

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:			
Planned Site Visits by AIIB:			
Current Red Flags Assigned:	0		
Current Monitoring Regime:	Regular Monitoring		
Previous Red Flags Assigned:			
Previous Red Flags Assigned Date:			

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:	4.33	Most recent disbursement (amount/date):	1.54/Mar. 22, 2023
Undisbursed:	85.67	Disbursement Ratio (%) ¹ :	4.81

5. Project Implementation Update

Procurement: A total of 22 contracts have been signed during the reporting period, under AF2, including contracts for goods, non-consulting and consulting services, 6 of which have been completed. The total value of the signed contracts is EUR 13.5 million equivalent, co-financed by WB and AIIB. No complaints have been reported in the procurement process, and no disputes incurred during the contract implementation.

Financial Management (FM): The project has been using the existing FM system to manage, record and report the sources and usage of project funds. Based on the latest progress report, cumulative expenditure incurred during the reporting period, under AF2022, was EUR 2.78 million, of which approximately EUR 1.2 million is financed by AIIB loan proceeds. As the project loan was effective in late 2022 and no major expenditures (1.7% of total budget) have been incurred, the Project Team (PT) will follow leading co-financier's decision to combine the 2022 project audit with 2023 - this report will be submitted to AIIB by June 30, 2024.

Components	Physical Progress	Environmental & Social Compliance	Procurement
1. Emergency COVID-19 Response	1.1 Strengthening national and sub-national capacities for COVID-19 case detection and clinical management. There were no rehabilitation works conducted under the second additional	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. AF2 is expected to further enhance these	Nine supply contracts and six services contracts were signed including contracts for non-consulting services and consulting services under Component 1 of AF2. The goods of 4 supply contracts have been fully delivered, and all the other contracts are under

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.

	<p>financing (AF2) for the implementation period. Rehabilitation works under AF2 are planned for 2023. Motorcycles were acquired and deployed in the various health districts to allow access to hard-to-access or low-mobility areas to execute the vaccination campaign. Motor vehicles and pick-up trucks were also acquired and made available to the health districts to facilitate pandemic-related health monitoring, surveillance and management.</p> <p>1.2 Sub-component 1.2: COVID-19 vaccine planning, procurement, and deployment. There was no vaccine acquisition under AF2, as a sufficient number of doses had been acquired for the period through AF1 as well as through donations from other sources.</p> <p>1.3 Pharmacovigilance and monitoring of patients (vaccine safety monitoring and management of AEFI). AF2 supports the continuation of activities related to the monitoring and management of occurrences of adverse effects from immunization (AEFIs), as started under AF1, including through provision of support to health district teams to investigate and manage AEFI cases.</p>	<p>positive impacts through additional investment in the procurement of mobile clinics, handwashing and sanitation facilities, rehabilitation facilities, and financing of vaccine administration.</p> <p>As of the end of 2022, the planning for the rehabilitation of cold rooms of some regional depots had been completed; the execution will occur in 2023 under AF2. The ES risk of this activity has been rated as low as the impacts will be mostly temporary, predictable, and reversible. During the rehabilitation works financed under the Initial WB Financing and AF1, no non-compliance was found, nor accidents/incidents reported. The draft Code of Conduct has been revised to include aspects of GBV/EAS/HS; this was validated by AIIB on 29 November 2022, and is currently being implemented.</p> <p>The PCU's ES specialists, hired respectively in May 2020 and in July 2020, together with a biomedical specialist hired in Feb 2018 are dedicated to ensuring compliance with the environmental and social commitment plan (ESCP) and supervising the implementation. The capacities of the ES team have been strengthened in GBV/EAS/HS by the GBV expert recruited since August 2022. As such, the capacity of the PCU to manage ongoing and emerging ES risks is deemed to be adequate. Overall ES performance has been rated moderately satisfactory for the Parent Project and AF1.</p> <p>Training sessions on GBV/EAS/HS were organized for the staff of service providers as part of the COVID-19 waste collection, transport and disposal operation. Another session has been planned for January 2023, with the aim of training all staff. The Code of Conduct for service providers has been revised to include aspects of GBV/EAS/HS in November 2022 and</p>	<p>implementation.</p> <p>The nine supply contracts include the following: 1. Acquisition of motorcycles for missions of the Expanded Immunization Program Coordination Department (DCPEV); 2. Acquisition of blood glucose meters and glycemic testing reagents; 3. Acquisition of waste management equipment for sanitary facilities and mobile clinics for the collection of sanitary waste; 4. Acquisition of 21 Pick-ups and nine 4x4 all-terrain vehicles to strengthen epidemic management; 5. Acquisition of cotton, syringes and safety boxes for DCPEV; 6. Acquisition of cuff blood pressure monitors for vaccination sites for DCPEV; 7. Purchase of tarpaulins, chairs and tables for vaccination sites for DCPEV; 8. Acquisition of mobile units (including maintenance) for advanced immunization strategies in regional poles of excellence; and 9. Acquisition of 10-tonne commercial trucks and refrigerated trucks for DCPEV for the transport of vaccines and injection consumables. All the goods of the above No. 1, No. 3, No. 4 and No. 6 have been delivered.</p> <p>The six services contracts include the following: 1. Recruitment of a service provider for the collection, transport and disposal of at-risk health waste on COVID-19 sites and vaccination centers in the health districts of Mé, Agnéby-Tiassa and Grands Ponts; 2. Direct selection for the supply of fuel for the PCU,</p>
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		<p>is being implemented.</p> <p>Regarding institutional, organizational and technical capacity on waste management, the project's PCU, which is established under the Ministry of Health, is well-functioning, and has managed all World Bank financed health projects since 2015. The PCU has led the satisfactory implementation of the Health Control and Waste Management Plans (HCWMP) of the Initial WB Financing and AF1. Progress has been made in terms of COVID-19 waste collection and disposal as well as acquisition of sanitary waste collection equipment by the end of 2022, the recruitment process of waste collection and disposal service providers for some health regions is still underway, AIIB and WB will continue closely monitoring the progress and providing support as necessary.</p>	<p>mobile units, vehicles for the distribution of vaccines and consumables, and motorcycles to carry out vaccine deployment actions; 3. Recruitment of a service provider for the reprography of vaccination cards and vaccination data tools; and 4. Recruitment of a service provider for the collection, transport and disposal of health waste at COVID-19 sites and vaccination centers in the Districts of the Gbêkê and Bélier health districts; 5. Direct selection of an individual consultant for the DCPEV and the National Institute of Public Health (INHP), in support of the vaccination deployment plan; and 6. Recruitment of an international consultant for the design of the Ivorian model of no-fault compensation for victims of the COVID-9 vaccine. All the six contracts are under implementation.</p>
2. Health Communication and Community Engagement	<p>Two key communication and engagement activities were conducted during the reporting period under AF2: 1) Collaboration with the national television station (RTI) to have a special edition of the well-known local program "Varietoscope" to include communication on the vaccination campaign; the intervention also included the set up of a vaccination site at the site of the program to allow persons to get vaccinated; 2) implementation of the program "Healthy vacation without COVID", an urban</p>	N/A	<p>Two supply contracts and one non-consulting services contract were signed in the reporting period under AF2, in relation to this component. These are: 1. Acquisition of communication materials for immunization awareness activities; 2. Acquisition of computer kits (laptops, printers, USB keys, etc.) for the monitoring and evaluation (M&E) department of the DCPEV; and 3. Direct selection of a firm for the implementation of special COVID-19 vaccination program "Varietoscope" (described above). The non-consulting services contract (No. 3 above) has been executed and been paid. The other</p>

	campaign integrating sports, sensitization and communication on COVID prevention and vaccination; the intervention also included the set up of a vaccination tent on-site.		two supply contracts are under implementation.
3. Project Implementation Management and Monitoring and Evaluation	<p>With respect to project management, the PCU continues, under AF2, to provide technical support to the Ministry of Health in the coordination of COVID-19 vaccine deployment through its participation in the technical and coordination meetings of the various implementation bodies involved in vaccine deployment.</p>	<p>Three Indicators under component 3 have been reported by the PCU as having implementation challenges:</p> <p>1. Number of field actors trained on GBV/EAS/HS.</p> <p>The recruitment of a consultant to develop the training modules and execute the training was only completed in Q3 2022, as a result training activities have just commenced from the end of 2022. The most important, and largest, group to train is the vaccinators. The PCU is in discussions with the Ministry of Health regarding the best approach to train this group, and expects to have more persons within this group trained during the next reporting period.</p> <p>2. Proportion of health districts that have functional complaints management committees</p> <p>The existing complaints mechanism has been proposed by the PCU to be revised and is currently under validation; once validated (expected to take another 1-2 months) it will be operationalized.</p> <p>3. Proportion of Health Districts whose beneficiaries provide feedback on COVID vaccination through traditional channels and digital platforms.</p> <p>This indicator is dependent on the complaints mechanism (refer to previous point above); once the mechanism has been validated it will be possible to report this indicator more effectively. In the interim the the platform of the PCU is in place to receive complaints. This indicator did not exist under AF1.</p> <p>AIIB will closely work with WB and the PIU to monitor the progress and</p>	<p>Four non-consulting services contracts were signed during the reporting period, under Component 3 of AF2. The four contracts include the following: 1. Direct agreement with a firm for the continued hosting and functionality of the digital COVID data management platform; 2. Renewal of the contract for the provision of health and individual accident insurance for PCU staff; 3. Renewal of the contract for the maintenance of PCU vehicles; and 4. Recruitment of a service provider for the maintenance of the electrical installations and the security system of the premises of the PCU. All the contracts are under implementation.</p>

		provide support as needed.	
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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. Based on the latest progress report, cumulative expenditure incurred during the reporting period, under AF2022, was EUR 2.78 million, of which approximately EUR 1.2 million is financed by AIIB loan proceeds. As the project loan was effective in late 2022 and no major expenditures (1.7% of total budget) have been incurred, the Project Team (PT) will follow leading co-financier's decision to combine the 2022

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 search 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 the PCU or Ministry of Health and Public Hygiene through the following links:

Link to access complaint form on the website of the PCU: https://www.ucpsante-bm.org/index.php?option=com_content&view=article&id=205&Itemid=171&lang=fr

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 and/or which clarifications are required from the PCU. These will be updated accordingly 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	1,663,966	1,917,531		2,277,531					2,277,531				
COVID-19 tests conducted in females	Project	number	2021	0	0		508,766	665,586	958,766		1,138,766					1,138,766				
COVID-19 tests conducted in males	Project	number	2021	0	0		508,766	998,380	958,766		1,138,766					1,138,766				
Positive COVID-19 cases (disaggregated by sex)	Project	percentage	2021	0	0		7.77	5.3	6.4		5.52					5.52				
Positive COVID-19 cases in female	Project	percentage	2021	0	0		7.77	5.8	6.4		5.52					5.52				
Positive Covid-19 cases in men	Project	percentage	2021	0	0		7.77	5	6.4		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	59.9	30		70					70				
Female population vaccinated, based on the targets defined in the national plan	Project	percentage	2021	0	0		3.5	TBD	30		70					70				
Male population vaccinated, based on the targets defined in the national plan	Project	percentage	2021	0	0		3.5	TBD	30		70					70				
Population covered by the communication, consultation, social and community mobilization interventions	Project	percentage	2021	0	0		60	not available	70		80					80				
Regional health poles that have an	Project	percentage	2021	0	0		40	10	70		100					100				

interventions implemented																			
Vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0		2,939	143	3,918		3,918					3,918			
Female vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0		1,470	not available	1,459		1,959					1,959			
Male vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0		1,470	not available	1,459		1,959					1,959			
Health districts with committees for the management of complaints	Project	percentage	2021	0	0		50	17.7	70		100					100			
Administrative doses (vaccination cards) captured in the digital vaccination platform	Project	percentage	2021	3	3		30	23.9	80		100					100			