



FOR OFFICIAL USE ONLY

Report No: PAD3803

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A PROPOSED INTERNATIONAL ASSOCIATION DEVELOPMENT CREDIT
IN THE AMOUNT OF SDR 30.30 MILLION
(US\$41.30 MILLION EQUIVALENT)

AND

A PROPOSED INTERNATIONAL ASSOCIATION DEVELOPMENT GRANT
IN THE AMOUNT OF SDR 30.30 MILLION
(US\$41.30 MILLION EQUIVALENT)

IN CRISIS RESPONSE WINDOW RESOURCES

TO

FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

FOR

ETHIOPIA COVID-19 EMERGENCY RESPONSE

**UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)**

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH A FINANCING ENVELOPE OF
US\$1.3 BILLION IDA AND \$2.7 BILLION IBRD EQUIVALENT

APPROVED BY THE BOARD ON APRIL 2, 2020

Health, Nutrition & Population Global Practice
Africa Region

This document is being made publicly available after the 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 February 29, 2020)

Currency Unit = Ethiopian Birr (ETB)

US\$1.00= 32.349 ETB

US\$1.00 = Special Drawing Rights (SDR) 0.72818362

FISCAL YEAR

January 1 - December 31

Regional Vice President: Hafez M. H. Ghanem

Country Director: Carolyn Turk

Regional Director: Dena Ringold

Practice Manager: Ernest E. Massiah

Task Team Leader(s): Roman Tesfaye, Paul Jacob Robyn



ABBREVIATIONS AND ACRONYMS

ACDCP	Africa CDC Regional Investment Financing Project
AMR	Anti-Microbial Resistance
AU	African Union
BSL	Bio-safety Level
CDC	Centers for Disease Control and Prevention
CERC	Contingent Emergency Response Component
COVID-19	Coronavirus Disease
CPF	Country Partnership Framework
EBS	Event-Based Surveillance
EID	Emerging Infectious Diseases
EOC	Emergency Operation Center
ESF	Environmental and Social Framework
EPHI	Ethiopian Public Health Institute
EPRP	Emergency Preparedness and Response Plan
ESMF	Environmental and Social Management Framework
ETB	Ethiopian Birr
EVD	Ebola Virus Disease
EVD-WA	West African Ebola Virus Disease
FM	Financial Management
GBV	Gender-based Violence
GHSA	Global Health Security Alliance
GMU	Grant Management Unit
GoE	Government of Ethiopia
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IDSR	Integrated Disease Surveillance and Response
IEG	International Evaluation Group
IFR	Interim Financial Report
IHR	International Health Regulations
IPF	Investment Project Financing
MoF	Ministry of Finance
MoH	Ministry of Health
MPA	Multiphase Programmatic Approach
NDRM	National Disaster Risk Management
NPHI	National Public Health Institute
OFAG	Office of the Federal Auditor General
PCD	Partnership and Cooperation Directorate
PDO	Project Development Objective
PHEM	Public Health Emergency Management



PHEOC	Public Health Emergency Operations Center
PIU	Project Implementation Unit
PMI	Purchasing Manager's Index
PoE	Point of Entry
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
RCCE	Risk Communication and Community Engagement
RFQ	Request for Quotations
RHB	Regional Health Bureaus
SCD	Systematic Country Diagnostic
SDG	Sustainable Development Goals
SDG-PF	Sustainable Development Goals Performance Fund
SDR	Special Drawing Rights
SEP	Stakeholder Engagement Plan
SOP	Standard Operating Procedures
TA	Technical Assistance
UN	United Nations
US\$	United States Dollar
USAID	United States Agency for International Development
WBG	World Bank Group
WHO	World Health Organization



TABLE OF CONTENTS

DATASHEET	1
I. PROGRAM CONTEXT	7
A. MPA Program Context	7
B. Updated MPA Program Framework.....	7
C. Learning Agenda	8
II. CONTEXT AND RELEVANCE	8
A. Country Context.....	8
B. Sectoral and Institutional Context	8
C. Relevance to Higher Level Objectives.....	11
III. PROJECT DESCRIPTION.....	11
A. Development Objectives.....	11
B. Project Components	12
C. Project Beneficiaries	14
IV. IMPLEMENTATION ARRANGEMENTS	15
A. Institutional and Implementation Arrangements.....	15
B. Results Monitoring and Evaluation Arrangements.....	16
C. Sustainability.....	16
V. PROJECT APPRAISAL SUMMARY	16
A. Technical, Economic and Financial Analysis.....	16
B. Fiduciary.....	17
C. Legal Operational Policies.....	19
D. Environmental and Social Standards	19
VI. GRIEVANCE REDRESS SERVICES	21
VII. KEY RISKS	21
VIII. RESULTS FRAMEWORK AND MONITORING	23
ANNEX 1: Project Costs	33
ANNEX 2: Implementation Arrangements and Support Plan.....	34



DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Ethiopia	Ethiopia COVID-19 Emergency Response	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173750	Investment Project Financing	High

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 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
16-Mar-2020	30-Jun-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	4,000.00
--------------------------------	----------

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 Ethiopia.

Components

Component Name	Cost (US\$, millions)
Medical Supplies and Equipment	43.97
Preparedness, Capacity Building and Training	22.20
Community Discussions and Information Outreach	8.50
Quarantine, Isolation and Treatment Centers	6.93
Project Implementation and Monitoring	1.00

Organizations

Borrower: Democratic Republic of Ethiopia

Implementing Agency: Ministry of Health

MPA FINANCING DETAILS (US\$, Millions)

Board Approved MPA Financing Envelope:	0.00
MPA Program Financing Envelope:	4,000.00
of which Bank Financing (IBRD):	2,700.00
of which Bank Financing (IDA):	1,300.00
of which other financing sources:	0.00

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY



Total Project Cost	82.60
Total Financing	82.60
of which IBRD/IDA	82.60
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	82.60
IDA Credit	41.30
IDA Grant	41.30

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Ethiopia	41.30	41.30	0.00	82.60
Crisis Response Window (CRW)	41.30	41.30	0.00	82.60
Total	41.30	41.30	0.00	82.60

Expected Disbursements (in US\$, Millions)

WB Fiscal Year	2020	2021
Annual	40.00	42.60
Cumulative	40.00	82.60

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas



Climate Change and Disaster Screening

This operation has not 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	● High
2. Macroeconomic	● High
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Substantial
6. Fiduciary	● High
7. Environment and Social	● High
8. Stakeholders	● Moderate
9. Other	
10. Overall	● High
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



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	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, 2(c): Without limiting the foregoing, the Recipient shall by no later than one (1) month after the Effective Date, recruit a finance officer, a procurement officer, and an environmental and social safeguards officer for the Grants Management Unit, in each case, with qualifications, experience and terms of reference acceptable to the Association.

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, 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

Conditions



I. PROGRAM CONTEXT

A. MPA Program Context

1. This Project Appraisal Document (PAD) describes the emergency response to the Federal Democratic Republic of Ethiopia under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA) with an overall Program financing envelope of International Development Association (IDA) US\$1.3 billion and of International Bank for Reconstruction and Development (IBRD) US\$2.7 billion.

2. **An outbreak of the coronavirus disease (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 the 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 has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Figure 1 provides details about the global spread of COVID-19. As of March 13, 2020, the outbreak has resulted in an estimated 145,369 cases and 5,429 deaths in 139 countries.

3. **COVID-19 is one of several emerging infectious diseases (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.

B. Updated MPA Program Framework

4. Table-1 provides an updated overall MPA Program framework, including the proposed project for Ethiopia.

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.



Table 1. MPA Program Framework

Phase #	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR	Estimated IBRD Amount (\$ million)	Estimated IDA Amount (\$ million)	Estimated Other Amount (\$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
#	P173750	Simultaneous	Please see relevant PAD	IPF	0.00	82.60	0.00	April 2, 2020	High
Total			Board Approved Financing Envelope						

C. Learning Agenda

5. **The project will support several activities that will contribute the overall learning agenda.** These include, for example, assessments on behavioral and sociocultural risk factors.

II. CONTEXT AND RELEVANCE

A. Country Context

6. **Though still in its early stages, the global COVID-19 outbreak is expected to have a significant negative impact on Ethiopia's economy.** For example, the reduction in global air travel, including travel to Ethiopia and travel via the transit hub in Addis Ababa, is expected to result in a decline in Ethiopia's forex reserves, which are already experiencing an acute shortage. Ethiopian Airlines continued flights to and from China, the airline cut its weekly flights from Addis Ababa to Beijing, Chengdu, Guangzhou and Shanghai by 33 percent in February. It has also changed its aircrafts on the Addis Ababa to Beijing, Guangzhou and Shanghai routes from Boeing 777 and A350 to Boeing 787-8, resulting in a 20-45 percent change in capacity. During the West Africa Ebola outbreak in 2014, Ethiopian Airlines lost about US\$8 million per month.

7. **In addition to the direct impact of COVID-19, the anticipated slowdown in the global economy will likely reduce trade and disrupt global manufacturing supply chains that involve Ethiopia.** The effects of a pandemic-driven global economic downturn are impossible to predict. However, China and other highly affected countries are experiencing dramatic reductions in economic activity, with a high risk of damage to financial markets.

B. Sectoral and Institutional Context

8. **Ethiopia has a comparative advantage by having the oldest and most established National Public Health Institute (NPHI) in Africa.** In addition, the country is strategically located. The proposed Ethiopia Covid-19 Emergency Response Project will leverage this advantage through a number of activities under the Africa Centres for Disease Control and Prevention (CDC) Project (P167916) that will be implemented in Ethiopia but will have regional reach and



impact, including: (a) establishment of a regional reference laboratory and a centralized event-based surveillance (EBS) network for priority pathogens across the continent; (b) piloting and rolling out the Anti-Microbial Resistance (AMR) scorecard for tracking AMR progress; and (c) implementing a system to collate national surveillance data and ensure that selected countries are trained and connected into the data collation and analysis platform. Moreover, Ethiopia's proximity to multiple fragile states and as a major land and air transportation hub greatly exacerbate the vulnerabilities to epidemics, whilst limited disease-detection functions in Ethiopia expose the African continent and beyond to the potential undetected spread of diseases. In addition, Ethiopia currently shelters about 1.5 million registered refugees from neighboring fragile states, the second largest refugee population in Africa. The majority of refugees are located in emerging and under-developed subnational states with limited health services and opportunities depending largely on humanitarian assistance. All of Ethiopia's neighboring fragile states are highly susceptible to outbreaks at subnational levels. Strengthening core pandemic preparedness and response capacities in Ethiopia will help protect neighboring countries with already weak systems and capacity especially as a significant level of the proposed project investment will occur adjacent to the borders with these fragile states.

9. **Current statistics on COVID-19 and Ethiopia.** Ethiopia has five flights per day to China that brings a high risk of importation and exportation of COVID-19. There are no confirmed cases, however, suspected cases have been detected through surveillance activities that involve screening and health workers reporting cases that meet the standard case definition. Of the 24 suspected cases, 23 have been negative and one is currently in an isolation unit pending lab results. So far, 77 alerts have been investigated and no case in isolation is found. For travelers, 412,738 passengers have been screened.

10. **COVID-19 response coordination structures.** The Government has strengthened its preparedness efforts and has set up a national preparedness and response coordination mechanism through an Emergency Operation Center (EOC). The Government has also set up four levels of coordination: (a) National Disaster Risk Management (NDRM) Council (highest level) led by the deputy prime minister's office; (b) Public Health Emergency Management (PHEM) Task Force (multi-sectoral) led by the Minister of Health; (c) PHEM Technical Task Force led by the Director General of Ethiopian Public Health Institute (EPHI); and (d) PHEM Technical Working Group led by the national incident manager.

11. **Ethiopia is at very high risk due to travel and trade with most of COVID-19 affected countries.** Initially Ethiopia prepared an Emergency Preparedness and Response Plan (EPRP) with the assumption of the importation of COVID-19 cases from China. The outbreak is affecting about 123 countries globally. Currently, ten countries in Africa are affected by the outbreak and thus the preparedness plan was revised based on the very high-risk level of Ethiopia and assuming community transmission. Thus, for Ethiopia to be able to prevent and respond to the outbreak it needs additional budget to strengthen the preparedness activities and put in place a capacity to respond to the outbreak when cases are confirmed at the national and subnational levels.

12. **A Simulation Exercise (SIMEX) was conducted in Ethiopia on February 11, 2020 to test capacities, systems and mechanisms to respond to public health emergencies.** The findings are an important source of information on gaps and weaknesses that currently exist and help prioritize where to support the country's response efforts:

- a. **Reporting:** Communication mechanisms between health authorities, EOC management and partners such as WHO and the Africa CDC secretariat need to be strengthening at the national and regional levels;
- b. **Workforce development:** While national level staff is familiar with existing Standard Operating Procedures (SOP), International Health Regulations (IHR) 2005 and its requirements, regional EOC staff need to be sensitized with the IHR guidelines and their requirement to ensure full-scale implementation.
- c. **Preparedness:** The PHEM guidelines EPRP need to be customized using local context at the regional level; EPRPs are in place for regions where Vulnerability, Risk Assessment and Mapping has been conducted,



however, there is a need for identification and equipping of isolation facilities and healthcare facilities which can be utilized at times of outbreaks.

- d. **Emergency response operations:** Procedures for correct use of Personal Protective Equipment (PPE) during emergency response at the subnational level need to be strengthened; SOPs describing clear lines of reporting are in place; flow of operational information between national and subnational levels needs to be strengthened; regional EOCs were unable to change the emergency response scale to handle the evolving scenario; infection prevention and control measures at regional EOCs need to be disseminated through easy/readable SOPs for PPE donning and doffing; COVID-19 specific drills and trainings through simulations need to take place at the regional level; resources/expertise/support are needed from the national level to impart trainings at the regional level.
- e. **Risk Communication:** The adoption of risk communication guidelines needs to take place at the regional level; national and regional EOCs are well aware of procedures and mechanisms to follow while engaging the public during an emergency.

13. **Ethiopia's EPRP:** The overall objectives of the strategic Preparedness and Response Plan for COVID-19 being prepared by countries around the world aim to: (a) slow and stop transmission, prevent outbreaks and delay spread; (b) provide optimized care for all patients, especially the seriously ill; and (c) minimize the impact of the epidemic on health systems, social services and economic activity. The EPRP, prepared by the Government of Ethiopia (GoE), has the objective to “strengthen the surveillance system and response capacity to early detect and respond to the possible importation of the 2019 novel coronavirus outbreak in Ethiopia.” The GoE’s financing request and list of activities and investments to be supported by EPRP include primarily: (a) establish responsible coordination mechanisms (establish working groups); (b) prepare the action plan to implement the surveillance, outbreak investigation, case management and prevention and control of the diseases; (c) prepare guidelines, leaflets, health education materials, etc.; (d) advocate and sensitize the public and travelers; (e) establish new temporary isolation rooms in selected hospitals; (f) enhance sample collection and reference system; (g) provide training for health workers on COVID-19; (h) provide orientation to airline crew members; (i) ensure drugs and medical supplies for case management and infection prevention; and (j) stockpile laboratory equipment, reagents and consumable supplies.

14. **Links between economic effects of COVID-19 and the health sector in Ethiopia:** As mentioned above, an expected decrease in the availability of forex in the country may impact the country’s ability to purchase essential medical commodities and drugs (insulin, antibiotics, etc.) on the global market. While the proposed project will specifically address the emergency response to COVID-19, it should be noted that existing World Bank operations and financing mechanisms in the health sector will be used to strategically address gaps in forex that may arise for the purchase of these essential commodities. For example, the program boundary of the Health Sustainable Development Goals (SDG) Program for Results (P123531) is the Sustainable Development Goals Performance Fund (SDG-PF), which is a pooled financing mechanism managed by the Ministry of Health (MoH) with contributions from 11 donors⁴. The focus of the SDG-PF is improvement of delivery of maternal and child health services through primary health care units and strengthening sector capacity, including human resources, financial management (FM) and supply chain management, health management information systems and health technologies. The primary use of forex mobilized through the SDG-PF is to procure medicines and commodities and will continue to be an important mechanism to leverage with the expected downturns in the economy and availability of forex and could be used to address new financing needs generated from the crisis.

⁴ United Kingdom Department for International Development (DFID), United Nations Children’s Fund (UNICEF), European Union (EU), GAVI - The Vaccine Alliance, Netherlands Government, Spanish Development Cooperation, United Nations Population Fund (UNFPA), Irish Aid, WHO, Italian Cooperation and the World Bank.



C. Relevance to Higher Level Objectives

15. **The proposed project is aligned with the WBG Country Partnership Framework (CPF) for Ethiopia.**⁵ Improving the quality, equity, and utilization of health services is Focus Area 2.2 of the Ethiopia CPF. The proposed project fills critical gaps in the World Bank’s support to the Ethiopian health sector, as the current portfolio does not explicitly include disease surveillance and response to global pandemics such as COVID-19, apart for the foundational elements that will be established through the World Bank-financed Africa CDC Regional Project (P167916). The proposed project is also fully aligned with Government health sector strategies, such as the Health Sector Transformation Plan (HSTP) that identifies building capacity for disease surveillance and responses to public health emergencies as key priorities. While this project was not included in the CPF for Ethiopia, the emergency has increased the priority of health protection and treatment in Ethiopia and remains aligned with the CPF’s Objective 2.2.

III. PROJECT DESCRIPTION

A. Development Objectives

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

Project DO statement: The objective of the project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Ethiopia.

16. **The proposed project intends to fill critical gaps in implementing the EPRP, strengthen the prevention activities, rapid detection, preparedness and response to COVID-19 outbreak.** The project’s objectives and design are in line with the request from the Ministry of Finance (MoF) for US\$122 million provided on March 6, 2020. Given the allocation for Ethiopia from the COVID-19 Fast Track Facility is only US\$82.6 million, the activities financed through the project will remain aligned to the national plan but support critical activities up to the allocated amount for the project. The budget for the project intends to be utilized within 15 months to support prioritized interventions to enhance preparedness activities for COVID-19 and strengthen the health system both at national and subnational level. Within Ethiopia’s EPRP, three scenarios to address variations in the evolution of the outbreak have been prepared, with the “worst-case scenario” budget amounting to approximately US\$500 million. It is important to note that despite the IDA envelope mobilized through the project, critical gaps in financing for preparedness and response will remain, for which additional support from other sources will be needed. The World Bank will continue to engage and coordinate with partners both at the country and global level in an effort to identify opportunities to fill these gaps.

17. **The specific objectives of the project, aligned with Ethiopia’s EPRP, are to:** (a) strengthen coordination of preparedness and response operations at national and subnational levels; (b) reinforce screening procedures at the points of entry; (c) strengthen surveillance capacity for early detection of cases, alert/rumor management and follow up of contacts; (d) strengthen laboratory capacity for the diagnosis of COVID-19; (e) increase the capacity to rapidly isolate and provide optimized care for persons suspected or confirmed to have COVID-19; (f) implement optimal infection and control measures in healthcare settings and communities; (g) increase awareness and informed decision-making among communities through risk communication and community engagement; and (h) provide and pre-position medical supplies and commodities, and other logistics for COVID-19 management.

⁵ Report Number: 119576.



PDO level indicators:

18. The proposed PDO level indicators are the following:

a. Early detection and timely reporting of outbreaks

- Achieving the required timeliness of reporting for COVID-19 and other immediately reportable diseases under Integrated Disease Surveillance and Response (IDSR). (Percentage)
- For the first 10 suspect cases in the country, percentage of lab results available within 72 hours. (Percentage)

b. Rapid response to infectious disease outbreaks

- Responding within 24 hours to confirmed outbreaks of COVID-19 and other immediately reportable diseases. (Percentage)
- Percentage of district health centers/district hospitals with pandemic preparedness and response plans per MoH Guidelines. (Percentage)
- Percentage of health facilities with trained staff in infection prevention control per MoH approved protocols. (Percentage)

B. Project Components

19. **The proposed project will be a standalone operation for Ethiopia to address critical country-level needs for preparedness and response for COVID-19:** While the GoE is one of the three recipients of the ACDCP (alongside African Union (AU) and the Government of Zambia), the proposed project will be processed as a standalone operation that builds upon the ACDCP. The proposed project will fill critical financing gaps that have been identified due to the new emergency preparedness and response needs created by COVID-19. Project design will include similar implementation arrangements and fiduciary systems as the ACDCP, as described below.

20. The project will comprise of the following components:

21. **Component 1. Medical Supplies and Equipment** [US\$43.97 million equivalent]: This component will finance the procurement of medical supplies and equipment needed for activities outlined in the EPRP such as (i) case management; (ii) infection prevention and control; and (iii) other pillars of the strategic plan. Specifically, items procured will include: (i) drugs and medical supplies for case management and infection prevention, including production of hand sanitizer; and (ii) equipment, reagents, testing kits, and consumable supplies for laboratories. This component will also allow for flexibility to allocate resources for the purchasing of essential pharmaceutical (insulin, antibiotics, etc.) and medical supplies as the availability of forex in the country becomes reduced due to the economic impact of the pandemic and the existing mechanisms are insufficient to address the critical health system needs (such as the SDG-PF described above).

22. **Component 2. Preparedness, Capacity Building and Training** [US\$22.20 million]: This component will finance activities related to preparedness, capacity building and training, guided by the different pillars and activities of the EPRP. These include: (i) coordination at the national, subnational and regional/cross-country levels; (ii) EOC functionalization (including sub-national coordination and support for preparedness (EOC functionalization, training, supervision); (iii) deployment of health workers and other personnel required for COVID-19 preparedness and response, human resources for supportive supervision and subnational support; (iv) financing of operating costs, such



as vehicle rental, fuel and other administrative-related costs for supportive supervision and monitoring; (v) support for screening people entering in to the country at designated points of entry (airports, border crossings, etc.); (vi) strengthening call/hotline centers; (vii) strengthening PHEM and community- and EBS for COVID-19; and (viii) building diagnostic capacity for COVID-19 at the subnational (regional/state) level.

23. **Component 3. Community Discussions and Information Outreach** [US\$8.50 million]: Activities supported by this component include: (i) risk communication and community engagement; (ii) behavioral and sociocultural risk factors assessments; (iii) production of Risk Communication and Community Engagement (RCCE) strategy and training documents; (iv) production of communication materials; (v) establish a production center for information and communication tools production center (media and community engagement); and (vi) monitoring and evidence generation; and (vii) human resources for risk communication.

24. **Component 4. Quarantine, Isolation and Treatment Centers** [US\$6.93 million]: Activities supported by this component include: Establishment (through the rehabilitation of existing facilities or setting up of temporary structures) and equipping of quarantine, isolation and treatment centers, including the provision of nutrition and dignity kits.

25. **Component 5. Project Implementation and Monitoring** [US\$1.00 million]: Implementing the proposed project will require administrative and human resources that exceed the current capacity of the implementing institutions, in addition to those mobilized through the ACDCP. Activities include: (i) support for procurement, FM, environmental and social safeguards, monitoring and evaluation, and reporting; (ii) recruitment and Training of Grants Management Unit and EPHI staff and technical consultants; and (iii) operating costs.

26. **The primary activities in the EPRP to be supported by the project, in line with the GoE’s request, are presented in Table 1⁶:**

Table 1: Ethiopia EPRP Budget Breakdown by Planned Pillars

No.	Pillar	Activity	Budget (US\$)
1	Coordination, regional support and EOC functionalization	Sub national coordination and support of preparedness	7,624,205
		• EOC functionalization (including rehabilitation)	
		• Trainings	
		• Supervision	
		• Quarantine centers establishment	
		• Human resources for supportive supervision and subnational support	
		• Vehicle rental, fuel and other administrative related costs for supportive supervision and monitoring	
		Capacity building and experience sharing	482,278
Sub total			9,691,110
2	Surveillance and investigation	Strengthening PHEM and community and event-based surveillance for COVID-19	6,749,439
		Build regional diagnostic capacity for COVID-19	1,260,387

⁶ The specific budgets for each activity are indicative at the time of appraisal and can be adjusted during implementation, following project implementation guidelines and procedures, to allow for agility and flexibility in responding to evolving country needs in COVID-19 preparedness and response efforts.



Sub total			10,581,825
3	Point of Entry (PoE)	Capacity building (training, manpower requirement at 26 ports of entries)	3,162,364
		Establishing nine screening post/room at designated land crossing POEs	413,381
Sub total			3,575,745
4	Case management and Infection Prevention and Control (IPC)	Procurement of medical equipment, drugs and supplies	37,903,721
		Establish 15 the isolation and treatment centers and furnish	13,346,528
Sub total			51,250,249
5	Risk communication and Community engagement	Behavioral and sociocultural risk factors assessment	3,396,198
		Production of RCCE strategy and training documents	
		Production of communication materials	
		Establish communication tool and media production center	
		• Media and community engagement	3,403,146
		• Monitoring and evidence generation	
		• Documentation	
		• Impact assessment	3,403,146
Human resources for risk communication	701,727		
Sub total			7,501,071
Grand total			82,600,000

C. Project Beneficiaries

27. **The proposed project was selected for COVID-19 financing because of the strategic place Ethiopia holds when it comes to global connectivity and travel, and the risks for the country generated by this fact.** The proposed financing for the Project will be provided through the World Bank Group's COVID-19 Fast Track Facility, as part of a Global COVID-19 Multiphase Programmatic Approach (MPA) Program designed to assist countries to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness. The amount allocated to Ethiopia under the Fast Track Facility is based on criteria for each country taking in to consideration key factors such as population size, Gross Domestic Product per capita, and other selected criteria. Bole International Airport in Addis Ababa is the hub for Ethiopian Airlines, as well as several other airlines, who together place Ethiopia as the most important hub for connections between countries in Africa and the rest of the world. In addition, travelers from affected countries or who have contact history could indirectly come to Ethiopia through different airlines after interconnected flights. Based on the WHO AFRO comprehensive COVID-19 risk mapping and prioritization, Ethiopia has been identified as one of the top priority 13 countries for preparedness measures due to their direct links or high volume of travel to China. The first two countries that confirmed COVID-19 in the WHO Africa Region came from Priority 1 countries. The scope and the components of this project are fully aligned with the WBG COVID-19 Fast Track Facility, using standard components as described in the COVID-19 MPA Board paper. The proposed project complements the longer-term development work in the health sector, including the Health SDG Program for Results (P123531) which seeks to improve maternal and child health and nutrition outcomes, as well as the Africa CDC Regional



Investment Project (ACDCP, P167916), which seeks to strengthen continental and regional infectious disease detection and response systems, including national systems such as in Ethiopia. This project has triggered paragraph 12 of the World Bank Policy Investment Project Financing (IPF).

28. **Phased responses through the COVID-19 Fast Track Facility.** While support will surely be needed to respond to the economic impact of COVID-19 on households, businesses and government budgets, the World Bank's approach is to lead with the health response. As a first step, the majority of operations processed through the Fast Track Facility will be health sector operations to respond to urgent preparedness and response needs related to the COVID-19 outbreak. One of the challenges with the response to COVID-19 is the availability (and price) of medical equipment and supplies. The global Pandemic Supply Chain Network (PSCN), of which the World Bank is a co-convenor, has identified a list of medical products critical to the response. The task team will work with GoE counterparts to customize this list further to develop a positive list of goods to be procured with World Bank financing. Indeed, there is growing disruption to economic activities, businesses and livelihoods. Options for support through other financing instruments are being explored as the facility is established and through country consultations. The Project objectives are aligned to the results chain of the COVID-19 Response Program.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

29. **The Ministry of Health will be the implementing agency for the project.** The State Minister for Programs will be responsible for leading the execution of project activities. The GMU of the MoH's Partnership and Cooperation Directorate (PCD) will be responsible for the day-to-day management of activities supported under the project, as well as the preparation of a consolidated annual workplan and a consolidated activity and financial report for the above-mentioned project components. The PCD already manages and coordinates several donor-funded projects in the health sector, including the Health SDG Program for Results (P123531) and the Ethiopia part of the ACDCP. In addition, technical directorates at the MoH, the regional health bureaus, and other key agencies will be involved in project activities based on their functional capacities and institutional mandates. The key staff hired or assigned to the MoH PCD GMU for the ACDCP will be the same for this project. These include: Project Coordinator, Finance Officer, Environmental and Social Safeguards Officer, and a Monitoring and Evaluation Specialist. The MoH PCD GMU will recruit as needed (upon receiving non-objection from the World Bank) additional staff (fiduciary, technical, etc.) to EPHI and MoH PCD GMU to supplement staff hired or assigned for the ACDCP. The MoH PCDGMU may also recruit specialized technical staff as needed, and some activities may be outsourced to third parties through contract agreements acceptable to the World Bank.

30. **The EPHI will serve as the key technical entity for this project.** It will both support the PCD and directly implement certain technical activities, including procurement of medical supplies, commodities and equipment for activities outlined in the EPRP. The EPHI will report directly to the Minister, and it will share the project's technical and financial updates with the MoH PCD GMU. The abovementioned staff hired or assigned at EPHI will also be used for this project and will work closely with existing coordinating bodies and focal points within government mobilized for the national COVID-19 response. The MoH will also ensure that these key focal points are effectively mobilized and engaged to ensure proper implementation of the environmental and social framework elements of the project.

31. **Safeguards arrangements:** With regards to environmental and social safeguards policies, while the project will apply the new Environmental and Social Framework (ESF), the existing safeguards documents prepared for the ACDCP will be used as a basis to inform the development of the ESF policies and documentation for the new operation. The



safeguards instruments which were prepared for the ACDCP will be updated to cover, among other things, the relevant part of COVID-19 Quarantine Guidelines and appropriate WHO COVID-19 biosafety guidelines so that all relevant risks and mitigation measures will be covered.

B. Results Monitoring and Evaluation Arrangements

32. **The EPHI will be responsible for:** (i) collecting and compiling all data relating to their specific suite of indicators; (ii) evaluating results; (iii) providing the relevant performance information to the MoH. The MoH PCD GMU will be responsible for reporting results to the World Bank prior to each semiannual supervision mission. Each unit will perform its functions in accordance with the methodology prescribed in its respective project implementation manual, and each appoint a project-funded monitoring and evaluation technical expert. Joint External Evaluations (JEEs) will also be used to inform the project's results framework indicators.

C. Sustainability

33. The government of Ethiopia and the agencies directly responsible for implementing the project have expressed credible commitments to the effective implementation and continued funding of the activities, helping ensure its sustainability.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

34. **The COVID-19 outbreak clouds an already fragile global economic outlook and can further set back gains in poverty alleviation, in addition to the population health impacts already observed in the countries impacted by the outbreak.** Potential tightening of credit conditions, weaker growth, and the allocation of public resources to fight the outbreak are likely to reduce governments' ability to invest in other sectors. Low-income countries are expected to feel the impact, as current estimates suggest that a one percent decline in developing country growth rates traps an additional 20 million people into poverty.

35. **The pandemic weighs on economic activity through both demand and supply channels.** On the demand side, activities involving interactions between people are reduced in efforts to prevent transmission of the virus. On the supply side, prevention measures, such as factory closures, have significantly disrupted production of tradable and non-tradable goods around the world. Available high-frequency data point to a major contraction in economic activity in China this quarter. These include sharp downturns in daily coal consumption for power generation, average road congestion, nationwide passenger traffic, tourism activity, and container throughput at Chinese ports. A month after Chinese New Year (January 25, 2020), travel within China had reduced by 80 percent compared to before the start of the outbreak. Most international carriers have cancelled their flights to China until at least the end-April 2020, and maybe longer. In January-February 2020, container shipping companies stopped movement of vessels at a record pace. At end-February 2020, coal use in major power generation plants had decreased by 50 percent compared to the same period in 2019; pollution, an indicator of industrial production, was down 40 percent compared to normal. As of mid-February 2020, Morgan Stanley Financial has estimated industrial production at 30-50 percent of trends from before the outbreak. Moreover, production indicators for electronics have faltered, suggesting growing disruptions to China's globally-integrated manufacturing sector. In this context, the manufacturing PMI suffered its worst performance.



B. Fiduciary

36. **Project implementation will benefit from the existing FM arrangements within the MoH and EPHI.** Project activities will be coordinated by the MoH's PCD, and the GMU which is accountable to the PCD will handle the day to day management of this project. EPHI, regional health bureaus, and other key agencies will be involved in project activities.

37. **Recent FM assessments at the finance units of MoH, EPHI, and two Regional Health Bureaus (RHBs) have been conducted by the World Bank for the Ethiopia part of the ACDCP.** Based on those assessments, key risks identified include: i) multiple implementing entities at the federal and regional levels, some with capacity gaps, and high rates of staff turnover, which also leads to complexities in the operation of FM arrangements, with subsequent risk of delays in implementation, reporting, and disbursements; ii) the transfer of funds to sub-implementers, some of which have weak internal controls and potential involvement of others not previously assessed by the World Bank; iii) use of parallel systems in MoH (GMU and Grant Finance Case Team) for preparing financial reports, which may affect their quality and timeliness; iv) weaknesses in internal audit functions, including lack of familiarity with World Bank requirements; and v) internal control weaknesses related to fixed-asset and inventory management at the EPHI. Given the above risk factors, the nature of activities involved in this specific emergency operation, and the context in which they might be implemented, the FM risk is considered **High**.

38. **Mitigating measures agreed under the ACDCP are fully applicable to this operation.** Those measures include: a) a clear definition of staffing needs in different entities to strengthen their capacity; b) the establishment of coordination mechanisms among different entities, including deadlines and requirements for budget preparation, transfers of funds, and reporting; c) reforms to strengthen fixed-asset and inventory management at EPHI; d) the use of separate bank accounts, accounting records, and reporting requirements for EPHI and RHBs; and e) revision of roles and responsibilities within the MoH (grant finance and GMU) regarding the preparation and submission of interim financial reports (IFRs). Some progress is reported on the mitigation measures in that EPHI has indicated actions are already being taken to address the gaps on fixed asset and inventory management whereas MoH has indicated that it has discussed and agreed internally to resolve the duplication of efforts at Grant Finance Case Team and GMU.

39. **As the lead implementing entity, the MoH will be responsible for preparing and consolidating the budget of the project in consultation with EPHI and RHBs. The government's budget procedures will be followed.** The implementing entities will apply modified cash basis of accounting and follow the government's accounting manual. Peachtree accounting will be used to record the transactions of the project. Finance officers recruited/assigned for the Ethiopia part of the ACDCP will also handle the accounting and financial reporting at the implementing entities. As per the ACDCP implementation arrangements, until the abovementioned key project staff are recruited, government staff with appropriate expertise for each position's terms of reference will be assigned to the position as an interim arrangement. Based on assessment of workload, hiring of additional finance staff will be considered. Internal control system of the Government is strong although some gaps are noted. Internal audit coverage is low with capacity gaps and staffing constraints. The MoH will prepare quarterly consolidated IFRs collecting the quarterly IFRs of EPHI, and the RHBs. The IFRs will be submitted within 45 days of the end of the reporting period. MoH will open a separate US dollar designated account and local currency account with financial institutions acceptable to the World Bank. The other implementing entities will also open separate local currency accounts. All disbursement methods will be allowed, and disbursements to the designated account will be based on expenditure forecasts as per the instructions laid out in the disbursement letter. If Advances are to be made to UN Agencies through direct contracting, necessary periodic reports should be submitted by the UN Agency showing utilization of the advance and additional advance request, if any. External audits should be conducted by the Office of the Federal Auditor General (OFAG) or by an auditor nominated by OFAG which is acceptable to the World Bank. The audit report should be submitted within six months of the end of



the period end. Subject to the successful completion of the actions recommended to address the risks identified, the proposed FM arrangements can be considered acceptable to the World Bank.

40. **To facilitate for the timely release of resources and commence the implementation, the project will open the designated accounts and take any other necessary action to start implementation without delay.** IFR formats and updated audit TORs will be agreed at the implementation stage. Furthermore, the World Bank will continue to provide its implementation support and supervision missions and update the risk and mitigating measures regularly.

41. **Retroactive financing.** Withdrawals up to an aggregate amount not to exceed SDR 12,120,000 under the credit and SDR 12,120,000 under the grant may be made for payments made prior to this date but on or after December 15, 2019, for eligible expenditures.

(ii) Procurement

42. **Procurement for 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.

43. **The major planned procurement includes medical supplies, drugs, and equipment, capacity building and training, community outreach, establishing quarantine centers and call centers, and support to the project implementation and monitoring.** Finalization of the streamlined project procurement strategy for development (PPSD) has been deferred to implementation. An initial procurement plan for the first three months has been agreed with the Borrower and will be updated during implementation.

44. **The proposed procurement approach prioritizes fast track emergency procurement for the required goods, works and services.** While procurement methods that include National Approach, Open International Approach, Request for Quotations (RFQ) and Direct Contracting can be used, key measures to fast track procurement include the use of methods that will ensure expedited delivery. These include direct contracting of UN Agencies, direct contracting of firms as appropriate, RFQ with no threshold limit for this method as appropriate. The National Approach can be used for up to US\$2 million in goods and US\$35 million in works.

45. **Bid Securing Declaration may be used instead of the bid security.** Performance Security may not be required for small contracts. Advance payment may be increased to 40 percent while secured with the 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 bid.

46. **Procurement implementation will be undertaken by two agencies:** Ethiopia MoH and EPHI. Two key directorates will play a procurement role in the Ethiopia MoH, namely; (i) Ethiopia MoH's Finance, Procurement and Property Administration that is responsible for procurement processes, and (ii) Public Health Infrastructure Directorate that provides technical input and support for all works procurements and manages contract implementation of works contracts.

47. **If the MoH or EPHI requests, the World Bank may consider supporting the MoH/EPHI in the procurement of the initial needs of the medical equipment and supplies through HEIS (Hands on Expanded Support).** Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the Recipient have



been agreed.

48. **The major risks to procurement are:** (a) slow procurement processing and decision making with potential implementation delays; and (b) poor contract management system with potential time and cost overrun and poor-quality deliverable; and (c) lack of familiarity in dealing with such a novel epidemic. To mitigate these risks the following actions are recommended: (a) maintaining accountability for following the expedited approval processes for emergency; and (b) assigning staff with responsibility of managing each contract. To strengthen their procurement capacity MoH and EPHI will consider hiring a Procurement Agent with capabilities of work and assuring continuity of services in the situation of the restricted movement. To prevent delays and disruption in payments, disbursement of World Bank financing shall be made through the Direct Payment disbursement method, unless a Special Commitment disbursement method has been selected.

49. **These risks 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 MoH and EPHI on reasonableness of the procurement approaches and obtained outcomes considering the available market response and needs.

50. **Various industries are feeling the impact of COVID-19, especially the construction industry that subsequently impacts the procurement process and implementation of the contracts.** To deal with potential procurement delays because of the spreading of COVID-19, the World Bank will support MoH and EPHI in applying any procedural flexibilities (e.g. bids submitted by an authorized third party, exertion bid submission dates, advising the Recipient on the applicability of force majeure, etc.).

51. The procurement risk is **High**.

52. The World Bank’s oversight of procurement will be done through increased implementation support, and 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

53. **The Project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment.** However, the project could also cause high environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents to be used in the project-supported laboratories. Laboratory-associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among laboratory workers. The laboratories which will use COVID-19 diagnostic testing can generate biological waste, chemical waste, and other hazardous biproducts. As the laboratories to be supported by the project will process COVID-19 that can have the potential to cause serious illness or potentially lethal harm to the laboratory staff and to the community, effective administrative and containment controls should be put in place so minimize these risks. Environmentally and socially sound laboratory operation will require adequate provisions for minimization of occupational health and safety risks, proper management and disposal of hazardous waste (including sharps disposal), use of approved disinfectants, proper



quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. To achieve this, the Ethiopia MoH/Ethiopia Public Health Institute will update the existing Environmental and Social Management Framework (ESMF) prepared for the Africa CDC Project/ bio-safety level (BSL)2 Labs at the implementation stage so that the laboratories to be supported by the project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. Until the update has been cleared, the project will apply the existing ESMF in conjunction with WHO standards on COVID-19 response. International best practice is outlined in the WHO “Operational Planning Guidelines to Support Country Preparedness and Response”, annexed to the WHO “COVID-19 Strategic Preparedness and Response Plan” (February 12, 2020). Further guidance is included in the WHO “Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV” (February 11, 2020).

54. **These guidelines include provisions to address the needs of patients, particularly the most vulnerable – the elderly and those with compromised immune systems due to pre-existing conditions.** They also include provisions on the establishment of quarantine centers and their operation considering the dignity and needs of patients, and the maintenance of appropriate hygiene and safety procedures to minimize spread of infection. Each beneficiary medical facility/lab will apply infection control and waste management plan following the requirements of the ESMF.

55. **The ESMF will adequately cover the procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories.** It will also clearly outline the implementation arrangement to be put in place by Ethiopia MoH/Ethiopia Public Health Institute for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, operation of isolation centers and screening posts, as well as compliance monitoring and reporting requirements. The relevant part of COVID-19 Quarantine Guideline and WHO COVID-19 biosafety guidelines will be taken reviewed while preparing the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities suggested in the Environmental and Social Commitment Plan (ESCP), which has been prepared and disclosed on March 16, 2020. It will also implement the Stakeholders Engagement Plan (SEP) for the project in the proposed timeline. SEP for the proposed project has been prepared and disclosed March 16, 2020.

56. **The SEP outlines a structured approach to engagement with stakeholders that is based upon meaningful consultation and disclosure of appropriate information, considering the specific challenges associated with COVID-19.** In cases of the most vulnerable – the elderly and those with compromised immune systems due to pre-existing conditions-stakeholder engagement should minimize close contact and follow the recommended hygiene procedures as outlined in the CDC Interim Infection Prevention and Control Recommendations for patients with confirmed COVID-19 or persons under investigation for COVID-19 in Healthcare Settings. People affected by project activities, including construction workers on laboratory and clinic sites, should be provided with accessible and inclusive means to raise concerns and grievances. To ensure this approach, the project has included a component on RCCE, encompassing behavioral and sociocultural risk factors assessment, production of RCCE strategy and training documents, production of communication materials, media and community engagement, and documentation in line with WHO “Pillar 2: Risk communication and community engagement”. The approaches taken will thereby ensure that information is meaningful, timely, and accessible to all affected stakeholders, including usage of different languages, addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities. Due to the expected country-wide implementation of activities, the differences of areas and socioeconomic groups will equally be taken into consideration during rollout of the RCCE.

57. **The key risk related to the operation are public and occupational health risks deriving from engagement with people and samples contaminated with COVID19.** Accordingly, provisions need thus to be in place for proper safety systems, with a focus on quarantine centers, screening posts, and laboratories to be funded by the project; encompassing above all OHS and waste management procedures. WBG EHS Guidelines, such as those related to Community Health and



Safety will apply to the extent relevant. The project can thereby rely on standards set out by WHO, WBG, as well as the Africa CDC. Beyond this immediate concern, project implementation needs also to ensure appropriate stakeholder engagement to (i) avoid conflicts resulting from false rumors; (ii) vulnerable groups not accessing services; or (iii) issues resulting from people being kept in quarantine. Due to the novelty of COVID19 and the challenging health context in the country, the environmental and social risk is considered high at this point.

VI. GRIEVANCE REDRESS SERVICES

58. **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.

59. **The project will make use of existing public grievance redress mechanism structures, similar to the Ethiopia SDG Health PforR (P123531).** The grievance redress mechanism (GRM) will include the following steps: Step 0: Grievance discussed with the respective health facility; Step 1: Grievance raised with the Woreda Grievance Office; Step 2: Appeal to the Regional (or, where available, Zonal) Grievance Office; Step 3: Appeal to the Ethiopia Independent Ombudsman and/or the MoH. In addition, the project will also establish a Hotline to take into consideration the specific COVID-19 information needs. For quarantine situations, local protocols will be established to ensure real-time communication. Once all possible redress has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse. Existing grievance procedures will be used to encourage reporting of co-workers if they show outward symptoms, such as ongoing and severe coughing with fever, and do not voluntarily submit to testing.

VII. KEY RISKS

60. **The overall project risk rating is High.** The project is a bold, complex, and expansive response to the COVID-19 response, involving a wide range of stakeholders in a diverse region marked by high poverty rates and limited public-sector capacity. Risks in four of the nine categories are rated High due to political and governance, macroeconomic, fiduciary, and environment and social. Institutional capacity for implementation and sustainability risk is rated Substantial. Risks related to sector strategies and policies, technical design and stakeholders are all rated Moderate.

61. **Personal Data Collection:** 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 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.

62. **Additional risks include:** (i) A breakdown in the global supply chain and availability of essential medicines/commodities, and effects on ability to procure critical inputs to the country’s EPRP; (ii) Procurement delays and cost overruns generated by the reduced availability and increased costs of essential commodities; and (iii) Ongoing political and social tensions in country, which may impact coordination and communication efforts. While a considerable degree of risk is inherent in a project of this scale, scope, and ambition, important mitigation measures have been integrated into its design and operational framework and guidelines.

Waivers

63. The waivers received from OPCS will to provide maximum flexibility on disbursement based on the client needs by allowing retroactive financing for up to 40% of the total grant/credit; minimal amount for minimum application size of withdrawal applications, waiver on applying remedial action on lapsed loans which the portfolio currently has but the use of Advance method has been allowed.

Table 2: Systematic Operations Risk Rating Tool (SORT)

Risk Categories	Rating
1. Political and Governance	H
2. Macroeconomic	H
3. Sector strategies and policies	M
4. Technical design of project	M
5. Institutional capacity for implementation and sustainability	S
6. Fiduciary	H
7. Environmental and social	H
8. Stakeholders	M
Overall	H



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework
COUNTRY: Ethiopia
Ethiopia COVID-19 Emergency Response

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 Ethiopia.

Project Development Objective Indicators

Indicator Name	DLI	Baseline	End Target
Early detection and timely reporting of outbreaks			
Achieving the required timeliness of reporting for COVID-19 and other immediately reportable diseases under IDSR (Percentage)		0.00	80.00
For the first 10 suspect cases in the country, percentage of lab results available within 72 hours (Percentage)		0.00	80.00
Rapid response to infectious disease outbreaks			
Responding within 24 hours to confirmed outbreaks of COVID-19 and other immediately reportable diseases (Percentage)		0.00	80.00
Percentage of district health centers/district hospitals with pandemic preparedness and response plans MoH guidelines (Percentage)		0.00	80.00
Percentage of health facilities with trained staff in infection prevention control per MoH approved protocols (Percentage)		0.00	80.00



Intermediate Results Indicators by Components

Indicator Name	DLI	Baseline	End Target
Medical Supplies and Equipment			
Percentage of district health centers/district hospitals with personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks (Percentage)		0.00	69.00
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents per MoH guidelines (Number)		1.00	15.00
Number of national contact center (call center) established and equipped with medical supplies and equipment. (Number)		0.00	1.00
Number of national and regional influenza laboratories equipped with diagnostic laboratory sample transport materials and Reverse Transcription Polymerase Chain Reaction (RT-PCR) and negative pressure (Number)		1.00	14.00
Number of airports and PoEs received PPE supplies for airport communities and land crossing PoEs. (Number)		0.00	18.00
Preparedness, Capacity Building and Training			
Percentage of program-supported regions with pandemic preparedness and response plans per MoH/agriculture guidelines (Percentage)		0.00	69.00
Number of “One Health”-based simulation exercises conducted and certified by MoH/ agriculture at national and sub-national levels (Number)		0.00	13.00
Number of health workers, health facility facilities Surveillance focal persons, PoE screeners, and Woreda, Zonal and regional PHEM officers trained on COVID-19. (Number)		88.00	2,457.00
Number of health extension workers received orientation to strength COVID-19 community-based surveillance (Number)		0.00	27,600.00



Indicator Name	DLI	Baseline	End Target
Number of health workers deployed for COVID-19 preparedness and response. (Number)		96.00	1,602.00
Community Discussions and Information Outreach			
Number of community conversations conducted at PoEs on their social structure. (Number)		0.00	48.00
Number of stakeholders at PoEs (Idir ekup, Dagu, and Abageda meetings, Women Development Army, and community leaders) trained. (Number)		500.00	27,600.00
Assessment conducted to identify behavioral and socio-cultural risk factors for COVID-19 covering all the regions. (Yes/No)		No	Yes
Isolation and Quarantine Centers			
Number of isolation centers, screening sites and quarantine centers established and equipped with medical supplies, protective equipment's and laundry machines. (Number)		0.00	174.00
Number of established additional screening posts/room (Number)		0.00	30.00
Project Management and Monitoring			
Number of PoEs, isolation and quarantine centers received weekly supportive supervision and monthly review meetings (Number)		0.00	192.00
Number of PoEs, isolation centers and quarantine centers that have prepared daily reports (Number)		0.00	192.00
Number of monthly assessed (using checklist) PoEs, isolation and quarantine centers (Number)		0.00	192.00
Percentage of complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed within 15 weeks of initial complaint being recorded (Percentage)		0.00	90.00



Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Achieving the required timeliness of reporting for COVID-19 and other immediately reportable diseases under IDSR	Numerator: Number of outbreaks (COVID-19 and other immediately reportable diseases) which were responded to within the required timelines under IDSR Denominator: Total number of outbreaks of immediately reportable diseases.	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
For the first 10 suspect cases in the country, percentage of lab results available within 72 hours	Numerator: First 10 suspect cases in the country for which lab results available within 72 hours Denominator: First 10 suspect cases in the country	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Responding within 24 hours to confirmed outbreaks of COVID-19 and other immediately reportable diseases	Numerator: Number of confirmed outbreaks of COVID-19 and other immediately reportable diseases responded to within 24 hours.	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI



	Denominator: Total number of confirmed outbreaks of COVID-19 and other immediately reportable diseases				
Percentage of district health centers/district hospitals with pandemic preparedness and response plans MoH guidelines	Numerator: district health centers/ district hospitals with pandemic preparedness and response plans per MoH Guidelines. Denominator: Total number of district health centers/ district hospitals.	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Percentage of health facilities with trained staff in infection prevention control per MoH approved protocols	Numerator: Health facilities with trained staff in infection prevention control per MoH approved protocols Denominator: Total number of health facilities.	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of district health centers/district hospitals with personal protective equipment and infection	Numerator: Number of district health centers/ district hospitals with	Quarterly	Project Reports	Review of Project Reports with defined methodology for data	EPHI



control products and supplies, without stock-outs in preceding two weeks	personal protective equipment and infection control products and supplies, without stock-outs in preceding two weeks. Denominator: Total number of district health centers/ district hospitals.			collection for each Results Framework Indicator	
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents per MoH guidelines	Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents per MoH guidelines.	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of national contact center (call center) established and equipped with medical supplies and equipment.	Number of national contact center (call center) established and equipped with medical supplies and equipment	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of national and regional influenza laboratories equipped with diagnostic laboratory sample transport materials and Reverse Transcription Polymerase Chain Reaction (RT-PCR) and negative pressure	Number of national and regional influenza laboratories equipped with diagnostic laboratory sample transport materials and RT-PCR and negative pressure	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI



Number of airports and PoEs received PPE supplies for airport communities and land crossing PoEs.	Number of airports and PoEs received PPE supplies for airport communities and land crossing PoEs.	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Percentage of program-supported regions with pandemic preparedness and response plans per MoH/agriculture guidelines	Numerator: Number of program-supported regions with pandemic preparedness and response plans per MoH/agriculture guidelines Denominator: Total number of program-supported regions	Wuarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of “One Health”-based simulation exercises conducted and certified by MoH/ agriculture at national and sub-national levels	Number of “One Health”-based simulation exercises conducted and certified by MoH/ agriculture at national and sub-national levels	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of health workers, health facility facilities Surveillance focal persons, PoE screeners, and Woreda, Zonal and regional PHEM officers trained on COVID-19.	Number of Health workers, health facility facilities. Surveillance focal persons, PoE screeners, and Woreda, Zonal and regional PHEM officers trained on COVID-19	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of health extension workers received orientation to strength COVID-19	Number of Health Extension Workers	Quarterly	Project Reports	Review of Project Reports with defined	EPHI



community-based surveillance	received orientation to strength COVID-19 community-based surveillance			methodology for data collection for each Results Framework Indicator	
Number of health workers deployed for COVID-19 preparedness and response.	Number of health workers deployed for COVID-19 preparedness and response.	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of community conversations conducted at PoEs on their social structure.	Number of community conversations conducted at PoEs on their social structure	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of stakeholders at PoEs (Idir ekup, Dagu, and Abageda meetings, Women Development Army, and community leaders) trained.	Number of stakeholders at PoEs (Idir ekup, Dagu, and Abageda meetings, Women Development Army, and community leaders) trained	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Assessment conducted to identify behavioral and socio-cultural risk factors for COVID-19 covering all the regions.	Assessment conducted to identify behavioral and socio-cultural risk factors for COVID-19 covering all the regions (Yes/No)	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI



Number of isolation centers, screening sites and quarantine centers established and equipped with medical supplies, protective equipment's and laundry machines.	174 (15 isolation centers, 138 quarantine centers and 18 screening sites)	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of established additional screening posts/room	Number of established additional screening posts/room	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of PoEs, isolation and quarantine centers received weekly supportive supervision and monthly review meetings	Number of PoEs, isolation and quarantine centers received weekly supportive supervision and monthly review meetings	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of PoEs, isolation centers and quarantine centers that have prepared daily reports	Number of PoEs, isolation centers and quarantine centers that have prepared daily reports	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI
Number of monthly assessed (using checklist) PoEs, isolation and quarantine	Number of monthly assessed (using checklist)	Quarterly	Project Reports	Review of Project Reports with defined	EPHI



centers	PoEs, isolation and quarantine centers			methodology for data collection for each Results Framework Indicator	
Percentage of complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed within 15 weeks of initial complaint being recorded	Numerator: Number of complaints to the GRM addressed in four weeks of initial complaint being recorded. Denominator: Number of complaints to the GRM	Quarterly	Project Reports	Review of Project Reports with defined methodology for data collection for each Results Framework Indicator	EPHI



ANNEX 1: Project Costs

COUNTRY: Ethiopia
Ethiopia COVID-19 Emergency Response

COSTS AND FINANCING OF THE COUNTRY PROJECT

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
Medical Supplies and Equipment	43.97	43.97	0.00	0.00
Preparedness, Capacity Building and Training	22.20	22.20	0.00	0.00
Community Discussions and Information Outreach	8.50	8.50	0.00	0.00
Quarantine, Isolation and Treatment Centers	6.93	6.93	0.00	0.00
Project Implementation and Monitoring	1.00	1.00	0.00	0.00
Total Costs				
	Total Costs	82.60		
	Front End Fees	0.00		
	Total Financing Required	82.60		

ANNEX 2: Implementation Arrangements and Support Plan

COUNTRY: Ethiopia Ethiopia COVID-19 Emergency Response

1. **The implementation support for this project will build on existing arrangements for the components of the Africa CDC Regional Project (P167916).** Implementation support will focus on ensuring timely implementation of agreed project action plans and activities; providing the necessary guidance in the implementation of proposed assessments; and documenting lessons learnt. The World Bank will be working with other key stakeholders including partners supporting these initiatives. The focus areas will be:

- **Monitoring and Evaluation:** Providing technical support during implementation support; building capacities for designing and implementation of behavioral and sociocultural risk factors assessments; for conducting a "One Health"-based simulation exercises in collaboration with Agriculture at national and sub-national levels; and undertaking impact assessments of the behavioral and sociocultural; building the capacity for PIU and GMU's on self-assessment and documenting lesson learnt. Semi-annually review will be conducted by the respective stakeholders and verify the findings of the self-assessments.
- **Procurement:** (i) support EPHI in finalization of procurement manual and Standard Bidding documents; (ii) provide inputs to capacity building of EPHI, PMU and MoH Procurement Units; and (iii) monitor implementation of agreed risk mitigation measures.
- **Financial Management:** Support and follow-up the implementation of the FM action plans based on the FM assessment results. In addition to the regular FM related support, FM supervision mission will be conducted semi-annually to review the FM arrangements and obtain reasonable assurance that project resources are being used for the intended purposes. This exercise will also help to build the capacity of the finance units and Internal Audit department of implementing entities in ensuring robust FM and effective oversight.
- **Environmental and Social:** Monitor the implementation of the agreed safeguard tools and measures including SEP at all level and provide guidance in revising the existing ESMF. The RCCE activities will need a strong and diverse support group, including expertise on health/COVID19, local sociopolitical context and social dynamics, and communication/media expertise, all in addition to World Bank standards expertise. The way the World Bank will support the Government will depend on how the Government will procure the same expertise on their side. Given the sensitivity as well as time pressure on this aspect, the World Bank will mobilize additional expertise with short-term consultants. Implementation support will also include creation of coordination structures within the World Bank as well as between the World Bank and the Government.

Table 1.1: Dated Covenant for Implementation Readiness

Action	Timeline
the Recipient shall recruit a finance officer, a procurement officer, and an environmental and social safeguards officer for the Grants Management Unit, in each case, with qualifications, experience and terms of reference acceptable to the World Bank.	One (1) month after project effectiveness.
The Recipient shall prepare and adopt a project implementation manual	One (1) month after



<p>(“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, 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 World Bank.</p>	<p>project effectiveness.</p>
<p>The Recipient shall 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.</p>	<p>One (1) month after project effectiveness.</p>

Table 1.2: Focus areas for Implementation Support

Time	Focus	Skills Needed	Resource Estimate (US\$)	Partner Role
First three months	Development of three months plan; undertaking the behavioral and sociocultural risk factors assessments; inducting a “One Health”-based.	<ul style="list-style-type: none"> • Monitoring and evaluation • Fiduciary • Social and environment 	100,000	Coordination with WHO and others
	Conducting a “One Health”-based simulation exercises.	<ul style="list-style-type: none"> • Technical • Hands on monitoring and evaluation support for simulation exercises 		



4-15 months	<p>Timely implementation of action plan from the behavioral and sociocultural risk factor assessments; timely Implementation of action plan from the "One Health"-based simulation exercises.</p> <p>Impact assessments of the behavioral and sociocultural risk factor assessment.</p> <p>Additional expertise and resources and creation of coordination structures within our team as well as between the World Bank and GoE.</p>	<ul style="list-style-type: none">• Technical• Fiduciary• Social and environment• Hands on monitoring and evaluation support for• Monitoring and evaluation	400,000	Coordination with WHO and others
-------------	--	---	---------	----------------------------------