



RMI COVID-19 Emergency Response Project (P173887)

EAST ASIA AND PACIFIC | Marshall Islands | Health, Nutrition & Population Global Practice |
IBRD/IDA | Investment Project Financing | FY 2020 | Seq No: 4 | ARCHIVED on 22-Jun-2022 | ISR50429 |

Implementing Agencies: Ministry of Health and Human Services, The Republic of the Marshall Islands

Key Dates

Key Project Dates

Bank Approval Date: 16-Apr-2020

Effectiveness Date: 29-Apr-2020

Planned Mid Term Review Date: 10-Jun-2022

Actual Mid-Term Review Date: 10-Jun-2022

Original Closing Date: 31-Oct-2022

Revised Closing Date: 31-Oct-2022

Project Development Objectives

Project Development Objective (from Project Appraisal Document)

To prevent and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of the Marshall Islands.

Has the Project Development Objective been changed since Board Approval of the Project Objective?

No

Components Table

Name

Component 1. Emergency COVID-19 Response:(Cost \$2100000.00 M)

Component 2. Implementation Management and Monitoring and Evaluation:(Cost \$400000.00 M)

Overall Ratings

Name	Previous Rating	Current Rating
Progress towards achievement of PDO	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Satisfactory
Overall Implementation Progress (IP)	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Satisfactory
Overall Risk Rating	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate

Implementation Status and Key Decisions

This is the fourth implementation status and results report, covering the period from September 2021-June 2022. It includes information received during the third implementation support mission and mid-term review held from May 24-June 10, 2022. The RMI COVID-19 Emergency Response Project is part of the World Bank's COVID-19 Strategic Preparedness and Response Program using the Multiphase Programmatic Approach. Project activities have been found to continue to contribute to the readiness of the RMI and the Ministry of Health and Human Services to detect and respond to the threat of COVID-19 prior to the first case of COVID-19.

Component 1 - COVID-19 Emergency Response: After project approval, Component 1 activities were consolidated into two main activities. The purchase of critical medical equipment, supplies, personal protective equipment has been fully completed. Items have been delivered to Majuro and onward to Ebeye, as agreed by GRMI. The recruitment and mobilization of surge medical/public health providers has progressed, and 11 of 28 providers are in-country, though logistical challenges persist due to global labor shortages, COVID-19 response regulations, and travel restrictions. Capacity development initiatives focused on human resources management and field epidemiologist training are progressing as planned.



Component 2 - Implementation Management and Monitoring and Evaluation: Project management, and fiduciary aspects in particular, will continue to be the focus, which will be aided through an update to the Project Operations Manual. Results monitoring is steadily improving with support from the epidemiologists mobilized through the project.

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

As of June 15, 2022, 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. Six parent projects have been restructured to include vaccine-related procurement. **Total disbursements as of June 15, 2022, amount to US\$3.6 billion or 84% of overall commitments.** This amount does not include disbursements under MPA-V operations which are reported together with AF-V operations. **Sixty-seven (67) country projects or 77% of projects approved have reached 70-100% disbursement** (reasons for >100% disbursements relate to fluctuations between the Euro and the SDR against the US\$). **Out of the 67 operations, 48 operations or 72% have disbursed over 90% of commitments. Of these, 30 operations are fully disbursed. There are thirteen (13) operations with closing dates by the end of FY22. Other 10 operations which had closing dates by the end of the FY have extended their closing dates. There are 12 operations with disbursements under 50%. Out of these 12 operations, one has not disbursed, and four have disbursed 30 percent or less.** The projects are benefitting around 3.7 billion people or 50% of the global population. Of the 87 active projects: (i) 33 are in Africa – 12 in AFE and 21 in AFW; (ii) 12 in East Asia; (iii) 14 in Europe and Central Asia; (iv) 11 in Latin America and the Caribbean; (v) 8 in Middle East and North Africa; and (vi) 9 in South Asia. Eighty-six (86) or 99% of projects approved are disbursing. MNA has the highest percentage of disbursements, followed by SRA, EAP, ECA and LAC, AFE and AFW. Retroactive Financing represents 26% of commitments. **Country teams for operations, which have been under implementation for twelve months or more by June 30, 2022, are preparing Mid-Term Review (MTR) ISRs to inform the Global MPA MTR, which will be prepared early next FY.**

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. Implementation continues to face challenges as several countries are still under different levels of mobility restrictions. Bank staff are operating in a hybrid environment with some days at the office and others at home. Notwithstanding the challenges, the 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. The significant level of disbursements attests to the strong implementation of the Bank' response thanks to the commitment of counterparts supported by Bank country teams.

Risks

Systematic Operations Risk-rating Tool

Risk Category	Rating at Approval	Previous Rating	Current Rating
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Political and Governance	☐ Moderate	☐ Low	☐ Low
Macroeconomic	☐ Moderate	☐ Low	☐ Low
Sector Strategies and Policies	☐ Substantial	☐ Low	☐ Low
Technical Design of Project or Program	☐ Substantial	☐ Moderate	☐ Moderate
Institutional Capacity for Implementation and Sustainability	☐ Substantial	☐ Moderate	☐ Moderate
Fiduciary	☐ High	☐ High	☐ Substantial
Environment and Social	☐ Substantial	☐ Substantial	☐ Substantial
Stakeholders	☐ Moderate	☐ Low	☐ Low
Other	☐ Moderate	☐ Low	☐ Low
Overall	☐ Substantial	☐ Moderate	☐ Moderate

Results

PDO Indicators by Objectives / Outcomes

To prevent COVID-19 in the RMI				
▶ Number of community non-pharmaceutical COVID-19 containment strategies deployed (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	2.00	2.00	21.00	8.00
Date	01-Apr-2020	15-Sep-2021	01-Jun-2022	31-Oct-2022
Comments:	The indicator is a count of the physical, non-pharmaceutical containment strategies deployed. RMI reported 21 NPIs deployed, including closure of borders, border screening, community and school testing, social distancing, bingo shutdown (2020-21), etc.			

To respond to the threat posed by COVID-19 in RMI				
▶ Total number of cases of COVID-19 reported and investigated per MOHHS protocol (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	2.00	4.00	18.00	20.00
Date	01-Apr-2020	15-Sep-2021	01-Jun-2022	31-Oct-2022
Comments:	The indicator definition was discussed in the December, 2020 mission and updated to align with current MOHHS reporting requirements.			

To strengthen national systems for public health preparedness in RMI				
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► Number of staff trained in infection prevention and control per MOHHS protocol (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	254.00	726.00	250.00
Date	01-Apr-2020	15-Sep-2021	01-Jun-2022	31-Oct-2022
Comments:	Staff include health staff (regular and surge staff physicians, nurses, midwives, paramedics, lab techs and community health outreach workers) and non-health (points of entry, PSS, first responders, etc.) trained in the MOHHS IPC protocols.			

Intermediate Results Indicators by Components

1. Emergency COVID-19 Response				
► First COVID-19 case reported to WHO and CDC within 24 hours of confirmation per IHR requirements (Yes/No, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No	Yes	Yes	Yes
Date	01-Apr-2020	15-Sep-2021	01-Jun-2022	31-Oct-2022
Comments:	Submission of required WHO and CDC reporting forms according to protocols upon the confirmation of at least one respiratory specimen that tested positive for the virus that causes COVID-19 within 24 hours.			
► Number of designated laboratories with COVID-19 diagnostic capacity (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	3.00	3.00	2.00
Date	01-Apr-2020	15-Sep-2021	01-Jun-2022	31-Oct-2022
Comments:	The MOHHS will define and regularly update the appropriate testing protocol. MOHHS will define 'diagnostic capacity' according to the testing protocol and will include human resources and the specifications of the diagnostic equipment, test kits, and reagents required for COVID-19 testing.			

2. Implementation Management and Monitoring and Evaluation				
► At least one multisectoral simulation exercise conducted with results incorporated into national COVID-19 preparedness and response plans (Yes/No, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	No	Yes	Yes	Yes
Date	01-Apr-2020	15-Sep-2021	01-Jun-2022	31-Oct-2022
Comments:	A simulation exercise will involve one or more ministries and may be related to early warning surveillance, point of entry procedures, rapid response team deployment. A real time event may also be counted, as per MOHHS decision. As of June 2022, two table top exercises, one full scale exercise, and one functional drill exercise have been carried out.			



► Number of policies, regulations, guidelines, or other relevant government strategic documents incorporating a multisectoral approach for health emergencies developed or revised, and adopted (Number, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	10.00	12.00	4.00
Date	01-Apr-2020	15-Sep-2021	01-Jun-2022	31-Oct-2022
Comments:	The count will include any of these document types across sectors that are endorsed by the GRMI. The documents may be multisectoral in nature or may define sectoral responsibilities for responding to a health emergency.			
► Percent of grievances handled according to proscribed timelines (Percentage, Custom)				
	Baseline	Actual (Previous)	Actual (Current)	End Target
Value	0.00	0.00	0.00	85.00
Date	24-Apr-2020	15-Sep-2021	01-Jun-2022	31-Oct-2022
Comments:	The project is using the standard grievance redress mechanism that is in place across the World Bank portfolio in RMI. Further, the Ministry of Health and Human Services (MOHHS) Facebook page and hotline are being monitored for project-related grievances. There is no numerical progress because, despite evidence of being active and available to project affected people, no project-related grievances have been recorded. The CIU and MOHHS team meet on a monthly basis to confirm the same.			

Performance-Based Conditions

Data on Financial Performance

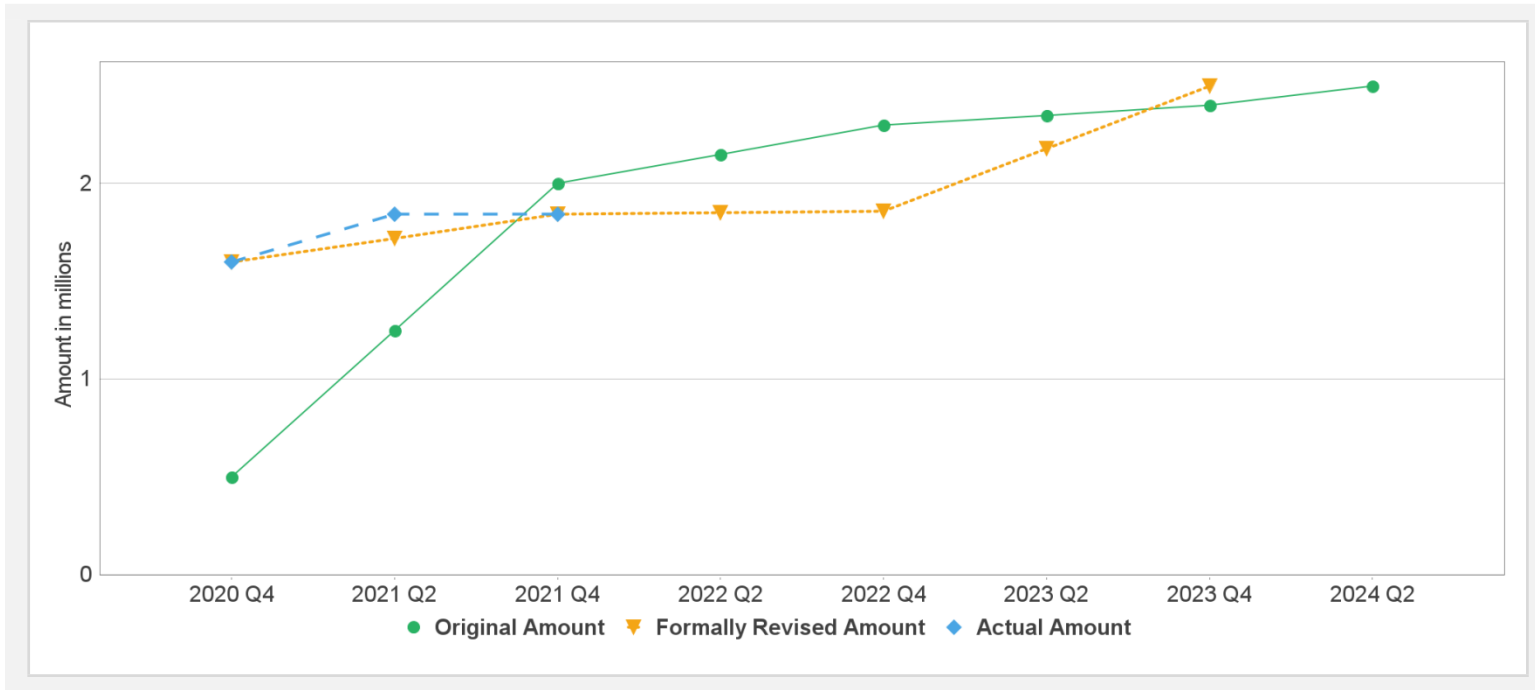
Disbursements (by loan)

Project	Loan/Credit/TF	Status	Currency	Original	Revised	Cancelled	Disbursed	Undisbursed	% Disbursed
P173887	IDA-D6240	Effective	USD	2.50	2.50	0.00	1.86	0.74	71%

Key Dates (by loan)

Project	Loan/Credit/TF	Status	Approval Date	Signing Date	Effectiveness Date	Orig. Closing Date	Rev. Closing Date
P173887	IDA-D6240	Effective	16-Apr-2020	24-Apr-2020	29-Apr-2020	31-Oct-2022	31-Oct-2022

Cumulative Disbursements



Restructuring History

There has been no restructuring to date.

Related Project(s)

There are no related projects.