



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 24-Mar-2020 | Report No: PIDA28996



**BASIC INFORMATION**

**A. Basic Project Data**

Country Djibouti	Project ID P173807	Project Name Djibouti COVID-19 Response	Parent Project ID (if any)
Region MIDDLE EAST AND NORTH AFRICA	Estimated Appraisal Date 25-Mar-2020	Estimated Board Date 02-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministry of Finance	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

Components

Emergency COVID-19 Response  
 Strengthening Overall Healthcare Services and Clinical Capacity for Emergency COVID-19 Response  
 Implementation Management and Monitoring and Evaluation  
 Contingent Emergency Response Component  
 Contingency (5%)

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	5.00
<b>Total Financing</b>	5.00
<b>of which IBRD/IDA</b>	5.00
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Development Association (IDA)	5.00
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IDA Credit	5.00
Environmental and Social Risk Classification	
Substantial	
Decision	

Other Decision (as needed)

## B. Introduction and Context

- 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. As of March 21, 2020, the outbreak has resulted in an estimated 292,095 cases and 12,789 deaths in 187 countries.
- 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 use<sup>1</sup> and pre-existing chronic health problems that make viral respiratory infections particularly dangerous<sup>2</sup>. 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% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches<sup>3</sup>. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% 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.
- This project is prepared under the global framework of the World Bank COVID-19 Response financed

<sup>1</sup> 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>

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

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



under the Fast Track COVID-19 Facility (FTF).

### Country Context

4. Djibouti is a small lower middle-income country situated in the Horn of Africa. It is home to a population of about 1 million people and has borders with fragile and conflict affected countries like Somalia, Eritrea, and Yemen. The country's population is highly concentrated in the capital city, Djibouti city, with more than 85% of the citizens living in urban areas. Owing to its modern logistics infrastructure and proximity with the larger and landlocked Ethiopia, Djibouti has experienced steady growth in recent years. Its annual real GDP increased on average by 4.4 % in per capita terms in the last two decades, taking its nominal GDP per capita to US\$3,000 in 2018. The economy is highly concentrated on the service sector with trade and logistics constituting the bulk of the economy with close to 45% of GDP. The stability of the country in a regional context marked by violent conflicts partly explains this economic surge, driven by the presence of military bases, port-related activities, as well as an increase in Foreign Direct Investments (FDI) with the building of public infrastructure. With no agriculture and industry, Djibouti depends almost entirely on the global supply chain and imports for its food consumption and medicines.

5. Despite the strong economic growth, challenges remain in reducing poverty in the country. Growth is clouded by several pockets of poverty across different geographic areas. According to the latest poverty assessment (EDAM 2017), close to 21% of the population live in extreme poverty. The densely populated district of Balballa in Djibouti city alone account for 32% of the poor in the country. Informal settlements and successive waves of displaced populations from the regions have increased the demand for new services in Balballa but also challenged local authorities to respond and plan adequately to soaring needs for social infrastructure, contributing further to the poverty level. Extreme poverty averages 45% in remote areas of the country. The cost of providing basic services outside urban areas remains high and is further exacerbated by the movement of nomadic and rural populations.

6. The large influx of refugees and the protracted humanitarian crisis in the region has strained an already fragile health system in Djibouti and have further stretched the limited capacity of the health system to provide basic health and nutrition services. As of January 2020, Djibouti is hosting 30,794 registered refugees and asylum-seekers, mostly from Ethiopia, Eritrea, Somalia and Yemen. Most of the refugees are hosted in Ali-Addeh, and Holl Holl refugee camps in the Ali Sabieh region, and Markazi refugee camp in the Obock region. In addition, the Government estimates that around 150,000 people (about 15 percent of the population) live in refugee-like situations, sharing similar characteristics with refugees, although not officially registered with the UNHCR as refugees. They are mainly settled in the urban slums of Balballa in Djibouti City. The protracted presence of these displaced people including unregistered refugees has put significant pressure on domestic resources including on the provision of health services. The Government has committed to addressing the increasing health needs of refugees and host communities by (i) improving the quality of basic health services in refugee affected health zones by enhancing existing health facilities and training additional health personnel; (ii) integrating health facilities in refugee camps, under the management of the United Nations High Commissioner for Refugees (UNHCR), into the National public health system. In January 2018, the Ministry of Health (MOH) officially signed an agreement with UNHCR to take over the provision of health services for refugees.<sup>4</sup>; (iii) strengthening the national epidemiological and endemic surveillance and monitoring systems by

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<sup>4</sup> UNHCR (2018). Djibouti factsheet. Source: [http://reporting.unhcr.org/sites/default/files/UNHCR\\_Djibouti\\_Fact\\_Sheet\\_-\\_January\\_2018.pdf](http://reporting.unhcr.org/sites/default/files/UNHCR_Djibouti_Fact_Sheet_-_January_2018.pdf)



equipping laboratories, training staff and establishing an early warning system; and (iv) include refugees into the national healthcare system and extending health insurance coverage to them.

7. Djibouti is highly vulnerable to prolonged droughts and flooding. The recent floods in November 2019 have had an impact on the living conditions in the spontaneous settlements of the capital city. According to a Government-led Interagency Rapid Assessment, an estimated 250,000 people (one fourth of the population) were affected by the floods in November 2019. The most severe impact of the rains occurred in Djibouti city, where an estimated 200,000 people were impacted and 120,000 people, including migrants, refugees and Internally displaced persons (IDPs), required urgent life-saving assistance. The devastating consequences are most acutely felt by those most vulnerable, including those living in extreme poverty and people on the move (refugees, migrants and internally displaced people). Housing is the sector most affected by the recent floods, with nearly USD 16 million of estimated damage (i.e. 35% of the total estimated losses) and estimated needs of USD 25 million for reconstruction and recovery. Housing damages were concentrated in a small number of neighborhoods, especially in lower income neighborhoods, including the old city and the informal neighborhoods of Balbala. The floods damaged 14 health centers and three administrative buildings, hampering their functions and the provision of health services. The risk of communicable diseases, including malaria, vector-borne and water-borne diseases, has increased due to damage to sanitation and sewage systems. The impact of the floods on the health sector was estimated at more than US\$5 million for infrastructure reconstruction, restoration of services and emergency preparedness and risk reduction.

#### Sectoral and Institutional Context

8. Health outcomes in Djibouti have improved in recent years. However, challenges remain, including shortages of qualified health care workers (there are 10 skilled healthcare professionals per 10,000 population in Djibouti), disparities in access to healthcare services (urban versus rural or nomad; male versus female; poorest versus richest quintiles of the population), drug stockouts and equipment shortages, and low quality of care. Densely populated areas like the slum of Balballa lack basic infrastructure and face repeated health outbreaks such as malaria and other vector and water-borne illnesses. The slums are prone to rapid spread of communicable diseases, registering for example the majority of the 44,000 cases of malaria contracted in the first 10 month of 2019. These informal settlements pose challenges to both the provision of health care services and to prevention measures including self-isolation and social distancing in cases of epidemics. The Government has recently launched the National Health Development Plan for 2020-2024 that focuses on four strategic priorities: (i) expanding quality care in all regions; (ii) reducing regional disparities; (iii) strengthening health financing and the Health Management Information System (HMIS); (iv) and reducing the prevalence of diseases.

9. As requested by the government of Djibouti, the WHO conducted a Joint External Evaluation (JEE) of International Health Regulations (IHR) Core Capacities in July 2018, bringing together government officials, national experts, international experts, the Food and Agriculture Organization (FAO), the World Organization for Animal Health (OIE), and the Center for Disease Control and Prevention of the United States (CDC). The JEE acknowledged areas of strengths such as the presence of a legal framework for crisis management and specific plans for certain diseases as well as the good performance of the Expanded Program for Immunization, particularly in the urban areas. The JEE was also an opportunity to identify areas to be improved, including: coordination especially between actors in different sectors; the surveillance system to monitor events in human and animal health and disseminate epidemiological reports at different levels; need for a health human resources strategy; points of entry training and coordination; and risk communication. As immediate next steps,



developing emergency plans and associated procedures and strengthening cross-sectoral coordination were recommended. The National Action Plan for Health and Security (2019-2023) which was developed in August 2019, and estimated to cost US\$13.5 million, has not yet been implemented due to lack of financing.

10. After WHO declared COVID-19 as a Public Health Emergency of International Concern (PHEIC), the government immediately prepared the first draft of the Djibouti COVID-19 Preparedness and Response Plan. The plan was recently updated and costed with support from WHO and close involvement of development partners (DPs). Bouffard Hospital, which is currently unused and is due to be converted to a maternal and child hospital with support from the Islamic Development Bank, has been converted to a quarantine site. Another quarantine site is to be set at Arta Hospital (regional hospital managed by the national social security fund, Caisse Nationale de Sécurité Sociale). The Government has put in place a crisis committee to coordinate multisectoral COVID-19 efforts, which is following closely on the evolution of COVID-19 and putting in place the appropriate responses. In addition, the Government has also put in place several measures to screen travelers coming by sea and land and has suspended all international flights to and from Djibouti. A communication system connecting health facilities at different levels to the central government has been put in place to alert the public. A hotline has been established and Information, Education and Communication (IEC) materials and messages have been developed and are being disseminated.

11. Despite these efforts, the country is still prone to the COVID-19 threat. Djibouti is not only vulnerable to imported cases of diseases but also has the potential to spread diseases further in the region and beyond if they are not managed and contained first within its borders. It has borders and close economic ties with Ethiopia as well as strong business ties with China, heightening the risk of contamination. The country depends heavily on food imports for its consumption and relies on ports for almost 20% of its GDP. As the regional gateway and logistics base, Djibouti's various economic and humanitarian corridors have remained open to maintain its economic lifeline but also to respond to demand from neighboring countries. Close to 95% of Ethiopian imports and exports transit through Djibouti and stocks of essential medicines and food destined for Yemen are stored in warehouses in Djibouti. While international travel in and out of Djibouti has been suspended, cargo flights, merchandise trains, and the ports are still operating. In addition, given Djibouti's geostrategic location, many countries have their military bases there including the US, China, Spain, France and Japan. Total revenues from military bases are estimated at \$120 million annually or about 4% of GDP in 2018. The closing of the port or cessation of cargo coming into Djibouti will have devastating impacts for Djiboutian economy as well as other countries in the region that depend on Djibouti given its geostrategic location in the Horn of Africa.

12. As of March 20, 2020, Djibouti confirmed its first case of COVID-19 on March 18, 2020. A Spanish national, and a member of the Spanish special forces unit arrived in Djibouti on March 14 by private jet. He did not come into contact with Djiboutians and was confined in the French military base. There are 11 other suspected cases that are in quarantine at Bouffard Hospital, awaiting test results

### **C. Proposed Development Objective(s)**

#### Development Objective(s) (From PAD)

To strengthen Djibouti's capacity to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.



#### Key Results

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

14. **PDO Statement:** to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

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

- Number of suspected cases of COVID-19 cases reported and investigated based on national guidelines; and
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents

#### D. Project Description

15. The proposed emergency operation includes four components to strengthen the MOH's capacity to respond to the COVID-19 outbreak and potential future pandemics by enhancing the capacity to prevent further transmission, detecting cases at early stages, and providing appropriate and timely care for those affected by the current COVID-19 outbreak. This operation will provide funding also for streamlined and harmonized support to the MOH complementing and exploiting synergies with other partners' support. The activities to be funded under the Project will help to operationalize some elements that are part of the inter-agency plan, complementing, expanding and intensifying the responses rapidly. They will consist of a group of interventions based on the country's epidemiological and institutional needs and assessed options for meeting them. Given the evolution of the pandemic and the changing landscape, the Bank will review the procurement plans to ensure efficiency and alignment with the National Response to the pandemic, and technical assistance and funding from other donors. This project will be implemented under the Investment Project Financing Bank Policy paragraph 12 (that enables the application of the Bank Procedure, "Preparation of Investment Project Financing - Situations of Urgent Need of Assistance or Capacity Constraints"), as per the FTF supporting a number of flexibilities that support rapid implementation of the project.

#### Project Components

16. The project will focus primarily on the immediate needs and timely response to the COVID-19 outbreak in Djibouti, while at the same time addressing health system building. The project will include the following four components:

17. **Component 1: Emergency COVID-19 Response (US\$2.4 million):** The aim of this component is to slow down and limit as much as possible the spread of COVID-19 in the country and in neighboring countries. This will be achieved through providing immediate support to enhance case detection, confirmation, recording and reporting, as well as contact tracing and risk assessment and mitigation. Specifically, this component will strengthen epidemiological surveillance systems, including indicator-based, community event-based, and sentinel surveillance. In addition, it will support the strengthening of health information systems, such as LMIS. It will also develop guidelines and establish standardized sample collection methods, channeling and transportation, and determining sites in need for introduction of point of care diagnostics. Further, the component will support the procurement of essential equipment and consumables for laboratory and diagnostic systems, such as Polymerase Chain Reaction (PCR) machines, sample collection kits, test kits, and other





equipment and supplies for COVID-19 testing and surveillance (including Personal Protective Equipment for surveillance workers) to ensure prompt case finding and local containment. It is important to highlight, however, that all inputs can only be financed if they are in alignment with WHO guidelines and standards for combating COVID-19. In addition, the component will support strengthening of detection capacity through updated training of existing surveillance workers and improving reporting by frontline health workers using existing surveillance information.

18. Further, this component will support the design and implementation of effective public health measures to prevent contagion and will also support the development and implementation of associated communication among hospitals, local authorities and national health ministry to ensure coordination and information flow and case detection system as well as behavior change interventions to support key prevention behaviors among women and men. Community mobilization and participation in prevention and control measures will also take place through existing community institutions, including women's organizations in the most vulnerable areas of the country. Finally, the component will also support activities to enhance multisectoral response and action, including inter alia: the operations of command rooms at the central and regional levels; implementation of risk communication and community engagement campaigns, and as a means to also address the increased risks of gender based violence during crisis situations these campaigns will embed messages related to healthy conflict resolution and parenting, stress and anger management; implementation of containment strategies, including port-of-entry interventions and operation of rapid response teams. Responding to the emergency will require mobilization of different stakeholders and an effective coordination of the Ministry of health.

19. **Component 2: Strengthening Overall Healthcare Services and Clinical Capacity for Emergency COVID-19 Response (US\$1.85 million):** The aim of this component is to strengthen essential healthcare service delivery to be able to provide the best care possible for people who become ill. The component will support the strengthening of selected health facilities and establishment and equipping of quarantine and treatment centers, so that they can manage COVID-19 cases. This would also include minor civil works and retrofitting of isolation rooms in such facilities and treatment centers, as well as warehouses using energy efficiency measures and solar panels when available. In addition, strengthened clinical care capacity will be achieved through development (as needed) and training of health personnel on treatment guidelines, and hospital infection control interventions. From another perspective, this component will support the procurement of essential additional inputs for treatment such as ventilators, pulse oximeters, laryngoscopes, oxygen generators, and other equipment/supplies for COVID-19 case management, as well as medicines (to avoid stock-outs) and vaccines (when they become available). As mentioned in the previous component, inputs will only be financed if they are in alignment with WHO guidelines and standards for combatting COVID-19. It will also finance the procurement of Personal Protective Equipment (PPE), disinfectants and other commodities for infection prevention and control. Furthermore, under this component, inputs and investments needed to ensure continuity of clinical care, including safe access to waste management (including the purchasing of an incinerator), electricity, safe water and sanitation of hospitals will be provided. Finally, this component will also finance hiring medical and non-medical short-term consultants to respond to a surge in demand for services due to the COVID-19 pandemic in selected hospitals.

20. **Component 3: Implementation Management and Monitoring and Evaluation (US\$0.5 million):** This component will finance necessary human resources and running costs for the Project. Support for the strengthening of public structures for the coordination and management of the project would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management,





procurement and social and environmental aspects. This component would also support monitoring and evaluation (M&E) of prevention and preparedness, building capacity for clinical and public health research, and joint-learning across and within countries. As may be needed, this component will also support third-party monitoring of progress. Data collection and monitoring will be done in a sex and age disaggregated manner to contribute to a better understanding of the demographic profile of the affected population.

21. **Component 4: Contingent Emergency Response Component (CERC) (US\$ 0)** – In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency.

22. Given the uncertainties associated with the scale and trajectory of the COVID-19 outbreak, approximately 5 percent of the resources (US\$ 0.25 million) are unallocated but will be available for reallocation to the project components as needed to enable rapid redeployment within the project depending on the specific needs that may arise.

23. The country is highly vulnerable to natural disasters and is prone to drought. These threats to economic development and poverty alleviation, which are already probable, will grow in frequency and severity as temperatures increase, precipitation shifts, and sea levels rise. Djibouti’s agricultural sector experiences volatile swings in rainfall, which could endanger food security. Natural capital, including the forests that cover 0.2% of the country (2015), will be at risk too. Low income populations including refugees and IDPs are also vulnerable, as they lack the capacity to adapt to climate-induced shocks. The project contributes to reducing risks to disease outbreaks due to climate change through several interventions, especially the health system strengthening dimension. Strengthening epidemiological surveillance systems as well as health information systems will help the country detect and act against outbreaks more rapidly. Similarly, improving essential healthcare service delivery enables people to access the appropriate care, which builds resilience that is especially key for the poor who are the most vulnerable and least equipped to handle the impacts of climate change. Strengthening communication and behavior change interventions will allow households to be empowered to adapt at the time of outbreaks.

**B. Project Beneficiaries**

24. The expected project beneficiaries will be the entire population including refugees, migrants, IDPs, medical and emergency personnel, medical and testing facilities, and public health agencies across the country. For immediate response to stop the transmission and allocate necessary resources for treatment of cases, the project will specifically target communities that have witnessed local transmission. The operation will also strengthen the MOH national response plan and capacity to mitigate any further outbreaks in other localities to tackle any outbreaks in other areas.

Legal Operational Policies

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



## Summary of Assessment of Environmental and Social Risks and Impacts

### **Environmental Risk Rating - Substantial**

25. The environmental risks will mainly be associated with the operation of the labs, the quarantine and isolation centers, and the adequate implementation of the Infection Control and Waste Management Plan (ICWMP) to be prepared by the client. Since Djibouti has limited experience in managing medical waste in general (only one incinerator in the country is working), and no experience in managing highly infectious medical wastes such as COVID-19, the project can be judged to have adverse environmental risks and impacts proportionate to the project activities and will require that appropriate precautionary measures are planned and implemented. WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. Medical wastes have a high potential of carrying microorganisms that can infect people who are exposed to it, as well as the community at large if it is not properly disposed of. Wastes that may be generated from labs, quarantine facilities and screening posts to be supported by the COVID-19 readiness and response could include liquid contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (wastewater; lab solutions and reagents, syringes, bed sheets, majority of waste from labs and quarantine and isolation centers, etc.) which requires special handling and awareness, as they may pose an infectious risk to healthcare workers in contact or handle the waste.

26. There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained within the laboratory or the quarantine facilities due to accidents/ emergencies e.g. a fire response or natural phenomena event (e.g., seismic). The expected healthcare infectious/hazardous waste also includes wastes generated from COVID-19 patients. Medical wastes can also include chemicals and other hazardous materials used in diagnosis and treatment. The contamination of the laboratory and quarantine facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. If the contamination is due to a highly infectious agents, it may cause severe human disease, present a serious hazard to workers, and may present a risk of spreading to the community. In sum, the medical wastes from COVID-19 could cause serious environmental and social risk, if they are not properly handled, treated or disposed. Given the environmental risks involved and the limited capacity of the MoH to deal with those risks, the Environmental Risk Classification is "Substantial".

### **Social Risk Rating - Substantial**

27. The main risk of the project relates to the exclusion of or insufficient attention to vulnerable groups to access information, treatment and services. Among the vulnerable are households below poverty levels, individuals at higher risk of hospitalization as a result of exposure to COVID-19, as well as refugees and asylum-seekers. The main challenge, therefore, is to make sure the procured items needed to prevent, detect and clinically manage COVID-19, are distributed in a transparent manner, ensuring equity and reaching the affected population. Another main social risk relates to the health and safety of health care providers and the community with regards to the various dimensions of project activities. Other potential social risk relates to the practices associated with medical isolation, such as mistreatment of patients and communities regarding quarantine, and the inadequate communication around the prevention and control effort of the disease.

## **E. Implementation**



28. The project will be implemented by MOH and executed according to the Djibouti national COVID-19 preparedness and response plan. It will aim to utilize and support existing institutions and coordinating mechanisms to enable the country to enhance its capacity on pandemic preparedness and response.

29. The Epidemic Management Committee (Comité de gestion de l'épidémie, CGE) has been established by the Ministry of Health and consists of representatives from several Ministries such as Commerce, Social Affairs, Telecommunications, Interior, Transport, Defense, and Muslim Affairs, Cultures and Waqfs Assets as well as development partners (DPs). The CGE will coordinate multisectoral actions against COVID-19, meet weekly and report daily to the chair, the Minister of Health. In addition, the CGE will serve as the steering committee for the World Bank-financed project, and will provide the overall guidance for the project, and approve work plans. The CGE is supported by the MOH and has the requisite capacity to play a coordination function at the national level as well as to serve as the steering committee for the project.

30. Under the CGE, the COVID-19 Technical Committee will handle the day to day implementation of activities of the project and will report to the Minister of Health on the status of the epidemic. The Technical Committee, established on January 28, 2020, is headed by the Secretary General of the MOH and includes representatives of the National Public Health Institute, hospitals, and other MOH departments. The Secretary General will serve as the project coordinator with support from the Project Management Unit of the MOH specifically the fiduciary staff (financial management and procurement) working on the "Toward Zero Stunting project (P164164)" financed by the World Bank; and the MOH Department of Health Information (DHI). Additional MOH personnel may be assigned to work on the project and consultants recruited to provide support to the team as needed on a short-term basis and for specific time limited tasks.

31. A safeguards focal point(s) will also be identified to ensure that proposed activities are implemented in compliance with the national and the World Bank's environmental and social frameworks. This person will also be responsible for monitoring and identifying specific gender aspects that may require special attention.

### **Results Monitoring and Evaluation Arrangements**

32. M&E activities will be the responsibility of the DHI at the Ministry of Health working in collaboration with the Institute of Public Health. Specifically, DHI will (i) collect and compile data relating to the specific activities and relevant indicators; (ii) analyze the results; and (iii) compile the relevant performance information. DHI will perform its functions in accordance with the procedures described in the project implementation manual and appoint an M&E specialist. During the implementation period, the implementing agency's self-assessed results will be reviewed quarterly by an independent verification agency who will validate the quality of the data and verify the findings of the self-assessments.

33. The World Bank will conduct regular implementation support missions with the implementing agency at least biannually to: (a) review implementation progress, challenges, and achievement of the PDO and intermediate indicators; (b) provide support for any implementation issues that may arise; and (c) discuss relevant risks and mitigation measures.

34. Given the implementation arrangements of the project and the associated risks, the Bank's role in M&E will be not only to measure the project results, but also to draw lessons and recommendations for future World Bank interventions in similar contexts on aspects such as effectiveness and sustainability.



### Sustainability

35. The sustainability of the project would largely depend on Djibouti's success to respond to the pandemic. The extent of (i) mortality, morbidity and economic losses caused by the pandemic and (ii) protection of health workers against COVID-19 will determine the level of its sustainability.

### CONTACT POINT

#### World Bank

Elizabeth Mziray  
Senior Operations Officer

#### Borrower/Client/Recipient

Ministry of Finance  
Ilyas Moussa Dawaleh  
Minister of Economy and Finances, in Charge of Industry  
smibrathu@mefip.gov.dj

#### Implementing Agencies

Ministry of Health  
Mohamed Warsama Dirieh  
Minister of Health  
chehem@msn.com

### FOR MORE INFORMATION CONTACT

The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
Web: <http://www.worldbank.org/projects>

### APPROVAL

Task Team Leader(s):

Elizabeth Mziray



**Approved By**

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Boubacar-Sid Barry	24-Mar-2020

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