



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 08-Mar-2022 | Report No: PIDA33129



BASIC INFORMATION

A. Basic Project Data

Country South Sudan	Project ID P178102	Project Name South Sudan COVID-19 Emergency Response and Health Systems Preparedness Additional Financing	Parent Project ID (if any) P176480
Parent Project Name South Sudan COVID-19 Emergency Response and Health Systems Preparedness Project	Region AFRICA EAST	Estimated Appraisal Date 07-Mar-2022	Estimated Board Date 31-Mar-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) UNICEF, International Committee of the Red Cross, World Health Organization	Implementing Agency World Health Organization, UNICEF, International Committee of the Red Cross

Proposed Development Objective(s) Parent

The objective of the project is to prevent, detect, and respond to the threat posed by COVID-19 in South Sudan, increase access to an essential package of health services in the states of Upper Nile and Jonglei, and develop South Sudan government health sector stewardship and system preparedness capacity.

Proposed Development Objective(s) Additional Financing

To prevent, detect, and respond to the threat posed by COVID-19, increase access to an essential package of health and nutrition services including for refugee and host communities in selected states, and to develop South Sudan health sector stewardship and health system preparedness capacity.

Components

Vaccine Acquisition, Deployment, Cold Chain Equipment, and Community Engagement
 Provision of Essential Health and Nutrition Services in Selected States
 Building Institutional Capacity and Strengthening Health System Emergency Preparedness
 Monitoring, Evaluation, and Learning
 Contingent Emergency Response

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY



Total Project Cost	200.00
Total Financing	200.00
of which IBRD/IDA	200.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	200.00
IDA Grant	200.00

Environmental and Social Risk Classification

High

B. Introduction and Context

Country Context

1. South Sudan is one of the most fragile, conflict-impacted countries in the world with less than 20 years of interspersed peace since 1955. Two almost consecutive civil wars, from 1955-1972 and 1983-2005, between what was then Southern Sudan and the Sudanese Government, left the Southern region systemically underdeveloped. South Sudan became independent from Sudan in 2011. In 2013, civil war broke out, leading to widespread violence between ethnic groups and raising questions about the future of the country. The civil war also plunged the oil rich and dependent country further into economic crisis as oil production decreased due to the civil war. The country’s per capita GDP, which was US\$1,111 in 2014, dropped to less than US\$200 in 2017¹. The South Sudan civil war ended in February of 2020, with a peace and power sharing agreement, however the peace remains fragile, and the country faces substantial challenges recovering from deep underdevelopment and economic crisis combined with seasonal flooding and continued intercommunal violence. While the country’s economy initially began to recover following the civil war, COVID-19 has compromised economic growth with an expected contraction on 4.1 percent in FY 2020/21 compared to growth of 9.5 percent in FY 2019/2020.
2. South Sudan remains one of the poorest countries in the world with over 80 percent of people living in poverty in 2019². Nearly half of urban households lost a job activity since 2013. Conflict and violence triggered the break-down of food production, worsening food insecurity. Women and girls face a disproportionate burden of poverty, poor access to services and insecurity. South Sudan has the world’s highest maternal mortality rate and a third of all women experience sexual violence by a non-partner in their lifetime. South Sudan has the highest proportion of children out of school³. Youth comprise 70 percent of the population; most are unemployed. The country faces one of the world’s

¹ World Bank, October, 16 2019, <https://www.worldbank.org/en/country/southsudan/overview>.

² World Bank staff estimate.

³ World Development Indicators.



worst food insecurity crises, with 7.24 million people – or 60 percent of the population are facing acute severe food insecurity (July 2021⁴). South Sudan also has one of the world’s largest forcibly displaced populations, including 1.76 million internally displaced people (IDP) and more than 2.2 million South Sudanese refugees living abroad, primarily in neighboring countries. The country ranks 172 out of 174 countries on the World Bank’s 2020 Human Capital Index (HCI). South Sudan’s HCI score indicates that a child born today in the country will only be 31 percent as productive when she grows up as she could be if she enjoyed complete education and full health⁵.

3. South Sudan is vulnerable to seasonal flooding and drought, which are becoming more intense due to climate change and further stress underdeveloped infrastructure, service delivery, and agricultural systems. South Sudan experiences routine annual flooding and during 2020/2021, flooding caused severe population displacement and hampered movement throughout the country, constraining service delivery, including health services. South Sudan also experiences an intense annual hot season. In 2021, the climactic conditions were magnified by a locust infestation, which impacted South Sudan and the Greater Horn of Africa region, impacting crops and food security. South Sudan’s Intended Nationally Determined Contribution to climate change outlines its plans to prioritize efforts to adapt to climate change, including improving public health systems, increasing resilience of vulnerable communities, strengthening infrastructure, and increasing institutional capacity. However, efforts to accomplish the climate adaptation measures remain underrealized due to the country’s challenging context and competing priorities.

Sectoral and Institutional Context

4. South Sudan’s health system faces enormous challenges, leading to some of the worst health outcomes in the world: under-five mortality is 91 per 1,000 live births; neonatal mortality is 39 per 1,000 births; and maternal mortality is estimated at 789 per 100,000 births. The country’s health system is challenged by ongoing intercommunal violence, a virtual absence of road infrastructure, limited communications infrastructure, access challenges due to seasonal flooding, highly dispersed populations, and substantial population movements. Human resource gaps are one of the single biggest challenges facing South Sudan’s health system and are further complicated by South Sudan’s challenging context with respect to limited budget, fragile security environment, and organizational fragmentation.
5. Despite the early response to the COVID-19 outbreak, the country remains vulnerable with several sporadic surges in the prolonged pandemic. There has been a total of 16,936 cumulative cases and 137 reported deaths as of February 20, 2022 with three surges in May 2020, then January/February 2021 and lastly a spike in reported cases of more than 3,000 between December 21, 2021, and January 7, 2022. Reported cases have been concentrated in the country’s capital, Juba, which reflects the limited testing capacity, and the data reliability concerns in the country.
6. The protracted delivery and slow pace of COVID-19 vaccine uptake necessitates significant effort to ensure vaccine availability and vaccination to meet government vaccination targets of reaching 40 percent of the population by the end of 2022 and 70 percent during 2023. South Sudan has one of the lowest rates of vaccination against COVID-19 in the world. As of February 15, 2022, only 2.3 percent of the population have been fully vaccinated. The country has been mainly dependent on COVAX as the sole source of COVID-19 vaccines since March 2021 and received 930,070 doses as of February 15, 2022. Most of the received vaccines were donated from other countries through COVAX, with Janssen vaccine representing more than 80 percent.

⁴ IPC: http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/South_Sudan_TWG_Key_Messages_Oct_2020-July_2021.pdf.

⁵ World Bank. 2020. The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19. Washington, DC.



C. Proposed Development Objective(s)

Original PDO

7. The objective of the project is to prevent, detect, and respond to the threat posed by COVID-19 in South Sudan, increase access to an essential package of health services in the states of Upper Nile and Jonglei, and develop South Sudan government health sector stewardship and system preparedness capacity.

Current PDO

8. The objective of the project is to prevent, detect, and respond to the threat posed by COVID-19, increase access to an essential package of health and nutrition services including for refugee and host communities in selected states, and to develop South Sudan health sector stewardship and health system preparedness capacity.

Key Results

9. To reflect the expanded scope of the proposed Additional Financing (AF), the following modifications are proposed to the results framework:
 - A. Revising end targets and definition of existing PDO level indicator to reflect expanded scope of the proposed AF.
 - a. Percentage of eligible population fully vaccinated against COVID-19: end target revised to 30 percent; added disaggregation by gender, by refugees and by host communities
 - b. Number of people who have received essential health, nutrition and population services: end target revised to 2,500,000; added disaggregation by (i) gender, (ii) refugees; (iii) and host communities
 - c. Completed tailored training/coaching for Ministry of Health staff on identified project management aspects; revised to yes/no indicator
 - B. Revising end targets and their dates, and definition of existing intermediate results indicators (IRI) were undertaken to reflect the expanded scope.
 - a. Number of climate-friendly and energy-efficient cold chain is adopted by the client: end target revised to 50
 - b. Standard operating procedures or guidelines updated for collection and disposal of medical waste for COVID-19
 - c. Number of CEmONC that have adequate solar power; end target revised to 12
 - d. Number of health facilities providing at least 75 percent of the essential package of health services; end target revised
 - e. Number of deliveries attended by skilled health personnel; end target revised to 30,000; disaggregation by refugee and by host communities
 - f. Proportion of disease outbreaks detected and responded to within 72 hours of confirmation
 - g. Number of pregnant women receiving four antenatal care visits; end target revised to 50,000; disaggregated by refugee and by host communities
 - h. Number of health care workers trained in-service; end target revised to 1,500
 - i. Number of project flood affected facilities rehabilitated: this is a new indicator
 - j. Number of people trained in Integrated Disease Surveillance and Response (IDSR): end



- target revised to 700
 - k. Development of disease surveillance data reporting and management system at the national and state level
 - l. Number of monitoring reports submitted: end target revised to 12
 - m. Percentage of complaints to Grievance Redress Mechanisms satisfactorily addressed in a timely manner: revised end target
- C. An additional IRI was added to measure progress on resuming the disrupted services by the flooding under subcomponent 2.1: “number of CERHSPP flood affected facilities rehabilitated”

D. Project Description

The project description is as follows:

Component 1: COVID-19 Vaccine Acquisition, Deployment, Cold Chain Equipment, and Community Engagement (US\$66.5 million equivalent: Parent Project: US\$5.5 million from IDA and US\$2 million from ESMAP Grant; Proposed AF allocation of US\$59 million: US\$8 million IDA WHR, US\$7 million IDA CRW, US\$44 million IDA)

10. Subcomponent 1.1. Climate friendly cold chain (US\$3.5 million of which US\$2 million ESMAP from the parent project and a proposed AF allocation of US\$1.5 million: US\$0.50 million WHR and US\$1 million, IDA). This subcomponent will support investments to strengthen energy-efficient, climate friendly cold chain in South Sudan’s climate vulnerable context and will support planning and preparations for climate friendly cold chain deployment in light of South Sudan’s annual floods and droughts. The AF will finance additional purchases of solar direct drive refrigerators for cold chain.
11. Subcomponent 1.2: Vaccine Deployment and Climate Sensitive Vaccine Planning (US\$26.5 million; of which US\$5 million IDA from the parent project and proposed AF allocation of US\$21.5 million: US\$7.5 million WHR, US\$7 million, CRW, and US\$7 million, IDA). The AF to this subcomponent will build on the progress and achievements of the parent project and will enable accelerating the MoH’s nationwide vaccination deployment efforts of additional vaccine doses procured through the AVAT along with those delivered through the COVAX. Coordination with COVAX and partners is critical to ensure (i) smooth implementation of the COVID-19 vaccination programs; and (ii) concerted efforts towards strengthened routine immunization systems. The AF for this subcomponent will cover the same categories of expenditures under the parent project, including climate-sensitive vaccine planning and deployment. This will include concentrating vaccine distribution during dry season and pre-positioning vaccine supplies for rainy season. Furthermore, the AF will support deployment of vaccines to populations impacted by the flooding.
12. Subcomponent 1.3. Community Engagement and Behavior Change (US\$1.5 million: 0.50 million parent project IDA and proposed AF allocation of US\$1 million, IDA). The AF for this subcomponent will enable acceleration of the ongoing efforts to increase community awareness on: (i) information on COVID-19 vaccination and its importance, with particular attention to increasing vaccine acceptance; (ii) the risks of



COVID-19 disease with the aim of addressing perceptions that COVID-19 is not a health risk; (iii) awareness of signs, symptoms, and control measures for COVID-19; and (iv) messages on preparedness for climate shocks and awareness and containment measures for climate-induced, outbreak-prone diseases; and (v) evidence generation to inform ongoing vaccine deployment.

13. Subcomponent 1.4: Acquisition of COVID-19 vaccines (proposed AF allocation of US\$35 million, IDA). This is a new subcomponent and will finance COVID-19 vaccine acquisition through the AVAT mechanism to expand the coverage of COVID-19 vaccines by around 30 percent. With the AF, the project will contribute to enable the country to increase its target for the COVID-19 vaccination coverage from 20 percent to 50 percent, including the contributions from the COVAX Facility of 20 percent. The project's revised target of 30 percent was determined on the basis of (i) continued uncertainty with vaccine procurement through the COVAX; (ii) the country's current vaccination coverage (of 3 percent); and (iii) the current status of vaccine procurement overall including the pipeline and the pace of deployment. The support for vaccine acquisition under the AF is part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1. South Sudan will use the option for vaccine purchase and financing mechanisms through the AVAT. This AF will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e., tradeoffs between broader population coverage and re-vaccination).

Component 2: Provision of Essential Health and Nutrition Services in Selected States (Parent Project: US\$51 million equivalent, IDA; proposed AF allocation US\$132 million: US\$42 million, IDA WHR; US\$33 million, IDA CRW; and US\$57 million IDA grant)

14. Subcomponent 2.1. Delivery of high impact essential health services in Upper Nile and Jonglei States (UNICEF; Parent Project: US\$43 million IDA; proposed AF Allocation: US\$76.5 million: US\$43.5 million IDA, and US\$33, IDA-CRW). Under this subcomponent, the parent project financed the delivery of cost-effective, high impact essential health services to the general population living in the states of Upper Nile and Jonglei implemented by UNICEF. This package of services includes, but not limited to: (i) maternal, neonatal, and child health services; (ii) basic and comprehensive emergency obstetric and newborn care; (iii) sexual and gender-based violence (GBV) services; (iv) climate emergency preparedness and response activities; (v) disease surveillance and outbreak response; (vi) quality improvement and supervision; and (vii) procurement and distribution of essential drugs, medical equipment and supplies for essential health services.
15. The AF will expand the parent projects piloting of strengthened supervision and management of health service delivery by financing several critical areas. First, it will support basing at least one high level supervisor with management and coaching expertise within each project county to help support improvements in health service delivery coverage and quality with a focus on support for planning and implementation. Second, the activity will also finance additional senior level staff at the State level to conduct field visits to the project sites. This intensified supervision mechanism at the county level aims to (i) provide additional oversight and



support to the health service delivery in the country; and (ii) strengthen capacity of and expand the Boma Health Initiative (BHI) workers, that serve as the community-based service providers and referral services, within the current coverage areas to ensure the target communities have adequate population coverage of the BHI services, including WASH and nutrition.

16. In addition, with the AF this subcomponent will support strengthening the health system resilience and ensure the delivery of essential health and nutrition services to the populations affected by the flooding. Specifically, the AF will finance: (i) expanding the scope of services provided to include an enhanced nutrition package of services and for climate-sensitive diseases with customized modes of delivery to the affected population in the states of Upper Nile and Jonglei; and (ii) sustaining the service provision to the affected population through setup of health tents next to the communities displaced by the floods and rehabilitation of flood-affected health facilities in the states of Upper Nile and Jonglei.
17. Subcomponent 2.2. Delivery of high-quality secondary services to vulnerable and conflict-affected populations (ICRC; Parent Project: US\$8 million, IDA; proposed AF: US\$13.5 million IDA). This subcomponent will continue to support delivery of hospital level services to vulnerable, conflict-impacted populations in Akobo County, Jonglei State. Akobo is a remote, highly climate vulnerable county which is severely impacted by intercommunal violence. Hospital level services in Akobo will ensure conflict sensitive secondary level services including: (i) outpatient and emergency services; (ii) surgical service (including obstetrics emergencies); (iii) non-surgical clinical care services (including non-surgical obstetrics, pediatrics, therapeutic feeding services, physiotherapy); (iv) clinical support services (pharmacy, laboratory, and imaging); and (v) non-clinical support services. The AF will extend the closing date until July 31, 2025.
18. Subcomponent 2.2. will continue to support, among other areas: (i) incentives for the hospital staff; (ii) transport costs including support for patients in some cases to reach the hospital, transfers from other facilities and transport back to residence due to challenging context; (iii) essential drugs, medical equipment, medical supplies, and medical consumables; (iv) healthy meals and diets required for admitted patients at the hospital; (v) the cost of fuel for the generators to ensure sustained electricity supply for the hospital and fuel for aircrafts, vehicles and boats to facilitate travel and transport; (vi) the cost of housing for the involved ICRC staff in Akobo; and (vii) the purchasing of required information technology equipment, telecommunication, and office and general supplies. Climate sensitive planning will be incorporated in the subcomponent to help ensure delivery of health services at the hospital throughout the year, given access challenges during rainy season.
19. Subcomponent 2.3: Provision of an integrated package of health and nutrition services to refugee and host communities. (UNICEF; proposed AF US\$42 million IDA WHR): This is a new subcomponent and will support the delivery of essential health and nutrition services in Pariang County in the Ruweng Administrative Area and Maban County in Upper Nile State, covering refugees and host communities in the counties. Facilities based services, and establishment and expansion of the BHI community health worker program will be financed through the subcomponent. The services will mirror those health services delivered in Upper Nile



and Jonglei States as described in Subcomponent 2.1 and include maternal and child health services such as vaccinations, prenatal care, skilled birth attendance, neonatal care and preventive nutrition services. Priority services will also include mental health and psycho-social support and services for victims of sexual and GBV, which is particularly crucial in refugee contexts, where women face elevated vulnerability.

20. In addition, an integrated nutrition package will be provided to refugees and host communities and include: (i) Community-based Management of Acute Malnutrition which focuses on saving the lives of acutely malnourished children under five and acutely malnourished pregnant and lactating women (PLW) by providing curative treatments and preventing deterioration; (ii) Blanket and Targeted Supplementary Feeding Program (TSFP) and TSFP for PLW and children of 6 to 23 months; and (iii) scaling up and ensuring the national coverage of the Integrated Nutrition Surveillance System. Provision of essential health services, including nutrition services, to refugees and host communities in South Sudan will contribute to the improved health and well-being of these populations and consequently their ability to cope with climate shocks, to which they are highly vulnerable, particularly the country's intense floods. Taken together, the package of assistance for refugees and host communities will put their health services situation on a firmer footing, facilitating the transition from humanitarian to development approaches to refugee issues in South Sudan and the local integration of refugees as a durable solution.
21. Subcomponents 2.1 and 2.3 will be implemented by UNICEF and will continue to finance costs related to: (i) essential drugs and medical supplies; (ii) technical supervision, monitoring and oversight by UNICEF of sub-contracted NGO implementing partners; and (iii) program management costs (e.g., transport costs, information technology support, software and platforms, management, monitoring and reporting) for UNICEF. Climate sensitive planning will be used to help ensure delivery of essential health services throughout the year, given access challenges during rainy season. For activities in refugee-hosting areas, the AF will coordinate and seek to partner with UNHCR, to (i) benefit from UNHCR's expertise as the lead UN agency working on refugee issues; (ii) capitalize on UNHCR's existing citizen engagement platforms to ensure the target groups are heard; and (iii) identify ways to complement ongoing health activities that UNHCR and its partners are implementing in these areas. In view of their lead role on refugee protection, the AF will also closely coordinate with Commission for Refugee Affairs (CRA) officials in refugee-hosting areas to ensure refugees are equitably included in WHR-financed activities, as well as seek to foster collaboration between local government health officials and CRA on this effort.

Component 3: Building Institutional Capacity and Strengthening Health Emergency Preparedness (US\$7.93 million equivalent; of which, from the parent project: US\$1 million from IDA, US\$1.93 million from HEPR-TF, and a proposed AF allocation US\$5 million from IDA)

22. Subcomponent 3.1: Building Institutional Capacity at the MoH (UNICEF; US\$1 million IDA and a proposed AF allocation of US\$1 million IDA). This component will continue to finance institutional capacity development at the MOH to support the gradual transition towards government led management of future World Bank projects through customized capacity building activities in the core areas of effective project management. These areas include: (i) financial management; (ii) procurement; (iii) monitoring and evaluation, contract



management, and reporting; and (iv) social and environmental risk management Government capacity will be gradually developed over time through a phased approach and the progress will be measured by a set of pre-identified and mutually agreed upon milestones to ensure the Government has sufficient capacity to manage a project. The World Bank team has been in consultation with GAVI and the Global Fund to ensure a streamlined and coordinated support for the capacity building activities. In addition, the recently approved South Sudan Public Financial Management and Institutional Strengthening Project (P176761) will also support building the foundations of required public financial management systems at the MoH. Under the parent project, a training plan for the selected MoH staff on project management including FM and procurement has been developed. The AF to this subcomponent will extend period of step-wise capacity building until the closing date of the project.

23. Subcomponent 3.3: Strengthening Surveillance Systems and Laboratory Capacity (WHO; proposed AF allocation US\$4 million, IDA). This is a new subcomponent and complements the support to strengthen health emergencies preparedness under Subcomponent 3.2 in the parent project. South Sudan remains prone to disease outbreaks, including outbreaks of climate-sensitive diseases. The risk of disease emergencies, including epidemics or pandemics, is high. This necessitates concerted and coordinated efforts at all levels to enhance national health security. A strong surveillance system is therefore required to prevent, detect, investigate, and respond to disease outbreaks and other public health emergencies. The National Disease Surveillance System remains suboptimal and lacks the required coordination at subnational levels. Therefore, the AF will build on the ongoing support under subcomponent 3.2 and will operationalize implementation of the Integrated Disease Surveillance Strategy (IDSR) at the National, Subnational, County, and facility levels with a particular focus on the states of Upper Nile and Jonglei. In addition, the AF will support strengthening the capacity of the National Public Health Laboratory (NPHL) in Juba with a focus on bacteriology and molecular laboratories. This subcomponent will finance; (i) training on Early Warning, Alert, and Response System at the county levels in selected states; (ii) supporting community-based surveillance in high-risk counties nationwide; (iii) conducting laboratory needs assessment in Malakal and Bor State hospitals; (iv) procurement of laboratory equipment and supplies required for molecular and bacteriology testing in NPHL; and (v) Assessment of DHIS-2 and supporting the training and capacity building gaps at national and subnational levels. Climate-sensitive diseases will be integrated in all activities within this subcomponent as the country is highly vulnerable to climate-related outbreaks of diarrheal diseases, including Cholera, Malaria, and the potential of emerging climate-sensitive diseases.

Component 4: Monitoring, Evaluation and Learning (US\$6.5 million equivalent from IDA, of which US\$2.5 million, IDA under the parent project, and a proposed AF allocation of US\$4 million, IDA)

24. Subcomponent 4.1 Third Party Monitoring and Data Analytics (UNICEF; US\$5 million equivalent from IDA, of which US\$2 million, IDA under the parent project; and a proposed AF allocation of US\$3 million, IDA): The subcomponent finances third-party monitoring of COVID-19 vaccination deployment nationwide and delivery of health services in Upper Nile and Jonglei states (UNICEF). With the AF, the scope of the subcomponent will be expanded to include third-party monitoring (TPM) of the delivery of essential health and nutrition services to refugee and host communities in Upper Nile state and Ruweng Administrative Area. The project will draw



on the TPM to capture information on CE. In addition, the AF will support (i) analytical work and knowledge management activities on the project generated data to inform the implementation of the future projects; and (ii) monitor the implementation of climate change response and resilience.

25. Subcomponent 4.2 Health Service Functionality Platform (WHO; US\$1.5 million equivalent from IDA, of which US\$0.5 million, IDA under the parent project; and a proposed AF allocation of US\$1 million, IDA): The project will continue to maintain and build on the common monitoring mechanism to collect and visualize health service delivery and commodities data, across HPF and World Bank-supported zones. WHO will ensure building MoH ownership of the health service functionality for decision making and planning purposes. In addition, the AF will ensure building interoperability with DHIS2 and open data kit platforms to allow streamlined modelling of service availability/utilization patterns in a timely manner.

26. **Component 5: Contingent Emergency Response (CERC):** Component 5 will remain unchanged. Any WHR resources that are moved to the CERC will only be used to benefit refugees and host communities.

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

E. Implementation

Institutional and Implementation Arrangements

27. The AF will follow the implementation and institutional arrangements of the parent project. The Project Implementation Manual (PIM) will be updated to set out detailed guidelines, methods and procedures for project implementation. This includes: (i) roles and responsibilities in implementation and mechanisms for coordination; (ii) budget and budgetary controls; (iii) flow of funds, disbursement procedures and banking arrangements; (iv) financial, procurement and accounting procedures; (v) personal data collection and processing in accordance with applicable national law and good international practice; (vi) monitoring and evaluation arrangements including third-party monitoring of project implementation; (vii) measures related to the use of security or military personnel in the implementation of project activities or for provision of security observing required safeguards (as described in the projects legal agreements); (viii) environmental and social safeguards; and (ix) the Vaccines Distribution and Deployment Manual. There will be an updated PIM for each implementing agency / project recipient.



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