shredder room with an additional waste segregation room. The E&amp;S screening for all sites should be completed and submitted to the Bank by January 30, 2023.</p> <p>The performance rating for management of social risks in line with the Environmental and Social Framework (ESF) is upgraded to 'Satisfactory' given the actions taken by the Project to address delays in implementation of the communications activities. Decisions have been made to revise activities in the Communications Plan to reflect the current country situation and requirements post Covid19. The hiring of a Program Officer for Risk Communication activities has been completed.</p>	<p>As per the available data on STEP, there are 65 activities, of which 21 have been cancelled that mostly due to slight procedural errors, or the learning curve related to using the STEP system; 16 activities in pending implementation; 12 in the under implementation; 13 activities signed; and 3 procurement activities terminated due to the change of procurement method and resignation. This project's overall procurement performance is graded as "Moderately Satisfactory," while its procurement risk remains "High".</p>

	<p>circulated. GRM-related trainings have been conducted for the designated regions and the focal point groups for GRM have been established.</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>a. The first phase of the UNOPS contract has been completed, and the procurement and distribution of the phase 2 UNOPS contract are still ongoing.</p> <p>b. The tender for the acquisition of 13 speedboats has been completed. The winning bidder has faced some pending tax issues, delaying the contract's signing with MOH. The contract is expected to be signed soon. Upon contract signing, the first payment will be made, all 13 speedboats are expected to be delivered within 6-8 months' time. Payments will be made after the delivery of the speedboats.</p> <p>c. Expansion of the Intensive Care Unit (ICU) capacity: equipment procured under the UNOPS contract has been completed. Distribution and installation are ongoing.</p> <p>d. Equipment procured under the Philips Contract has been fulfilled. The parties have settled the product call-off issues, and the final payments are being finalized. Contract completion and reallocation of funds are to be recorded in the STEP.</p> <p>e. Critical Care</p>	<p>See the description of E&amp;S compliance under component 1.</p>	<p>This project's overall procurement performance is graded as "Moderately Satisfactory," while its procurement risk remains "High".</p> <p>Phillips contract MV-MOH-179524-GO-DIR. The contract has been fulfilled. The parties have settled the product call-off issues, and the final payments are being finalized. Contract completion and reallocation of funds are to be recorded in the STEP.</p> <p>Maldives Red Crescent (MRC) Contract - MV-MOH-235802-NC-DIR-Vaccine Risk Communication The contract has been completed, 72% has been paid, and the remaining 28% will be paid once the final report has been presented and attested.</p> <p>Speedboat Procurement - MV-MOH-233371-GO-RFB-13. This purchase has been outstanding since the previous mission. Although the procurement has reached the signing stage, it had stuck at the award stage due to an unresolved tax issue between the selected bidder and the GoMV. The pending tax issue with the winning bidder has finally been resolved in early November, and contracting is expected to finish soon.</p> <p>Quarantine facility- MV-MOH-268050-CW-DIR-2</p>

	<p>training has been conducted for 3 batches of participants from 6 regions.</p> <p>f. Establishment of a prefabricated quarantine and isolation facility (Hdh. Kulhudhuffushi): ESF assessment has been completed and the MOH has approved the building plan concept. UNOPS has provided a quotation and draft contract based on the indicative plans. However, the indicated completion date is after the project closing date. The MOH has requested UNOPS to revise the draft contract and set a completion date before the project closing date. The revised draft contract is at UNOPS's Headquarters for clearance and is expected to be completed in November 2022.</p> <p>g. The contract with Maldives National University on Infection Prevention Control (IPC) training for healthcare workers is ongoing.</p>		<p>Story prefabricated building. This was another outstanding item from the previous mission. According to the direct contracting justification presented to the Bank, the original contract period is 472 days, which exceeds the duration of the project. The PMU is now negotiating the duration of the mission with UNOPS. The amended timelines have been submitted by UNOPS and are now awaiting approval from the PMU.</p> <p>UNOPS contract -MV-MoH-170121-GO-UN The first phase of the UNOPS contract has been completed with a savings of around USD 4 million, and the PMU is optimistic about using the remaining balance for phase 2 activities by the end of this year, which are presently in progress.</p>
<p>Component 3- Implementation Management and Monitoring and Evaluation</p> <p>Total cost:USD0.65 million AIIB financing: USD0.45 million</p>	<p>Project implementation activities have been ongoing. The ESF action plan has progressed with the new hire, an Environmental Specialist, proactively managing due diligence requirements along with the Social Specialist. As to Component 3 activities:</p> <p>a. Health Care Waste Management (HCWM) surveys were completed, and the procurement process for the consultancy</p>	N/A	N/A

	<p>assignment for planning and implementing HCWM for priority HCFs is underway. The priority areas for enhancing the final disposal of healthcare waste have been identified.</p> <p>b. Completion of planned PMU trainings for the year 2022</p> <p>c. Completion of procurement of PMU office space and equipment</p> <p>d. Completion of planned monitoring trips to COVID-19 facilities during the year 2022</p> <p>e. Creation and management of a registry for tracking and monitoring grievances</p> <p>f. Preparation of result indicator and project progress reports quarterly is completed in June 2022</p> <p>g. Preparation and submission of interim financial reports quarterly</p> <p>h. Preparation and submission of the project's financial statement</p> <p>i. Project's external audit for the period ended Q2 2022 - the procurement process is ongoing, and the external auditor will be contracted by December 2022.</p>		
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**Financial Management:**

The project maintains adequate Financial Management (FM) staffing arrangement and continues to submit Interim Unaudited Financial Report (IUFR) in a timely manner. There is no pending audit report, however, the FY2021 audit report was submitted with delay on August 1, 2022, for the Audited Project Financial Statements (APFS) and September 6, 2022, for the Management Letter (ML), against the due date for submission on June 30, 2022. The project's internal audit report was shared in October 2022 and identified issues related to assets management that should be immediately followed up by the project. As for the disbursement, the total cumulative advance made of project under AIIB financing is 42%. The next IUFR for the quarter which ended December 31, 2022, should be submitted before February 15, 2023. The external audit report for FY 2022 is expected to be delivered to the Bank

by June 30, 2023. The project should follow up asset management issue presented in the audit report and conduct physical verification and reconciliation by December 15, 2022. As for the disbursement, the project needs to document the unaccounted advances totaling USD 209,599, from the total disbursed advance of USD 339,000. The bi-annual internal audit report ending June 30, 2022, and December 31, 2022, is expected to be made available by December 15, 2022, and February 28, 2023, respectively. As no significant deficiencies have been noted in the FM arrangements of the project and continuous timely submission of IUFR, the project FM performance is rated as satisfactory.

#### 6. Status of the Grievance Redress Mechanism (GRM)

The Project GRM continues to operate, and no new grievances have been reported since Environment Social Framework mission in September 2022.

#### 7. Results Monitoring

The project is making good progress in achieving its intended results. The project met all three PDO level indicators; the Health Emergency Operation Center (HEOC) continues to lead the COVID-19 response in the country and the state of emergency and mandatory mask rules have been lifted March 13, 2022. The number of laboratories capable of testing for COVID-19 has increased to 26 covering all designated regions. Intermediate results indicators also showed success in various areas; all hospitals maintain adequate stock of PPEs, all regions have ICU capacities, while the trained staff is present in all COVID-19 laboratories. A remarkable expansion of testing capacity exists (currently 6,380 tests per day), and hospitals submit 100 percent of expected monthly reports. The PMU reported the transportation time for samples for the first time in July 2021, it currently stands at an average of eight hours. Conversely, infection prevention and control (IPC) training has not reached the target of 70 percent coverage yet (currently 49 percent), and the project is engaging with the Maldivian National University to accelerate training. The team advises the MOH to consider online training modules offered through the WHO to accelerate these trainings.

##### Project Objective Indicators #1

GOM has activated its public health National Emergency Operations Centre (NEOC) or other coordination mechanism for COVID-19

Year	Target	Actual	Comments, if any
Jul. 01, 2023	Yes	Yes	Baseline: No

##### Project Objective Indicators #2

Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents

Year	Target	Actual	Comments, if any
Jul. 01, 2023	5	26	Baseline: 1

##### Project Objective Indicators #3

GOM adopted personal and community non-pharmaceutical interventions (school closures, telework and remote meetings, reduce/cancel mass gatherings

Year	Target	Actual	Comments, if any
Jul. 01, 2023	Yes	Yes	Baseline: No

**Intermediate Result Indicators #1**

Component 1: Proportion of hospitals with adequate personal protective equipment within a given month (%) month.

Year	Target	Actual	Comments, if any
Jul. 01, 2023	70	100	Baseline: 0

**Intermediate Result Indicators #2**

Component 2: Number of regions with ICU capacity.

Year	Target	Actual	Comments, if any
Jul. 01, 2023	5	7	Baseline: 1

**Intermediate Result Indicators #3**

Proportion of health professionals trained in infection prevention and control per MOH-approved protocols (%)

Year	Target	Actual	Comments, if any
Jul. 01, 2023	70	49	Baseline: 0

**Intermediate Result Indicators #4**

Number of designated laboratories with staff trained to conduct COVID-19 diagnosis.

Year	Target	Actual	Comments, if any
Jul. 01, 2023	5	16	Baseline: 1

**Intermediate Result Indicators #5**

Number of total daily testing capacity for SARS-CoV-2 in the country including five regional laboratories.

Year	Target	Actual	Comments, if any
Jul. 01, 2023	1500	6380	Baseline: 350

**Intermediate Result Indicators #6**

Average transport time for COVID-19 lab specimen from health facility to a regional testing center.

Year	Target	Actual	Comments, if any
Jul. 01, 2023	12	8	Baseline: 30

**Intermediate Result Indicators #7**



Component 3: Proportion of hospitals that have submitted complete monthly reports on 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.

<b>Year</b>	<b>Target</b>	<b>Actual</b>	<b>Comments, if any</b>
Jul. 01, 2023	80	100	Baseline: 0

**Remarks:**

Progress towards achievement of PDO and the overall Implementation progress is satisfactory.

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