



The World Bank

JSDF - Strengthening Preparedness and Response to COVID-19 at the Grassroots level in Vietnam (P174401)

REPORT NO.: RES54739

RESTRUCTURING PAPER
ON A
PROPOSED PROJECT RESTRUCTURING
OF
JSDF - STRENGTHENING PREPAREDNESS AND RESPONSE TO COVID-19 AT THE GRASSROOTS LEVEL IN VIETNAM
APPROVED ON AUGUST 11, 2021
TO
INSTITUTE FOR SOCIAL DEVELOPMENT STUDIES

HEALTH, NUTRITION & POPULATION

EAST ASIA AND PACIFIC

Regional Vice President:	Manuela V. Ferro
Country Director:	Carolyn Turk
Global Director:	Juan Pablo Eusebio Uribe Restrepo
Practice Manager/Manager:	Aparnaa Somanathan
Task Team Leader(s):	Huong Lan Dao, Anh Thuy Nguyen



ABBREVIATIONS AND ACRONYMS

CHS	Commune Health Station
IRI	Intermediate Result Indicator
ISDS	Institute for Development Studies
PDI	Project Development Indicator
PDO	Project Development Objectives
PMU	Project Management Unit
RF	Results Framework
SECP	Social and Environment Commitment Plan
TAG	Technical Advisory Group
TOT	Training of Trainers



BASIC DATA

Product Information

Project ID P174401	Financing Instrument Investment Project Financing
Environmental and Social Risk Classification (ESRC) Moderate	
Approval Date 11-Aug-2021	Current Closing Date 31-Dec-2024

Organizations

Borrower Institute for Social Development Studies	Responsible Agency Institute for Social Development Studies
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Financing (in USD Million)

SUMMARY

Total Project Cost	0
Total Financing	0
Financing Gap	0

DETAILS

Project Development Objective (PDO)

Original PDO

The development objective is to strengthen the capacities of communities, including the community leaders, health and other sectors and civil society organizations, and vulnerable populations in their preparedness and response to the COVID-19 pandemic as well as for other health emergencies in the project's provinces.



Summary Status of Financing (US\$, Millions)

TF	Approval	Signing	Effectiveness	Closing	Net		
					Commitment	Disbursed	Undisbursed
TF-B6532	11-Aug-2021	23-Aug-2021	22-Nov-2021	31-Dec-2024	2.75	.67	2.08

Policy Waiver(s)

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

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

A. Project status

- The Strengthening Preparedness and Response to COVID-19 at the Grassroots Level in Viet Nam project (TF0B6533) was prepared during the time when COVID-19 was at the peak globally.** The financing was part of an emergency support by the Government of Japan for countries in the East Asia and Pacific Region to respond to COVID-19 and to better prepare for future pandemics and health emergencies. The project was approved by the Regional Vice-President on August 11, 2021; the Grant Agreement was signed on August 23rd, 2021, and the project became effective on November 25, 2021. The project then was officially approved by the Government of Vietnam (through Vietnam Union of Science and Technology Association) on January 19, 2022. The total project amount is US\$2.85 million, of which US\$2.75 million is from the Japan Social Development Fund (JSDF) and US\$100,000 is a contribution from the Institute for Social Development Studies (ISDS). The project is managed and implemented by ISDS, in collaboration with the Ministry of Health and three Provincial Departments of Health in Vinh Phuc, Khanh Hoa and Long An provinces.
- At the time of restructuring, the project has been on track towards achieving the project development objectives.** The development objectives and design remain highly relevant, and implementation progress is satisfactory. Project activities have been implemented according to the overall and annual workplans. Disbursement rate was 20 percent as of May 2023.



3. **The project organization has been well established from the central to local levels.** Key project staff and consultants have been on board to ensure adequate personnel to manage the project and to implement activities with quality and in a timely manner. A technical advisory group (TAG) has been established and membered by national lead pandemic response experts from the Ministry of Health and related agencies. A baseline survey was completed with good quality, which has provided updates to the Results Framework (RF) and served as formative research to design communication and intervention packages. All the technical guidelines and trainings of trainers (TOT) have been completed. Eight groups for vulnerable people have been established and activated with training and communication activities.

4. Detailed project implementation progress by components

- a. *Component 1 - Building capacities at the grassroots level in preparedness for and response to COVID-19 and other health emergencies.* Activities under this component have been implemented as planned so far. Key project technical documents and guidelines, including: (i) guideline for developing inter-sectoral collaboration plan on preparedness for and response to COVID-19 and other health emergencies at the grassroots level; (ii) manual on prevention of cross-infection at community health stations (CHS); (iii) manual on continuing provision of essential healthcare services at CHSs during pandemics; and (iv) manual on supporting patient management, treatment support and patient referral for cases being infected with COVID-19, were developed and then were used to train for local people. Up to now, all five TOT courses and ten roll-out training courses were completed. List of equipment, both communication and medical equipment, for Commune Health Stations (CHS) was developed based on the actual needs of local CHSs and consulted with related stakeholders. The procurement of the equipment will be done during 2023.
- b. *Component 2 - Raising awareness and knowledge towards changing attitudes and behavior of the community through risk communication.* This component supports outreach communication activities focusing on the awareness, knowledge, and attitudes for behavioral changes of citizen and community on health emergency preparedness and response against COVID-19 and other pandemics. The implementation of this component has been in good progress. A set of manuals, including a manual on risk communication for front-line workers, and communication materials for the community was developed and was consulted with the project provinces and reviewed by the TAG members and experts from health sector. The manuals were finalized and are being trained for people at community level.



- c. *Component 3 - Developing and piloting models to support the most vulnerable groups.* This component supports the development and piloting of three to four models to support different vulnerable groups in selected provinces. In the last six months, eight vulnerable groups have been established for the project support in three project provinces, including: (i) three groups for people affected by HIV (PAHIV) which include people living with HIV, drug users, female sex workers, men who have sex with men, and transgender people; (ii) one group for migrant workers (via guest house owners); (iii) two groups for ethnic minority people; and (iv) two groups for elderly people. Official information about COVID-19 and other communicable diseases was shared regularly via these group communication channels and meetings. The groups' activities are monitored and supported via Zalo, phone, and emails of the group core members.
- d. *Component 4 - Project management and administration, monitoring, evaluation, and knowledge dissemination.* The implementation of the project management is satisfactory to the Bank. The PMU has field trips to all 27 Project communes and has provided regular support to the local teams to implement project activities.

B. Rationale of the Project Restructuring

5. The project restructuring consists of the revision of the Results Framework (RF), and reallocation of project proceeds from civil works to goods.
6. **The project was designed when the COVID-19 pandemic was at peak, so at the time of project preparation, the task team was not able to conduct comprehensive baseline surveys and used only available and best estimated data to set the baseline values and annual targets.** In the first year of the project implementation, a comprehensive baseline survey was conducted and resulted in actual baseline values. Therefore, the annual targets need to be adjusted in line with the changed baseline values.
7. **Additionally, some project development indicators (PDIs) and intermediate results indicators (IRIs) are no longer relevant given the pandemic situation has changed.** Two PDIs will be updated with actual baseline values and targets, and indicators definition of one PDI and two IRIs will be revised to make them clearer. Two IRIs will be dropped from the RF and one new IRI which is considered measurable and more relevant to the new context, will be added (see Annex 1 for details).



8. **The World Bank task team has agreed with the CPMU that support for civil works is no longer needed**, as the central Government and local authorities already provided financial support and mobilized other emergency resources for repairing and upgrading of CHSs during COVID-19 period. During the project preparation and at the peak of the COVID-10 pandemic, there were needs for small repairs and renovations of CHSs to establish a triage arrangement and/or separate consultation rooms for suspected patients with COVID-19 or other infectious diseases. Instead, the communes have requested more support for medical and communication equipment. This reallocation is in conformity with the JSDF’s thresholds for expenditure categories that are only required for consulting service and operating costs.

9. **Environment and Social Safeguards (ESS).** There have been no non-compliance or implementation issues in ESS. The Social and Environment Commitment Plan (SECP) was revised and updated according to the project restructuring. The revised SECP has been reviewed and cleared by the Bank.

II. DESCRIPTION OF PROPOSED CHANGES

10. Results Framework

- a. Update the baseline values of two PDIs.
- b. Update the annual targets and end-targets of one PDI and one IRI. Since the baseline values change the annual targets will change accordingly as they are set as percentage increases of the baseline values.
- c. Drop two IRIs and add two new ones with more relevant and measurable indicators.
- d. Revise definitions of one PDI and two IRIs to make them clearer.

Table 1. Proposed revised PDIs and IRIs

No	Description of Indicator	Definition of Indicator		Baseline		End Target		Justification for revision
		Original	Revised	Original	Revised	Original	Revised	
PDI 1	27 contextualized, local-appropriate plans for inter-sectorial collaboration for COVID-19 and other health emergencies preparedness and response at community level are developed and approved	The plan is approved by the local authority	The inter-sectorial collaboration plan for COVID-19 and other health emergencies preparedness and response at community level, which follows project's guideline is approved by the local authority	no change	no change	no change	no change	Definition is revised to better reflect the project's intervention.



PDI 2	Percentage of health staff at the CHSs who have good knowledge in COVID-19 and pandemic response and preparedness	no change	no change	30	28	no change	no change	The baseline value is changed as the results of baseline survey
PDI 3	Percentage of people who have good knowledge in COVID 19 and pandemics prevention and response	no change	no change	20	37	40	60	The baseline value is changed as the results of baseline survey. The end target is increased in accordance with the increased baseline value
IRI 1	Number of simulation exercises on health emergency response that are implemented at the community	Cumulative number of simulation exercises on health emergency response that are implemented at the community	Cumulative number of on-desk simulation exercises on health emergency response that are implemented in the project communes	no change	no change	9	27	With the new context of COVID-19 in Vietnam, no "real" simulation exercise will be done but "on-desk". The definition of the indicator is revised to reflect the change.
IRI 2	Number of health staff that receive training on prevention of cross-contamination at health facilities and maintenance of essential services for people during epidemics	Cumulative number of health staff at the CHS that receive training/retraining on prevention of cross-contamination at health facilities and maintenance of essential services for people during epidemics	Cumulative number of health staff at the CHS that receive training/refresh training on prevention of contamination at health facilities and maintenance of essential services for people during epidemics	no change	no change	no change	no change	The definition is revised to reflect better the project's interventions.
IRI 3	Number of Commune Health Stations that receive project's support to establish a designated examination room for suspected COVID-19 and communicable disease patients							The indicator is dropped based on actual situation during the project implementation. After the outbreaks of pandemic in 2021, the CHSs have already received infrastructure support from other sources to arrange examination room suspected COVID - 19 cases or communicable disease patients. No infrastructure support from the project is needed.



IRI 4 (original)	Number of communication packages that are developed and disseminated							The indicator is dropped and replaced by a new indicator IRI 4 as below
IRI 4 (new)	Number of communication events implemented by Project communes	Cumulative number of communication packages (poster, banner, leaflet) that are developed and disseminated	Cumulative number of communication event implemented by project communes such as video clip, drawing contests	0	0	0	54	New indicator is added to replace old IRI 4 to better reflect the project's intervention. The baseline and end targets are set based on the results of the baseline survey and committed outputs of the project.
IRI 8 (original)	Number of community innovation models for COVID-19 and other health emergencies							This indicator is dropped and replaced by new IRI 8 below to reflect better the project's intervention.
IRI 8 (new)	Number of networks of vulnerable populations established to respond to COVID-19 and other health emergencies		Cumulative number of networks of vulnerable populations established to support these populations to be able to respond to COVID-19 and other health emergencies	0	0	0	8	This indicator is added to replace the original IRI 8.

11. Reallocation of expenditure categories

- a. US\$ 135,000 from Works category will be cancelled.
- b. Additional amount of US\$ 135,000 will be added to the Goods category, making the total amount for Goods to US\$384,000.
- c. Other categories will be kept unchanged.

Table 2. Reallocation of expenditure categories

Category	Amount of the Grant Allocated (expressed in USD)	Proposed revision of the Grant Allocation (in USD)	Difference	Percentage of Expenditure to be Financed (inclusive of Taxes)



(1) Consulting services	547,610	547,610	0	100%
(2) Training and Workshop	1,430,788	1,430,788	0	100%
(3) Goods	249,400	384,400	+ 135,000	100%
(4) Works	135,000	0	- 135,000	-
(5) Incremental Operating Cost	387,202	387,202	0	100%
TOTAL AMOUNT	2,750,000	2,750,000	0	

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Reallocation between Disbursement Categories	✓	
Implementing Agency		✓
Project's Development Objectives		✓
Components and Cost		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Additional Financing Proposed		✓
Disbursements Arrangements		✓
Disbursement Estimates		✓
Change in Overall Risk Rating		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Implementation Schedule		✓
Other Change(s)		✓



Economic and Financial Analysis		✓
Technical Analysis		✓
Social Analysis		✓
Environmental Analysis		✓

IV. DETAILED CHANGE(S)

RESULTS FRAMEWORK

Project Development Objective Indicators

<ul style="list-style-type: none"> 27 contextualized, local-appropriate plans for inter-sectorial collaboration for COVID-19 and other health emergencies preparedness and response at community level are developed and approved 				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	27.00	No Change
Date	01-Jul-2021	30-Nov-2022	31-Dec-2024	
Percentage of health staff at the CHSs who have good knowledge in COVID-19 and pandemic response and preparedness				
Unit of Measure: Percentage				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	28.00	28.00	50.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Percentage of people who have good knowledge in COVID 19 and pandemics prevention and response				
Unit of Measure: Percentage				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	37.00	37.00	60.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Number of people in the vulnerable groups, including the elderly, people living with HIV/AIDS, female sex-workers, drug users, informal workers, and ethnic minorities, who participate in the project i				
Unit of Measure: Number				



Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	3500.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Jan-2024	

Intermediate Indicators

Number of simulation exercises on health emergency response that are implemented at the community Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	27.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Number of health staff that receive training on prevention of cross-contamination at health facilities and maintenance of essential services for people during epidemics Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	630.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Number of Commune Health Stations that receive project's support to establish a designated examination room for suspected COVID-19 and communicable disease patients Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	27.00	Marked for Deletion
Date	01-Jul-2021	24-Feb-2022	31-Dec-2024	
Number of communication events implemented by project communes. Unit of Measure: Number Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	54.00	Revised



Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Number of people that receive training on risk communication				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	800.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Number of people that participate in the project innovation communication campaigns				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	3500.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Number of community collaborators that participate in the project activities				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	70.00	Marked for Deletion
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Number of community innovation models for COVID-19 and other health emergencies				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	34.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	
Number of networks of vulnerable populations established to respond to COVID-19 and other health emergencies				
Unit of Measure: Number				
Indicator Type: Custom				
	Baseline	Actual (Current)	End Target	Action
Value	0.00	0.00	8.00	No Change
Date	31-Aug-2022	30-Nov-2022	31-Dec-2024	



REALLOCATION BETWEEN DISBURSEMENT CATEGORIES

	Current Allocation	Actuals + Committed	Proposed Allocation	Financing % (Type Total)	
				Current	Proposed
TF-B6532-001 Currency: USD					
iLap Category Sequence No: 1		Current Expenditure Category: CONSULTING SERVICES			
	547,610.00	118,007.71	547,610.00	100.00	100.00
iLap Category Sequence No: 2		Current Expenditure Category: TRAINING AND WS			
	1,430,788.00	51,392.88	1,430,788.00	100.00	100.00
iLap Category Sequence No: 3		Current Expenditure Category: GOODS			
	249,400.00	19,204.81	384,400.00	100.00	100.00
iLap Category Sequence No: 4		Current Expenditure Category: WORKS			
	135,000.00	0.00	0.00	100.00	0
iLap Category Sequence No: 5		Current Expenditure Category: INCREMENTAL OPERATING COSTS			
	387,202.00	57,013.32	387,202.00	100.00	100.00
Total	2,750,000.00	374,463.86	2,750,000.00		



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