

SBF Project Completion Note

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

1. Project Information

Project ID:	P000560
Responsible department:	PSC1
Borrower:	Republic of Côte d'Ivoire
Implementing Agency:	Ministry of Health, Public Hygiene and Universal Health Coverage, Côte d'Ivoire
Financing type:	Sovereign-Backed Financing
Instrument type:	Loan
Member:	Côte d'Ivoire
Sector:	CRF-Public Health
E&S category:	B
Overall rating:	Successful
Effectiveness Assessment:	Effective
Relevance Assessment:	Highly relevant
Efficiency Assessment:	Efficient
Sustainability Assessment:	Likely sustainable

2. Project Development Objectives

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Côte d'Ivoire.

3. Key Dates

Approval:	05/25/22	Signing:	07/19/22
Effective:	10/12/22	Restructured (if any):	05/16/24
Orig. Closing:	06/30/24	More Restructured dates (if any)	
Rev. Closing:	12/31/24		

4. Financial Summary (EUR million)

Currency:	Euro		
Net Commitment:	89.77	Cancelled:	0.00
Disbursed:	89.77	Undisbursed:	0.00

5. Overall rating

Overall rating:	Successful
Executive summary of the completion note:	
The Project has generally met its key objectives with good prospects for sustainability. It remained highly relevant throughout its implementation with only minor shortcomings in its effectiveness.	

Section I. Effectiveness

Effectiveness Assessment:	Effective
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Overall assessment of effectiveness:

The Project has delivered substantial results against its development objective of strengthening COVID-19 preparedness, vaccination coverage, and broader health system capacity. Key achievements include:

- Widespread COVID-19 testing among the population.
- COVID-19 vaccination coverage reached 66.6% against an end target of 70%.
- The population reached through communication and community mobilization interventions achieved 92.1%, exceeding the target of 80%.
- 100% of regional health centers had operational Emergency Operations Centers.
- Extremely successful mobile vaccination clinic initiative which reached almost half a million women.
- More than 9,400 healthcare workers trained under the project, achieving 95% of the final target.
- 100% of targeted health facilities were renovated or equipped, through investments in cold-chain systems, laboratories, emergency operations centers, imaging equipment, oxygen production, and regional health infrastructure.
- Functional complaint management committees were established in 100% of health districts.

Effectiveness was affected to a minor extent by the booster coverage rate which fell short of the target (21.1% coverage against a target of 25%). Achievement against targets was nonetheless substantial (84% achievement of target). The shortfall against the target was due to the lifting of the COVID-19 health emergency (in April 2023) and resulting decline in the population's enthusiasm for booster doses.

Although vaccination coverage reached 66.6% against the 70% target, the shortfall was modest, with approximately 95% of the target achieved. More importantly, achievement of the PDO rested not only on vaccination coverage but also on strengthening the health system's capacity to prevent, detect, and respond to public health emergencies. As highlighted in the key achievements above, the project was successful in upgrading health facilities, strengthening laboratory and cold-chain capacity, enhancing emergency preparedness and response systems, and developing health workforce capacity. These complementary achievements strengthened both the immediate COVID-19 response and the health system's longer-term capacity to manage future outbreaks. On balance, the high level of achievement of the vaccination target, combined with substantial and broader health system strengthening results, supports an overall rating of Effective.

Project Objective Indicators**Monitoring end year: 2024**

Indicator Name	Unit of Measure	Baseline	Actual (Current)	End Target
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COVID-19 tests conducted (disaggregated by sex of beneficiary)	number	0	1,789,528	1,800,000
COVID-19 tests conducted among females	number	0	715,811	900,000
COVID-19 tests conducted among males	number	0	1,073,717	900,000
Positive COVID-19 cases (disaggregated by sex)	percentage	0	5.2	5.52
Positive COVID-19 cases among females	percentage	0	5.42	5.52
Positive COVID-19 cases among males	percentage	0	4.69	5.52
Population vaccinated, based on the targets defined in the National Plan (disaggregated by priority group and sex)	percentage	0	66.6	70
Female population vaccinated, based on the targets defined in the national plan	percentage	0	65.11	70
Male population vaccinated, based on the targets defined in the national plan	percentage	0	67.77	70
Population covered by the communication, consultation, social and community mobilization interventions	percentage	0	92.1	80
Regional health centers that have an operational Emergency Operations Centre (EOC)	percentage	0	100	100

Comments:

Out of the five PDO indicators, three reached at least 99% of their target, and the other two achieved more than 90% of their target. Note that the indicator on “Positive COVID-19 cases (disaggregated by sex)” is a reverse indicator, in that the goal is not to exceed the target number.

Intermediate Result Indicators

Monitoring end year: 2024

Component:

Emergency COVID-19 Response

Indicator Name	Unit of Measure	Baseline	Actual (Current)	End Target
Healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response (disaggregated by sex)	number	282	9,464	10,000

Female healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response	number	not available	3,786	5,000
Male healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response	number	not available	5,678	3,975
Target health structures (health facilities, isolation centers, and cold chain facilities) renovated and/or equipped	percentage	5.22	100	100
Population who received a booster dose	percentage	0	21.1	25
Women accessing COVID-19 vaccinations on mobile vaccination clinics	number	0	465,888	70,222
Health districts with committees for the management of complaints	percentage	0	100	100

Comments:

Gender disaggregated baseline data were not available for "number of healthcare workers trained in IPC, preparedness and response"; the baseline for the gender-disaggregated sub-indicators is therefore indicated as "not available". Out of the five intermediate indicators, three met or exceeded their target, and the other two achieved more than 80% of their target. As a result of the Project restructuring and the increased focus on health system strengthening (versus vaccination), and the accompanying financing reallocations across components, the target for "number of healthcare workers trained in IPC, preparedness and response" was increased from 7,950 to 10,000, and the target for the renovation of target health structures was increased from 62.9% to 100%.

Component:

Health Communication and Community Engagement

Indicator Name	Unit of Measure	Baseline	Actual (Current)	End Target
Planned communication interventions implemented	Percentage	0	80	80

Comments:

The intermediate indicator met the target.

Component:

Project Implementation Management and Monitoring and Evaluation

Indicator Name	Unit of Measure	Baseline	Actual (Current)	End Target
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No. of field actors trained on GBV/SEA/SH	Number	0	3510	3118
No. of field actors trained on GBV/SEA/SH: Female	Number	0	1790	1559
No. of field actors trained on GBV/SEA/SH: Male	Number	0	1720	1559
Health districts with committees for the management of complaints	Percentage	0	100	100
Administered doses captured in the digital vaccination platform	Percentage	3	38.3	35

Comments:

All three intermediate indicators for this component reached their target.

*GBV = gender-based violence; SEA = sexual exploitation and abuse; SH = sexual harassment.

Achievement of Project Results:

The Project's intermediate outputs have substantially contributed to the PDO outcomes, through achievements in health workforce and field actor development, communication and community mobilization, vaccination service delivery, cold-chain and laboratory strengthening in health structures, implementation of institutional accountability (complaints management) mechanisms, and digital health investments, which collectively enabled the Project to largely achieve its vaccination targets and significantly strengthen Côte d'Ivoire's health emergency preparedness system.

Section II. Relevance

Relevance Assessment:	Highly relevant
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Alignment with AIIB's Strategic Priorities:

The Project objective was consistent with AIIB's COVID recovery response mandate of alleviating public health pressures arising from COVID-19. Specifically, it achieved this by targeting: (i) increased the availability and roll-out of eligible coronavirus disease 2019 (COVID-19) vaccines; (ii) enhanced preparedness and response interventions at scale; and (iii) strengthened health systems for effective vaccine deployment and positioning to effectively respond to future disease outbreaks.

Alignment with Member policies, subnational planning and stakeholder needs, including changes to project objective and design:

The Project remained highly relevant to Côte d'Ivoire's health sector priorities and the original development objective of strengthening pandemic preparedness and response systems. In line with the shift in the government's focus during the Project implementation period, the Project evolved beyond immediate COVID-19 response to strengthening long-term health system resilience. The related Project restructuring and greater focus on health system strengthening, reallocated Project funds from vaccination efforts towards Project components focused on health system strengthening. Resulting achievements included:

- Rehabilitation of health facilities and laboratories.
- Expansion of vaccine storage and cold-chain capacity.
- Strengthening of emergency operations centers.
- Health information system digitalization.
- Oxygen production capacity.

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- Medical imaging and dialysis services.
 - Enhanced disease surveillance and outbreak preparedness.

The Project has addressed systemic weaknesses that extend beyond COVID-19 and improved preparedness for future public health emergencies. The restructuring (at the end of 2023) and six-month extension were intended to ensure completion of these priority investments and maintain alignment with government priorities, which adapted to the evolving needs of the health sector as the pandemic progressed from initial response and prevention towards longer term pandemic response capacity, while remaining within the initial objective of the Project.

In particular, the restructuring resulted in increased allocation of funding towards: laboratory and diagnostic capacity, and thus strengthened ability to detect and confirm disease outbreaks; cold-chain and vaccine logistics infrastructure, and increased capacity to store and deploy vaccines and other temperature-sensitive health products; strengthening of Emergency Operations Centers in coordination and management of public health emergencies; and investments in health facilities, medical equipment and oxygen capacity which enhanced the health system's ability to manage surges in demand and provide critical care during future outbreaks. Workforce training complemented these physical investments by strengthening the human capacity required to operate and sustain these systems. The reallocation therefore broadened the benefits of the project beyond the immediate COVID-19 response. These investments strengthened preparedness for future infectious disease outbreaks and other public health emergencies, while preserving the project's core objective of improving Côte d'Ivoire's capacity to prevent, detect and respond to public health threats.

At the time of the mid-term review of the Project by its lead cofinancer (World Bank), the country reconfirmed the relevance of the PDO in line with the evolving country context, and relevance remained high through implementation given continued waves of infection, vaccination and treatment needs.

Section III. Efficiency

Efficiency Assessment:	Efficient
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Achievement of efficiency, including implementation delays, cost overruns and savings:

There were initial delays in disbursement due to procurement delays, as the implementing unit needed to conduct pre-procurement studies and preparatory activities prior to commencing procurement. This resulted in a 4-to-6-month delay in the implementation of activities. As part of the Project restructuring, a 6-month extension of the Project was approved to allow for completion of the Project's activities. Procurement activity accelerated considerably in the last 6-12 months of the Project with an accompanying improvement in disbursement performance as procurement packages moved to execution. By the end of the revised completion date, all Project funds had been committed, and the Project was delivered in line with expectations. Project financial management was sound, with clean audit opinions and no identified financial management issues. The audit opinions were submitted to the World Bank (lead cofinancer) on time. No major procurement, financial management, technical, or environmental issues were flagged.

In its assessment of its global COVID-19 Strategic Preparedness and Response Program, the World Bank assessed the global program's economic efficiency as Substantial, based on the high economic rationale for investment in the COVID-19 response. For the vaccination component of the program specifically, World Bank's independent evidence indicates that COVID-19 vaccination generated substantial health and economic benefits. In terms of implementation efficiency, World Bank assesses the global program's efficiency as strong overall, particularly in administrative and operational terms.

Section IV. Sustainability

Sustainability Assessment:	Likely sustainable
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Implementation of project-specific Environmental and Social (E&S) instruments, such as the Environmental and Social Action Plan (ESAP), including the establishment and operation of a project-level Grievance Redress Mechanism:

The Project is expected to have lasting ES-related impacts both in terms of mainstreaming of GBV/SEA/SH across various functions in healthcare management and through the establishment of functional complaint management committees in various health districts.

- Environmental risks were assessed as low and manageable.
- No major ES incidents or incidents of non-compliance were reported.
- GRM mechanisms were made operational.
- GBV/SEA/SH provisions have been mainstreamed in the implementing agencies and integrated into procurement and contractor management.
- Healthcare workers and field actors have been trained in GBV/SEA/SH matters.

Environmental and social compliance was maintained through dedicated safeguards monitoring, supervision and mitigation measures throughout implementation. Biomedical waste risks were managed through contracted collection, transport and incineration across all health regions; joint supervision missions confirmed that operations were regularly carried out and complied with contractors' specifications. For construction and rehabilitation activities, ES risks were subject to safeguards oversight alongside implementation, complemented by grievance-management and GBV/SEA/SH measures, including systematic incorporation of GBV/SEA/SH clauses in bidding documents and service-provider contracts.

Investment Sustainability (operational, financial/commercial, institutional):

The Project has strong prospects for operational sustainability since a large share of the Project's activities focused on long-lasting health system assets and institutional strengthening rather than temporary emergency measures. The Project is expected to have lasting operational impacts through the improved facilities and health care structures provided under the Project, from which the population will continue to benefit beyond the life of the Project. Equipment supply subprojects under the Project included maintenance services which will allow for the continued upkeep of facilities and equipment delivered under the Project. The Project will also have lasting operational impacts through its contribution to the increased capacity of healthcare workers for handling pandemic infection, prevention and control preparedness and response. This will better position healthcare workers to deal with future pandemic situations. Key sustainability elements include:

- Rehabilitation and upgrading of laboratories, emergency operations centers, cold storage facilities, dialysis centers, and health facilities.
- Procurement of durable medical and logistics equipment, including vehicles, refrigerators, solar refrigeration systems, generators, imaging equipment, and oxygen production systems.
- Integration of immunization data into the national health information system through digitization efforts.
- Strengthened institutional capacity through training programs and technical assistance.
- Establishment of improved sanitary waste management systems nationwide.
- Continued strengthening of surveillance and preparedness systems to respond to future outbreaks.

Any Outstanding issues and Follow-up actions, if applicable:

Not applicable.

Lessons Learned

Lesson 1.

Category	Construction and Preparations
What had AIIB planned would happen?	Rehabilitation works in healthcare facilities.
What happened during implementation?	Implementation was delayed by the delay in preparing technical designs and bidding documents of some of the rehabilitation works.
Why was there a difference between what was planned and what happened?	Technical studies, designs, and procurement readiness were not sufficiently advanced at the time of implementation, given the relatively short implementation timeframe.
What can AIIB do differently in the next project?	Ensure early technical preparation and procurement readiness is in place.

Lesson 2.

Category	Project Design
What had AIIB planned would happen?	The largest category of investments under the Project would be dedicated towards vaccination.
What happened during implementation?	The Project was restructured to reallocate resources away from vaccination deployment towards activities focused on health system strengthening.
Why was there a difference between what was planned and what happened?	During project implementation there was a shift in focus from the purchase and deployment of COVID-19 vaccines to a greater emphasis on strengthening of health systems. This is because there was a significant reduction in demand for COVID-19 vaccination since the start of Project implementation due to the already high level of vaccination coverage in the country and the lower perceived threat of the disease. The Government also identified significant remaining gaps to be filled with respect to the strengthening of the health system.
What can AIIB do differently in the next project?	AIIB performed the right action in this Project by adapting to the evolving needs of the government and utilizing project restructuring as an effective tool to preserve development outcomes.

6. Client feedback

The below client feedback represents the translated version of the original (French-language) feedback received.

1. Professionalism and Timeliness of Support: Are the services and support provided by the Project Team professional, sufficient and in time, during project preparation and project implementation? Please provide some specifics or examples as an illustration. (Please share specific examples, if possible.)

In general, the Project Coordination Unit (UCP) appreciated the professionalism, availability and quality of the support provided by the AIIB project team throughout the preparation and implementation of the project. The preparation of this emergency funding in the context of COVID required pragmatism and a good combination of efforts. This is something that our colleagues at the AIIB have been able to demonstrate. For example, (i) a systematic review of the half-yearly reports and budgeted annual work plans was carried out by the project team

and the comments were sent to the UCP for the answers and clarifications to be made; (ii) the team provided useful clarifications on the financial and fiduciary aspects, in particular concerning the functioning of the designated account, which was to be denominated in euros and not in CFA francs and on the monitoring of DRFs; (iii) the team also supported the UCP during the change of the co-financing ratio, from 44% IDA / 56% AIIB to 37% IDA / 63% AIIB, following the withdrawal of part of the IDA financing for reallocation to other priority needs of the country; (iv) finally, the attention paid by the AIIB to the possibility of making the last disbursements at 100% on AIIB financing, helped facilitate the finalization of disbursements at the end of the project.

2. Accessibility of the Project Team: Is it convenient to access the Project Team's services and support? Please provide some specifics or examples as an illustration. (Please provide examples)

The project team was generally accessible and available to respond to the UCP's requests. Regular exchanges by e-mail, videoconferences, and biannual supervision missions facilitated the monitoring of the project and made it possible to provide the necessary clarifications on the operational and fiduciary aspects. This availability was particularly appreciated during the preparation of the files submitted for validation and in the treatment of questions requiring rapid guidance.

3. Flexibility and Responsiveness: Does the Project Team demonstrate flexibility and efficiency during project preparation and project implementation? Please provide some specifics or examples as an illustration. (Please share specific instances or feedback.)

The UCP appreciated the flexibility and responsiveness of the project team in the face of the constraints encountered during the implementation and in the context of the uncertainties related to COVID. While the funding mainly addressed the response to COVID through vaccination, and in view of the evolution of the epidemic and the overall vaccination of the population, the AIIB has made itself flexible alongside the WB to redirect funding towards the financing of the health system. In particular on imaging, oxygen production, weak links observed in the response to COVID. This flexibility has allowed the Ivorian health system to have 3 MRIs, 4 medical imaging machines and oxygen production stations in 7 hospitals as part of the co-financing with the WB. Discussions with the AIIB team made it possible to examine the difficulties encountered, to identify possible options and to seek solutions compatible with the objectives of the project and the requirements of the donor. This collaborative approach helped maintain the momentum of implementation while taking into account the operational realities of the project.

4. Value Addition of AIIB's Financing: What is the value addition of AIIB's financing in the Project?

AIIB funding has made a substantial contribution to COVID-19 pandemic response and mitigation efforts. AIIB funding has helped close funding gaps in the national COVID vaccine response plan. It has made it possible to mobilize additional resources to finance priority interventions and support the continuity of activities in a particularly constrained health, economic and budgetary context. The added value of the financing has also been concretely reflected in the strengthening of the resilience of the health system to deal with future epidemics (strengthening of epidemiological surveillance, diagnosis and management systems). This financing has also enabled the strengthening of health waste management, including vaccination waste, in public health facilities in the country's 33 health regions. In addition to financing, the AIIB's technical, financial and fiduciary support was an important contribution to the successful implementation of the project.

5. Interest in Future Engagement: Will you consider working with the AIIB again in infrastructure development? Please provide a few specific reasons. (Please provide a few reasons for your response.)

Yes, the UCP would welcome future collaboration with the AIIB in supporting key health reforms undertaken by the Ministry of Health. This assessment is based in particular on the quality of the collaboration, the availability and professionalism of the project team as well as on its solution-oriented approach. In this context, a request in this direction has already been submitted by the Ministry of Finance for funding for the training of health personnel through the construction of a branch of the training institute for health workers and the digitalization of

hospitals. The pragmatism, responsiveness of the AIIB teams and the option oriented towards the financing of the client's priorities are important elements to continue the collaboration.

6. Suggestions for Improvement: Do you have any suggestion to the Project Team and/or the AIIB for them to improve their operations in the future?

For future projects, the UCP suggests continuing efforts to simplify and harmonize procedures, including reporting, procurement and project change management. In particular, it would be useful to have a consolidated schedule of key timelines, deliverables and approval milestones at the outset of the project to facilitate the planning and anticipation of activities by the UCP. Increased anticipation of validation requests and the maintenance of regular exchanges would also reduce processing times and further facilitate the execution of projects.

7. Other Comments: Other comments, such as comments on the reporting requirements, approval of project changes, etc.

Overall, the UCP's experience with the AIIB in the context of the COVID project has been positive. The regular dialogue between the project team and the UCP contributed to a good understanding of the donor's requirements and to an effective implementation of the activities. The technical, financial and fiduciary exchanges also allowed the UCP to strengthen its experience in the management of international financing. For future projects, the UCP recommends maintaining this collaborative approach throughout the project cycle.
