

## Project Implementation Monitoring Report (#3)

Reporting Period From 2023/07 To 2023/12

## Côte d'Ivoire : Strengthening of Vaccination and Health Systems under the COVID-19 Strategic Preparedness and Response Project

### 1. Project Information

Project ID:	P000560	Instrument ID:	L0560A
Member:	Côte d'Ivoire	Region:	Western Africa
Sector:	CRF-Public Health	Sub-sector:	N/A
Instrument type:	<input checked="" type="checkbox"/> Loan:90.00 Euro million <input type="checkbox"/> Guarantee	Lead Co-financier (s):	World Bank
ES category:	B	Borrowing Entity:	Ministry of Economy and Finance, Côte d'Ivoire
Implementing Entity:	Ministry of Health, Public Hygiene and Universal Health Coverage, Côte d'Ivoire		
Project Team Leader:	Suzanne Shaw		
Responsible DG:	Gregory Liu		
Responsible Department:	INF2		
Project Team Members:	Yang Shuai, OSD - Environment & Social Development Specialist; Guoping Yu, OSD - Procurement Specialist; Yi Geng, OSD - Financial Management Specialist; Furu Hu, Team Member; Luiz Eduardo Rodrigues, Project Counsel; Ting Wang, Alternate Counsel; Furu Hu, Project admin		
Completed Site Visits by AIIB:	May, 2023 May 30 to June 2		
Planned Site Visits by AIIB:	Jun, 2024 Site visits planned as part of implementation review. The visit will be executed together with World Bank as lead cofinancer		
Current Red Flags Assigned:	0		
Current Monitoring Regime:	Regular Monitoring		
Previous Red Flags Assigned:	0		
Previous Red Flags Assigned Date:	2023/06		

### 2. Project Summary and Objectives

The objectives of the Project are to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Côte d'Ivoire. The Project will support the achievement of this objective through: (i) increasing the availability and roll-out of eligible coronavirus disease 2019 (COVID-19) vaccines, to support the Government of Côte d'Ivoire in its target to expand COVID-19 vaccination coverage to 70 percent of the population and provide booster doses to 9.9 million persons (35 percent of the population); (ii) reinforcing preparedness and response interventions at scale; and (iii) strengthening relevant health systems to ensure effective vaccine deployment in Côte d'Ivoire, sustained containment of COVID-19, and positioning of the country to detect and respond to future disease outbreaks in a swift, effective and efficient manner. The Project is a scaling up and expansion of activities supported under two earlier World Bank (WB) financings, an initial WB Financing of USD 35 million, focused on measures to contain the pandemic, and a First WB additional financing

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(AF1) for vaccine acquisition and deployment to support the vaccination of approximately 41 percent of the population. The Project constitutes an integral part of Côte d'Ivoire's overall COVID-19 response plan.

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**3. Key Dates**

Approval:	May. 25, 2022	Signing:	Jul. 19, 2022
Effective:	Oct. 12, 2022	Restructured (if any):	
Orig. Closing:	Jun. 30, 2024	Rev. Closing (if any):	

**4. Disbursement Summary (EUR million)**

Contract Awarded:		Cancellation (if any):	0.00
Disbursed:	21.23	Latest disbursement (amount/date):	0.55/Mar. 15, 2024
Undisbursed:	68.77	Disbursement Ratio (%) <sup>1</sup> :	23.59

**5. Project Implementation Update**

The AIIB financing became effective in October 2022. Several activities under the Project are underway, however the disbursement rate of the Project to-date and level of completed activities is lower than the initial projections of the PCU. The reason for this is that preparation activities for execution of the procurement under the Project were much higher than expected, and this has resulted in a delay of around 6 months in the procurement with a similar impact on disbursement and implementation.

On November 2, 2023, the Government of Côte d'Ivoire made a request to the WB to: 1) cancel approximately USD22 million equivalent of the IDA funds allocated to the Project; 2) reallocate the Project's resources between the various components and disbursement categories of the Project; 3) extend the closing date of the Project to December 31, 2024. In parallel, the Government of Côte d'Ivoire made a request to AIIB to: 1) reallocate the Project's resources between the various components and disbursement categories of the Project; and 2) extend the closing date of the Project to December 31, 2024. The Government does not wish to reduce the AIIB financing to the Project. An extension in the end-date of the loan would allow the PCU to complete the execution of Project activities in line with the work plan and Project objectives and targets. The aforementioned extension and reallocation requested by the Government of Côte d'Ivoire was approved by the Co-financier on December 19, 2023. AIIB in turn approved the request for extension and reallocation on February 19, 2024, and dispatched the amendment letter shortly thereafter. The amendment is currently pending signature by the Government of Côte d'Ivoire and is expected to be received shortly.

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<sup>1</sup> Disbursement Ratio is defined as the volume (e.g. the dollar amount) of total disbursed amount as a percentage of the net committed volume.

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Components	Physical Progress	Environmental & Social Compliance	Procurement
1 Emergency COVID-19 Response	<p>Sub-component 1.1 strengthening national and decentralized capacities for detection and management of COVID-19 cases</p> <p>a) Conversion of COVID care centers in accordance with the provisions of the National Security Council and the Ministry of Health; 11 centers are targeted under this activity. Rehabilitation works for 2 centers has been completed and the equipment is being delivered. Procurement procedures are ongoing for 4 sites. An inventory mission is planned for Jan. 2024 to draw up technical files for the rehabilitation of the remaining sites</p> <p>b) Payment of COVID risk premiums: Clearance of FCFA900 m of arrears for COVID risk premiums for 2022, paid to frontline health workers working in 57 health facilities</p> <p>c) Support to the Public Health Operations Centers (COUSP) and the 9 Regional Health Poles of Excellence (PRES): Contracts concluded for the rehabilitation of 10 public health emergency centers and the acquisition of health emergency management software, rolling stock and computer and communication equipment.</p> <p>d) Strengthen emergency operational management capacities</p>	<p>The project is expected to have long-term, positive environmental &amp; social (ES) impacts as it will strengthen COVID-19 surveillance, monitoring, treatment, containment and response in accordance with WB's ESF and WHO guidelines, and prepare the country for future pandemics. The WB-AIIB second additional financing (AF2) is expected to further enhance these positive impacts through additional investment in the procurement of mobile clinics, handwashing and sanitation facilities, rehabilitation facilities, and financing of vaccine administration.</p> <p>Following the completed planning of rehabilitation of cold rooms of regional depots, the rehabilitation work has started and is expected to be completed by May 2024. Inventory missions, to identify the needs for upgrading and rehabilitation of labs at regional level and for strengthening the capacities of dialysis centers in COVID response, are still going-on. The ES risk of these activities has been rated as low as the impacts will be mostly temporary, predictable, and reversible. In addition, the health and administrative authorities of the localities concerned have been and will continue to be informed of the project's objectives and activities. This information and consultation process will continue before, during and at the start of the work sites with the development of a social communication plan for the beneficiaries. As a record, during the rehabilitation works financed under the Initial WB Financing and AF1, no non-compliance was found, nor accidents/incidents reported.</p> <p>The code of conduct has been revised by integrating GBV/EAS/SH aspects, validated by the WB on November 29, 2022 and is being implemented. Training and</p>	<p>During this reporting period there are a total of 34 contracts signed, including 12 goods supply contracts, 15 works contracts, 2 consulting services contracts, and 5 non-consulting services contracts with a total signed contracts value of EUR21.09 million.</p>

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	<p>of the national institute of public hygiene (INHP) network, and regional depots of the department of coordination of the extended immunization program (DCPEV) and the health structures within the 9 regional centers of excellence:</p> <ul style="list-style-type: none"> <li>- rehabilitation works: contracts awarded for rehabilitation of the cold room buildings of the DCPEV (2 locations) and INHP (3 locations). The works for the remaining sites are under execution and will be completed in May 2024.</li> <li>- logistical support to DCPEV and INHP for the storage and preservation of vaccines: The execution of contracts (signed in H1 2023) is underway for the acquisition of 6 cold rooms, 42 freezers, 29 refrigerators, 8 generators, 200 coolers, 300 voltage regulators, 37 pallet trucks, and 27 ladders</li> <li>- logistics support for the transport of vaccines and medical supplies: Acquisition and delivery of 3,10-ton utility trucks and 3 refrigerated trucks for the transport of vaccines and injection consumables on behalf of DCPEV and INHP, and 10 mobile medical trucks</li> <li>e) Rolling stock support for epidemic management: Commencement of procurement process for acquisition of 80 vehicles and 50 motorcycles to</li> </ul>	<p>awareness-raising on GBV/SEA/SH, as well as the signing of codes of conduct, are ongoing and have continued during the reporting period. Thus, the number of people trained increased from 846 to 1253, including 109 staff from the PCU, 75 staff from the contracting companies and 1069 staff from the executing agencies. A process is underway for the designation of GBV/SEA/SH Focal Points by the institutions that have benefited from the training. As of the end of the reporting period, around 50% of the focal points had been appointed.</p> <p>The project scaled up support for sanitary waste management in the country's health districts. An amendment has been made to the contracts of service providers in zone 1, 2 that have expired, in order to ensure the continuity of the waste management of the 11 health regions. Waste collection and incineration operations, which cover the other 22 remaining health regions also started in December 2023. Supervision missions organized by the DHPSE (Department of Public Hygiene and Health-Environment), the PCU and the DIEMP (Department of Infrastructure, Equipment and Maintenance) were conducted in November 2023 and it was found that the collection, transport and disposal of health vaccination waste is carried out on a regular basis in accordance with the specifications of the service providers.</p>	
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	<p>reinforce the vehicle fleet of the INHP and the central structures in charge of epidemic management</p> <p>f) Reinforcement of central laboratories: 9 contracts signed for the acquisition of equipment, reagents and laboratory consumables for screening, sequencing, biosafety and quality control for central medical and veterinary laboratories towards safe and rapid diagnosis of pathologies in declared/suspected epidemic, and for routine activities. Seven other contracts are pending for these structures. For the 2 INHP laboratories, an inventory mission was conducted to identify, and develop the scope and technical specifications for, rehabilitation works, equipment requirements for the upgrading of the laboratories to standard.</p> <p>g) Extend digitalization of patient data in 53 public health facilities for the integration of immunization data into the national health information system: IT equipment was acquired for the deployment of digitalized patient data in 20 health centers of first contact and in 12 referral hospitals in 14 health districts - 998 computers, 814 printers, 11 servers, 532 UPS, 1140 tablets and power banks were acquired and</p>		
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	<p>distributed. The requisite wiring on the computer and electrical network was also carried out.</p> <p>h) Reinforcement of medical imaging centers in the regional poles: the procurement process for the acquisition and installation of MRIs at 3 hospitals has been launched and the award report sent to WB for validation.</p> <p>Specifications for the acquisition of 4 scanners for 4 sites have been finalized and validated as well as those of conventional X-ray equipment for 12 sites, and related electrical works.</p> <p>i) Reinforcement of electricity supply in the reference hospitals of the 9 regional poles: Stocktaking missions were conducted and technical specifications for the works developed</p> <p>j) Reinforcement of 5 hemodialysis centers: the contract for the rehabilitation of 1 center is underway and procurement underway for acquisition and installation of hemodialysis equipment</p> <p>k) Strengthening oxygen production capacities: specifications developed for the supply and installation of oxygen production at 9 sites.</p> <p>l) Strengthening of storage capacities of the New Public Health Pharmacy: Technical specifications for 5 prefabricated regional depots developed.</p>		
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	<p>m) Technical assistance to Ministry of Health to strengthen DCPEV's capacity in COVID-19 vaccine deployment: A monitoring and evaluation consultant was recruited (based on TOR provided by DCPEV) and made available to the DCPEV to strengthen management of vaccination data</p>		
<p>2. Health Communication and Community management</p>	<p>Subcomponent 2.1 Community engagement and risk communication a) Organization of training sessions for: 1) development of key messages for awareness raising among persons with chronic diseases and updating of COVID-19 image box for use by communication actors within Ministry of Health and the managers of the medical care units for chronic diseases; 2) capacity building of tele-operators of the dedicated call center and of health communicators, in health counseling and education, disease prevention and promotion of health sector initiatives</p> <p>Subcomponent 2.2: Society and community mobilization to increase demand for COVID-19 vaccination a) Strengthening of communication coordination mechanisms, crisis communication and rumor management: - Workshop to develop the tools of coordination and</p>	<p>N/A</p>	<p>There were 3 contracts signed during the reporting period including 2 consulting services contracts and 1 goods contract, with a total signed contracts value of EUR304,792 equivalent.</p>

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	<p>monitoring and evaluation mechanism by the directorate of community health</p> <p>- Workshop to validate the protocol and data collection tools for the study on the coverage of COVID-19 communication interventions</p> <p>b) Awareness raising materials for the public: design, production and delivery of various materials for awareness raising activities including 7,000 leaflets, 15,000 t-shirts, 10,000 polo shirts, 5,000 posters and 5,000 nose masks</p> <p>c) Awareness raising of the population through TV and radio: communication agreements with the union of local radios and 4 television channels - for the diffusion of information in support of vaccination against COVID-19 and other diseases - are in the process of signature</p>		
<p>3. Project Implementation Management and Monitoring and Evaluation</p>	<p>Sub-component 3.1: Project management</p> <p>a) The PCU continues to organize and participate in joint technical meetings with vaccination and health bodies in charge of roll-out of COVID-19 vaccination, including with the Steering Committee of the COVID-19 response program and with WB/AIIB in the context of a technical and implementation support mission</p>	<p>Two Indicators under component 3 had previously been reported by the PCU as having implementation challenges during the last reporting period. Since then and up to December 2023, substantial progress has been made.</p> <p>1. Number of field actors trained on GBV/EAS/HS. Various training sessions were organized as discussed under component 1.</p> <p>2. Proportion of health districts that have functional complaints management committees</p> <p>The existing complaints mechanism has been proposed by the PCU to be revised towards improving its</p>	<p>There were 2 non-consulting services contracts signed during the reporting period, with a total signed contracts value of EUR140,004 equivalent.</p>



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	<p>Sub-component 3.2: Monitoring and evaluation</p> <p>a) Digitalization of vaccination data: Phase 3 of the contract for the digital platform for vaccination data is under preparation</p> <p>b) Recruitment of firm for verification of vaccination data: The contract award, for a firm to conduct the evaluation of the COVID-19 vaccination roll-out and the audit of digitized data related to the pay-for-performance, has received no-objection from WB. The contract file has been forwarded to the relevant Directorate General for Public Procurement for review.</p> <p>c) Recruitment of firm to conduct the COVID-19 communication coverage study: The data collection and analysis phase has been completed. The first results of the study show that the national coverage rate of communication interventions is 92.1%. The report validation workshop is scheduled for February 2024.</p> <p>d) Supervision mission on activities of with diabetes and hypertension management units, in the context of COVID-19 vaccination of persons with comorbidities: a joint post-training mission, led by the INHP, DCPEV and the PCU, was conducted to strengthen the capacities of the heads of 38 care units for</p>	<p>functionality. Continued efforts have been made, aiming at developing consensual tools to strengthen the monitoring and evaluation system for all community interventions. As of December 2023, the proportion of health districts that have functional complaints management committees is 17%.</p> <p>In addition, the Proportion of Health Districts whose beneficiaries provide feedback on COVID vaccination through traditional channels and digital platforms has reached 54% up from 10% during the previous reporting period, close to the year target of 60%.</p>	
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	diabetes and hypertension in COVID-19 vaccination for persons with chronic diseases. The mission assessed knowledge, attitudes and practices in immunization, with 71% of participants obtaining a satisfactory result.		
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**Financial Management:**

Financial Management (FM): The project has been using the existing FM system to manage, record and report the sources and usage of project funds. The Project audit report with unqualified (clean) opinion for year 2022 was received through WB with 2 months delay. AIIB has made recommendations to WB for improvements for future audit reports, to provide for adequate coverage of AIIB funds under the project audit report. According to the progress report for period ended Dec 31, 2023, total expenditure incurred is approximately EUR30 million, accounting for 18% of total budget. Disbursements through direct payment and designated account were processed regularly to support due payments.

**6. Status of the Grievance Redress Mechanism (GRM)**

The project GRM comprises of a telephone hotline established at the Ministry of Health, email address channels, social media channels, and complaints-handling desks at the health care facilities, clinics and hospitals. The GRM will handle all Project-related concerns on the process of managing the pandemic and the medical waste management activities, including: (i) the identification and management of COVID-19 cases; (ii) the treatment of the sick; (iii) psychological assistance; (iv) issues regarding vaccine deployment and implementation; and (v) other issues such as death cases. A locally based Grievance Mechanism (GM) designed specifically for direct and contracted workers has been also in place in each facility/site, and the GM data is collected and analyzed by PCU staff on a regular basis. The proportion of health regions that have a functional complaint management committees is planned to be verified and reported by the PCU for the next reporting period.

The number for the GRM telephone hotline is 143 or 101 (toll free)

In addition, complaints can be registered through the Ministry of Health and Public Hygiene through the following links:

Link to the website of the Ministry of Health and Public Hygiene where the complaint form can be accessed:  
[https://sante.gouv.ci/welcome/publications\\_liste](https://sante.gouv.ci/welcome/publications_liste).

Direct link to the downloadable complaint form on the website of Ministry of Health and Public Hygiene:  
[sante.gouv.ci/assets/fichiers/formulaire-d-enregistrement-des-plaintes-sante-banque-mondiale.pdf](https://sante.gouv.ci/assets/fichiers/formulaire-d-enregistrement-des-plaintes-sante-banque-mondiale.pdf)

Email addresses to which the downloadable complaint form can be sent: [kouamear@gmail.com](mailto:kouamear@gmail.com);  
[amondongo12@gmail.com](mailto:amondongo12@gmail.com) or by WhatsApp to 07 07 582 340; 07 09 097 782

**7. Results Monitoring (please refer to the full RMF, which can be found on the last page of this PIMR)**

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Note that the timelines for targets, specified in the reporting documentation, are based on WB FY (which runs from July of Year N-1 to June of Year N). The targets in the AIIB table are based on calendar year, and thus there will be some discrepancy in the timelines. The PT has adopted a conservative approach. The AIIB target for 2022 represents the project target for FY 2023 (Jul. 1, 2022 - Jun. 30, 2023). In conjunction with the restructuring of the Project, it is envisaged to revise some of the targets in the results monitoring framework to take into account the reduction in financing and redistribution of funds among components/activities in line with the identified priorities of the Government.

Four indicators are under-performing with respect to target. Two of these (regional poles with an operational emergency center, and percentage of health structures renovated and/or equipped) are behind schedule due to the delays in procurement but are expected to show improvement in the next reporting period as a result of activities underway. It is anticipated that the target for the renovation/equipment of health structures will be revised downwards taking into consideration the reduced financing. The other two indicators (training on GBV/SEA/SH, and health districts with functional complaints management committees) are also expected to show improvement in the next reporting period in line with the activities underway.

The revised disbursement projection takes into account the extension of the Project end-date in line with the Project restructuring.

**Remarks:**

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Project Objective Indicators	Indicator level	Unit of Measure	Cumulative Target Values															Frequency	Responsibility	Comments
			Baseline		2021		2022		2023		2024		2025		End Target					
			Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Year	Target	Actual			
COVID-19 tests conducted (disaggregated by sex of beneficiary)	Project	number	2021	0	0		1,017,531		1,917,531	1,689,915	2,277,531				2024	2,277,531				
COVID-19 tests conducted in females	Project	number	2021	0	0		508,766		958,766	675,966	1,138,766				2024	1,138,766				
COVID-19 tests conducted in males	Project	number	2021	0	0		508,766		958,766	1,013,949	1,138,766				2024	1,138,766				
Positive COVID-19 cases (disaggregated by sex)	Project	percentage	2021	0	0		7.77		6.4	5.47	5.52				2024	5.52				
Positive COVID-19 cases in female	Project	percentage	2021	0	0		7.77		6.4	4.93	5.52				2024	5.52				
Positive Covid-19 cases in men	Project	percentage	2021	0	0		7.77		6.4	5.69	5.52				2024	5.52				
Population vaccinated, based on the targets defined in the National Plan (disaggregated by priority group and sex)	Project	percentage	2021	0	0		3.5		30	64.3	70				2024	70				
Female population vaccinated, based on the targets defined in the national plan	Project	percentage	2021	0	0		3.5		30	62.96	70				2024	70				
Male population vaccinated, based on the targets defined in the national plan	Project	percentage	2021	0	0		3.5		30	65.53	70				2024	70				
Population covered by the communication, consultation, social and community mobilization interventions	Project	percentage	2021	0	0		60		70	92.1 (preliminary estimate to be validated in Q1 2024)	80				2024	80				
Regional health poles that have an	Project	percentage	2021	0	0		40		70	40	100				2024	100				

operational Emergency Operations Centre (EOC)																				
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Project Intermediate Indicators	Indicator level	Unit Measure of	Cumulative Target Values														Frequency	Responsibility	Comments																				
			Baseline		2021		2022		2023		2024		2025		End Target																								
			Year	Value	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Year	Target				Actual																			
Healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response (disaggregated by sex)	Project	number	2021	282	282			6,100		6,500	9,274			7,950																									
Female healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response	Project	number	2021	not available	not available			3,050		3,250	3,710			3,975																									
Male healthcare workers trained by project on COVID-19 infection, prevention and control (IPC), preparedness and response	Project	number	2021	not available	not available			3,050		3,250	5,564			3,975																									
Target health structures (health facilities, isolation centers, and cold chain facilities) renovated and/or equipped	Project	percentage	2021	5.22	5.22			53		58.42	31.7			62.92																									
Population who received a booster dose	Project	percentage	2021	0	0			0		5	20.95			14.8																									
Women accessing COVID-19 vaccinations on mobile vaccination clinics	Project	number	2021	0	0			16,068		52,171	465,888			70,222																									
Planned communication	Project	percentage	2021	0	0			50		70	76.4			80																									

interventions implemented																				
Vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0		2,939		3,918	1,245	3,918					3,918				
Female vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0		1,470		1,459	610	1,959					1,959				
Male vaccinators trained on GBV/SEA/SH	Project	number	2021	0	0		1,470		1,459	635	1,959					1,959				
Health districts with committees for the management of complaints	Project	percentage	2021	0	0		50		70	17.7	100					100				
Administrative doses (vaccination cards) captured in the digital vaccination platform	Project	percentage	2021	3	3		30		80	37.6	100					100				