



Report and Recommendation of the President to the Board of Directors

Project Number: 45009-003
Loan Number: 2963
April 2020

Proposed Emergency Assistance Loan for Additional Financing Mongolia: Fifth Health Sector Development Project

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Asian Development Bank

CURRENCY EQUIVALENTS

(as of 7 April 2020)

Currency unit	–	togrog (MNT)
MNT1.00	=	\$0.00036
\$1.00	=	MNT2,778.0

ABBREVIATIONS

ADB	–	Asian Development Bank
COVID-19	–	coronavirus disease
EMP	–	environmental management plan
GASI	–	General Agency for Specialized Inspection
IPC	–	infection prevention and control
MOH	–	Ministry of Health
O&M	–	operation and maintenance
PAM	–	project administration manual
PIU	–	project implementation unit
SARI	–	severe acute respiratory infection
SDR	–	special drawing right
UN	–	United Nations
WHO	–	World Health Organization

NOTE

In this report, "\$" refers to United States dollars.

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PROJECT AT A GLANCE

1. Basic Data		Project Number: 45009-003	
Project Name	Fifth Health Sector Development Project (Emergency Assistance Loan for Additional Financing)	Department/Division	EARD/MNRM
Country Borrower	Mongolia Ministry of Health	Executing Agency	Ministry of Health (formerly Ministry of Health and Sports)
Country Economic Indicators Portfolio at a Glance	https://www.adb.org/Documents/LinkedDocs/?id=45009-003-CEI https://www.adb.org/Documents/LinkedDocs/?id=45009-003-PortAtaGlance		
2. Sector	Subsector(s)	ADB Financing (\$ million)	
✓ Health	Disease control of communicable disease		29.50
	Health sector development and reform		0.50
		Total	30.00
3. Operational Priorities		Climate Change Information	
✓ Addressing remaining poverty and reducing inequalities		Climate Change impact on the Project	Low
✓ Accelerating progress in gender equality			
✓ Strengthening governance and institutional capacity			
Sustainable Development Goals		Gender Equity and Mainstreaming	
SDG 3.3, 3.4, 3.d		Effective gender mainstreaming (EGM)	✓
		Poverty Targeting	
		General Intervention on Poverty	✓
4. Risk Categorization:	Low		
5. Safeguard Categorization	Environment: C Involuntary Resettlement: C Indigenous Peoples: C		
6. Financing			
Modality and Sources		Amount (\$ million)	
ADB		30.00	
Sovereign Project (Concessional Loan): Ordinary capital resources		30.00	
Cofinancing		0.00	
None		0.00	
Counterpart		4.43	
Government		4.43	
Total		34.43	
Currency of ADB Financing: US Dollar			

I. THE PROPOSAL

1. I submit for your approval the following report and recommendation on a proposed emergency assistance loan to Mongolia for the additional financing of the Fifth Health Sector Development Project.

2. The additional financing will support needs related to (i) emergency upgrades of key hospital facilities in Ulaanbaatar and other regions to face the coronavirus disease 2019 (COVID-19) outbreak and strengthen preparedness for future epidemic and pandemic emergencies, and (ii) the prevention and control of hospital-acquired infections. It complements ongoing initiatives in the health sector in Mongolia.

II. THE PROJECT

A. Rationale

3. **Description of the emergency.** On 30 January 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern and on 11 March 2020 a pandemic.¹ Since the outbreak began in mid-January 2020, the Government of Mongolia initiated stringent emergency measures to prevent the spread of the virus into Mongolia. The measures include international and national travel restrictions; nonessential business closures; public awareness campaigns on the prevention of the spread of the virus; preparation of hospitals for emergencies; restriction of public gatherings, meetings, and celebrations; and the closure of schools. These actions prevented the spread of the virus and, as of 27 April 2020, the Ministry of Health (MOH) reported 38 confirmed cases, 1,687 suspected cases under quarantine, and no deaths because of COVID-19. The 38 confirmed cases are overseas returnees. The government estimates that more than 150,000 Mongolians are currently overseas and of which 7,800 are waiting to return immediately from infected countries. The government estimates that about 20% of the population (more than 772,000 people) are at high risk of death from COVID-19 infection. These include the elderly (400,000 people); people with chronic diseases (350,000 people); and others, including people with cancer, immunocompromised people, and those requiring hemodialysis.

4. **Request for emergency assistance.** On 27 March 2020, the Government of Mongolia requested emergency assistance support from the Asian Development Bank (ADB) to support the health sector to improve facilities to prevent and manage the current COVID-19 outbreak and future epidemic and pandemic emergencies. The project meets the requirements for emergency assistance financing.

5. **Damage and needs assessment.** There are 18,669 hospital beds in Mongolia, of which 2,916 beds (including 633 with intensive care facilities) are dedicated to COVID-19 treatment. However, with estimates of about 20% of the population at high risk of death from COVID-19 infection, there is a shortage of essential priority equipment and medical supplies that can address this potential surge of patients. There is a need for ventilators, critical care monitoring equipment, ambulances, other priority laboratory equipment and supplies, and sterilization services nationwide to properly respond to the virus outbreak. Without a stronger disease surveillance and

¹ Under the Disaster and Emergency Assistance Policy of the Asian Development Bank, in addition to natural events, disasters may be caused by epidemics. The policy further provides that “an emergency occurs after a disaster when unforeseen circumstances require immediate action and local capacity is insufficient to address and manage traumatic events.” Furthermore, the policy states that these situations may strain domestic capacity and disrupt economic and social activity. ADB. 2004. *Disaster and Emergency Assistance Policy*. Manila. p. 2.

diagnostic system, Mongolia remains vulnerable to a rapidly increasing number of COVID-19 cases and other emerging infectious diseases and public health emergencies. These strengthened surveillance and laboratory capacities are urgently needed given how fast the COVID-19 virus has moved across countries and taking into account how local transmission has taken hold in other developing member countries. There is also a need to respond to existing challenges in the health system's readiness to respond to large-scale and complex events in an effective, efficient, and coordinated way.² Although large stocks of medical supplies in multiple areas within Mongolia were created recently by various international development agencies, this was done on an ad hoc basis in the absence of an integrated system to manage existing stocks in a centralized manner. There is also no stock shelf-life extension program in place, and there is no plan to address potential future fiscal liabilities in terms of replacement and disposal costs. An improved logistics and warehousing system is immediately needed to ensure efficient distribution and use of these medicines and supplies in responding to COVID-19.

6. WHO's evaluation of core capacities in Mongolia revealed that preparedness of the country is limited, particularly in regard to the mapping of potential hazards, the identification and maintenance of available resources (including stockpiles), and the capacity to support intermediate and primary response operations during a public health emergency.³ Mongolia operates most of its responses under the overarching guidance provided by the National Emergency Commission. The government prepared the National Emergency Response Plan⁴ with extensive inputs from the international community, led by the United Nations (UN). The plan's key measures include the level of quarantine needed, closures of borders, the conduct of surveys of the current situation, training of health personnel on emergency preparedness, the creation of a database on the health conditions of people aged 60 and above, and the improvement of health facilities. Initial estimates from the National Emergency Response Plan suggest overall needs are about \$240 million, of which \$50 million is required for the health sector.

7. **Economic impacts.** There is no clear estimate of the economic and financial losses caused by the pandemic on Mongolia. However, gross domestic product growth will be much lower in 2020 than envisioned—ADB has revised the 2020 forecast down from 6.0% to 2.1%.⁵ Mongolia is a highly vulnerable country with high debt and huge dependence on mineral exports. This will have a major fiscal impact, with total budget revenues already down by 10.6% (\$63 million equivalent) during January–February 2020. This will severely constrain the ability of the government to respond to this emergency. The wide range of sectors that have been affected include small and medium-sized businesses and industries, the service sector (because of travel restrictions and lockdowns), the mining and extractive sector (because of the plunge in commodity prices and transport restrictions), and vulnerable segments of the population (due to loss of jobs and cutback in wages). In addition, children are impacted mainly because of the closure of the schools and the suspension of the government-run children's food program, which is the main nutrition source for more than 440,000 children.

² WHO. 2017. *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies: Advancing Implementation of International Health Regulations (2005)*. Geneva.

³ World Health Organization. 2017. *Joint External Evaluation of International Health Regulation Core Capacities of Mongolia*. Geneva.

⁴ Government of Mongolia. 2020. *Deputy Prime Minister Order No. 26: Strategic Preparedness and Response Plan to Stop Further Transmission of Coronavirus*. Ulaanbaatar. 20 March.

⁵ ADB. 2019. *Asian Development Outlook 2019: Strengthening Disaster Resilience*. Manila; and ADB. 2020. *Asian Development Outlook 2020: What Drives Innovation in Asia?* Manila.

8. **Poverty impacts.** The poverty rate in Mongolia is estimated to be 28.4%.⁶ Urban subdistricts in Ulaanbaatar are particularly vulnerable, as they have high baseline levels of poverty, environmental vulnerability, underemployment, and underinvestment; in addition, they had poor access to services before the epidemic. The rural poor depend on daily farming and herding livestock as their main source of income. Most settlements are in desert areas and in ecologically critical areas.

9. **Development partner coordination.** A joint health sector committee led by the UN Resident Coordinator and the MOH is coordinating the COVID-19 emergency response actions in Mongolia. The other committee members include UN specialized agencies, ADB, the European Commission, the World Bank, embassies with programs in the health sector, and nongovernment organizations. This committee also has the mandate to coordinate international assistance to the health sector. So far, most assistance has been provided by ADB, foreign governments, and UN agencies, with the Government of Japan providing testing equipment and UN agencies providing \$1 million for the purchase of protective equipment for the National Emergency Management Agency. The World Bank approved a loan of \$26.9 million to support the purchase of medical equipment and procurement arrangements will be coordinated with those of the World Bank.

10. **ADB's actions on emergency.** In February 2020, ADB redirected \$1.4 million in loan savings from an existing loan to procure essential medical equipment for early detection of, emergency care for, and management of severe respiratory disease.⁷ All equipment was delivered to the government in March 2020. In addition, in March 2020, ADB approved technical assistance of \$225,000 to assist in strengthening public health risk and resource mapping and coordination, introducing incident management systems, and improving the capacity of health workers on infection prevention and control (IPC) nationally and locally.⁸ All key experts have been recruited, and hands-on trainings are ongoing in all 21 *aimags*.⁹ On 24 March 2020, ADB approved a \$1 million grant from the Asia Pacific Disaster Response Fund primarily for medical supplies and other initial support required for dealing with the emergency. ADB is also processing a countercyclical program loan for \$100 million under the COVID-19 Pandemic Response Option. These interventions are mutually complementary, as the proposed project will support health sector needs directly responding to COVID-19, while the COVID-19 Pandemic Response Option will support the Government of Mongolia's ongoing stimulus initiatives to mitigate the severe negative economic impacts.

11. The proposed project will also build on ADB's extensive experience in the health sector in Mongolia since 1992. ADB is the sector's lead development partner and has provided 5 loans, 7 grants, and 15 technical assistance projects to the sector, of which two are ongoing projects. Some of the key outputs achieved across the health sector portfolio have included (i) a health sector master plan; (ii) the introduction of information and communication technology systems for tracking health statistics and reporting; (iii) medicine and pharmaceutical procurement reforms; (iv) establishment of a health insurance framework; and (v) drafting and enactment of key health policies and laws, including the Health Law, 2016.

⁶ World Bank. 2020 *Mongolia Poverty Update*. Washington DC.

<https://www.worldbank.org/en/country/mongolia/publication/mongolia-poverty-update>

⁷ ADB. 2012. *Report and Recommendation of the President to the Board of Directors: Proposed Loan to Mongolia for the Fifth Health Sector Development Project*. Manila.

⁸ ADB. 2020. *Technical Assistance to Mongolia for Support for Improving the Preparedness and Response to Novel Coronavirus Outbreak*. Manila.

⁹ Provincial administrative unit in Mongolia.

12. **The original project.** ADB approved the Fifth Health Sector Development Project on 10 December 2012, which became effective on 14 June 2013. At the time of approval, the total project cost was \$38.38 million, of which ADB's share was SDR19,483,000 (equivalent to \$30 million), through a loan from the Asian Development Fund and the government's counterpart financing was \$7.71 million. WHO provided in-kind parallel cofinancing of \$480,000. The project has three components: (i) safe blood transfusion focused on establishing the National Center for Transfusion Medicine in Ulaanbaatar, equipping the facilities, systems for safe blood transfusion in referral hospitals, and developing blood donor management systems; (ii) medical waste management focused on upgrading the medical waste management facilities in selected hospitals to meet national standards; and (iii) hospital hygiene and IPC focused on upgrading microbiology laboratories and sterilization departments in tertiary and secondary general hospitals to meet national standards, developing an effective surveillance system for hospital-acquired infections and developing capacity of health care workers and administrative staff. The current project closing date is 28 February 2021.

13. In spite of a start-up delay, the current project has been performing well, as evidenced by the following:

- (i) The overall project progress is about 93%; component 1 (safe blood transfusion) and component 2 (medical waste management) have been completed, while component 3 (hospital hygiene and infection prevention control) is 88% complete and is due to be completed by September 2020.¹⁰
- (ii) Seven of the nine original outputs have been achieved and one output was dropped at the request of the government; the remaining output is on track to be achieved by the project closing date.¹¹
- (iii) The project is rated *on track* under the project performance system.
- (iv) The review of safeguards compliance confirmed that the project has no fiduciary or safeguards policy compliance issues and that each safeguard covenant item is being complied with.
- (v) The management of risks is rated *successful*, as all risks included in the risk assessment and risk management plan have been managed successfully.
- (vi) As of March 2020, of the total \$27.0 million (90%), \$24.4 million has been contracted and \$22.7 million (84%) has been disbursed.

14. **Key lessons.** Lessons from the current project include the following:

- (i) The project scope, which involved implementing three components across the entire country, was too ambitious and resulted in the executing agency, project implementation unit (PIU), and design and technical consultants being spread too thin trying to supervise and coordinate design, civil works, and equipment installations at too many sites.
- (ii) A lack of coordination between the design and technical consultants in upgrading the laboratories and central sterilization service departments led to alterations in specifications, resulting in unforeseen additional costs and delays in the civil works.
- (iii) Frequent turnover of government staff resulted in regular changes of bid evaluation committees.

The Mongolia Resident Mission will closely work with the MOH to ensure the above issues in the current project are addressed up-front for the additional financing.

¹⁰ At the government request, nine more central sterilization service departments in eight additional hospitals was added to the project scope in 2019.

¹¹ Pending the completion of the upgrades of the hospitals' sterilization departments in eight additional projects sites.

15. **The additional financing.** The additional financing will support component 3 through (i) increasing the number of project sites for upgrading sterilization departments to cover all referral (secondary and tertiary) hospitals nationwide; (ii) increasing the capacity of hospitals to diagnose and treat COVID-19 patients and other severe acute respiratory infection (SARI) patients, including by providing intensive care and ambulance services; (iii) improving diagnostic capacity for COVID-19 and SARI at the National Center for Communicable Diseases and hospitals in border *aimags* with a high risk of imported cases; and (iv) establishing a warehouse facility to maintain and manage centralized stockpiles of medicines and medical devices for emergency situations in Ulaanbaatar. ADB will coordinate closely with development partners through the health sector committee to identify synergies and avoid duplication.

16. **Choice of Modality.** The proposed additional financing meets all eligibility requirements for an emergency assistance loan (EAL) per para. 15 of OM D7 as follows: (i) the government's request for assistance has been received (para. 4); (ii) potential impact on social needs and priorities has been identified in a damage and needs assessment; (iii) COVID-19 pandemic involves significant economic dislocation and the proposed EAL is intended to address immediate needs; (iv) no security risks to ADB staff are anticipated; and (v) the level of burden and risk sharing among the stakeholders is appropriate.¹²

17. **Impact of the additional financing.** The overall project will remain technically and economically viable, and financially sustainable with the additional financing. The safeguards categorization of the overall project will also remain unchanged. The additional financing will enhance the current project's original design and add effective support for the development of the health sector. The additional financing will support the achievement of the impact and outcome of the project, as well as ADB's contribution to emergency preparedness in health sector development in Mongolia.

18. **Processing under the Fifth Health Sector Development Project.** The proposed additional financing also meets the following qualifying criteria as set out in the current project: (i) the project scope includes improvement of IPC measures in health care facilities; (ii) the short start-up period ensures project readiness, which is ideal for a post-disaster transition and recovery period; (iii) the performance of the project is satisfactory and outputs have almost been completed; (iv) the MOH and PIU are fully staffed, familiar with ADB processes, and the additional financing activities will scale up component 3 of the current project; and (v) the project is classified category B for environment and C for involuntary resettlement and indigenous peoples.

B. Impact and Outcome

19. The impact and the outcome of the overall project remain unchanged from the current project. The project is aligned with the following impact: improved quality of health services in Mongolia.¹³ The project will have the following outcome: improved patient and health worker safety in project-supported hospitals in Mongolia.¹⁴ The overall project's geographical focus will include referral hospitals in Ulaanbaatar and *aimag* centers.

20. The additional financing will increase the quality of health services for emergency preparedness for epidemics and pandemics in Mongolia to face the COVID-19 pandemic and will

¹² ADB. 2015. *Processing and Administration of Emergency Assistance Loans. Compendium of Staff Instructions*. Manila.

¹³ Government of Mongolia. 2016. *The State Policy on Health, 2017–2026*. Ulaanbaatar.

¹⁴ The design and monitoring framework is in Appendix 1.

benefit health sector management in the longer term. It will also strengthen the project's outcome, especially during emergencies.

C. Outputs

21. The nine outputs of the current project remain unchanged (para. 22). The additional financing will increase diagnostic and treatment capacity of hospitals to manage COVID-19 and SARI patients (new output 10), establish a national medical countermeasures stockpile in Ulaanbaatar (new output 11), and expand the project sites for upgrading sterilization departments in tertiary and secondary hospitals nationwide (output 6)—all under component 3. All other outputs of the current project have been completed.

22. The outputs of the overall project are grouped under three components. The 3 components and the 11 outputs are as follows:

- (i) **Component 1: Safe blood transfusion.** The current project has assisted the government in establishing the National Center for Transfusion Medicine in Ulaanbaatar by building a new facility, providing equipment, improving management systems, implementing capacity building measures, and obtaining international accreditation (output 1). It has also improved safe blood transfusion in *aimag* general hospitals nationwide and selected *soums* (districts) by upgrading facilities; providing equipment; training personnel; and organizing blood donor management systems, including public awareness (output 2).
- (ii) **Component 2: Medical waste management.** The current project has strengthened the medical waste management system in selected hospitals to meet national standards by upgrading facilities, providing equipment, updating standards and protocols, and training personnel (output 4). Expansion of the central medical waste management facility (output 3) was canceled at the request of the government.
- (iii) **Component 3: Hospital hygiene and infection prevention and control.** The current project has upgraded microbiology laboratories (output 5) and sterilization departments (output 6) in tertiary and secondary general hospitals to meet national standards by upgrading infrastructure, providing equipment, and training personnel. The current project developed and institutionalized an effective surveillance system for hospital-acquired infections (output 7); strengthened awareness, knowledge, and capacity of health authorities, health care workers and administrative staff on IPC (output 8); and assisted in the incorporation of IPC in hospital quality management systems (output 9).
- (iv) The additional financing, under Component 3, will (a) expand project sites under output 6 to cover all referral (secondary and tertiary) hospitals nationwide; (b) increase the capacity of hospitals to diagnose and treat COVID-19 and SARI patients, including by providing intensive care and ambulance services (new output 10); (c) improve diagnostic capacity for COVID-19 and SARI at the National Center for Communicable Diseases and hospitals in border *aimags* with a high risk of imported cases; and (d) establish a warehouse facility to maintain and manage centralized stockpiles of medicines and medical devices for emergency situations in Ulaanbaatar (new output 11).

D. Investment and Financing Plans

23. The project is estimated to cost \$72.62 million (Table 1). Detailed cost estimates by expenditure category and detailed cost estimates by financier are included in the project administration manual (PAM).¹⁵

Table 1: Project Investment Plan
(\$ million)

Item	Current Amount ^a	Additional Financing ^b	Total
A. Base Cost^c			
1. Component 1: Safe blood transfusion	14.59	0.00	14.59
2. Component 2: Medical waste management	3.92	0.00	3.92
3. Component 3: Hospital hygiene and infection prevention and control	15.23	32.69	47.92
4. Project management	0.74	0.34	1.08
5. Recurrent cost	2.50	0.00	2.50
Subtotal (A)	36.98	33.03	70.01
B. Contingencies^d	0.36	1.00	1.36
C. Financing Charges During Implementation^e	0.85	0.40	1.25
Total (A+B+C)	38.19	34.43	72.62

^a Refers to the original amount. Includes taxes and duties of \$7.71 million financed from government resources.

^b Includes taxes and duties of \$4.43 million to be financed from government resources through exemption.

^c Prices as of 26 March 2020.

^d Physical contingencies computed at 1.5% for civil works and equipment. Price contingencies computed at 2% on foreign exchange costs and 1% on local currency costs; includes provision for potential exchange rate fluctuation under the assumption of a purchasing power parity exchange rate.

^e Includes interest and commitment charges. Interest during construction for a regular ordinary capital resources (OCR) loan has been computed at the 5-year forward London interbank offered rate plus a spread of 1%. Commitment charges for a regular OCR loan are 1% per year to be charged on the undisbursed loan amount. Interest rate for a concessional OCR loan has been computed at 1% per year.

Source: Asian Development Bank estimates.

24. The government has requested a concessional loan in various currencies equivalent to SDR21,960,000 (\$30 million equivalent)¹⁶ from ADB's ordinary capital resources to help finance the project. The loan will have an interest charge at the rate of 1.0% per year; a term of 40 years, including a grace period of 10 years; repayment of principal at 2% per year for the first 10 years after the grace period and 4% per year thereafter; and such other terms and conditions set forth in the draft loan agreement.

Table 2: Financing Plan

Source	Current ^a		Additional Financing		Total	
	Amount (\$ million)	Share of Total (%)	Amount (\$ million)	Share of Total (%)	Amount (\$ million)	Share of Total (%)
ADB						
ADF	30.00	78.6			30.00	41.3
OCR (concessional loan)			30.0	87.1	30.00	41.3
World Health Organization	0.48	1.3	0.0	0.0	0.48	0.7
Government	7.71	20.1	4.43	12.9	12.14	16.7
Total	38.19	100.0	34.43	100.0	72.62	100.0

ADB = Asian Development Bank, ADF = Asian Development Fund, OCR = ordinary capital resources.

^a Refers to the original amount and any previous additional financing. The German Federal Ministry of Health's contribution of \$0.19 million was cancelled in 2014, after approval of the current project.

Source: ADB estimates.

¹⁵ Project Administration Manual (accessible from the list of linked documents in Appendix 2).

¹⁶ SDR0.73201619 = \$1.00 as of 16 April 2020.

E. Implementation Arrangements

25. The implementation arrangements are summarized in Table 3 and described in detail in the PAM. The arrangement is similar to the current project and will use the existing PIU.

Table 3: Implementation Arrangements

Aspects	Arrangements		
Implementation period	April 2020–April 2022		
Estimated completion date	31 October 2021		
Estimated loan closing date	30 April 2022		
Management			
(i) Oversight body	Project steering committee (which will be expanded to cover the additional financing) Vice minister of health (chair) Senior officials from the Ministry of Health; Ministry of Finance; Ministry of Labor and Social Welfare; Ministry of Nature, Environment, and Tourism; State Social Insurance General Office; Ulaanbaatar City Mayor's Office; General Agency for Specialized Inspection; Health Sciences University of Mongolia; Pharmaceutical Association of Mongolia; Hospital Association of Mongolia; Mongolian Consumer Association; and Mongolian Association of Family Doctors (members). A representative of the National Center for Transfusion Medicine and a representative of the National Center for Communicable Diseases will be added to the list of members.		
(ii) Executing agency	Ministry of Health		
(iii) Key implementing agencies	Ministry of Health and National Center for Communicable Diseases		
(iv) Implementation unit	Ulaanbaatar, 10 staff		
Procurement	Shopping	15 contracts	\$29 million
Consulting services	Individual	5 person-months (international), 22 person-months (national)	\$0.127 million
Retroactive financing and/or advance contracting	Withdrawals from the loan account may be made for reimbursement of eligible expenditures incurred under the project before the effective date in connection with medical equipment needed for COVID-19 treatment and prevention, subject to a maximum amount equivalent to 30% of the loan amount, provided that the expenditures have been incurred after the emergency occurred but not earlier than 26 February 2020 the day government issued the resolution to finance COVID-19 emergency response actions in the health sector. Advanced contracting will be initiated for all equipment.		
Disbursement	The loan proceeds will be disbursed in accordance with ADB's <i>Loan Disbursement Handbook</i> (2017, as amended from time to time) and detailed arrangements agreed between the government and ADB.		

ADB = Asian Development Bank, COVID-19 = coronavirus disease, PIU = project implementation unit.

Source: ADB.

III. DUE DILIGENCE

A. Technical

26. All project components will be designed taking into account local conditions and following relevant national guidelines. The project plans to procure similar equipment to existing equipment being procured by development partners and WHO, which will minimize operation and maintenance (O&M) risks such as spare parts and training. Maintenance services will be included

in the supply contracts; strengthening of maintenance services, planned under the project, will enhance local capacities for O&M of supplied equipment.

B. Economic and Financial

27. Mongolia will suffer significant economic impacts because of COVID-19, with estimated losses amounting to \$71 to \$276 million.¹⁷ The number of infected is 1.5 million globally and deaths reached 92,798 (as of 10 April 2020).¹⁸ In the short run, the virus overwhelms the existing health system, which is unable to cope with the increased need for intensive care, protective equipment, and human resources. In Mongolia, COVID-19 has impacted economic activity through various channels, including declines in domestic consumption, production, investment, trade and tourism receipts, as a result of stringent measures enacted to contain the spread of the virus. In the short to medium run, COVID-19 will lead to higher unemployment and continued disruption of schooling, with likely detrimental effects on human capital development. As evidenced across the region, COVID-19 also has debilitating effects on community systems and resilience through additional deaths and increased morbidities. The project outputs are expected to generate benefits that will mitigate loss of human capital, and address short-term gaps and deficiencies in the health system. ADB is conducting an economic analysis prior to loan approval to ensure the cost-effectiveness and viability of ADB's emergency assistance.

28. Project outputs are public service goods with no opportunity for cost recovery, so no financial viability assessment is required. The equipment procured and medical warehouse facility will be maintained using the relevant ministries' ongoing recurrent budget. The current project considered an average depreciation value of \$2 million per annum for the equipment, under which the recurrent cost impact would be \$2.4 million per annum, representing about 1% of the total recurrent costs of 2011. The counterpart funding and O&M costs are considered both financially sustainable and affordable. A loan covenant makes provision for adequate counterpart funding.

C. Governance

29. The MOH is a long-term partner of ADB, and has been actively involved in implementing health sector development projects since 1991. A PIU was established as part of the current project.

30. Based on the original procurement assessment of the executing agency and the PIU, and subsequent procurement carried out under the current project, the executing agency and the PIU have demonstrated their general ability to conduct procurement in compliance with ADB policy and procedural requirements and national laws and regulations on public procurement. The implementing agencies have procurement experience using ADB policies and procedural requirements. However, to expedite implementation and coordination with other development partner assistance, all procurement under the project will be carried out by the executing agency and coordinated by the PIU. The government has advised that it does not wish to apply universal procurement for the project and that the required goods, works, and services can readily be sourced from ADB member countries. Therefore, the loan documents will provide that universal procurement will not be required for the project unless ADB determines, during implementation, that universal procurement is required for efficient procurement of goods, works, or services to achieve the purposes of the loan.

¹⁷ ADB. 2020. The Economic Impact of the COVID-19 Outbreak on Developing Asia. *ADB Briefs*. No. 128. Manila.

¹⁸ P. Walker et al. 2020. *The Global Impact of COVID-19 and Strategies for Mitigation and Suppression*. London: Imperial College.

31. Similarly, based on the financial management assessments of MOH and the National Center for Communicable Diseases, and subsequent assessments carried out under the current project, these two agencies have adequate accounting professionals and have computerized financial accounting and reporting systems. Procedures on the flow of accounting, financial, and project physical progress related to the current project activities are available. All the agencies have clearly defined responsibilities, with accountability assigned to different units at different levels of authority.

32. The National Audit Office will arrange annual audits for the project. The financial management assessments concluded that the financial management systems in the executing and implementing agencies meets government requirements in terms of staffing, accounting, and internal control. The PIU staff will implement the project in compliance with ADB's policy, operation, and procedural requirements.

33. ADB's Anticorruption Policy (1998, as amended to date) was explained to and discussed with the government and the MOH. The specific policy requirements and supplementary measures are described in the PAM.

D. Poverty and Social

34. The project will improve emergency preparedness during epidemics and pandemics and health workers' safety in hospitals in Mongolia. The additional financing will benefit directly the 20% of the population that are at high risk of death from COVID-19 infection, and about 13,500 health workers will also benefit directly, especially those with professions that put them at occupational risk due to COVID-19 pandemic. The additional financing will provide gender and culturally sensitive information, education and awareness raising, and communication on the COVID-19 pandemic.

35. **Gender.** The original project is classified *effective gender mainstreaming* and most activities under the gender action plan are at the final stages of successful completion. Activities include sex-disaggregated data collection, gender-sensitive public outreach, targets for women's participation in training events, and career development of female health workers. Women constitute 82% of the health care workforce. Women are commonly responsible for blood processing, IPC, waste management and handling, cleaning, and disinfection; and are the most exposed to hospital-acquired infections and transfusion-transmitted infections. Women also constitute about 80% of hospital patients. To ensure that women continue to access medical services during the pandemic, the MOH is reviewing medical protocols periodically based on WHO advice. As such, medical services directly responding to women's needs (e.g., obstetrics) remain in full operation. Under the additional financing, women health frontline workers (doctors and nurses) will be trained on the guidelines of diagnosis and treatment of patients with COVID-19 and SARI. This will ensure that patients receive adequate treatment and that health frontline workers are fully cognizant of personal safety protocols.

E. Safeguards

36. **Environment.** The additional financing is categorized C for environment. Although the proposed activities under the additional financing will not have any direct environmental impacts, some impacts relating to the construction of the warehouse facility are likely, but these will be minimal and will be within the boundaries of an existing health facility in Ulaanbaatar. The likely impacts of this construction will be addressed through developing an environmental management plan (EMP) to address localized adverse impacts and risks during the construction phase. The

EMP of the current project will also updated for any risks related to unsafe collection, storage, treatment, and disposal of medical and chemical liquid waste generated by health facilities.

37. The EMP contained in the PAM will be updated based on the final design of the proposed warehouse facility and will be submitted to ADB for review and approval prior to awarding the civil works contract. Contractors (during construction) and facility operators and the MOH (during operation) will implement these measures. The Government of Mongolia, through the MOH, is committed to managing identified environmental risks and has agreed on a comprehensive set of loan covenants. The additional financing project will have significant environmental, health, and safety benefits.

38. **Involuntary resettlement and indigenous peoples.** Similar to the current project, the additional financing will not trigger involuntary resettlement and indigenous peoples safeguard requirements and is classified category C for both social safeguard areas. Project activities will not involve land acquisition, and any civil works will likely be confined to project facilities' existing lands or government-owned lands. The proposed site for the new warehouse facility is known to be government-owned land. If any resettlement impacts are unavoidable for any project activities, the borrower shall inform ADB, prepare a resettlement plan for such activities in accordance with ADB's Safeguard Policy Statement (2009), and carry out any such land acquisition and resettlement activities in accordance with the Safeguard Policy Statement and approved resettlement plan. All ethnic groups will have equal opportunities to avail themselves of and access benefits from the project, if they require health and medical attention. The project will implement effective ways to design and deliver information, education, and communication activities to the public to promote social inclusiveness and effective communication. Dissemination of COVID-19 messages within communities will be conducted in both the Mongolian language and local languages.

F. Risks and Mitigating Measures

39. Major risks and mitigating measures are summarized in Table 4 and described in detail in the risk assessment and risk management plan.¹⁹

Table 4: Summary of Risks and Mitigating Measures

Risks	Mitigating Measures
Lack of government investment, late assignment of staff, and insufficient allocation of recurrent funds	A loan covenant makes provision for the government's inclusion of appropriate recurrent funds in yearly budgets submitted for MOF endorsement and Parliament approval. ADB and the PIU will monitor inclusion of costs in the MOH's budget.
Delay in procurement	The PIU and procurement consultant will provide support to the MOH in preparing technical specifications and during the bidding process.
Corrupt practices and related risks in financial management and procurement	MOH will support strengthening audit systems, implement spot reviews of procurement and financial procedures, make procurement awards public, and provide procurement and financial management training to staff.
Unsustainable implementing capacity	ADB, through the current project, will continue to provide support to further strengthen the capacity of the MOH. This will alleviate MOH staff concerns about job security and mitigate turnover.

ADB = Asian Development Bank, MOF = Ministry of Finance, MOH = Ministry of Health, PIU = project implementation unit.

Source: ADB.

¹⁹ Risk Assessment and Risk Management Plan (accessible from the list of linked documents in Appendix 2).

IV. ASSURANCES

40. The government and the MOH have assured ADB that implementation of the project shall conform to all applicable ADB policies including those concerning anticorruption measures, safeguards, gender, procurement, consulting services, and disbursement as described in detail in the PAM and loan agreement.

41. The government and the MOH have agreed with ADB on certain covenants for the project, which are set forth in the loan agreement.

V. RECOMMENDATION

42. I am satisfied that the proposed loan would comply with the Articles of Agreement of the Asian Development Bank (ADB) and recommend that the Board approve the emergency assistance loan in various currencies equivalent to SDR21,960,000 (\$30 million equivalent and date of applicable exchange rate in footnote 16) to Mongolia for the additional financing of the Fifth Health Sector Development Project, from ADB's ordinary capital resources, in concessional terms, with an interest charge at the rate of 1.0% per year; for a term of 40 years, including a grace period of 10 years; with repayment of principal at 2% per year for the first 10 years after the grace period and 4% per year thereafter; and such other terms and conditions as are substantially in accordance with those set forth in the draft loan agreement presented to the Board.

Masatsugu Asakawa
President

30 April 2020

REVISED DESIGN AND MONITORING FRAMEWORK

Impact the Project is Aligned with			
Current project Improved quality of health services in Mongolia ^a			
Overall project Unchanged			
Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
Outcome			
Current project Improved patient and health worker safety in project-supported hospitals in Mongolia ^b	Current project a. At least 95% of blood collected for transfusions in 27 blood banks is screened with polymerase chain reaction, ELISA, or rapid test methods by 2018 from estimated 70% tested by ELISA and rapid test methods in 2010 b. The number of hospitals complying with national standards for hazardous solid and liquid medical waste treatment in 5 tertiary and 16 secondary project-supported hospitals increases from 5 in 2012 to 19 in 2018 for solid hazardous medical waste c. By 2018, at least 90% of health care workers (82% women) in project-supported hospitals are vaccinated against hepatitis B (2011 baseline: 10%, sex, job tier, urban, and rural disaggregated)	MOH and external audit report MOH and external audit report (GASI) MOH statistics	Assumption Sustained political will for hospital reforms Risks Lack of incentives for hospitals to comply with regulation on medical waste and IPC Lack of external monitoring and supervision for medical waste and IPC
Overall project Unchanged.	Overall project a. b, c Unchanged (completed) d. 100% of suspected domestic COVID-19 cases reported and investigated per national guidelines, with sex- and age-disaggregated data (March 2020 baseline: 0%) (added)	MOH report	
Outputs			
Component 1: Safe Blood Transfusion			
Output 1	Current project		Risk
Current project: The new National Center for Transfusion Medicine is established in Ulaanbaatar and internationally accredited	1a. Hospitals in Ulaanbaatar are provided with safe blood by the new national transfusiology center by 2017 1b. International accreditation of the National Transfusiology Center is acquired by 2018 1c. Model maintenance unit at the National Transfusiology Center is operational by 2016	MOH report Official accreditation body MOH report	The government is late or short of funds to build the new national Center for transfusion Medicine, assign the required personnel, and allocate sufficient operational funds for the proper functioning of the new center
	Overall project 1a. 1b. 1c. Unchanged (completed)		

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
<p>Overall project Unchanged</p> <p>Output 2</p> <p>Current project <i>Aimag</i> (province) general hospitals and <i>soum</i> (administrative subdivision of the <i>aimag</i>) health centers transfuse safe blood</p> <p>Overall project Unchanged</p>	<p>Current project</p> <p>2a. 100% of donors are tested for transfusion-transmitted infections by 2016 (i.e., syphilis, HIV, hepatitis B, and hepatitis C)</p> <p>2b. Proportion of voluntary blood donors is increased from 0.8% of the total population in 2011 to 1.2% by 2017 (sex-disaggregated)</p> <p>2c. 100% of health workers in maternity and trauma units are trained on blood safety according to national standards</p> <p>Overall project 2a. 2b. 2c. Unchanged (completed)</p>	<p>Reports of the National Center for Transfusion medicine</p> <p>Reports of the National Center for Transfusion medicine</p> <p>MOH training records</p>	<p>Risk Lack of recurrent funding jeopardizes sustainability of the implementation of blood safety measures in the longer run</p>
Component 2: Medical Waste Management			
<p>Output 3</p> <p>Current project Cancelled^c</p> <p>Output 4</p> <p>Current project The national medical waste management system is strengthened, and the project hospitals meet the requirements of national standards</p> <p>Overall project Unchanged</p>	<p>Current project 3a. Canceled</p> <p>Current project</p> <p>4a. The number of hospitals complying with national standards for medical waste management in the 5 tertiary and 16 secondary project-supported hospitals increases from 5 in 2012 to 19 in 2017</p> <p>4b. 100% of recommended actions of MOH human resources development policy on occupational safety are implemented</p> <p>Overall project 4a. 4b. Unchanged (completed)</p>	<p>MOH and GASI reports</p> <p>Project monitoring reports</p>	<p>Risk Lack of recurrent funding jeopardizes sustainability of medical waste management practices in the longer run</p>
Component 3: Hospital Hygiene and Infection Prevention and Control			
<p>Output 5</p> <p>Current project Microbiology laboratory capacity of project-supported hospitals meets national requirements</p> <p>Overall project Unchanged</p>	<p>Current project</p> <p>5a. Five tertiary and 16 secondary hospitals follow updated standard operating procedures for antimicrobial susceptibility testing by 2017</p> <p>5b. Microbiology laboratories provide information on hospital-acquired infection microbes and their susceptibility patterns in 5 tertiary and 16 secondary hospitals by 2017</p> <p>Overall project 5a. 5b. Unchanged (completed)</p>	<p>MOH reports</p> <p>MOH reports</p>	<p>Risk MOH neglects funding for maintenance and replacement of equipment in the long term</p>

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
<p>Output 6</p> <p>Current project Basic infrastructure and equipment for ensuring IPC in the project-supported hospitals are available</p> <p>Overall project Unchanged</p> <p>Output 7</p> <p>Current project An effective surveillance system for hospital-acquired infections is operational.</p> <p>Overall project Unchanged</p> <p>Output 8</p> <p>Current project Awareness, knowledge, and capacity of health authorities, health care workers, and administrative staff on IPC have substantially improved</p> <p>Overall project Unchanged</p> <p>Output 9</p> <p>Current project IPC is ensured by strengthening the quality management system in hospitals and developing the capacity of GASl</p>	<p>Current project 6a. Sterilization services of 5 tertiary hospitals and 16 secondary hospitals are upgraded by 2017</p> <p>6b. Five tertiary hospitals and 16 secondary hospitals allocate adequate funding to cover recurrent costs to ensure IPC can be implemented in accordance with national guidelines by 2017</p> <p>Overall project 6a. Sterilization services of 34 tertiary and secondary hospitals are upgraded by 2022 (2019 baseline: 19)</p> <p>6b. 34 tertiary and secondary hospitals allocate adequate funding to cover recurrent costs to ensure IPC can be implemented in accordance with national guidelines by 2022 (2019 baseline: 19)</p> <p>Current project 7a. Active surveillance for hospital-acquired infections of tracer conditions is pilot tested and introduced in 5 tertiary hospitals and 16 secondary hospitals by 2017 (risk factors are sex and location disaggregated in the facility)</p> <p>Overall project 7a. Unchanged (completed)</p> <p>Current project: 8a. Awareness, knowledge, and skills on IPC are increased from 2013 (baseline) and 2017 (follow-up survey)</p> <p>8b. Results from disaggregated data are used to improve targeting in training, performance monitoring, and planning decisions</p> <p>Overall project 8a. 8 b. Unchanged (ongoing)</p> <p>Current project 9a. IPC is part of the continuous quality management system of hospitals by 2017</p> <p>9b. GASl has adopted an improved supervision module for IPC by 2017</p>	<p>Project survey of infrastructure and equipment</p> <p>Actual MOH budget matches cost projections</p> <p>MOH reports</p> <p>Knowledge, attitude, and practice surveys (baseline in 2013; follow-up in 2017)</p> <p>Project training and planning reports</p> <p>MOH report</p> <p>Order issued by GASl</p>	<p>Risks Shortfall of budget for hospitals for IPC does not allow putting knowledge into practice</p> <p>Lack of leadership in hospitals for IPC</p>

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
<p>Overall project Unchanged</p> <p>Output 10</p> <p>Current Project None</p> <p>Overall project Diagnostic and treatment capacity of hospitals to manage COVID-19 and SARI patients increased</p> <p>Output 11</p> <p>Current Project None</p> <p>Overall project National stockpiles for medical countermeasures established</p>	<p>9c. Use of sex and job category data on compliance with protective gear guidelines to correct staff behavior</p> <p>Overall project 9a. 9b. 9c. Unchanged (completed)</p> <p>Current Project None</p> <p>Overall project 10a. 210 referral hospitals equipped to meet national standards to manage COVID-19 and SARI patients by 2022, including by providing intensive care and ambulance services (2019 baseline: 32)</p> <p>10b. Women comprise at least 80% of doctors and nurses trained and report increased understanding of the guidelines of diagnosis and treatment of patients with COVID-19 and SARI (2019 baseline: 0)</p> <p>Current Project None</p> <p>Overall project 11a. National stockpiles of medicine and medical supplies to ensure preparedness for emergency situations created in Ulaanbaatar by 2022 (2019 baseline: not applicable)</p>	<p>Project training and planning reports</p> <p>10a–b. MOH annual report</p> <p>11a. MOH annual reporting</p>	
<p>Key Activities with Milestones</p> <ol style="list-style-type: none"> 1. The new national center for transfusion medicine is established in Ulaanbaatar and internationally accredited (unchanged) (completed) 2. Aimag general hospitals and soum health centers transfuse safe blood (unchanged) (completed) 3. The central medical waste management facility is expanded and meets international standards (canceled) 4. The national medical waste management system is strengthened, and the project hospitals meet the requirements of national standards (unchanged) (completed) 4. Microbiology laboratory capacity of project-supported hospitals meets national requirements (unchanged) (completed) 5. Basic infrastructure and equipment for ensuring IPC in the project-supported hospitals are available(unchanged) (completed) 6. An effective surveillance system for hospital-acquired infections is operational (unchanged) (Completed) 7. Awareness, knowledge, and capacity of health authorities, health care workers, and administrative staff on IPC have substantially improved (unchanged)(completed) 8. IPC is ensured by strengthening the quality management system in hospitals and developing the capacity of GASI (unchanged)(completed) 9. Diagnostic and treatment capacity of hospitals to manage COVID-19 patients increased (added) <ol style="list-style-type: none"> 9.1 Equip intensive care units in project hospitals with essential equipment required for managing COVID-19 and SARI patients, including by providing intensive care and ambulance services (2020–2022) (added) 9.2 Improve staff capacity and guidelines in diagnostic and treatment of patients with COVID-19 and SARI (2020–2022) (added) 10. National stockpiles for medical countermeasures established (added) 			

Key Activities with Milestones

- 10.1 Establish the national stockpile of medicines and medical devices for emergency situations at the NCZD (2020–2022) (added)
- 10.2 Develop the capacity of NCZD to manage the national stockpiles (2020–2022) (added)

Project Management Activities

- Complete design activities by May 2020
- Submit semiannual monitoring reports every July and January

Inputs**ADB**

Loan
\$30 million (current)
\$30 million (additional)
\$60 million (overall)

Cofinancier

Grant
\$0.67 million (current)
\$0.0 million (additional)
\$0.67 million (overall)

Government

\$7.71 million (current)
\$4.43 million (additional)
\$12.14 million (overall)

Assumptions for Partner Financing**Current project**

WHO cofinances \$420,000 for consulting services, \$20,000 for training, and \$40,000 for equipment

Overall project

Unchanged

COVID-19 = coronavirus disease, ELISA = enzyme-linked immunosorbent assay, GASI = General Agency for Specialized Inspection, IPC = infection prevention and control, MOH = Ministry of Health, NCZD = National Center for Zoonotic Diseases, SARI = severe acute respiratory infection, WHO = World Health Organization.

^a Government of Mongolia. 2016. *The State Policy on Health, 2017–2026*. Ulaanbaatar.

^b Interventions in safe blood transfusion will have a nationwide impact, as all 26 blood banks in Mongolia will be supported (i.e., National Center for Transfusion medicine in Ulaanbaatar, 21 *aimag* general hospitals, 1 district hospital of Ulaanbaatar, and 3 *soums*). Measures to strengthen medical waste management will be implemented in four tertiary hospitals in Ulaanbaatar, nine *aimag* general hospitals (Bulgan, Darkhan-Uul, Dornogovi, Orkhon, Khentii, Khovd, Selenge, Umnugovi, and Uvs), and eight district hospitals in Ulaanbaatar. Measures to strengthen IPC will have a nationwide impact involving all 21 *aimag* general hospitals, 7 district hospitals in Ulaanbaatar, and 7 tertiary hospitals. The MOH selected the project *aimags* for implementation of the medical waste management component to ensure fair geographical distribution across Mongolia and selected the hospitals generating the most medical waste.

^c At the request of the borrower, ADB approved a minor change in scope on 12 April 2018 and canceled output 3 under component 2 and reallocated the funds to upgrade the sterilization departments in eight additional hospitals.

Source: Asian Development Bank.

LIST OF LINKED DOCUMENTS

<http://www.adb.org/Documents/RRPs/?id=45009-003-3>

1. Loan Agreement
2. Summary Assessment of Damage and Needs
3. Project Administration Manual
4. Summary of Project Performance
5. Emergency Assistance Coordination
6. Summary Poverty Reduction and Social Strategy
7. Gender Action Plan
8. Risk Assessment and Risk Management Plan