



**The World Bank**

Additional Financing for Honduras Restoring Essential Services for Health and Advancing Preparedness for Emergencies Project (P180475)

# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 30-May-2023 | Report No: PIDA35519



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Additional Financing for Honduras Restoring Essential Services for Health and Advancing Preparedness for Emergencies Project (P180475)

## BASIC INFORMATION

### A. Basic Project Data

Country Honduras	Project ID P180475	Project Name Additional Financing for Honduras Restoring Essential Services for Health and Advancing Preparedness for Emergencies Project	Parent Project ID (if any) P176532
Parent Project Name Restoring Essential Services for Health and Advancing Preparedness for Emergencies Project	Region LATIN AMERICA AND CARIBBEAN	Estimated Appraisal Date 01-Jun-2023	Estimated Board Date 28-Jun-2023
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Honduras	Implementing Agency Ministry of Health (Secretaria de Salud Honduras)

#### Proposed Development Objective(s) Parent

The objectives of the Project are to: (i) improve utilization of reproductive and child health services in priority regions, (ii) strengthen public health capacities for emergency preparedness, and (iii) in case of an Eligible Crisis or Emergency, respond promptly and effectively to it.

#### Components

- Component 1- Strengthening of adolescent, maternal, and child health services
- Component 2- Public health preparedness, response and stewardship capacity
- Component 3- Project Management
- Component 4- Contingent Emergency Response Component (CERC)

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

### SUMMARY

<b>Total Project Cost</b>	7.00
<b>Total Financing</b>	7.00
<b>of which IBRD/IDA</b>	0.00



<b>Financing Gap</b>	0.00
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**DETAILS**

**Non-World Bank Group Financing**

Trust Funds	7.00
Global Alliance for Vaccine and Immunization	7.00

Environmental and Social Risk Classification  
Moderate

**B. Introduction and Context**

Country Context

1. **With a population of 9.9 million and a Gross Domestic Product per capita of US\$2,772 in 2021, Honduras is among the poorest countries in the Latin America and the Caribbean (LAC) region.** In 2019, 49 percent of the population lived on less than US\$5.50 per day, projected to have increased to 55.4 percent in 2020 (an increase of over 700,000 people) as a result of the COVID-19 pandemic and climate related impacts, such as the Tropical Cyclones Eta and Iota that struck Honduras in late 2020. This made Honduras the country with the second highest poverty rate in the LAC region after Haiti. Despite some progress achieved through several policy reforms and programs undertaken since 2015, the country’s economic and social development continues to suffer from weak governance, low spending, poor infrastructure, high emigration, and low-skilled labor force challenges, as well as extreme vulnerability to climate change and other external shocks. Inequalities remain high which, among other factors, are driven by uneven access to basic services, poor social protection, and high crime rates (although the number of homicides per 100,000 people has decreased from 84 in 2011 to 39 in 2021).

Sectoral and Institutional Context

2. **Honduras has made significant progress in maternal and child health indicators in the last two decades, but the COVID-19 pandemic has threatened to reverse gains achieved, in particular for routine immunization.** In the last twenty years, child mortality rates in Honduras have been more than halved, from 37 to 17 deaths per 1,000 births. Inequitable and declining coverage of essential health services pose a serious threat to maintaining this progress. For the population under 1 year of age, coverage of pentavalent vaccinations, which protect against key childhood diseases, dropped from 88 percent in 2019 to 77 percent in 2021. Pentavalent vaccination national coverage dropped to below 85 percent in more than half (14) of Honduras’ 20 health regions, with five regions (including the most populous) dropping below 75 percent. This trend increases the vulnerability of the Honduran population, particularly children, threatening their lives, as well as their physical and cognitive development. Disease outbreaks are also expected to increase in frequency and severity due to climate change. There is thus an urgent need to



support the restoration of routine immunization services, increasing community demand and access, and building institutional capacity to deliver an equitable immunization program (including physical and human resources, and information systems).

3. **In this context, the Government asked for World Bank support to mobilize additional grant financing to reverse the trends of falling routine vaccination coverages.** In response, the proposed additional financing (AF) in the amount of US\$7 million in trust fund financing from the Global Alliance for Vaccine and Immunization (GAVI) will scale up activities under the Restoring Essential Services for Health and Advancing Preparedness for Emergencies (RESHAPE) Project (P176532)<sup>1</sup>, which was approved by the World Bank Board of Executive Directors on June 16, 2022. The World Bank, the Global Financing Facility, and the GAVI worked together to align their support, and to include Honduras in GAVI's new Middle-Income Countries Approach to support the achievement of two long-term outcomes: (i) to restore pre-pandemic vaccination coverage rates, including by reaching “zero-dose children” (those who have not received any vaccine); and (ii) to ensure that immunization system performance is maintained, sustainable, and resilient to shocks and stresses.

### C. Proposed Development Objective(s)

4. **The development objectives of the project, which remain unchanged with the AF,** are to: (i) improve utilization of reproductive and child health services in priority regions, (ii) strengthen public health capacities for emergency preparedness, and (iii) in case of an Eligible Crisis or Emergency, respond promptly and effectively to it.

#### Key Results

5. **The following Project Development Objective (PDO) indicators will be measured under the Project:**
- (a) Health regions that have Penta vaccination coverage<sup>2</sup> greater than or equal to 85 percent
  - (b) Coverage increase of institutional deliveries that occur in institutions that meet national standards for maternal-neonatal care, in regions prioritized by the Project.
  - (c) Notifications of suspected cases of dengue for which laboratory results are available to the Health Surveillance Unit within 10 days of collection.

### D. Project Description

6. **This proposed AF will finance the scale up of immunization activities from 8 to all 20 health regions and support the three project components.** The AF will expand the contributions of the Project to reverse losses in immunization coverage that have occurred since before the COVID-19 pandemic, as well as related health and information systems strengthening. Immunization activities will be tailored to

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<sup>1</sup> Herein referred to as “the Project” or “the parent Project”.

<sup>2</sup> “Pentavalent Vaccine” or “Penta” means a vaccine that is a combination of five individual vaccines formulated to protect against five major diseases, namely: Diphtheria, Tetanus, Pertussis, Hepatitis B, and Haemophilus Influenza type B (DPT-HepB-HiB). “Penta3” refers complete 3-dose regime of the pentavalent vaccine.



each region/municipality's specific needs, to ensure a targeted and efficient approach. Trust Fund financing will finance all three of the Project's components: (i) Strengthening of adolescent, maternal, and child health services; (ii) Public health preparedness, response, and stewardship capacity; and (iii) Project management. Activities supported by the AF will contribute to the PDO through the three components, including, for example:

- (a) Delivery of childhood vaccinations through vaccination days, mobile vaccination clinics, and local communication strategies to amplify the reach of routine vaccination activities;
- (b) Implementation of targeted social and behavior change communication campaigns to increase knowledge and generate demand for vaccines in underserved communities, including through digital innovations;
- (c) Training and supervision of health personnel, including to sensitize them on the importance of timely child vaccinations, and to track zero-dose children and children with incomplete vaccination schemes;
- (d) Strengthening the immunization information system to improve timeliness and accuracy of data collection. Improving health information system functioning will provide the Expanded Program for Immunizations (EPI) with the information required to closely monitor child vaccination progress, support tracking efforts to monitor children's vaccination progress, drive evidence-based subnational and national planning, and increase knowledge and utilization of vaccination services;
- (e) Strengthening of local governance mechanisms to improve subnational planning for immunizations and to improve accountability and political commitment;
- (f) Construction, rehabilitation, and equipment to enhance the functionality and efficiency of health, laboratory, and cold-chain infrastructure; and
- (g) Operational research and technical assistance to support project implementation as relevant. This could include, for example, a study to understand the determinants of vaccine uptake, with a focus on zero dose children and partially vaccinated children, and/or programmatic research to support increases in vaccine distribution and uptake.

7. **Contributing to the PDO, the expected outcomes of the proposed GAVI financing include:** (i) engagement and reengagement of children into the EPI; (ii) subnational commitment to routine immunizations and the zero dose agenda; (iii) improved national and subnational-level planning and implementation of immunization activities; (iv) systems digitalization and interoperability to improve data timeliness, accuracy, and use for decision-making; and (v) immunization programming that is responsive to the needs of zero-dose children and children with incomplete immunization.

8. **Activities under this proposed AF will build on the Parent Project.** These will include investments to strengthen the supply and demand for adolescent, maternal and child health services in prioritized, high burden regions of the country, as well as the capacity for the Honduras health system to prevent, detect and respond to health emergencies. In particular, the Project will strengthen: (a) the country's efforts to reach partially vaccinated and 'zero-dose' children'; (b) investments to improve the quality of and increase the demand for maternal and neonatal services to reduce pregnancy risks, preventing and addressing obstetric complications and emergencies in a timely manner, and ensuring that mothers have a safe and respectful delivery; (c) investments to increase the quality and access to adolescent Sexual and



Reproductive Health (SRH); (d) the surveillance and response system, to improve the capacity to detect diseases, communicate risks to the population, and respond adequately during health emergencies; (e) the laboratory system to improve quality, timeliness and resilience; (f) the integration, governance and efficiency of the health information system; and (g) the stewardship capacity of the Ministry of Health (*Secretaría de Salud, SESAL*).

9. **These activities were already anticipated during preparation of the Parent Project, and it was agreed that the GAVI co-financing would be processed as an AF after GAVI’s formal final approval.** The proposed AF will expand the contributions of the Project to reverse losses in immunization coverage that have occurred since before the COVID-19 pandemic, as well as related health and information systems strengthening. Immunization activities will be tailored to each region/municipality’s specific needs, to ensure a targeted and efficient approach.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

10. **The Environmental and Social risks classification for this Project remains assessed as Moderate.** There are no changes to in the relevance of environment and social standards due to the proposed AF activities. The AF will not finance any civil works or other activities that could significantly affect the quality of air, bodies of water, soils, vegetation, wildlife, or human settlements that depend on them. Nonetheless, the proposed AF is expected to finance minor civil works at select health facilities, laboratories, and cold chain warehouses, which may lead to a variety of site-specific and temporary construction related impacts and risks, including noise, dust, generation of solid wastes and effluents, traffic and pedestrian safety near work zones, occupational health and safety (OHS) risks, among others. The operation of health care centers, laboratories, and cold chain storage facilities to support provision of medical services including vaccination furthermore carries moderate environmental and occupational health and safety risks derived from increased generation of medical waste which may have biological risk characteristics. These risks will be site specific and managed through the application and enforcement of specific OHS protocols and control measures.

11. **With respect to environmental risks, the AF involves the same primary concerns identified for the Parent Project:** (i) environmental and community health related risks from inadequate handling,



storage, transportation and disposal of infected medical waste and expired and used vaccine vials; (ii) occupational health and safety issues related to the availability, supply and appropriate use of personal protective equipment for healthcare workers including vaccination workers; (iii) community health and safety exposure risks in the immediate vicinity of health care facilities and vaccination centers associated with increased risks of contagion from COVID-19; and (iv) ambient pollution and human health and safety risks stemming from cleaning and disinfection products, chlorine and other hazardous byproducts including chemicals associated with vaccine cold chain requirements. No new environmental risks resulting from the project's expanded geographical scope are expected.

12. **With the proposed AF, the social risk rating for the Project will remain Moderate.** The AF is expected to have overall positive social impacts by reversing losses in immunization coverage to children that have occurred since before the COVID-19 pandemic and supporting the scale-up of routine vaccination coverage and health information systems country-wide. Identified social risks for this AF include: (i) potential discrimination and difficulties in access to health facilities and vaccination programs, especially for those living in remote or rural areas, potentially affecting the most marginalized and vulnerable social groups such as Indigenous Peoples and Afro-Hondurans (IPAHS), migrants, and people with disabilities; (ii) caregivers' refusal to vaccinate newborns or zero dose children as a result of misinformation or lack of adaptation of communication strategies to inform the population of the benefits; (iii) limited outreach to zero dose children if birth monitoring in local health centers is not efficient, especially in remote areas; (iv) gender-based violence related risks for those providing or receiving medical attention, including Sexual Exploitation and Abuse or Sexual Harassment of patients or health staff; and (v) security risks for health staff during vaccination campaigns due to high crime rates in certain areas of the country. At the time of preparation and Environmental and Social (E&S) due diligence of the Parent Project, risks related to immunization activities were initially identified. Given the AF had been anticipated during preparation of the Parent Project, the identification of environmental and social risks at the time considered risks related to a nation-wide immunization campaign. Such risks remain relevant, and no additional social risks were identified as a result of the expansion in geographical scope.

13. **SESAL has updated the Parent Project's E&S instruments to reflect AF activities.** To date, these instruments include the Stakeholder Engagement Plan (SEP), a disclosed draft of the Environmental and Social Management Framework (ESMF), and an Environmental and Social Commitment Plan (ESCP), which were originally published in April 2022 prior to Parent Project's Appraisal. The updated SEP and ESMF include the new geographical scope under Component 1 as well as confirmation and additional details on risks related to the expanded scope of immunization activities, specifically for IPAHS, mitigation measures to address such risks, and consultations carried out during preparation of the AF, which were specifically targeted to IPAHS. For the AF, the updated SEP, ESMF and ESCP were disclosed by SESAL on May 25, 2023,<sup>3</sup> and by the World Bank on May 30, 2023. An extensive consultation process was held by SESAL with IPAHS between January 23-31, 2023, during preparation of the AF. These consultations, which covered both the

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<sup>3</sup> Available at the following links: <https://prosalh.hn/documentos-normativos-del-proyecto-reshape/> and <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099052523104531143/p1765320ea2b1d0a099090e281091ae82f>



Parent Project as well as AF activities, included representatives from eight of the nine IPAHs, including Negros de Habla Inglesa, Chortí, Garífuna, Lenca, Misquito, Pech, Tawahka, Tolupanes Peoples. Consultation outcomes revealed the need to ensure adaptation to cultural aspects, which were considered when designing and implementing the Project’s Grievance Redress Mechanisms, communications strategies, and consultation methods, and that significant access barriers were addressed by Project-financed activities to reduce exclusion of vulnerable groups to access vaccination and other sexual and reproductive services for women and youth particularly in rural and remote areas. Results from consultations held during the preparation of the AF were included in the SEP and ESMF prior to AF Appraisal. Consultation outcomes will also serve to inform the preparation of the Project’s Indigenous and Afro-Honduran Peoples Planning Framework, which is expected to be prepared, consulted, and disclosed no later than 60 days after Project effectiveness, in line with the remaining Project E&S instruments.

## **E. Implementation**

### Institutional and Implementation Arrangements

14. **SESAL is the main implementing agency for the Project.** An already established Project Implementation Unit within SESAL will be responsible for project implementation, including all fiduciary functions (Financial Management (FM) and procurement) environmental, and social safeguards functions. The Project Implementation Unit (PIU) is currently in charge of the implementation of the ongoing Honduras COVID-19 Emergency Response Project (P173861) and is led by a dedicated Project Coordinator. The PIU is comprised of a team of specialists, covering FM, procurement, monitoring and evaluation, and environmental and social safeguards matters, and each are in direct contact with relevant technical units of SESAL. The PIU staff will be progressively reassigned to undertake responsibilities for the Project to ensure capacity retainment.

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## The World Bank

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### APPROVAL

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