



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 01-Apr-2020 | Report No: PIDA29012

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

Country Burundi	Project ID P173845	Project Name Burundi COVID19 Preparedness and Response Project	Parent Project ID (if any)
Region AFRICA	Estimated Appraisal Date 01-Apr-2020	Estimated Board Date 03-Apr-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Ministère des Finances, du Budget et de la Coopération au Développement Economique	Implementing Agency Ministère de la Santé Publique et de la Lutte contre le Sida	

Proposed Development Objective(s)

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	5.00
Total Financing	5.00
of which IBRD/IDA	5.00
Financing Gap	0.00

DETAILS



World Bank Group Financing

International Development Association (IDA)	5.00
IDA Grant	5.00

Environmental and Social Risk Classification

Substantial

Decision

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Burundi is a small, landlocked country in eastern Central Africa with a total land area of 27,834 km² and approximately 11.1 million inhabitants, making it the second most densely populated country in continental Sub-Saharan Africa.** With a remarkably low urbanization level, at 12 percent, Burundi has the most densely populated rural areas in the world. High population growth rates and population density (470 people per square kilometer) generate pressure on land and natural resources.¹ Burundi’s population is also young, about 58 percent of the population is below 19 years-of-age. Economic growth is largely dependent on agriculture, accounting for about 32 percent of gross domestic product (GDP) and 90 percent of livelihoods. This dependence makes Burundi highly vulnerability to climatic and external shocks. Although agriculture is the backbone of the economy, many Burundians face hunger, malnutrition, and stunted development².

2. **Burundi needs to achieve significantly higher sustainable growth rates to generate more jobs for faster poverty reduction.** The prospects for sustained growth have been clouded by conflict, cyclical and structural weaknesses which maintain the economy in a low-level equilibrium, limit per capita revenue and impede poverty reduction. Per capita GDP is estimated at \$260 in 2019. Household survey data show that most Burundians—72 percent, 8.3 million people—live in poverty, with higher poverty incidence in rural areas. Burundi’s population is expected to double by 2040, which will likely lead to increased land fragmentation, a higher rate of land resources depletion, and higher demand for public services. In addition to a high youth dependence ratio—with a child dependence ratio currently accounting for 87 percent--Burundi is confronted with high underemployment (51 to 65 percent depending on the sectors) and limited access to wage jobs. An inclusive and sustainable growth model that will lead to an increase in per capita revenue and create more jobs is needs to reverse poverty trends.

¹ Food and Agriculture Organization and World Bank population estimates. <https://data.worldbank.org/indicator/EN.POP.DNST>.

² 56 percent of children under five stunted.



3. **Burundi is facing considerable development challenges.** Despite strong efforts and some improvement in key health and education indicators, Burundi ranks 185 out of 189 countries on the 2018 Statistical Update of the Human Development Index. Despite having a formal legal system that ensures gender equality, women and girls face significant obstacles when it comes to accumulating economic assets, including human capital, and register lower education, including illiteracy, and health outcomes. Women and girls are also at high risk of Gender-Based Violence with prevalence of intimate partner violence and sexual violence above the regional average³.

4. **The Government of Burundi (GoB) is committed to developing the human capital of the country,** as outlined in the “National Development Plan 2018 - 2027” (*Plan National de Développement*, PND). The PND states the need to strengthen and consolidate an early warning system and establish coherent mechanisms for prevention, preparation, and response to natural or man-made emergencies and have a sufficiently strong, dynamic, and resilient national health system in the event of external shocks. The GoB identified three strategic objectives, the first of which is to ensure “sustainable and inclusive growth for economic resilience and sustainable development”. Under this objective, the second strategic pillar focuses on “developing human capital”. At the heart of the PND is a focus on improving performance and collaboration in health (axis number 4).

Sectoral and Institutional Context

5. **Burundi’s vulnerability to COVID-19 or other disease outbreaks is high, and the GoB has taken some action to mitigate risks.** To date, no case of coronavirus disease (COVID-19) has been confirmed, but the possibility that Burundi will be affected by COVID-19 is high due to the highly mobile global population, daily international flights in and out of Burundi, and the notification of cases of COVID-19 from neighboring countries (Democratic Republic of Congo, Rwanda, Uganda, Tanzania and Kenya). The movement of goods and people (traders, travelers, Burundian international students, Burundian officials who carry out missions abroad, the international community working in Burundi) between Burundi and the world is high. To mitigate these risks, the GoB decided to (i) quarantine, since March 6, 2020, all passengers from affected countries; (ii) suspend all international flights from March 21, 2020, except flights related to goods transport, sanitary evacuation, humanitarian and diplomatic actions; (iii) suspend all international official missions; and (iv) suspend, since March 19, 2020, the granting of entry visas to Burundi.⁴ The country is also vulnerable to disasters and disease outbreaks due to its geography, population density, and weak emergency preparedness systems currently in place. Several COVID-19 alerts were notified, but test results were negative.

6. **Burundi scored only 33 percent in contrast to Rwanda (59 percent), Uganda (56 percent) and Tanzania (48 percent)** on the most recent WHO supported Joint External Evaluation (JEE) that assesses country capacity to prevent, detect and respond to outbreaks. JEE findings revealed weaknesses/lack of capacity in the following IHR core capacities: (i) legal and policy framework for and coordination of implementation of Integrated Health Regulatory (IHR) systems?; (ii) antimicrobial resistance (AMR) surveillance and AMR stewardship; (iii) healthcare associated infection (HCAI) prevention control programs; (iv) multi-hazard national public health emergency preparedness and response plan; (v) availability of emergency operational center for coordinating outbreak management; (vi) case management procedures for IHR relevant hazards; (vii) risk communication systems (plans, mechanisms, etc.); (viii) establishment of routine capacities at PoEs; and (ix) capacity to respond to outbreaks of zoonotic origin and surveillance of AMR due to zoonotic infections.

³ DHS 2016-2017

⁴ On February 22, 2020, African Union Ministers of Health agreed on a joint continental strategy and guidance for risk assessments, movement restrictions, and monitoring of people at risk.



7. **Since 2012, the Burundi has been part of the World Bank funded \$129 million East Africa Public Health Laboratory Networking Project (EAPHLN)**, that also involved Kenya, Tanzania, Uganda and Rwanda. The EAPHLN Project (P111556) (\$25 million for Burundi) has been supporting nine satellite laboratories i.e. Kayanza, Rumonge, Makamba, Musinga, Medical laboratory at the Centre Hospitalo-Universitaire de Kamenge [CHUK]), National Reference Laboratory (INSP), Cibitoke, Ruyigi, and Gitega. The satellite laboratories are based at district hospitals in strategic cross-border areas or in densely populated peri-urban areas. Through the support of the project, the following have been achieved: (i) improved diagnostic capacity through establishment of a laboratory network to increase access to quality diagnostic services and infrastructural development and equipping of satellite laboratories; (ii) strengthened capacity to detect and respond to outbreaks through the establishment of cross-border committees with neighboring countries, conduct of joint disease surveillance activities with neighboring countries and increased laboratory confirmation capabilities for pathogens; (iii) human resource capacity development; (iv) procurement of ICT equipment, soft wares; and (v) technical support for integrated laboratory management information systems. Though the supported laboratories have achieved improvements in terms of quality, with eight out of nine satellite laboratories achieving three stars status and above (out of five), there is still a needs for continues support to these laboratories, in order to sustain their achievements and proceed further to achieve international gold standard ISO15189 Accreditation, become centers of excellence, and support other laboratories more effectively. There is a need to strengthen the capacity of the INSP to fulfill its mandate on supervision and external quality assessment (EQA) panel production. The country has limited capacity for conducting AMR surveillance. Finally, there are still existing capacity gaps, particularly in epidemiology and outbreaks management and some technical aspects of laboratory systems. Lessons from EAPHLN implementation have informed the project design.

8. **As of today, there is no public health facility well equipped to treat COVID-19 cases and only one lab has capacity for COVID-19 testing in Burundi.** The Mudubugu treatment center, initially built with World Bank funds to treat Ebola cases (EAPHLN Project), has been identified to treat COVID-19 simple cases. The center is not yet fully functional and still need some equipment. However, three hospitals at central level (Clinique Prince Louis Rwagasore, Hopital Militaire de Kamenge, Centre Hospitalo-Universitaire de Kamenge) have just been prepared to treat COVID-19 cases but are still lacking some equipment, such us respirators, to treat complicated cases. The identification of isolation units in other identified hospitals at regional and district levels is in progress. The coronavirus diagnostic capability has been installed and successfully tested at the national Institute of Public Health (INSP). However, the platform needs to be strengthened to allow serial diagnostics. This diagnostic capacity was also installed at the National Teaching Hospital (CHUK) on March 25, 2020. In addition, there is a possibility of transporting samples to a laboratory in Nairobi based on a contract signed between WHO and a transport agency. The Africa CDC is also coordinating and facilitating the process of sending samples across the continent to match the needs with capacity. Through the EAPHLN project, the East Africa Community supported nine laboratories which were built and equipped, and staff capacity building. Genexpert devices have been supplied to certain district and regional hospitals. These devices could be configured to allow the diagnosis of COVID-19. However, significant gaps remain, and it will be critical to continue to enhance lab diagnostic capacity and strengthen health staff capacities. Building on the results from the EAPHLN Project, the Burundi COVID-19 preparedness and response project will contribute to filling these gaps and allow decentralization of the diagnostic capacity nationwide.

9. **The GoB has developed a National COVID-19 Preparedness and Response Plan, updated on March 27, 2020 for a total cost of \$25.9 million for a 6-month response, which is currently unfunded.** The Plan, which is following WHO guidance, is technically supported by specialized international agencies, especially WHO, and



focuses on scaling-up and strengthening aspects of preparedness and response including coordination, surveillance, case management, communication and social mobilization, psychosocial as well as logistics and safety. The National Health Emergency Steering Committee oversees the overall coordination and implementation of the plan. The GoB's efforts build on gains from the preparation to respond to the Ebola outbreak. Preparation for Ebola in Burundi started in 2018 and contributed to strengthen the country's capacities in several areas, such as the upgrading of the national laboratory (INSP), the finalization of the Center of Public Health Emergency operations, the rapid intervention teams available at the national level and in certain districts, the strengthening of infection prevention and control measures and epidemiological surveillance. These resources are used to prepare for the response against a possible COVID-19 epidemic. While preparation for Ebola targeted only 21 health districts, further efforts will be needed to strengthen capacities in all areas of the country to equip them with the capacities required to manage a possible case of COVID-19. The Africa Center for Disease Control (CDC) also has a framework for collaboration and coordination between the Africa CDC Secretariat and the National Public Health Institutes, as well as a model framework for laws and regulations pertaining to infectious-disease management and response.

10. Development partners are supporting the GoB in its response to COVID-19. Several partners participate in weekly meetings of the National Health Emergency Steering Committee and are committed to providing technical and financial support for the implementation of the National COVID-19 Preparedness and Response Plan. An inter-agency strategic plan was developed to support the GoB, identifying lead United Nations organizations to support implementation for each pillar of the GoB's Plan. Development partners such as the European Union, GAVI and the Global Fund, have indicated they would also provide financial support to the plan. However, during project preparation, the operational plan did not contain any commitment from development partners. The proposed Bank project is aligned with the GoB's plan and contributes to closing the funding gap, but the allocation is insufficient to respond to the country's needs, let alone if the country starts to face numerous cases. The project is focusing on ensuring strategic aspects of the emergency response are addressed but it is expected that other development partners and GoB will cover remaining costs and eventually, that the WB may mobilize additional resources to support the country's response efforts, including through other Bank's projects.

C. Relevance to Higher Level Objectives

11. The project is aligned with World Bank Group strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The Program's focus on preparedness is also critical to achieving Universal Health Coverage, It is aligned with the World Bank's support for national plans and global commitments to strengthen pandemic preparedness through three key actions: (i) improving national preparedness plans including organizational structure of the government; (ii) promoting adherence to the IHR; and (iii) utilizing international framework for monitoring and evaluation of IHR. The economic rationale for investing in the MPA interventions is strong, given that success can reduce the economic burden suffered by individuals and the country as a whole. The project complements WBG and development partner investments in health systems strengthening, disease control and 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 OIE international standards, the Global Health Security Agenda, 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.



12. **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 response will be anchored in the WHO's COVID-19 global Strategic Preparedness and Response Plan (SPRP) outlining the public health measures for all countries to prepare for and respond to COVID-19 and sustain their efforts to prevent future outbreaks of emerging infectious diseases.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

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

Key Results

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

- Percentage of suspected COVID-19 cases reported and investigated based on national guidelines;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Number of acute healthcare facilities with isolation capacity;
- Burundi adopted personal and community non-pharmaceutical interventions;
- Burundi has activated its public health Emergency Operations Center or a coordination mechanism for COVID-19.

D. Project Description

Component 1: Emergency COVID-19 Response (US\$ 3.05 million)

14. **This component will provide immediate support to countries to prevent COVID-19 from arriving or limiting local transmission through containment strategies.** It supports 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 for Burundi cover part of activities identified in the GoB's operational plan for COVID-19 preparedness response related to "case management and infection prevention and control (IPC)":

- *Case Detection, Confirmation, Contact Tracing, Recording, Reporting.* This sub-component would help (i) strengthen disease surveillance systems, 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 mitigation activities. Additional support could be provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information.



- *Health System Strengthening.* For **COVID-19 case management**, the project will support equipment of identified COVID-19 isolation and treatment centers, strengthen capacity of health staff particularly in the 21 identified priority districts, provide drugs and equipment for treatment centers, provide materials and equipment to treat severe respiratory distress, support identification and equipment of units for severe cases treatment in referral hospitals and support review standard operating procedures (SOP). For **infection prevention and control**, the project will finance the purchase of IPC/ WASH kits at entry points and in health facilities, acquisition of personal protective equipment (PPE) for health facilities and entry points, capacity building of staff, provision of disinfection products in health facilities and entry points, provision of monitoring and data collection tools at entry points, management of quarantine. The project will also support the building of a (reinforced) Montfort incinerator at Mudubugu temporary treatment center and extension of health staff room at the same site as well as complete the construction of Mudubugu permanent center and provide it with necessary equipment.

Component 2: Supporting National and Sub-national, Prevention and Preparedness (US\$ 1.0 million)

15. **The component will finance requirements of Infrastructure, Equipment, Reagents and Commodities.** It will cover **laboratory** related costs identified in the GoB's operation plan as well as costs related to coordination. It will:

- *Strengthen the coordination of the fight against COVID-19 and other endemo-epidemics:* the Project will support the functioning of the National Health Emergency Steering Committee for preparation and response to COVID-19, the rapid intervention team, the establishment and functioning of the Public Health Emergency Operations Center and the organization of simulation exercises.
- *Support the national referral laboratory.* The project will provide support the *Institut National de Santé Publique* (INSP) by providing materials, equipment and reagents to enhance capacity in COVID-19 and other endemo-epidemics diagnostic.
- *Extension of laboratory diagnostic capacity in identified regional and district hospitals.* The project will support configuration of existing genexpert devices in district and regional hospitals to allow COVID-19 diagnostic, provide triple packaging boxes for secure transport of samples, support training of health personnel on packaging, labeling and shipping of infectious samples as well as transfer of samples to the WHO referral laboratories.

Component 3: Community Engagement and Risk Communication (US\$ 0.7 million)

16. **The project will support development of systems for community-based disease surveillance.** This component will support rebuilding community and citizen trust that can be eroded during crises. The project will support the component on surveillance of the GoB's operational plan:

- *Epidemiological surveillance at central and health district levels.* This will be done through monitoring and follow-up of alerts on the hotline, health staff capacity building on epidemiological surveillance including COVID-19, training of community health workers, implementation of event's surveillance in health facilities.
- *Development of a risk communication and community engagement plan.* This will be done through updating available messages and communication supports by integrating COVID-19, multiplication and dissemination of communication tools, education and awareness messages through communication



channels identified with high impact on the audience (radio, posters, print, social media and television), and strengthening of the community-based alert system.

Component 4: Implementation Management and Monitoring and Evaluation (US\$ 0.25 million)

17. **Project Management.** The MoH Project Technical Unit (PTU) will be entrusted with implementation management of project activities, as well as fiduciary tasks of procurement and financial management. The PTU will be strengthened by the recruitment of a Project technical focal point; it will also benefit from temporary support from the Project Implementation Unit (PIU) of another World Bank project to facilitate streamlined processes given the emergency nature of the project. The Project will support costs associated with project coordination by the Ministry of Finance and costs associated with project implementation management by the MoH.

18. **Monitoring and Evaluation (M&E).** This component will support monitoring and evaluation of prevention and preparedness, building capacity 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

19. **The project will have positive impacts by improving COVID-19 surveillance, monitoring and containment.** However, the project is anticipated to have adverse environmental and social risks and impacts on human populations and biophysical environment. Activities include procurement of goods, consultancy services, technical assistance, training, workshops, and monitoring and evaluation, as well as the finalization of undergoing construction of temporary and permanent Centers of Mudubugu. The project will also support some targeted laboratories across the country. The operation is likely to have significant or potential adverse social impacts on indigenous peoples, the poor, and/or other vulnerable groups (such as displaced persons and/or refugees). The project has the potential to contribute directly to increased social fragility or conflict.

20. **The project is being implemented under the Environmental and Social Framework (ESF), and due to the novelty of COVID19 and the challenging health context in the country, project activities are rated Substantial for Environmental and Social risks.** The relevant Environmental and Social Standards (ESSs) are: ESS1 (Assessment and Management of Environmental and Social Risks and Impacts); ESS2 (Labor and Working Conditions); ESS3 (Resource Efficiency and Pollution Prevention and Management); ESS4 (Community Health and Safety); ESS7 (Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities); and ESS10 (Stakeholder Engagement and Information Disclosure).

21. **Environmental Risks issues:** Key environmental risks are related to: (i) small-scale works related to the establishment, rehabilitation, and upgrading of the Mudubugu treatment center, isolation capacity in hospital ICUs, and laboratories; (ii) hazardous and medical waste management and disposal; (iii) occupational health and



safety, including the risk of spread of the virus among health care workers; and (iv) community health and safety including the risk of the spread of COVID-19, a dangerous pathogen, among the population at large.

22. **Social Risk Issues:** Key social risks are those 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 risk of intimate partner domestic violence during the quarantine and other social distancing measures as a result of household stress over economic and health shocks combined with forced coexistence in narrow living spaces, attacks on female healthcare workers), and (iv) risks of Gender-Based Violence, Sexual Exploitation and Abuse, or Sexual Harassment (GBV/SEA/SH) to Project workers and beneficiaries, and (v) labor management and OHS risks.

23. **GBV/SEA/SH Risks:** The project has been given a preliminary rating of substantial risk for GBV/SEA/SH, based upon the country context and project-specific indicators. This risk rating is subject to validation following project approval, and GBV/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 preliminary risk rating is presently supported by risk factors related to both country and project indicators. There exist high rates of prevalence for intimate partner violence and sexual violence for women and girls in Burundi as well as social attitudes that indicate a high acceptance of intimate partner violence. By way of example, the 2016-2017 DHS for Burundi reported that 50% of ever married women aged 15-49 experienced some form of physical, emotional, or sexual violence by their partner, and nearly one in four women (23%) experienced sexual 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 (USAID) identified important gaps regarding access for women to services, resources, and opportunities that are relevant for assessing risk, including: (a) uncoordinated holistic service provision and referrals for survivors of violence and uneven access to health care; (b) limited access to leadership, economic, and educational opportunities for women; (c) exclusion of women from planning and decision-making processes in both domestic and professional spheres; and (d) inequitable access to land and financial assets. Additional risk factors include project activities that are planned in areas with higher levels of poverty, in humanitarian settings, and also in remote or rural areas, which may hinder accessibility and supervision of female workers and beneficiaries. Furthermore, specific feedback from women and girls about GBV/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 GBV/SEA/SH risks in the health sector. Early indications from other COVID-19-affected countries likewise suggest that the COVID-19 emergency might further increase the likelihood of GBV/SEA/SH in Burundi.⁵

24. **In order to mitigate these risks, a GBV/SEA/SH Action Plan will be developed.** Based on the Good Practice Note Addressing Sexual Exploitation and Abuse and Sexual Harassment (GPN SEA/SH) in Investment Project Financing Involving Major Civil Works, the project will establish a GBV/SEA/SH Action Plan, through which the

⁵ Based on the experience of countries which have been strongly hit by the virus, such as China and Italy, there has been an increase of intimate partner violence during the epidemic. After the virus outbreak, various countries also reported the increase of other forms of GBV, including violence against women and girls (VAWG) in emergency settings, sexual exploitation and abuse by state officials and armed guards, workplace violence in the health sector, as well as racial and sexual harassment.



project will put into place a series of prevention, mitigation and response measures to address identified GBV/SEA/SH risks, such as an Accountability and Response Framework. The mitigation measures to be implemented will be selected in accordance with the risk rating that is ultimately attributed to the project, but usually include at a minimum an accountability and response framework, codes of conduct and related trainings, as well as community consultations and an awareness-raising strategy to sensitize personnel and local communities around GBV/SEA/SH risks. The Framework will specify how GBV/SEA/SH complaints will be treated ethically, safely, and confidentially and in accordance with guiding principles for survivor care, such as through a grievance redress mechanism and response protocol to include a mapping of locally available structures that offer quality services. Any community consultations with women in targeted communities will be conducted in safe and enabling environments, such as in sex-segregated groups and with female facilitators, in order to obtain their inputs on planned activities and understand their risks and vulnerabilities to GBV/SEA/SH.

E. Implementation

Institutional and Implementation Arrangements

25. **Coordination:** The Ministry of Finance, through the General Directorate of Planning and Cooperation, will ensure coordination of the Project. The General Director of Planning and Cooperation will be the Project's national coordinator.

26. **Implementation management:** The MoH, through its relevant technical departments, will be responsible for technical oversight of the project and implementation of activities, and will report to the Project's coordinator. The PIU of the Africa Great Lakes Trade Facilitation Project (P155329) will be responsible for day to day management of the project and will handle fiduciary functions: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods to ensure efficiencies; (iii) securing consultant services; as well as oversight of safeguard provisions.

27. **Project Technical Focal Point:** The Project will recruit a Project Technical Focal Point to ensure coherence of Project's activities to achieve the PDO. The Technical Focal Point will report to the Project's Coordinator and work with the technical directorates of MoH and the PTU. S/he will also assist the National Health Emergency Steering Committee to coordinate activities in order to ensure complementarity of actions and support in response to the GoB's plan.

28. **Strategic guidance:** The National Health Emergency Steering Committee which has responsibility for overall coordination of the implementation and monitoring of the national COVID-19 plan, will provide strategic guidance for overall project implementation. The Committee is chaired by the Permanent Secretary of MoH, the secretariat is assured by the Emergency department within MoH, and its members comprise senior officials of MoH, Directors of National Hospitals and development partners working in the health sector.

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