

Côte d'Ivoire : Strengthening of Vaccination and Health Systems under the COVID-19 Strategic Preparedness and Response Project

1. Project Information

Project ID:	P000560	Instrument ID:	L0560A
Member:	Côte d'Ivoire	Region:	Western Africa
Sector:	CRF-Public Health	Sub-sector:	N/A
Instrument type:	<input checked="" type="checkbox"/> Loan:90.00 Euro million <input type="checkbox"/> Guarantee	Lead Co-financier(s):	World Bank
ES category:	B	Borrowing Entity:	Ministry of Economy and Finance, Côte d'Ivoire
Implementing Entity:	Ministry of Health, Public Hygiene and Universal Health Coverage, Côte d'Ivoire		
Project Team Leader:	Suzanne Shaw		
Responsible DG:	Gregory Liu		
Responsible Department:	INF2		
Project Team Members:	Yang Shuai, OSD - Environment & Social Development Specialist; Bernardita Saez, Project Counsel; Liu Yang, Alternate Counsel; Guoping Yu, OSD - Procurement Specialist; Yi Geng, OSD - Financial Management Specialist; Furu Hu, Team Member; Furu Hu, Project admin		
Completed Site Visits by AIIB:	May, 2022 May 30 to June 2		
Planned Site Visits by AIIB:			
Current Red Flags Assigned:	0		
Current Monitoring Regime:	Regular Monitoring		
Previous Red Flags Assigned:	0		
Previous Red Flags Assigned Date:	2022/12		

2. Project Summary and Objectives

The objectives of the Project are to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Côte d'Ivoire. The Project will support the achievement of this objective through: (i) increasing the availability and roll-out of eligible coronavirus disease 2019 (COVID-19) vaccines, to support the Government of Côte d'Ivoire in its target to expand COVID-19 vaccination coverage to 70 percent of the population and provide booster doses to 9.9 million persons (35 percent of the population); (ii) reinforcing preparedness and response interventions at scale; and (iii) strengthening relevant health systems to ensure effective vaccine deployment in Côte d'Ivoire, sustained containment of COVID-19, and positioning of the country to detect and respond to future disease outbreaks in a swift, effective and efficient manner. The Project is a scaling up and expansion of activities supported under two earlier World Bank (WB) financings, an initial WB Financing of USD 35 million, focused on measures to contain the pandemic, and a First WB additional financing (AF1) for vaccine acquisition and deployment to support the vaccination of approximately 41 percent of the

population. The Project constitutes an integral part of Côte d'Ivoire's overall COVID-19 response plan. By increasing the percentage of the population that is fully vaccinated, the Project will facilitate the containment of the pandemic and support economic and social recovery in the country.

3. Key Dates

Approval:	May. 25, 2022	Signing:	Jul. 19, 2022
Effective:	Oct. 12, 2022	Restructured (if any):	
Orig. Closing:	Jun. 30, 2024	Rev. Closing (if any):	

4. Disbursement Summary (EUR million)

Contract Awarded:		Cancellation (if any):	0.00
Disbursed:	12.88	Most recent disbursement (amount/date):	2.26/Jun. 15, 2023
Undisbursed:	77.12	Disbursement Ratio (%) ¹ :	14.31

5. Project Implementation Update

The AIIB financing became effective in October 2022. Although, several activities under the project have been started and are underway, the disbursement rate of the project to-date and level of completed activities is relatively low, relative to the initial projections of the PCU. The reason for this is that preparation activities for execution of the procurement under the project were much higher than expected, and this has resulted in a delay of 4-6 months in the procurement with a similar impact on disbursement and implementation. The following paragraphs provide a more complete picture of the state of execution of the project, and the underlying factors, in particular with respect to component 1 which is the largest component (financing-wise) under the project. At the inception of the project, the majority of the financing had been earmarked for activities related to vaccine acquisition and deployment. These comprised 3 major interventions: (i) Operational costs related to COVID risk premiums and vaccination – this budget line has been used; (ii) strengthening the epidemic prevention and diagnosis system – this line concerns several contracts for which the Ministry of Health did not have clear terms of reference (TOR). This delayed the execution of the procurement. The PCU has since undertaken various consultations to develop the TOR for the contracts, and this is evident in the contracts which are at various stages of execution. Approximately 57 billion FCFA (EUR 86.9 million) in contracts is in the pipeline, comprising 37 billion FCFA (EUR 56.4 million) of contracts in progress (signed contracts under execution, or in the process of signature), and 20 billion FCFA (EUR 30.5 million) currently being awarded. It is envisaged to award all contracts by end-January 2024 and make withdrawals and payments before end-December 2024. (iii) Acquisition of vaccines: this line was adjusted downwards to take into

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

account the current context of the epidemic – the health risk of which has been significantly downgraded compared to the start of the project – and transferred to the other components. Overall, the procurement process has been delayed by 4-6 months due to the need for the PCU to conduct several pre-procurement studies and preparatory activities - these activities were not foreseen at the start of the project. The disbursement rate, and execution of project activities, is consequently delayed by a similar period. However, this is expected to be remedied within the remaining implementation period of the project.

Components	Physical Progress	Environmental & Social Compliance	Procurement
1 Emergency COVID-19 Response	<p>Under component 1, approximately 65% of activities are underway or completed, with roughly 3% of activities deferred, 11% of activities not yet started, and 21 % cancelled as they were made redundant due to the evolution of the pandemic situation. The detailed progress achieved under each of the sub-components is provided below. Sub-component 1.1 strengthening national and decentralized capacities for the detection of COVID-19 cases and clinical management.</p> <p>a) Operationalization of Public Health Emergency Operational Centers: The locations of the Public Health Emergency Operational Centers have been identified and technical specifications for related rehabilitation and equipment needs have been developed</p> <p>b) Strengthening of capacity for operational management of</p>	<p>The project is expected to have long-term, positive environmental & social (ES) impacts as it will strengthen COVID-19 surveillance, monitoring, treatment, containment and response in accordance with WB's ESF and WHO guidelines, and prepare the country for future pandemics. The WB-AIIB second additional financing (AF2) is expected to further enhance these positive impacts through additional investment in the procurement of mobile clinics, handwashing and sanitation facilities, rehabilitation facilities, and financing of vaccine administration.</p> <p>Following the completed planning of rehabilitation of cold rooms of regional depots, the rehabilitation work is expected to be started during the 2nd half of 2023. Several inventory missions were conducted as of June 2023 to identify the needs of upgrading and rehabilitation of labs at regional level as well as strengthening the capacities of dialysis centers in the context of COVID response. The ES risk of these activities has been rated as low as the impacts will be mostly temporary, predictable, and reversible. In addition, the health and administrative authorities of the localities concerned have been and will continue to be informed of the project's objectives and activities. This information and</p>	<p>During this reporting period there are a total of 19 contracts awarded or under implementation, including 8 goods supply contracts, 2 works contracts and 9 services contracts with a total amount of EUR 13.75 million equivalent. EUR</p>

	<p>vaccines and emergencies within the public health institutions, as follows:</p> <ul style="list-style-type: none"> - The process to acquire cold chain equipment is underway - Strengthening of the fire safety system via installation of fire detection devices in 10 regional depots, and acquisition/delivery of 113 fire extinguishers for health districts and regional depots in Yamoussoukro & San Pedro. Training on the use of fire safety equipment is being implemented. - Transportation of vaccines and related inputs: Procurement is underway for acquisition of 3 utility trucks for transportation of injection consumables and 3 refrigerated trucks for transportation of vaccines. Deliveries expected for Sept. 2023 - Rehabilitation works of the regional health depots and cold chain facilities: Technical specifications and procurement for rehabilitation works of cold rooms have been developed for 10 health centers initiated. Works expected to start in 2nd half of 2023. - Rehabilitation of laboratories: The PCU has undertaken activities to identify the laboratories to be rehabilitated and funding needs, namely participation in workshops, consultations and 	<p>consultation process will continue before, during and at the start of the work sites with the development of a social communication plan for the beneficiaries. As a record, during the rehabilitation works financed under the Initial WB Financing and AF1, no non-compliance was found, nor accidents/incidents reported.</p> <p>The code of conduct has been revised by integrating GBV/EAS/SH aspects, validated by the WB on November 29, 2022 and is being implemented. Training sessions on GBV/SEA/SH have been organized by the GBV Consultant, for the staff of service provider-companies as part of the COVID-19 waste collection, transport and disposal operation. A total of 18 people were trained. In addition, two hybrid training sessions (face-to-face and online) were organized for PCU staff on January 26 and 31, 2023. A total of 60 people from the PCU have been trained. Training on GBV/SEA/SH has been extended to executing agencies and vaccinators. From April 19 to June 27, 2023, training workshops were organized at the premises of 20 executing agencies associated with the activities of the PCU. A total of 609 people were trained, including 312 women and 297 men.</p> <p>In addition to the first operation to collect and dispose of COVID-19 vaccination waste organized in the health regions of Abidjan 1 and 2 and the health district of Grand-Bassam, a new operation has been initiated by the Department of Public Hygiene and Environmental Health with the technical and financial support from the PCU. This second operation covers eleven (11) health regions divided into four (04) zones. As of June 2023, two (02) service providers have been recruited, one for zone 1 (health regions of Abidjan 1, Abidjan 2 and Sud Comoé) and zone 3 (health regions of Bélier and Gbêkê) and the other for zone 2 (La Mé, Agnéby-</p>	
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	<p>missions to: validate the national standard for medical laboratories and equipment, and the national strategic plan for laboratories; conduct an inventory of laboratory equipment; identify equipment needs and quantify the funding gaps. The labs to benefit from provision of equipment have been identified and technical specifications developed.</p> <ul style="list-style-type: none"> - Strengthening the capacities of central laboratories for screening and quality assurance: Consultations were conducted to identify the equipment needs and develop technical specifications for the equipment. The contracts for equipment acquisition were included in the procurement plan of June 2023 and procurement is underway. - Expand digitalization of the health system: Needs for computer equipment and internet connection for 20 health centers have been identified and are being delivered. Acquisition of equipment and cabling is underway for 13 reference hospitals. A mission was conducted in May 2023 to identify equipment needs in health centers in the interior of the country. - Strengthening of capacities of medical imaging centers: 2 consultations were 	<p>Tiassa and Grands Ponds health regions), and zone 4 (Tchologo, Bagoué and Poro health regions). The service provider recruited for zones 1 and 3 (2KMED Services) started its activities respectively on August 08, 2022 and February 16, 2023. The one recruited for zones 2 and 4 (EISTON CI) started its activities respectively on September 15, 2022 and April 17, 2023. Over the period from August 2022 to June 2023, a total of 246.69 tonnes of hazardous health waste (mainly consisting of vaccination waste) was collected and disposed of, comprising: 124.14 tonnes for zone 1; 76.26 tons for zone 2; 28.57 tons for zone 3 and 12.86 tons for zone 4. AIIB and WB will continue to closely monitor the progress.</p>	
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	<p>conducted to identify beneficiary sites for medical imaging equipment and develop related technical specifications. The identified needs were included in the procurement plan in June 2023.</p> <ul style="list-style-type: none"> - Acquisition of generators for standby electricity supply: Several consultations were held to identify beneficiary sites and technical specifications for the acquisition of 53 generators to ensure continuous electricity supply in the selected health establishments. Procurement procedures are underway. - Strengthening of capacities of hemodialysis centers: An inventory mission was conducted to identify rehabilitation and equipment needs; the technical specifications for the rehabilitation works and equipment have been drafted. - Enhancing oxygen generation capabilities: A consultant was recruited to conduct site assessments and develop technical specifications for the installation of oxygen production units at the targeted sites. All sites have been assessed however only the report for the Korhogo site is available as of the June 2023 progress report. The reports for the other sites are under preparation by the consultant. 		
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	<p>- Rehabilitation and equipping of regional training center of the National Institute of Public Health (INSP): A consultation was conducted to identify rehabilitation needs, and an inventory mission conducted to identify equipment needs and gather data for the preparation of technical specifications. A 2nd inventory mission will be conducted in Q3 2023.</p> <p>- Technical assistance to build capacity for COVID-19 vaccine: An expert consultant in vaccinology was recruited to support the Ministry of Health in the COVID-19 vaccine deployment process.</p> <p>c)Implementation of waste management plan: COVID-19 sanitary waste collection/transportation/disposal: 2 service providers were recruited to for sanitary waste collection, transportation and disposal operation in 11 health regions. A total of 246.69 tonnes of hazardous health waste was collected and dispose of.</p>		
<p>2. Health Communication and Community management</p>	<p>Under component 2, approximately 54% of activities are completed or underway. The detailed progress achieved under each of the sub-components is provided below.</p> <p>Subcomponent 2.1 Community engagement and risk communication</p>	<p>N/A</p>	<p>There was no procurement for component 2 during the reporting period.</p>

	<p>- During the reporting period, activities focused primarily on the production of communications related to vaccination of pregnant and breastfeeding women and the management of sanitary waste. This component also involved the execution of monthly meetings of the communication working group on COVID-19 vaccines and vaccination.</p> <p>- Information, awareness and advocacy: Eight information, awareness and advocacy sessions are currently under preparation</p> <p>- Capacity-building of front-line actors for promotion of vaccination in communities: Organization of technical meetings with the working group on communication to identify themes for the training sessions.</p> <p>Subcomponent 2.2: society and community mobilization to increase demand for COVID-19 vaccination</p> <p>- During the reporting period, activities mainly involved conducting technical meetings to prepare the agreements with community-based organizations for the scope of activities to be executed, and the related terms of reference. Draft agreements have been prepared and the procurement process related to these</p>		
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	<p>agreements is underway. Similarly, technical meetings were conducted with the union of radio stations, and with the various television channels, to identify activities to be carried out, and the terms of reference, for the relevant agreements. The agreements are underway and the related procurement processes are underway.</p> <ul style="list-style-type: none"> - The terms of reference for a graphic designer for the layout of the complaints management guide for community actors was developed. The selection and contracting process for the consultant is underway. - Promotion materials for the COVID-19 vaccination campaign were produced including 15,000 T-shirts, 10,000 polo shorts, and 5,000 masks. 		
<p>3. Project Implementation Management and Monitoring and Evaluation</p>	<p>Under component 3, approximately 78% of activities are completed or underway.</p> <p>Sub-component 3.1: Project management</p> <ul style="list-style-type: none"> - The PCU continues to participate in joint technical meetings with vaccination and health bodies including WHO and UNICEF. <p>Sub-component 3.2: Monitoring and evaluation</p> <ul style="list-style-type: none"> - The PCU had previously launched the 	<p>Three Indicators under component 3 had previously been reported by the PCU as having implementation challenges during the last reporting period. Since then and up to June 2023, encouraging and substantial progress has been made.</p> <p>1. Number of field actors trained on GBV/EAS/HS. Various training sessions were organized as discussed under component 1 above.</p> <p>2. Proportion of health districts that have functional complaints management committees. The existing complaints mechanism has been proposed by the PCU to be revised towards improving its</p>	<p>There was no procurement for component 3 during the reporting period.</p>

	<p>procurement of 18.6 million supports for the collection of information related to COVID-19 vaccination. These included: 8 million vaccination cards, 5.3 million individual registration forms, 1 million forms for AEFI (adverse effects of immunization) data collection, 2.7 million record sheets, and 1.6 million report sheets. Part of this was received during the reporting period and made available to the Directorate of Coordination of the Expanded Immunization Program (DCPEV) for distribution within the districts.</p> <ul style="list-style-type: none"> - Computer equipment had been previously procured for the monitoring and evaluation department of DCPEV and for the communication department. These were received during the reporting period, and include 15 laptops, 15 inverters, 5 printers and 15 USB keys. - The existing agreement for the digitalization of COVID-19 vaccination records expired end-Dec. 2022. A new agreement has been drafted and is under review by the Ministry of Health. - The TOR has been developed for the direct recruitment of a firm (GINGER) for the verification of data on COVID-19 vaccination and the auditing of digitalized data connected to 	<p>functionality. Continued efforts have been made, aiming at developing consensual tools to strengthen the monitoring and evaluation system for all community interventions. As of June 2023, the proportion of health districts that have functional complaints management committees is 17%, the 2023-year target is 20%.</p> <p>3. Proportion of Health Districts whose beneficiaries provide feedback on COVID vaccination through traditional channels and digital platforms. This indicator is dependent on the complaints management mechanism (refer to previous point above), in the interim the platform of the PCU is in place to receive complaints. It is a new indicator under AF2. As of June 2023, the proportion of health districts whose beneficiaries provide feedback on COVID vaccination through traditional channels and digital platforms is 10.6%, compared to the year target of 11%.</p>	
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	<p>performance-based payments related to COVID-19 vaccinations. This work is a continuation of work that was conducted by the same firm, GINGER, which was the basis for direct recruitment.</p> <p>- The recruitment process, to select a firm to conduct a study on the coverage of COVID-19 communication activities, has been completed. The firm will begin its assignment in the second half of 2023.</p>		
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Financial Management:

Financial Management (FM): The project has been using the existing FM system to manage, record and report the sources and usage of project funds. The Project audit report with unqualified (clean) opinion for year 2022 was received through WB with 2 months delay. AIIB has made recommendations to WB for improvements for future audit reports, to provide for adequate coverage of AIIB funds under the project audit report. According to the progress report for period ended June 30, 2023, total expenditure incurred is approximately EUR14.3 million, accounting for 8% of total budget. Disbursements through direct payment and designated account were processed regularly to support due payments.

6. Status of the Grievance Redress Mechanism (GRM)

The project GRM comprises of a telephone hotline established at the Ministry of Health, email address channels, social media channels, and complaints-handling desks at the health care facilities, clinics and hospitals. The GRM will handle all Project-related concerns on the process of managing the pandemic and the medical waste management activities, including: (i) the identification and management of COVID-19 cases; (ii) the treatment of the sick; (iii) psychological assistance; (iv) issues regarding vaccine deployment and implementation; and (v) other issues such as death cases. A locally based Grievance Mechanism (GM) designed specifically for direct and contracted workers has been also in place in each facility/site, and the GM data is collected and analyzed by PCU staff on a regular basis. The proportion of health regions that have a functional complaint management committees is planned to be verified and reported by the PCU for the next reporting period.

The number for the GRM telephone hotline is 143 or 101 (toll free)

In addition, complaints can be registered through Ministry of Health and Public Hygiene through the following links:

Link to the website of Ministry of Health and Public Hygiene where the complaint form can be accessed:

https://sante.gouv.ci/welcome/publications_liste.

Direct link to the downloadable complaint form on the website of Ministry of Health and Public Hygiene:

sante.gouv.ci/assets/fichiers/formulaire-d-enregistrement-des-plaintes-sante-banque-mondiale.pdf

Email addresses to which the downloadable complaint form can be sent: kouamear@gmail.com;

amondongo12@gmail.com or by WhatsApp to 07 07 582 340; 07 09 097 782

7. Results Monitoring (please refer to the full RMF, which can be found on the last page of this PIMR)

Note that the timelines for targets, specified in the reporting documentation, are based on WB FY (which runs from July of Year N-1 to June of Year N). The targets in the AIIB table are based on calendar year, and thus there will be some discrepancy in the timelines. The PT has adopted a conservative approach. The AIIB target for 2022 represents the project target for FY 2023 (Jul. 1, 2022 - Jun. 30, 2023). There are some indicators for which result information is missing. This was already the case from the previous PIMR and is due to the fact the reporting indicators in the WB system have not yet been updated to reflect the indicators of the second WB Additional Financing (this project), which have been revised compared to the First WB Additional Financing. At the last 6-monthly progress report, AIIB had requested the WB and PCU to work to update the reporting indicators in the WB reporting system, however, as of June 2023, the updates had not yet been made. There are therefore still gaps in the reporting of the results indicators. AIIB will continue to seek WB's assistance to update the indicators in line with project, so that these may be properly reflected in the next PIMR.

Remarks:

Project Objective Indicators	Indicator level	Unit of Measure	Cumulative Target Values															Frequency	Responsibility	Comments
			Baseline		2021		2022		2023		2024		2025		End Target					
			Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Year	Target	Actual			
COVID-19 tests conducted (disaggregated by sex of beneficiary)	Project	number	2021	0	0		1,017,531		1,917,531	1,689,801	2,277,531					2,277,531				
COVID-19 tests conducted in females	Project	number	2021	0	0		508,766		958,766	675,920	1,138,766					1,138,766				
COVID-19 tests conducted in males	Project	number	2021	0	0		508,766		958,766	1,013,880	1,138,766					1,138,766				
Positive COVID-19 cases (disaggregated by sex)	Project	percentage	2021	0	0		7.77		6.4	5.2	5.52					5.52				
Positive COVID-19 cases in female	Project	percentage	2021	0	0		7.77		6.4	4.9	5.52					5.52				
Positive Covid-19 cases in men	Project	percentage	2021	0	0		7.77		6.4	5.7	5.52					5.52				
Population vaccinated, based on the targets defined in the National Plan (disaggregated by priority group and sex)	Project	percentage	2021	0	0		3.5		30	63.4	70					70				
Female population vaccinated, based on the targets defined in the national plan	Project	percentage	2021	0	0		3.5		30	58.9	70					70				
Male population vaccinated, based on the targets defined in the national plan	Project	percentage	2021	0	0		3.5		30	67.8	70					70				
Population covered by the communication, consultation, social and community mobilization interventions	Project	percentage	2021	0	0		60		70	Cabinet recruited; negotiations completed and contract being signed	80					80				

Regional health poles that have an operational Emergency Operations Centre (EOC)	Project	percentage	2021	0	0	40	70	40	100	100									
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Project Intermediate Indicators	Indicator level	Unit Measure of	Cumulative Target Values														Frequency	Responsibility	Comments																			
			Baseline		2021		2022		2023		2024		2025		End Target																							
			Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Year	Target				Actual																		
Healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response (disaggregated by sex)	Project	number	2021	282	282			6,100		6,500		8,975		7,950					7,950																			
Female healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response	Project	number	2021	not available	not available			3,050		3,250		not available		3,975						3,975																		
Male healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response	Project	number	2021	not available	not available			3,050		3,250		not available		3,975						3,975																		
Target health structures (health facilities, isolation centers, and cold chain facilities) renovated and/or equipped	Project	percentage	2021	5.22	5.22			53		58.42		51.1		62.92						62.92																		
Population who received a booster dose	Project	percentage	2021	0	0			0		5		20.8		14.8						14.8																		
Women accessing COVID-19 vaccinations on mobile vaccination clinics	Project	number	2021	0	0			16,068		52,171		454,330		70,222						70,222																		

Planned communication interventions implemented	Project	percentage	2021	0	0	50	70	69.1	80					80				
Vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0	2,939	3,918	848	3,918					3,918				
Female vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0	1,470	1,459	not available	1,959					1,959				
Male vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0	1,470	1,459	not available	1,959					1,959				
Health districts with committees for the management of complaints	Project	percentage	2021	0	0	50	70	17.7	100					100				
Administrative doses (vaccination cards) captured in the digital vaccination platform	Project	percentage	2021	3	3	30	80	28.7	100					100				