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REPORT NO.: RES50386

RESTRUCTURING PAPER

ON A

PROPOSED PROJECT RESTRUCTURING

OF

SRI LANKA: PRIMARY HEALTH CARE SYSTEM STRENGTHENING PROJECT

APPROVED ON JUNE 27, 2018

TO

DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

Public Disclosure Authorized

HEALTH, NUTRITION & POPULATION

SOUTH ASIA

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ABBREVIATIONS AND ACRONYMS

CBSL	Central Bank of Sri Lanka
CCU	CERC Coordination Unit
CERC	Contingent Emergency Response Component
COVID-19	Novel Coronavirus
DA	Designated Account
DDO	Deferred Drawdown Option
DLI	Disbursement Linked Indicator
DLR	Disbursement Linked Result
DST	Deputy Secretary to Treasury
EA	Environment Assessment
EAP	Emergency Action Plan
EEP	Eligible Expenditure Program
ESMF	Environment and Social Management Framework
FM	Financial Management
ICT	Information Communication Technology
ICTA	Information and Communication Technology Agency
IUFR	Interim Unaudited Financial Report
LKR	Sri Lankan Rupee
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoT	Ministry of Transport
MSD	Medical Supplies Division
NCD	Non-Communicable Disease
NPD	National Planning Department
PBC	Performance Based Condition
PDO	Project Development Objective
PHC	Primary Health Care
PHSSP	Primary Health Care System Strengthening Project
PMCI	Primary Medical Care Institutions
PMU	Project Management Unit
RF	Results Framework
RVP	Regional Vice President
TB	Tuberculosis
VC	Video Conference
WA	Withdrawal Application
WHO	World Health Organization

BASIC DATA

Product Information

Project ID	Financing Instrument
P163721	Investment Project Financing
Original EA Category	Current EA Category
Not Required (C)	Not Required (C)
Approval Date	Current Closing Date
27-Jun-2018	31-Dec-2023

Organizations

Borrower	Responsible Agency
Democratic Socialist Republic of Sri Lanka	Ministry of Health, Nutrition and Indigenous Medicine

Project Development Objective (PDO)

Original PDO

The project development objective is to increase the utilization and quality of primary health care services, with an emphasis on detection and management of non-communicable diseases in high-risk population groups, in selected areas of the country.

Current PDO

The project development objective is to increase the utilization and quality of primary health care services, with an emphasis on detection and management of non-communicable diseases in high-risk population groups, in selected areas of the country and to provide immediate and effective response to an Eligible Crisis or Health Emergency.

Summary Status of Financing (US$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IBRD-88780	27-Jun-2018	23-Jan-2019	23-Jan-2019	31-Dec-2023	200.00	98.18	101.82

Policy Waiver(s)

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

No

I. PROJECT STATUS AND RATIONALE FOR RESTRUCTURING

1. **The scope of the Primary Health Care System Strengthening Project (PSSP) project is to support the efforts to strengthen and reform the country's PHC system to address the growing non-communicable disease (NCD) burden.** The project addresses both the demand- and supply-side constraints to using NCD care. On the demand side, it includes proactive outreach activities and a strong citizen feedback mechanism to change health-seeking behavior. On the supply side, it incentivizes the use of primary health care (PHC) by improving its capabilities and responsiveness to population demands. The project supports the strengthening of Primary Medical Care Institutions (PMCIs) which consist predominantly of District Hospitals and Primary Medical Care Units. Sri Lanka has 1,030 such institutions scattered throughout 9 provinces, which come under the primary medical care/curative care services. This project has identified 550 such institutions representing all 9 provinces to be strengthened in an incremental staggered manner (50 in 2019, 150 in 2020, 350 in 2021, and 550 in 2022). Provinces will develop the other remaining PMCIs simultaneously. Further, the project focuses on the strategic deployment of Human Resources for Health (HRH), and in-service training rather than an increase in the production of HRH or pre-service training for family medicine cadre or other PHC-related staff. The project will also focus on screening and treating high-risk adults based on standard risk stratification, strengthening lab facilities, and the availability of essential drugs and equipment at PMCIs. This is meant to prevent health complications that lead to cost escalation while reducing the burden of NCDs requires multi-sectoral interventions. The project was approved in June 2018 and the expected closing date is December 31, 2023. The midterm review of the project took place in January 2022. The Project Development Objective (PDO) and implementation performance (IP) of the project are rated Satisfactory.

2. **To account for the impact of COOVID-19 on service delivery and based on the MTR outcomes, the GoSL submitted a request for restructuring on February 22, 2022. The restructuring will adjust the results framework of the project, with no changes in the PDO indicators.** The suggested changes are to refine the operational definition of some DLIs stated in the verification protocols and to adjust the target of a non-DLI indicator that has been hindered by the impact of the pandemic as planned activities have not been achieved to the scale expected due to the pandemic. Furthermore, the restructuring will add a new intermediate result indicator to reflect the investments made under the project to strengthen the emergency COVID response capacity at PMCIs.

3. **Progress towards the PDO indicators is on track.** Of the four PDO indicators, targets have been achieved under the three following indicators: DLI 8 (Number of women at age 35 and at age 45 years who are screened for cervical cancer at a network of public health facilities); DLI 9 (Percentage of screened adults with high risk for non-Communicable diseases who are registered and actively followed-up at primary medical care institutions); and CERC related DLI on the availability of the Emergency Action Plan. As of December 2021, 184,549 women between

the ages of 35 and 45 years are screened for cervical cancer at a network of public health facilities (DLI 8), and 15 percent of adults determined to have a high risk for NCD are registered and actively followed up at PMCIs (DLI 9). Activities about DLI 3.2. In terms of notable progress under the project's key incentivized indicators, the DLI 3.2, the total number of PMCIs with five capabilities[1] as defined in the DLI verification protocols for providing comprehensive and quality care has shown a slight delay in achieving its target. The number of PMCIS with a minimum of four defined capabilities has increased up to 139 out of the target of 150 by 2020.

Table 1. Progress on four PDO indicators as of January 2022

PDO indicator	End Target (31-Dec-2023)	Achievement by Jan 2022	Status
Number of women at age 35 and at age 45 years who are screened for cervical cancer at a network of public health facilities (DLI 8)	213,000.00	184,549.00	Year 3 target surpassed, on track to achieve end target
Percentage of screened adults with high risk for non-communicable diseases who are registered and actively followed-up at primary medical care institutions (DLI 9)	25	15	Year 3 target surpassed, on track to achieve end target
The number of primary medical care institutions that have the required capabilities for providing comprehensive and quality care. (DLI 3)	550	139	Year 3 target of 150, closer to the planned target on track to achieve end target
CERC implemented according to the Emergency Action Plan	Yes	Yes	End target achieved

4. **Similar progress is noted in intermediate results.** Out of 24 intermediate results indicators, 14 have exceeded their targets, 2 have almost achieved the targets, four are in progress, and targets are likely to be achieved. The two DLRSs have shown slow progress, with one showing a poor likelihood of achieving the planned targets. This is mainly attributed to the drawbacks of service delivery due to the prolonged pandemic situation. The 2 DLRs are at the initial stage of implementation and are due in 2023. Details are described in the RF.

5. **The project is progressing well.** The status of components is as follows:

   - **Component 1 - Implementation of the PHC System Reorganization and Strengthening Strategies:** The last disbursement of US$20 million had been authorized as of mid-November 2021 based on the verified achievement of DLRs 3.2, 5.2, 7.5, 8.1, and 9.1, and has been disbursed. Rating: Satisfactory.

   - **Component 2 - Project Implementation Support and Innovations Grant:** Implementation progress under Component 2 has slowed down due to the pandemic situation. Through the January 2021 restructuring, US$9 million was re-allocated to a common CERC pool that was created by the MoF to support a multi-sectoral response to the COVID-19 pandemic, reducing the fund allocation for Component 2 to US$5.22 million. Related IRIs has been revised accordingly. However, this has not impacted the achievement of the PDO indicators of the PSSP. To date US$2.4 million has been disbursed on Component 2. Rating: Moderately Satisfactory.

[1] The minimum capabilities include 25% of the empaneled population being screened and assessed for NCDs, the availability of a minimum of 2 trained Medical Officers (MO) and 1 Nursing Officers (PHNO), the availability of essential equipment, essential drugs, the availability of minimum lab investigation services and having at least 3 supervision visits per year.

- **Component 3 - Contingent Emergency Response Component (CERC):** The MoF asked the Bank to trigger the CERC on June 17, 2020, following which US$9 million from Component 2 of the project was re-allocated to a common CERC pool. Out of the US$9 million, US$7.13 million has been disbursed, on account of emergency expenditures under the identified sectors, namely agriculture, education, information management, transport, and disaster management activities. Related indicators are on track. Rating: Satisfactory.

6. **The midterm review discussed the following technical challenges:**

a. **Delay in digitizing the national Hospital Management System (HIMS) system:** Due to the complexity associated with digitizing the interoperability of the national HIMS, there has been some delay in implementing this activity. As such, to date, the information on DLI 9 has been gathered manually. The GoSL has announced that digitizing the interoperability of the HIMS will be conducted under the Debt to Health Project and will be done within the next 2-3 years. As such, mixed-mode (digital and manual) records will both be used to report the results for DLI 9 of the project results framework. This will not have any implications on the current operational definition of DLI 9 and will not have any impact on the achievement of DLI 9 which is a PDO indicator.

b. **A gap in coordination between the district and national levels:** The need for effective coordination and implementation has been particularly important during the trying times of COVID-19, and the urgent need for a designated PSSP focal point at the national level has been noted.

c. **Timely reporting of some DLRs:** Achievements of the DLR 6.4 and 8.2 are slightly behind due to the pandemic situation. Focus attention is required on DLR 6.4 (government establishes a baseline for the use of urgent procurement procedures as a percentage of total medical supply, including revised performance benchmarks for standard procurement lead times) and DLR 8.2 (MoH completes a study on the quality of cancer screening and referral practice is achieved within the revised timelines) to ensure timely disbursements. These are likely to be reported by the end of March 2022.

7. **The midterm review also noted the following challenges related to the measurement of some project results:**

   1. **Difficulty and delay in approving posts and recruitment of Medical Officers and Nursing Officers at PMCIs:** The high turnover of HR at PMCIs is a known challenge in the system. The pandemic has impacted the health service delivery mechanism, including the HR administration mechanism to a certain extent. Therefore, fulfilling the minimum requirement of having two Medical Officers and one Nursing Officer within the stipulated timelines is a challenge. However, GOSL agreed to have approved cadre positions for 2 Mos for all PMCIs soon to expedite the recruitment process.

d. **Unclear definition of the term “appropriate training”:** DLR 3.2 relates to the capacity building of PMCI staff and requires the said officers to have appropriate training on primary care service delivery. The definition of the term ‘appropriate training’ requires more clarity, thus it is amended to mean ‘any training on the primary care delivery package focus on NCDs, coordinated at the national level and delivered through mixed education platforms (online and in-person).

e. **Need to further reflect on the COVID-19 response management:** Since COVID-19 emergency response was added to the PMCI scope of work, a new intermediate indicator to monitor the COVID-19 response capacity

at PMCI level is being proposed. Details of the modifications of the DLRs as agreed at the MTR discussion are described in Table No 2. In addition, with the COVID-19 outbreak in 2020-2021, schools were closed, and therefore school health promotion activities were stalled. It is therefore proposed to adjust the 2021 and 2022 targets of the corresponding Non- DLI.

8. **Total disbursement amounts to US$98.18 million, representing 49 percent as of March 23, 2022.** Of this, US$88.05 million is on account of Component 1, US$2.36.4 million on account of Component 2, and US$7.13 million is on account of emergency expenditures under the CERC component. The project team closely follows up on the adequacy of budget provisions by the Ministry of Finance to the Ministry of Health and then to the provincial directorates and ensures budget replenishment as soon as the budget is utilized in FY22, as this is essential for uninterrupted project implementation. Procurement and safeguards performance is rated Satisfactory. The overall financial management performance rating is “Moderately Satisfactory” due to the long delay in submission of the audit report of FY 20 for Component 1.

Category	Component	Total amount (US$ million)	Disbursed amount as of 23 March 2022 (US$ million)
Category 1	1	185.00	88.05
Category 2	2	4.22	2.25
Category 3- small grants	3	1.0	0.11
Category 4 – CERC		9.0	7.13
Category 5 – PPA advance		0.28	0. 14
FEF		0.50	0.50
Total		200.00	98.18

9. **Despite the Government of Sri Lanka’s rapid response and mitigation measures, the COVID-19 pandemic has slowed down project implementation.** To mitigate the impacts of the COVID-19 outbreak, the GoSL launched a comprehensive COVID-19 Emergency Action Plan (EAP). During the full lockdown between March and June 2020, interruptions in service delivery were observed to a great extent. However, essential and routine health services were continuing at all levels, thanks to the continued GoSL commitment and efforts towards ensuring the continuity of PHC services despite the challenges and pressures on the health system in light of the COVID-19 pandemic. The NCD follow-up mechanism was carried out through telemedicine, and medicines were transported to the doorstep of patients via postal services. Essential training for health staff in PMCIs was conducted remotely using virtual platforms. Despite these efforts, the COVID-19 restrictions have impacted the overall government routine health service delivery mechanisms and contributed to delays in the achievement of some planned DLRs, and resulted in indicators. Since late 2021, activities had reverted to the routine schedule and project delivery was expected to revert to a level similar to the pre-COVID-19 situation subject to the level of control of future surges caused by new variants. It is good to note the increased risk levels with the detection of the Omicron variant in the country are currently subsiding.

II. DESCRIPTION OF PROPOSED CHANGES

10. Changes in the Results Framework (RF). The proposed revisions to the RF are detailed in Table 2.

Table 2. Suggested Modification for Verification Protocol of the Result Framework of PSSP			
Indicator	**Current criteria**	**Revised Criteria**	**Rationale for change**

DLI3.2 The number of primary medical care institutions that have the required capabilities for providing comprehensive and quality care. (DLI 3)	• This DLI reflects the intention of each PMCI to have a minimum of 4 requirements that enhance its capability to provide comprehensive and quality services, particularly for the defined health conditions, to the population it serves. These suggested minimum requirements are the following:	No change	
	• At least 25% of the adult population (aged 35 or over) in its defined empanelment area have been screened and categorized following risk factors.	No change	
	• The PMCI has at least two medical officers and one nurse officer with the appropriate training as per defined requirements. The staff has been on duty for at least 9 months of the previous calendar year.	No change	Given the complex nature of the current macro-fiscal environment, and not having an approved cadre for some PMCIs, appointing Two MOOs and NO for PMCIs has been identified as a challenge. Therefore it was agreed to have at least one MO and with a coverup arrangements from the nearest hospital. GOSL agreed to approve cadre positions for 2 MOs and NO for PMCIS and to initiate recruitment. This is to be implemented by the end of 2022. The definition of the term 'appropriate training' requires more clarity, thus it will be amended to mean 'any training on the primary care delivery package focusing on NCDs, coordinated at the national level and delivered through mixed education platforms (online and in-person).'
	• The PMCI has minimum operational equipment	No Change	

	according to defined requirements. • The PMCI has minimum availability of essential drugs and lab test capacity (on-site or through a networked pharmacy or laboratory) according to defined requirements. • The PMCI would have quarterly supportive supervision visits, facilitated by a checklist, to ensure adherence to national quality and safety standards (evidence of at least 3 visits per year)	This compound indicator(double-barreled indictor) will be split into two maintaining the same content • The PMCI has minimum availability of essential drugs (on-site or through a network pharmacy). • The PMCI has minimum availability of essential lab test capacity according to defined requirements (on-site or through network laboratory) No Change	To make the verification process simpler, and avoid any misinterpretation, it was suggested to specify the criteria as 1. availability of Minimum essential drugs 2. Availability of Minimum essential laboratory test capacity,
Intermediate result indicators (non-DLI)			
Indicator	**Current indicator**	**Proposed change**	**Rationale**
Percentage of schools implementing health-promoting programs (health-promoting schools).	Percentage of schools implementing health-promoting programs (health-promoting schools).	**2021 Target: 25%** **2022 Target: 30%**	Since the COVID-19 outbreak, schools were closed, and school health promotional activities were stalled.
Adding a new indicator: Percentage of Medical Officer of Health areas offering minimum COVID-19/emergency outbreak, epidemic management responses at OPD or and Emergency Department (ETU).	N/A	At least have one PMCIs per Medical officer of the health division with minimum preparedness to provide COVID-19 and or emergency responses for any other disease outbreak. (Reference to the GOSL circular dated 04.12.2020 on " Hospital Preparedness for COVID19 Global Pandemic'') The minimum criteria are as follows: There should be a separate triage area sign posted at the entrance of all hospitals. Major symptoms/risk factors should be displayed at the entrance All OPDs/ Emergency Departments should have separate areas to manage suspected patients to have	Since the COVID-19 outbreak, PMCIs become key points of service delivery for COVID-19 response. Therefore, COVID-19 emergency responses are added to the PMCI scope of work. This new indicator is added to monitor the COVID-19 response capacity at PMCIs.

		COVID-19 infection or any other epidemic Baseline 0: 2020, 35:2022.	

III. SUMMARY OF CHANGES

	Changed	Not Changed
Results Framework	✓	
Implementing Agency		✓
DDO Status		✓
Project's Development Objectives		✓
PBCs		✓
Components and Cost		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Disbursement Estimates		✓
Overall Risk Rating		✓
Safeguard Policies Triggered		✓
EA category		✓
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

COUNTRY: Sri Lanka
Sri Lanka: Primary Health Care System Strengthening Project

Project Development Objectives(s)

The project development objective is to increase the utilization and quality of primary health care services, with an emphasis on detection and management of non-communicable diseases in high-risk population groups, in selected areas of the country and to provide immediate and effective response to an Eligible Crisis or Health Emergency.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Increase utilization of PHC services, particularly prevention/management of NCDs in high-risk groups								
Number of women at age 35 and at age 45 years who are screened for cervical cancer at a network of public health facilities (DLI 8) (Number)		107,551.00	131,000.00	147,000.00	166,000.00	188,000.00		213,000.00
Percentage of screened adults with high risk for non-communicable diseases who are registered and actively followed-up at primary medical care institutions (DLI 9) (Percentage)		0.00		5.00	15.00	20.00	25.00	25.00
Male (Percentage)		0.00		5.00	15.00	20.00	25.00	25.00
Female (Percentage)		0.00		5.00	15.00	20.00	25.00	25.00

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Increase in the quality of PHC services, in selected areas of the country								
The number of primary medical care institutions that have the required capabilities for providing comprehensive and quality care. (DLI 3) (Number)		0.00		50.00	150.00	350.00	550.00	550.00
To provide immediate and effective response to an Eligible Crisis or Health Emergency								
CERC implemented according to the Emergency Action Plan (Yes/No)		No						Yes

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Implementation of the PHC System Reorganization and Strengthening Strategies								
MoH and Provinces endorse policies and standards for reorganizing PHC (DLI 1) (Text)		Policies and standards sufficient to guide PHC Reorganization do not exist						MoH and Provinces endorse the package of circulars and guidelines necessary for PHC model implementation
MoH adopts and updates clinical protocols for selected health conditions (DLI 2) (Text)		No clinical protocols targeted for the PHC level exist for the						Package of protocols adopted for defined selected health conditions

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
		defined tracer conditions						
Number of annual progress reviews on MoH Action Plan, including Project Results Indicators at the central MoH (Number)		0.00		3.00	3.00	3.00	3.00	3.00
Number of patient-friendly services provided on the basis of 4 types of services at the PMCIs (DLI 4) (Number)		0.00		50.00	150.00	350.00	550.00	550.00
Action: This indicator has been Revised								
Percentage of Medical Officers (both Medical Officers of Health in the Public Health stream and Medical Officers at PMCIs) trained on essential service package on NCDs (Percentage)		0.00	10.00	20.00	40.00		70.00	70.00
Percentage of PMCIs with transport facilities for dispatching the samples for investigations to apex laboratories (Percentage)		0.00		5.00	20.00	35.00	55.00	55.00
Percentage of PMCIs with capability for primary		0.00		5.00	15.00	35.00	55.00	55.00

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
detection and management of dengue (Percentage)								
Percentage of PMCIs providing a standard primary oral health care package (Percentage)		0.00		5.00	15.00	35.00	55.00	55.00
Percentages of PMCIs with basic emergency care facilities (Percentage)		10.00		15.00	20.00	30.00	50.00	50.00
Percentage of Medical Officer of Health areas offering mental health services in at least one PMCI (Percentage)		0.00		5.00	15.00	25.00	35.00	35.00
Percentage of PMCIs with capability for TB screening and referral (Percentage)		0.00		5.00	10.00	25.00	45.00	45.00
Percentage of public sector schools implementing health promoting programs (health promoting schools) (Percentage)		31.00		35.00	35.00	35.00	35.00	35.00
Action: This indicator has been Revised	***Rationale:*** ***Since the COVID-19 outbreak, schools were closed, and school health promotional activities were stalled.Therefore the final target has been reduced***							
Number of PMCIs that use personal health records to coordinate patient care		0.00		50.00	150.00	350.00	550.00	550.00

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
over time and through the referral chain (DLI 5) (Number)								
Action: This indicator has been Revised	***Rationale:*** ***Revised DLI verification protocol*** ***DLR 5.2 will recognize PMCIs which are implementing personal health records, either paper-based or electronic. Number of PMCIs, using printed personal health records for all those empaneled adult (age over 35) population who have been registered screened and categorized according to the risk. Having personal health records complete with minimum data fields. (in line with the rationale for DLR 3.2)***							
Number of PMCIs connected to and using the Medical Supplies Management Information System (DLR 6.1) (Number)		0.00		50.00	150.00	350.00	550.00	550.00
Percentage of annual procurement by MSD that is less than or equal to defined performance benchmarks (DLR 6.3) (Percentage)		50.00	60.00			60.00	70.00	70.00
The use of the urgent procurement procedure as a percent of total medical supplies procurement that is reduced from the established baseline (DLR 6.5) (Percentage)		0.00				20.00	40.00	40.00

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Community Engagement Mechanism for health sector operational, including grievance redressal mechanism (DLI 7) (Text)		There is no operational community engagement and grievance redressal mechanism	MoH adopts health sector community engagement guidelines	Each province adopts health sector community engagement guidelines	MoH establishes health sector grievance redressal mechanism	MoH makes public consolidated annual report for the health sector grievance redressal mechanism		MoH makes public consolidated annual report for the health sector grievance redressal mechanism
Number of PMCIs with active community engagement committees (DLR 7.5) (Number)		0.00		50.00	150.00	350.00	550.00	550.00
Adequate and timely release of treasury funds requested to health sector program (Percentage)		75.00	75.00	80.00	80.00			85.00
Percentage of Medical Officer of Health areas offering minimum COVID-19/emergency outbreak, epidemic management responses at OPD or and Emergency Department (ETU) (Percentage)		0.00						35.00
Action: This indicator is New								
Project Implementation Support and Innovation Grants								
Percentage of MoH and district training/capacity building plans developed and monitored (Percentage)		0.00		19.00	57.00	100.00	100.00	100.00

Indicator Name	PBC	Baseline	Intermediate Targets					End Target
			1	2	3	4	5	
Number of innovative subprojects supported, evaluated and disseminated (Number)		0.00		0.00	5.00	5.00	11.00	11.00
Contingent Emergency Response Component								
Tele-education broadcasts available in all nine provinces (Yes/No)		No						Yes
Number of direct project beneficiaries reached with seeds, planting material, compensation, equipment, works and services for COVID-19 recovery, segregated by gender (Number (Thousand))		0.00						100.00
Number of institutions benefiting from improved digital tools for secure and resilient continuity of operations (Number)		0.00						80.00