



RESTRUCTURING PAPER  
ON A  
PROPOSED PROJECT RESTRUCTURING  
OF  
PAPUA NEW GUINEA COVID-19 EMERGENCY RESPONSE PROJECT  
APPROVED ON APRIL 10, 2020  
TO  
INDEPENDENT STATE OF PAPUA NEW GUINEA

HEALTH, NUTRITION & POPULATION

EAST ASIA AND PACIFIC

[April 19, 2023]

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**ABBREVIATIONS AND ACRONYMS**

AF	Additional Financing
AWPB	Annual Work plan and budget
CEPA	Conservation and Environment Protection Authority
CPHL	Central Public Health Laboratory
DPC	Deputy Project Coordinator
E&S	Environmental and social
ERP	COVID-19 Emergency Response Project
ESCP	Environmental and Social Commitment Plan
ESHS	Environmental, social, health and safety
ESMF	Environmental and Social Management Framework
ESMPs	Environmental and Social Management Plans
ESS	Environmental and social safeguards
ETP	Emergency Tuberculosis Project
FM	Financial management
IDA	International Development Association
IPC	Infection prevention and control
LMP	Labor Management Procedures
MPA	Multiphase Programmatic Approach
NCC	National Control Centre
NDOH	National Department of Health
PCC	Project Coordination Committee
PCR	Polymerized chain reaction
PCU	Project Coordination Unit
PDO	Project Development Objective
PHAs	Provincial Health Authorities
PMU	Project Management Unit
PNG	Papua New Guinea
POM	Project Operations Manual
PPE	Personal protective equipment
RCCE	Risk communication and community engagement
RNA	Ribonucleic acid
SDR	Special Drawing Rights
SEP	Stakeholder Engagement Plan
SPRP	COVID-19 Strategic Preparation and Response Program
STEP	Systematic Tracking of Exchanges in Procurement
UN	United Nations
UNICEF	United Nations Children’s Fund
UNOPS	United Nations Office of Project Services



**BASIC DATA**

**Product Information**

Project ID P173834	Financing Instrument Investment Project Financing
Environmental and Social Risk Classification (ESRC) Substantial	
Approval Date 10-Apr-2020	Current Closing Date 30-Apr-2023

**Organizations**

Borrower Department of Treasury	Responsible Agency
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**Multiphase Programmatic Approach (MPA) Program Development Objective**

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

**Multiphase Programmatic Approach (MPA) Status (Public Disclosure)**

Status and Key Decisions (Public Disclosure)

**COVID-19 MPA**

Sustained efforts continue to be made to advance the implementation of the 87 MPA operations. As of April 17, 2023, 88 MPA-projects had been approved with a total commitment of US\$4.3 billion. One operation (Guatemala) was cancelled in mid-September 2021, at the request of the Government. **Total disbursements as of April 17, 2023, amount to US\$3.86 billion or 90% of overall commitments.** This amount does not include disbursements under MPA-V operations which are reported together with AF-V operations. A large refund from the UN to the special account of the Myanmar operation was processed during the last month due to the inability to implement the project. This transaction affected total disbursements. Also, Loans and Credits denominated in SDRs and Euros are being affected because of fluctuations between the SDRs and Euros against the US dollar. Four country operations closed by the end of FY22 and seven operations closed by the end of CY22. Other eight operations are scheduled to close by the end of CY23. As with the Mid Term Review (issued on March 25, 2023), no individual COVID-19 MPA operation will have to complete an



ICR. Instead, one ICR will be prepared for the entire COVID-19 MPA Program based on final ISRs prepared by country operations' teams. A template for the final ISR was issued by OPCS on March 25, 2022. **The overall conclusion of the MTR was that the COVID-19 MPA Program embodied a rapid, innovative approach to new lending for human health response. The MTR concluded that the COVID-19 MPA has been successful, notwithstanding considerable uncertainty and multiple constraints in the early stages of the pandemic.** The Bank's emergency response was remarkably swift in the most vulnerable countries facing human capital losses and development setbacks. Further, the MTR concluded that **notwithstanding the challenges, the COVID-19 MPA is on track to achieve its PrDO, which is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.**

**Seventy (70) country projects or 80 percent of projects approved have reached 70-100+ percent disbursement** (reasons for >100% disbursements relate to fluctuations between the Euro and the SDR against the US\$). **Out of the 70 operations, 58 operations or 83 percent have disbursed over 90+% of commitments. Out of the 70 operations, 38 operations are fully disbursed, and 16 operations have disbursed 95-99 percent of commitments.** There are six operations with disbursements of 50 percent or less. Out of these six operations, one has not disbursed (AFW), and one operation has disbursed 30 percent (AFW). **The MPA projects are benefitting around 3.7 billion people or 50% of the global population. When countries with AF-V operations are counted, the projects are benefitting 4.1 billion of 51 percent of the global population.** This is because some countries that don't have a parent project have AF-V operations. Eighty-six (86) or 99% of projects approved are disbursing. ECA has the highest percentage of disbursements (97%), followed by MNA (96%), SAR (94%), LAC (92%), EAP (85%), AFW (78%), and AFE (77%). AFE lower disbursements compared to other regions are a result of low disbursements under two operations. In the case of AFW low disbursements are a result of no disbursements under one operation and only 30 percent under another. Retroactive Financing (RF) represents 20 percent of commitments. SAR has the highest percentage of RF at 37 percent, followed by ECA at 18 percent. IDA continues to represent 39 percent and IBRD 41 percent of disbursements.

Streamlined procedures, delegated approvals, coupled with flexible project design and intensified efforts across the Bank have contributed to the progress. Implementation is being guided by Bank teams working in parallel with other health related projects, including Additional Financing operations supporting vaccine procurement and deployment efforts.

### COVID-19 MPA AF-V

The Additional Financing (MPA AF-V) to the COVID-19 Strategic Preparedness and Response Program utilizing the Multiphase Programmatic Approach (COVID-19 MPA) was approved by the Board on October 13, 2021. The AF-V was approved with an envelope of US\$12 billion (\$6 billion from IDA and \$6 billion from IBRD) in financing. **On June 30, 2021, President Malpass announced the expansion of financing available for COVID-19 vaccine financing to \$20 billion over the next 18 months, adding \$8 billion to the previously announced \$12 billion.** The AF-V is expected to enable vaccination for up to 750 million people, with



potential surge capacity for an additional 250 million people in the poorest countries while scaling support to strengthen immunization delivery, with design flexibility at the country level. The AF-V is a scale-up of planned vaccination activities anticipated and supported under the COVID-19 MPA and a key contribution to the WBG's overall COVID-19 response. **As of mid-March 2023, 634 million doses have been purchased and 503 million have been delivered with Bank financing to 56 countries.**

**As of April 17, 2023, the Bank had approved 116 operations (including MPA-V operations) to support vaccine procurement and rollout in 80 countries amounting to \$10.1 billion.** However, the Costa Rica and Peru operations were cancelled at the request of both governments. There are now 114 operations with a commitment of \$9.20 billion. The 114 operations approved, include 6 operations that involved restructuring of parent projects (Bhutan, Cameroon, North Macedonia, Philippines, and Pakistan) and in the case of Lebanon, restructuring of the Health Resilience Project. Of the 114 approved operations: (i) 64 are in Africa – 29 in AFE and 35 in AFW; (ii) 10 in East Asia and the Pacific; (iii) 11 in Europe and Central Asia; (iv) 11 in Latin America and the Caribbean; (v) 9 in Middle East and North Africa; and (vi) 9 in South Asia. Thirty-two operations are being implemented in Fragile and Conflict-affected situations. IDA continues represent 43 percent and IBRD 57 percent of disbursements. **Total disbursements under these projects as of April 17, 2023, amount to US\$5.72 billion or 62 percent of overall commitments.** Disbursements under MPA-V operations are included in this total while disbursements under the six restructured projects are counted under parent projects. Disbursements under AF-V operations have slowed down in the past months because of excess donor funding for vaccines' procurement and therefore lower than anticipated needs for IBRD/IDA funds for the procurement of vaccines. **Thirty-five (35) or 30 percent of AF-V and MPA-V operations have disbursed 70 percent or more of their commitments. Out of the 35, twelve operations have disbursed 90+ percent. Out of the twelve, three operations are fully disbursed, and five operations have disbursed 98-99 percent of commitments. Eighty-seven (87) operations or 76 percent of total operations approved are disbursing.** Retroactive Financing (RF) represents 37 percent of overall commitments. High levels of RF have been authorized under different operations - Ukraine (100%), Panama and Turkey (90%), Argentina and Guyana (80%), and Belize, and Sri Lanka (70%). One hundred and twelve (112) loan/financing agreements or 97 percent of projects approved have been signed. One hundred and ten (110) loan/financing agreements or 95 percent of projects approved have become effective. As with the COVID-19 MPA operations, streamlined procedures, delegated approval, wide use of Bank Facilitated Procurement, coupled with flexible project design, and intensified efforts across the Bank have contributed to the rapid design, processing, and implementation of the AF-V operations.

### Project Development Objective (PDO)

Original PDO

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Papua New Guinea (PNG).



**Summary Status of Financing (US\$, Millions)**

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
IDA-67850	22-Jun-2021	12-Oct-2021	07-Jan-2022	30-Apr-2023	20.00	.10	18.59
IDA-67970	22-Jun-2021	12-Oct-2021	07-Jan-2022	30-Apr-2023	10.00	0	9.79
IDA-66140	10-Apr-2020	15-Apr-2020	17-Apr-2020	30-Apr-2023	20.00	15.66	4.35

**Policy Waiver(s)**

Does this restructuring trigger the need for any policy waiver(s)?

No



## **I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING**

### **A. Request for Restructuring**

1. This restructuring paper seeks approval of the Country Director, Papua New Guinea and the Pacific Islands to restructure the Papua New Guinea (PNG) COVID-19 Emergency Response Project (ERP). The proposed restructuring would (i) cancel SDR14,856,743.85 of the total project financing, (ii) extend the closing date of IDA 66140 and IDA 67850 from April 30, 2023 to October 31, 2024 to allow sufficient time for completing agreed priority activities, (iii) revise project components and costs, and (iv) revise the Results Framework in line with the partial cancellation and extension period.

2. The proposed restructuring does not change the project development objective (PDO) nor the overall project risk rating, which remains substantial. The restructuring will not finance any new activities or trigger any new environmental and social (E&S) risks. Changes to the project's institutional and fiduciary arrangements are not expected. The audited financial statements for the year ended December 31, 2021, are more than 8 months overdue, therefore an exceptional approval to proceed with the extension of closing date was sought and approved on April 6, 2023.

### **B. Project Status**

3. A credit for the ERP in the amount of Special Drawing Rights (SDR) 14.7 million (US\$20 million equivalent) was approved on April 10, 2020, under World Bank's COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) and became effective on May 17, 2020. An additional financing (AF) in the amount of SDR 13,860,160.67 and SDR 7.0 million (US\$20 million and US\$10 million equivalent, respectively) was approved on June 25, 2021, and made effective on January 7, 2022. The PDO is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in PNG. Although implementation started well with satisfactory project ratings until November 2021 the project has been rated moderately unsatisfactory for both progress towards achievement of the PDO and overall implementation progress since June 14, 2022. Reporting on PDO indicators has improved, however, it is unlikely that the PDO will be achieved by the current closing date of April 30, 2023; only one PDO indicator has fully met its target (provinces supplied with personal protective equipment (PPE) and infection prevention and control (IPC) supplies), whereas very little progress was observed under the other three PDO indicators. As of April 19, 2023, of the total International Development Association (IDA) funding of SDR 35.56 million, SDR 11.548 million has been disbursed (32.47%), leaving undisbursed funds of SDR 24.012 million.

4. Implementation of AF, along with the implementation of remaining activities under the original financing, has been delayed due to (a) blurring of authority and responsibilities between NDOH and NCC in relation to the project after the acute phase of the emergency; (b) significant slowdown in implementation during the run-up to the elections in the first half of 2022; (c) delay in recruiting Deputy Project Coordinator and replacement Project Coordinator; (d) delay in extending contracts or establishing new contracts with United Nations' agencies to support implementation of activities financed through the AF; (e) prolonged process and procedural requirements to seek approval permit for installation and commissioning of incinerators for health care waste management ; and (f) lack of regular meeting of the Project Steering Committee (PSC), which was set up to provide policy guidance for all World Bank financed health projects in PNG.

5. The proposed restructuring and remaining funds will support the government of PNG to complete agreed priority activities which have already commenced (i.e., installation and commissioning of 21 incinerator and 11 biosafety cabinets, installation of solar panels in two provincial hospitals, and provision of health care waste management and infection prevention and control trainings and consumables), and bolster the investment already made under the Project in strengthening the health



systems capacity to detect and respond to epidemics and health emergencies. These activities are partly complete, and their discontinuation at this point could result in adverse impacts for occupational health and safety of the health workers, the community health and safety, and the disposal of hazardous waste to the environment. With the pandemic now moving to an endemic phase, the implementing agency National Department of Health (NDOH) has conducted a review and reprioritized activities in line with the PDO to (a) complete ongoing activities; (b) further strengthen health systems and bolster the public health preparedness for new waves of COVID-19 and other outbreaks of known and unknown diseases; and (c) address weaknesses and gaps in the implementation, and project management (including fiduciary and environmental and social standards-ESS). The team believes that these measures seek to address the previous barriers to project implementation, and that the proposed residual activities can be completed within the 18-month extension period.

### **Component 1: Preparedness for COVID-19 Containment and Mitigation**

6. The United Nations Children’s Fund (UNICEF) was contracted under the parent project to support implementation of this component, including activities such as risk communication and community engagement (RCCE), case finding, and enhancing human resource capacity. UNICEF also provided some services under Component 2, including procurement of incinerators. The following services were provided by UNICEF: (a) training of health workers on risk communication and surveillance in all provinces; (b) disseminating COVID-19 awareness messages through public service announcements (including television and radio spots) and newspapers as per RCCE strategy and Stakeholder Engagement Plan (SEP); (c) rolling out a whole-community engagement approach to intensify community awareness of COVID-19 in all 22 provinces; and (d) providing logistics and operational support to 10 high risk provinces for contact tracing of COVID-19 cases. Two thousand community engagement and public awareness activities were conducted through the nationwide whole-community campaign of SLEEVES UP TO HELP STOP COVID-19 IN PNG in partnership with Save the Children and Touching the Untouchables. Through a partnership with civil society organizations and through deploying mass media awareness campaigns, 2.5 million people (of which, approximately 1,275,000 male and 1,225,000 female), church leaders, and influencers were engaged to raise awareness to address misinformation and rumors hampering the demand for routine immunization and COVID-19. A total of 1,294 frontline workers were trained in IPC, surveillance, rapid response and contact tracing, procedures for sample collection, transportation and testing, communication with patients, clinical management of COVID-19 cases, and RCCE. A total of 4,028 contacts were traced in the priority provinces.

7. No new activities will be supported under the proposed extension, however there is an unpaid commitment to UNICEF, pending acquittal<sup>1</sup>, estimated at around US\$1.6 million equivalent, that will be financed by the remaining funds (once the acquittal documentation has been prepared and approved).

### **Component 2: Health Systems Strengthening**

8. The United Nations Office of Project Services (UNOPS) was contracted by NDOH, under the parent project, to support implementation of several activities under component 2.

- a. To enhance testing capacity (subcomponent 2.1), under the UNOPS contract, 10 GeneXpert machines, 15,000 cartridges, 2 polymerized chain reaction (PCR) machines (one of which is a containerized version), 320 oxygen concentrators, 10 invasive ventilators, and 27 biosafety cabinets were procured. Of the 27 biosafety cabinets procured and delivered, 16 have been installed and training provided; the delay in installation and commissioning was caused initially by COVID travel restrictions and then due to having only one accredited NDOH staff in-country to do the

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<sup>1</sup> UNICEF has submitted revised final progress report with summary financial information to NDOH on April 4, 2023 and NDOH is carrying out a final contract review for acquittal.





installation and commissioning. The PCR containerized laboratory has been installed but is non-functional due to defects in the container; UNOPS is working with the supplier and insurance company to resolve this. Specimen transportation in-country has been supported under the UNOPS contract.

- b. To enhance containment and clinical management capacity (subcomponent 2.2), a total of 21 high combustible incinerators (9 under the UNICEF contract and 12 under the UNOPS contract) have been procured and delivered, along with 12 gas scrubbers and a portable gas analyzer (UNOPS contract). All 12 UNOPS incinerators are on site at the provinces; design work for installation sites is complete but prices received for preparatory work were much higher compared to original budgeted amount. Installation of all incinerators requires licensing from the Conservation and Environment Protection Authority (CEPA). The NDOH has finalized the report on Environmental and Social Impact Assessment (ESIA) and Environmental and Social Management Plans (ESMPs) for all the 21 sites and submitted the report for final approval to the World Bank and the CEPA on March 28, 2023. The design for solar panels for two hospitals, where reliable power is needed to run the oxygen concentrators, has been completed and tenders floated twice; the bids received each time were much higher than the budgeted amount. This has resulted in delays contracting the work. As the UNOPS contract expired on July 31, 2022, a new contract would need to be established by NDOH for the completion of activities relating to biosafety cabinets, PCR laboratory, incinerators and solar panels, and these tasks are estimated to take approximately 12 months to complete once contracted.

### **Component 3: Managing Implementation and Monitoring and Evaluation**

9. Given the emergency response nature of the project, the existing Project Management Unit (PMU) established under the PNG Emergency Tuberculosis Project (ETP-P160947) also serves as the Project Coordination Unit (PCU) for the project. The functional capacity of the PCU, however, was largely affected during late 2021 – early 2022 with the then-Project Coordinator working remotely to support both projects. The Deputy Project Coordinator (DPC - who supports both the PCU and PMU) was brought on board in June 2022 although he arrived in country only on February 1, 2023 due to delays in obtaining his work permit and visa issuance. The Project Coordinator, who had decided not to renew his contract, left the project at the end of June 2022. Since then, a few additional staff/consultants have been recruited to bolster the PCU capacity. Staffing for the PMU/PCU currently consists of the DPC, Environmental, Social, Health and Safety (ESHS) and Community Engagement Officer, project accountant, and procurement and administration officer; this team is also supported by part-time Environmental Specialist, Monitoring and Evaluation Specialist, Financial Management (FM) Specialist, and Procurement Specialist. The recruitment for a replacement Project Coordinator initiated in May 2022 has not been successful. Given the proposed partial cancellation and 18 months extension, however, the plan is now to hire additional consultant(s) instead of a replacement Project Coordinator to support implementation.

10. Implementation was significantly affected between June 2021 and June 2022; in particular, activities under the AF experienced delays with the then-Project Coordinator working remotely and the preoccupations of the government with general elections. Under the leadership of the new Minister for Health and HIV/AIDS who assumed office in August 2022, significant efforts and progress have been made by NDOH to complete the relevant project documents through consultative meetings with various stakeholders including completion of the updated National Deployment and Vaccine Plan (a legal covenant and disbursement condition under Category 2), preparation of Annual Work Plan and Budget (AWPB), and updating of the Project Operations Manual (POM) to reflect activities under the AF and to strengthen the contract management aspects.

11. Monitoring information on COVID-19 response and vaccination have become available in a more regular and reliable manner under the leadership of NCC through the Surveillance and Logistics Clusters and vaccination task force. Going forward, NCC will be providing the information on a routine basis to the PCU for reporting on the project results framework. Data on



the intermediate results indicators are gathered from multiple sources and require close management by the PCU. The NDOH and NCC have integrated all relevant COVID indicators from the project results framework into the key indicator surveillance systems to ensure continuity of the routine monitoring of and reporting on these.

12. NDOH holds regular semi-monthly meetings with the PCU and chaired by NDOH management (Deputy Secretary of Public Health) to monitor progress and close oversight on key actions. NDOH has also established Project Coordination Committee (PCC) with terms of reference to serve as a single governing body for the both COVID-19 ERP and ETP; the PCC provides strategic leadership and governance oversight to both projects and convenes on quarterly basis, including ad hoc meetings for urgent matters. The PCC meetings, deferred in 2022, have resumed and convened twice in early 2023 with renewed membership from the central agencies. The regular check-ins by the World Bank task team with the implementing agency (monthly briefing with NDOH management and fortnightly check-ins with the PCU) will be a feature continued throughout the proposed extension period.

13. **Component 4: Contingent Emergency Response Component** has not, to date, been requested, and no activities are envisaged under this component.

### **Environmental and Social Standards (ESS)**

14. The E&S risk management performance is rated moderately satisfactory. The restructuring will not finance any new activities or trigger any new or additional E&S risks. Therefore, the project's existing E&S instruments can be applied to the restructured project without requiring any E&S updates. The current E&S instruments (Environmental and Social Management Framework (ESMF), Labor Management Procedures (LMP) and SEP) were cleared by the World Bank during project preparation, and their implementation and Environmental and Social Commitment Plan (ESCP) compliance were verified during the recent mission. The NDOH has submitted for approval the final updated ESMF including LMP and SEP for the AF, after incorporating several rounds of feedback from the World Bank. A sensitization workshop was also organized in February 2023 by the PCU on ESS instruments including obligations to report against the ESCP with NDOH staff, and contractors under the project and ETP.

15. The six-monthly progress reports for 2022 submitted by NDOH has included the status of implementation of the ESCP. The reports confirmed that there have been no health and safety incidents. Through community engagement sessions carried out by civil society organizations subcontracted under the UNICEF contract, some community feedback was received regarding the need to improve in general the quality of healthcare services and creation of jobs and employment opportunities for the community. A Project Grievance Redress Mechanism (GRM) is already operational. However, it was noted that once certain project activities commence, particularly the site preparation for installation of the incinerators, there is potential for new community grievances to emerge for consideration under the GRM. On this basis, additional work, related specifically to the incinerator sites, has been initiated to raise community awareness about the GRM and to provide staff training in GRM operation. This work will be undertaken by the PCU, in collaboration with Provincial Health Authorities (PHAs) and contractors, in the months before any incinerator site preparation commences.

16. The PCU also held follow-up consultations with key stakeholders regarding the incinerators' wastewater management plan as part of the site-specific ESMPs for 21 incinerators. Following that, final draft ESIA and ESMPs were submitted to the World Bank and CEPA on March 24 and March 28, 2023, respectively. The NDOH had also prepared and submitted the finalized training plan and training materials for the Infection Prevention Control and Waste Management Plan (detailed in Annex IV of the ESMF) to the World Bank for approval in December 2022, incorporating the comments provided by the task team.



## **Procurement**

17. The procurement performance rating was assessed and maintained as moderately satisfactory in December 2022. Consolidating implementation of project activities under the UNICEF and UNOPS contracts has helped greatly to streamline project implementation arrangements and reduce NDOH's administrative burden while it responded to the pandemic. The UNOPS and UNICEF contracts under the parent project, however, were processed under emergency procedures (particularly as procurement instructions under the National Pandemic Act were never issued), bypassing the regular authorization and approval processes of the government (as detailed in the National Procurement Act). The contracts were signed by the Emergency Controller of the National Control Centre (NCC-set up by the Government under a pandemic act in response to the COVID-19 pandemic) and responsibilities for contract management became blurred (particularly as procurement instructions under the National Pandemic Act were never issued). Consequently, there was some confusion regarding the authority and procedures to extend their contracts as the expiration dates neared (July 2022 for UNOPS, and October 2022 for UNICEF) and these contracts expired without extension. In both cases, acquittal of advances and delivery of some of the contracted outputs were not completed prior to contract expiration. The United Nations (UN) agencies and NDOH are in discussion and in the process of preparing necessary documents to close out the expired contracts, including for the return of uncommitted funds to NDOH. The NDOH has indicated a preference to enter a new contract with UNOPS (Direct Selection) for the balance of works/services/goods which are currently outstanding. NDOH has received written confirmation of approval to establish a Special Procurement Committee, which allows them to procure internally up to PGK5 million (~US\$1.4 million), this is currently in the process of being operationalized. Consideration will also be given to additional resources required to support the project implementation, which may include additional Government counterpart staff being assigned to support implementation of the World Bank financed project(s) as well as additional (contracted) administrative support staff. The PCU recently hired a procurement and administrative officer to provide support to both COVID-19 ERP and ETP. The task team will continue to hold frequent check-ins with the counterpart and contracted staff working on procurement with a view to supporting and facilitating completion of outstanding activities.

## **Financial Management (FM)**

18. The FM risk rating is high and has been for the life of the project, primarily due to the pervasive risk of financial misstatement resulting from weak compliance with internal controls and finance and accounting requirements. The FM performance rating has been assessed as moderately unsatisfactory since October 2021 as a result of (a) late submission of audited financial statements for 2020 and the audited financial statements for the year ended December 31, 2021 which are more than 8 months overdue; (b) long outstanding advances from 33 months ago which have not yet been acquitted in part or in full; (c) internal control measures which continue to be insufficient to ensure effectiveness and efficiency of operations, and compliance with applicable laws and regulations; (d) the need to administer the contracts accordingly, including contracts with UN agencies, verification and certification of goods, works, services, output and deliverables as per the contracts; and (e) the need to ensure all contracts, payments, taxes and statutory obligations are made in accordance with the laws and procedures of the Government.

**Disbursements and Expenditure**

19. As at April 19, 2023, of the total IDA funding of SDR35.560 million, disbursements are SDR11,548 million, expenditures are SDR0.241 million, leaving undisbursed funds of SDR24.012 million, and unexpended funds of SDR35.318 million. The following Tables 2 and 3 below show the breakdown of this by source of funds.

**Table 2: Total disbursement in SDR (as of April 19, 2023)**

Source of funds	Loan Amount	Amount disbursed	Amount Cancelled by this restructuring	Amount Available	% of funds disbursed, cancelled
IDA 67970	7,000,000.00	0	7,000,000.00		0%, 100%
IDA 67850	13,860,160.67	74,818.23	7,856,743.85	5,928,598.59	0%, 57%
IDA 66140	14,700,000.00	11,473,274.73	0	3,226,725.27	78%, 0%
<b>TOTAL</b>	<b>35,560,160.67</b>	<b>11,548,092.96</b>	<b>14,856,743.85</b>	<b>9,155,323.86</b>	<b>32.47%, 41.78%</b>

**Table 3: Total expenditure in SDR (as of April 19, 2023)**

Source of funds	Loan Amount	Amount expended	Amount Cancelled	% of funds expended
IDA 67970	7,000,000	0	7,000,000	0%
IDA 67850	13,860,160.67	74,818.23	7,856,743.85	0%
IDA 66140	14,700,000	166,989.46	0	1%
<b>TOTAL</b>	<b>35,560,160.67</b>	<b>241,807.69</b>	<b>14,856,743.85</b>	<b>1%</b>

20. Table 4 gives the status of the contracts with the UN agencies.

**Table 4: Status of the contracts with United Nations' Agencies (in US\$)**

UN Agency	Contract End Date	Contract Amount	Advanced	Acquitted	Unacquitted	Balance of Contract	Outstanding
<b>UNICEF</b>	July 31, 2022	8,275,271	4,889,817	0	4,889,817	3,385,454	8,275,271
<b>UNOPS</b>	Oct 31, 2022	10,490,139	10,490,139	0	10,490,139	0	10,490,139
<b>TOTAL</b>		<b>18,765,410</b>	<b>15,379,956</b>	<b>0</b>	<b>15,379,956</b>	<b>3,385,454</b>	<b>18,765,410</b>

21. **The planned activities** during the proposed extension with breakdown of the numbers is provided in Table 5 below (for detail see Section II Description of Proposed Changes).

**Table 5: Summary of Project Financial Status (in US\$ million equivalent)**

Financial Status (25 March 2023)	PP*	AF*	AF1*	Total
Approved amount-Parent	20.00			20.00
Approved amount-Additional Financing		20.00	10.00	30.00
<b>Approved amount - total</b>	<b>20.00</b>	<b>20.00</b>	<b>10.00</b>	<b>50.00</b>
Less: Disbursements	15.63	0.06	0.00	15.69
Less: Exchange rate differences	0.00	1.41	0.61	2.02
<b>Undisbursed for expenditure</b>	<b>4.37</b>	<b>18.53</b>	<b>9.39</b>	<b>32.29</b>
Plus: Advance Designated Account and cash on-call	0.20	0.00	0.00	0.20
Less: UN Agencies Contract Commitments	3.39	0.00	0.00	3.39
<b>Available for expenditure to April 2023</b>	<b>1.18</b>	<b>18.53</b>	<b>9.39</b>	<b>29.10</b>
Less: forecasted Expenditure January – April	0.37			0.37
<b>Partial cancellation</b>	-	<b>9.42</b>	<b>10.58</b>	<b>18.73</b>
<b>Available funds for Extension</b>	<b>4.34</b>	<b>7.98</b>	-	<b>12.32</b>



Financial Status (25 March 2023)	PP*	AF*	AF1*	Total
<b>Planned activities during extension</b>				
<b>Component 1: Preparedness for COVID-19 Containment and Mitigation</b>				
1.1 Risk Communication and Community Engagement	0.81	0.79	-	1.6
1.2 Strengthening Response Support at Provincial Level	-	-	-	-
1.3 Expanding Service Delivery Outreach to Communities for COVID-19 at Provincial Level (new under AF)		-	-	-
1.4 Strengthening Systems for COVID-19 Vaccine Deployment (new under AF)		-	-	-
1.5 Human Resource Development (previous 1.3)				
<b>Subtotal Component 1</b>	<b>0.81</b>	<b>0.79</b>	<b>-</b>	<b>1.60</b>
<b>Component 2: Health Systems Strengthening</b>				
2.1 Building Testing Capacity	-	3.10	-	3.10
2.2 Enhancing Containment and Clinical Management Capacity	-	6.00	-	6.00
2.3 Strengthening Pandemic Preparedness (dropped from parent)	NA**	NA	NA	NA
<b>Subtotal Component 2</b>	<b>-</b>	<b>9.10</b>	<b>-</b>	<b>9.10</b>
<b>Component 3: Managing Implementation and Monitoring &amp; Evaluation</b>				
<b>Sub-totals Component 3</b>	<b>-</b>	<b>1.00</b>	<b>-</b>	<b>1.00</b>
<b>Component 4: Contingent Emergency Response Component</b>	0.00			0.00
<b>Sub-totals Component 4</b>	0.00			0.00
<b>Contingency</b>	<b>-</b>	<b>0.62</b>	<b>-</b>	<b>0.62</b>
<b>Total Planned Activities during Extension</b>	<b>0.81</b>	<b>11.51</b>	<b>-</b>	<b>12.32</b>
<b>Forecast Balance of Funds at Proposed Extended Closing Date</b>				<b>0.00</b>

\*PP: Parent Project (Cr. 6614-PG); AF: Additional Financing (Cr. 6785-PG); AF1: (Cr. 6797-PG) \*\*NA: not applicable

### Risks

22. The overall risk rating is substantial. Procurement delays and risk of resurgence of COVID-19 necessitating stringent (lock-down) responses could continue to impact the timeliness of implementation of activities and the possibility of completing the remaining activities prior to the proposed revised closing date. The project continues to invest in strengthening the oversight and management of the project activities by NDOH and GoPNG through PCC and PSC platforms while enhancing the capacity of the PCU - the PCU has hired, and is in the process of hiring, additional staff/consultant(s) to augment existing capacity. Further, the DPC is in-country as of February 1, 2023. With a view to ameliorating controllable risks, the task team will continue regular and frequent check-ins with NDOH and the PCU to provide enhanced implementation support during the extension period.

### Compliance



23. The project's legal covenants have been mostly complied with; two after a delay and one has been partially complied with (staffing of the PCU as the key Project Coordinator position is still vacant). Given the partial cancellation and the implementation focused on completing limited scope of agreed priority activities during extension period, instead of recruiting a replacement Project Coordinator, the NDOH will bring onboard additional consultant(s) as needed to accelerate implementation.

24. **Overdue Audited Financial Statements.** The audited financial statements of the COVID ERP and the IMPACT Health (P167184) for the year ended December 31, 2021 are more than 8 months overdue (NDOH is the agency responsible for the FM of both projects in PNG). An exceptional approval to proceed with the extension of closing date was approved on April 6, 2023.

#### D. Rationale for Restructuring

25. The recent implementation support mission, conducted in October-November 2022, recommended restructuring of the project. Although the parent project got off to a good start, with various key activities having been undertaken in a speedy manner, primarily through the contracting of United Nations' agencies, the AF encountered delays from the start (approved in June 2021, signed in October 2021, and declared effective in January 2022). The pace of project implementation was largely affected by the 2022 national elections, absence of a Project Coordinator, delays in contracting the DPC, in establishing the priority activities and costed work plan for the AF during the transition period of the government, and in extending/establishing new contracts with United Nations' agencies contracted under the parent project, evolution of the pandemic and institutional landscape for national response in the country, and the extensive process and procedures required in seeking licenses from the CEPA for the installation of incinerators. With the current project closing date of April 30, 2023, the time remaining is not adequate to complete implementation of agreed priority activities already commenced. It is proposed to extend project closing date to October 31, 2024 to complete installation and commissioning of 21 incinerator and 11 biosafety cabinets and provision of health care waste management and infection prevention and control trainings and consumables, installation of solar panels in two provincial hospitals, and bolster the investment already made under the parent project in strengthening the health systems capacity to detect and respond to epidemics and health emergencies.

26. Given the lack of implementation progress and disbursement under the AF, and the intention to focus on delivering on agreed priority activities which are already underway, partial cancellation of total project financing will be carried out, with corresponding revision to project components, costs and results framework.

## II. DESCRIPTION OF PROPOSED CHANGES

27. The restructure includes (i) canceling SDR14,856,743.85 of the total project financing, (ii) extending the project closing date by 18 months to allow sufficient time to complete agreed priority activities already commenced, (c) revising project components and costs, and (d) revising the results framework in line with the partial cancellation. Details on the proposed changes are as follows:

28. *Partial cancellation of financing.* As of April 19, 2023, SDR 11.548 million (32.47%) from the total IDA funding of SDR 35.56 million, has been disbursed. Of the undisbursed funds of SDR 24.012 million, an amount of SDR 14,856,743.85 will be cancelled. The amount comprises SDR7,856,743.85 from Cr. 67850-PG, and the full amount of SDR 7 million from Cr. 67970-PG.

29. *Extension of closing date.* The closing date of Cr. 66140 - PG and Cr. 67850 - PG will be extended by 18 months, from April 30, 2023, to October 31, 2024, to allow for completion of the agreed priority activities.



30. *Revised project activities* for each component are summarized below.

**Component 1: Preparedness for COVID-19 Containment and Mitigation.** The Original Project constitutes three subcomponents: subcomponent 1.1 on Risk Communication and Community Engagement, subcomponent 1.2 on Strengthening Response Support at Provincial Level, and subcomponent 1.5 on Human Resource Development; and activities were implemented under these subcomponents, through a contract with UNICEF. Under the extension period, no further activities will be implemented under these three subcomponents, except to pay for the final amount owed to UNICEF under their expired contract, pending completion of acquittal process.

The Additional Financing introduced two new subcomponents: subcomponent 1.3 on Expanding Service Delivery Outreach to Communities for COVID-19 at the Provincial Level, and subcomponent 1.4 on Strengthening Systems for COVID-19 Vaccine Deployment. No activities have been implemented under these two subcomponents since AF became effective. These two subcomponents will be cancelled in the restructuring.

**Component 2: Health Systems Strengthening.** The subcomponent 2.1 on Building Testing Capacity and subcomponent 2.2 on Enhancing Containment and Clinical Management Capacity will remain under this restructuring. The focus during the extension period will be on delivering and completing remaining activities from the original project such as installation and commissioning of the already procured 21 incinerators and remaining 11 biosafety cabinets, procurement of healthcare waste management and infection prevention and control related consumables and provision of trainings on said topics including the project specific E&S instruments targeted towards PHA staff and focals from the incinerator sites, procurement and installation of solar panels in two provincial hospitals for reliable access to power to operate the oxygen concentrators and ventilators already procured under the parent project, resolution of the defects in the containerized PCR laboratory, and replacing obsolete/dysfunctional PCR and GeneXpert machines previously procured under original project to bolster health systems capacity at national and provincial level to detect and respond to future outbreaks of epidemic or pandemic proportion.

**Component 3: Managing Implementation and Monitoring and Evaluation.** The current staffing structure in PCU (i.e., DPC, and shared staff with the PMU of the ETP – the Accountant, ESHS and Community Engagement Officer, Procurement and Administration Officer, part-time Environmental Specialist, Monitoring and Evaluation Specialist, Finance Specialist, and Procurement Specialist) will be sustained. Additional consultant to provide close oversight, monitoring and reporting on the implementation progress of open E&S obligations will also be brought on board. On-site monitoring of project activities by the PCU/NDOH will be supported, as will Project Coordination Committee meetings, and Project Steering Committee meetings.

31. *Revisions in the results framework.* All indicators retained will have their end target date changed to October 31, 2024, and where relevant, correction to typographical errors on percentage for gender disaggregated data to indicate a 50/50 split. One PDO level indicator “Percentage of population vaccinated which is included in the priority population targets defined in national plan” will be dropped since vaccine deployment activities (subcomponent 1.4) are cancelled. Another PDO level indicator on “Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours” will have its end target revised from 60 to 30 since the project will no longer finance activities for RCCE, response support and service delivery outreach at provincial level during the extension. The revisions to the intermediate results indicators, aside from the change to the end target date, are summarized below (see the attached Results Framework for further detail).

*Revised:*

- “Number of provincial hospitals with fully equipped isolation facilities” end target revised from 10 to 22.



- “Number of provincial hospitals with oxygen concentrators to manage COVID-19 patients (Number)” end target revised from 20 to 22.

*Dropped:*

- Due to the partial cancellation, indicators related to cancelled activities are dropped. All intermediate indicators under component 1 except the indicator related to GRM, and “Number of laboratory technician coaching and training sessions conducted” under component 2 are dropped.

*Added:*

- “Number of designated laboratories with COVID-19/SARI diagnostic PCR and/or GeneXpert capacity which has Biosafety Class II installed and certified (Number)”. This indicator has been proposed to monitor and ensure protection of the operator, the sample, and the environment from pathogenic biological agents or microorganisms. Baseline: 8 (April 2023) and Target: 22 (October 2024)

32. *Revised disbursement projection and implementation schedule.* The disbursement estimates as well as implementation schedule will be adjusted to reflect the new project closing date of October 31, 2024 and the partial cancellation.

**III. SUMMARY OF CHANGES**

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Loan Closing Date(s)	✓	
Cancellations Proposed	✓	
Reallocation between Disbursement Categories	✓	
Disbursement Estimates	✓	
Implementation Schedule	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
MPA Program Development Objective		✓
MPA Expected Results and Indicators		✓
PBCs		✓
Disbursements Arrangements		✓
Overall Risk Rating		✓
Legal Covenants		✓





Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓
Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

**IV. DETAILED CHANGE(S)**

**MPA PROGRAM DEVELOPMENT OBJECTIVE**

**Current MPA Program Development Objective**

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

**EXPECTED MPA PROGRAM RESULTS**

**Current Expected MPA Results and their Indicators for the MPA Program**

Progress towards the achievement of the PDO would be measured by outcome indicators. Individual country-specific projects (or phases) under the MPA Program will identify relevant indicators, including among others:

- Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Number of acute healthcare facilities with isolation capacity;
- Number of suspected cases of COVID-19 reported and investigated per approved protocol;
- Number of diagnosed cases treated per approved protocol;
- Personal and community non-pharmaceutical interventions adopted by the country (e.g., installation of handwashing facilities, provision of supplies and behavior change campaigns, continuity of water and sanitation service provision in public facilities and households, schools closures, telework and remote meetings, reduce/cancel mass gatherings);



- Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multi-sectoral health approach developed/or revised and adopted;
- Multi-sectoral operational mechanism for coordinated response to outbreaks by human, animal and wildlife sectors in place;
- Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities; and
- Mechanisms for responding to infectious and potential zoonotic diseases established and functional; and
- Outbreak/pandemic emergency risk communication plan and activities developed and tested

**COMPONENTS**

<b>Current Component Name</b>	<b>Current Cost (US\$M)</b>	<b>Action</b>	<b>Proposed Component Name</b>	<b>Proposed Cost (US\$M)</b>
Preparedness for COVID-19 Containment and Mitigation	24.60	Revised	Preparedness for COVID-19 Containment and Mitigation	7.30
Health Systems Strengthening	24.00	Revised	Health Systems Strengthening	21.30
Managing Implementation and Monitoring & Evaluation	1.40	Revised	Managing Implementation and Monitoring & Evaluation	1.40
Contingent Emergency Response Component (CERC)	0.00	No Change	Contingent Emergency Response Component (CERC)	0.00
<b>TOTAL</b>	<b>50.00</b>			<b>30.00</b>

**LOAN CLOSING DATE(S)**

<b>Ln/Cr/Tf</b>	<b>Status</b>	<b>Original Closing</b>	<b>Revised Closing(s)</b>	<b>Proposed Closing</b>	<b>Proposed Deadline for Withdrawal Applications</b>
IDA-66140	Effective	30-Apr-2023		31-Oct-2024	28-Feb-2025
IDA-67850	Effective	30-Apr-2023		31-Oct-2024	28-Feb-2025
IDA-67970	Effective	30-Apr-2023		30-Apr-2023	30-Aug-2023



**CANCELLATIONS**

Ln/Cr/Tf	Status	Currency	Current Amount	Cancellation Amount	Value Date of Cancellation	New Amount	Reason for Cancellation
IDA-66140-001	Disbursing	XDR	14,700,000.00	0.00	19-Apr-2023	14,700,000.00	
IDA-67850-001	Disbursing	XDR	13,860,160.67	7,856,743.85	19-Apr-2023	6,003,416.82	BORROWER'S REQUEST FOR COUNTRY REASONS
IDA-67970-001	Effective	XDR	7,000,000.00	7,000,000.00	19-Apr-2023	0.00	BORROWER'S REQUEST FOR COUNTRY REASONS

**REALLOCATION BETWEEN DISBURSEMENT CATEGORIES**

	Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
				Current	Proposed
IDA-66140-001   Currency: XDR					
iLap Category Sequence No: 1			Current Expenditure Category: Gds Wrks NCS CS OC Trng & Wrkshp		
	14,700,000.00	14,250,815.35	14,700,000.00	100.00	100
iLap Category Sequence No: 2			Current Expenditure Category: Emergency Expenditure Part 4		
	0.00	0.00	0.00	100.00	0
<b>Total</b>	<b>14,700,000.00</b>	<b>14,250,815.35</b>	<b>14,700,000.00</b>		
IDA-67850-001   Currency: XDR					
iLap Category Sequence No: 1			Current Expenditure Category: GdsWrk NCS CS OC Tng (exc Pt1.4b)Pt		
	13,860,160.67	74,818.23	6,003,416.82	100.00	42.77



<b>Total</b>	<b>13,860,160.67</b>	<b>74,818.23</b>	<b>6,003,416.82</b>		
IDA-67970-001   Currency: XDR					
iLap Category Sequence No: 2	Current Expenditure Category: Gds Wrks NCS CS OC Trng Prt1.4b				
	7,000,000.00	0.00	0.00	100.00	0
<b>Total</b>	<b>7,000,000.00</b>	<b>0.00</b>	<b>0.00</b>		

**DISBURSEMENT ESTIMATES**

Change in Disbursement Estimates  
Yes

<b>Year</b>	<b>Current</b>	<b>Proposed</b>
2020	15,379,956.00	0.00
2021	50,000.00	0.00
2022	24,365,899.00	1,000,000.00
2023	10,000,000.00	10,000,000.00
2024	204,145.00	1,317,958.00
2025	0.00	0.00



Results framework

COUNTRY: Papua New Guinea

Papua New Guinea COVID-19 Emergency Response Project

Project Development Objectives(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Papua New Guinea (PNG).

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
<b>Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (Action: This Objective has been Revised)</b>			
Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (Percentage)		0.00	30.00
<b>Action: This indicator has been Revised</b>	<b>Rationale: Closing date extended to October 31, 2024 and end target revised from 60 to 30.</b>		
Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (Male) (Percentage)		0.00	50.00
<b>Action: This indicator has been Revised</b>	<b>Rationale: Closing date extended to October 31, 2024 and end target revised from 60 to 50 to correct typographical error.</b>		
Proportion of laboratory-confirmed cases of COVID-19 responded to within 48 hours (Female) (Percentage)		0.00	50.00



Indicator Name	PBC	Baseline	End Target
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>Closing date extended to October 31, 2024 and end target revised from 60 to 50 to correct typographical error.</b>		
<b>Proportion of samples from suspected cases of COVID-19/ SARI that are responded to within 48 hours (Action: This Objective has been Revised)</b>			
Proportion of samples from suspected cases of COVID-19 / SARI that are confirmed within 48 hours (Percentage)		0.00	60.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>Closing date extended to October 31, 2024.</b>		
Proportion of samples from suspected cases of COVID-19/SARI of which testing is completed and reported within 48 hours (Male) (Percentage)		0.00	50.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>Closing date extended to October 31, 2024 and end target revised from 60 to 50 to correct typographical error.</b>		
Proportion of samples from suspected cases of COVID-19/SARI of which testing is completed and reported within 48 hours (Female) (Percentage)		0.00	50.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>Closing date extended to October 31, 2024 and end target revised from 60 to 50 to correct typographical error.</b>		
<b>Number of Provinces with personal protective equipment (PPE) and infection prevention &amp; control (IPC) (Action: This Objective has been Revised)</b>			
Number of Provinces with personal protective equipment (PPE) and infection prevention & control (IPC) products and supplies, without stock-outs in preceding two weeks (Number) (Number)		0.00	22.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b> <b>Closing date extended to October 31, 2024</b>		
<b>Percentage of population vaccinated, which is included in the priority population targets defined (Action: This Objective has been Marked for Deletion)</b>			



Indicator Name	PBC	Baseline	End Target
Percentage of population vaccinated which is included in the priority population targets defined in national plan (Percentage)		0.00	20.00
<b>Action: This indicator has been Marked for Deletion</b>			
Percentage of population vaccinated which is included in the priority population targets defined in national plan (Female) (Percentage)		0.00	10.00
<b>Action: This indicator has been Marked for Deletion</b>			
Percentage of population vaccinated which is included in the priority population targets defined in national plan (Male) (Percentage)		0.00	10.00
<b>Action: This indicator has been Marked for Deletion</b>			

### Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
<b>Component 1.1: Risk Communication and Community Engagement (Action: This Component has been Revised)</b>			
Number of media messages disseminated with information on COVID-19 (Number)		396.00	208,860.00
<b>Action: This indicator has been Marked for Deletion</b>			
Number of community engagement activities implemented (Number)		84.00	1,100.00
<b>Action: This indicator has been Marked for Deletion</b>			
Complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed within the specified timeframe of initial complaint being received (Percentage)		0.00	70.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b>		



Indicator Name	PBC	Baseline	End Target
<i>Closing date extended to October 31, 2024.</i>			
<b>Component 1.2: Strengthening Response support at the Provincial Level (Action: This Component has been Marked for Deletion)</b>			
Number of Provinces that have mobilized Rapid Response & Surveillance Teams to conduct case and contact investigations in line with NDOH protocols (Number)		2.00	22.00
<i>Action: This indicator has been Marked for Deletion</i>			
Number of Provinces with Provincial Surveillance Officers to support Provincial Command Centers (Number)		0.00	22.00
<i>Action: This indicator has been Marked for Deletion</i>			
<b>1.3: Expanding service delivery outreach to communities for COVID-19 at the provincial level (Action: This Component has been Marked for Deletion)</b>			
Number of additional service delivery outreach visits to rural communities conducted in priority provinces (Number)		0.00	15,000.00
<i>Action: This indicator has been Marked for Deletion</i>			
Percent of female beneficiaries of the Niupela Pasin COVID-19 outreach package (Percentage)		36.40	80.00
<i>Action: This indicator has been Marked for Deletion</i>			
Percentage increase in the number of pregnant women in rural areas who have received four or more antenatal care check-ups (Percentage)		0.00	20.00
<i>Action: This indicator has been Marked for Deletion</i>			
<b>Component 1.5: Human Resource Development (Action: This Component has been Marked for Deletion)</b>			
Number of health workers participating in COVID-19 related trainings (Number)		0.00	2,980.00
<i>Action: This indicator has been Marked for Deletion</i>			
Number of health workers participating in COVID-19 related trainings (Female) (Number)		0.00	1,490.00





Indicator Name	PBC	Baseline	End Target
<b>Action: This indicator has been Marked for Deletion</b>			
Number of health workers participating in COVID-19 related trainings (male) (Number)		0.00	1,490.00
<b>Action: This indicator has been Marked for Deletion</b>			
<b>Component 2.1: Building Testing Capacity (Action: This Component has been Revised)</b>			
Number of designated laboratories with COVID-19/SARI diagnostic Polymerized Chain Reaction (PCR) and/or GeneXpert capacities established per NDOH guidelines (Number)		1.00	50.00
<b>Action: This indicator has been Revised</b>	<b>Rationale: Closing date extended to October 31, 2024.</b>		
Number of laboratory technician coaching and training sessions conducted (Number)		0.00	24.00
<b>Action: This indicator has been Marked for Deletion</b>			
<b>Component 2.2: Enhancing Containment and Clinical Management Capacity (Action: This Component has been Revised)</b>			
Number of provincial hospitals with fully equipped isolation facilities (Number)		0.00	22.00
<b>Action: This indicator has been Revised</b>	<b>Rationale: Closing date extended to October 31, 2024 and end target revised from 10 to 22.</b>		
Number of Provincial Hospitals that have a medical waste management plan in line with NDOH protocols (Number)		0.00	22.00
<b>Action: This indicator has been Revised</b>	<b>Rationale: Closing date extended to October 31, 2024.</b>		
Number of provincial hospitals with oxygen concentrators to manage COVID-19 patients (Number)		0.00	22.00
<b>Action: This indicator has been Revised</b>	<b>Rationale:</b>		



Indicator Name	PBC	Baseline	End Target
<i>Closing date extended to October 31, 2024 and end target revised from 20 to 22.</i>			
Number of designated laboratories with COVID-19/SARI diagnostic PCR and/or GeneXpert capacity which has Biosafety Class II installed and certified (Number)		8.00	22.00
<i>Action: This indicator is New</i>			



**The World Bank**

Papua New Guinea COVID-19 Emergency Response Project (P173834)

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