



FOR OFFICIAL USE ONLY

Report No: PAD3834

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED INTERNATIONAL ASSOCIATION DEVELOPMENT CREDIT
IN THE AMOUNT OF EURO 32 MILLION
(US\$35 MILLION EQUIVALENT)

IN CRISIS RESPONSE WINDOW RESOURCES

TO THE

REPUBLIC OF CÔTE D'IVOIRE

FOR THE

CÔTE D'IVOIRE COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROJECT

UNDER THE

COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH A FINANCING ENVELOPE OF
UP TO US\$6 BILLION

APPROVED BY THE BOARD ON APRIL 2, 2020

May 2, 2020

Health, Nutrition & Population Global Practice
Africa Region

This document is being made publicly available prior to Board consideration. This does not imply a presumed outcome. This document may be updated following Board consideration and the updated document will be made publicly available in accordance with the Bank's policy on Access to Information.

CURRENCY EQUIVALENTS

(Exchange Rate Effective {March 31, 2020})

Currency Unit = EUR

EURO 0.91328 = US\$1

FISCAL YEAR

January 1 - December 31

Regional Vice President: Hafez M. H. Ghanem

Country Director: Coralie Gevers

Regional Director: Dena Ringold

Practice Manager: Gaston Sorgho

Task Team Leaders: Montserrat Meiro-Lorenzo, Opope Oyaka Tshivuila Matala



ABBREVIATIONS AND ACRONYMS

AFD	The French Development Agency (<i>Agence Française de Développement</i>)
ANDE	National Agency for Environment
AWPB	Annual Work Plan Budget
BCEAO	Central Bank (<i>La Banque Centrale des États de l'Afrique de l'Ouest</i>)
BFP	World Bank Facilitated Procurement
CERC	Contingency Emergency Response Component
CHU	University Teaching Hospital (<i>Centre Hospitalier Universitaire</i>)
CIV	Côte d'Ivoire
CMU	Universal Health Coverage (<i>Couverture Maladie Universelle</i>)
COVID-19	Coronavirus disease
DA	Designated account
DFIL	Disbursement and Financial Information Letter
DGS	General Directorate of Health (<i>Direction Générale de la Santé</i>)
DGTCP	Directorate of Treasury and Public Accounting (<i>Direction Général du Trésor et de la Comptabilité Publique</i>)
DO	Development Objective
DPF	Development Policy Financing
EID	Emerging infectious disease
ESF	Environmental and Social Framework
ESMF	Environment and Social Management Framework
FDI	Foreign Direct Investment
FM	Financial Management
FTCF	Fast Track COVID-19 Facility
GAVI	Global Alliance for Vaccines and Immunizations
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GIF	General Inspectorate of Finance (<i>Inspection Générale des Finances</i>)
GNI	Gross National Income
HCI	Human Capital Index
HDI	Human Development Index
HEIS	Hands-on expanded implementation support
IBRD	International Bank for Reconstruction and Development
ICT	Information and Communication Technology
IDA	International Development Association
IDSR	Integrated Disease Surveillance and Response
IE	Implementing Entity



IFR	interim financial statements
IGS	General Inspector of Health (<i>Inspection Générale de la Santé</i>)
IHR	International Health Regulations
IPC	Infection Prevention and Control
IPF	Investment project financing
JMP	WHO/UNICEF Joint Programme for Water Supply Sanitation and Hygiene
LMIC	Lower Middle-Income Country
M&E	Monitoring & Evaluation
MPA	Multiphase Programmatic Approach
MSPH	Ministry of Health and Public Hygiene
NIPH	National Institute of Public Hygiene (<i>Institut Nationale d'Hygiène Publique</i>)
NPF	New Procurement Framework
OIE	World Organization for Animal Health
PA	Project account
PAD	Project Appraisal Document
PIU	Project Implementing Unit
PforR	Program-for-Results
POE	Point of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
RfQ	Request for Quotations
RRTs	Rapid Response Team
SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SMEs	small and medium-sized enterprises
SPRP	Strategic Preparedness and Response Program/Project
STEP	Systematic Tracking of Exchanges in Procurement
UN	United Nations
UNOPS	United Nations Office for Project Services
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WPB	Work plan and budget



TABLE OF CONTENTS

DATASHEET	1
I. PROGRAM CONTEXT	8
A. MPA Program Context.....	8
B. Updated MPA Program Framework.....	9
C. Learning Agenda	9
II. CONTEXT AND RELEVANCE	9
A. Country Context.....	9
B. Sectoral and Institutional Context	10
C. Relevance to Higher Level Objectives	12
III. PROJECT DESCRIPTION	13
A. Development Objectives	13
B. Project Components.....	13
C. Project Beneficiaries.....	17
IV. IMPLEMENTATION ARRANGEMENTS	17
A. Institutional and Implementation Arrangements.....	17
B. Results Monitoring and Evaluation Arrangements.....	19
C. Sustainability.....	19
V. PROJECT APPRAISAL SUMMARY	19
A. Technical, Economic and Financial Analysis	19
B. Fiduciary	21
C. Legal Operational Policies	24
D. Environmental and Social Standards.....	24
VI. GRIEVANCE REDRESS SERVICES	25
VII. KEY RISKS	26
VIII. RESULTS FRAMEWORK AND MONITORING	29
ANNEX 1: Project Costs	34
ANNEX 2: Implementation Arrangements and Support Plan	35



DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Cote d'Ivoire	Cote d'Ivoire COVID-19 Strategic Preparedness and Response Project (SPRP)	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173813	Investment Project Financing	Substantial

Financing & Implementation Modalities

<input checked="" type="checkbox"/> Multiphase Programmatic Approach (MPA)	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input checked="" type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Disbursement-linked Indicators (DLIs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made Disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
02-May-2020	31-May-2021	31-Mar-2025

Bank/IFC Collaboration

No

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

MPA Financing Data (US\$, Millions)



MPA Program Financing Envelope	4,630.75
--------------------------------	----------

Proposed Project Development Objective(s)

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

Components

Component Name	Cost (US\$, millions)
Component 1: Emergency COVID-19 response	28.80
Component 2: Health Communication and Community Engagement	5.00
Component 3: Project implementation management and monitoring and evaluation	1.20

Organizations

Borrower: Government of Côte d'Ivoire

Implementing Agency: Ministère de la Sante et de l'Hygiene Publique (MSHP)

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	4,630.75
MPA Program Financing Envelope:	4,630.75
of which Bank Financing (IBRD):	2,731.10
of which Bank Financing (IDA):	1,899.65
of which other financing sources:	0.00

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	35.00
Total Financing	35.00
of which IBRD/IDA	35.00



Financing Gap	0.00
----------------------	------

DETAILS

World Bank Group Financing

International Development Association (IDA)	35.00
IDA Credit	35.00

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Cote d'Ivoire	35.00	0.00	0.00	35.00
National PBA	35.00	0.00	0.00	35.00
Total	35.00	0.00	0.00	35.00

Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021
Annual	12.00	23.00
Cumulative	12.00	35.00

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Social Protection & Jobs

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● Substantial



2. Macroeconomic	● Substantial
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Moderate
6. Fiduciary	● Substantial
7. Environment and Social	● Substantial
8. Stakeholders	● Low
9. Other	
10. Overall	● Substantial
Overall MPA Program Risk	● High

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

Yes No

Does the project require any waivers of Bank policies?

Yes No

Have these been approved by Bank management?

Yes No

Is approval for any policy waiver sought from the Board?

Yes No



Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank’s due diligence assessment of the Project’s potential environmental and social risks and impacts, please refer to the Project’s Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

Schedule 2, Section I,A,3. The Recipient shall ensure that the PIU (i) recruits an accountant and an assistant accountant and (ii) updates the accounting software no later than two (2) months after the Effective Date.

Sections and Description

Schedule 2, Section I, B, 1(a). The Recipient shall by no later than one (1) month, after the Effective Date, prepare and adopt a Project implementation manual (“Project Implementation Manual”) containing detailed guidelines and procedures for the implementation of the Project, including with respect to: administration and coordination, monitoring and evaluation, financial management, procurement and accounting procedures, environmental and social safeguards, corruption and fraud mitigation measures, a grievance redress mechanism, eligibility criteria and procedures for the CNAM Premiums, the Cash Transfers and the Hazard Pay, personal data collection and processing in accordance with the applicable WHO and national guidelines, roles and responsibilities for Project



implementation, and such other arrangements and procedures as shall be required for the effective implementation of the Project, in form and substance satisfactory to the Association.

Sections and Description

Schedule 2, Section I, B, 2(a)

by

no later than one (1) month after the Effective Date, prepare a draft work plan and budget for Project implementation, setting forth, inter alia: (i) a detailed description of the planned activities, including any proposed conferences and Training, under the Project for the period covered by the plan; (ii) the sources and proposed use of funds therefor; (iii) procurement and environmental and social safeguards arrangements therefor, as applicable and; (iv) responsibility for the execution of said Project activities, budgets, start and completion dates, outputs and monitoring indicators to track progress of each activity;

Sections and Description

Schedule 2, Section I, B, 3. For purposes of implementation of Part 1.3(iii) of the Project, the Recipient shall provide Cash Transfers to Cash Transfer Beneficiaries in accordance with eligibility criteria and procedures acceptable to the Association and further detailed in the PIM and shall include, inter alia, that: (a) said Cash Transfer Beneficiary shall have been identified as a household affected by the COVID-19 pandemic and with members in treatment, isolation centers and/or quarantine area; and (b) the Recipient shall have confirmed the Cash Transfer Beneficiaries' compliance with any applicable conditionality.

Sections and Description

Schedule 2, Section I,B,3, 2.Each Cash Transfer shall be in an amount acceptable to the Association and the Recipient shall ensure that the amount of Cash Transfer is paid for its intended Cash Transfer Beneficiary.

Sections and Description

Schedule 2, Section I,B,3,3.The Recipient shall, not later than one (1) month after the Effective Date, conclude and thereafter implement, until it has expired in accordance with its terms, a payment agreement, in form and substance satisfactory to the Association and in accordance with criteria and procedures set forth in the PIM, with the Payment Service Provider ("Payment Agreement").

Sections and Description

Schedule 2, Section I,B,3, 4.The Recipient shall ensure that Payment Agreement is: (a)submitted to the Association for its review and approval prior to its signature between the Recipient and the Payment Service Provider; (b) signed and effective before any proceeds of the Financing are transferred to the Payment Service Provider; and (c)carried out with due diligence and efficiency and in accordance with sound technical, financial, and managerial standards and practices acceptable to the Association, including in accordance with the provisions of the Anti-Corruption Guidelines applicable to the recipients of the Cash Transfers proceeds other than the Recipient.



Conditions

Type Disbursement	Description Schedule 2, Section III, B, 1(b) under Category (2) unless and until the Recipient has adopted the PIM detailing eligibility criteria and procedures for the CNAM Premiums, in accordance with Sections I.B.1 of Schedule 2 to this Agreement; and
Type Disbursement	Description Schedule 2, Section III, B, 1(c) under Category (3) unless and until (i) the Payment Agreement referred to in Section I.B.3 of Schedule 2 of this Agreement has been executed on behalf of the Recipient and the Payment Service Provider, in form and substance satisfactory to the Association, and (ii) specific eligibility criteria and procedures for Cash Transfers have been included in the PIM in accordance with Sections I.B.1 and 1.B.3 of Schedule 2 to this Agreement.



I. PROGRAM CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response by Cote d'Ivoire (CIV) under the coronavirus disease (COVID-19) Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank's Board of Executive Directors on April 2, 2020 (PCBASIC0219761) with an overall Program financing envelope of up to US\$6.00 billion.

A. MPA Program Context

2. **An outbreak of COVID-19 caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of initial cases in Wuhan, Hubei Province, China.** Since the beginning of March 2020, the number of cases outside China has increased thirteenfold, and the number of affected countries more than tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as COVID-19 rapidly spread across the world. As of April 6, 2020, the outbreak has resulted in an estimated 1,300,000 cases and about 70,000 deaths in 183 countries.

3. **COVID-19 is one of several emerging infectious disease (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use¹ and pre-existing chronic health problems that make viral respiratory infections particularly dangerous². With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe and can include fever, cough, and shortness of breath. In general, studies of hospitalized patients have found that about 83 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough, and 11 percent to 44 percent develop fatigue or muscle aches³. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic, it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

4. This project is prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility (FTCF).

¹ Marquez, PV. 2020. "Does Tobacco Smoking Increases the Risk of Coronavirus Disease (Covid-19) Severity? The Case of China." <http://www.pvmarquez.com/Covid-19>

² Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." *New Eng. J of Medicine*, DOI: 10.1056/NEJMe2002387

³ Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." *JAMA*, doi:10.1001/jama.2020.3072



B. Updated MPA Program Framework

Table 1. Country Program

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount (US\$ million)	Estimated IDA Amount (US\$ million)	Estimated Other Amount (US\$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
1	P173813	Simultaneous	To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in CIV	IPF	0.00	35.00	0.00	5/1/20	Substantial

5. All projects under SPRP are assessed for Environment and Social Framework (ESF) risk classification following the World Bank procedures and the flexibility provided for COVID-19 operations.

C. Learning Agenda

6. The MPA Program will support adaptive learning by conducting operational research throughout project implementation. It will build on the experiences of local existing research centers (e.g., Pasteur Institute of CIV), as well as knowledge and lessons learned from other Development Partners supporting the response in-country. CIV will contribute to the MPA learning agenda as follows:

- **Forecasting:** The Ministry of Health and Public Hygiene (*Ministère de la santé et de l'hygiène Publique; MSPH*) will model the progression of the pandemic, both in terms of new cases and deaths.
- **Technical:** The MSPH may research treatment outcomes following the use of re-purposed anti-malarial drugs for the treatment of COVID-19 patients.

II. CONTEXT AND RELEVANCE

A. Country Context

7. **CIV has experienced almost a decade of robust economic growth since the end of the political crisis in 2011.** CIV is a lower-middle-income country (LMIC) with a Gross National Income (GNI) per capita of US\$1,532.5 in 2017 and is the second-largest economy in West Africa. It has a large (25.1 million in 2017) and a young population (42 percent under 15 years), 49.5 percent of which are women⁴. From 2002-2011, CIV experienced a period of instability marked by two armed conflicts in 2002-2007 and 2010-2011. This not only led to the loss of life but also slowed the country's economic development, with a drop in gross domestic product (GDP) growth of 4.7 percent during the 2010-2011 crisis. As soon as the crisis ended, the Government of CIV (GOC) rapidly adopted and implemented two national development plans (2012-15 and 2016-2020)⁵, which accelerated the return to economic growth by (i) restoring the

⁴ Source: World Development Indicators (WDI) 2018.

⁵ CIV National Development Plan 2012-15; CIV National Development Plan 2016-2020.



balance of key sectors in the economy, (ii) increasing public and private investment, and (iii) improving the business climate. This led to robust economic growth between 2011-2018 - averaging 8 percent per annum, mostly driven by the modern service (e.g., communication) and construction sectors - and contributed to a decline in poverty levels, from 48.3 percent in 2015 to 39.0 percent in 2018⁶. The Ivorian economy remains strongly dependent on the production and export of primary agricultural products, particularly cocoa, coffee, bananas, cashew, and palm oil. Although a net oil importer (by a small margin), CIV is a net exporter of energy. The macroeconomic outlook was positive until recently, with the 2019-2020 growth at around 7 percent.⁷ However, the COVID-19 crisis - with its associated social and humanitarian impact at the local and global level - is expected to affect growth dynamics and reduce foreign direct investment (FDI), especially in the short term. The GOC now projects a GDP growth rate for 2020 of 3.5 percent.

8. **CIV's strong economic performance in recent years has not translated to improved human development or human capital outcomes.** Despite its LMIC status, CIV was one of the worst performers on the 2019 Human Development Index (HDI) - ranking 165 of 189 countries tracked⁸ - and in 2018, it was ranked as the 9th lowest country (149 of the 157 countries; HCI: 0.35) on the Human Capital Index (HCI). The average child in CIV will realize, at best, 35 percent of their human capital potential. This is lower than the average for the region and for economically comparable countries such as Kenya (0.52), Bangladesh (0.48) and Ghana (0.44), and is largely driven by the low adult survival rates (only 61 percent of 15-year-olds will survive to age 60) and poor learning outcomes.

9. **Within the existing fiscal space, the share of social spending remains low, and health expenditure is about 5 percent of general government spending,** which is among the lowest in Africa and below the Abuja target of 15 percent⁹. Health spending has grown more slowly than public spending in other sectors. Moreover, the Government has had to direct a large share of the resources allocated to the health sector to the reconstruction and rehabilitation of health facilities that were damaged during the periods of armed conflict. For example, between 2018-2020, an estimated US\$1.34 billion (FCFA739 Billion) has been directed towards the construction and rehabilitation of mostly secondary and tertiary-level hospitals and training institutions.

B. Sectoral and Institutional Context

10. **The epidemiological profile of CIV continues to be dominated by communicable, maternal, neonatal, and nutritional diseases.** Increasing prosperity, rising urbanization, and increases in unhealthy lifestyles have also led to a rise in the burden of non-communicable diseases (e.g., high blood pressure, diabetes, and cancer), resulting in a dual burden of disease, taxing an already fragile health system.

11. **Since the end of the socio-political crisis of 2010-2011, CIV has made significant progress in the political, economic, and social spheres, but health outcomes remain poor.** This has mostly been attributed to CIV's poor performing health system. Factors contributing to the health system weaknesses include (i) the lack of infrastructure and limited physical access to health facilities; (ii) the lack of basic medical equipment and essential medicines, and (iii) weak governance and poor financial management (FM) in the sector. CIV satisfies WHO norms for the number of

⁶ Source: These poverty estimates were reported in a recent World Bank survey on household living conditions in CIV.

⁷ IMF (2019). Sixth reviews under the arrangement under the extended credit facility and the extended arrangement under the extended fund facility, and request for extension and augmentation of access.

⁸ United Nations Development Program (UNDP) (2019) Human Development Report 2019.

⁹ In April 2001, heads of state of African union countries met and pledged to set a target of allocating at least 15 percent of their annual budget to improve the health sector.



medical doctors (general practitioners), nurses and midwives at the national level; however, the majority are concentrated in Abidjan and urban areas, leaving the 49 percent of the population who reside in rural areas with limited access to health personnel. In addition, health personnel have limited training and are poorly motivated, leading to poor-quality services.

12. **Given its fragile Public Health system, CIV is vulnerable to the spread of COVID-19.** The World Health Organization (WHO) has identified CIV as one of 13 high priority African countries at risk of importation of COVID-19 from Countries identified as COVID-19 hotspots¹⁰. Moreover, CIV shares borders with five countries, all of which have reported a growing number of cases of COVID-19, and its land borders remain a cause for concern as unchecked migration and transport between neighboring countries could quickly spread the virus. The country has, however, benefitted from the somewhat slow arrival of the virus, with the first case being diagnosed on March 11.

13. **As of April 25, 2020, CIV has 1111 confirmed cases of COVID-19 and 14 COVID-19 related deaths.** The Government has instituted measures to limit the spread of COVID-19. Schools (including pre-schools and universities) have been closed since March 16. Sporting events, festivals, and gatherings larger than 50 people have been banned as of March 18. Social distancing is in full effect, and the population is encouraged not to shake hands and maintain a distance of one meter from each other. All confirmed and suspected cases of COVID-19 are to be quarantined in state-run centers. In addition, land, aviation, and maritime borders have been closed since March 22 for an indeterminate period. Cargo shipments are not affected. As part of the GOC's COVID-19 preparedness strategy, the Government has put in place isolation rooms in Abidjan, including at the largest international airport (*Félix-Houphouët-Boigny International Airport*), and the Infectious and Tropical Diseases Unit of Treichville University Teaching Hospital (*Centre Hospitalier Universitaire, CHU*). Residents in CIV who experience COVID-19-like symptoms can call an emergency line to speak with an official at the National Institute of Public Hygiene (*Institute Nationale d'Hygiène Publique, NIPH*). Trained Rapid Response Teams (RRTs) in each of the country's 33 health regions have been placed on alert.

14. **Between 2015-2020, the GOC made significant investments to strengthen the country's preparedness capacity for health emergencies, through the implementation of the World Bank-funded Health System Strengthening and Ebola Preparedness Project (P147740).** This US\$77 million project reinforced the capacity of the NIPH – the national structure for emergency coordination – through the acquisition of vehicles, motorcycles, and equipment. The MSPH also procured vehicles, motorcycles, and ambulances, and rehabilitated 97 health facilities. Nine multidisciplinary national Emergency Response Teams, each comprising 30 members from different ministries and specialized institutes, were trained and equipped. In addition, 120 health workers were trained at the regional level on the integrated disease surveillance and response strategy based on WHO standards. Two warehouses were rehabilitated for the storage of Personal Protective Equipment (PPE) for health workers, medicine, and other medical equipment/accessories. Some of this equipment is currently being used in the fight against COVID-19.

15. **The GOC has established an organizational framework for the coordination, prevention, and control of COVID-19.** The framework consists of a National Steering Committee, which is chaired by the Prime Minister and includes the MSPH (who leads the secretariat), several subcommittees, and action units from each sector. The Steering Committee provides both strategic and policy guidance and oversight for the Governments' emergency response; it coordinates the activities of the sub-committees and mobilizes resources for the implementation of the Government's emergency preparedness and response plan.

¹⁰ WHO (2020). Emergency Ministerial meeting on COVID-19 organized by the African Union and the Africa Centers for Disease Control and Prevention. 22 February 2020. Source: <https://www.who.int/dg/speeches/detail/emergency-ministerial-meeting-on-covid-19-organized-by-the-african-union-and-the-africa-centres-for-disease-control-and-prevention>



16. **At the operational level**, the MSPH has activated the Centre for Public Health Emergency Operations (COUSP). The COUSP is chaired by NIPH and serves as the main body responsible for the coordination of the multisectoral response to public health emergencies. All key stakeholders in the health sector, including the World Bank and WHO, are invited to participate in the weekly coordination meetings organized by COUSP. The operational response of COVID-19 is led by the General Director of Health under the leadership of the MSPH.

17. **Despite these efforts, the emergency preparedness capacity of the country still requires strengthening.** CIV urgently needs to accelerate its response planning. The initial iteration of the National Emergency Preparedness and Response Plan assumed that COVID-19 cases would be limited to individuals with a travel history to a COVID-19 hotspot country. However, the country has already detected local transmission of the virus, and the MSPH is now updating its plan and response to account for community transmission. Additional resources are needed to prevent further spread and mount an effective response to the outbreak. The GOC's Emergency Preparedness and Response Plan is budgeted at US\$160 million, to be implemented over a six-month period. This reflects the country's low pandemic preparedness capacity and its low prior investment in the health system. At the onset of the outbreak in CIV, the Government committed EUR 1 Million from the Government budget and US\$642,000 from the World Bank-financed Strategic Purchasing and Alignment of Resources and Knowledge in Health Project (SPARK-Health; P167959) to the implementation of screening and control measures.

18. **CIV could take lessons from Liberia's experience during the Ebola epidemic in 2014.** Given CIV's high burden of disease and weak health systems, the Government may benefit from the experience of Liberia during the Ebola crisis, and (i) couple its emergency response with efforts to ensure continuity of care of the general population; (ii) ensure that healthcare workers receive all material that they need to protect themselves; and (iii) engage the community and build trust by implementing an adaptive bottom-up communication strategy.

19. **The World Bank is coordinating with several key Development Partners in the sector.** Of the US160 million budgeted for the National Emergency Plan, US\$45 million will be financed by the Government using its own resources. The World Bank has committed US\$75 million towards the Plan (US\$35 million through this COVID-19 SPRP project and US\$40 million through the activation of the Contingency Emergency Response Component (CERC) of the SPARK-Project. Under the leadership of WHO, key Partners, including GAVI, KfW, AFD, the Global Fund, UNICEF, and the French embassy, will finance the remaining US\$40 million and will provide technical support to the Government's response. Development Partners in CIV have focused on (i) coordinating on the co-financing of activities under the Government's Plan to avoid duplication; (ii) supporting the Government to procure the necessary equipment and material in the most timely, efficient and effective manner possible; and (iii) providing technical assistance during the preparation and implementation of the response. Activities financed by these Partners include reinforcing the national laboratory network for COVID-19 testing, supporting communication, and community engagement and monitoring, supporting the expansion of intensive care units and patient treatment, and providing technical assistance for operational research including epidemiological modeling.

C. Relevance to Higher Level Objectives

20. **The project is aligned with the World Bank's strategic priorities, particularly its mission to end extreme poverty and boost shared prosperity.** Equally, the project is aligned with the country's policy goals, as outlined in the Country Partnership Framework (CPF, FY16-FY19)¹¹, and global commitments to strengthen pandemic preparedness.

¹¹ Report No. 96515-CI, August 17, 2015.



It contributes to the implementation of (i) the International Health Regulations (IHR) (2005), Integrated Disease Surveillance and Response (IDSR), and the World Organization for Animal Health(OIE)'s international standards, (ii) the Global Health Security Agenda, (iii) the Paris Climate Agreement, (iv) the attainment of Universal Health Coverage (UHC) and of the Sustainable Development Goals (SDG), and (v) the promotion of a One Health approach. The economic rationale for investing in the project interventions is strong, given that success can reduce the economic and social impacts of COVID-19 on individuals and countries. The project complements investments made in the health sector by the World Bank and other Development Partners in the areas of (i) health systems strengthening, (ii) disease control and surveillance, (iii) attention to changing individual and institutional behaviors, and (iv) citizen engagement. Moreover, the project aligns with the World Bank's IDA19 commitment to support IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending, and investment).

21. **The project will also address risks related to gender-based violence (GBV) and preventing sexual exploitation and abuse (SEA) during project design and implementation.** The project will ensure that GBV risk-mitigation measures are in place in quarantine facilities and evacuation processes. It will reinforce support and surge capacities to other sectors in addition to the health response—for example, reinforcing staff for emergency response hotlines and in the safety sectors, and advocating for inclusion and non-discriminatory access of vulnerable groups to public health services.

III. PROJECT DESCRIPTION

A. Development Objectives

22. **The Project objectives are aligned to the results chain of the COVID-19 Strategic Preparedness and Response Program (SPRP).**

23. **Project Development Objective (PDO) statement:** To prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Cote d'Ivoire.

24. **PDO level indicators:** The PDO will be monitored through the following PDO level outcome indicators:

- a. Number of suspected cases of COVID-19 reported and investigated based on national guidelines, disaggregated by gender
- b. Number of suspected cases of COVID-19 patients who test positive
- c. Number of beds for quarantine, isolation, and treatment, including for minor and severe cases
- d. Number of severe cases of COVID-19 treated
- e. Number of deaths among confirmed COVID-19 cases
- f. Number of COVID-19 cases treated and cured

B. Project Components

Component 1: Emergency COVID-19 Response [US\$28.8 million equivalent].

25. **This component will provide immediate support to CIV to prevent the importation and local transmission of COVID-19 through containment strategies.** It will support the enhancement of disease detection capacities through



the provision of technical expertise, training, laboratory equipment, and reagents for testing to ensure prompt case finding and contact tracing, consistent with WHO's SPRP for COVID-19. It will enable the country to mobilize surge response capacity through trained and well-equipped (with personal protection equipment) frontline health care workers. Activities included in this component are complementary to those financed under the CERC component of the SPARK-Health project (P167959), which is being activated simultaneously.

26. **This component will finance** (i) case detection, confirmation, contact tracing, recording, and reporting; (ii) case management and health system strengthening; (c) social and financial support to households.

27. **Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, and Reporting.** This sub-component will finance activities that strengthen disease surveillance and epidemiological capacity for early detection and confirmation of cases and active contact tracing. This includes financing for (i) the development of multisectoral plans and standard operating procedures and joint coordination (including all relevant ministries and sectors), and logistics related to the implementation of preparedness and response activities using the One Health approach; (ii) development and/or procurement, and deployment of tools and information and communication technology (ICT) to support surveillance and contact tracing; (iii) strengthening public health emergency management and community and event-based surveillance; (iv) support for epidemiological investigations, multi-sectoral simulation exercises and strengthening of the GOC's risk assessment capabilities; (v) rehabilitation of screening posts/rooms at designated Points of Entry (POEs) and isolation sites; (vi) training and equipping of human resources, including POE staff, contact tracers, and frontline healthcare and support workers; and (vii) equipment for the functionality of emergency operations centers at the subnational level; (viii) support for the operation of the testing sites. This sub-component will also cover costs related to the use of digital solutions to facilitate the response. These include: (i) measures to increase bandwidth and manage congestion to prevent disruptions in internet connectivity; (ii) provision of internet connectivity for government workers (for business continuity) making healthcare consultations more accessible to remote communities, using alternative platforms (e.g., short message service, telemedicine), and support for the development and rollout of digitally enabled solutions (e.g., mobile apps for sending out health messages, digital maps to allow visualization of cases in real-time, call centers to provide remote advice specific to COVID-19, etc.).

28. **Sub-component 1.2: Case Management Health System Strengthening.** This sub-component supports (i) activities to ensure adequate case management, including contingency planning (surge capacity); and (ii) activities to minimize risks for non-COVID-19 patients and for health personnel managing COVID-19 patients,¹² including basic handwashing and sanitation facilities, and adequate medical waste management and disposal systems in permanent and temporary healthcare facilities.¹³ The sub-component will finance, among others, (i) limited rehabilitation or purchase of prefabricated units to expand infectious disease bed capacity and isolation units for critical patients; and (ii) procurement of COVID-specific medical supplies, COVID-19 specific equipment for intensive care units and medical equipment for designated health facilities.

¹² As COVID-19 places a substantial burden on inpatient and outpatient health care services, support could be provided for minimum rehabilitation and equipment of selected health facilities for the delivery of critical medical services and to help them cope with the increased demand of services likely to arise due to the pandemic, while strengthening intra-hospital infection control measures. Steps could be taken to increase hospital bed availability, including deferring elective procedures, more stringent triage for admission, and earlier discharge with follow-up.

¹³ Temporary health care facilities will need to factor in safe water, sanitation and hygiene facilities (meeting quality standards; separation of infected vs. non-infected patients).



29. This sub-component will also support measures to prevent transmission of COVID-19 among health personnel and the population. This includes (iii) costs related to establishing and equipping RRTs, and provision of hazard/indemnity pay consistent with the Government's applicable policies; (iv) procurement of infection prevention and control (IPC) materials and PPE kits for frontline health personnel involved in case management of patients; (v) training of health care workers and support personnel on case management, personal protection, and infection control; (vi) supply water, sanitation and hygiene (WASH) for health facilities in critical areas using standards developed by the WHO/UNICEF Joint Programme for Water Supply Sanitation and Hygiene (JMP)¹⁴, including basic handwashing and sanitation facilities, and adequate medical waste management and disposal systems in permanent and temporary healthcare facilities.¹⁵

30. **Sub-component 1.3: Urgent Social, Financial, and Safety Net Support to Affected Households.** This sub-component aims to address the significant negative economic impact on COVID-19 affected households using different safety net mechanisms. Specifically, it will support COVID-19 patients, their families, and contacts under isolation by covering costs related to: (i) the lodging, feeding and provision of basic supplies for patients who test positive for COVID-19, as well as traced contacts, to be quarantined in government-managed facilities/hotels or at home; (ii) emergency financial support to quarantined households in need; (iii) food provision and basic supplies to quarantined populations; (iv) costs related to the training of support staff and families in risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials; (v) beneficiaries of financial support in the form of cash transfers will include households affected by the COVID-19 pandemic and with members in treatment, isolation centers and/or quarantine areas; (vi) three months of Universal Health Coverage (*Couverture Maladie Universelle*, CMU) premiums to all beneficiaries of financial support in the form of cash transfers, which will systematically be enrolled in the CMU. This action will promote the enrollment of households, increase the risk pool, and expand financial risk protection for households and communities impacted by COVID-19. For families in high density, low-income communities, as well as university students residing in overcrowded dormitories, the project will support the procurement and distribution of sanitation kits (e.g., handwashing stations, soap, etc.). The Government of CIV is currently conducting a comprehensive assessment of the economic and social impacts of COVID-19. The results of the assessment will determine whether this component is further expanded using various World Bank instruments during subsequent phases of the emergency response.

Component 2: Health Communication and Community Engagement [US\$5.0 million equivalent]

31. This component will equip people with the necessary knowledge and motivation to adopt prevention-related behaviors and counter misinformation. Activities will aim to influence widespread behavioral change and to ensure the COVID-19 response is adequate and effective. The communication activities are led by the Ministry of communication and the inter-governmental communication group. The communications unit for MSPH will be the validation point of technical information on COVID-19.

32. The activities supported under this component would ensure that people can: (i) voice their needs, share experiences, and propose solutions; (ii) feel motivated to make practical decisions and take actions to protect themselves and others; (iii) have access to accurate information from trusted sources about COVID-19, its

¹⁴ WHO/UNICEF Joint Programme for Water Supply Sanitation and Hygiene (JMP) indicates that handwashing facilities include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

¹⁵ Temporary health care facilities will need to factor in safe water, sanitation and hygiene facilities (meeting quality standards; separation of infected vs. non-infected patients).



transmission, prevention, and treatment so as to protect themselves, their families and communities.

33. There are three sub-components: sub-component 1: community engagement for social accountability and prevention; sub-component 2: comprehensive behavioral change, and risk communication, and sub-component 3: information dissemination and collection.

34. **Sub-component 2.1: Community Engagement for Social Accountability and Prevention.** Activities supported under this component include (i) development of systems for community-based disease surveillance, and multi-stakeholder engagement, including addressing issues such as inclusion and healthcare workers' safety; (ii) development of community-based monitoring training and reporting material; (iii) training for community leaders, extension professionals, community health workers, and volunteers; and (iv) incentives to motivate reporting. This will allow community health workers and volunteers to play a role in the detection and timely reporting of cases to health facilities and local government agencies. In addition, this sub-component would support rebuilding community and citizen trust, which can be eroded during crises, through engagement with local traditional leaders, political and religious leaders, youth movements, and other community networks.

35. **Sub-component 2.2: Comprehensive Behavioral Change and Risk Communication.** This sub-component will support a comprehensive behavior change and risk communication intervention to support the reduction of the spread of COVID-19 by working with private, public, and civil society actors to support the development of messaging and materials. This will include handwashing promotion and social distancing measures. It may also include proper care of livestock, and good animal husbandry practices to minimize zoonoses. Furthermore, implementation of immediate term responses, i.e., classic "social distancing measures" such as school closings and limiting interactions during religious holidays, including Ramadan, which commenced at the end of April, will also be supported¹⁶. This will also include building awareness around the risks of COVID-19, including GBV. Communication will reflect people's needs, concerns, and voices to ensure that the content considers the realities of the beneficiaries. It also seeks community-led solutions. Communities are encouraged to discuss the challenges they face and take action.

36. This sub-component will finance: (i) a study to understand people's knowledge, attitudes and practices about the virus and its prevention; (ii) development and testing of a risk communication strategy and training materials; (iii) production and dissemination of messages and materials at the community level based on informed engagement and locally appropriate solutions; (iv) development of guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations; (v) technical assistance for communication; (vi) identification, engagement, and advocacy to key influencers (i.e., religious leaders, celebrities, etc.), and (vii) work with grassroots level organizations to engage hardest to reach groups and communities through community-based awareness campaigns.

37. **Sub-component 2.3: Information dissemination and collection.** This sub-component will ensure that information on COVID-19 is consistent and channeled through a limited amount of (recognized) platforms. The advice provided to communities will reflect the health services available to them, such as helplines, community health centers for treatment, etc. This sub-component will finance: (i) training on effective communication of communication officers within the MSPH; (ii) development of a website that will function as the main platform to disseminate COVID-19 related information; (iii) production and dissemination of mass media campaigns through radio, television, SMS, newspaper, internet, and social media; (iv) training of local media to tailor messages to the needs of their

¹⁶ It is important to clarify that the Bank will not support the enforcement of such measures when they involve actions by the police or the military, or otherwise that require the use of force.



communities; and (v) training of local reporters to cover local initiatives and effective responses.

Component 3: Project Implementation Management and Monitoring and Evaluation (M&E) [US\$1.2 million equivalent].

38. This component has two sub-components: (i) project management and (ii) M&E.

39. **Sub-component 3.1: Project Management.** Support will be provided to strengthen public structures for the coordination and management of the project, including central and local (decentralized) arrangements for coordination of activities, FM, and procurement. The existing Project Implementation Unit (PIU) for the World Bank supported health sector projects will be entrusted with the coordination of project activities, as well as fiduciary tasks of procurement, communications, and FM. The PIU will be strengthened by the recruitment of additional staff/consultants responsible for the overall administration, procurement, FM, and environmental and social specialists, under the project. To this end, the project will support costs associated with project coordination.

40. **Sub-component 3.2: Monitoring and Evaluation (M&E).** This component will support the monitoring and evaluation of prevention, preparedness, and response. This sub-component will support training in participatory M&E at all administrative levels, evaluation workshops, and the development of an action plan for M&E and the replication of successful models.

C. Project Beneficiaries

41. The Government's Emergency Preparedness and Response Plan is expected to benefit the entire population of CIV (25.8 million) by directing efforts towards the prevention and control of the outbreak, and by providing critical health care services needed by the infected populations. The project is especially expected to benefit COVID-19 infected people, specific at-risk populations (e.g., the elderly and people with chronic conditions), medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in participating countries. This project also strengthens the public health care network for future health emergencies and care provision, which is expected to benefit the poor and vulnerable populations who rely solely on the MHPH services for their healthcare.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

42. **The MSPH will be the implementing agency, through its PIU for World Bank Projects that is currently managing the SPARK-Health Project (P167959).** The PIU will be responsible for implementing the project and its functions, which will include but are not limited to: (i) collecting and compiling all data relating to their specific suite of indicators; (ii) evaluating results; (iii) interacting with partners and other stakeholders in ensuring coordination in the implementation of COVID-19; and (iv) strengthening the link between current COVID-19 actions and the SPARK-Health project for program sustainability. The current functional structure for the SPARK-Health project (P167959) will be retained to ensure project readiness and complementarity of interventions. The Project Operational Manual for the SPARK-Health project (P167959) or another document acceptable by the World Bank will be applied, with the procurement and financial exceptions listed below. The Social and Environmental safeguards applied to the SPARK-Health project (P167959) will also apply to this project.



43. While the Government has recently created a new Fiduciary Unit to coordinate all funds allocated to the COVID-19 response, including funds and activities supported by the World Bank and other Development Partners, the implementation arrangements for this project will be the same as those of the current SPARK-Health project (P167959) until the new Fiduciary Unit is fully functional.

44. **Overall governance of the project will be provided by the Steering Committee for the COVID-19 Preparedness and Response Plan,¹⁷ which is chaired by the Prime Minister.** For the purpose of this project, the Project Steering Committee will be chaired by the Chief of Staff to the Prime Minister. To ensure an effective and efficient response, the COVID-19 National Steering Committee includes three sub-committees: (i) the health monitoring sub-committee; (ii) the economic monitoring sub-committee; and (iii) the local operational coordination committees at the regional and departmental level. The National COVID-19 Steering Committee provides both strategic and policy guidance and oversight for the Governments' emergency response; it coordinates the activities of the sub-committees and mobilizes resources for the implementation of the Government's plan. The secretariat of the Steering Committee is led by the MSPH.

45. **The existing PIU will be strengthened with an additional senior procurement specialist fully dedicated to the project.** The PIU will be responsible for the day-to-day management of the project and will (a) coordinate the project activities; (b) ensure the FM of the project activities in all components; and (c) prepare consolidated annual work plans, budgets, M&E, and the implementation report of the project to be submitted to the COVID-19 Steering Committee and the World Bank. The proposed institutional arrangements are based on lessons learned from the coordination and implementation of recently closed and ongoing health projects. In addition, the PIU of the Social Protection Project (CI-Productive Social Safety Net project; P143332) (*l'Unité de Gestion du Projet Filets Sociaux*) supported by IDA, under the Ministry of Solidarity, Social Cohesion, and Poverty (*Ministère de la Solidarité, de la Cohésion Sociale et de la Lutte contre la Pauvreté*), will support the implementation of the cash transfer response as described in Component 1.3. The health sector's PIU will also work with other existing IDA-funded projects to reinforce local communication and outreach under Component 3.

46. **Supervision and implementation support:** An experienced in-country World Bank team of health, operational, environmental and social specialists, and fiduciary specialists will provide day-to-day implementation support to the PIU with additional regular support from staff from other World Bank offices. Implementation support missions will be carried out on a regular basis and will include relevant partners.

47. **Data Security:** Large volumes of personal data, personally identifiable information and sensitive data are likely to be collected and used in connection with the management of the COVID-19 outbreak under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that data may not feature in national law or data governance regulations, or be routinely collected and managed in health information systems. In order to guard against abuse of that data, the Project will incorporate best international practices for dealing with such data in such circumstances. Such measures may include, by way of example, data minimization (collecting only data that is necessary for the purpose); data accuracy (correct or erase data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. In practical terms, operations will ensure that these principles apply through

¹⁷ The Government has established a multisectoral coordination framework, involving the Ministry in charge of health, other Ministries, the private sector, civil society and Development Partners, led by a Steering Committee. The Steering committee is chaired by the Prime Minister. The secretariat of the Steering Committee is provided by the Ministry of Public Health and Hygiene.



assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc.”

B. Results Monitoring and Evaluation Arrangements

48. **The proposed operation will use M&E modalities put in place under the SPARK-Health project (P167959).** M&E activities will be the responsibility of the PIU in the MSPH. The progress and results of project implementation will be monitored on a routine basis throughout the life of the project to provide timely information on implementation status and effectiveness of the interventions.

49. **Reporting:** The MSP/NIPH/PIU will produce a quarterly report based on agreed targets and progress made on the implementation of critical project activities. This report will contain tables of performance against indicators for the proposed project.

C. Sustainability

50. **The sustainability of the project supported activities will depend on strong government commitment and ownership and the willingness of the GOC to maintain emergency preparedness.** Achievements and capacity acquired at the time of the Ebola epidemic were only partially maintained. The SPARK-Health project (P167959) will continue to strengthen surveillance beyond the epidemic, but further work on preparedness may be needed. The focus of some of the project activities on training and capacity building will further enhance the sustainability of the project. In addition, most of the core actions of facility renovation and procurement of equipment will help ensure that the system remains resilient and functional post-COVID-19.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

51. **Technical analysis:** The CIV’s National Emergency Preparedness and Response Plan is aligned with the technical recommendations of the WHO’s COVID-19 Plan (developed in February 2020) and the World Bank’s COVID-19 SPRP, developed in March 2020. As determined by WHO, there are five important stages for successfully addressing epidemics: first is the anticipation of new and re-emerging diseases to facilitate faster detection and response, followed by their early detection of emergency in the second stage. The third stage is the containment of the disease at its early stages of transmission, followed by the control and mitigation of the epidemic during its amplification (the fourth stage), and fifth is the elimination of the outbreak risk or eradication. The first two stages have passed for COVID-19, but for countries like CIV where the epidemic is still in its early stages, it is critical to focus intensively on the third stage of containment, as well as the fourth stage of control and mitigation. The GOC’s Plan focuses on critical activities that are relevant for these third and fourth stages of epidemic control.

52. The project focuses on best buy interventions and evidence-based approaches to disease outbreak preparedness and response. The design has been guided by best practice in terms of the minimum package of interventions that countries should strive to attain for a comprehensive approach in line with the WHO guidelines. Strong and rapidly deployed RRTs, which are well trained, can swiftly detect cases; well-equipped and staffed



laboratories can ensure rapid and accurate confirmation of cases; well trained and adequately protected clinical staff can triage and treat urgent cases. The isolation of patients with mild disease and contacts in non-medicalized units, coupled with the provision of social and financial support to affected families, will increase the likelihood that people will accept drastic measures such as quarantine and ensures protection of those already vulnerable. The proposed set of interventions will enable the Government to respond quickly and reliably to COVID-19 and other public health threats, reducing the risk of transmission, and assisting health care providers to deal more efficiently with patients, ultimately reducing morbidity and mortality.

53. **Economic analysis:** There is a strong economic rationale for investing in communicable disease control and for public provision of these services, as preventing and controlling disease outbreaks generates large and lasting economic benefits. Disease outbreaks can cause severe economic shocks, including loss of jobs, drops in productivity and economic growth, and inflict lasting damage on stocks of both human and physical capital leading to drops in economic productivity and slowing long-term growth¹⁸. The ongoing COVID-19 global pandemic is a stark reminder of the massive human and economic costs associated with pandemics. The consensus forecast for global growth is a year of recession, notably in the first half of 2020, and the speed of recovery remains yet unclear. The effects may be particularly devastating for developing and emerging market economies. With less fiscal space to deploy mitigation measures (crisis response as well as stimulus packages), developing countries may have to divert public funding away from growth-driving expenditure towards crisis response, thus impacting long-term growth. It is a key role of the public sector to provide public goods (such as isolation of infected people and contacts, disease surveillance, laboratory systems, and outbreak preparedness and response) but governments around the world have been struggling to fulfill this role adequately, given the scale of the pandemic.

54. CIV's exposure to external spillovers from global markets is moderate but the direct impact of containment measures and/or a domestic outbreak could be severe. CIV's outward orientation is characterized by moderate direct exposure to China and an export goods basket focused on agri-food commodities mostly directed towards Europe and the US. Being a net oil importer (by a small margin) and exporter of gold could generate small upside risks; and travel, tourism, and FDI generally account for small shares of GDP, suggesting that the impact through these channels should be limited as well. However, growth has been driven by domestic consumption and expansion of the services sectors, so containment measures (directly impacting domestic consumption and services) are likely to come with significant economic (and social) costs. In addition, a domestic outbreak with subsequent shortages of labor supply has the potential to bring the economy to a stand-still, with severe consequences for the country's growth trajectory.

55. The most direct impact would be through the impact of increased illness and mortality, which will constrain labor supply and productivity. In the 1918 influenza pandemic, at least 50 million people died, or about 2.5 percent of the global population. More recently, during the Ebola crisis in West Africa 2014-2016, growth in the most affected countries dropped significantly (for example, in Liberia GDP growth decreased from 6 percent in 2014 to -2 percent in 2015) and took more than a year to recover. It should also be noted that these economic costs also have a social dimension, notably in economies with a large informal sector, such as CIV.

56. The social distancing measures implemented by governments to mitigate contagion constitute another source of economic losses for the affected economies. These measures will directly affect domestic consumption in a first step (notably hospitality, transport, retail), and will quickly have an impact on the livelihoods of individuals (owners and employees of travel operators, hotels and restaurants; as well as owners/operators of small restaurants, bars, taxi drivers). If further restrictions were placed upon the movement of workers, large enterprises, and small and medium-

¹⁸ UNDP, 2014



sized enterprises (SMEs) in all three sectors (agriculture, manufacturing, and services) would be affected by labor shortages, and economic activity could drop severely.

57. Finally, lower economic activity will turn into lower government revenues, at a time when the need for expenditure is particularly large, thus translating into longer-run fiscal and financing challenges. The global COVID-19 pandemic has already brought about tightening financing conditions for many emerging market economies, and these may well worsen over time and put debt sustainability at risk. This may have an impact on long-run growth trajectories, so it will be important to carefully design government responses to balance short- and long-term consequences. Governments' policy efforts to prevent the epidemic, contain it, and mitigate its harmful effects on the population will be essential to keep the costs of the pandemic under control. Prompt and transparent public information policy can also reduce economic losses, given that the cooperation of the public is essential to successfully implement such policies

B. Fiduciary

(i) Financial Management

58. The FM arrangements for the project have been designed with consideration for the World Bank's minimum requirements under the World Bank Policy and Directive for Investment Project Financing (IPF) while considering the World Bank COVID-19 Fast Track Facility requirements. The Government requested that a ring-fenced financing mechanism be used for the fiduciary aspects of this emergency project.

59. The PIU of the ongoing SPARK-Health project (P167559) will have the overall fiduciary responsibility for the CIV COVID-19 SPRP. The FM mechanisms for the SPRP will be based on existing mechanisms established under the SPARK-Health project (P167559), given the emergency nature of this project. The PIU of the SPARK-Health project (P167559) is familiar with World Bank FM procedures and requirements, having also managed the recently closed Health System Strengthening and Ebola Preparedness Project (P147740). Fiduciary compliance in the SPARK-Health project, (P167559) is deemed Satisfactory.

60. The overall residual FM risk is rated "Substantial" primarily because of the nature and design of the project, as well as the following factors: (i) a multiplicity of actors, resulting in a large number of small transactions expected, including cash transfers to households and entities not familiar with World Bank FM procedures; (ii) risks of bypassing rules and ex-ante controls to speed up procurement and payments; (iii) existence of expenditures and activities prone to irregularities; and (iv) ineffectiveness of the internal audit function of the projects managed by the PIU. The effectiveness of some of the proposed mitigation measures will be measured during the project implementation period.

61. The FM assessment concluded that the PIU of the SPARK-Health project (P167559) has adequate FM staff and tools (accounting software and an FM procedure manual) in place to manage the FM function of this new project. Due to the increase in the workload derived from this new SPRP project, two additional accountants will be recruited to support the FM team already in place. The accounting software will be customized, and a note on the utilization modalities of funds transferred to Implementing Entities (IE) will be drafted. The PIU will be required to prepare and submit: (i) an initial work plan and budget (WPB) by project effectiveness and thereafter an annual work plan and budget (AWPB) no later than November 30 of the year preceding the year when the budget should be implemented; (ii) un-audited interim financial statements (IFR) every semester, 45 days after the end of each semester; and (iii)



audited annual financial statements within six months following the end of the period audited. The operation budget will be executed using the capital transfer (*transferts en capital*) mechanism. In view of the challenges currently faced by the General Inspectorate of Finance (GIF) to fulfill its mandate as the internal auditor of all projects financed by the World Bank in CIV and in accordance with Decree No. 2015-475 of July 1, 2015 (On Procedures and Modalities for the Management of Programs Financed and Co-financed by Technical and Financial Partners), as well as Inter-Ministerial Order No. 106 MEF/SEPMBPE of February 20, 2018 (Procedures and Modalities of the General Inspectorate of Finance in Projects and Programs Financed and Co-financed by the World Bank), the GIF will be able to call upon the services of external consultants, particularly in the fields of health, finance, and operational audits (chartered accountant) to carry out its functions.

62. A designated account (DA) in XOF managed by the Directorate of Treasury and Public Accounting (*Direction Générale du Trésor et de la Comptabilité Publique*, DGTCP) will be opened at the Central Bank (*La Banque Centrale des États de l'Afrique de l'Ouest*, BCEAO). A Project Account (PA), managed by the public accountant assigned to the PIU, will be opened in a commercial bank under terms and conditions acceptable to the World Bank. Other methods of disbursing the funds (reimbursement, direct payment, and special commitment) will also be available to the project. The minimum value of applications for these methods is stated in the Disbursement and Financial Information Letter (DFIL). The PIU, through the project public accountant (*Agent Comptable du Projet*), will make payments to contractors, consultants, service providers, IE, and suppliers as specified in the project and in contracts. Most of the payments will be made by the PIU for the agreed activities and expenditures. Funds may be transferred from the PA managed by the PIU to the account opened at the Treasury (*Banque du Trésor*) or in commercial banks for IE. The utilization of the funds and the justification of the expenditures by these IE will follow the FM system as described in the memorandum of understanding (MOU) signed between the PIU and the IE and detailed in a note appended to the FM manual.

63. Upon signing of the Standard Form Agreements between the GOC and United Nations (UN) agency, application for withdrawal of proceeds will be prepared by the PIU and submitted to IDA. The special World Bank disbursement procedures will be used to establish a "Blanket Commitment" to allow the amount to be advanced.

(ii) Procurement

64. Procurement under the Project will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting, and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The Project will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The Project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record, and track procurement transactions as well as clearance processes where needed.

65. Given the exceptional emergency situation, during project implementation, the PIU will use a streamlined project procurement strategy for development (PPSD). An initial procurement plan for the first three months is being development, and will be updated during implementation. The major planned procurement includes works, medical supplies, drugs, and equipment, training, community outreach, minimal physical rehabilitation, vehicles, including ambulances, and technical assistance. Food may occasionally also be procured. Finalization of the streamlined PPSD has been deferred to project implementation.

66. The proposed procurement approach prioritizes fast track emergency procurement for the urgently required



goods, works, and services. While traditional procurement methods - including the National Approach, Open International Approach, Request for Quotations (RfQ) and Direct Contracting - can be used, measures to fast track procurement will be applied, such as shorter bidding time, use of existing framework agreements, and minimized or no prior review for emergency procurement. Other methods that could help expedited delivery are direct contracting of UN agencies, direct contracting of firms as appropriate, RfQ with increased or no threshold limit, use of procurement agents, and force account. During negotiations of the CIV COVID-19 SPRP, it was agreed by the World Bank and the GOC that the World Bank will provide procurement hands-on expanded implementation support (HEIS) to the Government to expedite procurement upon the Government's request when required.

67. If necessary, a Bid Securing Declaration may be used instead of the bid security. Performance Security may not be required for small contracts. Retroactive financing will be available up to 40 percent with an advance payment guarantee. The time for submission of bids/proposal can be shortened to 15 days in competitive national and international procedures, and to three-five days for the RfQ depending on the value and complexity of the requested scope of the bid.

68. Procurement implementation will be undertaken by the existing Health PIU within the MSPH, which is managing the SPARK-Health project (P167559). The MSPH' technical units, including the NIPH, will provide technical input on all diagnostic, laboratory, and medical inputs and equipment, and communication content.

69. The GOC and the Word Bank agreed that, if needed, the GOC may request that the World Bank support the MSPH in the procurement of the initial needs related to medical equipment and supplies through HEIS. Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the GOC have also been agreed on.

70. The major risks to procurement are: (i) slow procurement processing and decision making with potential implementation delays; and (ii) a weak contract management system with potential time and cost overrun and poor-quality deliverable; and (iii) lack of familiarity in dealing with such a novel epidemic. To mitigate these risks the following actions are recommended: (i) the expedited approval processes for an emergency should be strictly followed and accountability measures put in place to ensure this; and (ii) a staff member should be assigned the responsibility of managing each contract. To strengthen their procurement capacity, the PIU will recruit an additional procurement officer/s to handle the extra load and swift procedures. When necessary, the World Bank's procurement staff, or any technical expert can provide direct support to the Government.

71. The risks identified are elevated by the global nature of the COVID-19 outbreak, which creates shortages of supplies and necessary services. This may result in increased prices and cost. The Team will monitor and support implementation to agree with implementing agencies on the reasonableness of the procurement approaches and obtained outcomes considering the available market response and needs. Moreover, various industries are feeling the impact of COVID-19, especially the construction industry that subsequently impacts the procurement process and implementation of contracts. To deal with potential procurement delays because of the spread of COVID-19, the World Bank will support the implementing agencies in applying any procedural flexibilities (e.g. bids submitted by an authorized third party, extension of bid submission dates, advising the Borrower on the applicability of force majeure, etc.).

72. The World Bank's oversight of procurement will be done through increased implementation support, including capacity building on the WBG's New Procurement Framework (NPF) for PIU staff, support throughout implementation,



particularly as it relates to high-value contracts. Increased procurement post review based on a 20 percent sample while the World Bank’s prior review will not apply.

C. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

D. Environmental and Social Standards

73. The Project will cover the entire country. Key envisaged environmental risks emanate from the management of biomedical waste (especially handling highly infectious medical wastes) as well as from the renovation of isolation and treatment centers. There will also be risks for health workers, given the highly contagious nature of the Virus. Safety equipment is included in the project.

74. As with other infectious diseases, misinformation and stigma regarding COVID-19, transmission, and treatments, as well as stigma for those that have been suspected or diagnosed with the disease and their families, present a social risk. The population's mistrust of the government information and capacity to contain the disease is also a risk.

Environmental Aspects:

75. The environmental risks associated with this operation are considered “Substantial”. Although the main long-term impacts are likely to be positive, there are several short-term risks that need to be considered. The main environmental risks include: (i) environmental and community health-related risks from inadequate handling, storage, transportation and disposal of infected medical waste; (ii) occupational health and safety issues related to the availability and supply of PPE for healthcare workers and the logistical challenges in transporting PPE across the country in a timely manner; and (iii) community health and safety risks given close social contact and limited sanitary and hygiene services (clean water, soap, disinfectants) and isolation capabilities at health facilities across the country.

76. To mitigate these risks, the MSPH (with support from the National Agency for Environment; ANDE) will update the existing Environmental and Social Management Framework (ESMF) prepared for the SPARK-Health project (P167959), approved in March 2019. The ESMF will be updated no later than 30 days after the project becomes effective.

77. The revised ESMF will contain updates on provisions for handling, storing, transporting, and disposing of contaminated medical waste and outline guidance in line with international good practice and WHO standards on COVID-19 response on limiting viral contagion in healthcare facilities. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed so that all relevant occupational and community health and safety risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities listed in the Environmental and Social Commitment Plan (ESCP). The ESCP (date April 16, 2020) has been disclosed on the World Bank Website and in-country as required. The Project will also support the MSPH in coordination with WHO, UNICEF, and other partners in overcoming logistical constraints in the timely provision of technical expertise, supplies, equipment, and systems across the country.



Social Aspects

78. The Project will not involve resettlement or land acquisition for managed facilities (hotels, homes, etc.); therefore, ESS5 is not considered to be relevant at this stage. The main social risks will focus on (i) difficulties in access to services by marginalized and vulnerable social groups peoples, (people with chronic conditions/disabled, poor, migrants, the elderly and, disadvantages sub-groups of women); (ii) misinformation in social media networks and stigma for those who will be quarantined or admitted to isolation or treatment centers, which may contribute to the spread of the virus propagate contagion. These risks will be mitigated through activities that (i) would ensure effective risk communication and community engagement to raise public awareness and knowledge on prevention and control of COVID-19 among the general population; (ii) will target various audiences to address issues of access, discrimination, and ethnicity; continuous awareness and education raising campaigns will help rebuilding community and citizen trust that can be eroded during crises, through engagement with religious leaders, political and local traditional leaders; and (iii) will support the development of reporting tools).

79. A draft Stakeholder Engagement Plan (SEP) (dated April 16, 2020) that incorporates a preliminary stakeholder mapping has been prepared and disclosed in-country and the World Bank website to guide the MSPH on their interactions with a range of citizens regarding community engagement campaigns for basic health prevention and precautions on behavioral changes. The project will work with private, public and civil society actors to support the development of messaging and materials to promote Coronavirus prevention. This will include, among others, handwashing promotion, social distancing measures, etc. As the project will benefit to entire population, the regional and national communication interventions which will be very inclusive. The project will prioritize the necessary communication strategy involving keys stakeholders' groups The SEP will include a grievance redress mechanism (GRM) for addressing any complaints. This GRM will also integrate GBV/ SEA for women and children.

80. In addition, the client will implement the activities set out in the ESCP and the SEP within the proposed timeline.

81. To mitigate these risks, the Ivorian Ministry of Health will commit to the provision of services and supplies based on the urgency of the need (the prevention, control and slowing down the spread of the outbreak, and by providing critical health care services needed by the infected populations), in line with the latest data related to the prevalence of the cases. MSPH will also use the draft disclosed SEP prepared for the emergency project to engage citizens and for public information disclosure while they update it to include more information on the environmental and social risks of project activities and new modalities that take into account the need for a comprehensive community engagement and Prevention Plan

VI. GRIEVANCE REDRESS SERVICES

82. Communities and individuals who believe that they are adversely affected by a World Bank-supported project may submit complaints to existing project-level grievance redress mechanisms or the Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the Bank's independent Inspection Panel which determines whether harm occurred or could occur, as a result of Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the Bank's corporate Grievance Redress Service (GRS), please visit: <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.



VII. KEY RISKS

83. **The overall risk is considered as Substantial.** Key risks identified include the following:

84. **The political and governance risks are considered as “Substantial”:** This mostly relates to the upcoming Presidential elections, which may impact the implementation of the project. The political situation is currently stable but needs to be monitored closely. To mitigate this risk, the World Bank will continue its intensive engagement with the GOC and Development Partners in the sector. The focus of this project on alleviating the impact of the virus on communities and beneficiaries will help manage this risk and keep the focus on results.

85. **The macroeconomic risks are considered as “Substantial”:** CIV is considered to have a strong growth outlook and improving macroeconomic and fiscal management fundamentals, but COVID-19 has introduced substantial challenges and exacerbates existing vulnerabilities. The crisis is putting significant pressure on the budget with many competing spending needs in the face of tightening financing conditions. The risk of further exogenous shocks to the economy from the global crisis, which would reinforce these challenges, has also increased. A combination of these factors may limit the government’s capacity and ability to manage the successful implementation of the project and poses a risk achievement of the PDOs

86. **The risk associated with Sectoral strategies and policies are rated as “Moderate”.** This relates to the fact that the current crisis has exposed the weaknesses of the current sectoral strategies and policies. To mitigate against this risk the World Bank is supporting the Government to implement its National Emergency and Response Plan, and in the medium to long-term, the World Bank will provide support to strengthen these sectoral strategies.

87. **Technical design of the project and program is rated as “Moderate”.** The Project in itself is relatively straight forward and the coordination unit is well versed in the types of activities to be implemented. The risk comes chiefly from the nature of the disease itself, the difficulty of dealing with an epidemic requiring isolation in a country in which most people work in the informal sector and they live day to day in terms of food; there is no treatment for the disease and its transmission is very insidious. As for most countries in the world, reducing or stopping transmission is proving to be extremely difficult.

88. **The fiduciary risk is considered as “Substantial”:** The overall residual FM risk is rated “Substantial” primarily because of the nature and design of the project, as well as the following factors: (i) a multiplicity of actors, resulting in a large number of small transactions expected, including cash transfers to households and entities not familiar with World Bank FM procedures; (ii) risks of bypassing rules and ex-ante controls to speed up procurement and payments; (iii) existence of expenditures and activities prone to irregularities; and (iv) ineffectiveness of the internal audit function of the projects managed by the PIU. An FM action plan has been developed (Table 1) with key actions to be implemented by the PIU to mitigate the risks. The procurement risk is rated as “substantial” and is mostly related to the lack of realistic planning and weak contract management capacity, including insufficient involvement of civil servants in the procurement process, from the identification of project needs to the planned contract awarded and contract management. The risks will be mitigated by the HEIS if necessary, including arranging hands-on trainings on World Bank NPF for the PIU staff, hands-on support throughout any given procurement process, and additional support for the follow-up of high value contracts. The project may also be significantly constrained in purchasing critically needed supplies and materials due to



significant disruption in the supply chain, especially for PPE. The supply problems that have impacted PPE are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) with competing orders from developed countries. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, in addition to the country procurement approach options available to countries, the World Bank will provide, at the borrowers' request, World Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains.

Table 2: FM Action Plan

Topic	Remedial Action Recommended	Responsible Entity	Completion date
Staffing	Recruit one accountant and one assistant accountant assigned 100 percent to the CIV COVID-19 SPRP to support the current FM team of the PIU.	PIU	Two months after project effectiveness
	Assign the current Financial controller and Project public accountant (<i>Agent Comptable du Projet</i>) of SPARK-Health project, to the SPRP and strengthen their teams with the recruitment of two additional Assistant accountants/Verification agent for each of them.	PIU	One month after project effectiveness
Internal control/procedures manual	Revise / update the existing FM procedure manual including specific FM requirements for expenditures prone to irregularities (Annex" to the existing FM manual)	PIU	One month after project effectiveness
Information system accounting software	Update the configuration of the existing accounting software for the SPRP and train all new users	PIU	Two months after
Internal auditing	Discuss and agree with the IGF, the government institution in charge of the internal audit function for World Bank-financed operations, the modalities of its interventions, including allocation of additional resources to fulfill its mandate mainly the audit of COVID-19 activities	PIU & MEF/IGF	Three months after project effectiveness
External auditing	Appoint an external auditor and sign the contract.	PIU	Five months after

89. **The Environment and Social risks are rated as “Substantial”:** Exogenous environmental or social risks could adversely affect the achievement of the operation’s objectives or the sustainability of results. The pandemic may also have significant or potential adverse social impacts on the poor and/or other vulnerable groups and may contribute directly to increased social fragility or conflict. To mitigate against these risks the emergency operation will incorporate specific measures to address environmental issues (including explicitly supporting established guidelines for COVID-19 infection prevention and control and for medical waste management in line with established WHO guidelines). On social risk, the



MSPH will, among others, commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of the cases, and will act based on the preliminary draft of the SEP.



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Cote d'Ivoire

Cote d'Ivoire COVID-19 Strategic Preparedness and Response Project (SPRP)

Project Development Objective(s)

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

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
Strengthen national public health preparedness capacity to prevent, detect and respond to COVID-19			
Number of suspected cases of COVID-19 reported and investigated based on national guidelines, disaggregated by gender (Number)		0.00	80,000.00
Number of suspected COVID-19 patients who test positive (Number)		0.00	8,000.00
Number of beds for quarantine, isolation, and treatment, including for minor and severe cases (Number)		845.00	3,100.00
Number of severe cases of COVID-19 treated (Number)		0.00	1,600.00
Number of deaths among confirmed COVID-19 cases (Number)		0.00	160.00
Number of COVID-19 cases treated and cured (Number)		0.00	1,600.00



Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Component 1: Emergency COVID-19 Response			
Number of point of entry staff, contact tracers and frontline healthcare workers trained by project on COVID-19 preparedness and response (Number)		282.00	2,960.00
Number of healthcare workers working with COVID-19 patients, who contract the disease (Number)		0.00	44.00
Number of treatment and isolation centers renovated and/or equipped (Number)		3.00	20.00
Component 3: Community Engagement and risk communication			
Implementation of a communication strategy on the fight against COVID-19 at the national level (Yes/No)		No	Yes
Implementation of the community engagement component of the national strategy for the fight against COVID-19 (Yes/No)		No	Yes
Component 4: Project management and monitoring and evaluation			
M&E system established to monitor COVID-19 preparedness and response plan. (Yes/No)		No	Yes
Proportion of individuals who have knowledge on COVID-19, and adopt protective measures against the transmission of COVID-19 (Percentage)		0.00	75.00



Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of suspected cases of COVID-19 reported and investigated based on national guidelines, disaggregated by gender	Cumulative number of suspected COVID-19 suspected cases that are reported and investigated based on national guidelines, disaggregated by gender	Monthly	NIPH administrative data	Routine monitoring by NIPH	MSPH/NIPH
Number of suspected COVID-19 patients who test positive	Cumulative number of COVID-19 cases who test positive	Monthly	NIPH administrative data	Routine monitoring by NIPH	MSPH/NIPH
Number of beds for quarantine, isolation, and treatment, including for minor and severe cases	Cumulative number beds used for quarantine, isolation, and treatment, including minor and serious cases	Quarterly	Data from the DIEM	Routine monitoring by DIEM	MSPH/DIEM
Number of severe cases of COVID-19 treated	Cumulative number of severe COVID-19 cases treated	Two-monthly	NIPH administrative data	Routine monitoring by NIPH	MSPH/NIPH
Number of deaths among confirmed COVID-19 cases	Cumulative number of deaths among patients with confirmed COVID-19 status	Monthly	NIPH administrative data	Routine monitoring by NIPH	MSPH/NIPH
Number of COVID-19 cases treated and cured	This indicators is the cumulative number of diagnosed COVID-19 cases who are treated and cured	Monthly	NIPH administrative data	Routine monitoring by the NIPH	MSPH/NIPH



Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of point of entry staff, contact tracers and frontline healthcare workers trained by project on COVID-19 preparedness and response	Cumulative number of POE staff, contact tracers and front line health care workers trained by the project on CoVid19 preparedness and response	Monthly	Report from the Director General of Health	Director General of Health monitors training sessions	MSPH/DGH
Number of healthcare workers working with COVID-19 patients, who contract the disease	Cumulative number of health care workers managing COVID-19 patients contract the virus	Two-monthly	NIPH data	Routine monitoring by NIPH	MSPH/NIPH
Number of treatment and isolation centers renovated and/or equipped	Cumulative number of treatment and isolation centers renovated and/or equipped	Two-monthly	Report by the DIEM	Site visits of rehabilitation and inspection of equipment by the DIEM	MSPH/DIEM
Implementation of a communication strategy on the fight against COVID-19 at the national level	Context specific risk-communication and community engagement strategies implemented at the national level	Two-monthly	Report by the DGH	Routine monitoring by the ministry of communications	MSPH/DGH
Implementation of the community engagement component of the national strategy for the fight against COVID-19	Implementation of mechanism to collect feedback and complaints (observed and community level), advocacy	Two-monthly	Report of the DGH	Routine monitoring by MSPH	MSPH/DGH



M&E system established to monitor COVID-19 preparedness and response plan.	Implementation of a plan to monitor and evaluate interventions forming part of the response.	Two-monthly	Progress report from the Covid preparedness and response plan monitoring committee	Routine monitoring by MSPH/DGH	MSPH/DGH
Proportion of individuals who have knowledge on COVID-19, and adopt protective measures against the transmission of COVID-19	Percentage of individuals who have knowledge on COVID-19 and adopt protective measures against the transmission of COVID-19	Annual	Study report	Study conducted by the DIIS/MSPH	MSPH



ANNEX 1: Project Costs

COUNTRY: Cote d'Ivoire

Cote d'Ivoire COVID-19 Strategic Preparedness and Response Project (SPRP)

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
EMERGENCY COVID-19 RESPONSE	28.8	28.8	-	-
HEALTH COMMUNICATION AND COMMUNITY ENGAGEMENT	5.0	5.0	-	-
PROJECT IMPLEMENTATION MANAGEMENT AND MONITORING AND EVALUATION	1.2	1.2	-	-
Total Costs	35.0	35.0	-	-
Total Costs	35.0	35.0	-	-
Front End Fees				
Total Financing Required				



ANNEX 2: Implementation Arrangements and Support Plan

COUNTRY: Cote d'Ivoire

Cote d'Ivoire COVID-19 Strategic Preparedness and Response Project (SPRP)

Detailed FM and Disbursements Arrangements

1. An FM assessment of the PIU of the SPARK-Health project (P167559), identified to manage the CIV COVID-19 SPRP, was carried out in March 2020. The objective of the assessment was to determine whether the PIU has acceptable FM arrangements in place to ensure that the project funds will be used only for its intended purposes, with due attention to considerations of economy and efficiency. The assessment complied with the Financial Management Manual for World Bank IPF operations.
2. Arrangements are acceptable if they are capable of accurately recording all transactions and balances, supporting the preparation of regular and reliable financial statements, safeguarding the project’s assets, and subject to auditing arrangements acceptable to the World Bank. These arrangements should be in place when the new project implementation starts and should be maintained as such during project implementation. The assessment concluded that the FM of the PIU satisfies the World Bank’s minimum requirements under World Bank Directive and Policy - IPF and therefore is adequate to provide, with reasonable assurance, accurate and timely FM information on the status of the project required by the World Bank.
3. **The overall FM risk rating is assessed as Substantial and mitigation measures proposed** (see Table 2.1) will strengthen the internal control environment and maintain the continuous, timely, and reliability of information produced by the PIU and adequate segregation of duties. The efficacy of most of the mitigation measures will be implemented effectively and assessed during the project implementation period. The efficacy of these mitigations’ measures will depend on the PIU’s capacity and willingness to implement them, which could be measured after project effectiveness; during the implementation period.

Table 2.1. FM Action Plan

Topic	Remedial Action Recommended	Responsible Entity	Completion date	FM Condition ¹⁹
Staffing	Recruit one accountant and one assistant accountant assigned 100 percent to the SPRP to support the current FM team of SPARK.	PIU	Two months after project effectiveness	NO
	Assign the current Financial controller and Project public accountant (<i>Agent Comptable du Projet</i>) of SPARK to the SPRP and strengthen their teams with the recruitment of two additional Assistant accountants/Verification agent for each of them.	PIU	One month after project effectiveness	NO
Internal control/proce	Revise / update the existing FM procedure manual including specific FM requirements	PIU	One month after project	NO

¹⁹ FM condition column refers to whether these activities are effectiveness conditions in the legal agreement.



Topic	Remedial Action Recommended	Responsible Entity	Completion date	FM Condition ¹⁹
dures manual	for expenditures prone to irregularities (Annex” to the existing FM manual)		effectiveness	
Information system accounting software	Update the configuration of the existing accounting software for the SPRP and train all new users	PIU	Two months after	NO
Internal auditing	Discuss and agree with <i>Inspection Générale des Finances</i> (General Inspectorate of Finances, IGF), the government institution in charge of the internal audit function for World Bank-financed operations, the modalities of its interventions, including allocation of additional resources to fulfill its mandate mainly the audit of COVID-19 activities	PIU & MEF/IGF	Three months after project effectiveness	NO
External auditing	Appoint the external auditor and sign the contract.	PIU	Five months after	NO

4. **Internal control system and internal audit arrangements:** An FM Procedures Manual is currently in place at the PIU and used for the SPARK-Health project (P167559). This manual will be updated to reflect the new project arrangements and requirements. Specifically, a section (Note) will be drafted and considered as an “Annex” to the existing FM procedure manual. This Annex will describe specific FM arrangements and requirements applicable to activities prone to irregularities as well as utilization modalities of funds transferred to IE. To address the ineffectiveness of the internal audit function that arise during implementation of PRSSE and the SPARK, the PIU will allocate sufficient funds to the IGF to strengthen its capacity with two (2) experts (consultants as required by *Decree 475 and Arrêtée 106*) who will support the IGF team assigned to the PIU of SPARK and SPRP. Post-reviews of the project transactions and activities will be carried out by the IGF on a semester basis.

5. **Planning and budgeting:** The PIU of the SPARK-Health project (P167559) will prepare an initial detailed WPB for implementing the project SPRP activities. Thereafter, the PIU will prepare on an annual basis (if needed), an AWPB. The annual budget will be submitted to the Project Steering Committee for approval and thereafter to IDA for no-objection, not later than November 30 of the year preceding the year the work plan is to be implemented.

6. **Accounting:** The prevailing accounting policies and procedures in line with the West African Francophone countries accounting standards (SYSCOHADA), which are in use in CIV for ongoing World Bank-financed operations such as SPARK, will apply. The accounting systems and policies and financial procedures used by the project are documented in the project’s administrative, accounting, and financial manual.

7. **Interim financial reporting (IFR):** The unaudited IFRs will be prepared every semester and submitted to the World Bank regularly (for example, 45 days after the end of each semester) and on time. The frequency of IFR preparation as well as its format and content will remain unchanged, similar to the SPARK-Health project (P167559).

8. **Annual financial reporting:** In compliance with International Accounting Standards and IDA requirements, the PIU



of the SPARK-Health project (P167559) will produce annual financial statements. The frequency of annual financial statements preparation as well as their format and content will remain unchanged, similar to the SPARK-Health project (P167559).

9. **External Auditing.** The PIU of SPRP will submit audited project financial statements satisfactory to the World Bank every year within six months after closure of the government fiscal year. The audit will be conducted by an independent auditor with qualifications and experience acceptable to the World Bank. The project will comply with the World Bank disclosure policy of audit reports and place the information provided on the official website within two months of the report being accepted as final by the team and the World Bank.

Table 2.2. Due Dates of the Audit Reports

Audit Report	Due Date	Responsible Party
Audited financial statements including audit report and Management Letter	(a) Not later than June 30 (2000 + N) if effectiveness has occurred before June 30 (2000 + N-1). (b) Not later than June 30 (2,000 + N+1) if effectiveness has occurred after June 30, (2000 + N-1)	PIU

10. **FM assessment of the IE:** The FM capacity of these IE was not assessed during the preparation of the project. However, once identified, a MOU will be signed between the PIU and these IE. The MOU will specify the World Bank FM requirements included the modalities for utilization and justification of the funds.

11. **Disbursements / Flows of funds arrangements:** Upon loan effectiveness, transaction-based disbursements will be used. The project will finance 100 percent of eligible expenditures inclusive of taxes. A DA will be opened at the BCEAO and a PA in a commercial bank under terms and conditions acceptable to IDA. The ceiling of the DA will be stated in the DLFI. An initial advance up to the ceiling of the DA will be made and subsequent disbursements will be made against submission of statements of expenditures (SOE) reporting on the use of the initial/previous advance. The option to disburse against submission of semester unaudited IFRs (also known as report-based disbursements) could be considered, as soon as the project meets the criteria. Other methods of disbursing the funds (reimbursement, direct payment, and special commitment) will also be available to the project. The minimum value of applications for these methods is stated in the DFIL. The project will sign and submit Withdrawal Applications electronically using the eSignatures module accessible from the World Bank’s Client Connection website.

12. **Payments to service providers, suppliers, consultants, constructors:** The PIU, through the project public accountant (*Agent Comptable du Projet*), will make payments to contractors, suppliers, service providers, and the implementing agency for activities specified in the project and in contracts. In addition to supporting documents, when approving payments, the PIU will consider the findings of the IGF and General Inspector of Health (*Inspection Générale de la Santé*; IGS). The PIU will have the right to verify expenditures and may request refunds if contractual provisions have not been honored. Activities not authorized could result in suspension of financing for a beneficiary. Most payments of SPRP expenditure will be made by the PIU as agreed except for a limited list of expenditures for which the General Directorate of Health (*Direction Générale de la Santé*, DGS) will be paid the expenditure. In compliance with Decree n° 475, for efficiency purposes, the current Financial controller and public accountant (*Agent Comptable*) of the SPARK-Health project (P167559) will be also appointed to work on the SPRP. To address the increase in their workloads, two additional staff (consultants) will be recruited to support the existing teams of the public accountant and Financial controller.



13. **Payments to Implementing Entities (IE):** The PIU, through the public accountant (*Agent Comptable du Projet*), will make transfers of funds to IE based on agreed AWPB. Funds will be transferred from the PA managed by the PIU to the account opened at the Treasury (*comptes de dépôts ouverts au Trésor*) or commercial bank by IE. Funds transferred to IE will be used for the payment of expenditures as agreed in the MOU signed such as mission/per diem, training, communication/outreach activities, oil for vehicles, supervision, indemnities of health workers, cash transfers to households etc.... The utilization of the funds by the IE will follow the FM system applicable to the entity as described in the MOU and the Note to the FM Manual. Initial advance to the bank accounts opened by the IE will represent at least 50 percent of the approved initial/annual budget. Replenishments of the IE accounts will be on a quarterly basis or when at least 50 percent of the initial advance has been used. A detailed statement of expenditures and a financial report and any supporting document will be attached to the requests for replenishment of the accounts. These modalities could be revised based on the actual FM performance and disbursement status of the IE.

14. **Disbursement of funds to UN Agencies (WHO, UNICEF and United Nations Office for Project Services (UNOPS), etc.):** Engagement of UN agencies through the Government is done pursuant to Standard Form Agreements signed between the Government and the UN agency. UN agencies are used as implementing agencies or suppliers. Upon signing of the Standards Form Agreements between the Government and UN agency, application for withdrawal of proceeds will be prepared by the PIU and submitted to IDA. The special World Bank disbursement procedures will be used to establish a “Blanket Commitment” to allow the amount to be advanced. Funds withdrawn from the IDA loan account will be deposited directly into the UN bank account provided by UN agency for the project activities to be implemented by the UN agency. The amount advanced will be documented through the semesterly unaudited Interim Financial Reports as actual expenditures are incurred by the UN agency.

15. **Local taxes.** Funds will be disbursed in accordance with project categories of expenditures and components, as shown in the Financing Agreement. Financing of each category of expenditure/component will be authorized as indicated in the Financing Agreement and will be inclusive of taxes according to the current country financing parameters approved for CIV.

16. **Support to the implementation plan.** FM supervisions will be conducted over the project’s lifetime. The project will be supervised on a risk-based approach, taking into account the alternative options developed in OPCS Guidance issued on March 24, 2020 (Streamlined Fiduciary Implementation Support Measures for Active World Bank-financed Operations given Travel Limitations due to COVID-19 Pandemic) and the Guidelines IPF Projects under the Global MPA. Based on the outcome of the FM risk assessment, the following implementation support plan is proposed. The objective of the implementation support plan is to ensure the project maintains a satisfactory FM system throughout its life.

Table 2.3. FM Implementation Support Plan

FM Activity	Frequency
Desk reviews IFRs’ review Audit report review of the program Review of other relevant information such as interim internal control systems reports	Semester Annually Continuous, as they become available
On-site visits Review of overall operation of the FM system (Implementation Support Mission) Monitoring of actions taken on issues highlighted in audit reports,	Twice a year for Substantial risk As needed



auditors' Management Letters, internal audits, and other reports Transaction reviews	As needed
Capacity-building support FM training sessions	Before project effectiveness and during implementation as needed

Table 2.4. Update of the FM Risk Rating of the PIU of SPARK-Health project (P167559)

Type of Risk	Residual Risk Rating		Brief Explanation of Changes and any New Mitigation Measures
	Last SPN	FMAR of SPRP	
Inherent Risk			
Country level	H	H	
Entity level	S	M	The PIU of the SPARK-Health project (P167559) has gained additional experiences and is more familiar with World Bank FM procedures. However, additional measures will be implemented including additional staffing.
Program level	S	H	The implementation of emergencies activities related to COVID-19 including the transfers of resources to IE for some activities prone to irregularities impact the risk level. Some actors also face capacity challenges. Training will be provided and detailed Annex to FM procedure manuals prepared (Note to the FM manual).
Overall Inherent Risk	S	S	
Control Risk			
Budgeting	M	M	PIU of SPARK has adequate HR and tools in place to manage adequately, the preparation and execution of the budget/ AWPB. Use of the “ <i>Transfert en capital</i> ” to execute the project budget and work plan.
Accounting	M	M	
Internal controls	S	S	Risks of by-passing rules and ex-ante controls and use of parallel mechanisms to speed up processes. Several activities prone to irregularities. Use of government institutions for verification and post-audit of activities. Preparation of a specific Annex to FM manual.
Funds Flow	S	S	Transfers of funds to households using the existing mechanism already in place in the Safety Net Project (P143332) which has been tested (e.g. IT systems developed by telephone service provided and effective M&E arrangements established by the PIU). Use of government institutions of verification and post-audit of COVID-19 activities by IGF supported by external experts/consultants.
Financial Reporting	M	M	Preparation and submission of IFR every six months.
External Auditing	M	M	Annual audit of project financial statements by independent auditing firm.
Overall control risk	S	S	
Overall FM risk	S	S	Substantial

Note: M = Moderate; S = Substantial; H = High.



Detailed Procurement Arrangements

17. Procurement under the Project will be carried out in accordance with the World Bank's Procurement Framework. Procurement by countries will follow the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, Non-Consulting and Consulting Services, dated July 1, 2016 (revised in November 2017 and August 2018). The Projects will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. Countries will use the STEP to plan, record and track procurement transactions.
18. The major activities will concern i) establish epidemiological information; ii) support for epidemiological surveillance and monitoring entry points; iii) infection prevention and control, biosecurity; iv) support to laboratory networks, procurement and distribution of health products and pharmaceuticals, masks, gloves, medical equipment; other supplies and commodities; diagnostic reagents including kits; development of communication messages and materials to support communication; establishment of a call center for responding to inquiries about coronavirus; procurement of vehicles, including ambulances and technical assistance.
19. Given the emergency nature of the requirements, the Borrower developed a streamlined PPSD during the project preparation phase, which will be finalized during implementation.
20. The proposed procurement approach prioritizes fast track emergency procurement for the required emergency goods, works and services, particularly for the prevention and relief phase. In this regards, key measures to fast track procurement include the following measures:
- a. Direct Contracting and/or Limited Competition with identified manufacturers, suppliers and providers for most of the items;
 - b. RfQ with possibility of increased thresholds;
 - c. UN agencies and NGOs will be used to speed up responses and any other fit for purpose methods that the APS will be approved in the procurement plan;
 - d. Other measures like shorter bidding time, no bid security, advance payments, direct payments, will be applied on a case by case basis upon advice/guidance from the Accredited Procurement Specialist;
21. **Retroactive financing.** Retroactive financing will be allowed up to 40 percent of the loan amount, up to an aggregate amount not to exceed 12.8 million Euros, under the credit made, from February 1, 2020, for eligible expenditures incurred by the Government from February 1, 2020. The World Bank will review related Government expenditures for eligibility to be reimbursed i.e. procurement before effectiveness of the project financing conducting post reviews.
22. All procurement under the project will be undertaken by the existing PIU for the ongoing health project, i.e. the SPARK-Health Project (P167959), which is under the aegis of the MSPH. Given the current capacity of this unit and the urgent requirements and specific arrangements, HEIS is planned to support this unit. An accredited World Bank procurement staff/consultant will provide support to the implementation unit during all emergency procurement stages.
23. **Identified risks are:** A lack of realistic planning and weak contract management capacity including insufficient involvement of civil servants in procurement process, from the identification of project needs to plan contract award and contract management. The risks are rated as "substantial" will be mitigated by the HEIS if necessary, including



arranging hands-on trainings on World Bank NPF for staff PIU, hands-on support throughout given procurement processes, and other support for the follow-up of high value contracts.

24. The project may be significantly constrained in purchasing critically needed supplies and materials due to significant disruption in the supply chain, especially for PPE. The supply problems that have initially impacted PPE are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) with competing orders from developed countries.

25. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, in addition to the above country procurement approach options available to countries, the World Bank will provide, at borrowers' request, World Bank Facilitated Procurement (BFP) to proactively assist them in accessing existing supply chains. Once the suppliers are identified, the World Bank could proactively support borrowers with negotiating prices and other contract conditions. Borrowers will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the World Bank disbursement option available to them. The BFP would constitute additional support to borrowers over and above usual Hands on Expanded Implementation Support which will remain available. If needed, the World Bank could also provide hands-on support to Borrowers in contracting to outsource logistics.

26. BFP in accessing available supplies may include aggregating demand across participating countries, whenever possible, extensive market engagement to identify suppliers from the private sector and UN agencies. The World Bank is coordinating closely with the WHO and other UN agencies (specifically WHO and UNICEF) that have established systems for procuring medical supplies and charge a fee which varies across agencies and type of service and can be negotiated (around 5 percent on average.) In addition, the World Bank may help borrowers access governments' available stock.

27. **Procurement plan:** As in normal projects, the procurement plan will include the table of thresholds for both procurement methods and for World Bank's mode of review (prior/post). According to World Bank's Guidance for Procurement in Situation of Urgent Need of Assistance, the procurement plan will respect the two phases indicated below;

- a. **Response/Recovery Phase:** no prior review and thresholds are unlimited.
- b. **Reconstruction/Phase Out:** Prior review will establish procurement methods and review by the World Bank in accordance to the Project Procurement Risk.



Table 2.5. Procurement Provisions per Project Phase

Item	Operational Situation			Remarks
	Natural and Man-made Emergency and FCV		Small States	
	Response / Recovery Phase	Reconstruction / Phase Out / Post Conflict Phases		
Threshold for RFQ	Unlimited	Yes. Set by APM and periodically updated	Yes. Set by APM and periodically updated	See Procurement Guidance on Thresholds
Threshold for National Competition	5 X Standard Thresholds, or as set by APM depending on situation	3 X Standard Thresholds, or as set by APM depending on situation	Set by APM and periodically updated	See Procurement Guidance on Thresholds
Use of Standstill Period	No	Yes	Yes	Procurement Regulations for IPF Borrowers Section V. 5.78-5.80
Minimum Time for bid / proposal preparation	May be shortened	Standard	Standard	Procurement Regulations for IPF Borrowers Section V. 5.36
Bid Security	Not Mandatory Use of Bid Securing Declaration if necessary	Not Mandatory Use of Bid Securing Declaration if necessary	Not Mandatory Use of Bid Securing Declaration if necessary	Procurement Regulations for IPF Borrowers Section V. 5.33-5.35
Performance Security	Not Mandatory for goods contracts and for small works contracts	Not Mandatory for goods contracts and for small works contracts	Not Mandatory for goods contracts and for small works contracts	Procurement Regulations for Borrowers. Annex IX paragraph 2.4-2.6
Amount of Advance Payment	Yes up to 40% of Contract price.	Yes up to 40% of Contract Price	Yes up to 40% of Contract Price	Guidance Note: Situations of Urgent Need of Assistance or Capacity Constraints: Simplified Procurement Procedures

Assessment of the capacity of the agency to implement procurement

28. The Health PIU - which has previously implemented the Health System Strengthening and Ebola Preparedness Project (P147740) and is currently implementing the SPARK-Health Project (P167959), without significant procurement issues - will have primary responsibility for project implementation. This unit will also be responsible for managing the financial and procurement needs of the new project. Capacity assessment determined that the risk level is High based on the emergency situation and the enormous challenges due to the COVID-19 pandemic. This high risk will be mitigated through preparation of the Project Procedures and Implementation Manual (MMOPP) detailing the requirements for complaint management as described in the new procurement framework, "Procurement Regulations for IPF Borrowers," the use of these regulations in general, and the solid experience of the procurement team.



29. The Health PIU is managing the SPARK-Health Project (P167959) with staff possessing the required experience and skills and a manual of procedures deemed acceptable by the World Bank, which indicates that it will serve as the project coordination unit for the new project as previously for the PRSSE and now for SPARK-Health Project (P167959), based on the provisions of the procurement guidelines in force. The Health PIU has two procurement specialists and two procurement assistants. The procurement specialists in the Health PIU received training on the new procurement framework and specifically on the PPSD.

30. The Contract Management department of the Health PIU will be responsible for coordinating all procurement activities, particularly the following: (i) preparation and updating of procurement plans; (ii) preparation, finalization, and launch of requests for expressions of interest (REOI) and bidding documents; (iii) drafting of bid opening reports/proposals and preparation of assessment reports; (iv) submission of procurement documents (terms of reference, requests for expressions of interest, bidding documents, assessment reports, contracts, etc.) to the World Bank when a preliminary assessment is required; (v) contract preparation and supervision of payments to contractors; and (vi) drafting of the status report on procurement and coordination of activities.

Mitigation measures

31. The PIU has two procurement specialists and two procurement assistants. The PIU, like the other PIUs in CIV, has received training in the NPF, especially on the PPSD.

32. Even if the procurement team already has the capacity to implement a World Bank financed project, it is important to ensure that they can manage the additional workload arising from the emergency and that they have the skills to cope with short notices under contract management.

33. To mitigate the risks mentioned above, an additional procurement specialist will be recruited with strong skills and knowledge to cope with emergency situations. Contract management will also be an important element of the qualifications of the new specialist.

34. The PIU will be responsible for the coordination of all procurement activities, including the following: (a) preparation and update of the procurement plans; (b) preparation, finalization and launch of the requests for proposals and bidding documents; (c) drafting of minutes of bids opening /proposal and preparation of the evaluation reports; (d) submission of procurement documents (terms of references, RFP, bidding documents, evaluation reports, contracts, etc.) to the World Bank when prior review is required; (e) preparation of the contracts, and overseeing the payments to contractors; and (f) drafting of procurement progress report and coordination of the activities. Each beneficiary entity will be involved in the implementation as per the procurement manual will describe:

- a. With regard to the new provisions of the Decree n°2015-475, and the new World Bank procurement guidelines, the project manual of procedures should be developed and submitted for the World Bank's no objection.
- b. To minimize the delay associated with the drafting of the appraisal reports, competent Firms/Individual Consultants should be hired to evaluate the proposals where necessary.