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Report No: PAD3859

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT  
ON A

PROPOSED INTERNATIONAL DEVELOPMENT ASSOCIATION CREDIT

IN THE AMOUNT OF EUR 9.70 MILLION  
(US\$10.575 MILLION EQUIVALENT)

AND A

PROPOSED INTERNATIONAL DEVELOPMENT ASSOCIATION GRANT  
IN THE AMOUNT OF SDR 7.80 MILLION  
(US\$10.575 MILLION EQUIVALENT)

IN CRISIS RESPONSE WINDOW RESOURCES

TO BURKINA FASO

FOR THE  
BURKINA FASO COVID-19 PREPAREDNESS AND RESPONSE PROJECT

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

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)  
WITH A FINANCING ENVELOPE OF UP TO US\$6 BILLION EQUIVALENT  
APPROVED BY THE BOARD ON APRIL 2, 2020

APRIL 28, 2020

Health, Nutrition and Population Global Practice  
Africa Region

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## CURRENCY EQUIVALENTS

(Exchange Rate Effective March 31, 2020)}

Currency Unit = XOF

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XOF 599 = US\$1

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SDR 0.73 = US\$1

## FISCAL YEAR

January 1 – December 31

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## ABBREVIATIONS AND ACRONYMS

ASCE-LC	Anti-Corruption State Authority ( <i>Autorité Supérieure de Contrôle d'Etat et de Lutte contre la Corruption</i> )
AWP&B	Annual Work Plan and Budget
BCEAO	<i>Banque Centrale des Etats de l'Afrique de l'Ouest</i> (Central Bank)
BFP	World Bank Facilitated Procurement
BUNEE	National Agency in Charge of Environmental Assessments ( <i>Bureau National des Evaluations Environnementales</i> )
CAMEG	Central Medical Stores (Centrale d'achat des médicaments essentiels et génériques)
CCHF	Crimean-Congo Hemorrhagic Fever
CDC	Center for Disease Control
CERC	Contingency Emergency Response Component
CET	Waste Burial Technical Center ( <i>Centre d'Enfouissement Technique</i> )
CORUS	Health Emergency Operations Response Center (French acronym)
COVID	Coronavirus Disease
CRW	Crisis Response Window
DCMEF	Department for the Regulation of Public Procurement and Finance
DGPE	General Directorate of Environment Protection
DLI	Disbursement-linked Indicators
EOC	Emergency Operations Center
ESCP	Environmental and Social Commitment Plan
ESMP	Environmental and Social Management Plan
EVD	Ebola Virus Disease
FA	Financing Agreement
FM	Financial Management
FTCF	Fast Track COVID19 Facility
GDP	Gross Domestic Product
GDPH	General Directorate of Public Health
GHSA	Global Health Security Agenda
GIS	Geographic Information System
GRS	Grievance Redress Service
HEIS	Hands-on Expanded Implementation Support
IBM	Iterative Beneficiary Monitoring Mechanism
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IDP	Internally Displaced Person
IDSR	Integrated Disease Surveillance Response
IFR	Interim Financial Report
IHR	International Health Regulation
IPF	Investment Project Financing
JEE	Joint External Evaluation
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MOH	Ministry of Health



MoU	Memorandum of Understanding
MPA	Multiphase Programmatic Approach
OIE	World Organization for Animal Health
OMWMP	Operational Medical Waste Management Plan
PAD	Project Appraisal Document
PDO	Project Development Objective
PFM	Public Finance Management
PIM	Project Implementation Manual
PIU	Project Implementation Unit
PPE	Personnel Protective Equipment
PPSD	Project Procurement Strategy for Development
PRSS	Health Systems Reinforcement Project ( <i>Projet de Renforcement des Services de Santé</i> )
RfQ	Request for Quotation
SDG	Sustainable Development Goals
SDR	Special Drawing Rights
SEP	Stakeholder Engagement Plan
SMWMP	Strategic Medical Waste Management Plan
SOP	Series of Projects
SPRP	Strategic Preparedness and Response Program
SYSCOHADA	West African Francophone countries accounting standards
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WAEMU	West African Economic and Monetary Union
WASH	Water, Sanitation and Hygiene
WB	World Bank
WBG	World Bank Group
WFP	World Food Program
WHO	World Health Organization



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## DATASHEET

**BASIC INFORMATION**

Country(ies)	Project Name	
Burkina Faso	Burkina Faso COVID-19 Preparedness and Response Project	
Project ID	Financing Instrument	Environmental and Social Risk Classification
P173858	Investment Project Financing	Substantial

**Financing & Implementation Modalities**

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

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
28-Apr-2020	29-Apr-2022	31-Mar-2025

Bank/IFC Collaboration

No

**MPA Program Development Objective**

The Program Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness

**MPA Financing Data (US\$, Millions)**



MPA Program Financing Envelope	4,173.55
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**Proposed Project Development Objective(s)**

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

**Components**

Component Name	Cost (US\$, millions)
Emergency COVID-19 Response	19.00
Implementation Management and Monitoring and Evaluation	2.15

**Organizations**

Borrower: Burkina Faso  
 Implementing Agency: Ministry of Health

**MPA FINANCING DETAILS (US\$, Millions)**

<b>Board Approved MPA Financing Envelope:</b>	4,173.55
<b>MPA Program Financing Envelope:</b>	4,173.55
<b>of which Bank Financing (IBRD):</b>	2,646.30
<b>of which Bank Financing (IDA):</b>	1,527.25
<b>of which other financing sources:</b>	0.00

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

<b>Total Project Cost</b>	21.15
<b>Total Financing</b>	21.15
<b>of which IBRD/IDA</b>	21.15
<b>Financing Gap</b>	0.00



**DETAILS**

**World Bank Group Financing**

International Development Association (IDA)	21.15
IDA Credit	10.575
IDA Grant	10.575

**IDA Resources (in US\$, Millions)**

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
<b>Burkina Faso</b>	10.58	10.58	0.00	21.15
Crisis Response Window (CRW)	10.58	10.58	0.00	21.15
<b>Total</b>	<b>10.58</b>	<b>10.58</b>	<b>0.00</b>	<b>21.15</b>

**Expected Disbursements (in US\$, Millions)**

WB Fiscal Year	2020	2021	2022	2023
Annual	12.00	8.00	1.00	0.15
Cumulative	12.00	20.00	21.00	21.15

**INSTITUTIONAL DATA**

**Practice Area (Lead)**

Health, Nutrition & Population

**Contributing Practice Areas**

**Climate Change and Disaster Screening**

This operation has not been screened for short and long-term climate change and disaster risks

**SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)**

Risk Category

Rating





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

## COMPLIANCE

### Policy

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

Yes  No

Does the project require any waivers of Bank policies?

Yes  No

Have these been approved by Bank management?

Yes  No

Is approval for any policy waiver sought from the Board?

Yes  No



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

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

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

**Legal Covenants**

Sections and Description

The Recipient shall by no later than one (1) month after the Effectiveness Date, prepare and adopt a Project Implementation Manual (“Project Implementation Manual”) containing detailed guidelines and procedures for the implementation of the Project, including with respect to: administration and coordination, monitoring and evaluation, financial management, procurement and accounting procedures, environmental and social safeguards, corruption and fraud mitigation measures, a grievance redress mechanism, personal data collection and processing in accordance with applicable national law and good international practice, roles and responsibilities for Project implementation, and such other arrangements and procedures as shall be required for the effective implementation of the Project, in form and substance satisfactory to the Association.

Sections and Description

The Recipient shall by no later than one month (1) after the Effectiveness Date or such later date as agreed in



writing by the Bank, the Recipient shall cause the PIU to appoint and hire throughout Project implementation key staff i.e.: (i) a Project coordinator, (ii) a social specialist, (iii) a procurement specialist, and (iv) an accountant until completion and such key staff with functions, experience, integrity, responsibilities and qualifications acceptable to the Association.

Sections and Description

The Recipient shall by no later than one (1) month after the Effectiveness Date, recruit an external auditor, with qualifications and under terms of reference satisfactory to the Association.

Sections and Description

The Recipient shall by no later than two (2) months after the Effective Date enter into an agreement with ASCE-LC in form and substance satisfactory to the Association for the purposes of carrying out bi-annual audits of the Project.

Sections and Description

The Recipient shall by no later than one (1) month after the Effectiveness Date, install and thereafter maintain an accounting software for the Project, in a manner acceptable to the Association.

**Conditions**



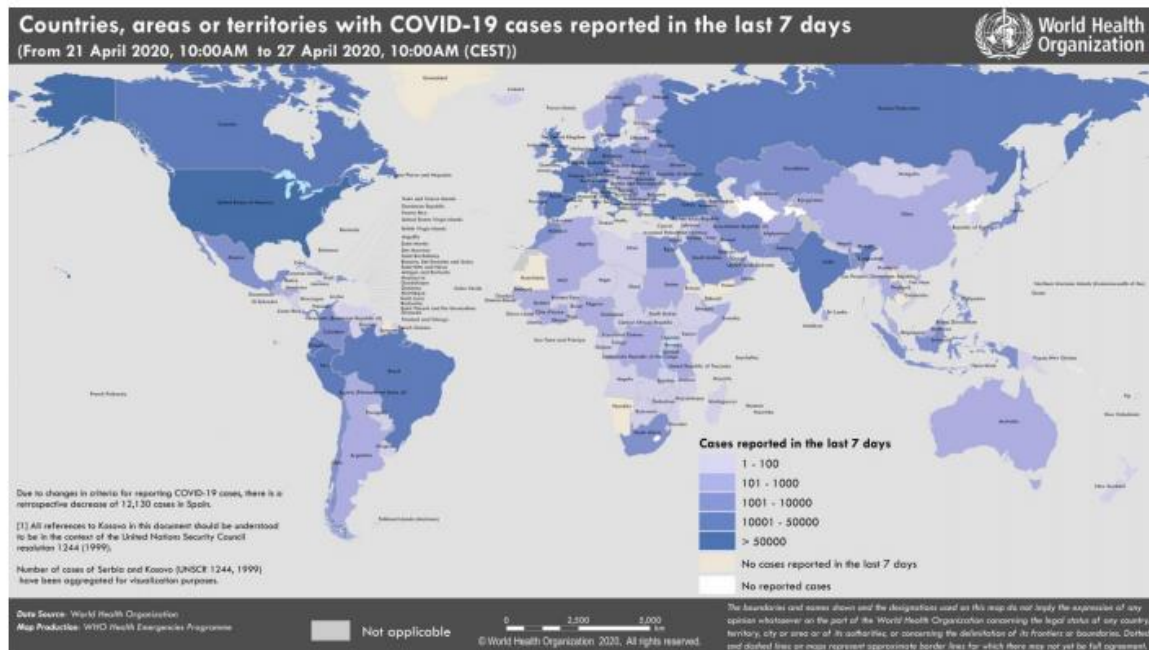
## I. PROGRAM CONTEXT

1. This Project Appraisal Document (PAD) describes the emergency response by Burkina Faso under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank’s Board of Executive Directors on April 2, 2020 with an overall Program financing envelope of US\$6 billion (PCBASIC0219761). The total financing for the proposed Project is US\$21.15 million equivalent. Burkina Faso is exceeding its IDA Fast Track COVID19 Facility (FTCF) allocation by 50 percent, and the exceeded amount will be returned to the FTCF from the country’s FY21 Performance-based Allocation (PBA) envelope.

### A. MPA Program Context

2. **An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China.** On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. Figure 1 provides details about the global spread of COVID-19. As of April 27, 2020, the outbreak has resulted in an estimated 3 million confirmed cases and about 210,000 deaths in 214 countries and territories.<sup>1</sup>

Figure 1: Countries, territories or areas with reported confirmed cases of COVID-19, 27 April 2020



<sup>1</sup> Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>



3. **COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts.** The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use<sup>2</sup> and pre-existing chronic health problems that make viral respiratory infections particularly dangerous<sup>3</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 percent to 98 percent of patients develop a fever, 76 percent to 82 percent develop a dry cough and 11 percent to 44 percent develop fatigue or muscle aches<sup>4</sup>. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7 percent of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

4. This Project is prepared under the global framework of the World Bank COVID-19 Response financed under the COVID-19 FTCF) and Burkina Faso's IDA19 allocation.

## B. Learning Agenda

5. **Learning possibilities.** The proposed Project under the MPA Program will support adaptive learning throughout implementation. It will build on Burkina Faso's experience responding to multiple zoonotic diseases present in the sub-region as well as knowledge and lessons provided from other international organizations including the WHO, the Africa Centers for Disease Control (CDC), United States CDC, United Nations Children's Fund (UNICEF), International Organization of Migration (IOM) and others. The research arm of the Ministry of Health (MOH) is already involved in global and regional COVID-19 research agenda. Burkina Faso may contribute to the MPA learning agenda as follows:

- *Forecasting:* Modeling the progression of the pandemic, both in terms of new cases and deaths and the economic impact of disease outbreaks under different scenarios – an epidemiological research team has been activated;
- *Technical:* Cost and effectiveness assessments of prevention and preparedness activities - the proposed Project will support documenting the lessons learned from the current pandemic to improve preparedness for future epidemics as part of the ex-post evaluation under Component 2; research may be financed for the re-purposing of existing anti-viral drugs and development and testing of new antiviral drugs and vaccines;

<sup>2</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>3</sup> Fauci, AS, Lane, C, and Redfield, RR. 2020. "Covid-19 — Navigating the Uncharted." *New Eng J of Medicine*, DOI: 10.1056/NEJMe2002387

<sup>4</sup> Del Rio, C. and Malani, PN. 2020. "COVID-19—New Insights on a Rapidly Changing Epidemic." *JAMA*, doi:10.1001/jama.2020.3072



- *Supply chain approaches*: Assessments may be financed on options for timely distribution of medicines and other medical supplies;
- *Operational*: The Project will also use two forms of surveys to create rapid feedback loops for operational activities (Iterative Beneficiary Monitoring) and COVID-19 impact and communications activities infection prevention measures (sample-based phone survey of households).

## II. CONTEXT AND RELEVANCE

### A. Country Context

6. **Burkina Faso faces serious challenges, many of which will be exacerbated by the COVID-19 crisis.** Burkina Faso is experiencing a security and humanitarian crisis. Increased security challenges, with armed extremist groups' attacks and old antagonisms leading to conflicts between local communities have expanded from the northern and eastern border regions to other parts of the country, including at times the capital city. This has led to a surge in fatalities to 2,189 in 2019 and to unprecedented humanitarian and social emergencies. The Government declared a state of emergency in late December 2018 and it remains in force in six of the 13 regions of the country. Attacks have marginally affected mining production and have been sporadic in areas of major economic activity. They have reached religious and community leaders exacerbating inter-community violence. As a result, the number of internally displaced persons (IDPs) exploded to 779,741 at the end of February 2020, a number seven times higher than a year earlier.<sup>5</sup> In addition, the United Nations High Commissioner for Refugees (UNHCR) estimates that the country is hosting 25,000 refugees from Mali. Protecting IDPs and refugees from COVID-19 will be particularly challenging. Both IDPs and refugees will benefit from the proposed Project and will be taken into account under both components.

7. **Economic Growth has remained strong, but most households are very vulnerable to shocks.** Despite the security situation, growth has remained 6 percent or above in 2018 and 2019, supported by a rebound of the agricultural sector and sustained growth in mining and services. Nevertheless, with a Gross National Income (GNI) per capita of US\$660 in 2018, Burkina Faso is among the 20 poorest countries in the world and 40.3 percent of the population lived below the national poverty line in 2014.<sup>6</sup> Households are highly vulnerable to food insecurity and shocks: fifty-eight percent of the population cannot meet basic caloric needs. Given the highly informal nature of work, key containment strategies – such as social distancing or quarantine will put many households at risk of losing their means of subsistence and may be difficult to enforce.

8. **With elections looming and recurring social tensions, the Government faces an additional challenge from the COVID-19 crisis.** Presidential and legislative elections are set tentatively for November 22, 2020. Though there remain financial, legal and security questions to solve, the Government is already facing a tense social climate, with severe pressure from unions and threat of strikes ahead of the elections. Notwithstanding that climate, and the previous shocks, macroeconomic management has remained

<sup>5</sup> OCHA, <https://www.humanitarianresponse.info/fr/operations/burkina-faso/populations-deplacees>. Part of the increase in the number of internally-displaced persons should also be attributed to improvements to the registration system and army security interventions in the eastern region, with persons fleeing away from armed confrontations.

<sup>6</sup> These are the latest available published data; the 2018/19 survey data are not yet completed.



adequate. However, the eventual slump arising from the global economic slowdown from COVID-19 and its domestic disruptions will have additional adverse economic effects, and further impact the already large health and education challenges. To face these challenges, a Development Policy Financing series is under preparation with the World Bank which aims to preserve fiscal consolidation, promote economic resilience and public service delivery reforms, improve rural livelihoods and reinforce economic inclusion, social cohesion and efficiency. The President of Burkina Faso presented, on April 2, 2020, a COVID-19 response and mitigation plan estimated at 4.45 percent of gross domestic product (GDP).

## B. Sectoral and Institutional Context

9. **High maternal, child and infant mortality and fertility rates remain a challenge.** Although Burkina Faso did not meet the Millennium Development Goals (MDGs), outcomes generally improved. Between 2010 and 2015, the under-five mortality rate decreased from 129 to 82 deaths per 1,000 live births; neonatal mortality dropped from 28 to 23 deaths per 1,000 live births; the maternal mortality ratio fell slightly from 341 to 330 deaths per 100,000 live births, and the total fertility rate went from 6 to 5.4 children per woman. Malnutrition contributes significantly to morbidity and mortality in Burkina Faso. The 2019 National Nutrition Survey estimated that 8.1 percent of children suffer from acute malnutrition (1.1 severe acute malnutrition) with a range of 5.5 percent in the Center-South region to 9.7 percent in the Sahel region.

10. **Access to health services is a perennial concern in the country.** The coverage of essential services has improved over time: in 2016, 86 percent of children aged 12-23 months were completely immunized, compared to 39 percent in 2003, and 84 percent of pregnant women delivered in health facilities in 2015, compared to 66 percent in 2010. Access nevertheless remains hampered by geographical factors (distance to health facilities, transport costs) as well as socio-cultural factors. In addition, despite progress, out-of-pocket health expenditures remain relatively high at around percent of total health expenditures. Fifty-five percent of the poorest quintile of the population do not use formal care in case of illness. On average, households spend more than 30 percent of their budget on health-related expenses, the second highest category after food. In 2019, access declined due to the labor actions in the health sector. At the annual health sector review, the conclusion was that maternal and neonatal mortality had risen where data were available for comparison with 2018.

11. **Burkina Faso's health system faces long-standing and worsening challenges, exacerbating the immediate vulnerability to a COVID-19 pandemic.** The distribution of services is inequitable. Many facilities lack basic input and essential medicines are often out of stock. Accountability as well as management capacity need to improve. The deteriorated security has worsened many of these issues. Health workers organized a series of strikes over the past few years, including one in June 2019, to protest the declining state of health facilities and laboratories, and to demand better working conditions. By end-February 2020, 120 health centers were closed and 153 others were impaired, leaving 881,000 people with limited or no access to healthcare.<sup>7</sup> This has also impaired access to health care for internally-displaced people as the health facilities are sometimes overwhelmed by the demand and may lack resources to provide the care.

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<sup>7</sup> Humanitarian health cluster report, February 11, 2020.



12. **The 2018 Joint External Evaluation (JEE) of core capacities for the requirements of the WHO International Health Regulations (IHR-2005) identified weaknesses in essential areas.** Burkina Faso has had coordination challenges around One Health, capable labs for human and animal health pathogens, with epidemic surveillance, detection, and response system that was underfunded and also has had coordination challenges between sub-sectors, and needed to better-allocate human resources for epidemic response.<sup>8</sup>

13. **Health system reforms are ongoing.** For several years, the health system of Burkina Faso has been undergoing reforms with an allocation from the state budget (12 percent), increasing from year to year and support from technical and financial partners. However, the onset of the COVID-19 epidemic is putting further pressure on the health system in Burkina Faso, due to the existence of factors such as:

- free movement of people and goods in the Economic Community of West African States (ECOWAS);
- precarious socio-economic conditions characterized by overcrowding, insufficient individual and collective hygiene;
- low level of competence of health actors on infection prevention and control measures in general and a lack of competence for COVID-19;
- inadaptation of Standard Operating Procedures to the situation.

14. **The Government has already started responding to the COVID-19 epidemic.** In February 2020, the Government with the support of WHO prepared a preparedness and response plan and started disseminating messages about protective behaviors. The plan outlines six specific objectives: (i) build the capacities of stakeholders in the disease surveillance of entry points, in case investigations, follow-up of contacts, collection of samples, laboratory diagnosis and case management of COVID-19; (ii) promote measures to prevent and control infection in health structures and in the community; (iii) ensure effective risk communication; (iv) ensure the motivation of the teams; (v) promote research on COVID-19; and (vi) strengthen coordination for the preparation and response to an epidemic of COVID-19. The proposed Project is fully aligned with the Government's revised response plan adopted on April 2, 2020 and is expected to support each of the six objectives. The first two COVID-19 cases were officially recorded in Burkina Faso on March 10 and by April 5, 302 cases had been confirmed and 41 patients had died.<sup>9</sup> On March 20, the President of Burkina Faso closed the borders and announced a curfew, a ban on gatherings of more than 50 people as well as the closure of restaurants and entertainment venues. On March 26, the Government quarantined all cities that have declared COVID-19 cases, requires high-risk contacts to remain isolated, and is now putting all non-serious confirmed cases into ad-hoc wards or hospitals to reduce the transmission risk. In order to accelerate its preparation and strengthen its response, the Ministry of Finance addressed a request to the World Bank on March 26, 2020 to request a Project to be prepared under the umbrella of the first phase of the COVID-19 SPRP.

15. **National coordination mechanisms are already in place, but not entirely effective.** A National

<sup>8</sup> World Health Organization, "Évaluation externe conjointe des principales capacités RSI du Burkina Faso : rapport de mission du 4 au 8 décembre 2017" (<https://www.who.int/ihr/publications/WHO-WHE-CPI-REP-2018.12/fr/>).

<sup>9</sup> From the April 5 situation report, there are 302 total cases, spread across 8 out of 13 regions, mostly in Ouagadougou (261 cases) and Bobo-Dioulasso (27).





Committee to manage COVID-19 response is led by the Prime Minister with the participation of 20 ministers, the WHO Resident Representative, the lead development partner in health (currently the World Bank, see below), the head of the private health sector coordination body, and the One Health Technical Secretary.<sup>10</sup> It has not met since its first meeting on March 19, 2020. At the technical level, the MOH has activated the Health Emergency Operations Response Center (French acronym: CORUS) and created ten working groups to address specific aspects of the response: coordination, resource mobilization, disease surveillance, rapid response teams, points of entry, laboratory capacity, infection prevention and control, case management, communication and community engagement, and logistics. The technical groups have met, but the move to virtual meetings only by development partners has hampered information flows and complicated the coordination of support although this is rapidly improving. In general, intra-development partner coordination is organized through a rotational system. From June 2019 to May 2020, the World Bank is the lead development partner and WHO is the deputy lead development partner. The April 3 meeting of the resource mobilization commission requested all partners to announce their resource envelopes and to propose areas of support.

**16. Safely managed water, sanitation, and hygiene (WASH) services are an essential part of preventing transmission and protecting human health during infectious disease outbreaks, including the current COVID-19 pandemic.** One of the most cost-effective strategies for increasing pandemic preparedness, especially in resource-constrained settings such as Burkina Faso, is investing in core public health infrastructure, including water and sanitation systems. Good WASH and waste management practices, that are consistently applied, serve as barriers to human-to-human transmission of the COVID-19 virus in homes, communities, health care facilities, schools, and other public spaces. Safely managed WASH services are also critical during the recovery phase of a disease outbreak to mitigate secondary impacts on community livelihoods and wellbeing. These secondary impacts—which could include disruptions to supply chains, inability to pay bills, or panic-buying—have negative impacts on the continuity and quality of water and sanitation services, the ability of affected households to access and pay for WASH services and products (for instance, soap, point of use water treatment or menstrual hygiene products) and the ability of schools, workplaces and other public spaces to maintain effective hygiene protocols when they re-open. If not managed, secondary impacts can increase the risk of further spreading water borne diseases, including potential disease outbreaks such as cholera, particularly where the disease is endemic.

**17. Lessons learned from past epidemics are insufficient but have informed the design of the proposed Project.** In the past, Burkina Faso has suffered deeply from various epidemics of variable magnitude (e.g., meningitis, measles, yellow fever). The country also experienced the threat of Ebola Virus Disease (EVD). In accordance with the requirements of the IHR, due to the Ebola context in neighboring countries, forty-four high-flow entry points have been identified in Burkina Faso. These entry points are characterized by the lack of suitable infrastructure and equipment (e.g., thermal cameras, thermo flash), lack of human resources, poorly qualified and poorly motivated personnel, all within the specific framework of COVID-19. Regarding the implementation of the IHR in the context of COVID-19, Burkina Faso benefited from the experience and lessons learned from the outbreak of the EVD epidemic in West Africa in 2014-2016. Given the high turnover of human resources in general, training on IHR-related areas and strengthening inter-ministerial and interagency coordination is necessary. This will be supported through Component 1 of the proposed Project. Other lessons from the past include:

<sup>10</sup> *Arrêté no 2020-018/PM/MS/MINEFID/MATDC/MRAH/MEEVCC portant création, attributions, organisation, composition et fonctionnement du comité national de gestion de l'épidémie du COVID-19.*



- commitment, ownership and leadership at the highest level;
- multisectoral collaboration - response to a major epidemic requires a well-coordinated and rapid response equal to the threat;
- infectious disease surveillance networks (regional and multinational) are important tools for quickly detecting and responding quickly to epidemic episodes in order to mitigate the impact on society;
- community engagement and ownership in the fight strategies is essential for any strategy to be effective in a given cultural context;
- adapted/customized communication is an important part of the fight against any epidemic;
- capacity building is essential in the fight against any epidemic;
- research must accompany the response to the epidemic and feed into future preparedness efforts.

### C. Relevance to Higher Level Objectives

18. The Project is aligned with World Bank Group (WBG) strategic priorities, particularly the WBG mission to end extreme poverty and boost shared prosperity. The Program is focused on preparedness and is also critical to achieving Universal Health Coverage. It is also aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions under Preparedness: (i) improving national preparedness plans including organizational structure of the government; promoting adherence to the IHR; and utilizing international framework for monitoring and evaluation (M&E) of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered both by individuals and countries. The Project complements both WBG and development partner investments in health systems strengthening, disease control and disease surveillance, attention to changing individual and institutional behavior, and citizen engagement. Further, as part of the proposed IDA19 commitments, the World Bank is committed to "support at least 25 IDA countries to implement pandemic preparedness plans through interventions (including strengthening institutional capacity, technical assistance, lending and investment)." The Project contributes to the implementation of IHR (2005), Integrated Disease Surveillance and Response (IDSR), and the World Organization for Animal Health (OIE) international standards, the Global Health Security Agenda (GHSA), the Paris Climate Agreement, the attainment of Universal Health Coverage and of the Sustainable Development Goals (SDG), and the promotion of a One Health approach.

19. **The proposed Project is fully aligned with the Country Partnership Framework (CPF) 2018-2023, specifically in focus area 2.**<sup>11</sup> The proposed Project directly contributes to protect human capital and promoting social protection.

20. The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, utilizing all WBG operational and policy instruments and working in close partnership with government and other agencies. Grounded in One-Health, which provides for an integrated approach across sectors and disciplines, the proposed WBG response to COVID-19 will include emergency financing, policy advice, and technical assistance, building on existing instruments to support IDA/IBRD-eligible countries in addressing the health sector and broader development impacts of COVID-19. The WBG COVID-19

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<sup>11</sup> Report number 123712-BF.



response will be anchored in the WHO’s COVID-19 global SPRP outlining the public health measures for all countries to prepare for and respond to COVID-9 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

21. **Complementary operations.** The proposed operation complements other operations in the existing portfolio. The proposed Project leverages existing implementation arrangements of the existing Health Systems Reinforcement Project (PRSS; P164696). The Social Safety Nets operation (P124015), has developed the mechanisms for mobile-phone based cash transfers, which may complement the support from the proposed Project. This would both limit interpersonal interaction as required for containment and could serve as a basis for a more reactive and flexible social safety net system. The Development Policy Operation’s (P166298) focus on human resource allocations in health will be extended using the detailed staff database to identify qualified staff to repost as part of the response.<sup>12</sup> The Emergency Recurrent Cost Financing Project (P169486) introduced Iterative Beneficiary Monitoring which will be used to verify delivery to beneficiaries. The phone-based household surveys extend the 2018 harmonized poverty survey undertaken with support from the Poverty and Analytics task (P172028) to serve as a sample frame to measure the impact of the crisis on households and to deliver rapid feedback on the impact of the communications strategies. The World Bank-supported agriculture operations, Agriculture Resilience and Competitiveness Project (P167945) and Livestock Sector Development Support Project (P159476) will be leveraged during Project implementation.

22. **Broader portfolio support:** as part of the response to the COVID-19 pandemic, the World Bank is working with its Governor in Burkina Faso (Ministry of Economy, Finance, and Development) to shift project support towards the emergency response. Although not yet definitive, it is likely that projects such as Social Safety Nets (complementary cash transfers to households required to self-quarantine and targeted support for vulnerable groups), Water (water, sanitation and hygiene, WASH, in rural areas in particular and possibly in health facilities) will provide coordinated support. These interventions, which are being developed will strengthen and broaden the overall response.

### III. PROJECT DESCRIPTION

#### A. Development Objectives

23. The Project development objectives (PDO) are aligned to the results chain of the COVID-19 SPRP and to the Government’s preparedness and response plan.

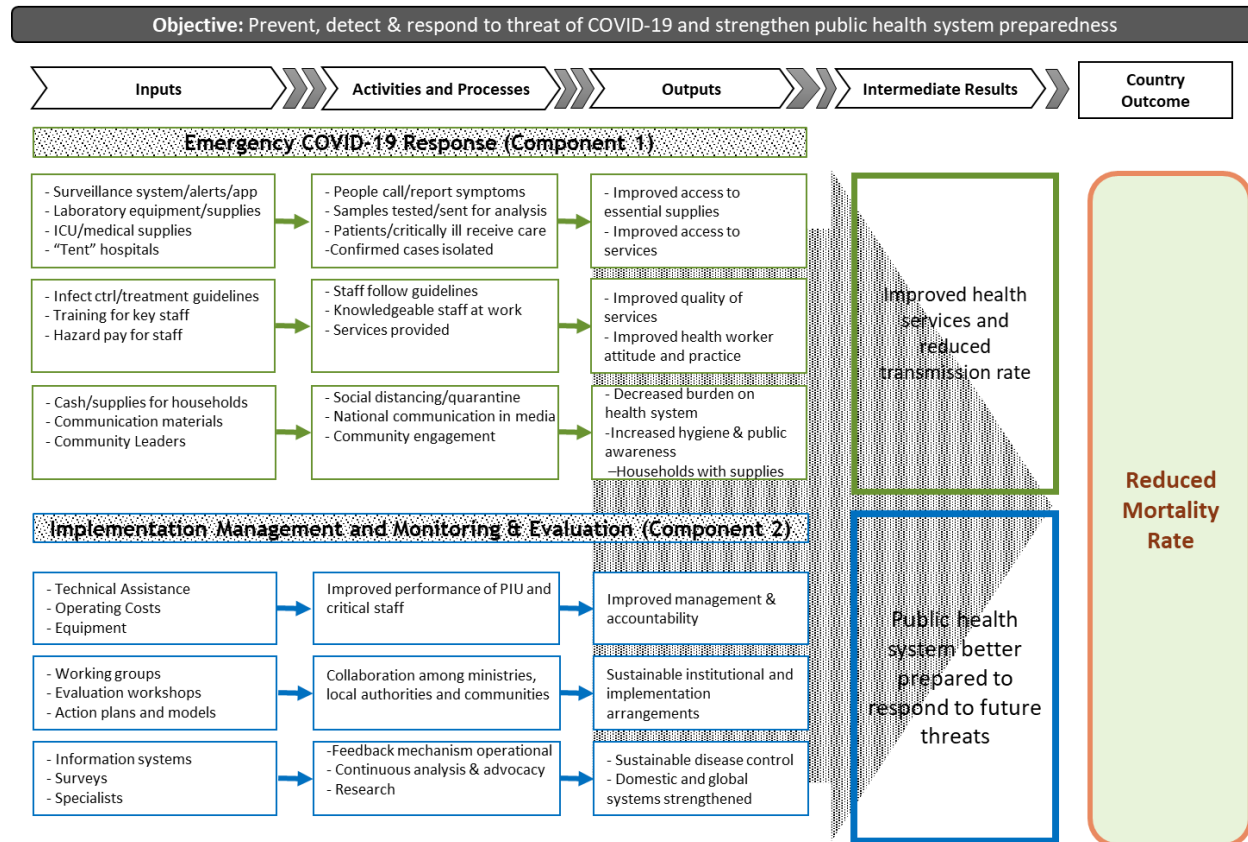
24. **PDO statement** is to prevent, detect and respond to the threat posed by COVID-19 and strengthen the national system for public health preparedness in Burkina Faso.

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<sup>12</sup> The database was part of the prior actions for the Second Fiscal Management, Sustainable Growth and Health Service Delivery Development Policy Financing (P170934).



Figure 2: Project Theory of Change



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

1. Coordinated disease surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities (Yes/No)
2. Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multisectoral health approach developed/or revised and adopted (Yes/No)
3. Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)
4. Percentage of suspected COVID-19 cases reported and investigated based on national guidelines for the emergency aspect of the project surveillance activities (Percentage)
5. Outbreak/pandemic emergency risk communication plan and activities developed and tested (Yes/No)

**B. Project Components**

25. **Interventions for rapid impacts.** The project addresses certain constraints that can create rapid and visible change for stakeholders and support achievement of the overall objective. These interventions are listed in Table . See more details in the description of Component 1. Annex 4 details the household support.



Table 1: Rapid Impact Summary Table

Risk/challenge	Response/solution	Approach
Refusal to adhere to quarantine by households that cannot afford two weeks of confinement thus increasing likelihood of spreading the virus	Delivery of locally-purchased and consumed foods and necessities	Experienced organization with capacity to sub-contract as needed as scale needs increase
Refusal to adhere to quarantine by agricultural/livestock households thus reducing containment measures	Purchase food stuffs in a purchase for progress arrangement <sup>13</sup>	Agriculture Project Implementation Unit (PIU) to manage based upon international good practices
Response staff lack essential training (e.g. case detection/management, IPC, and personnel protective equipment (PPE))	Develop and scale training to all affected areas (first) and then to the country	PIU (PRSS) has experience with this already
Insufficient supplies	Bulk purchases from existing stocks or ministry supplier when possible and United Nations (UN) agencies or World Bank Facilitated Procurement (BFP) mechanism otherwise	Central Medical Stores (CAMEG; primary; PRSS has experience) BFP (secondary; no experience) UN agencies (secondary; PRSS has experience)
Insufficient beds/capacity	Tent-based care facilities provide mobility and can later equip emergency medical teams	Commercial vendors, BFP, or UN catalog
Rate of spread requires rapid intensive/critical care capacity increase	<ul style="list-style-type: none"> <li>Experienced medical non-governmental organizations (NGO) to provide fully functional facilities</li> <li>Setting up tent hospitals</li> <li>Providing health facilities with medical equipment and supplies</li> <li>Purchasing rolling stock</li> </ul>	Contracting with those present in Burkina Faso or who can fly in a full system rapidly

**Component 1: Emergency COVID-19 Response (US\$19.00 million equivalent)**

26. This component will provide immediate support to Burkina Faso to limit local transmission through containment strategies. Supported activities will mostly be related to:

- **Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** This sub-component will help (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and

<sup>13</sup> Refer to <https://www.wfp.org/purchase-for-progress#> for details



mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information.

- One laboratory is currently equipped to test samples in Bobo-Dioulasso (*Laboratoire national de reference grippe*) and another lab was opened in Ouagadougou the week of April 6, 2020. The project may support training of staff collecting samples in designated facilities, the provision of tests kits, equipment and reagents and in reference labs but also support the safe transport of samples collected in peripheral facilities to the existing reference labs.
  - To enhance data quality reporting and real-time monitoring of health surveillance data, the project will support the development and operationalization a public health electronic epidemiological surveillance system using mobile technology and geographic information system (GIS) at all levels and the use of the information for decisions and will strengthen event-based surveillance.
  - Hazard pay: the project will make provisions for payments based upon eligibility criteria, rationalization mechanisms, and with predefined and sustainable scales. This is based upon the experience of the Ebola Virus Disease response in 2010.
- **Social Distancing Measures and prevention.**
    - The project is expected to support the implementation of immediate term responses, i.e., classic “social distancing measures” such as a ban on large gatherings, backed up by a well-designed communication strategy as advised from appropriate regulatory institutions, consistent with international best practices but adapted to the local context. As needed, financing will be available to develop guidelines on social distancing measures (e.g., in phases) to operationalize existing or new laws and regulations, and to support coordination among sectoral ministries and agencies.
    - Project financing could be used to ensure relevant priority professions are provided with PPE, beyond health personnel, e.g. people involved in providing support to affected and quarantine households.
    - Specific measures will be elaborated targeting the most vulnerable including the elderly, those with depressed immune systems and areas where large numbers of IDPs and refugees are concentrated for which the implementation of social distancing and personal hygiene measure present specific challenges (e.g., provision of safe water and basic sanitation).
    - Provision of handwashing facilities in public spaces including public standpipes, schools, markets, transport stations; Provision of handwashing facilities to health care facilities, isolation centers and quarantine sites; Promotion of the existing electronic payment systems for water bills to reduce risks of COVID transmission at ONEA payment sites.
  - **Health System Strengthening.** Assistance would be provided to the health care system to support the provision of medical care to patients and maintain essential community services (e.g. obstetric care, immunization) and to minimize risks for patients and health personnel.
    - The project might support the further elaboration and continuous adaptation of infection control and treatment guidelines including referral pathways.
    - Health facilities staff and front-line workers will be trained on risk mitigation measures, triage and delivering care according to guidelines; Training for health care workers and staff will also cover proper handwashing, hygiene and waste management practices for



infection prevention and control.

- Appropriate PPE and hygiene materials will be procured to protect all health staff and personnel including but not limited to those involved in the detection and management of suspected cases and patients.
  - Clinical care capacity may be strengthened through the purchase of critical intensive care equipment and supplies, equipment and medicines required to support case management and treatment according to best practices as adapted to the context, which is likely to include an initial purchase of respirators. The project will also support human resource management functions to improve the ability to deliver the necessary care.
  - The project will also seek to improve supply chain management both in the public and private sector. The distribution of specific screening inputs to health facilities during the emergency response, such as COVID-19 outbreak, would not be exclusive to the public sector.
  - The project will support the establishment of isolation units, which may include some rehabilitation and renovation of existing facilities (without altering the existing footprint);
  - Hospital could be supported to develop intra-hospital infection control measures, including necessary improvements in blood transfusion services to ensure the availability of safe blood products.
  - The strengthening of operational systems could also be supported: e.g., provision safe water and basic sanitation, back-up generators where needed, medical waste management and disposal systems.
  - Operational expenses, including those related to hazard pay for health teams for services provided.
  - Consideration will be given to procuring a limited number of tent hospitals initially to serve for COVID and then later to potentially equip emergency medical teams to serve populations in fragile/conflict areas in conjunction with support from the existing World Bank Health Project **Social and Financial Support to Households**<sup>14</sup>.
  - Construction of latrine blocks equipped with handwashing facilities as well as with a cabin dedicated to hygienic menstrual management in health care facilities in relevant facilities.
  - Provision of *WASH COVID-19* kits in health care facilities to support the control and prevention of COVID-19 infection. The content of those kits has been validated by the MOH with the support of the Water and Sanitation Hygiene (WASH)-Health Thematic Group, and include cleaning, maintenance, waste management, personnel protection, and awareness / information material for the use of the personnel of the health center facilities, for a period of approximately three months. The distribution of the kits comes systematically with training.
  - Provision of water service utilizing trucks or carts for water delivery (small containers, sachets or other pre-packaged water) and water tankers to health care facilities facing water supply shortage.
  - Provision of rolling stock (motorcycles, ambulances, supervision vehicles).
- **Communication Preparedness, communication and Community Engagement.** Activities, carried

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<sup>14</sup> PRSS : *Projet de renforcement des services de santé* or Health Services and Reinforcement Project (P164696).



out with the Government, private sector, civil society and communities may include:

- Developing and testing messages and materials to be used as the epidemic progresses and to target different publics.
  - The development and distribution of basic communication materials (such as question and answer sheets and fact sheets in appropriate languages).
  - The financing of communication initiatives from national to local levels and between the public and private sectors on personal hygiene promotion, community awareness and sensitization understanding of symptoms and recommended pathways, community participation in slowing the spread of the pandemic and the protection (including handwashing and hygiene etiquettes) of vulnerable groups, etc.
  - Communication channels may include mass media, counseling, and specific outreach activities targeting religious authorities or traditional leaders. The hotline already available to the public will be strengthened and sustained. Consideration will be given to developing feedback mechanisms to follow and address rumors in communities.
  - The project will improve access to information and scientific knowledge using appropriate tools, including the review and synthesis of scientific information for distribution to the public health community and populations.
  - Support would also be provided to develop systems for community-based disease surveillance and multi-stakeholder engagement, including to address issues such as inclusion, healthcare workers safety, and the specific vulnerability of women in the face of the epidemic (domestic violence, the risk that girls out of school may drop out and a possible increase in early pregnancies). This component would support rebuilding community and citizen trust that can be eroded during crises.
  - This component may also support activities in relation to animal health surveillance and reporting systems including organizing community-based early warning networks.
- **Social and Financial Support to Households.** This activity will support COVID-19 affected populations through various measures such as food and basic supplies. The foundation for these activities is the database of confined households maintained by the MOH that is updated daily for disease surveillance and containment purposes. The superstructure is the sharing of information with an entity that will provide services for the PIU. These can be delivery of foodstuffs and basic supplies,<sup>15</sup> or purchase of agricultural commodities. The contracted implementing entity will generate household-level data that will be aggregated and shared at predefined intervals with the PIU. The entities chosen will have proven experience and existing operating procedures amenable to rapid adaptation to the project's needs. A technical manual will define the mechanisms for such support. Enhanced supervision and monitoring mechanisms will be enacted, including iterative beneficiary monitoring.

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<sup>15</sup> The proposed approach is to use an entity to purchase cereals, beans and oils, locally produced fortified foods (from the producer), and local, seasonal, fruits and vegetables from (local markets) and to package and deliver them to identified households. As the MOH moves to georeferenced contact monitoring, this will be increasingly possible. Those selling inputs would replenish their stocks from the local markets, thus supporting suppliers at a time when nearly all markets in Ouagadougou (35/46) remain closed and movement restrictions, including the quarantine on cities with declared cases, will reduce economic activity thus increasing the risk of loss of produce.





**Component 2: Implementation Management and Monitoring and Evaluation (US\$2.15 million equivalent)**

27. **Project Management.** Support for the strengthening of public structures for the coordination and management of the individual country projects would be provided, including central and local (decentralized) arrangements for coordination of activities, financial management (FM) and procurement. Execution of project activities will be undertaken by the designated units in line ministries or in partnership with non-state actors including the private sector. As detailed elsewhere in this document, additional human and material resources will be provided to the existing PIU to undertake the additional work. This will be done in accordance with the national guidance on projects and programs. The project will finance equipment, technical assistance, training, and operating costs as needed.

28. **M&E.** This component will support M&E of activities and joint-learning across countries including research. This sub-component would support training in participatory M&E at all administrative levels, evaluation workshops, and development of an action plan for M&E and replication of successful models.

29. **Information systems for decision-making:** a critical challenge to responding to crises is the availability of quality information in time to make decisions. This component will provide support for health and agriculture information systems. To enhance data quality reporting and real-time monitoring of health surveillance data, the proposed project will further develop and operationalize an electronic disease surveillance system using mobile technology and GIS from the peripheral to the central level already supported under PRSS. To increase the accuracy of information, the project will support extension to the non-public sector in the areas of epidemic preparedness and response and health information systems. Disease surveillance and response requires both the public and private health sub-sectors as patients often present in the private sector. To that end, the proposed project will seek to extend the PRSS interoperability objectives to include private sector reporting to the health information system and to the private sector. In agriculture, the project will support market information systems to monitor the impact on the population through food markets and sensitive imported commodities. By developing and strengthening underlying systems, this will complement efforts on the interoperability of systems financed by PRSS.

30. **Feedback and impact monitoring mechanisms.** The proposed project will finance two forms of surveys to create rapid feedback loops for operational activities (Iterative Beneficiary Monitoring; IBM) and COVID-19 impact and communications activities (sample-based phone survey of households). The IBM tool will contact beneficiaries of social and financial support measures to monitor if they are receiving the expected support and to learn what other support might be necessary and feasible in the aggregate. The recently collected household survey, *Enquête harmonisée des conditions de vie des ménages 2018*, provides a pre-crisis baseline. The emergency response survey will use multiple follow-up phone calls to measure the ongoing effects of the crisis, which can be COVID-19, drought, insecurity, and other shocks. This will inform government's design of measures to support those who are affected.<sup>16</sup> Also, the tool will

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<sup>16</sup> A similar approach was piloted during the EVD10 epidemic and produced high-frequency information on the impacts, for example "The socio-economic impacts of Ebola in Sierra Leone: results from a high frequency cell phone survey (round three)", World Bank Working Paper Series Number 97392, available at <http://documents.worldbank.org/curated/en/2015/06/24646532/socio-economic-impacts-ebola-sierra-leone-results-high-frequency-cell-phone-survey-round-three>.



allow for the rapid monitoring, evaluation, and redesign of COVID-19 communication measures based upon household's understanding and execution of the measures.

31. **Support to COVID-related research.** Burkina Faso's will participate in global research trial(s) and selected other COVID-related public health research activities will receive support from the project. Project proceeds may support necessary equipment and consumables, data collection, analysis, and participation in research conferences to present accepted publications.

32. **The project will support the post-epidemic learning phase of the national plan to adapt approaches for future epidemics.** No later than six months after the current epidemic has subsided, an evaluation on the response would be completed and made public and feed into an experience-based COVID-19 preparedness and response plan which could be either re-used should the virus continue to spread or reappear or be quickly adapted in case of a new threat. This will build upon prior United States Agency for International Development (USAID) efforts on epidemic preparedness in supply chain and other global public health efforts.

### C. Project Beneficiaries

33. The expected project beneficiaries will be the population at large, given the nature of the disease, infected people, at-risk populations, particularly the elderly and people with chronic conditions, IDPs and refugees, medical and emergency personnel, medical and testing facilities, and public health agencies engaged in the response in Burkina Faso.

## IV. IMPLEMENTATION ARRANGEMENTS

### A. Institutional and Implementation Arrangements

34. **Implementation will be done through an existing and appropriately strengthened PIU.** The same PIU currently in place for the Public Health Programmatic Budget Area in the MOH, which is managing the PRSS, would be responsible for the proposed project. This approach has the following advantages:

- **Consistency with the government's vision on development programs and program-based budgeting principles** which drove the design of implementation arrangements for PRSS. Specifically, the PIU is integrated in the "National Public Health Program" which is one of the four program-budget areas within the MoH. As such it is embedded within the General Directorate of Public Health (GDPH) under the direct supervision of the General Director of Public Health at the central level of the MOH.
- **Leveraging existing institutional structures.** An existing team is in place that has adequate capacity to implement the proposed project with additional staffing in certain positions. Consideration was given to using another health PIU which manages regional projects, but the MOH ultimately selected the PIU in charge of the PRSS because of its greater alignment with the government's vision and acceptable past performance, and ability to implement the proposed project.
- **A degree of familiarity with World Bank procedures.** The current project has shown that the MOH has experience in the implementation of World Bank-supported operations.
- **Common governance mechanisms.** According to article 14 of the decree on projects and programs, there is one review committee per programmatic budget area. The existing *Comité de revue* for the PRSS will serve the same function for this project since the committee already



includes ministries engaged in the One Health agenda, notably those responsible for Environment and Animal resources.

- **Measures will be taken to support rapid project performance and strengthen the PIU.** The challenge of an emergency response is to move rapidly and effectively. The Government has requested Hands-on Expanded Implementation Support (HEIS) to improve the quality and speed of the entire procurement process. The Government and the World Bank agreed to assign an additional project coordinator (“*chargé de projet*”) to ensure exclusive focus on the current pandemic. In addition, the Government will hire or name, on the basis of terms of reference and qualifications acceptable to IDA, a procurement officer, an accountant, an auditor, an M&E specialist, and a social specialist. Based on lessons learned from EVD10 response in World Bank-supported projects, a World Bank procurement accredited staff/consultant as part of the HIES support and a FM staff/consultant will provide support to the PIU during the first six months of implementation. These staff will help counterparts to more rapidly and efficiently discharge their tasks in a rapidly-changing environment. In light of the experiences with PRSS, the Government will budget and release resources to support expenditures such as perquisites for project staff and sitting fees for the *Comité de revue* that are ineligible for IDA financing.

## B. Results Monitoring and Evaluation Arrangements

35. M&E activities will be the responsibility of the departments and units of the MOH as part of their data production and of the emergency response team through its reporting systems (including meeting summaries). The PIU will seek to collect pre-analyzed data wherever possible and will only do its own data analysis where the indicators are not already available. In such circumstances, it will agree in advance on indicator definitions to facilitate the validation process.

## C. Sustainability

36. **Sustainability will be enhanced through coordination with existing operations financed by the World Bank and other development partners.** The ongoing PRSS operation provides some support for emergency preparedness and response and will continue to do so after the crisis phase has ended. USAID, CDC, and the Bill and Melinda Gates Foundation are providing support on emergency or pandemic preparedness and the sustainability will in part be measured by a credible and functional emergency operations center (EOC) that will receive additional government financing. To date, this has been limited, but it may be reasonably expected that the performance to date of the CORUS, combined with its planned new institutional location, and its additional resources after the emergency phase and the support of existing operations will leave it in a position where the staff and operating and maintenance costs will be a larger percentage of the total budget, thus making its functionality more sustainable.

## V. PROJECT APPRAISAL SUMMARY

### A. Technical, Economic and Financial Analysis

37. Although there are very significant gaps in knowledge of the scope and features of the COVID-19 pandemic. It is apparent that one main set of economic effects will derive from increased sickness and



death among humans and the impact this will have on the potential output of the global economy. In the Spanish Influenza pandemic (1918-19) 50 million people died -about 2.5 percent of the then global population of 1.8 billion. The most direct impact would be through the impact of increased illness and mortality on the size and productivity of the world labor force. The loss of productivity as a result of illness which, even in normal influenza episodes is estimated to be ten times as large as all other costs combined will be quite significant.

**38. In Burkina Faso, the GDP growth will slow and the channels by which the crisis will develop are well identified.** The shock will start with the informal sector due to market closings and it will rapidly spread to utilities that cannot bill customers (a 42 percent decrease in revenues is expected in the water sector), raise bankruptcy or default risks for small businesses and hence banks, and severely impact the agricultural sector if products cannot reach markets due to quarantines which will also impact the prices and availability of inputs (seeds, fertilizers, animal feeding, veterinary services), and could be worse if the virus reaches agricultural areas (decreased output). The World Bank estimates that GDP growth could fall by four percentage points from a previous projection of six percent to two percent.

**39. The crisis will undoubtedly have a detrimental impact on the majority of the population's welfare.** Measures taken to limit the COVID-19 outbreak including border closure, national curfew and lockdown will result in labor loss or labor force reduction across sectors, with trade and service sector being hit first. In the immediate term, the urban poor, particularly Ouagadougou and Bobo-Dioulasso, who draw more than two-third of their income from self-employment in the informal sector are particularly vulnerable to these measures. Women, who are disproportionately engaged in informal sector activities, are more likely to suffer. The 76 percent of the labor force engaged in agricultural sector will later be affected by a decline in urban demand of agricultural products. Remittances, which represent about a quarter of poor households' income are also likely to decrease given the global nature of the crisis. Overall, this decline in revenue is likely to be accompanied by increased in the price of basic commodities, including food – exacerbating the risk of malnutrition already affecting 10 percent of population at risk this lean season.

40. On April 2, 2020, the President announced a series of measures to support the economy. These include tax alleviation measures targeted at businesses and valid until June, 2020, budgetary measures to support specific sectors, as well as measures to support households including the payment by the Government of utility bills for the poorest households, the suspension of payments of rents and utility bills for market spaces until June 2020. In total, the budget programmed for the COVID-19 response amounts to 394 billion FCFA, around 4.5 percent of GDP, 45 percent of which will be absorbed by the health response.

## B. Fiduciary

### *Financial Management*

41. The FM arrangements for the proposed project have been designed considering: (i) Burkina Faso's recent political situation; (ii) the country's overall Public Finance Management (PFM) performance; and (iii) the World Bank's minimum requirements under the World Bank Policy and Directive on Investment Project Financing (IPF), which describes the World Bank's policies and procedures for FM.



42. The legislative and institutional framework for public FM is in place in Burkina Faso. This framework is in line with or approximates international standards. In addition, Burkina Faso has transposed the West African Economic and Monetary Union (WAEMU) directives, regulations, and rules on public finances into national law. However, the challenges faced in operationalizing the various FM components including cash constraints as well as compliance with this legislative framework, rules and regulations, do not allow at present to rely fully on the public expenditure framework for the proposed Project.

43. The Government of Burkina Faso has requested to use a ring-fenced financing mechanism for the fiduciary aspects of the proposed project. This project will be managed through the existing FM arrangements in place for the ongoing PRSS which is implemented by a PIU within the MOH.

44. The assessment of the PIU was carried out in March 2020. The assessment revealed that the PIU has an FM team familiar with WBG procedures. The FM team comprises one administrative and financial officer, one accountant and one internal auditor but will need to be reinforced to implement the proposed project. The existing FM arrangements include a well detailed FM manual. The PRSS became effective on December 2018. The last FM supervision conducted in December 2019 concluded that the Project FM was Moderately Satisfactory and the FM risk Substantial, mainly because of delays in (i) the procurement of the computerized accounting system (ii) the recruitment of the external auditor. However, the procurement of the accounting software and the recruitment of the external auditor are in progress. The first audit report of the Project is expected on June 30<sup>th</sup>, 2020.

45. **Key risks.** The FM risk before mitigation measures is High because of the following key risks associated with project activities:

- the sensitive nature of project activities, which may include provision of food for household support, procurement and provision of medical supplies;
- an insufficient capacity of the current PIU FM staff to handle two projects;
- weak capacity of the internal audit function;
- misappropriation of project funds and ineligible expenditures;
- delays in disbursements;
- delays in provision of project supplies and services to beneficiaries;
- In addition, implementation modalities of project components are yet to be finalized given the emergency nature of the proposed project.

46. Risk mitigating measures include the following dated covenants to implement within one month after project effectiveness: hire or appoint an accountant, fully dedicated to the proposed project with terms of reference and qualifications acceptable to IDA.

- (i) as part of HIES, the World Bank will appoint staff/consultants to support the FM tasks of the Project during the first six months of implementation;
- (ii) update the PRSS Project Implementation Manual (PIM) and the PRSS Project FM manual to include the proposed project;
- (iii) finalize the acquisition of the computerized accounting system and update it to include the proposed project;
- (iv) finalize the recruitment of the external auditor and revise the terms of reference to include the proposed project,
- (v) sign a Memorandum of Understanding (MoU) with Anti-Corruption State Authority (*Autorité*



*Supérieure de Contrôle de l'Etat et de Lutte contre la Corruption, ASCE-LC*) to perform a bi-annual ex-post verification of Project expenses.

47. Other risk mitigation measures include:

- (i) increase the DA ceiling and lower direct payments threshold to avoid delays in disbursements; and
- (ii) if necessary, contracting with UN agencies to implement the most sensitive project activities. The extent and the nature of a potential involvement of UN agencies will be completed during project implementation.

48. **Support to households:** The processes for managing social and financial support to household and hazard/indemnity pay (eligibility criteria, amount, frequency, beneficiaries headcount rationalization mechanisms) will be agreed upon and included in the PIM.

49. As stated by section 5.3 of IDA general conditions the Government of Burkina Faso will provide promptly as needed, the funds, facilities, services and other resources: (a) required for the Project, such as the perquisites identified in the project/program decree; and (b) necessary or appropriate to enable the PIU to perform its obligations including the Review Committee (*Comité de revue*) sitting allowances.

50. **The residual FM risk after mitigation measures is Substantial.** The FM risk mitigation measures will be finalized during project implementation.

51. **Third party verification of expenses.** The project will entail support and assistance to households in the form of provision of food and supplies, and payment of other sensitive expenditures in an emergency and crisis context (e.g., medical supplies, masks). Therefore, relying on third parties for expenses verification is critical.

- The ASCE-LC will perform a bi-annual ex-post verification of the eligibility of the expenses to be paid by the Project, including a verification of a reasonable sample of project expenditures in all the regions covered by the Project;
- Other national institutions in charge of internal and external controls, like the Court of Accounts (*Cour des Comptes*) will continue to perform their legal mandate;
- If necessary, the Project in accordance with the World Bank, may consider recruiting a consultant to perform additional and independent ex-post verifications.

52. The cost of the ex-post verifications (ASCE-LC, independent consultant if any) will be met by the project under Component 2 – Implementation Management and M&E.

53. **Monitoring.** During implementation, a continuous monitoring and flexible adjustment of the planned FM system will be undertaken. The PIU will be required to prepare and submit to the World Bank, (a) an annual work plan and budget and a six-month disbursement forecast, both aligned with PDO and project activities no later than two weeks after effectiveness; (b) un-audited interim financial reports (IFR) on a quarterly basis; and (c) audited annual financial statements on an annual basis. The project will comply with the World Bank disclosure policy of audit reports.

54. The World Bank may increase or reduce the frequency of interim un-audited financial reports, based



on an assessment of the Project FM performance and risk.

55. **Disbursement arrangements:** Project proceeds will finance 100 percent of eligible expenditures of the project inclusive of tax. A designated account (DA) in XOF will be opened at the Central Bank, *Banque Centrale des Etats de l’Afrique de l’Ouest*, (BCEAO). The ceiling of the DA will cover a 12-month disbursement forecast for the first year. The ceiling of the DA will be reduced to a six-month disbursement forecast for the following years. Upon effectiveness, an initial advance of an amount to be set in the DFIL, covering a 12-month disbursement forecast for the project will be released by IDA to the DA, at the request of the project. A Project Account (PA), managed by the FM Unit with signatories of the Project Coordinator and the Project FMS, will be opened in a commercial bank.

56. **Disbursements to UN agencies (if any).** The extent and the nature of a potential involvement of UN agencies will be completed during project implementation. In case of involvement of UN agencies, the project team will apply Operations Policy and Country Services guidance for engagement with UN agencies. The Project will use Direct payment and/or Special Commitment disbursement methods for disbursements under contracts for goods, works, non-consulting services and consulting services to be implemented with the support or through UN agencies.

57. **Disbursements supporting documentation:** Disbursements will be made using transaction-based disbursement procedures. The project will use standard statement of expenditures to report eligible expenditures paid from the designated accounts. All other supporting documentation evidencing eligible expenditures should be retained by the PIU and must be made available for review by World Bank missions, ASCE-LC, external auditor and other controllers if any. Disbursement methods and formats for withdrawal applications and disbursements documentation will be stated in the disbursement letter.

58. **Other disbursements Paragraph 12 section III of IPF policy:** The Project triggered paragraph 12 section III of the IPF policy. Thus, disbursements under contracts for goods, works, non-consulting services and consulting services procured or selected through international open or limited competition or Direct Selection as set out in the procurement plan, must be made only through mandatory Direct Payment and/or Special Commitment disbursement methods.

**Table 2: Category of eligible expenditure by grant proceeds and percentage**

Category	Amount of the IDA Financing Allocated (expressed in US\$, millions)	Percentage of Expenditures to Be Financed (inclusive of taxes)
(1) Goods, works, non-consulting services, consulting services (including training), consulting services and operating costs, and health facilities operating costs for the Project	21.15	100%
<b>TOTAL AMOUNT</b>	21.15	

Detailed FM arrangements are described in Annex 2.



**Procurement**

59. Procurement under this project will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers dated July 1, 2016 (revised in November 2017 and August 2018), and will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and as of July 1, 2016. The project will use the Systematic tracking of Exchanges in Procurement (STEP) to plan, record and track procurement transactions.

60. The major planned procurement across this project is expected to include: (i) medical/laboratory equipment and consumables; (ii) PPE in facilities and triage; (iii) clinical management equipment; (iv) refurbishment and equipment of medical facilities; (v) technical assistance for updating or reviewing national plans and costs; (vi) human resources for response; and (vii) expertise for development and training of front-line responders. Finalization of the streamlined project procurement strategy for development (PPSD) has been deferred to implementation. An initial procurement plan for the first three months has been agreed with the Recipient and will be updated during implementation.

61. To respond to the emergency nature of this operation, the proposed project proposes to apply retroactive financing of 40 percent (US\$8.46 million equivalent) in accordance with Section V (5.1 and 5.2) of the World Bank Procurement Regulations for IPF Borrowers. Retroactive financing will be allowed for up to 40 percent of the total financing for relevant activities which payments were made prior to the date of the Financing Agreement (FA) but on or after February 1, 2020 (i.e., the effective date of the retroactive financing). For contracts already signed but that did not include the application of the ACG and the World Bank's Sanction framework, it will be sufficient for each supplier/contractor/consultant to sign a *Letter of Acceptance of the World Bank's Anti-Corruption Guidelines and Sanctions Framework*.

62. The proposed procurement approach prioritizes fast track emergency procurement for the required emergency goods, works and services, particularly for the prevention phase and the relief phase. The procurement approaches will utilize the flexibility provided by the World Bank's Procurement Framework for fast track emergency procurement. Key measures to fast track procurement include:

- use of UN Agencies, Direct Contracting and/or Limited Competition and Request for Quotations with identified manufacturers and suppliers for other urgent items;
- increased threshold for Request for Quotations (RfQ) to US\$0.5 million for goods and US\$1 million for works;
- As requested by the Recipient on April 10, 2020, the World Bank will provide procurement HEIS support to help expedite all stages of procurement – from help with supplier identification, to support for bidding/selection and/or negotiations to contract signing and monitoring. Further, Bid Securing Declaration may be used instead of the bid security. Advance payment may be increased to 40 percent, while secured with the advance payment guarantee. The time for submission of bids/proposal can be shortened to 15 days in competitive national and international procedures, and to 3 days for the Request for Quotations, however if bidders request an extension it should be granted. The retroactive financing may be applied to the contracts procured in advance for the purpose of this Project objective using procurement procedures consistent with Sections I, II and III of the World Bank's Procurement Regulations and consistent with the FA of this Project. Prior review will not be applied.

63. The proposed project may be significantly constrained in purchasing critically needed supplies and





materials due to significant disruption in the supply chain, especially for PPE. The supply problems that have initially impacted PPE are emerging for other medical products (e.g. reagents and possibly oxygen) and more complex equipment (e.g. ventilators) where manufacturing capacity is being fully allocated by rapid orders from developed countries.

64. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment for COVID-19 response, the World Bank will provide, at the Recipient's request, BFP to proactively assist them in accessing existing supply chains. Once the suppliers are identified, the World Bank could proactively support the Recipient with negotiating prices and other contract conditions. The Recipient will remain fully responsible for signing and entering into contracts and implementation, including assuring relevant logistics with suppliers such as arranging the necessary freight/shipment of the goods to their destination, receiving and inspecting the goods and paying the suppliers, with the direct payment by the World Bank disbursement option available to them. The BFP would constitute additional support to Recipient beyond the usual HEIS which will remain available. If needed, the World Bank could also provide hands-on support to the Recipient in contracting to outsource logistics. BFP will be limited to the agreed list of equipment and supplies and the rest of procurement will follow regular procurement arrangements, albeit with the flexibilities introduced under this emergency operation.

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

66. Procurement will be carried out by the designated PIU with a core team currently implementing the ongoing PRSS Project. The PRSS team has experience with the World Bank procedures with procurement performance consistently rated as "Moderately Satisfactory". The procurement risk is rated Substantial due to: (i) delays in application of Direct selection due to mandatory authorization request from the line ministry or Ministry of Finance depending of the estimate cost in accordance with the national procurement code; (ii) delays in the procurement process which are mainly due to delays in the review of files and in the publication of procurement notices by Department for the Regulation of Public Procurement and Finance (DCMEF) who is in charge of prior control; (iii) difficulties in mobilizing the technical sub-commissions; (iv) limited capacity to conduct emergency procurement; and (v) difficulty in sourcing COVID-19 test kits and critical care equipment. Streamlined procedures for approval of emergency procurement to expedite decision making and approvals by the Recipient have been agreed.

67. To support the emergency response, the project will utilize rapid disbursement procedures and simplified procurement processes in accordance with emergency operations norms. The key procurement risk is failed procurement due to lack of sufficient global supply of essential medical consumables and equipment needed to address the health emergency as there is significant disruption in the supply chain, especially for PPE. Other key procurement risks include Recipient import restrictions in place for goods/service providers/consultants/contractors from certain countries, as well as constraints in institutional and implementing capacity in borrowing countries, particularly where there are quarantines be in place or other restrictions that impact on public administration.



68. The key risks and preliminary risk mitigation action plan are indicated in Table 3. The residual risks after the implementation of the mitigation measures proposed in Table 3 would be reduced to “Moderate.”

**Table 3: Procurement Risks and Mitigation Measures**

No.	Risk	Mitigation measure
a	Multiple levels of responsibility in project implementation including procurement aspects (reviewing and approval of documents and decision prior to final decision for contract signature).	The Government will consider the following measures during implementation:
b	Delays in application of Direct selection due to mandatory authorization request from the sectorial ministry or ministry of finance depending of the estimate cost in accordance with the national procurement code.	the procurement process may be streamlined within 48 hours to review and authorize for approval of direct contracting, full responsibility of the procurement till contract execution may be delegated to the PIU.
c	Limited capacity to conduct emergency procurement.	The proposed procurement methods may be applied and there may be no prior review by the national procurement control body.
d	Delays in the procurement process which are mainly due to delays in the review of files and in the publication of procurement notices by DCMEF who is in charge of prior control.	There may be an increase in the sample and frequency of post reviews and adjustments may be made to the procurement plan regarding the selection methods, thresholds and approval levels as needed, and the Recipient will also institute a complaint handling protocol.
e	Difficulties in mobilizing the technical sub-commissions.	The Government has agreed to consider streamlining and adjusting its procedures using due processes, as needed, given the emergency nature of the proposed project during negotiations.t
f	Global nature of the COVID-19 outbreak may create shortages of supplies and necessary services resulting in price volatility and in bidders only providing short validity periods.	The World Bank will provide BFP leveraging its comparative advantage as convener with the objective of facilitating the Recipient’s access to available supplies at competitive prices, as described in the procurement section of this document.
g	Challenges of bids submission due to COVID-19 movement restrictions imposed by many countries worldwide.	
h	Limited competition as a few competent	



	bidders may refrain from submitting bids due to COVID-19 pandemic.	
i	Difficulty in sourcing COVID-19 test kits and critical care equipment.	

**D. Legal Operational Policies**

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

**C. Environmental and Social Standards**

• **Environmental Standards**

69. **The overall environmental and social risks of this Project are deemed as Substantial.** This emergency operation will take specific measures to address environmental issues. The MOH will use (i) the Strategic Medical Waste Management Plan (SMWMP) updated in 2018; (ii) the Operational Medical Waste Management Plan (OMWMP) in preparation (under Health Services Reinforcement Project, P168823); and (iii) other plans and manuals they have in place and applying international best practices in diagnostic testing for COVID-19, handling the medical supplies involved, and disposing of generated wastes in the two main hospitals (Ouagadougou and Bobo-Dioulasso), at the Districts level and in case of massive use of pesticides or Contingent Emergency Response. Until the (SMWMP) has been approved, the Project will apply the WHO standards on COVID-19 response. The relevant parts of the WHO COVID-19 biosafety guidelines will be reviewed while updating the OMWMP, so that all relevant risks, environmental potential negative impacts and mitigation measures will be covered. In addition to the (OMWMP), the client will implement accordingly, with its counterparts and other stakeholders, the activities listed in the Environmental and Social Commitment Plan (ESCP) and the Stakeholder engagement plan (SEP) that was prepared, reviewed, approved and disclosed publicly on the World Bank’s web site on April 15, 2020 and is expected to be disclosed in country by the end of April 2020.

70. **Environmental risks and environmental potential negative impacts include:** (i) the removal and disposal of sharp and pointed items, discarding medical supplies related to isolation measures (e.g., gloves, masks, hospital gowns, goggles, leftover medicines, etc.) in both health centers and home quarantine; (ii) contamination to the environment and health and safety risks and environmental potential negative impacts, due to the use of cleaning and disinfection products, chlorine and other hazardous by-products; (iii) risks from handling, storage and use of oxygen tanks; (iv) transport and disposal of viral contaminated materials once used or during burials, and (v) waste to be managed coming from the support to be provided to rehabilitate and equip selected primary health care facilities and hospitals for the delivery of critical medical services. Proper management handling and transportation procedures should be in place in line with WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)” and other WHO protocols.



71. **In Burkina Faso, the Ministries of Administration, Public Health and Environment will sign an Inter-institutional Agreement on the management regulation of waste generated in health facilities at the national and regional levels.** Within this framework, the three institutions issued regulation for the internal management of waste within health facilities through plans and manuals. Also, the municipalities of Ouagadougou and Bobo-Dioulasso will be in charge of the collection and transport of hospital waste and the final disposal in the sanitary landfills at the Waste Burial Technical Center (*Centre d'enfouissement Technique, CET*) in the respective area of each municipality, for which they need to acquire an environmental license with the Ministry of Environment. In addition, the national agency in charge of environmental assessments (*Bureau National des Evaluations Environnementales BUNEE*) and the General directorate of Environment protection (DGPE) will be closely involved for the M&E.

72. **The main hospitals and other facilities, including the private sector, in Ouagadougou and Bobo-Dioulasso designated for provision of COVID-related care will be included in the consultations.** Available internal manuals of the MOH also contain occupational health and safety standards for the workers in order to avoid infections through improper handling of waste (in private and public sectors). In case of need to be adapted to the situation, they will be updated to take into account the COVID-19 situation.

- **Social Standards**

73. **The social risks of this Project are deemed as Substantial:** the project will have positive impacts on improving COVID-19 surveillance, monitoring and containment. However, the project could also cause significant environment, health and safety risks due to the dangerous nature of the pathogen (COVID-19) and reagents and other materials to be used in the project-supported laboratories and quarantine facilities. Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and relevant planned health facilities which will be used for diagnostic testing and isolation of patients can generate biological waste, chemical waste, and other hazardous bioproducts.

74. Quarantine and isolation of patients may introduce other social risks related to dignified treatment of patients, attention to specific, culturally determined concerns of vulnerable groups and prevention of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as well as meeting minimum accommodation and servicing requirements. Gender-related social risks are numerous and cover employment, burden of care (children, elderly, and sick), domestic violence including intimate partner violence, and sexual exploitation, harassment, and abuse. These stem from confinement, resulting loss of revenues, stress, and fear from lack of reliable information. During implementation, the risks of Sexual Exploitation, Harassment, and Abuse will be assessed, and mitigation measures put in place. For the Data and Monitoring Systems, sex- and age-disaggregated data is required to examine and respond to gendered issues.

75. To mitigate against these risks, the project will develop an Environmental and Social Management Plan (ESMP), which will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities. The relevant parts of COVID-19 Quarantine



Guideline and WHO COVID-19 Biosafety Guidelines will be incorporated into the ESMP. These guidelines include provisions to address the needs of patients, including the most vulnerable. They also include provisions on the establishment of quarantine and isolation centers and their operation considering the dignity and needs of patients.

76. A draft Stakeholder Engagement Plan (SEP) was developed as part of project preparation and disclosed on the World Bank website on April 15, 2020 and is expected to be disclosed in country by the end of April 2020. The SEP will be updated very early (30 days after Effectiveness) and be implemented. The proposed project will support a communication, mobilization, and community engagement campaign to raise public awareness and knowledge on prevention and control of COVID-19 among the general population mainly local communities living far from the health centers and vulnerable groups outlined above. It will contribute to strengthening the capacities of community structures in promoting COVID-19 prevention messages. The proposed project will coordinate and monitor all communication interventions and material development at both the national, regional and local levels. The proposed project will ensure that activities are inclusive and culturally sensitive, making sure the vulnerable groups outlined above also benefit from the project. Toward this effort, the proposed project will prioritize communication using key influencers (i.e., religious leaders, public health agents, NGOs, etc.) and the production of communication materials, including TV, radio, social media and other web-based applications using different languages and pictures, as necessary. The social and behavior change communication will be carried out nationally. However, the timing and method of communication will be adapted according to each segmented audience, for example, for people living near laboratories and health facilities centers, borders, people who are staying in quarantine centers, etc.).

77. An ESCP was prepared and disclosed on April 15, 2020 on the World Bank website and is expected to be disclosed in country by the end of April 2020. It sets out material measures and actions, any specific documents or plans, as well as the timing for each of these. The implementation of the material measures and actions set out in the ESCP will be monitored and reported to the WBG.

- **Other social**

78. A Security Risk Assessment will be conducted if a decision is made by the Government to deploy security forces to protect the health facilities supported by the Project. A Security Risk Plan will be prepared to provide guidance regarding how to protect local communities and workers.

79. The project will be implemented by the PIU of the Public Health Programmatic Budget area on implementation under Operational Policies). The PIU has a full time environmental specialist. Given the substantial social risk of the project, a social specialist with terms of reference and qualifications acceptable to the World Bank will be recruited or appointed to the PIU team.

80. **Large volumes of personal data, personally identifiable information and sensitive data (Data) are likely to be collected and used.** In connection with the management of this crisis under circumstances where measures to ensure the legitimate, appropriate and proportionate use and processing of that Data may not feature in national law or data governance regulations or be routinely collected and managed in health information systems. In order to guard against abuse of that Data, the World Bank will incorporate best international practices for dealing with such Data in such circumstances. Such measures may include,



by way of example, data minimization (collecting only Data that is necessary for the purpose); data accuracy (correct or erase Data that are not necessary or are inaccurate), use limitations (data are only used for legitimate and related purposes), data retention (retain data only for as long as they are necessary), informing data subjects of use and processing of data, and allowing data subjects the opportunity to correct information about them, etc. In practical terms, the proposed project will ensure that these principles apply through assessments of existing or development of new data governance mechanisms and data standards for emergency and routine healthcare, data sharing protocols, rules or regulations, revision of relevant regulations, training, sharing of global experience, unique identifiers for health system clients, strengthening of health information systems, etc.

## VI. GRIEVANCE REDRESS SERVICES

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

## VII. KEY RISKS

82. **The overall risk rating for the project is categorized as substantial.** The COVID-19 Response MPA program faces significant risks at the global level and within the individual countries supported, including Burkina Faso. Globally, there are risks to the overall success of the MPA program.

83. Consistent with the risks of the global MPA program, a key risk for Burkina Faso is whether the MPA program is fast enough and big enough to achieve its development objectives, and help the country respond appropriately to the pandemic. This risk is mitigated by supporting improved epidemic surveillance and national health systems to enable an appropriate balance in project activities, on the basis of the specific country context. Governance risks will be mitigated by supporting the proposed project with strong M&E systems, tracking that supported interventions address the needs of vulnerable groups (which includes the poor).

84. One of the main global risks to implementation is the lack of or limited knowledge that the world has about how deadly the virus is and exactly how it spreads and how best to limit spread and reduce deaths. As the epidemic evolves and knowledge continues to accumulate, political leaders will need to have the capacity to adjust the response and adopt actions quickly (including those that may be politically difficult), to respond and mitigate the risk of contagion among the population. Fear is a critical challenge, both among the population but also in terms of its negative economic and social impact. Lessons learned from



previous global responses to infectious disease outbreaks, such as the need to engage and closely work with political leaders, local communities, and private sector, will help mitigate these risks. The MPA will partly mitigate this risk by helping to accelerate the flow of comprehensive data on the pandemic and appropriate responses between and within participating countries.

85. Key risks with Burkina Faso's COVID-19 response include the following:

- a) **Political and governance risks** for the proposed project are considered “high”. Government faces a fast-moving epidemic on a novel scale with the necessity to develop coordinated measures across multiple ministries. For example, confinement measures for contacts require the Ministries of Health and Social Affairs to work together. This requires the sharing of information, the development of joint action plans, and their implementation in a coordinated manner as the overall situation evolves (e.g. food support requirements and locations). Likewise, there is a significant challenge in producing reliable and actionable information in time for decisions to be made. Without this, the Government will neither be able to respond nor to coordinate the development partners. To mitigate this risk, the COVID-19 emergency response committee is an important step that can be capitalized through regular functioning and continued inter-governmental engagement under the leadership of the Prime Minister. The March 26, 2020 Council of Ministers instructed the ministries in charge of Commerce, Industry, Artisanry and Economy, Finance, and Development to propose measures to support economic sectors affected by the epidemic. At the health sector level, development partners are working collegially to assist the Government and the recently-developed virtual meeting arrangements will facilitate coordination. Various development partners are supporting parts of the data collection and information management sub-systems and the proposed project will provide additional support where necessary. To help ensure and verify that resources supporting COVID-19 activities reach intended health care facilities and beneficiaries, additional auditing and oversight are planned under the project and could be extended to greater disclosure of the COVID response budget and use of funds.
- b) **Macroeconomic risks** for the proposed project are considered “high”. The most significant macroeconomic risk to the project objectives is the resilience of the country's economy to absorb the economic impact of disruptive prevention measures (e.g., social distancing) epidemiological surveillance, and treatment, especially for vulnerable populations. Furthermore, deaths linked to armed conflict increased by a factor of seven between 2018 and 2019, leading to increased security expenditures. A correlate of the violence is the increase in IDP, which increased 15 times between January 2019 and March 2020 (nearly 838,000 people as of March 25, 2020). In addition, the country is host to about 25,000 refugees from Mali. Project resources are expected to serve IDP, refugees as well as other residents. The unions struck frequently and powerfully, wresting important concessions that have affected the fiscal space. These limitations may be partially offset by additional budget and project support, but resources available may not be sufficient to stop the epidemic if they are not used effectively and the growth curve is not inflected quickly. In order to ensure projects funds are available quickly, a Government budget line for expenditures ineligible under IDA financing is needed to support project functionality—this was delayed by a year for PRSS. To avoid such delays for this project, the minutes of negotiation reflect the agreement to provide the funds. The proposed project design has provisions to document lessons learned from the COVID-19 response that would ideally help to build the necessary political and social consensus to maintain adequate funding levels to cover recurrent costs and build and sustain robust public health structures and programs to timely detect, confirm, respond, and mitigate the risk posed by the onset and the rapid spread of infectious diseases



that transcend national borders.

- c) **Sector Strategies and Policies risks** are also deemed “substantial” since disease surveillance and response systems in Burkina Faso have significant weaknesses. The known epidemiological characteristics of COVID-19 underscore the importance of improving related sector policies and strategies, including pandemic preparedness. The Government has already started implementing measures to reduce community transmission, including imposing quarantines in affected cities. However, these strategies will need to be supplemented by addressing economic and social implications of quarantines. Data collection and epidemiological analysis constitute essential parts of assessing the impacts of mitigation strategies, alongside on-going clinical assessments on how to best manage seriously ill patients with COVID-19. During the outbreak of Ebola virus disease in west Africa in 2014–16, deaths from other causes increased because of a saturated health-care system and deaths of health-care workers. To mitigate these risks, the proposed projects will support health care infrastructure (including laboratory capacity, epidemiological surveillance capacity, and supply chain issues) and effective procedures for protecting staff and health facility patients from infection. Furthermore, the ongoing PRSS operation will continue to support basic services to communities.
- d) **Technical Design risks** are “substantial” as the needs of the country to respond adequately to COVID-19 are not fully defined. To mitigate this risk, the proposed project is designed to respond flexibly to changing circumstances and needs, taking into account emerging international best practice contextualized to the country’s needs. The proposed project is also closely coordinated with other development partners to leverage their activities. World Food Program (WFP) is employing mitigation measures in its humanitarian food activities. WHO has developed a response plan for regions outside of Ouagadougou. Development partners are planning to finance WASH-related activities in these areas. The project will support enhanced disease surveillance and quarantine support. The proposed project’s activities focus on strengthening response capacity in selected priority areas in the short- and medium terms and lay the foundations for a broader-based One Health strategy and approach, including broad awareness and communication campaigns, which would be critical to containing the spread of this disease and promoting WASH.
- e) **Institutional Capacity for Implementation and Sustainability risks** are assessed as “high” due to weaknesses in the country’s health, social welfare, disaster preparedness and economic systems. These risks will be mitigated by tailoring project interventions to the country’s evolving needs and applying HEIS, including World Bank-facilitated procurement and other enhanced implementation support. The proposed project also intends to strengthen existing institutional structures and applying lessons learned from ongoing and past operations. An existing PIU has been selected to implement the project, which will be further strengthened and additional capacity will be provided through the HIES approach requested by Government and additional staff.
- f) **Fiduciary risks** are assessed as “substantial” primarily due to FM risks, including a high risk of irregularities and corruption within the project activities given the nature and implementation arrangements of the project activities, and the challenges faced in operationalizing the various FM components including cash constraints as well as compliance with this legislative framework, rules and regulations. As such, the proposed project cannot fully rely on the public expenditure framework. To mitigate this risk, the Government has requested to use a ring-fenced financing mechanism for the fiduciary aspects of the proposed project. This project will be managed through the existing FM arrangements in place for the ongoing PRSS which is implemented by a PIU within the MOH. To support rapid implementation, procedures for rapid disbursement and simplified public sector procurement will be deployed in accordance with emergency operations norms. An internal auditor





will be assigned on an emergency basis by the Ministry of Finance with terms of reference and qualifications acceptable to the World Bank. Higher-frequency external audits are also part of the mitigation measures.

- g) **Environmental and social** risks are rated “substantial” due to the deadly nature of the COVID-19 pathogen and the related environmental and social risks. To mitigate against these risks, the project will develop an ESMP, which will adequately cover environmental and social infections control measures and procedures for the safe handling, storage, and processing of COVID-19 materials including the techniques for preventing, minimizing, and controlling environmental and social impacts during the operation of project supported laboratories and medical facilities.



**VIII. RESULTS FRAMEWORK AND MONITORING**

**Results Framework**

**COUNTRY: Burkina Faso**

**Burkina Faso COVID-19 Preparedness and Response Project**

**Project Development Objective(s)**

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

**Project Development Objective Indicators**

<b>Indicator Name</b>	<b>DLI</b>	<b>Baseline</b>	<b>End Target</b>
<b>To prevent, detect &amp; respond to threat of COVID-19 and strengthen public health preparedness system</b>			
Coordinated disease surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities (Yes/No)		No	Yes
Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multisectoral health approach developed/or revised and adopted (Yes/No)		No	Yes
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)		1.00	4.00
Percentage of suspected COVID-19 cases reported and investigated based on national guidelines for the emergency aspect of the project surveillance activities (Percentage)		0.00	90.00
Outbreak/pandemic emergency risk communication plan and activities developed and tested (Yes/No)		No	Yes



**Intermediate Results Indicators by Components**

Indicator Name	DLI	Baseline	End Target
<b>Component 1: Emergency COVID-19 Response</b>			
Number of health staff trained in infection prevention and control per MOH-approved protocols (Number)		0.00	2,000.00
Number of designated laboratories with staff trained to conduct COVID-19 diagnosis (Number)		2.00	4.00
Country has prepared a referral system to care for COVID-19 patients (Yes/No)		No	Yes
Number of households provided with food and basic supplies within quarantined populations (Number)		0.00	9,000.00
Country has reported to have contextualized their risk communication and community engagement strategies (Yes/No)		No	Yes
Number of WASH COVID-19 kits provided to health care facilities (Number)		0.00	200.00
<b>Component 2: Implementation Management and Monitoring and Evaluation</b>			
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No)		No	Yes

**Monitoring & Evaluation Plan: PDO Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Coordinated disease surveillance systems in place in the animal health and public health sectors for zoonotic	A coordinated disease surveillance systems is in place, meets regularly to	Monthly	Meeting reports, information	PIU to receive information from coordination structures	PIU



diseases/pathogens identified as joint priorities	monitor progress and make decisions, and produces and disseminates targeted information (SitRep, press briefing, and mass media information campaigns) to target audiences			transmissions		
Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multisectoral health approach developed/or revised and adopted	Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multisectoral health approach developed/or revised and adopted	Once established ,updated as needed		MOH	Routine reporting	PIU
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents to cover at least the 9 regional hospitals plus an additional laboratory in Ouagadougou	Monthly		EOC	Routine reporting to EOC	PIU
Percentage of suspected COVID-19 cases reported and investigated based on national guidelines for the emergency aspect of the project surveillance activities	Percentage of suspected COVID-19 cases reported and investigated based on national guidelines for the emergency aspect of the project surveillance activities	Monthly		MOH	Routine reporting	PIU
Outbreak/pandemic emergency risk communication plan and activities developed and tested	Communication plan implemented to raise awareness and slow down	Monthly		MOH	Routine reporting	PIU



	the transmission of COVID-19				
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**Monitoring & Evaluation Plan: Intermediate Results Indicators**

<b>Indicator Name</b>	<b>Definition/Description</b>	<b>Frequency</b>	<b>Datasource</b>	<b>Methodology for Data Collection</b>	<b>Responsibility for Data Collection</b>
Number of health staff trained in infection prevention and control per MOH-approved protocols	Number of health staff trained in infection prevention and control per MOH-approved protocols	Monthly	Beneficiary ministries	Training reports from beneficiary ministries sent to the PIU	Beneficiary ministries
Number of designated laboratories with staff trained to conduct COVID-19 diagnosis	Number of designated laboratories with staff trained to conduct COVID-19 diagnosis	By end target	MOH	Routine reporting	PIU
Country has prepared a referral system to care for COVID-19 patients	Case definition updated according to knowledge evolution, management process for different levels of severity defined	Quarterly	Patient management and scientific commissions	Publication of guidelines by the commissions	PIU
Number of households provided with food and basic supplies within quarantined populations	Quarantined households receiving pandemic-related support in terms of food and basic supplies	Monthly	Ministries/providers responsible for organizing the support	Routine activity reports sent by the ministries/providers to the PIU	PIU
Country has reported to have contextualized their risk communication and community engagement strategies	Country has reported to have contextualized their risk communication and community engagement strategies	Monthly	Communications commission reports	Routine reporting	PIU



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Number of WASH COVID-19 kits provided to health care facilities	Number of WASH COVID-19 kits provided to health care facilities	Monthly	MOH	Routine Reporting	PIU
M&E system established to monitor COVID-19 preparedness and response plan	Readiness assessment is conducted relative to planned levels, decisions are taken on priority actions and resources/responsibilities are assigned accordingly	Monthly	National emergency coordination body	Routine reporting	PIU

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**ANNEX 1: Project Costs**

COUNTRY: Burkina Faso  
Burkina Faso COVID-19 Preparedness and Response Project

**COSTS AND FINANCING OF THE COUNTRY PROJECT**

Program Components	Project Cost	IBRD or IDA Financing	Trust Funds	Counterpart Funding
	19	19		
	2.15	2.15		
<b>Total Costs</b>				
Total Costs	21.15	21.15		
Front End Fees				
<b>Total Financing Required</b>				

**ANNEX 2: Detailed Financial Management, Disbursement and Flow of Funds Arrangements****Financial Management, Disbursements and Flow of Funds**

1. In addition to the FM and disbursement, and flow of funds arrangements outlined in the main body of the PAD, below is a more detailed description of the applicable arrangements.

**Table 2.1: Risk assessment**

<b>Risk</b>	<b>Risk rating</b>	<b>Risk Mitigating Measures Incorporated into Project Design</b>	<b>Risk after mitigation measures</b>	<b>Conditions for Effectiveness (Y/N)</b>
<b>Country level</b> The PEFA Assessments and the Public Investment Management Assessment (PIMA) undertaken in 2017 have highlighted critical areas of weaknesses in PFM that the Government needs to address.	M	Use of IDA FM procedures supported by the decree on projects implementation and modalities in Burkina Faso. Use of a ring-fenced financing mechanism.	M	N
<b>Entity level</b> Insufficient capacity of the current PIU FM staff to handle two projects.	H	Hire or appoint an accountant dedicated to the Project. Appoint World Bank staff/consultant to support the FM tasks of the Project for the first six months of implementation.	S	N
<b>Project level</b> Sensitive nature of project activities, which include, provision of food for household support, procurement and provision of medical supplies, Delays in provision of project supplies and services to beneficiaries. Implementation modalities of project components are yet to be finalized.	H	If necessary, contracting with UN agencies to implement the most sensitive project activities. The extent and the nature of a potential involvement of UN agencies will be completed during project implementation. The processes for managing social support to household (eligibility criteria, frequency, amount, beneficiaries headcount rationalization mechanisms) will be agreed upon and included in the PIM.	S	N





Risk	Risk rating	Risk Mitigating Measures Incorporated into Project Design	Risk after mitigation measures	Conditions for Effectiveness (Y/N)
		Sign a MoU with ASCE-LC to perform a bi-annual ex-post verification of expenses.		
<b>INHERENT RISK</b>	<b>H</b>		<b>S</b>	
<b>Budgeting</b> Inaccurate budget figures due to unreliable forecast and databases.	S	Budget process will mainly rely on a sharp definition of project activities during preparation with the Government.	M	N
<b>Accounting</b> Insufficient capacity of the current PIU FM staff to handle two projects.	S	Hire or appoint an accountant dedicated to the Project. PIU will initiate the recruitment / appointment process during the preparation stage. PIU will finalize the acquisition of the computerized accounting system and update it to include the proposed project.	M	N
<b>Internal Controls / Internal audit</b> Weak capacity of the internal audit function.  Misappropriation of project funds and ineligible expenditures.	H	Update the PIM and the Project FM manual to include the proposed project.  Sign MoU with ASCE-LC to perform a bi-annual ex-post verification of expenses.	S	N
<b>Funds Flow</b> Delay in disbursements.  Delays in provision of project supplies and services to beneficiaries.  Delays in the documentation of DA advances in Client connection.	H	Open a DA at the Central Bank (BCEAO) by effectiveness.  Open transaction accounts at commercial banks by effectiveness.  Increase the DA ceiling and lower direct payments threshold to avoid delays in disbursements.	S	N
<b>Financial Reporting</b> Delay in producing acceptable IFRs	S	PIU will finalize the acquisition of the computerized accounting system and update it to include the proposed project.	M	N
<b>Auditing</b>	S	Finalize the recruitment of the	S	N



Risk	Risk rating	Risk Mitigating Measures Incorporated into Project Design	Risk after mitigation measures	Conditions for Effectiveness (Y/N)
Delays in the submission of audit reports.		external auditor and revise the terms of reference to include the proposed project.		
<b>CONTROL RISK</b>	<b>H</b>		<b>S</b>	
<b>Overall FM risk</b>	<b>H</b>		<b>S</b>	

**Action Plan to reinforce the fiduciary arrangements**

2. The FM Action Plan described below has been developed to mitigate the overall FM risks.

**Table 2.2: Financial Management Action Plan**

Action	Responsible body	Completion
Sign a MoU with ASCE-LC to perform an ex-post verification of expenditures paid by the Project.	PIU	One month after effectiveness.
Appoint World Bank staff/ consultant to support the FM tasks of the Project for at least six months.	World Bank	One month after effectiveness.
Hire or appoint an accountant, fully dedicated to the proposed project.	PIU	One month after effectiveness.
Update the PIM and the Project FM manual to include the proposed project.	PIU	One month after effectiveness.
Finalize the acquisition of the computerized accounting system and update it to include the proposed project.	PIU	One month after effectiveness.
Finalize the recruitment of the external auditor and revise the terms of reference to include the proposed project.	PIU	One month after effectiveness.

3. **Internal control system and internal audit:** The PIU is currently staffed with an internal auditor. However, since the project will entail payment of significant expenses, mostly in an emergency and crisis context, relying on third parties for expenses verification is critical.

- The Anti-Corruption State Authority (*Autorité Supérieure de Contrôle d’Etat et de Lutte contre la Corruption*, ASCE-LC) will perform a bi-annual ex-post verification of the eligibility of the expenses to be paid by the Project, including a verification of a reasonable sample of project expenditures in all the regions covered by the Project.
- Other national institutions in charge of internal and external controls, like the Court of Accounts (*Cour des Comptes*) will continue to perform their legal mandate.



- If necessary, the Project in accordance with the World Bank, may consider recruiting a consultant to perform additional and independent ex-post verifications.
4. The cost of the ex-post verifications (ASCE-LC, independent consultant if any) will be met by the project under Component 2 – Implementation Management and M&E.
  5. **Planning and budgeting:** The Project will prepare a detailed annual work plan and budget (AWP&B) and a disbursement forecast which should be approved by the Project Review Committee no later than two weeks after effectiveness. The work plan and budgets will identify the activities to be undertaken and the role of respective parties in implementation.
  6. **Accounting policies:** The prevailing accounting policies and procedures in line with the West African Francophone countries accounting standards—SYSCOHADA—in use in Burkina Faso for ongoing World Bank-financed operations will apply. The accounting systems and policies and financial procedures used by the Project will be documented in the project’s administrative, accounting, and financial manual.
  7. **Interim financial reporting:** The PIU will submit the IFR to the World Bank within 45 days after the end of each quarter. The IFR will follow the template currently used for the PRSS.
  8. **Annual financial reporting:** In compliance with International Accounting Standards and IDA requirements, the Project will produce audited annual financial statements.
  9. **External auditing:** An external auditor, with experience and qualifications satisfactory to the World Bank, will perform an audit of the project annual financial statements. If necessary, the Project in accordance with the World Bank, may consider recruiting an individual consultant to perform additional and independent ex-post verifications. The cost of external audit and independent verification, if any, will be met by the project under component 2 – Implementation Management and Monitoring.
  10. The Project will submit audited financial statements satisfactory to the World Bank (IDA) every year. A single opinion on the Audited Project Financial Statements in compliance with International Federation of Accountant will be required. In addition, a Management Letter will be required. The audited financial statements must be submitted to the World Bank within six (6) months after closure of the fiscal year. The Project will recruit an external private auditor to audit its annual financial statements within 3 months after effectiveness.

**Table 2.3: Audit report requirements**

<b>Report</b>	<b>Deadline</b>	<b>Responsible</b>
Audited financial statements including audit report and management letter	Six months after the end of the year	PIU

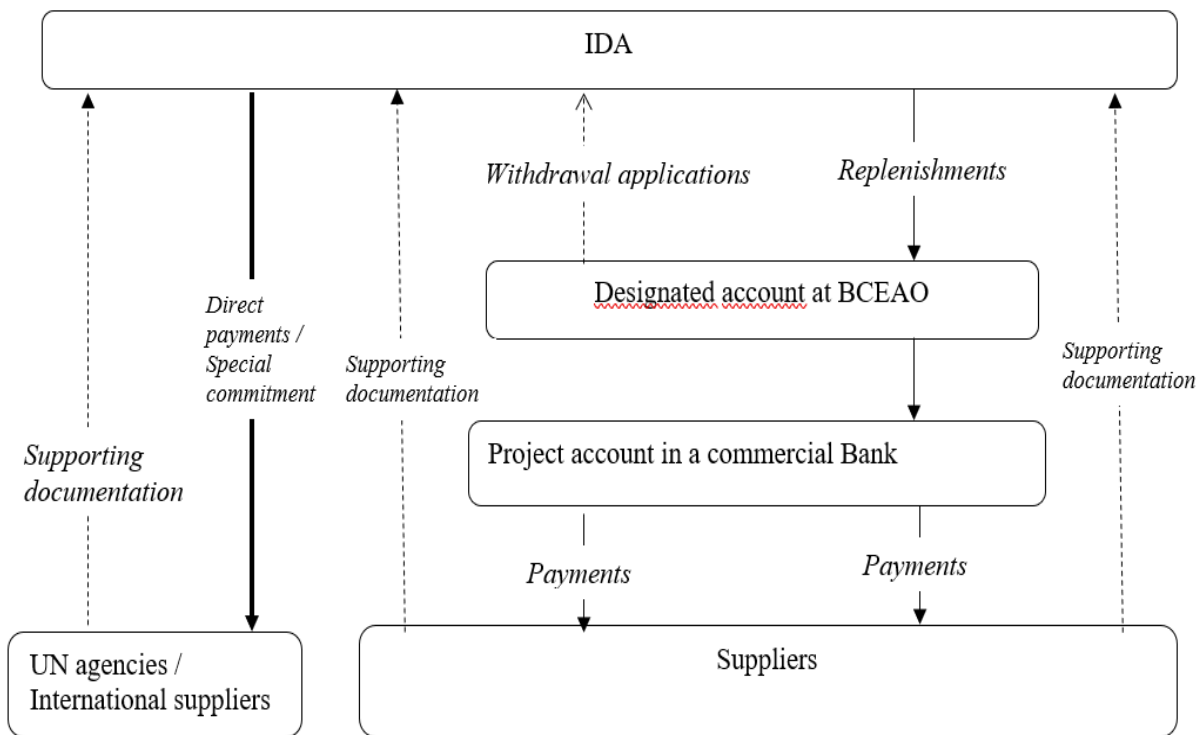
11. **Governance and anti-corruption:** The risk of irregularities and corruption within the project activities is High given the nature and implementation arrangements of the project activities. The following measures are envisaged to mitigate the risk of misuses, irregularities and corruption (i)The ToR of the external auditor will comprise a specific chapter on fraud and corruption auditing (ii) the ASCE-LC will



review Project activities on a bi-annual basis. Copy of ASCE-LC reports will be submitted to the World Bank and published if possible, in compliance with the existing laws and regulations (iii) the Grievance Redress Mechanism will highlight the possibility of anonymously reporting suspected fraud (iv) the PIU will report to the World Bank each quarter the fraud and corruption allegations / complaints received (v) other measures to improve transparency such as providing information on the project status to the public and public disclosure of audit reports on Project annual financial statements are built into the project design.

12. **Monitoring.** During implementation, a continuous monitoring and flexible adjustment of the planned FM system will be undertaken. PIU will be required to prepare and submit to the World Bank, (a) an annual work plan and budget and a six-month disbursement forecast, both aligned with PDO and project activities no later than two weeks after effectiveness; (b) un-audited IFR on a quarterly basis; and (c) audited annual financial statements on an annual basis. The project will comply with the World Bank disclosure policy of audit reports. The World Bank may increase or reduce the frequency of interim un-audited financial reports, based on an assessment of the Project FM performance and risk.

Figure 2.1: Funds flow – Future financing



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

14. **Support to the implementation plan:** FM supervisions will be conducted over the project’s lifetime.



The project will be supervised on a risk-based approach. The objective of the implementation support plan is to ensure the project maintains a satisfactory FM system throughout its life. Based on the current risk assessment, which is **Substantial**, with a high Governance and Corruption risk we envisage at least **four** supervision missions the first year, and at least **two** the following years. The supervision will include a FM rating of the project. An implementation support mission will be carried before effectiveness to ensure the project readiness. The supervision intensity will be adjusted over time considering the project FM performance and FM risk level.

**Table 2.4: Implementation support plan**

<b>FM Activity</b>	<b>Frequency</b>
<u>Desk reviews</u>	
Interim financial reports review	Quarterly
Audit report review of the program	Annually
Ex post verification of expenses by ASCE LC	Bi-annual
Review of other relevant information	Continuous as they become available
<u>On site visits</u>	
Review of overall operation of the FM system	Bi-annual
Monitoring of actions taken on issues highlighted in audit reports, auditors' management letters, internal audit and other reports	As needed
Transaction reviews	As needed
<u>Capacity building support</u>	
FM training sessions	During implementation



### **ANNEX 3: Implementation Arrangements and Support Plan**

**COUNTRY: Burkina Faso**

**Burkina Faso COVID-19 Preparedness and Response Project**

1. In addition to the implementation arrangements outlined in the main body of the PAD, additional implementation arrangements and support plan are outlined in the Global MPA and will be followed in this project.



## ANNEX 4: Details of the Household Support Mechanisms

### *Household support mechanisms*

1. **Source of targeting data.** Daily visits are made to each household that has a contact of a COVID-19 case. On March 26, there were 806 contacts being monitored. The MoH is preparing to use tablets for more efficient data processing and faster transmission of information, including GPS coordinates.
2. **Targeting requirements:** the database must meet the following conditions:
  - a. Regular updating to ensure that resources reach the appropriate households: the current MoH practice is daily and should not be less frequent for the foreseeable future.
  - b. Exhaustivity: from March 23-26, the teams covered at least 94 percent of the contacts and reached 97 percent on March 26.
  - c. Minimal targeting information: the basic health questionnaire will be supplemented with information by age groups and gender to permit the rations to be adapted to the household's needs and, potentially, to provide menstrual hygiene kits for women of child-bearing age.
  - d. Accuracy: the information provided will need to reflect the households' composition—this may be spot-checked by follow-up phone calls as part of the Iterative Beneficiary Monitoring mechanism.
  - e. Information security: the database collects personally-identifiable information and therefore must be secured both from unauthorized users and in limiting access on a need-to-know basis to different indicators.
  - f. Information-sharing: the simplest protocol would be the download of a predetermined report (e.g. a table) with the necessary information for the support teams to do their work.
  - g. Verification mechanism: the details of the increased auditing requirements are in the main text and Annex 2. These will monitor reported delivery and use of funds. The Iterative Beneficiary Monitoring will confirm that resources reach the targeted households within a day of the expected delivery date. This will serve to reduce leakage and can also inform the design of supplementary support measures if specific gaps are observed across the target population.

### *Household support mechanisms: foods and necessities*

3. **Sourcing for in-kind food support:** the package will be based around local agricultural products (cereals, beans, oils, seasonal vegetables and fruits) and products (enriched foods such as porridge) that represent an augmented humanitarian crisis food package. Where possible, cereals, beans, and oils will be purchased from existing stocks to accelerate the process and rotate the stocks (with a requirement to repurchase from local producers). Vegetables and fruits will be purchased in bulk from local producers in each area supported. Enriched foods may be purchased from local firms. The amounts purchased will be based upon the targeting information. These measures will provide countercyclical support for farm enterprises and small and medium enterprises.
4. **Sourcing for in-kind non-food support:** items such as matches, soap, and menstrual hygiene kits may



be added to the food support. Where possible, these will be purchased in local markets to provide the support in the affected areas. If certain items, such as menstrual hygiene kits, are not available locally, they will be purchased from entities that have stocks of the products. Guidance will be provided on the use if necessary. The Sahel Women's Empowerment and Demographic Dividend Project (P150080) or its contractors are potential sources of support for menstrual hygiene.

5. **Distribution:** the Project will sign a contract with an experienced entity that has a strong local presence and experience, preferably with national capacity. The entity may subcontract in the local markets to ensure the purchasing of foodstuffs and last mile delivery. Overall logistics and coordination will be the responsibility of the primary entity. It is anticipated that deliveries will be made on a weekly basis to optimize fewer well-trained and well-supervised teams. The targeting information will serve to locate the households (potentially via GIS on printed routing lists to minimize the duration of the information).

6. **Monitoring and reporting:** the primary contract holder will be responsible for monitoring its subcontractors and providing daily situation reports. Counter-verification will be done through the IBM using a call center approach (potentially distributed rather than centralized given the nature of the crisis). This information will be cross-checked physically in case of reported problems. Both daily reports to be shared with the PIU, COVID technical coordination, and responsible line ministers. The reports will focus on coverage rates, operational challenges and responses, and proposed improvements. Detailed information will be kept by the contractors and will be maintained according to World Bank auditing information requirements