



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 02-Dec-2021 | Report No: PIDA32800

**BASIC INFORMATION****A. Basic Project Data**

Country Burundi	Project ID P177769	Project Name Additional Financing to the Burundi COVID-19 Preparedness and Response Project	Parent Project ID (if any) P173845
Parent Project Name Burundi COVID19 Preparedness and Response Project	Region AFRICA EAST	Estimated Appraisal Date 17-Nov-2021	Estimated Board Date 15-Dec-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Burundi	Implementing Agency Ministère de la Santé Publique et de la Lutte contre le Sida, Ministère des Finances, du Budget et de la Coopération au Développement Economique

Proposed Development Objective(s) Parent

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

Components

Emergency COVID-19 Response
Supporting National and Sub-national, Prevention and Preparedness
Community Engagement and Risk Communication
Implementation Management and Monitoring and Evaluation

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

Total Project Cost	60.00
Total Financing	60.00
of which IBRD/IDA	60.00
Financing Gap	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	60.00
IDA Grant	60.00

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **This Project Information Document outlines the proposal for an International Development Association (IDA) grant in the amount of US\$60 million equivalent for an Additional Financing (AF) to expand activities of the Burundi COVID-19 Preparedness and Response Project (PRP) (P173845) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.¹ The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Burundi through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The Burundi COVID-19 PRP in an amount of SDR 3.7 million (US\$5 million equivalent) was approved on April 10, 2020 under the SPRP.**

2. **The need for additional resources (US\$60 million equivalent) to expand the COVID-19 response was formally conveyed by the Government of Burundi (GoB) on August 27, 2021.** The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the Government of Burundi. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Burundi. The GoB request also included a proposed restructuring, including the extension of the Project’s current closing date by 36 months. Actually, given uncertainties in the availability of vaccines globally, the time required to absorb vaccines and use it for all needed populations, and vaccines efficacy against new variants of the virus that may emerge, the closing date will be extended from September 30, 2021 to September 31, 2024.

¹ The World Bank approved a US\$12 billion World Bank Group Fast Track COVID-19 Facility (FTCF or “the Facility”) to assist International Bank for Reconstruction and Development (IBRD) and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion came from IBRD/IDA (“the Bank”) and US\$6 billion from the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTFC total to US\$14 billion. The AF of US\$12 billion (IBRD/IDA) was approved on October 13, 2020 to support the purchase and deployment of COVID-19 vaccines as well as strengthening the related immunization and health care delivery system.



3. This operation is being processed as an emergency response using condensed procedures under the Fast-Track COVID-19 Facility (FTCF).

4. **Burundi has witnessed an aggressive wave of COVID-19 cases since July 2021.** The number of reported cases remained low until July 2021, when it started reaching hundreds daily. The average daily cases increased from 30 to 150. The overall testing positivity rate rose from 1.99 percent to 4.21 percent, with some districts crossing the 5 percent control threshold. As of October 21, 2021, Burundi has officially notified 19,894 cases and 14 deaths. Vaccination is still at its infancy stage with less than 460 people in the general population having received a first dose of Sinopharm vaccine.

Sectoral and Institutional Context

5. **The Government of Burundi has prepared a National Vaccination and Deployment Plan (NVDP) which draws on the findings of assessment and gap analysis.** The GoB's NVDP is to reach 56.3 percent of the total population. The plan is to establish vaccination sites in all COVID-19 testing sites, and to add COVID-19 vaccines in the package of all Expanded Program for Immunization sites throughout the country. Eligible individuals, including refugees, to solicit vaccines are anyone aged 18 years old or older, with the age subject to vaccine licensing. The order of priority is health staff (12,000), the elderly aged 45 years old and above (about 378,000), people living with comorbidities (about 1.2 million), and the rest of the eligible population (about 5 million). Both vaccination outreaches campaigns and the establishment of new sites in health centers will happen based on more data on the vaccine uptake and hesitancy. More details on the operationalization and further adjustments of such strategies – including for prioritization and phased roll out – will be developed as part of a microplanning phase. As part of the activities of the COVID-19 committee, with support from World Health Organization (WHO), key gaps in coordination, vaccine safety surveillance and monitoring systems are being identified and are being filled with support from multiple partners. The vaccines' deployment will leverage the logistics and experience of a well-performing Burundi's Expanded Program for Immunization (EPI). The EPI will be responsible for the COVID-19 vaccines' deployment. Moreover, WHO, the Africa Center for Disease Control and Prevention (CDC), United Nations Children's Funds (UNICEF), Gavi and the World Bank will be providing hands-on technical assistance to the Ministry of Health (MoH) and the EPI for a successful deployment and for course adjustments of the strategies.

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C. Proposed Development Objective(s)

Original PDO

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

Current PDO

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



Key Results

7. **To measure overall progress in the coverage and deployment of the COVID-19 vaccine, and the gender gaps the project can address, the following indicators are added to the project Results Framework:** On the PDO's indicators, 'COVID-19 PCR tests processed within two days (Percentage)' and 'Percentage of population vaccinated, which is included in the priority population targets defined in national plan (by gender)'; on Intermediate Results' Indicators (IRI), four other IRIs will be added, including one on trainings focused on COVID-19 vaccines. Information on other changes can be found in the Results Framework.

D. Project Description

8. **The changes proposed for the AF are expanding the scope of activities in the parent project Burundi COVID19 Preparedness and Response Project and adjusting its overall design.** The AF will support the Government of Burundi's efforts to further strengthen its response to the COVID-19 pandemic by purchasing vaccines, preparing the health system for the deployment of the COVID-19 vaccines, and supporting their distribution and administration. Moreover, the AF will enhance the effectiveness of the parent project by addressing emerging gaps in the COVID-19 response and scaling up relevant activities. In line with proposed activities of the AF, sub-components will be introduced under the existing three components as explained in the detailed summary of changes below. Component 4 on Project Implementation and Monitoring and Evaluation will continue to support the activities defined under the parent project but will be expanded as elaborated in the description of implementation arrangements. As the proposed activities to be funded under the AF for Burundi are aligned with the original PDO, the PDO will remain unchanged.

Component 1: Emergency COVID-19 Response. This component will finance the procurement of vaccines and related medical supplies, as well as strengthen other pillars of the COVID-19 response plan.

Sub-component 1.1: Vaccine procurement: Support for vaccines will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and COVID-19 deaths under Component 1. This sub-component will also cover associated costs (freight and insurance, clearing and transportation, handling charges), as well as medical supplies needed for administration (e.g., needles, syringes, alcohol prep pads, antipyretic and analgesic compounds). Given the recent emergence of COVID-19, there is no conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, this AF will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific evidence at the time.

Sub-component 1.2: Strengthen systems for the COVID-19 response: In continuation of the parent project activities, this sub-component will increase immediate support to Burundi to limit COVID-19 local transmission through containment strategies, and manage cases needing medical attention at all levels of care. It will broaden the enhancement of disease detection capacities through the provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines in the Strategic Response Plan. As such, it will enable the country to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities as identified in the National COVID-19 Emergency Response Plan relate to "case management and infection prevention and control (IPC)".

Component 2: Supporting National and Sub-national Prevention and Preparedness. This component will support systems for vaccine deployment and coordination as part of the overall response.



Sub-component 2.1: Strengthen systems for vaccine deployment: The AF will support investments to bring the immunization system capacity to the level required to successfully deliver COVID-19 vaccines at scale. Envisioned support includes distribution and administration of vaccines and strengthening the immunization supply chain system, including: (a) procurement and distribution of ancillary supply kits that may include COVID-19 vaccination record cards for each vaccine recipient and PPE for vaccinators; (b) supporting the administration of vaccines, including training health workers in vaccine distribution, administration, micro-planning activities for rollout, and outreach sessions to cover specific target groups, as well as people living in remote areas (e.g., operating costs, vehicles' rental/purchase), climate-sensitive planning, and vaccination in light of climate shocks; and (c) strengthening the supply chain and logistics systems, including financing climate friendly cold-chain equipment to comply with the cold-chain requirements of different vaccines.

Sub-component 2.2: Strengthen coordination around COVID-19 response: The AF will continue to cover the GoB's costs related to coordination of the fight against COVID-19. The project will support the functioning of the National COVID-19 Emergency Committee, the rapid intervention teams, the functioning of the Public Health Emergency Operations Center (in French, *Centre des Operations d'Urgence de Sante Publique – or COUSP*), and the organization of microplanning session and simulation exercises. The project will also support the national referral laboratory system that is coordinated by the National Institute for Public Health (INSP). INSP will be supplied with materials, equipment, and reagents to enhance its capacity in diagnostics for COVID-19 and other pathogens.

Component 3: Community Engagement and Risk Communication. This component will mobilize Community Health Workers under a nimble performance-based financing scheme with performance indicators targeting attendance at training events, contribution to information, education and communication activities, and referrals to the appropriate level of care. Details on the scheme will be provided in the Project Implementation Manual.

Subcomponent 3.1: Community engagement on the COVID-19 vaccine: This sub-component will support: (i) relevant traceability activities to ensure capabilities for the system to track and trace the product from vaccines' production to its delivery to the target population; (ii) strengthening of post-vaccination vigilance and monitoring system(s) to identify any adverse reactions and undertake corrective measures immediately at the community level; (iii) the conduct of focus group discussions at community level targeting different stakeholders to gather information and adapt immunization rollout; (iv) development and distribution (mass and personalized) of risk communication products for COVID-19 vaccination, including in rural areas; (v) address vaccine hesitancy through communication campaigns at all levels (policy makers, religious and other community leaders along with other community level engagement) and (vi) adequate medical waste management.

Subcomponent 3.2: Community-based disease surveillance: This component will continue to support rebuilding community and citizen trust that can be eroded during crises. The project will support implementation of the component on surveillance of the National COVID-19 Emergency Response Plan. A risk communication and community engagement plan will be developed and implemented.

Component 4: Implementation Management and Monitoring and Evaluation (M&E). As under the parent project, the Ministry of Finance (MoF) Project Implementation Unit (PIU) will be strengthened by the recruitment of a project technical focal point on vaccine rollout and will benefit from support from the Ministry of Health (the Expanded Program on Immunization, COUSP, and COVID-19 response team). This component will also support M&E of prevention and preparedness, capacity building for clinical and public health research and joint learning across and within countries.



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

9. Key environmental risks for the project are: (i) risks related to the establishment/rehabilitation/upgrading of treatment centers, isolation capacity in hospital ICUs and laboratories; (ii) risks related to hazardous and medical waste management and disposal; (iii) risks related to occupational health and safety, including the risk of spread of the virus among health care workers; and (iv) risks related to community health and safety including the risk of the spread of COVID-19, a dangerous pathogen, among the population at large.

10. To mitigate these risks, the project will develop an Environmental and Social Management Framework (ESMF), within two months of effectiveness. The ESMF will guide the preparation of site-specific Environmental and Social Management Plans (ESMPs) in advance to the start of any works related to the treatment centers, hospitals or laboratories. The ESMF will also include an Infection Control and Medical Waste Management Plan (ICWMP), as an annex, to manage risks related to exposure to COVID-19 virus from diagnosis, testing, treatment, of patients generating biological, chemical, hazardous medical wastes, incorporating WHO guidelines establishing good international industry practice for COVID-19 response, including Guidelines for Quarantine, Biosafety, and Code of Ethics and Professional Conduct. The ICWMP will leverage and adapt the Biomedical Waste Management Plan that has been developed and implemented under the Burundi Health System Support Project (P156012) to propose 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. The ESMF will also outline the implementation arrangement to be put in place for environmental and social risk management; training programs focused on COVID-19 laboratory biosafety, as well as compliance monitoring and reporting requirements.

11. Land acquisition is not expected as the project will focus on existing facilities, and risks related to civil works are not envisaged to be serious or irreversible. They are expected to be site-specific, limited to existing facilities.

12. Key social risks and impacts are related to (i) marginalized and vulnerable social groups (including Indigenous Peoples, the poor, and displaced persons and/or refugees) being unable to access facilities and services designed to combat the disease, in a way that undermines the central objectives of the project, (ii) social conflicts resulting from false rumors and misinformation, (iii) issues resulting from people being kept in quarantine, including stigma faced by those being admitted to treatment or isolation facilities (for example, intimate partner violence during the quarantine and other social distancing measures as a result of household stress over economic and health shocks, forced coexistence in narrow living spaces, etc.), (iv) risks of Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) to project workers and beneficiaries, including attacks on female healthcare workers or patients, and (v) labor management and Occupational Health and Safety (OSH) risks.



13. To mitigate these risks, relevant capacity-building measures will be included in the ESMF and Environmental and Social Commitment Plan (ESCP). As noted above, the MOH Project Implementation Unit will expand its two-person safeguard team with the addition of one short-term environmental and special specialist drawn temporarily from another World Bank-financed project. This specialist will fill the gap until a new environmental and social specialist currently under recruitment by the MOH PIU is in place.

14. The project will also include measures aimed at ensuring that the medical isolation of individuals does not increase their vulnerability (for example, to intimate partner violence), especially in remote rural areas of Burundi. Project components also entail risk communication, social mobilization and community engagement to raise public awareness and knowledge about prevention and control of COVID-19 among the general population and vulnerable groups. Beyond conflicts resulting from false rumors, vulnerable groups are at risk of being excluded from vital services, and quarantine interventions could increase the risk of intimate partner violence or SEA/SH, as well as culturally inappropriate accommodation and services.

15. In Burundi, there exists a high prevalence of intimate partner violence and sexual violence for women and girls, as well as social attitudes that indicate a high acceptance of intimate partner violence. While Burundi has a progressive legal and policy framework for gender equity, including the National Gender Policy 2012-2025 and laws addressing gender-based violence, a 2017 gender analysis identified important gaps regarding access for women to services, resources, and opportunities in relation to holistic survivor care, economic and educational opportunities, and participation in decision-making processes in both domestic and professional spheres. Additional risk factors include project activities that are planned in areas with higher levels of poverty, in humanitarian settings, and in remote or rural areas, which may hinder accessibility and supervision of female workers and beneficiaries. Specific feedback from women and girls about SEA/SH risks related to this project have not yet been solicited through community consultations in safe and enabling environments, and the health care system in Burundi is not known to have a national code of conduct in place to address SEA/SH risks in the health sector.

16. The project has been given a preliminary rating of substantial risk for SEA/SH, based upon the country context and project-specific indicators. The SEA/SH risks will be further assessed and addressed during the implementation phase, which will include a review of the preliminary screening exercise and establishment of the corresponding measures to prevent and mitigate identified risks. The World Bank team will provide support to the MoH PIU to strengthen its capacity to manage SEA/SH risks. The project will undertake SEA/SH prevention, mitigation and response measures, which will be selected based upon the risk rating ultimately attributed to the project during implementation. These measures will be included in the ESMF.

E. Implementation

Institutional and Implementation Arrangements

17. **The existing Project Implementation Unit based in the Ministry of Finance, which has a long-standing track record of implementing several World Bank-financed investment operations in Burundi, including the ongoing COVID-19 Preparedness and Response Project, will continue to be used for the AF.** The positioning of the PIU at the MOF contributes to a multisectoral approach in the response to the COVID 19 pandemic. As with the parent project, a Technical focal point will be present in the PIU to ensure technical coherence of the project's activities and to facilitate communication and collaboration between the technical directorates of MoH and the PIU with the implementation of the project. The capacity of the Public Health Emergency Operations Center (COUSP) of the Ministry of Health, the ad hoc



National COVID-19 Emergency Committee and the PIU based at the Ministry of Finance will be enhanced through the hiring of a technical officer with expertise in new vaccine logistics/deployment. The EPI team has been working closely with the National COVID-19 Emergency Committee since the Government's decision to allow COVID-19 vaccines and initiate consultations to develop a Vaccines pillar in the revised National COVID-19 Emergency Response Plan. The National COVID-19 Emergency Committee serves as the Steering Committee of the project. It is headed by the permanent secretary of MOH. In addition to the National COVID-19 Emergency Committee, there is an ad-hoc high level national COVID-19 committee providing strategic and political guidance to response. This high-level committee includes the ministers of Home Affairs (chair), Health (vice-chair) and Finance. They receive technical support of the directorate general and technical directorate of their respective ministries. The GoB also constituted a coordination mechanism within the EPI to integrate COVID-19 activities, with the goal of ensuring alignment in planning and coordination with existing approved vaccines in the immunization program. The MoH is also working closely with other development partners located in-country, especially the UNICEF and the WHO, who are providing technical assistance on aspects that include risk communication. PIU coordination, M&E and fiduciary staff will be extended to mitigate the risk of demotivation pertaining to the MoF's internal order # 540/1667 of November 24, 2020 reducing/capping PIU staff salaries, per diem and benefits.

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