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Report No: PAD4520

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED ADDITIONAL CREDIT

IN THE AMOUNT OF EURO 12.4 MILLION  
(US\$ 15.0 MILLION EQUIVALENT)

AND A

PROPOSED ADDITIONAL GRANT

IN THE AMOUNT OF SDR 10.4 MILLION  
(US\$ 15.0 MILLION EQUIVALENT)

TO THE REPUBLIC OF BENIN  
FOR THE

BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT  
JUNE 28, 2021

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

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)

WITH A FINANCING ENVELOPE OF

UP TO US\$ 6 BILLION APPROVED BY THE BOARD ON APRIL 2, 2020 AND

UP TO US\$ 12 BILLION ADDITIONAL FINANCING APPROVED BY THE BOARD

ON OCTOBER 13, 2020

Health, Nutrition and Population Global Practice  
Western and Central Africa Region

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## CURRENCY EQUIVALENTS

(Exchange Rate Effective May 31, 2021)

Currency Unit = CFA Franc BCEAO (XOF)

US\$1.00 = XOF 538.0886

US\$1.00= Euro 0.82031090

US\$1.00= SDR 0.69219960

### FISCAL YEAR

January 1 - December 31

Regional Vice President: Ousmane Diagana

Country Director: Coralie Gevers

Regional Director: Dena Ringold

Practice Manager: Gaston Sorgho

Task Team Leaders: Zenab Konkobo Kouanda, Ibrahim Magazi

## ABBREVIATIONS AND ACRONYMS

AEFI	Adverse Events Following Immunization
AF	Additional Financing
ANSSP	National Agency for Primary Health Care ( <i>Agence Nationale des Soins de Santé Primaires</i> )
AVATT	African Vaccine Acquisition Task Team
BCPRP	Benin COVID-19 Preparedness and Response Project
BFP	World Bank Facilitated Procurement
CDC	Center for Disease Control
CERC	Contingent Emergency Response Component
CoC	Code of Conduct
COVAX AMC Facility	COVID-19 Vaccines Global Access Advance Market Commitment Facility
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
DHIS2	District Health Information System 2
DPO	Development Policy Operation
E&S	Environmental and Social Safeguards
EPI	Expanded Program for Immunization
ESF	Environmental and Social Framework
ESCP	Environmental and Social Commitment Plan
ESS	Environmental and Social Standards
ESMF	Environmental and Social Management Framework
FM	Financial Management
GAVI	Global Alliance for Vaccines and Immunizations
GBV	Gender based Violence
GDP	Gross Domestic Product
GHG	Greenhouse Gas
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HEIS	Hands-on Expanded Implementation Support
HMIS	Health Management Information System
IBM	Iterative Beneficiary Monitoring
IBRD	International Bank for Reconstruction and Development
ICWMP	Infection Control and Waste Management Plan
IDA	International Development Association
IFC	International Finance Corporation
IPF	Investment Project Financing
IsDB	Islamic Development Bank
ISR	Implementation Status Report
M&E	Monitoring and Evaluation
MOH	Ministry of Health ( <i>Ministère de la Santé</i> )
MPA	Multiphase Programmatic Approach
NVDP	National Vaccination and Deployment Plan
OECD	Organization for Economic Cooperation and Development
PAD	Project Appraisal Document

PCU	Project Coordination Unit
PDO	Project Development Objective
PEF	Pandemic Emergency Financing Facility
PforR	Program for Results
PPE	Personal Protective Equipment
PrDO	Program Development Objective of SPRP (Global COVID-19 Response MPA)
REDISSE III	Regional Disease Surveillance Systems Enhancement Program, phase III
SDR	Special Drawing Rights
SEAH	Sexual Exploitation, Abuse and Harassment
SEP	Stakeholder Engagement Plan
SPRP	Strategic Preparedness and Response Program
SRA	Stringent Regulatory Authority
STEP	Systematic Tracking of Exchanges in Procurement
ToR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Vaccine Approval Criteria (of the World Bank)
VIRAT	Vaccine Introduction Readiness Assessment
VRAF	Vaccine Readiness Assessment Framework
WBG	World Bank Group
WHO	World Health Organization

Republic of Benin

Second Additional Financing for the COVID-19 Preparedness and Response Project

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**BASIC INFORMATION – PARENT (BENIN COVID-19 PREPAREDNESS AND RESPONSE PROJECT - P173839)**

Country	Product Line	Team Leader(s)		
Benin	IBRD/IDA	Ibrahim Magazi		
Project ID	Financing Instrument	Resp CC	Req CC	Practice Area (Lead)
P173839	Investment Project Financing	HAWH3 (9542)	AWCF2 (6551)	Health, Nutrition & Population

Implementing Agency: National Council to Combat HIV/AIDS, Tuberculosis, Malaria and Epidemics

Is this a regionally tagged project?	
No	

Bank/IFC Collaboration
No

Approval Date	Closing Date	Expected Guarantee Expiration Date	Environmental and Social Risk Classification
27-Apr-2020	30-Nov-2021		Substantial

**Financing & Implementation Modalities**

<input checked="" type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input type="checkbox"/> Contingent Emergency Response Component (CERC)
<input type="checkbox"/> Series of Projects (SOP)	<input type="checkbox"/> Fragile State(s)
<input type="checkbox"/> Performance-Based Conditions (PBCs)	<input type="checkbox"/> Small State(s)
<input type="checkbox"/> Financial Intermediaries (FI)	<input type="checkbox"/> Fragile within a Non-fragile Country
<input type="checkbox"/> Project-Based Guarantee	<input type="checkbox"/> Conflict
<input type="checkbox"/> Deferred Drawdown	<input checked="" type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on Expanded Implementation Support (HEIS)

**Development Objective(s)**



**MPA Program Development Objective (PrDO)**

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

**Project Development Objectives (Phase 080)**

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

**Ratings (from Parent ISR)**

	Implementation		Latest ISR
	30-Jun-2020	19-Dec-2020	18-Jun-2021
Progress towards achievement of PDO	S	S	S
Overall Implementation Progress (IP)	S	S	S
Overall ESS Performance	MS	MS	MS
Overall Risk	M	M	M
Financial Management	S	S	S
Project Management	S	S	S
Procurement	S	S	S
Monitoring and Evaluation	S	S	S

**BASIC INFORMATION – ADDITIONAL FINANCING (Second Additional Financing for the COVID-19 Preparedness and Response Project - P176562)**

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P176562	Second Additional Financing for the COVID-19 Preparedness and Response Project	Restructuring, Scale Up	No
Financing instrument	Product line	Approval Date	





Investment Project Financing	IBRD/IDA	30-Jun-2021	
Projected Date of Full Disbursement	Bank/IFC Collaboration		
31-Dec-2022	No		
Is this a regionally tagged project?			
No			

**Financing & Implementation Modalities**

<input checked="" type="checkbox"/> Multiphase Programmatic Approach [MPA]	<input type="checkbox"/> Series of Projects (SOP)
<input type="checkbox"/> Fragile State(s)	<input type="checkbox"/> Performance-Based Conditions (PBCs)
<input type="checkbox"/> Small State(s)	<input type="checkbox"/> Financial Intermediaries (FI)
<input type="checkbox"/> Fragile within a Non-fragile Country	<input type="checkbox"/> Project-Based Guarantee
<input type="checkbox"/> Conflict	<input checked="" type="checkbox"/> Responding to Natural or Man-made disaster
<input checked="" type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on, Enhanced Implementation Support (HEIS)
<input type="checkbox"/> Contingent Emergency Response Component (CERC)	

**Disbursement Summary (from Parent ISR)**

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed	
IBRD				<div style="width: 0%; height: 10px; background-color: #ccc;"></div>	%
IDA	10.40	10.63	0.18	<div style="width: 98%; height: 10px; background-color: #2e8b57;"></div>	98 %
Grants	0.91	0.91		<div style="width: 100%; height: 10px; background-color: #2e8b57;"></div>	100 %

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

MPA Program Financing Envelope	18,000,000,000.00
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**MPA FINANCING DETAILS (US\$, Millions)**

<b>Board Approved MPA Financing Envelope:</b>	18,000,000,000.00
<b>MPA Program Financing Envelope:</b>	18,000,000,000.00



<b>of which Bank Financing (IBRD):</b>	9,900,000,000.00
<b>of which Bank Financing (IDA):</b>	8,100,000,000.00
<b>of which other financing sources:</b>	0.00

**PROJECT FINANCING DATA – ADDITIONAL FINANCING (Second Additional Financing for the COVID-19 Preparedness and Response Project - P176562)**

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

**SUMMARY (Total Financing)**

	Current Financing	Proposed Additional Financing	Total Proposed Financing
<b>Total Project Cost</b>	10.40	30.00	40.40
<b>Total Financing</b>	10.40	30.00	40.40
<b>of which IBRD/IDA</b>	10.40	30.00	40.40
<b>Financing Gap</b>	0.00	0.00	0.00

**DETAILS - Additional Financing**

**World Bank Group Financing**

International Development Association (IDA)	30.00
IDA Credit	15.00
IDA Grant	15.00

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

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
<b>Benin</b>	15.00	15.00	0.00	30.00
National PBA	15.00	15.00	0.00	30.00
<b>Total</b>	<b>15.00</b>	<b>15.00</b>	<b>0.00</b>	<b>30.00</b>



## COMPLIANCE

### Policy

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

Yes  No

Does the project require any other Policy waiver(s)?

Yes  No

Explanation

This project is being processed using the following waiver granted through the Global SPRP MPA Project (P173789): Waiver to enable Management approval of individual projects under SPRP rated Substantial for Environmental and Social (ES) risks. ( April 2, 2020).

Has the waiver(s) been endorsed or approved by Bank Management?

Approved by Management       Endorsed by Management for Board Approval       No

Explanation

The MPA-specific waivers have been approved by the Board as part of the Global SPRP MPA approval.



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

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

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

**INSTITUTIONAL DATA**

**Practice Area (Lead)**

Health, Nutrition & Population

**Contributing Practice Areas**

**Climate Change and Disaster Screening**

This operation has been screened for short and long-term climate change and disaster risks

**PROJECT TEAM****Bank Staff**

<b>Name</b>	<b>Role</b>	<b>Specialization</b>	<b>Unit</b>
Zenab Konkobo Kouanda	Team Leader (ADM Responsible)	Public Health	HAWH3
Ibrahim Magazi	Team Leader	Senior Health Specialist	HAWH3
Harouna Djibrilla Djimba	Procurement Specialist (ADM Responsible)	Procurement	EAWRU
Tahirou Kalam	Financial Management Specialist (ADM Responsible)	Financial management	EAWG1
Alphonse Emadak	Environmental Specialist (ADM Responsible)	Environment	SAWE1
Fatoumata Diallo	Social Specialist (ADM Responsible)	Social Development	SAWS4
Abdoul Wahabi Seini	Social Specialist	Social Development	SAWS4
Colombe Blandine Yabo Allabi	Team Member	Administrative Support	AWMBJ
Fatoumata Binta Maama Barry	Team Member	Health	HAWH3
Late Felix Lawson	Team Member	Disbursement	WFACS
Mohamed I. Diaw	Team Member	Operations Support	HAWH3
Nathalie S. Munzberg	Safeguards Advisor/ESSA	Safeguards specialist	AFWDE
Nikolai Alexei Sviedrys Wittich	Procurement Team	STEP	EAWRU
Taiyeba Granier	Team Member	LEGAM	LEGAM
Teegwende Valerie Porgo	Team Member	Epidemiology	HAWH3
Valerie F. Trouillot-Ligonde	Team Member	Operations Support	HAWH3
Victoria Ewura Ekuwa Wood	Counsel	LEGAM	LEGAM

**Extended Team**

<b>Name</b>	<b>Title</b>	<b>Organization</b>	<b>Location</b>
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## BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

### A. Introduction

- This project paper seeks the approval of the World Bank's Regional Vice President to provide an International Development Association (IDA) credit in the amount of US\$15.0 million equivalent and an IDA grant in the amount of US\$15.0 million equivalent for a total amount of US\$30.0 million for a second Additional Financing (AF).** This AF will support the costs of expanding activities of the Benin COVID-19 Preparedness and Response Project (BCPRP [P173839] under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the World Bank Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.<sup>1</sup> The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Benin through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The BCPRP in the amount of US\$10.4 million IDA was approved on April 27, 2020 and prepared under the SPRP. On February 24, 2021, the first AF for the COVID-19 Preparedness and Response Project (P175441) was approved for US\$0.94 million using the Pandemic Emergency Financing Facility (PEF) Trust Fund.
- The purpose of the proposed AF is to provide upfront financing to help the Government purchase and deploy COVID-19 vaccines that meet the World Bank's Vaccine Approval Criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future.** The proposed AF will help vaccinate 40 percent of the country's population. This will include vaccine acquisition for 16 percent of the country's population through World Bank financing while the Vaccine Global Access (COVAX) Advance Market Commitment (AMC) Facility or other co-financier will cover vaccine acquisition for 24 percent of the population by the end of calendar year 2022. In addition, the country has agreements with China and Russia for the Sinovac, Sputnik V, respectively. As of June 23, Sputnik V does not meet the World Bank's VAC. World Bank financing for the COVID-19 vaccines and deployment will follow the World Bank's VAC. As of April 16, 2021, the World Bank will accept vaccines that meet the following criteria as eligible for International Bank for Reconstruction and Development/ International Development Association (IBRD/IDA) resources for COVID-19 vaccine acquisition and/or deployment under all World Bank-financed projects: (a) vaccines that have received regular or emergency licensure or authorization from at least one of the Stringent

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<sup>1</sup> The World Bank approved a US\$12 billion World Bank Group Fast Track COVID-19 facility to assist IBRD and IDA countries in addressing the global pandemic and its impacts. Of this amount, US\$6 billion was provided by IBRD/IDA ("the World Bank") and US\$6 billion by the International Finance Corporation (IFC). The IFC subsequently increased its contribution to US\$8 billion, bringing the FTCF total to US\$14 billion. The Additional Financing 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.



Regulatory Authorities (SRAs) identified by the World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX Facility, as may be amended from time to time by WHO; or (b) vaccines that have received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). The country will provide free of cost vaccination to all individuals 18 years and over.

3. **The need for additional resources, to expand the COVID-19 response was formally conveyed by the Government of Benin to the World Bank through an official letter of request on November 25, 2020.** 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 Benin. 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 Benin.
4. **Critically, the AF seeks to enable the acquisition of vaccines from a range of sources to support Benin’s objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory standards, and delivery time among other key features).** The COVAX Facility has put in place a framework that will anchor Benin’s strategy and access to vaccines. On February 8, 2021, the Government of Benin entered into an agreement with the COVAX Facility to support financing of vaccines for 20 percent of the population. The proposed AF will support the country to use COVAX as a priority source, and to also access vaccines beyond COVAX. The proposed IDA financing will expand Benin’s access. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Rather, the proposed financing will enable a portfolio approach that can be adjusted during implementation in response to developments in the country’s pandemic situation and the global market for vaccines.
5. **After the first surge of cases, Benin is now experiencing a second wave of COVID-19 like several other countries.** Despite the significant strides in its overall preparedness and response capacity to the pandemic and the experience gained during the first wave, Benin has been hit by a new surge of cases since the second half of January 2021. As of June 21, 2021, the country has reported 8,170 cumulative cases, with 65 people under treatment, including three patients in intensive care, and 104 deaths<sup>2</sup>, which makes Benin one of the least affected countries in the West African region. Although the figures of the last five-weeks show a declining trend of the epidemic, the risk of infection is still high, given Benin’s open borders with countries that are experiencing a second wave with much higher incidence rates, as well as the prospect of an increased risk of non-compliance with barrier measures. See annex 3 for more details on the status of COVID-19 cases in Benin.

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<sup>2</sup> Republic of Benin, MOH (2021). COVID-19 Epidemiological Status Report. June 22



## B. Consistency with the Country Partnership Framework (CPF)

6. **This project was not included in the CPF of the Republic of Benin for the period FY19-FY23 (Report no. 123031-BJ)<sup>3</sup>, but the pandemic has increased the priority of health protection and treatment in Benin and an annex with the Country Program Adjustments is attached to this Project Paper (Annex 2).** The need to invest in health systems to ensure the productive capabilities of the population is recognized, as is the challenge of overcoming a legacy of limited investment in human capital and social resilience systems. By strengthening the health system and building its resilience to shocks, it is aligned with the CPF's Focus Area 2 (investing in human capital) Objective 6, which focuses on improving health services for better preparedness and response to epidemic diseases. The second AF, like the parent project, is also aligned with both global health priorities and IBRD/IDA priorities on improving pandemic preparedness.

## C. Project Design and Scope

7. **The Project Development Objective (PDO) of the parent project and this second AF is to prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.** The initial parent project includes three components as listed below and summarized in annex 4:
  - **Component 1. Emergency COVID-19 Response**, in the amount of US\$6.4 million, aims to provide immediate support to limit local transmission of COVID-19 through the implementation of containment strategies.
  - **Component 2. Supporting National Prevention and Preparedness**, in the amount of US\$3.0 million, focuses on communication and community engagement through the development of various communications tools and support for preparedness.
  - **Component 3. Implementation Management and Monitoring and Evaluation (M&E)**, in the amount of US\$1.0 million supports project implementation and oversight activities.
8. **At the early stage of implementation of the parent project, a restructuring was approved to align the project to the new priorities of the country.** The dynamic nature of the pandemic requires Benin to adapt to the rapidly evolving situation within the country. In light of the on-the-ground assessment of priority activities and also considering the MPA framework, the World Bank and the Government of Benin agreed that the BCPRP financing would focus primarily on the COVID-19 emergency response (under Component 1) while activities related to supporting National Prevention and Preparedness (under Component 2) would be pursued in parallel under phase 3 of the Regional Disease Surveillance Systems Enhancement Program (REDISSE III; P161163), the Contingent Emergency Response Component (CERC) of the Benin Early Years Nutrition and Child Development Project (P166211), and the Program for Results (Pfor) Health Project (P172940) under preparation. In September 2020, the

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<sup>3</sup> World Bank (2018). *Benin: Country Partnership Framework CPF for the Period of FY19-FY23 (English)*. (Washington, DC: World Bank). <http://documents.worldbank.org/curated/en/643931531020663012/Benin-Country-partnership-framework-for-the-period-of-FY19-FY23>





parent project was restructured to remove the initial Component 2 and revise the costs of the remaining components and sub-components to fit into the overall financing, while considering the weight and breadth of the two remaining components.

9. **On February 24, 2021 the first AF was added to the BCPRP (P175441) to further bolster the Government's endeavor to contain the COVID-19 pandemic in line with the objectives of the parent project and to help fill the financing gap of the National Health Response plan.** This first AF incorporated funds of the PEF in the amount of US\$942,857 to procure personal protective equipment and hygiene materials for health workers both in treatment centers and in health facilities, under Component 1. The grant has disbursed 96.6 percent of its commitment and was closed on February 28, 2021.
10. **The implementing agency for this project will be the Project Coordination Unit (PCU) of the parent project.** This PCU was the same for the first AF and REDISSE III. Therefore, the institutional arrangement of the parent project, the first AF, and REDISSE III will remain. The PCU is under the aegis of the National Council to Combat HIV/AIDS, Tuberculosis, Malaria, Hepatitis, and Epidemics, which operates under the presidency. This PCU and the Ministry of Health (MOH; *Ministère de la Santé*) have developed a strong collaboration since the beginning of the implementation of REDISSE III; thus, enabling a swift and effective implementation of the parent project. While the PCU oversees the overall management of the project, including the fiduciary aspects, the MOH is responsible for the technical implementation of the project in the field. Under the proposed AF, the PCU will ensure a smooth coordination with all stakeholders throughout the implementation of the project and manage the fiduciary aspect of the AF. The PCU will also prepare and submit consolidated annual work plans, quarterly reports, environmental and social (E&S) reports, budgets, and M&E of activities carried out by implementing entities to the World Bank. The PCU is well staffed with a qualified coordinator who is assisted by skilled M&E, financial management (FM), procurement, E&S specialists. Additionally, the PCU is in the process of hiring a communication specialist. Similar to the parent project, the MOH, through the National Agency for Primary Health Care (*Agence Nationale des Soins de Santé Primaires*, ANSSP), will be the field implementing entity of this proposed AF. The ANSSP includes, among others, the Directorate for Immunization and Logistics (*Direction de la Vaccination et de la Logistique*), which is responsible for the Expanded Program for Immunization (EPI), and the Directorate for Health Promotion (*Direction pour la Promotion de la Santé*), which is responsible for the implementation of the communication strategy. The ANSSP developed the National Vaccination and Deployment Plan (NVDP), with inputs from the National Technical Working Group for vaccines deployment, in collaboration with the United Nations Children's Fund (UNICEF), WHO, the Global Alliance for Vaccines and Immunization (GAVI), and the World Bank.

#### **D. Project Performance**

11. **The project's progress towards the achievement of the PDO and overall implementation was rated satisfactory in the last Implementation Status Report (ISR) of June 18, 2021.** As of June 28, 2021, disbursements amount to US\$10.0 million (98 percent of commitments). The project is expected to



be fully disbursed by the closing date. As of May 31, 2021, the target of two PDO indicators have been attained or surpassed. The target of the third PDO indicator "Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents as per the National Response Plan," has not been achieved yet. Indeed, as the spread of COVID-19 was contained, the Government decided to set up only 13 laboratories (one laboratory in each of the 12 regions and one mobile laboratory); thus, only 13 laboratories out of the 20 planned were set. The targets of all the Intermediate Results Indicators have been attained or surpassed. All the activities included in the Work Plan and Budget have been carried out and all components are rated Satisfactory. Overall, the project has purchased laboratory reagents and equipment, 100 ventilators and other emergency medical material, protective equipment, hygiene material and set up two treatment centers made with prefabricated material in the Southern and northern part of the country. In addition, project management, FM, procurement and M&E have all satisfactory performance.

**12. The PCU has been effectively coordinating project planning and procurement.** All the project activities have been implemented as expected and the following results were achieved: (a) the procurement of laboratory equipment and consumables for five laboratories and 10 screening centers; (b) the procurement of emergency medical equipment and supplies, including 50 ventilators; and (c) the construction of two treatment centers using prefabricated materials in the southern and the northern regions of the country. No audit report is overdue. The Government has also complied with all legal covenants. The instruments of the Environmental and Social Framework (ESF) including the Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP), Waste Management Plan, and Labor Management Plan (LMP) were finalized and publicly disclosed on the MOH's website on November 17, 2020<sup>4</sup>. These instruments were updated to serve as the ESF instruments of the first AF. The ESMF and the Waste Management Plan for the first AF were approved on December 17, 2020 and disclosed on the World Bank's website on December 28 and 23, 2020, respectively; the LMP was disclosed on the World Bank's website on December 23, 2020<sup>5</sup>. The updated Environmental and Social Commitment Plan (ESCP)<sup>6</sup> and the SEP<sup>7</sup>, including a grievance mechanism, for the first AF were approved and disclosed on the Government's website on November

<sup>4</sup> Republic of Benin, MOH (2020). *Financement Additionnel: Projet de Préparation et de Réponse à la COVID-19 au Bénin (P175441)*. (Republic of Benin, MOH, Porto-Novu). <https://sante.gouv.bj/FINANCEMENT-ADDITIONNEL-PROJET-DE-PREPARATION-ET-DE-REPOSE-A-LA-COVID19-P175441>

<sup>5</sup> World Bank (2020). *Financement Additionnel: Project de Préparation et de Réponse à la COVID-19 au Bénin (P175441), Procédures de Gestion de la Main d'Œuvre*. (Washington, DC: World Bank) <http://documents1.worldbank.org/curated/en/284321608757159036/pdf/Labor-Management-Procedures-BENIN-COVID-19-PREPAREDNESS-AND-RESPONSE-PROJECT-P173839.pdf>

<sup>6</sup> World Bank (2020). *Benin COVID-19 Preparedness and Response Project: ESCP*. (Washington, DC: World Bank). <http://documents1.worldbank.org/curated/en/378491611261007879/pdf/Additional-Financing-Environmental-and-Social-Commitment-Plan-ESCP-AF-Benin-COVID-19-Preparedness-and-Response-Project-P175441.pdf>

<sup>7</sup> World Bank (2020). *Financement Additionnel: Project de Préparation et de Réponse à la COVID-19 (P175441), Plan de Mobilisation des Parties Prenantes (PMPP)*. (Washington, DC: World Bank). <http://documents1.worldbank.org/curated/en/985431611261038919/pdf/Additional-Financing-Stakeholder-Engagement-Plan-SEP-AF-Benin-COVID-19-Preparedness-and-Response-Project-P175441.pdf>



17, 2020 and on the World Bank's website on January 21, 2021.

13. **To date, the E&S specialists from PCU have been managing and supervising overall E&S aspects of the parent project and the first AF.** The E&S specialists from PCU, together with the technical project management unit have benefited from the World Bank's training on ESF, more specifically the training on the project relevant Environmental Social Standards (ESSs; ESS1, ESS2, ESS3, ESS4 and ESS10) and the implementation of the ESCP. The E&S performance rating for the parent project is considered satisfactory (ISR, June 18, 2021). Under the parent project, the project achieved ESCP material measures and actions, such as the preparation, consultation, and disclosure of ESF instruments (ESCP, SEP, LMP, ESMF and Infection Control and Waste Management Plan [ICWMP])<sup>8</sup>. However, the parent project experienced some delays regarding the implementation of some E&S measures and actions, including the timely delivery of quarterly monitoring reports on environmental, social, health and safety (ESHS) performance. Enhanced oversight from the World Bank E&S team has been provided during the early stages of the parent project's implementation and will continue to be needed.

#### E. Rationale for Additional Financing

14. **To end the acute phase of the pandemic, Benin is committed to implementing a national vaccination campaign.** On November 25, 2020, Benin officially requested the support of the World Bank for COVID-19 vaccines acquisition, shipping, supply chain strengthening and service delivery. Acknowledging that vaccines are a critical new tool in the battle against COVID-19, the Government aims to vaccinate 49.2 percent of the total population (6,005,045 individuals ages 18 and over). The country officially joined the COVAX Facility on February 8, 2021 to ease the acquisition of some of the needed vaccines. The COVAX Facility, the global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines, pledged to deliver 792,000 doses of the AstraZeneca vaccine (named Covishield) to Benin by the end of May 2021. On March 10, 2021, 144,000 doses were delivered and the remaining doses for this first phase are expected by the end of October 2021. In addition, Benin received 203,000 doses of the Sinovac vaccine (named CoronaVac) on March 21, 2021 from China and expects to be granted some doses of the Sputnik V vaccine (volume to be determined). The Government also requested financial support from the Islamic Development Bank (IsDB) for the procurement of 855,968 doses of vaccines to cover 3.0 percent of the total population.
15. **The identified sources of financing will allow Benin to purchase enough doses (about 8,524,321) to cover 24.0 percent of the population, leaving a gap of 25.2 percent.** This AF will provide vaccines for 16 percent of the population (2,888,587 doses), reducing this gap to 9.2 percent (2,638,900 doses) by the end of year 2022. WHO, UNICEF, the United States Agency for International Development (USAID) and the COVAX Facility are providing technical support for vaccine introduction in Benin including the development of training modules, the training of health workers, the consultancy service for the

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<sup>8</sup> Republic of Benin, MOH (2021). *Financement Additionnel : Projet de Préparation et de Réponse à la COVID-19 (P176562)*. (Republic of Benin, MOH, Porto-Novo). <https://sante.gouv.bj/Vaccination-contre-la-COVID-19-Le-Benin-beneficie-d-un-financement-additionnel-d-un-montant-de-30-millions-UDS>.



development of the national risk communication and community engagement, the development of a strengthened passive monitoring system of adverse events following immunization (AEFI), and the monitoring and supervision of the vaccination campaign (box 1).

- 16. **The total cost of the purchase and deployment of the vaccines was initially estimated at US\$170.1 million including, US\$154.7 million for vaccines and consumables, and US\$15.4 million for deployment.** The Government has recently changed its vaccine acquisition strategy, focusing on newly available low-cost vaccines. Based on available data, the total vaccination cost can be estimated at US\$140.1 million, encompassing US\$124.7 million for vaccines and consumables and US\$15.4 million for deployment. Based on this adjustment and the financial contributions of partners and the state budget, a gap of US\$48.7 million will remain for vaccine purchase and deployment. The Government continues its advocacy to fill this gap. This second AF would provide sustainable and strategic support to Benin by helping the country attain its immunization objectives through a financing of US\$25.0 million for the acquisition of vaccines and US\$5.0 million for the deployment of vaccines.

**Box 1: Supportive Roles for Partner Agencies in Implementation**

<b>WHO's role</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>• Provide technical leadership to the National Immunization Advisory Group for vaccine introduction to ensure goal achievement, strategy implementation, target achievement and ensure vaccine safety against COVID-19.</li> <li>• Ensure adherence to guidelines and organize training sessions on AEFI surveillance for COVID-19 vaccine and other vaccine pharmacovigilance issues.</li> </ul>	Not known.
<b>UNICEF's role</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>• Support the National EPI and other primary health care services for the implementation of the roadmap (timetable) for better integration of the deployment of the COVID-19 vaccine.</li> <li>• Support the development and ensure the implementation of the communication strategy against COVID-19 to encourage mass participation for better collective immunity.</li> <li>• Monitor the quantification and forecasting of supply needs and support the purchase and installation of quality cold chain chambers at the national level.</li> <li>• Act as the procurement agent for vaccines procured, through the COVAX Facility, African Vaccine Acquisition Task Team (AVATT) and bilateral agreements.</li> </ul>	Not known.
<b>GAVI/COVAX's role</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>• Provide vaccines fully subsidized by the Advanced Market Commitment to cover the prioritized 20 percent of the population and beyond through the COVAX Facility.</li> <li>• Procure vaccines for an additional 4 percent of the population through this AF.</li> <li>• Provide technical and financial support for cold-chain enhancement, as well as support for technical assistance related to vaccine deployment.</li> </ul>	Vaccines, in-kind consumables: grant of US\$0.36 million
<b>Other partners' roles</b>	
<b>IsDB</b>	<b>Financing amount</b>



<ul style="list-style-type: none"> <li>The IDB is expected to finance the purchase of vaccines, cold chain support, training for health workers, and vaccine safety surveillance.</li> </ul>	Credit of US\$9.1 million
<b>USAID</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>The USAID covers the costs of technical assistance, monitoring and evaluation through WHO.</li> </ul>	Grant of US\$1.0 million
<b>Belgium Cooperation</b>	<b>Financing amount</b>
<ul style="list-style-type: none"> <li>The Belgian cooperation will provide support for cold chain strengthening.</li> </ul>	Grant of US\$0.2 million
<b>AU/AVATT</b>	
<ul style="list-style-type: none"> <li>The AVATT, through the Africa Centers for Disease Control (CDC) will facilitate the provision of additional doses to be financed partially either through this AF or outside of this AF.</li> </ul>	Number of doses requested not available at this time.

17. **This AF is being proposed at a crucial juncture in the Government of Benin’s response to COVID-19.** A critically important change in the state of science since the early stages of the pandemic has been the emergence of new therapies, as well as the successful development, and the expanding production of COVID-19 vaccines (see annex 1 for status). A key rationale for the proposed AF is to provide upfront financing for safe and effective vaccine acquisition and deployment in Benin. This would enable the country to acquire the vaccine at the earliest, recognizing that there is currently excess demand for vaccines from both high-income and lower-income countries.

18. **The proposed AF will form part of an expanded health response to the pandemic.** The activities will build on the COVID-19 MPA-Program's BCPRP, as well as on the World Bank’s existing health portfolio in the country including REDISSE III (P161163), which supported the response to COVID-19 at the onset of the pandemic with a total financing of US\$23 million, and the CERC of the Benin Early Years Nutrition and Child Development Project (P166211), which provided an amount of US\$10.0 million. In addition to the existing operations, the Health System Enhancement PforR (P172940) under preparation will complement the World Bank’s ongoing effort to improve the country’s capacity to prevent, detect and respond to epidemics. The PforR will provide financing to strengthen the health system, in particular maternal, child, and adolescent health, nutrition as well as disease surveillance and vaccination. The World Bank has been one of the largest contributors to the first Government COVID-19 health response plan with an overall financing of US\$40 million.

**F. National Capacity and COVID-19 Vaccination Plan**

*(i) Vaccine Readiness Assessment*

19. **Benin has conducted a vaccine readiness assessment to identify gaps and options to address them, as well as to estimate the cost of vaccine deployment, with the support of international organizations including the World Bank Group (WBG), WHO, UNICEF and GAVI (see table 1**



below). This assessment considers the Government’s vaccine deployment strategy, described below. Considering the uncertainties related to the COVID-19 vaccine market, including trials, approval, availability and pricing, which require flexibility, close monitoring and strong World Bank support during implementation, the assessment will continue to be an evolving process and will be dynamically revised and updated as needed to continue to improve the project implementation. As of June 22, 2021, Benin scored 67.8 percent for overall readiness for COVID-19 vaccine deployment (see table 1 below for details).

Table 1: Summary of Vaccination Readiness Findings from the VIRAT/VRAF 2.0 Assessment<sup>9</sup>

Readiness domain	Readiness of government	Key gaps to address before deployment
<b>Planning and coordination</b>	<p>87 percent completed</p> <ul style="list-style-type: none"> <li>• Various national and subnational committees, including the National Coordination Committee, the National Technical Working Group, and subcommittees for specific areas, were established to ensure coordination and regulation</li> <li>• The COVID-19 NVDP was finalized and adopted in country on March 24, 2021. Programmatic objectives are defined at central and sub-national levels, including the definition and identification of target populations. The country aims to vaccinate 49.2 percent of the population and has targeted priority groups of the population based on the epidemiological context and guidance provided by WHO.</li> <li>• An ICWMP has been developed and disclosed in-country on June 21,2021.</li> <li>• The Directorate for Immunization and Logistics within the ANSSP is responsible for managing the vaccine deployment in the field.</li> </ul>	<ul style="list-style-type: none"> <li>• Although the NVDP has been adopted, it was finalized according to various scenarios based on the availability of different types and quantities of vaccines and therefore, some uncertainties remain, and further microplanning and costing adjustments will be needed before the second stage of the NVDP.</li> <li>• This AF will support the health districts to develop their micro-plans prior to the deployment of vaccines procured under this AF.</li> </ul>
<b>Budgeting</b>	<p>50 percent completed</p> <ul style="list-style-type: none"> <li>• The plan has been estimated to cost US\$140.1 million including US\$124.7 million for vaccines and consumables and US\$15.4 million for deployment.</li> <li>• A total amount of US\$91.4 million has already been mobilized through state budget and the contribution of other partners.</li> </ul>	<ul style="list-style-type: none"> <li>• Financing gaps are estimated at US\$48.7 million. This gap will be partly filled with funds from this AF. Advocacy for AF from partners is still ongoing and the remaining funds are expected to be mobilized by the end of 2021.</li> </ul>

<sup>9</sup> A multi-partner effort led by WHO and UNICEF resulted in the development of the Vaccine Introduction Readiness Assessment Tool (VIRAT) to support countries in developing a roadmap to prepare for vaccine introduction and identify gaps to inform areas for potential support. Building upon the VIRAT, the World Bank developed the Vaccine Readiness Assessment Framework (VRAF) to help countries obtain granular information on gaps and associated costs and program financial resources for vaccine deployment. To minimize burden and duplication, in November 2020, the VIRAT and VRAF tools were consolidated into one comprehensive framework, called VIRAT\_VRAF 2.0. See the WHO, “COVID-19 Vaccine Introduction and Readiness Assessment Tool.” <https://who.int/publications/i/item/WHO-2019-nCoV-Vaccine-introduction-RA-tool-2020.1>.





<b>Regulatory</b>	<p>100 percent completed</p> <ul style="list-style-type: none"> <li>• Current national legislation allows importation of unregistered products with Special Import Authorization in a public health context such as the current COVID-19 pandemic. To that end, the Beninese Agency for Pharmaceutical Regulation may implement the principles of "good reliance practices "(GReIP)" with reference to the WHO's recommendations for emergency use listing procedure or the decisions of other strong regulatory authorities as appropriate, including data from the African Vaccine Regulatory Forum. Thus, local testing of vaccines will not be required, but the country will rely on the certificate of laboratory analysis provided with each batch of vaccine and the license from WHO or strong and rigorous SRAs.</li> <li>• An Advisory Committee for the fast-track approval of the COVID-19 vaccine has been established, is functional and has already approved the AstraZeneca and Sinovac vaccines. There are documents in place that clarify the regulatory requirements for approval of COVID-19 vaccines and related supplies.</li> <li>• Indemnification agreements with manufacturers and suppliers for the vaccines already delivered have been signed.</li> </ul>	<ul style="list-style-type: none"> <li>• The indemnification processes and procedures will be discussed in-country for each vaccine used and will have to be finalized prior to signing the indemnification agreement with each manufacturer and supplier. The proposed AF will support the development of legal regulatory documents (including indemnification and liability protection, statutory indemnification, or national/regional no-fault compensation schemes) by the end of 2021.</li> </ul>
<b>Prioritization, targeting, surveillance</b>	<p>33 percent completed</p> <ul style="list-style-type: none"> <li>• Overall, the Government aims to vaccinate 49.2 percent of the population. Priority groups were defined based on WHO's Value Framework for COVID-19 vaccine allocation and their number were roughly estimated as follows: <ul style="list-style-type: none"> <li>- Stage 1 (3.7 percent of the population): health workers, individuals 60 years and over, people with co-morbidities in the cordon sanitaire (three southern regions) and one northern region, as well as essential frontline health workers nationwide.</li> <li>- Stage 2 (27.3 percent of the population): individuals over 60 years of age, health workers, 18- to 60-year-old with co-morbidities, administrative health personnel outside the cordon sanitaire, and government officials.</li> <li>- Stage 3 (18.2 percent of the population): remaining aforementioned population (individuals with co-morbidities, elderly), security and law enforcement officers.</li> </ul> </li> <li>• The number of individuals in each priority group was estimated based on the United Nations (UN) and national surveys.</li> <li>• Strategy includes the development of a digitalized vaccine information system interoperable with the national information system to enable the targeting of priority populations.</li> <li>• An M&amp;E plan for vaccine safety and efficacy and AEFI management has been developed.</li> <li>• The National AEFI committee has been monitoring AEFI cases reported through a passive surveillance system.</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of the targeted population on the ground is underway and technical assistance will be needed from development partners to finalize it before stage 2 of the NVDP.</li> <li>• Estimated numbers may change once the identification process is completed. However, at this time, there is a gap of financing for 9.2 percent of the population.</li> <li>• Technical assistance will be needed to strengthen the pharmacovigilance system and provide support for better monitoring through the investigation of AEFI cases. This AF would provide emergency treatment kits for potentially severe cases of AEFI throughout the project implementation.</li> </ul>



<b>Service delivery</b>	<p>75 percent completed</p> <ul style="list-style-type: none"> <li>• The performance of the EPI (76 percent and 68 percent coverage for three doses of diphtheria-tetanus-pertussis and measles, respectively) has been mixed.</li> <li>• The vaccination campaign was launched on March 29, 2021.</li> <li>• The phased campaign strategy was based on the vaccine’s delivery plan combining both fixed (health facilities) and advanced sites of immunization (mobile and decentralized immunization sites); stage 1 is being rolled out.</li> <li>• Infection prevention and control protocols and guidelines were updated to include COVID-19 vaccination. Consent forms for COVID-19 vaccination were developed.</li> <li>• COVID-19 vaccination cards are issued with serial numbers.</li> <li>• 500 public health centers will be the primary points of immunization (fixed and mobile sites).</li> <li>• 1,500 health workers will be hired as vaccinators based in vaccination points.</li> <li>• 0.2 percent of the total population has received at least one dose of the vaccine as of June 21, 2021.</li> </ul>	<ul style="list-style-type: none"> <li>• Micro-planning for districts that have not yet started the vaccination campaign need to be developed. Micro-planning is developed as vaccines are rolled out.</li> <li>• Infection prevention and control protocols need to be updated prior to Stage 2 of the vaccine deployment.</li> <li>• This AF will support micro-planning, and the development of standard operating procedures for vaccines administration and deployment.</li> </ul>
<b>Training and supervision</b>	<p>75 percent completed</p> <ul style="list-style-type: none"> <li>• Training activities have been costed in the NVDP.</li> <li>• The cascading training plan was implemented through the support partners’ (WHO and the Agency of Preventive Medicine).</li> <li>• A supervision plan was developed, and supervision is underway. Supervision will be carried out for each stage of the campaign.</li> </ul>	<ul style="list-style-type: none"> <li>• A plan ensuring the security of health workers, central and/or regional storage facilities and product transportation during the vaccination campaign will be developed by end of July 2021.</li> </ul>
<b>M&amp;E</b>	<p>40 percent completed</p> <ul style="list-style-type: none"> <li>• M&amp;E arrangements based on routine immunization experience have been defined and an initial cost has been included in the plan.</li> <li>• Digitalization of the M&amp;E plan has been costed. This will help to guarantee integrity of the implementation of the vaccination campaigns.</li> <li>• Health facilities are the entry point for feedback and complaints related to the vaccination program</li> </ul>	<ul style="list-style-type: none"> <li>• Technical assistance will be needed to support in adapting and developing new digital solutions for the M&amp;E of the COVID-19 vaccines roll out.</li> <li>• There is a need to set up a call center for complaints and feedback on the vaccination program</li> <li>• The World Bank will support the strengthening of the M&amp;E through technical assistance, the development of new digital solutions, including digital registration, and implementation of real-time monitoring of vaccination indicators that are interoperable with the District Health Information System 2 (DHIS2) at the beginning of the project.</li> </ul>





<p><b>Vaccine, cold chain, logistics, infrastructure</b></p>	<p>6.5 percent. completed</p> <ul style="list-style-type: none"> <li>• Assessment of storage capacity, cold chain and infrastructure needs at all levels for COVID-19 vaccines was conducted in 2020 using the WHO supply chain sizing tool and data from the EPI cold chain equipment inventory.</li> <li>• Highest share of costs including ultra-cold chain (US\$0.5 million ultracold chain to handle Pfizer and Moderna vaccines, and about US\$5.7 million for other cold chain strengthening) as well as rehabilitation of cold rooms (minor civil works) and procurement of needed cold chain equipment.</li> <li>• The assessment of the supply chain for Effective Vaccine Management was conducted on early 2021.</li> <li>• Trucks and other supply chain/ distribution aspects have been costed.</li> <li>• A national waste management plan and micro-plans for each district are being developed as the vaccines are rolled out.</li> <li>• Mapping of incinerators revealed that only 329 out of the 592 available in all 12 regions are functional. Each region has at least one large-capacity incinerator to cover the incineration needs of the districts.</li> </ul>	<ul style="list-style-type: none"> <li>• There is a need to upgrade/rehabilitate the central vaccine depot (dry storage capacity, security, and facilities) for the 12 health regions.</li> <li>• There is a gap of 20 cold rooms (seven positive cold rooms and 13 negative rooms); 99 freezers, 120 refrigerators, one refrigerated truck and 12 refrigerated vans.</li> <li>• The AF will support both the upgrading of the capacities of dry storages capacity as well as the improvement of the cold chain at the central level and in the 12 health regions by the end of 2021.</li> <li>• Supplies and climate-sensitive equipment to be procured and deployed.</li> <li>• This AF will support low-carbon medical waste management supplies and medical waste management operationalization. Among the 263 incinerators that are not functional, some need to be reactivated while others are unrepairable. This AF will be used to re-active 50 incinerators and purchase 10 new, environmentally friendly incinerators by the end of 2021 and strengthen.</li> </ul>
<p><b>Safety surveillance</b></p>	<p>25 percent completed</p> <ul style="list-style-type: none"> <li>• The national and regional coordination mechanisms for COVID-19 vaccine safety surveillance have been established.</li> <li>• Training for vaccine surveillance is provided at the district level ahead of the deployment.</li> <li>• An informed consent form that clearly states the possibility of AEFI and the use of compensation to support them has been developed and will have to be read, approved, and signed by each vaccine beneficiary before any shot is given.</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed safety arrangements and protocols for information systems, should be defined by end of July 2021.</li> <li>• There is a need to adopt an indemnification provisions or a compensation scheme in accordance with Benin’s own national strategy and framework.</li> <li>• This AF will support activities related to vaccine safety and management of AEFI not covered by other partners.</li> </ul>
<p><b>Demand generation and communication</b></p>	<p>33.3 percent completed</p> <ul style="list-style-type: none"> <li>• A comprehensive national risk communication and citizen engagement plan with tailored communication messages has been developed, costed with the support of UNICEF and other development partners, and validated.</li> <li>• The national communication plan is being implemented along with the</li> </ul>	<ul style="list-style-type: none"> <li>• There are financing gaps of US\$350,000 and US\$200,000 for the implementation of the national plan and acceleration plan, respectively. This AF will provide US\$500,000 for the implementation of both the national plan and the acceleration</li> </ul>



	<p>immunization campaign.</p> <ul style="list-style-type: none"> <li>• Key messages are being modified in response to the low intake of vaccine and based on lessons learned from the two and half months of the national COVID-19 vaccination. The MOH, Civil Society Organizations (CSOs), and development partners are actively involved in message development.</li> </ul> <p>An accelerated action plan has been developed to increase the demand for COVID-19 vaccines. The specific objectives of this plan are to increase inform, engage, and mobilize stakeholders who will contribute to strengthening the mobilization of the population to accept the COVID-19 vaccine and fight against rumors and misinformation that cause vaccine hesitancy.</p>	<p>plan throughout the project life.</p> <ul style="list-style-type: none"> <li>• There is a need for a mechanism to adapt messages and materials based on the monitoring of public perceptions of vaccine risks, to effectively address vaccine hesitancy. Through iterative surveys under Iterative Beneficiary Monitoring (IBM), this AF will support this mechanism throughout the project life.</li> </ul>
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(ii) **National Vaccination and Deployment Plan (NVDP)**

20. **The Government of Benin prepared an NVDP, which draws on the findings of the Vaccine Introduction Readiness Assessment Tool /Vaccine Readiness Assessment Framework Version 2 (VIRAT/VRAF 2.0) assessment and gap analysis.** The NVDP was initially developed to vaccinate priority groups, which accounted for 40 percent of the total population. Priority groups for vaccination were identified following the framework for the allocation and prioritization of COVID-19 vaccination endorsed by the WHO Strategic Advisory Group of Experts on Immunization (SAGE). Priority groups are health workers and other essential frontline health workers, individuals ages 60 and over, people under 60 years with a pre-existing health conditions (hypertension, diabetes, asthma, sickle cells, and cardiopathies), primary and secondary school teachers, security and law enforcement officers, and government and political officials. However, on May 16, 2021, the Government extended the vaccination to all individuals 18 years and over. Therefore, the Government now aims to vaccinate 49.2 percent of the total population (an estimated 6,005,045 people ages 18 and over). Based on available data, the NVDP cost can be estimated at US\$140.1 million, encompassing US\$124.7 million for vaccines and consumables and US\$15.4 million for deployment. Based on vaccines availability, vaccination is planned to be rolled-out in three stages covering 3.7, 27.3 and 18.2 percent of the population, respectively (table 2).

21. **The National Coordination Committee established the National Immunization Technical Working Group to oversee and monitor the NVDP, which includes the assessment of the readiness for the deployment of COVID-19 vaccines and the introduction and roll-out of the vaccines.** The group encompasses subcommittees that are assigned the following work streams: (a) service delivery; (b) vaccine, cold chain, and logistics; (c) demand generation and communication; (d) prioritization, targeting, and monitoring of COVID-19; (e) M&E; and (f) safety, including prevention and management of AEFI. These subcommittees will organize working sessions for the development of management support, training documents, micro-planning and plans for the vaccination campaign and post-vaccination surveillance. The EPI, which manages the existing immunization system of the country, is the operating arm of the National Coordination Committee. For the COVID-19 vaccination activities, the existing immunization system will be strengthened with new



infrastructure, equipment, and material.

22. **Vaccination will take place in the form of a periodic campaign and the strategy will combine both fixed (health facilities) and mobile sites of immunization (decentralized posts of vaccination); mobile sites aim to reach people with reduced mobility or in remote areas.** A total of 500 vaccination sites including an average of five fixed posts and three itinerant vaccination posts per municipality will be set up nationwide. It is estimated that vaccination sites will vaccinate an average of 150 people per day at fixed immunization posts and 100 people per day at mobile vaccination posts. Like the distribution system for vaccines and consumables for routine immunization, the distribution system for this campaign will follow the pyramidal organization of the health system. The COVID-19 vaccines deployment will follow the normal procedure of the EPI. When vaccines are supplied in the country through the UNICEF supply chain, they are first stored in cold rooms at the central depot and then distributed to the departmental level based on estimated needs. The departmental level serves as an intermediate depot (cold rooms) for vaccines and consumables between the central level and the municipalities. Subsequently, it delivers vaccines and consumables to the peripheral depots (health zones and municipalities). At the peripheral level, the distribution system distributes vaccines from the health zone depots to the municipalities. Vaccines are transported from the central depot to the peripheral level in refrigerated and dry trucks. Each vaccination team must sort waste on site and implement reverse logistics. Thus, the waste generated at the vaccination site will be brought back to the facility (storage site) by the vaccination team; a focal point per facility will be responsible for collecting and packaging the waste to be brought back to the districts and then to the regions in specific, clearly labeled containers. The central level will organize waste collection, in collaboration with the departments and health districts, by axis at the incineration sites identified for this purpose.
  
23. **Benin's vaccine preferences are guided by transport and storage conditions for the vaccines, which the country is keen to align as much as possible with the usual storage conditions of the EPI (+2° C and +8° C).** Thus, based on a variety of scenarios involving different types of vaccine (inactivated viral vector vaccines and messenger ribonucleic acids (mRNA), for example), the country assessed its storage capacity with the supply chain sizing tool in late 2020 and identified gaps in storage equipment as well as transportation vehicles. This assessment revealed a need for 20 additional cold rooms (seven positive and 13 negative), 84 freezers at -20°C, 15 ultra-negative freezers at -80° C, 120 refrigerators, 371 passive long shelf-life containers, 3,816 isothermal boxes, 22,299 cold accumulators, one refrigerated truck and 12 refrigerated delivery vans. The upgrading of the cold chain and dry storage capacity and the procurement and deployment of logistics materials and other needed equipment for the campaign will be supported under this AF and completed before the delivery of vaccines during the third stage. The World Bank will support the purchasing of enough vaccines to cover 16 percent of the total population; this will bring the total vaccination coverage to 40 percent of the total population. The Government asked for the AstraZeneca and Johnson & Johnson vaccines through the COVAX Facility and AVATT, respectively,



because of their affordable cost, which enables the Government to cover the largest number of people, as well as the opportunity for a diversified choice, given the scarcity of vaccines on the market.

24. **The M&E arrangements for the COVID-19 vaccination activities were defined based on the routine immunization experience the current M&E system is functional, both for routine and supplementary immunization activities.** The monitoring of immunization focuses on several aspects including the evolution of the indicators of vaccine performance, the surveillance and management of AEFI, and the management of vaccine inputs. Vaccine safety monitoring will focus on the surveillance of AEFI and the required treatment of those that are victims of severe AEFI would be supported by this AF. However, new digital solutions and technical assistance for M&E will be needed; these needs were costed in the NVDP and will be addressed through this AF. The deployment has been defined as described in table 2.
25. **Before introducing COVID-19 vaccines, the MOH conducted an online survey in March 2021 to identify sources of information on COVID-19 vaccines, including vaccine acceptance used by health workers both in the public and private sector.** Media was the main source of information (69.0 percent), followed by social networks (51.0 percent) and peers (other health professionals; 34 percent). Only 31.0 percent of the survey respondents were favorable to COVID-19 vaccines, while 34.0 percent were reluctant to be vaccinated and the remaining 35.0 percent were indecisive. Vaccine acceptancy was higher in rural health districts than urban health districts, and physicians constituted 43.0 percent of those who did not want to be vaccinated. However, even those who were favorable to the COVID-19 vaccine had concerns about their safety. The main reasons for vaccines hesitancy were fear of side effects (27.0 percent), doubts about vaccine effectiveness (18.0 percent), drug allergies (0.2 percent), the short time it took to produce the vaccine, and the lack of assurance that the vaccines protect against new variants of COVID-19. It should also be noted that the online survey coincided with a controversy about the side effects of the AstraZeneca vaccine that was largely publicized.
26. **The Government launched the national vaccination campaign on March 29, 2021.** The priority groups located in the four regions most affected by the COVID-19 were the first beneficiaries of the vaccines as planned in the NVDP. So far 347,000 vaccines have been received in country. As of June 21, 2021, around 26,957 eligible individuals (0.2 percent of the total population) received a first shot of the vaccine, while 7,517 people (0.06 percent) had been fully vaccinated. Among those vaccinated, 71.30 percent are males, and 28.70 percent are females. These figures were due to vaccine hesitancy in communities, which prompted the Government to expand the targeted group to include individuals ages 18 and over to improve vaccine coverage and avoid squandering vaccines. Overall, vaccine safety was the main concern for communities and this concern was exacerbated by reports of blood clots following immunization in some countries. To overcome this challenge, in addition to the risk communication and community engagement plan that was



adopted in the early stage of the vaccination campaign, the Government is implementing various strategies including the adoption of an accelerated action plan in early June 2021 to deal with vaccine hesitancy. In addition, there are daily working sessions on COVID-19 vaccination to closely monitor progress and to facilitate timely discussion for immediate adjustments. Furthermore, based on the lessons learned from the first months of vaccination, the Government accelerated the implementation of the NVDP by increasing the number of vaccination centers from 78 to 115 nationwide.

27. **With the proposed AF, the COVID-19 vaccination coverage is expected to be significantly improved, reaching hard-to-reach areas and vulnerable populations.** Moreover, this AF will address vaccine hesitancy through real-time feedback mechanisms that will help improve or adjust the risk communication and community engagement strategy. The vaccination enrollment process, follow-up of vaccinated people for the second dose, and AEFI surveillance are digitalized. Software was set up and health workers have been trained to collect data and follow up on AEFI. Individual vaccination data are hosted within the information system of the Ministry for Digitalization and are interoperable with the health information and management system of the MOH. Benin has a robust regime in place for data protection through the *Livre V of Code Numérique 2017*. The related law is *Loi No 2017-20*, which was enacted on April 23, 2018 with seven decrees adopted to date. However, in practice, data protection remains a challenge. The proposed AF will finance technical assistance to assess the existing legal framework, to determine whether sensitive medical personal data is handled in an appropriate manner, in accordance with good international practice, and to strengthen database and personal data protection management during the vaccination campaign. A written consent is required for all people before they receive vaccine shot.
28. **The operating plans of the NVDP are being refined based on the lessons learned during the implementation of the NVDP over the past three months.** Benin has enhanced the institutional frameworks for the safe and effective deployment of COVID-19 vaccines, by (a) ensuring voluntary vaccination practices that build on the existing framework for childhood immunization; (b) providing regulatory standards for vaccines quality; (c) offering guidelines for acceptable minimum standards for vaccines management, including cold chain infrastructure; and (d) issuing policies to ensure robust governance, accountability, and citizen engagement mechanisms. Key messages and responses to frequently asked questions are being refined in response to the rapidly evolving situations and available COVID-19 vaccines. A robust vaccine monitoring system has been developed, similar to the DHIS2, and the existing EPI's stock management system has been expanded to include COVID-19 vaccines. Based on the assessment results, Benin is strengthening social mobilization, implementing infection prevention and control measures at the vaccination centers, conducting training sessions for vaccinators and volunteers, and developing district micro-planning. Despite these efforts, there are funding gaps to fill the immediate needs for social mobilization, district coordination, expansion of vaccination sites, cold-chain equipment, and in-country logistics. Therefore, the proposed AF primarily focuses on the operationalization of COVID-



19 vaccine deployment.



**Table 2: National Vaccine Coverage and Acquisition Plan**

Source of financing (IDA, Government, Other)	Population Targeted (out of 49.2 percent of the total population)		Vaccines					Number of doses needed	Estimated total US\$ (millions)	World Bank's VAC Status of the vaccine	Contract Status	Vaccines already arrived in the country	
	%	Number	Source	Name	Price	Shipping	Name					Doses	
					(US\$/dose)	(US\$/dose)							
<b>Stage 1 (target 3.7%)</b>													
COVAX Facility grant	3.0	365,798	COVAX-facility	Covishield	3.00	2.65	855,967	4.8	Approved	Completed	Covishield	144,000	
China Cooperation	0.7	86,752	China	CoronaVac	10.00	2.65	203,000	3.8	Approved	Completed	CoronaVac	203,000	
<b>Stage 1 total</b>	<b>3.7</b>	<b>452,550</b>					<b>1,058,967</b>	<b>8.6</b>					
<b>Stage 2 (target 27.3%)</b>													
Mobile telecommunication company (MTN) grant	0.3	36,580	COVAX-facility	Covishield	3.00	2.65	85,596	0.5	Approved	Official request approved			
COVAX Facility grant	8.0	975,462	COVAX-facility	Covishield	3.00	2.65	2,282,579	12.9	Approved	Official request approved			
IDA credit/grant	7.0	853,529	TBC <sup>10</sup>	Covishield	4.35	2.65	1,758,271	12.3	Approved	EOI will be submitted			
	9.0	1,097,395	TBC <sup>11</sup>	Johnson & Johnson	8.50	2.65	1,130,317	12.6	Approved	EOI to be submitted			

<sup>10</sup> The Government plans to purchase vaccines through COVAX Facility or other viable options

<sup>11</sup> The Government plans to purchase vaccines through AVATT or other viable options



Islamic Development Bank	3.0	365,798	COVAX-facility	Covishield	4.35	2.65	855,968	6.1	Approved	EOI for additional doses to be submitted to COVAX Facility		
<b>Stage 2 total</b>	27.3	3,328,765					6,112,730	44.0				
<b>Stage 3 (target 18.2%)</b>												
COVAX grant Facility	3.0	365,798	COVAX-facility	Moderna	37.00	2.65	855,968	33.9	Approved	Official request sent		
COVAX grant Facility	2.0	243,866	COVAX-facility	Pfizer BioNTech	20.00	2.65	570,645	12.9	Approved	Official request sent		
COVAX grant Facility	4.0	487,731	COVAX-facility	Johnson & Johnson	8.50	2.65	570,645	6.4	Approved	Official request sent		
<b>Gap</b>	9.2	1,127,734	TBC				2,638,900	72.1				
<b>Stage 3 total</b>	18.2	1,127,734					1,997,259	53.2				
<b>NATIONAL TOTAL</b>	<b>49.2</b>	<b>6,005,045</b>					<b>11,412,908</b>	<b>124.7</b>				<b>347,000</b>





## Box 2: Liability and Indemnification Issues in Vaccine Acquisition and Deployment

### For Benin:

- The rapid development of vaccines increases **manufacturers' potential liability** for AEFI.
- Manufacturers want to protect themselves from this risk by including **immunity** from suit and liability clauses, **indemnification** provisions, and other **limitation of liability** clauses in their supply contracts.
- **Contractual provisions and domestic legal frameworks** can all operate to allocate that risk among market participants, but **no mechanism will eliminate this risk entirely**.

### For COVAX-financed vaccines:

- COVAX has negotiated model indemnification provisions with manufacturers for vaccines purchased and supplied under the COVAX AMC Facility.
- In providing vaccines through the COVAX AMC Facility, COVAX requests COVAX AMC participants to have in place an indemnity agreement directly with manufacturers, and the necessary indemnity and liability frameworks for that purpose, either in the form of the COVAX Facility model indemnification arrangements or prior bilateral arrangements with manufacturers.
- The COVAX Facility will have a no-fault compensation scheme for AMC countries as part of its risk mitigation strategy. This will cover vaccines supplied only through the COVAX AMC Facility.
- The Government of Benin will have to consider what it will take to implement these indemnification provisions (including statutory implementation) and how they can avail of the benefits of the no-fault compensation scheme.

### For vaccines purchased outside of the COVAX Facility:

- Benin will need to enter direct indemnification arrangements with manufacturers.
- Benin has no legislation in place to provide statutory immunity for manufacturers outside the indemnity agreements under the COVAX Facility. The country does not have national no fault compensation scheme outside of the COVAX Facility.
- Adoption of any such indemnification provisions or compensation scheme would have to be in accordance with Benin's own national strategy and framework.

### Possible World Bank support to Benin, depending on needs, may include:

- Information sharing on statutory frameworks in Organization for Economic Co-operation and Development (OECD) countries and other developing countries, as well as overall experience in other countries.
- Provide training and workshops for government officials to familiarize them with the issues.
- For World Bank Financed contracts, the World Bank can provide of Hands-on Expanded Implementation Support (HEIS).
- Clarification through the project operational documents (Vaccine Delivery and Distribution Manual/Project Implementation Manual) that the country's regulatory authority is responsible for its own assessment of the safety and efficacy of the COVID-19 vaccines and is solely responsible for the authorization and deployment of the vaccines in the country.



## I. DESCRIPTION OF ADDITIONAL FINANCING

### A. Proposed Changes

29. **The changes proposed for this AF entail expanding the scope of activities in the parent project BCPR (P173839) and adjusting its overall design.** In line with the original rationale and design of the BCPR, the proposed AF will be composed of two comprehensive and complementary components which will support the Government to continue tackling the spread of COVID-19 in the country and to update, if necessary, and implement its NVDP.
30. **The PDO will remain unchanged** as the proposed activities to be funded under the AF for Benin are aligned with the original PDO.
31. **The content of the components and the Results Framework of the parent project (annex 4) are adjusted to reflect the expanded scope and new activities proposed under the AF.** The implementation arrangements will remain the same. The original credit and the AF grant will be fully disbursed by the closing date, therefore there is no need to extend their closing date. Considering the recent availability of vaccines and the government's capacity to roll-out the vaccination campaign, a one and half year of implementation will allow the full utilization of the financing for the second AF (US\$30.0 million equivalent). Therefore, the closing date of this AF will be December 31, 2022.

#### (i) Proposed new activities

32. **Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP).** The support for the purchase and deployment of vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. Benin will use different options including (a) direct purchases from vaccine manufacturers, either individually or jointly with other countries; (b) purchase of excess stocks from other countries that reserve excess doses; and (c) acquisition and purchase through the COVAX Facility that has committed to providing vaccines for 20 percent of the population free of charge, by the end of calendar year 2021, and mechanisms such as bilateral and multi-lateral agreements/cooperation (China, Russia, the AVATT, and IsDB) and IDA resources. 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 knowledge at the time. In case 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 (tradeoffs between broader population coverage and re-vaccination). As a prudent and contingent measure, budget for funding for re-vaccination, if needed, of such a subset of the population has been retained.



33. **To support the Government of Benin’s vaccination planning, the AF will finance upfront technical assistance to support Benin to establish institutional frameworks for the safe and effective deployment of vaccines.** These will include adapting and developing new digital solutions for M&E. There will also be support for establishing regulatory standards at the national level, including pharmacovigilance, which have already been in place but will be strengthened to enable a sound AEFI monitoring by end of July 2021. Appropriate minimum standards for vaccine management will be provided. This will include environmentally sensitive cold chain infrastructure (with investment to meet those standards as described below) that will be developed before their procurement. Assistance will also be given to create mechanisms for accountability, grievances, and citizen and community engagement, which started under REDISSE III Project, and will be strengthened to consider vaccines. The policies for prioritizing intra-country vaccine allocations followed principles established in the WHO Allocation Framework, focusing first on health workers, the elderly and younger people with underlying condition that places them at high risk.
34. **The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Component 1 of the parent project.** To this end, the AF is geared to assist the Government of Benin, working with the WBG, WHO, UNICEF, and other development partners, to overcome bottlenecks as identified in the COVID-19 vaccine readiness assessment in the country. The two components of the current project, the Emergency COVID-19 Response, and the Implementation Management and M&E, will be maintained. However, three complementary sub-components will be added under Component 1 and the scope of Component 2 will be expanded with additional funds, to continue containing the spread of the pandemic in the country. Out of the proposed US\$30.0 million, an estimated amount of US\$25.0 million will be used for vaccine purchase; US\$4.0 million for cold chain and storage investments and the delivery of the vaccines; US\$0.5 million for activities related to communication, community engagement, and social distancing; and US\$0.5 million for M&E and implementation. These arrangements are detailed below and highlighted in table 4.
35. **Component 1: Emergency COVID-19 Response (Original financing: US\$10.07 million; AF I: US\$0.94 million; AF II: US\$29.50 million for a total of US\$40.51 million).** In addition to the existing two sub-components (see annex 4), which will remain unchanged, this AF will support the following activities under three new sub-components:
- **Sub-component 1.3: Communication, community engagement and social distancing (AF II: US\$0.50 million).** This AF will provide financing to complement and strengthen the existing communication strategy. Activities will include the development of a demand creation strategy through a people-centered approach to ensure that country-level systems are designed, particularly targeting people in remote areas and vulnerable people such as women and poor people. It will also include social mobilization plans and activities to foster confidence in the vaccine and supporting systems, increase awareness, build trust, and reduce stigma and hesitancy around any COVID-19 vaccine. Oral and written risk communication



products will be developed in local languages and distributed across high-penetration platforms (social networks, religious leaders, and heads of women's associations and groups) and through influencers and community health workers who were involved in the development of the first outreach communication campaign. Communication activities will support cost-effective and sustainable communication mechanisms such as social network engagement, television and radio awareness programs, and operating costs during outreach sessions and “*crieurs publics*”, including sound equipment (woofers, baffles, and microphones).

- **Sub-component 1.4: Immunization planning, supply chain strengthening, and program delivery (AF II: US\$4.0 million).** This sub-component will support the Government in developing the legal regulatory documents and plans to ensure swift importation of effective COVID-19 vaccines. The sub-component will also strengthen national immunization budgeting and budget tracking capacity and support the estimation, mapping, and identification of target populations. There will be assistance for the development of vaccination micro-plans at the decentralized level and deployment plans for vaccine roll-out, training of vaccinators, and the strengthening of the health management information system (HMIS) through the development of new digital solutions including digital registration for strengthened quality data delivery. The support to the HMIS will enable collection of gender-based and age-disaggregated data and a sustained follow-up campaign for second shots. Program delivery activities will (i) ensure vaccines reach the target populations through different program delivery strategies; (ii) strengthen and adapt the pharmacovigilance system to be sensitive to detect AEFI; and (iii) improve medical waste management capacity in health facilities to ensure adequate implementation of low-carbon medical waste management plan. Activities under this sub-component will also include the procurement of cold chain equipment, including negative cold rooms, solar or off-the-grid freezers (positive and negative temperature), refrigerators, passive long-shelf-life containers, vaccine transport coolers, vaccine carriers, refrigerated trucks, vehicle pick-ups for consumables, other logistics infrastructure, and low-carbon incinerators as well the re-activation of 50 nonfunctional incinerators. There will also be installation of temperature controls and monitoring systems on the refrigerators and freezers to monitor any fluctuations and cut down on excessive use of energy, which would help reduce the project's impact on the country's greenhouse gas (GHG) emissions. Fuel-efficient refrigerated vehicles will be purchased, and route optimization will be considered for vaccine transportation by adjusting the routes for vehicles depending on weather and road conditions. This will improve the fuel mileage and fuel efficiency of the vehicles. Climate-smart civil works such as rehabilitation of the central vaccine storage facility (dry storage capacity, security, as well as the scale-up of dry storage area capacity) for vaccination consumables in the 12 health regions and cold rooms to ensure that they are well-insulated against extreme heat caused by climate change will also be



- financed. This will include procurement of improved thermal insulation and solar reflective roofs.
- **Sub-component 1.5: Procurement of COVID-19 vaccines and consumables (AF II: US\$25.0 million).** This sub-component will provide financing for the purchase of vaccines via mechanisms selected by the country (e.g., COVAX-facility, AU/AVATT platform, other) and consumables including injection materials (syringes, needles, gloves) as well as shipment costs in the country, including freight costs for VAC-compliant vaccines.
36. **Component 2: Implementation Management and M&E (Original financing: US\$0.33 million; AF II: US\$0.50 million for a total of US\$0.83 million) will expand the technical management, M&E and coordination capacity of the PCU.** The scope of this component will be expanded through the two existing sub-components, as follows:
- **Sub-component 2.1: Project Management (Original Financing: US\$0.13 million; AF II: US\$0.30 million for a total of US\$0.43 million).** This sub-component will support operating costs related to management activities including financing of project coordination, supervision, and overall management activities, and FM and procurement requirements of the project fiduciary activities. An additional US\$0.3 million will be added to this sub-component.
  - **Sub-component 2.2: M&E (Original financing of US\$0.20 million; AF II: US\$0.20 million for a total of US\$0.40 million).** This sub-component will support new interventions by providing technical assistance through hiring a consultant to develop, adapt, and support the country's team in the implementation of new digital solutions for real-time monitoring of vaccination indicators interoperable with the DHIS2. It will also provide feedback surveys, including the implementation of IBM. IBM is a low-cost data collection system that enables data collection directly from beneficiaries (vaccine recipients, government agencies, and health workers) through iterative feedback on project implementation. IBM complements project monitoring systems by offering rapid feedback to project management on potential disconnects between project planning and what happens on the ground. IBM could specifically be utilized to monitor beneficiaries and the delivery and reception of vaccines, through awareness campaigns and by tracking any behavioral changes in the target population regarding vaccinations. IBM results will be used to adjust the project's interventions on an ongoing basis, if needed. This AF will also partly support the high-frequency telephone-based feedback surveys on COVID-19 that have already been carried out twice by the World Bank since the beginning of the pandemic to monitor nationwide behavioral changes to vaccination campaigns.



37. The AF will support population groups identified in accordance with the NVDP and the new immunization target of the Government, as summarized in table 3 below.

**Table 3: Priority Groups for Vaccination in Benin<sup>12</sup>**

Ranking of vulnerable group	Population groups	Number of people	% of population
Stage 1 (from April to May 2021)	Health workers working in treatment centers in the four regions at high risk of transmission.	27,435	0.2
	Adults under 60 years of age with co-morbidities living in the four regions at high risk of transmission	266,338	2.2
	Elderly (60 years and over) living in the four regions at high risk of transmission	36,580	0.3
	Members of the government and parliament	9,144	0.1
	Security and law enforcement officers on duty at the border	27,435	0.2
	Other individuals 18 years and over	85,618	0.7
<b>Sub-total 1</b>		<b>452,550</b>	<b>3</b>
Stage 2 (from June to July 2021)	Health workers	155,464	1.3
	Adults under 60 years of age with co-morbidities living in regions at low risk of transmission	1,802,822	14.8
	Elderly (60 years and over) living in regions at low risk of transmission	207,286	1.7
	Police force	51,821	0.4
	Primary and secondary school teachers and local elected officials	155,464	1.3
	Other individuals 18 years and over	955,908	7.8
<b>Sub-total 2</b>		<b>3,328,765</b>	<b>27.3</b>
Stage 3 (from September to December 2021)	Health workers	182,899	0.8
	Adults under 60 years of age with co-morbidities living in the regions at low risk of transmission	1,466,892	6.1
	Elderly (60 years and over) living in the regions at low risk of transmission	243,866	2.0
	Security and law enforcement officers	182,899	0.5
	Members of the government and parliament	60,966	1.5
	Other individuals 18 years and over	86,208	0.4
<b>Sub-total 3</b>		<b>2,223,730</b>	<b>18.2</b>
<b>Total of priority groups</b>		<b>6,005,045</b>	<b>49.2</b>

(i) **Financing Arrangements**

38. The increase in scope as outlined above will be reflected in an increase in indicative component allocation from US\$11.34 million to US\$ 41.34 million, with the full amount of the AF II being added under Components 1 and 2 (see table 4 below). While the allocation to Component 1 will be US\$29.50 million to reflect the AF made available for the purchasing and deployment of

<sup>12</sup> As defined in the forecast deployment of the vaccination in Benin NVDP.



vaccines, the allocation to Component 2 will be US\$0.50 million with a focus on implementation management and M&E.

**Table 4: Project Cost and Financing**

Project Components	Parent project Cost (including first AF already processed) US\$ million	Parent project (including first AF) + second AF (US\$ million)	IDA Financing (US\$ million)	Trust Fund (US\$ million)	Co-financed with
<b>Component 1: Emergency COVID-19 Response</b>	<b>11.01</b>	<b>40.51</b>	<b>39.57</b>	<b>0.0</b>	<b>0.0</b>
Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, and Reporting	6.37	6.37	6.37	0.0	0.0
Sub-component 1.2: Case Management and Health System Strengthening	4.64	4.64	3.70	0.0	0.0
Sub-component 1.3: Communication, Community Engagement and Social Distancing	0.00	0.50	0.50	0.0	0.0
Sub-component 1.4: Immunization Planning, Strengthening Supply-Chain, and Program Delivery	0.00	4.00	4.00	0.0	0.0
Sub-component 1.5: Procurement of COVID-19 Vaccines and Consumables	0.00	25.00	25.00	0.0	0.0
<b>Component 2: Implementation Management and M&amp;E</b>	<b>0.33</b>	<b>0.83</b>	<b>0.83</b>	<b>0.0</b>	<b>0.0</b>
Sub-component 2.1: Project Management	0.13	0.43	0.43	0.0	0.0
Sub-component 2.2: M&E	0.20	0.40	0.40	0.0	0.0
<b>Total</b>	<b>11.34</b>	<b>41.34</b>	<b>40.40</b>	<b>0.0</b>	<b>0.0</b>

**Table 5: Summary of COVID-19 Vaccine Sourcing and World Bank Financing**

National plan target (population %)	Source of vaccine financing and population coverage				Specific vaccines and sourcing plans	No. of doses purchased with World Bank financing (2 doses assumed)	Estimated allocation of World Bank financing (US\$ million)
	COVAX grant	World Bank-financed		Other*			
		Through COVAX	Through direct purchase				
Stage 1: 3.7%	3.0%	0.0%	0.0%	0.7%	COVAX AMC (AstraZeneca) Bilateral agreement (Sinovac)	-	
Stage 2: 27.3%	8.0%	7.0%	9.0%	3.3%	COVAX AMC (AstraZeneca) AVATT (Johnson & Johnson) or other viable options	2,888,587*	<b>Purchase: US\$25.0 million</b> <b>Deployment: US\$5.0 million</b>
Stage 3: 18.2%	9.0%	0.0%	0.0%	0.0%	COVAX AMC (AstraZeneca, Johnson & Johnson, Pfizer, Moderna)	-	

\*Includes the Johnson and Johnson one-dose vaccine series for AVATT





(ii) **Retroactive Financing**

39. **Retroactive financing will be allowed up to 20 percent of the total project funds for eligible expenditures.** Withdrawals up to an aggregate amount not to exceed SDR 4.16 million (US\$6.00 million equivalent) in total, may be made for payments prior to the signature date of the financing agreement but on or after January 1, 2021 for eligible expenditures under Category 1 that are focused on VAC-compliant vaccines. Below is the list of the activities that could be financed by the retroactive financing:

- **Planning and Coordination:** This would apply to the work of the relevant bodies, including the National Regulatory Authority, AEFI committee, and National Immunization Program; the development or adaptation and purchase of national tools, such as vaccination cards and certificates, facility-based nominal registers and tally sheets, paper and electronic vaccination reports as well as analytical tools to monitor progress and immunization coverage among different at-risk categories; and the development and implementation of micro-plans for vaccination including plans for other relevant components such as demand generation, risk communications and safety surveillance.
  - **Supply and Distribution:** This includes VAC-compliant vaccines shipment freight costs and transport of these vaccines from the central storage facility to vaccination points.
  - **Program Delivery:** This refers to protective equipment and hygiene material; waste management equipment, material procurement, and operating costs; development and implementation of the vaccination campaign strategy, including communication tools and materials developed for mass campaigns, to foster vaccine demand; and other relevant operating costs for vaccine roll out.
40. **Before carrying out the retroactive financing of any activities,** there will be an E&S due diligence of activities to verify their compliance with the ESF. The safeguards specialists will prepare Terms of References (ToRs) and submit them to the World Bank for approval before the start of the due diligence. The report of the due diligence will be approved by the World Bank prior to the retroactive financing.

(iii) **Changes in Institutional Arrangements for NVDP Implementation and Oversight**

41. **No major change in the institutional arrangements will occur,** except that the ANSSP will lead on-the-ground execution of the project, as described above. M&E activities will be the responsibility of the ANSSP through the Directorate for Immunization and Logistics and their M&E unit. Specifically, the ANSSP will collect and compile data relating to project-supported activities and relevant indicators, analyze the data and other relevant information on project implementation, and produce regular reports to be submitted to the PCU. The PCU, which includes M&E, FM, procurement, E&S specialists will carry out its mandate in accordance with the procedures described in the Project Implementation Manual, which will be updated and adopted before AF effectiveness. The World Bank will conduct regular implementation support missions in





collaboration with the PCU and the MOH to review implementation progress, challenges, and achievement of the PDO and the indicators, provide support on implementation issues, examine relevant risks, and provide adequate mitigation measures.

**(iv) Changes in the disbursement categories**

**42. The AF will include two disbursement categories for goods, works, non-consulting and consulting services, operating costs, and training for:** (i) the acquisition COVID-19 vaccines, activities under risk communication and community engagement and the activities for the overall vaccination program delivery under the project; and (ii) implementation management and M&E activities. Considering the global availability of vaccines especially the AstraZeneca vaccines and procurement arrangement, the estimated disbursement plan is expected to be as follows:

- From July 2021 to December 2021: US\$17.0 million
- From January 2022 to June 2022: US\$11.0 million
- From July 2022 to December 2022: US\$2.0 million

**(v) Results Framework**

**43. To measure overall progress in the coverage and deployment of the COVID-19 vaccine, and to address gender gaps, the following indicators will be added to the project results framework.**

PDO indicators will include:

- i. The population fully vaccinated, which is included in the priority population targets defined in the national plan by gender (percentage).

Intermediate indicators will include:

- ii. Key gender-responsive messages and materials developed for public communications and advocacy, in alignment with demand plan (yes/no),
- iii. Health districts with a budgeted micro-plan for COVID-19 vaccination campaign (percentage),
- iv. Health region with cold rooms fully equipped (percentage),
- v. AEFI cases monitored and treated (percentage),
- vi. Vaccinators trained on GBV/SEA/SH (percentage), and
- vii. Beneficiaries reporting that community engagement and outreach meet their needs (percentage).

**B. Sustainability**

**44. There is strong political commitment in Benin to mobilize financial resources for COVID-19 response, including vaccine purchase and deployment.** Having funds through the proposed AF for vaccine purchase and deployment will help to establish an enabling environment for other donors, multilateral development banks and UN agencies to also support efforts in the country.



Investments under the parent project and the AF are expected to strengthen the health system in the country, ensuring institutional sustainability to deal with infectious diseases.

## II. KEY RISKS

45. **The overall risk to achieving the PDO with the expanded scope and AF for vaccination is high.** The proposed AF supports the parent project PDO and aims to reduce the risk that the objective is not achieved by supporting the country-level scale-up of vaccine purchase and deployment. However, the COVID-19 vaccination introduces new risks to the project that will be mitigated to the extent possible but still entails new residual risks. Specific risk assessments and associated mitigation measures related to the planned vaccination are informed by the findings of the VRAF in Benin and are described below.
46. **The large-scale acquisition and deployment of COVID-19 vaccines entails certain significant risks.** First, global demand for vaccines continues to exceed supply, and vaccines that meet the World Bank's VAC may not be available to be acquired in a timely manner. Second, a mass vaccination effort stretches capacity, especially in low-capacity environments such as Benin, and is associated with a number of risks. The proposed World Bank support for Benin to develop vaccination acquisition strategies and invest in deployment system capacity specifically aim to mitigate these risks. The remaining risks must be considered against the risk of the country having less timely and effective deployment of vaccines, potentially exacerbating development gaps and eroding past development gains.
47. **The AF is designed to address key institutional capacity risks related to vaccine deployment and distribution, but residual risks remain substantial.** Vaccine deployment cold chain and distribution capacity are currently inadequate in Benin, especially for the anticipated scale and population group coverage for COVID-19 vaccination. This risk will be mitigated by this AF, providing financing and technical support for the strengthening of the immunization system strengthening needs; conducting capacity assessments in coordination with WHO, GAVI, UNICEF, and other partners; and coordinating with other partners in their provision of support to strengthen the immunization system. Sensitive medical personal data will be handled appropriately and in compliance with WHO guidelines. This will be reflected in the Project Implementation Manual. There are risks associated with vaccine hesitancy as well, which will be mitigated by supporting the national communication plan and its new plan to accelerate vaccine uptake by communities, through the support of the AF. In addition, Benin has no legal framework for statutory immunity for manufacturers outside the indemnification agreements under the COVAX Facility and has a no-fault compensation scheme in place. For COVAX-financed vaccines for AMC countries, there will be a no-fault compensation scheme as part of its mitigation strategy. For vaccines procured outside COVAX facility, these risks will be mitigated through information sharing on: (i) statutory frameworks in OECD countries and other developing countries; and (ii) overall experience in other countries. The residual institutional capacity risk is substantial, considering the inherent risk, and the mitigation measures via system



strengthening supported by the AF, other World Bank's operations in the health sector, and partners. The AF is therefore expected to increase the institutional capacity risk to the parent project, which was deemed Low in the latest ISR.

**48. Fiduciary risks associated with the parent project have increased from moderate to substantial.**

The procurement and FM risks initially assessed for the parent project cover risks associated with the procurement and distribution of vaccines, including fraud and corruption risks. Risks specific to vaccines include:

- **Procurement.** The key procurement risk associated with vaccines relates to: (a) the complexity of the vaccines market given the significant market power enjoyed by vaccine manufacturers; (b) the inability of the market to supply adequate quantities of vaccines to meet the demand; (c) the limited market access due to advance orders by developed countries; (d) weak bargaining; and (e) delays in triggering emergency procurement procedures which could delay procurement and contract implementation including payments. The risks under this AF will be mitigated by providing options to support the country's needs for direct or advance purchase.
- **FM.** The key FM risks relate to lack of adequate controls over the transparent, prioritized distribution and application of vaccines, particularly for the most vulnerable population groups. This AF will use the same options as in the parent project to assess and strengthen control systems, facilitate the timely flow of funds, and ensure adequate liquidity to finance project activities. The mitigation measures proposed in the FM action plan will ensure (a) the safeguarding of vaccines and (b) the oversight arrangements for the distribution and deployment of vaccines for the prioritized and targeted populations.
- **The residual fiduciary risk.** This risk is substantial, and it is expected to increase the current fiduciary risk of the parent project PDO. The vaccine deployment involved new actors in the project environment and the coordination of these will require more time from fiduciary staff. The FM team will support the project team to manage this risk during implementation.

**49. The anticipated overall E&S risks are substantial.** The main social and environmental risks are those related to the management and disposal of health care waste, particularly vaccination waste; the spread of the virus among health care workers and the general population; occupational and community hygiene, health and safety issues related to the testing, handling, transporting, and disposing of medical supplies and specimens; and upgrading of designated health facilities and laboratories. Other key risks include, lack of access to vaccine supplies, facilities, and services designed to control the disease for marginalized and vulnerable social groups; social conflicts and risks to human safety resulting from diagnostic testing and limited availability of vaccines; and social tensions related to the challenges of a pandemic situation. There are also the risks of Sexual Exploitation, Abuse and Harassment (SEAH) among patients and health care providers, particularly



with regard to vaccine distribution, labor influx of migrant workers to support small scale rehabilitation, inadequate data protection measures, and insufficient or ineffective communication by stakeholders on the vaccine deployment strategy. Additional risks include those related to AEFI, which may lead to the stigmatization of vaccine-friendly populations in certain communities and could contribute to the refusal of vaccines or second dose. There is also the risk of excluding disadvantaged and vulnerable groups. This latter risk includes the possible exclusion of population groups based on gender or other criteria. In Benin, the COVID-19 vaccine deployment will not involve military or security forces.

50. **The measures to address social and environmental risks in the parent project remain relevant, including improvements to infection prevention and control in health facilities, such as assessment and mitigation measures for medical waste risk management that will be expanded as inoculation sites expand.** All the risks associated with this AF operation will be mitigated through effective risk communication and community engagement to raise awareness among the general population. Measures will also be taken to ensure that vaccine delivery targets the most vulnerable populations, particularly women, the elderly, and the poor in accordance with criteria specified in this AF. The World Bank will support Benin to develop and adapt an explicit, contextually appropriate, and well-communicated targeting criteria implementation plan (the national vaccination program and any subsidiary programs) including criteria for access to vaccines. There should be consensus to first target health workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly, and people with co-morbidities. However, potential risks and impacts are considered mostly temporary, predictable, and/or reversible, but could become widespread given the highly infectious nature of the COVID-19 virus. These risks are covered by five ESSs: ESS 1, ESS 2, ESS 3, ESS 4, and ESS 10. To mitigate these risks, the PCU has updated the ICWMP prepared for the parent project, and it was disclosed on the MOH's website on June 21, 2021<sup>13</sup>, which contains provisions for the sorting, generation and collection, storage, transport, and disposal of infectious health care waste, including vaccination waste, and provides guidance (in accordance with international good practice and WHO guidelines for waste management related to COVID-19) to limit viral contagion in health facilities. Other safeguard instruments such as the ESCP, ESMF, SEP, and LMP have also been updated to reflect the activities of the AF, identification of SEAH related risks, and integration of SEAH related risks, which will also be reflected in an SEA/SH measures for prevention and response action plan to those risks. These E&S instruments have been disclosed on the MOH website on June 21, 2021. The complaint management mechanism has also been updated to reflect the activities of the AF. In addition to the ESMF, the Client will implement and oversee the activities listed in the ESCP. The World Bank will also continue to provide technical and implementation support to mitigate this risk. To guard against abuse of data and to ensure data protection, the proposed AF will

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<sup>13</sup> <https://sante.gouv.bj/Vaccination-contre-la-COVID-19-Le-Benin-beneficie-d-un-financement-additionnel-d-un-montant-de-30-millions-UDS>.



incorporate best international practices for dealing with such data in such circumstances, similarly to the parent project.

51. **All targeting criteria and implementation plans will be reflected in the country's national vaccination program.** Another potential risk is the increased incidence of reprisals and retaliation especially against healthcare workers and researchers. This risk will be mitigated through explicit inclusion in robust stakeholder identification and consultation processes. Further, and linked to the social risks stated above, it is important to have clarity on the potential risks related to mandatory participation in the national program and whether and how this mandatory element relates to cultural, social, and traditional community practices and values. Such risks need to be considered in light of the mitigation hierarchy and balanced against the health-related requirements of any mandatory vaccination program. In addition, the grievance mechanisms required under the ESF should be in place and equipped to address community, worker, and/or individual grievances related to such issues. This includes requirements related to having GRMs in place to address labor and working conditions, and SEAH.

### III. APPRAISAL SUMMARY

#### A. Technical, Economic and Financial Analysis

52. **The economic rationale for investment in a COVID-19 vaccine is strong, considering the massive and continuing health and economic losses due to the pandemic.** As of the end of June 2021, more than 178 million people have been confirmed to be infected with the virus and over 3.8 million deaths have been confirmed. The global growth contraction for 2020 is estimated at -3.5 percent.
53. **The successful development, production, and delivery of a vaccine, has the best potential to reverse these trends, generating benefits that will far exceed vaccine-related costs.** Indeed, a rapid and well-targeted deployment of a COVID-19 vaccine can help reduce the increases in poverty and accelerate economic recovery. Even at levels of imperfect effectiveness, a COVID-19 vaccine that is introduced and deployed effectively to priority populations can assist in significantly reducing mortality and the spread of the coronavirus and accelerating a safe reopening of key sectors that are impacted. It can also reverse human capital losses by ensuring schools are reopened. The effective administration of a COVID-19 vaccine will also help avoid the associated health care costs for potentially millions of additional cases of infection and associated health-related impoverishment. Global experience with immunization against diseases shows that by avoiding these and other health costs, vaccines are one of the best buys in public health. For the most vulnerable population groups, especially in countries without effective universal health coverage, the potential health-related costs of millions of additional cases of COVID-19 infection in the absence of a vaccine represent a significant or even catastrophic financial impact and risk of impoverishment. The pandemic is also having dire effects on other non-COVID health outcomes.



Increased morbidity and mortality due to interruption of essential services associated with COVID-19 containment measures hinder access to care for other health needs of the population, including maternal and childcare services. Routine immunization services have been affected, threatening polio eradication, and potentially leading to new outbreaks of preventable diseases, with related deaths, illnesses, and long-term costs. Simultaneous epidemics are overwhelming public health systems in different countries that had few resources to begin with, and services needed to address the needs of people with chronic health conditions, and mental and substance use disorders have also been disrupted.

54. **While the uncertainty around the costs and effectiveness of a COVID-19 vaccine makes it difficult to calculate its cost-effectiveness, the effective launch of a COVID-19 vaccine will have direct benefits in terms of averted costs of treatment and disability, as well as strengthened health systems.** Estimated COVID-19 treatment costs from low- and middle-income countries stands at US\$50 for a non-severe case and US\$300 for a severe case. This excludes the costs of testing of negative cases, as well as the medical costs associated with delayed or forgone care-seeking, which usually results in higher costs. The estimated cost of vaccinating 49.2 percent of the population of Benin is US\$140.1 million; even if the vaccine averts some non-severe cases and no other benefits are considered, the investment will break even. Further, investments in vaccine delivery systems generate health and economic benefits beyond just delivering the COVID-19 vaccine. First, investments in last-mile delivery systems to administer the COVID-19 vaccine to remote communities will require strengthening community health systems, which can have spillover effects on the effective delivery of other services, helping close the significant urban-rural gap. Second, as the COVID-19 vaccine is introduced and lockdowns and movement restrictions are eased, patients can continue to access care for other conditions. Third, the economic benefits of slowing down the economic downturn are likely to significantly exceed the US\$140.1 million needed to vaccinate 49.2 percent of the population, aside from the immediate health benefits. Given both the economic and health system benefits, an effectively deployed COVID-19 vaccine presents significant benefits.

## B. Financial Management

55. **In line with the guidelines as stated in the FM Practices Manual issued by the FM Sector Board on March 1, 2010 and revised in February 2017, an FM assessment was conducted for the parent project.** The FM arrangements established for the parent project will be replicated for the proposed AF under MOH responsibility. The FM team is fully dedicated to the ongoing parent project and is familiar with World Bank procedures. The multi-project accounting software will easily integrate the accounts of the proposed AF, and the financial, accounting manual in place is adequate. As of the preparation of this AF, no audit reports are overdue under the Benin COVID-19 Preparedness and Response Project and REDISSE III.
56. **The overall FM performance of the parent project was rated satisfactory** further to the supervision undertaken in February 2021 and the FM residual risk was assessed as moderate.



57. **As a result of the afore-mentioned FM issues, the following mitigation measures would be put in place within two months after the effectiveness date of the AF Financing Agreement:** (i) the updating of the current Project Implementation Manual by AF effectiveness to take into account the vaccine deployment and new actors involved; (ii) the customization of the accounting software to include this AF component; (iii) the updating of the Internal Auditor's work-program by putting in place the verification mechanism in line with the vaccine value chain; and (iv) the revision the ToR of the External Auditor to reflect the vaccine deployment arrangement. The revised ToR will be approved by IDA.
58. **Disbursement arrangements and flow of funds.** The same designated account opened at the Central Bank of West African States (*Banque Centrale des Etats de l'Afrique de l'Ouest, BCEAO*) for the parent project will be used for AF disbursement purposes. The funds will also be released to the same operational account managed by the PCU. Disbursements will be based on statements of expenditures. Other methods of disbursing funds (reimbursement, direct payment, and special commitment) will also be available to the project if necessary. The financing under the parent project is almost fully disbursed (98 percent); hence the original agreement and Disbursement and Financial Information Letter will not be amended.
59. **Financial reporting and audit arrangements.** This will remain the same as for the ongoing project. The PCU will prepare semi-annual unaudited interim financial reports for the new project and provide such reports to the World Bank within 45 days of the end of each calendar semester and the external auditor will conduct an annual audit. The audit report should be submitted to the World Bank within six months following the end of the year. It will include a management letter setting out any internal control weaknesses. The audit will include value-for-money and physical verification aspects in the use of the project expenditures.
60. **The conclusion of the FM assessment is that the FM arrangements meet the World Bank's minimum requirements under the Directives and Policy for Investment Project Financing (IPF), the World Bank Guidance Note on FM in World Bank IPF Operations issued on February 28, 2017, and the residual risk remains moderate** due to the mitigation measure proposed in the action plan. Despite the risk in line with vaccine deployment, the mitigation measure including the monitoring and reporting system put in place will reduce the residual risk to moderate.
61. **The inherent risk of the COVID-19 pandemic to Benin's public FM system is rated as substantial.** However, it would not materially impact the project, as the project is not executed through the country's public FM system.

### C. Procurement

62. **Procurement under the AF will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers for Goods, Works, and Non-Consulting and Consulting Services, dated November 2020.** As with the parent project, the AF will be subject to the World Bank's Anticorruption Guidelines, dated October 15, 2006, revised in January 2011, and updated as of July





1, 2016. The project will use the Systematic Tracking of Exchanges in Procurement (STEP) to plan, record, and track procurement transactions.

63. **The major procurement planned under this AF will include:** (a) additional capacity or refurbishment of national, subnational and facility-based and mobile cold chain equipment with low-carbon technology and supplies including cold rooms, ice lined refrigerators and vaccine carriers; (b) vehicles including refrigerator vehicles and vaccinator personnel transport; (c) technical assistance for demand creation – including communication campaigns such as mass media; (d) other technical assistance to support in-country implementation including assessments of effective vaccine management capacity and training of front-line delivery workers; and (e) vaccine logistics and information management systems and information systems to monitor AEFI.
64. **The current demand for COVID-19 vaccines exceeds the supply in the market which makes it more difficult for client countries to negotiate terms and conditions.** Procurement of vaccines will therefore follow Direct Selection. The country will use the combination of purchasing through the COVAX AMC Facility, directly purchasing from manufacturers, or using AVATT convened by the African Union. Contracts for the purchase of vaccines financed by the World Bank will be subject to the World Bank’s prior review irrespective of value and procurement approach. The financing will include arrangements for freight for the vaccines including for COVAX financed vaccines, in which freight is financed by the World Bank. The PCU will contract procurement of vaccines to UNICEF, relying on its technical expertise with COVID-19 vaccine procurement, including integrating indemnity provisions in-line with national regulations. If needed and requested by the Borrower, the World Bank will provide HEIS to support the Borrower’s implementing agency(ies) outsource logistics to access existing supply chains for the agreed list of critical medical consumables and equipment needed under the project and in procuring COVID-19 vaccines that meet the World Bank’s VAC. HEIS for vaccines may include hand’s on support to Borrowers in negotiating contract conditions with manufacturers/suppliers, among other activities. If requested by the Borrower, the World Bank additionally will provide Bank Facilitated Procurement (BFP) for the procurement of medical equipment and consumables, including personal protective equipment (PPE). The World Bank will provide the HEIS and BFP, under its procurement framework as part of its implementation support and in a manner consistent with the World Bank’s operational policies and procedures. This BFP will constitute additional support to the Borrower over and above usual HEIS. In providing BFP, the World Bank will proactively assist the Borrower’s implementing agency(ies). Once suppliers/manufacturers are identified, the World Bank will proactively support the Borrower with negotiating prices and other contract conditions. The Borrower will remain legally responsible for entering into and implementation of contracts, including assuring relevant logistics with suppliers/manufacturers, such as arranging the necessary freight/shipment of the goods to their destination, receiving, and inspecting the goods and paying the suppliers/manufacturers. The World Bank and Borrower will sign a letter agreement for the BFP/HEIS which describes the range of activities in which the World Bank may engage to support the Government and includes limitation of liability and indemnification provisions in respect of





third-party claims. While the draft letter of HEIS has been shared, the Government has not sent a formal request yet.

- 65. **The procurement approach for the other non-vaccine procurement under the AF may include:** (a) streamlined competitive procedures with shorter bidding time; (b) use of framework agreements including existing ones; (c) procurement from UNICEF enabled and expedited by World Bank procedures and standard agreements; and (d) increased thresholds for Requests for Quotations and national procurement, and Direct Selection. The World Bank’s Standard Procurement Documents for procurement under COVID-10 Emergency Operations shall be used. Recognizing the significant disruptions in the usual supply chains for medical consumables and equipment, the World Bank will provide technical assistance, at the Recipient’s request, for BFP to assist in accessing existing supply chains.
- 66. **Any contracts concluded with UNICEF will follow the standard forms of agreement applicable to those agencies and contract types.** A Standard Agreement shall be signed between the Government and UNICEF that will clearly indicate the level of involvement and the specific role of the agency under the AF. The agreement shall contain specific annexes on the payment schedule and reporting requirements by the UN. Therefore, the fiduciary arrangements pertaining to contracting of UNICEF will follow the agreed upon arrangements that will be included as part of the Standard Agreement to be signed between the Government and UNICEF. An adequate monitoring mechanism will be in place to ensure the effective implementation of the contract. Monitoring report will be shared with IDA.
- 67. **The Borrower prepared a Project Procurement Strategy for Development (PPSD) and an 18-month procurement plan** which details the current client capacity (strengths and weaknesses), the market dynamics and procurement trends, and a procurement strategy, to propose the appropriate procurement approaches and packages for the COVID-19 vaccines procurements and related activities.
- 68. **The procurement risk is substantial.** The World Bank’s oversight for procurement will be done through increased project implementation support and HEIS, where requested by the Borrower. The World Bank’s standard prior and post-review arrangements will apply as specified in the procurement plan. The World Bank or a third party will undertake the post-review procurements under the AF.

**D. Legal Operational Policies**

	Triggered?
Projects on International Waterways OP 7.50	
Projects in Disputed Areas OP 7.60	



## Environmental and Social

69. **Activities under the AF should have positive impacts as they will improve capacity for surveillance, monitoring containment of COVID-19 and will combat the spread of the virus by ensuring that highly exposed and vulnerable persons are immunized.** Moreover, under the parent project, medical equipment, vehicles, PPE, chemical/biological reagents, and other medical and laboratory supplies were provided to health care workers. Similarly, collection materials and equipment were acquired, including vehicles for the transportation of medical waste from COVID-19 Isolation, Screening and Treatment Center. However, the project could also cause environmental, health and safety risks due to (a) the dangerous and highly contagious nature of the pathogen (COVID-19) and reagents and equipment used in the project-supported activities; (b) biological, chemical, and infectious medical waste, including vaccination waste, and other hazardous by-products that could be injurious to human health generated by facilities; (c) the limited information on the vaccines and lack of community involvement in the decision making around the procurement and deployment of the vaccines leading to vaccine hesitancy and refusal by the population, and (d) AEFI. Other adverse social risks associated with the AF includes the social context, with media and social networks fueling rumors and misinformation, preconceived ideas, prejudices, and distrust of the medical system.
70. **Infectious medical waste generated by health care facilities in general and COVID-19 treatment centers in particular are classified as highly hazardous.** These infectious medical wastes are managed in accordance with the ICWMP under guidelines that adhere to international standards such as WHO Interim Guidance (February 12, 2020) on “Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV),” and other guidelines. To address the limitations in the local healthcare waste management system, vaccination teams will bring back waste related to immunization, including disposable and reusable materials such as PPE (face masks and gloves) to the health facilities (storage site) where one focal point per site will be responsible for collecting and packaging waste in specific containers (specialized dustbins and bags, and safety boxes). The packaged waste will then be brought back to the districts and then to the regions in clearly labeled specific containers, to be destroyed through pyrolytic combustion in the Montfort-type functional incinerators at regional level. The ICWMP has been updated to include: the emerging waste types, including sharps used and expired vaccine vials as well as measures to mitigate their used. The updated parent project’s ICWMP and the ESMF, has been finalized, approved by the World Bank, and disclosed on June 11, 2021 and June 21, 2021 respectively<sup>14</sup>. The site-specific ICWMP template contains detailed procedures, based on WHO guidance, with protocols necessary for handling medical waste and environmental health and safety guidelines for staff and laborers, including the necessary PPE, and working conditions. To address gaps in storage facilities and the need for

<sup>14</sup> <https://sante.gouv.bj/Vaccination-contre-la-COVID-19-Le-Benin-beneficie-d-un-financement-additionnel-d-un-montant-de-30-millions-UDS>



additional waste equipment, priority will be given to the procurement of low-carbon freezers and incinerators. waste equipment, priority will be given to the procurement of low-carbon freezers and incinerators.

71. **The main E&S risks include:** (a) environmental and health risks to the community related to inadequate storage, transport and disposal of hazardous medical waste (infectious, chemical, and pharmaceutical); (b) occupational health and safety issues related to the availability and provision of PPE for healthcare workers and the logistical challenges of transporting PPE across the country in a timely manner; and (c) health and safety risks to the community, given the close social contacts and limited number of health safety services (hand washing points with soap and water or disinfectants) and isolation capacities throughout the country. Infections due to non-compliance with occupational health and safety standards can lead to the spread of the virus to medical staff, laboratory personnel, hygiene and maintenance workers, and the general population. These infections can occur during the detection of infected individuals, the transport and treatment of patients, the performance of diagnostic tests or the processing of results. These infections can lead to illness and death among health care workers. In addition, health care facilities involved in the diagnostic testing and treatment of COVID-19 cases will generate health care waste and other hazardous by-products which, if not properly managed during collection, interim storage, transportation and disposal, may also threaten the integrity of the environmental matrix and result in health risks. While the risks to worker and community safety and to the environment are relevant and significant, they are considered temporary, predictable, and easily managed through the project design features and mitigation measures. These risks will be mitigated with occupational health and safety standards and specific infection-control strategies, guidelines and requirements as recommended by WHO and CDC. Effective administrative and infection-control measures and engineering controls would be put in place to minimize these risks. Climate change can affect the trajectory of the COVID-19 pandemic and impact groups that are most susceptible to the virus including healthcare workers, the elderly, those with pre-existing conditions, people with disabilities and other disadvantaged groups. These vulnerabilities will be addressed by targeting and improving health care interventions described above as well as surveillance monitoring.
72. **As with the parent project, the proposed AF is expected to have positive social impacts at both the individual and community levels, as it addresses the health sector response to the COVID-19 pandemic.** However, social risks related to the challenges of the COVID-19 pandemic are anticipated and include: (a) difficulties in securing access to health facilities and services for the entire population; (b) the inability of marginalized and vulnerable social groups to access vaccines, facilities and services designed to combat the disease; (c) social conflicts and risks to human security resulting from diagnostic testing, limited availability of vaccines and social tensions related to the challenges of the pandemic situation; (d) SEAH risks to patients and health care providers, including vaccinators; (e) labor influx resulting from minor civil works to rehabilitate/renovate existing health facilities; (f) inadequate data protection measures and insufficient or ineffective



communication from stakeholders on vaccine deployment strategy; and (g) AEFI. There is also an institutional contextual risk, given the set of challenges in terms of preventive responses and control measures related to the pandemic. The AF will finance small-scale rehabilitation/renovation work and upgrade existing dry storage capacity to fit out storage warehouses, particularly at the central and regional level. This AF will not finance new construction or the expansion of existing ones. All the investments will be done within existing sites. Thus, no new land will be acquired or leased. The potential risks and impacts are considered to be mostly temporary, predictable and/or reversible, but could become widespread given the highly infectious nature of the COVID-19 virus.

73. **The parent project has prepared, consulted upon, and disclosed the ESCP, SEP, ESMF, LMP and ICWMP.** The ICWMP includes training and sensitization of staff and users to make them aware of all the dangers involved, provision of PPE and waste collection materials/equipment, maintenance and operation of existing incinerators, and organization of waste collection and transport to disposal sites. This waste management plan is consistent with the WHO draft "Laboratory Biosafety Guidelines for New Coronavirus (SARS-CoV2)" and other guidelines (February 12, 2020). The ESMF ensures the application of international best practices with regard to all E&S matters.
74. **The parent project's E&S safeguard instruments (ESCP, SEP and ESMF which includes the ICWMP and LMP) have been updated, consulted upon, adopted and disclosed on June 21, 2021<sup>15</sup> to accurately reflect the risks and impacts associated with the AF and identify appropriate mitigation measures to address them.** The social and environmental safeguard specialists of the PCU will continue to provide the technical assistance required to manage and supervise the overall M&E aspects of the project, including the SEAH risks. Project implementation will ensure appropriate stakeholder engagement, awareness raising and timely dissemination of information, which will limit conflicts arising from false rumors; ensure equitable access to services for all those in need, and address problems resulting from the continued quarantine of people. Implementation will be guided by the standards set by WHO as well as other international good practices, including social inclusion and SEAH prevention and response.
75. **Gender inequalities and norms are critical considerations when designing policies and interventions in emergency situations and pandemics.** They play an important role in who gets access to critical health services and how fast. Gender norms also influence the risk of exposure to disease, as well as the risk of spreading it. At the same time, biological sex can influence how susceptible a person is to a disease and how well they respond to treatment and/or vaccines. In a pandemic, this has multiple implications. On the one hand, the pandemic response has to be cognizant of the gender-based differences in access to and use of services due to limited mobility and financial capacity. On the other hand, support needs to be provided to at-risk groups such as

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<sup>15</sup> <https://sante.gouv.bj/Vaccination-contre-la-COVID-19-Le-Benin-beneficie-d-un-financement-additionnel-d-un-montant-de-30-millions-UDS>.



family caregivers (the majority of whom are women) to reduce their risk of getting ill and/or passing it on to others. Women represent 70 percent of workers in the health and social sector globally.<sup>16</sup> In particular, 65 percent of nurses in Africa are women. This means that women are more likely to be infected by the COVID-19 virus and other micro-organisms in the COVID-19 context where essential workers must keep on providing health and social services. Furthermore, African women are less likely to be in full-time employment and the formal sector than men. Additionally, African women earn 28 percent less than men, and African women spend more time caring for their households than men<sup>17</sup>. Yet in Benin, labor participation rate for women (46 percent) is higher than for men (39 percent)<sup>18</sup>. These factors imply that women would need to make more sacrifices to get vaccinated than men, and their participation in vaccination activities may disproportionately impoverish them, particularly those in precarious situations and rural areas.<sup>19</sup> Furthermore, tailored communication strategies including oral messages should be developed to target women as the literacy rate among adult women in Benin is only 31 percent, (compared to 54 percent for men) as well as men.

76. **Moreover, pandemics can create or exacerbate the conditions that especially put women and girls at greater risk of gender-based violence.** Benin was already vulnerable to gender inequalities before the pandemic.<sup>20</sup> In 2019, Benin had a score of 0.855 over 1 on the gender development index, which is measured through the sex-disaggregated human development index (the female and male human development indexes were 0.502 and 0.587, respectively).<sup>21</sup>
77. **As part of the ESF requirements, World Bank projects can also take steps to mitigate the risks of sexual exploitation, abuse, and harassment.** In pandemics, access to services may be reduced due to lockdowns and reduced mobility, and the rule of law becomes fragile, increasing the risks of Gender-based Violence (GBV). For instance, women and girls may be forced into exchanging sexual favors for access to testing, treatment, vaccines or even supplies. Another social risk is that marginalized and vulnerable social groups, including women and disabled people, may have more barriers to accessing COVID-19 services and information. There is also a risk that vaccine deployment plans could leave women behind, considering the high COVID-19 mortality among

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<sup>16</sup> S. Harman, A. Herten-Crabb, R. Morgan, J. Smith, and C. Wenham (2021). "COVID-19 Vaccines and Women's Security." *Lancet* 397 (10272): 357–358.

<sup>17</sup> M. Boniol, M. Mclsaac, L. Xu, T. Vuliki, K. Diallo, and J. Campbell (2019). « Gender Equity in the Health Workforce: Analysis of 104 Countries. Working paper 1. (Geneva: WHO) : <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>

<sup>18</sup> World Bank (n.d.) "World Development Indicators Database." <https://databank.worldbank.org/source/World-Development-Indicators>

<sup>19</sup> M. Boniol, M. Mclsaac, L. Xu, T. Wuliji, K. Diallo, and J. Campbell (2019). "Gender Equity in the Health Workforce: Analysis of 104 countries." Working paper 1, Geneva, WHO. <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>.

<sup>20</sup> African Development Bank Group (2015). Empowering African Women: An Agenda for Action. Africa Gender Equality Index 2015. (Abidjan: African Development Bank)

<sup>21</sup> United Nations Development Programme. *Human Development Report 2020. The Next Frontier: Human Development and the Anthropocene Briefing Note for Countries on the 2020 Human Development Report*. (New York: United Nations Development Programme).



male and the tendency in many countries to overlook the importance of gender inequalities in social and economic activities. This risk will be reduced as MOH is carefully assessing this aspect during deployment. The SEAH Prevention and Response Action Plan, to be prepared, consulted upon, and adopted not later than three (3) months after the AF effectiveness, will be implemented throughout the project implementation for the AF mitigation measures. The action plan, will need to incorporate safeguard instruments, identify all SEAH risks related to project activities and clarify the need for accountability. The response framework incorporating appropriate risk mitigation measures will be included in the action plan to address and respond to cases of SEAH in an ethical and confidential manner. The SEAH action plan will also be reinforced by a code of conduct (CoC) clearly stating the prohibition of SEAH, with clear sanctions for violations. The CoC will be signed by all workers (health care workers, contractors, and sub-contractors). Relevant capacity building measures will also be included in the E&S risk management framework to provide the Borrower with the necessary support to properly address SEAH and health risks. This capacity building will consider GBV/SEAH and the clinical management of rape survivors by the project health staff within the required timeframe<sup>22</sup>.

78. **Citizen engagement and outreach.** The involvement of the local population is essential to the success of the project to ensure smooth collaboration between project staff and local communities, and to minimize and mitigate E&S risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness-raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. As such, the project developed an SEP with the overall objective of defining a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The updated SEP outlines the ways in which the project team will communicate with stakeholders. It ensures that the Client engages in continuous, meaningful, and safe consultations on policies, and procedures (including grievances) with all stakeholders, providing them with timely, understandable, and accessible information throughout the project life cycle.
79. **Climate change risks and vulnerabilities.** This project has been screened for climate change and disaster risks. The overall potential risks in Benin were assessed as moderate in the Summary Climate and Disaster Risk Screening Report. The exposure rating was assessed as ‘High’ due to the potential for extreme temperatures, extreme precipitation and flooding, drought, and sea level rise. In the last published poverty analysis, 39.6 percent of rural households and 20.1 percent of urban households declared they were impacted by biophysical shocks<sup>23</sup>. While severe floods date back to 2010, when half of Benin’s municipalities were affected, seasonal floods impact large numbers of communities and their residents every year. These floods can lead to higher prevalence of water- and vector-borne diseases, injuries, and drowning. The poor are particularly vulnerable

<sup>22</sup> This includes the provision of a post-exposure prophylaxis kit, at no cost, within 72 hours of the sexual assault.

<sup>23</sup> <https://documents1.worldbank.org/curated/ar/624291468012650761/pdf/875940WPOP11800cutive0Summary0final.pdf>





to climate-related shocks, as they are net purchasers of food, live in low-quality housing in exposed areas, and have limited access to social services. Among poor households, food consumption accounts for over 70 percent of total expenditures on average, and three of the most commonly reported coping mechanisms to climate shocks are reducing food consumption, selling assets, and pulling children out of school (to save the fees and have the children work). Benin relies on rain-fed agriculture as the basis of its food security and economic development since about 70 percent of the population is engaged in this sector, which generates 30 percent of the gross domestic product (GDP). Agriculture is highly vulnerable to natural disasters, such as severe flooding and drought, which exacerbates nutritional instability and malnutrition among the population. According to the World Food Program, 10 percent of the population is food insecure while chronic malnutrition, which prevents body growth and cognitive development with irreversible consequences after the age of 2 years, affects 32 percent of young children. Although Benin is partially equipped to respond to climate shocks, the country was ranked 150th in vulnerability to climate disruptions and readiness for adaptive actions in the 2018 Notre Dame Global Adaptation Initiative. In this context, climate adaptation and mitigation strategies are critical to reduce population vulnerability and to ensure access to health services.

80. **The AF is intended to be used to address climate vulnerabilities and assist the Government to adapt to climate change through several activities.** First, under Component 1: Emergency COVID-19 Preparedness and Response (AF II: US\$29.50 million), the purchase of COVID-19 vaccines will consume US\$25.00 million of this component (Sub-component 1.5). This includes the costs of the vaccines, supplies, safety boxes for disposal of syringes, syringes, international freight, procurement fees to UNICEF and other deployment-related costs only for VAC-compliant vaccines before arriving in the country. While no direct climate financing is expected to be assigned at this time to any of these investments, it is assumed that some suppliers are taking active steps to ensure that climate-resilient methods are taken into account during the manufacturing, shipment and distribution stages of the vaccines. The World Bank team, together with UNICEF, WHO and GAVI will continue to explore these areas to provide the latest information on any specific climate adaptation and mitigation actions taken with regard to the vaccines. Second, under Sub-component 1.3: Communication, community engagement and social distancing (AF II: US\$0.50 million), the vaccine communication campaign will also enable dissemination of important health information on climate change-related health risks linked to the COVID-19 crisis, such as the increased risks associated with social isolation and quarantine in extreme heat events. Third, under Sub-component 1.4: Immunization planning, strengthening supply chain, and program delivery (AF II: US\$4.00 million), the national vaccine deployment plan will include measures to deal with any unexpected disruptions to the vaccine supply chain, distribution and storage from climate change impacts and other unexpected disasters (power outages from flooding and extreme heat). The AF will also finance the procurement of climate-sensitive cold chain equipment that will protect the vaccines from extreme heat and safety boxes for the disposal of syringes and biodegradable carrier



bags for empty vials to reduce the risk of exposure to medical waste during flooding and other climate related extreme events.

81. In terms of climate mitigation, under sub-component 1.4: Immunization planning, strengthening supply chain, program delivery (AF II: US\$4.00 million), climate-friendly cold chain equipment will be purchased. This will include the procurement of solar or off-the-grid freezers and low-carbon medical waste management equipment that will reduce the health sector contribution to the country's GHG emissions. Moreover, outreach activities with the use of mobile phone technologies will also enable vaccinations to take place outside of fixed health facilities, which will allow vaccinators to get in closer proximity to beneficiaries, particularly rural populations. This will reduce the use of transportation by beneficiaries, leading to lower GHG emissions from cars, trucks, buses, and other modes of transportation

#### IV. WORLD BANK GRIEVANCE REDRESS

82. Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the World Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the World Bank's independent Inspection Panel, which determines whether harm occurred, or could occur, as a result of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and World Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's Corporate Grievance Redress Service (GRS), please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit [www.inspectionpanel.org](http://www.inspectionpanel.org).
83. **Grievance redress mechanism (GRM).** The parent project incorporates a comprehensive project wide GRM which has enabled a broad range of stakeholders to channel concerns, questions, and complaints to the various implementation agencies and COVID-19 call centers. REDISSE III supports the COVID-19 call centers with toll-free numbers. These numbers have been publicly disclosed throughout the country through broadcast and print media. The GRM is equipped to handle cases of SEAH, as rapid guidance on how to respond to these cases has been developed and shared with operators. This follows a survivor-centered approach. Since the GRM is still being rolled out nationwide, it will continue to be publicized by the MOH, GHS and other relevant agencies.





**VI SUMMARY TABLE OF CHANGES**

	Changed	Not Changed
Results Framework	✓	
Components and Cost	✓	
Implementing Agency		✓
Project's Development Objectives		✓
Loan Closing Date(s)		✓
Cancellations Proposed		✓
Reallocation between Disbursement Categories		✓
Disbursements Arrangements		✓
Legal Covenants		✓
Institutional Arrangements		✓
Financial Management		✓
Procurement		✓
Other Change(s)		✓

**VII DETAILED CHANGE(S)**

**MPA PROGRAM DEVELOPMENT OBJECTIVE**

**Current MPA Program Development Objective**

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

**Proposed New MPA Program Development Objective**



## **EXPECTED MPA PROGRAM RESULTS**

### **Current Expected MPA Results and their Indicators for the MPA Program**

Progress towards the achievement of the PDO would be measured by outcome indicators. Individual country-specific projects (or phases) under the MPA Program will identify relevant indicators, including among others:

- Country has activated their public health Emergency Operations Centre or a coordination mechanism for COVID-19;
- Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents;
- Number of acute healthcare facilities with isolation capacity;
- Number of suspected cases of COVID-19 reported and investigated per approved protocol;
- Number of diagnosed cases treated per approved protocol;
- Personal and community non-pharmaceutical interventions adopted by the country (e.g., installation of handwashing facilities, provision of supplies and behavior change campaigns, continuity of water and sanitation service provision in public facilities and households, schools closures, telework and remote meetings, reduce/cancel mass gatherings);
- Policies, regulations, guidelines, or other relevant government strategic documents incorporating a multi-sectoral health approach developed/or revised and adopted;
- Multi-sectoral operational mechanism for coordinated response to outbreaks by human, animal and wildlife sectors in place;
- Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities; and
- Mechanisms for responding to infectious and potential zoonotic diseases established and functional; and
- Outbreak/pandemic emergency risk communication plan and activities developed and tested

### **Proposed Expected MPA Results and their Indicators for the MPA Program**



**COMPONENTS**

Current Component Name	Current Cost (US\$, millions)	Action	Proposed Component Name	Proposed Cost (US\$, millions)
Component 1: Emergency COVID-19 Response	6.40	Revised	Component 1: Emergency COVID-19 Response	40.51
Component 2: Supporting National Prevention and Preparedness	3.00	Revised	Component 2: Supporting National Prevention and Preparedness	0.00
Component 3: Implementation Management and Monitoring and Evaluation	1.00	Revised	Component 3: Implementation Management and Monitoring and Evaluation	0.83
<b>TOTAL</b>	<b>10.40</b>			<b>41.34</b>

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

Fiscal Year	Annual	Cumulative
2020	9,984,000.00	9,984,000.00
2021	13,275,990.00	23,259,990.00
2022	13,461,570.00	36,721,560.00
2023	4,618,440.00	41,340,000.00

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

Risk Category	Latest ISR Rating	Current Rating
Political and Governance	● Low	● Moderate
Macroeconomic	● Low	● Moderate
Sector Strategies and Policies	● Moderate	● Moderate
Technical Design of Project or Program	● Moderate	● Moderate
Institutional Capacity for Implementation and Sustainability	● Low	● Substantial
Fiduciary	● Moderate	● Substantial
Environment and Social	● Substantial	● Substantial



Stakeholders	● Low	● Moderate
Other	● Moderate	● Moderate
Overall	● Moderate	● High

**LEGAL COVENANTS – Second Additional Financing for the COVID-19 Preparedness and Response Project (P176562)**

**Sections and Description**

Schedule 2, Section I, B, 2(a): The Recipient shall by no later than three (3) months after the effective date, update a draft work plan and budget for project implementation, setting forth, inter alia: (i) a detailed description of the planned activities, including any proposed conferences and training, under the project for the period covered by the plan; (ii) the sources and proposed use of funds therefor; (iii) procurement and environmental and social arrangements therefor, as applicable; and (iv) responsibility for the execution of said Project activities, budgets, start and completion dates, outputs and monitoring indicators to track progress of each activity.

Schedule 2, Section IV, A, 1(a)(i): The Recipient shall, within three (3) months after the effective date: recruit a gender-based violence (GBV) consultant specialist and (ii) appoint a communication specialist for the project, both with qualifications, experiences and references acceptable to the World Bank.

Schedule 2, Section IV, A, 1(b): The Recipient shall, within three (3) months after the effective date develop, disclose and adopt a sexual exploitation and abuse/sexual harassment prevention and response action plan referred to in the ESCP.

Per ESCP the parent project's training plan shall be updated not later than 45 days after the AF Effectiveness date and periodically with the addition of new project team members join the project throughout of implementation.

**Conditions**

Type	Financing source	Description
Effectiveness	IBRD/IDA	The Additional Condition of Effectiveness consist of the following, namely that the Recipient has updated, adopted and submitted to the Association, the Project Implementation Manual in form and substance satisfactory to the Association.



VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Benin

Second Additional Financing for the COVID-19 Preparedness and Response Project

Project Development Objective(s)

To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergency preparedness in Benin.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	End Target
<b>To prevent, detect and respond to COVID-19 and strengthen national systems for public health emergen</b>			
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents as per the National Response Plan (Number) (Number)		1.00	20.00
<i>Action: This indicator has been Revised</i>			
Acute healthcare facilities with isolation capacity (Percentage)		100.00	100.00
<i>Action: This indicator has been Revised</i>			
Country adopted personal and community non-pharmaceutical interventions (schools' closures, telework and remote meetings, reduce/cancel mass gatherings) (Yes/No)		No	Yes



Indicator Name	PBC	Baseline	End Target
<i>Action: This indicator has been Revised</i>			
Population fully vaccinated, which is included in the priority population targets defined in the national plan (by gender). (Percentage)		0.00	40.00
<i>Action: This indicator is New</i>			
Women fully vaccinated among the total population fully vaccinated (Percentage)		0.00	50.00
<i>Action: This indicator is New</i>			

**Intermediate Results Indicators by Components**

Indicator Name	PBC	Baseline	End Target
<b>Component 1: Emergency COVID-19 Response (Action: This Component has been Revised)</b>			
Health staff trained in infection prevention and control per MOH-approved protocols (Number) (Number)		0.00	300.00
<i>Action: This indicator has been Revised</i>			
Country has prepared guidelines to care for COVID-19 patients (Yes/No) (Yes/No)		No	Yes
<i>Action: This indicator has been Revised</i>			
Tests per million population (Number)		6,733.00	12,581.00



Indicator Name	PBC	Baseline	End Target
<b>Action: This indicator has been Revised</b>			
Complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed within 3 weeks of initial complaint being received (Percentage)		0.00	100.00
<b>Action: This indicator has been Revised</b>			
Percentage of management case centers without stock-outs of protective equipment (Percentage)		100.00	100.00
<b>Action: This indicator has been Revised</b>			
Key gender-responsive messages and materials developed for public communications and advocacy, in alignment with demand plan (Yes/No)		No	Yes
<b>Action: This indicator is New</b>			
Health districts with a budgeted micro-plan for COVID-19 vaccination campaign (Percentage)" (Percentage)		0.00	100.00
<b>Action: This indicator is New</b>			
Health region with cold rooms fully equipped (Percentage)		0.00	80.00
<b>Action: This indicator is New</b>			
AEFI cases that have been monitored as per National protocol (Percentage)		0.00	90.00
<b>Action: This indicator is New</b>			
Vaccinators trained on GBV/SEA/SH (Percentage)		0.00	95.00



Indicator Name	PBC	Baseline	End Target
<i>Action: This indicator is New</i>			
Beneficiaries reporting that community engagement and outreach meet their needs (Percentage) (Percentage)		0.00	50.00
<i>Action: This indicator is New</i>			
<b>Component 3: Implementation Management and Monitoring and Evaluation (Action: This Component has been Revised)</b>			
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No) (Yes/No)		No	Yes
<i>Action: This indicator has been Revised</i>			

**Monitoring & Evaluation Plan: PDO Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents as per the National Response Plan (Number)	Number of designated laboratories with sufficient COVID-19 diagnostic equipment, test kits, and reagents as per the National Response Plan	Quarterly	Project Report	Review of project report	ANSSP/PCU
Acute healthcare facilities with isolation capacity	Numerator: Number of acute health facility with isolation capacity. Denominator: Total number of acute health	Quarterly	Project report	Revue of project report	ANSSP/PCU





	facility.				
Country adopted personal and community non-pharmaceutical interventions (schools' closures, telework and remote meetings, reduce/cancel mass gatherings)	Country adopted social distance interventions (schools closure, telework, and remote meetings, reduce/cancel mass gatherings).	Quarterly	Project Report	Revue of annual project report	ANSSP/PCU
Population fully vaccinated, which is included in the priority population targets defined in the national plan (by gender).	Numerator= Number of individuals aged 18 years and over fully vaccinated Denominator=Total country population	Quarterly	ANSSP report	Vaccination campaign data collection	ANSSP/PCU
Women fully vaccinated among the total population fully vaccinated	Share of women fully vaccinated as of the total number of population vaccinated, which is included in the priority population targets defined in the national plan. Numerator: total number of women fully vaccinated Denominator: Total number of of population vaccinated	Quarterly	ANSSP report	Vaccination campaign data collection	ANSSP/PCU

**Monitoring & Evaluation Plan: Intermediate Results Indicators**

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Health staff trained in infection prevention and control per MOH-approved protocols (Number)	Number of Health staff who are trained in infection prevention and control per MOH-approved protocols	Quarterly	Project report	Revue of project report	ANSSP/PCU
Country has prepared guidelines to care for COVID-19 patients (Yes/No)	Country has prepared guidelines to care for COVID-19 patients	Quarterly	Project report	Revue of project report	ANSSP/PCU
Tests per million population	Numerator: number of COVID-19 laboratory tests available Denominator: Total population per thousand inhabitants	Quarterly	Project report	Review of Project Report	ANSSP/PCU
Complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed within 3 weeks of initial complaint being received	Numerator: number of complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed within 3 weeks of initial complaint being received Denominator: total number of complaints to the Grievance Redress Mechanism (GRM) received	Quarterly	Project report	Revue of project report	ANSSP/PCU



Percentage of management case centers without stock-outs of protective equipment	Numerator: number of management case centers without stock-outs of protective equipment during the last 3 months Denominator: total number of management case centers	Quarterly	Project report	Review of project report	ANSSP/PCU
Key gender-responsive messages and materials developed for public communications and advocacy, in alignment with demand plan	Refers to the key gender-responsive messages and materials developed for public communications and advocacy, in alignment with demand plan	Annually	Project report	Revue of project report	ANSSP/PCU
Health districts with a budgeted micro-plan for COVID-19 vaccination campaign (Percentage)”	Health districts that have developed and validated a budgeted micro-plan for COVID-19 vaccination campaign as a share of the total health districts according to the national deployment plan process	Quarterly	Project report	Revue of project report	ANSSP/PCU
Health region with cold rooms fully equipped	Share of health region that have their cold room rehabilitated and equipped to guarantee an adequate temperature for COVID-19 vaccine Numerator= number of health region that have their cold room rehabilitated and equipped	Quarterly	Project report	Revue of project report	ANSSP/PCU



	to guarantee an adequate temperature for COVID-19 vaccine Denominator= Total number of health region				
AEFI cases that have been monitored as per National protocol	Share of reported AEFI that have been monitored as per the national protocol of AEFI surveillance system Numerator= Number of reported AEFI cases that have been monitored and treated Denominator= total number of AEFI cases reported	Quarterly	Project report	Revue of project report	ANSP/PCU
Vaccinators trained on GBV/SEA/SH	number of vaccinators trained on GBV/SEA/SH refers to the share of vaccinators trained on GBV/SEA/SH (disaggregated by sex) Numerator= number of vaccinators trained on GBV/SEA/SH Denominator= Total number of vaccinators	Quarterly	Project report	Revue of project report	ANSP/PCU
Beneficiaries reporting that community engagement and outreach meet their	Refers to the proportion of beneficiaries of COVID-19	Annually	Project Report	Beneficiary Survey	ANSP/PCU



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needs (Percentage)	vaccination services reporting that community engagement and outreach meet their needs.				
M&E system established to monitor COVID-19 preparedness and response plan (Yes/No)	A well established monitoring and evaluation system	Quarterly	Project report	Revue of project report	ANSSP/PCU

**ANNEX 1: SUMMARY TABLE ON VACCINE DEVELOPMENT AND APPROVAL STATUS AS OF JUNE 2, 2021**

<b>Vaccine</b>	<b>SRA Emergency Use Approval</b>	<b>WHO PQ/EUL</b>
BNT162b2/COMIRNATY Tozinameran (INN) - Pfizer BioNTech	United Kingdom: December 2, 2020 Canada: December 9, 2020 United States of America: December 11, 2020 European Union: December 21, 2020 Switzerland: December 19, 2020 Australia: January 25, 2021	WHO Emergency Use Listing (EUL): December 31, 2020
mRNA-1273 - Moderna	USA: December 18, 2020 Canada: December 23, 2020 EU: January 6, 2021 Switzerland: January 12, 2021 UK: January 8, 2021	WHO EUL: April 20, 2021
AZD1222 (also known as ChAdOx1_nCoV19/ commercialized as COVISHIELD in India) - AstraZeneca/Oxford	UK: December 30, 2020 EU: January 29, 2021 Australia: February 16th, 2021 (overseas manufacturing); March 21, 2021 (for local manufacturing by CSL – Seqirus) Canada: February 26, 2021	WHO EUL: February 15, 2021 for vaccines manufactured by SK Bio and Serum Institute of India
Ad26.COVS.2.S - Johnson & Johnson	USA: February 27, 2021 Canada: March 5, 2021 EU: March 11, 2021 Switzerland: March 22, 2021 UK: May 28, 2021	WHO EUL: March 12, 2021
BBIBP-CorV - Sinopharm		WHO EUL: May 7, 2021
CoronaVac - Sinovac		WHO EUL: June 1, 2021



## ANNEX 2: COUNTRY PROGRAM ADJUSTMENTS

### Impact of the COVID-19 pandemic and the Government's response

- 1. Authorities have responded quickly to the COVID-19 crisis with both containment and mitigation measures.** As of June 21, 2021, Benin has registered 8,170 positive cases and 104 deaths. Specific measures were taken early on to mitigate the dual health and economic crises, including: (1) a health preparedness and response plan of US\$311.0 million developed according to the International Health Regulation (IHR) and WHO COVID-19 guidelines; and (2) a pluriannual socio-economic response plan to support formal firms (US\$117.0 million), small/micro businesses (US\$9.1 million) and households through electricity and water subsidies (US\$10.6 million). A US\$248.0 million public guarantee plan was established to strengthen banking institutions and address refinancing needs for Micro, Small & Medium Enterprises, and agricultural sector businesses.
- 2. The COVID-19 crisis is impacting Benin through both external and domestic transmission channels. Benin entered the COVID-19 pandemic with real GDP growth averaging 6.4 percent during the period from 2017-2019.** Due to the pandemic, real GDP growth slowed to 2 percent in 2020 (1 percent in per capita terms). The country is expected to recover gradually, and growth will rebound to 5 percent in 2021, and progressively reach 7 percent in 2023. Externally, Benin is experiencing disruptions in trade and value chains, and tighter financing conditions. The main negative spillovers include a decline in external demand linked to a recession in oil-dependent Nigeria. To a lesser extent, formal exports will also be hit by declining commodity prices and difficulty transporting high-value crops (pineapple). The current account deficit widened from 4 percent of GDP to 5 percent in 2020. Domestically, containment and mitigation measures were partial and short-lived. High frequency data show that economic activity was mostly affected during the second quarter, with signs of recovery registered as early as the third quarter.
- 3. The fiscal deficit is projected at 5 percent of the GDP (including grants) in 2020.** This is compared to a pre-COVID estimate of 2 percent of the GDP due to increased social and healthcare spending, a decline in tax revenues from lower economic activity, and the on-going border closure with and the recession in Nigeria. The gap is expected to be financed by grants, concessional financing, and additional bond issuances in regional and global markets. The deficit should gradually return to the West African Economic and Monetary Union (WAEMU) convergence criterion by 2022. The ratio of public debt to GDP is projected to peak to 46 percent in 2021, but steadily decrease from 2022 onward, confirming a moderate risk of debt distress.

### WBG support for responding to the crisis

- 4. New lending operations aim to reinforce resiliency and spur sustained economic recovery. World Bank support has been provided through management of the existing US\$1.27 billion portfolio, US\$771 million of which is undisbursed.** Cancellations and recommitments, reallocation and accelerated implementation have also helped respond to urgent needs.



- *To save lives*
5. **The World Bank mobilized US\$102.4 million within the current portfolio to address urgent needs, including US\$42 million through restructuring existing operations.** The REDISSE III Project (P161163) provided US\$32.0 million and the Contingent Emergency Response Component (CERC) of the Benin Early Years Nutrition and Child Development Project (P166211) made available US\$10.0 million. On April 27, 2020, the Board approved the US\$10.4 million Benin COVID-19 Preparedness and Response Project (P173839) under the Fast-Track COVID-19 Facility. Of the US\$83.5 million already used to finance the Authorities' health response, almost half (US\$41.5 million) was provided by the World Bank, along with US\$13.0 million from other development partners and US\$29.0 million from domestic resources. This has substantially contributed to the Government's effort to implement a phased health response, including development of robust national testing, establishment of 89 functional screening and case-management centers nationwide, and roll-out of a national risk communication and community engagement strategy. A total of US\$50.0 million was cancelled and recommitted on June 26, 2020 as Supplemental Financing (P174008) to the Fiscal Reform and Structural Transformation development policy operation (DPO). A Health System Enhancement PforR operation of US\$100.0 million to strengthen and improve access to quality health services will be delivered in Q4 FY21 (P172940). The Benin COVID-19 Vaccine Preparedness and Response Project will be delivered in Q4 FY21 to support the country's vaccination program.
- *To protect the poor and vulnerable*
6. **A survey is being conducted under the Community and Local Government Basic Social Services Project (P163560) to identify households facing extreme poverty and those that more recently faced extreme poverty due to the pandemic.** Direct cash transfers will be provided to these households. The Youth Inclusion Project (P170425) to increase economic inclusion of under-employed and under-educated youth between the ages 15 and 35 years was approved on December 14, 2020. The COVID-19 Education Response GPE Project (P174186), approved on September 9, 2020, supports continuity of teaching, particularly in deprived municipalities.
- *To save livelihoods, preserve jobs and ensure more sustainable business growth and job creation*
7. **A total of US\$35.0 million was cancelled in order to be reallocated to the COVID-19 economic response component under the Cross-Border Tourism and Competitiveness COVID-19 AF (P175085).** This aims to provide rapid financial relief through conditional grants for Micro, Small & Medium Enterprises suffering economic losses to maintain employment and avoid closure of otherwise healthy businesses. Due to trade-related disruptions and lack of adequate storage facilities, the World Bank reallocated US\$10.0 million under the Agricultural Productivity and Diversification Project (P115886) to develop a temperature-controlled warehouse and logistics facilities. A cold-chain system will help bolster perishable goods exports.





- *To strengthen policies, institutions, and investments for resilient, inclusive, and sustainable growth*

8. **The second DPO in the series, approved on December 16, 2020, aims to create fiscal space, and bolster structural transformation of the economy.** The PDOs are to strengthen fiscal and debt management, improve the financial sustainability of the energy sector, and foster development of the digital economy. The Benin Energy Service Delivery Project (P169796) under preparation for Q4 FY21 delivery, fosters 'last-mile' access to electricity. The on-going Digital Rural Transformation Project, under implementation until 2024, supports universal access to broadband. The US\$160.0 million Agricultural Competitiveness and Export Diversification Project (P168132) (SUF) was approved on June 2, 2020 and will run until the end of 2026 to enhance agri-business value addition and expand export market access for value chains with high export potential. The Vocational Education and Entrepreneurship for Jobs Project, scheduled for delivery in quarter 1 of the fiscal year 2022, aims to steer students toward high-employability sectors.

**Selectivity, Complementarity, and Partnerships**

9. The World Bank has provided support to Government of Benin's health response in close collaboration with WHO and UNICEF. Socio-economic support is focused on areas where the World Bank was already providing its knowledge and financial resources. Most project support unfolded as a scaling-up of existing interventions or redirecting of resources to address needs not yet covered, such as SMEs in the formal and informal sectors, especially in urban areas.



### ANNEX 3: LATEST COVID-19 SITUATION IN THE COUNTRY

- 1. The first surge of COVID-19 cases started in Benin on March 16, 2020 and reached the peak of transmission during the last week of June 2020 with 853 cases in that week. From early August 2020 to the first two weeks of January 2021, the curve then steadily declined to a bottom level with an average of 80 new cases weekly.** Since then, the country has been experiencing, like other countries in the region, a second wave of the pandemic with an average of 289 new cases per week. The trend of this COVID-19 surge has been downward since mid-February 2021. As of June 21, 2021, Benin reported 8,170 cumulative cases, with 65 active cases with 3 cases being treated in intensive care units, and a death toll of 103 cases. With an estimated morbidity of 657 cases/million people and a case fatality rate of 1.3 percent, Benin remains less affected than neighboring countries. The country has developed a sound testing capacity so far and has already tested a number of individuals accounting for 5.0 percent of the population (48,6 tests/million people) as of June 21, 2021<sup>2</sup>.
- 2. Benin adopted a National Vaccination Deployment Plan in mid-March 2021.** The Government aims to vaccinate 49.2 percent of the total population by the end of year 2022 including health workers, the elderly (people aged 60 years and over), people living with pre-existing conditions (hypertension, diabetes, asthma, and obesity), security and law and enforcement officers and government and political officials. Benin has already received a total of 347,000 COVID-19 vaccine doses including 144,000 doses of the AstraZeneca vaccine from the first batch of COVAX-facility delivery and 203,000 doses of the Sinovac vaccine from bilateral agreements with China. Additionally, the country is in discussion with Russia for the acquisition of some doses of the Sputnik V vaccine. The country expects to receive enough doses to vaccinate about 4,800,000 people (20.0 percent of the total population) by the end of quarter 3 of 2021 depending on the availability of vaccines. The first stage of the national vaccination campaign was launched on March 29, 2021 with the aim to immunize the first 3.0 percent of the population. As of June 21, 2021, 26,957 eligible people (0.2 percent of the total population) have received their first shot of the vaccine, including 7,778 women (28.7 percent), while 7,517 people (0.05 percent of the total population) have been fully vaccinated.
- 3. The COVID-19 crisis is impacting Benin mostly through external transmission channels, due to disruptions in trade and value chains, as well as tighter financing conditions.** The main negative spillovers relate to a decline in external demand linked to a recession in oil-dependent Nigeria. To a lesser extent, formal exports have also been hit by declining commodity prices. Cotton prices have recovered but remain below 2019 levels. On the domestic side, containment and mitigation measures were partial and short-lived. High frequency data show that economic activity was mostly affected during the second quarter, driven by contractions in retail and manufacturing. There were some signs of recovery in June - August with new firm registrations increasing on a yearly basis by 0.1 percent.



4. **Authorities have responded quickly to the COVID-19 crisis with balanced containment and mitigation measures.** Authorities swiftly responded to early signs of the pandemic by increasing health capacity and monitoring in early-March 2020. Containment measures were partial and enforced until May 2020. Specific measures were taken to mitigate the dual health and economic crises:
5. **The Government adopted the first integrated health preparedness and response plan of US\$311 million for the period between March and December 2021 and is validating a second plan of US\$86.5 million for 2021.** Both plans were aligned with the International Health Regulation and WHO COVID-19 guidelines and underlined the immediate and urgent needs to control the spread of the outbreak. The country's core response focused on strengthening the public health surveillance system, including tracing, testing, and reporting of suspected cases. The health plans included the ramping up of national testing capacity through the rapid establishment of a laboratory network, with 13 laboratories now active as well as the swift setup of five treatment centers out of which three are currently functional.



#### ANNEX 4: SUMMARY OF THE PARENT PROJECT COMPONENTS

1. Following the restructuring in September 2020 and the first AF from the PEF Trust Funds, the parent project is composed of the following two components:

##### **Component 1: Emergency COVID-19 Response (US\$10.07 million)**

2. This component has provided immediate support to limit local transmission of COVID-19 through the implementation of containment strategies. It has helped enhance disease detection capacities through provision of training, laboratory equipment, quarantine support, and information systems to ensure prompt cases recording and reporting case detection, contact tracing and case treatment, consistent with WHO guidelines in the Strategic Response Plan. It enabled Benin to mobilize surge response capacity through trained and well-equipped frontline health workers. Supported activities under this component include:
3. **Sub-component 1.1: Case Detection, Confirmation, Contact Tracing, Recording, and Reporting (US\$6.37 million).** This sub-component has helped to strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; combine detection of new cases with active contact tracing; and strengthen risk assessment and quarantine support. Additional support has been provided to strengthen health management information systems to facilitate recording and on-time virtual sharing of information, to guide decision-making and mitigation activities.
4. **Sub-component 1.2: Case Management and Health System Strengthening (US\$3.7 million).** This sub-component has provided funds to set up severe acute respiratory infection's treatment centers through the purchasing of prefabricated buildings, equipped with adequate emergency equipment and materials, incinerators and power generators and medicines and staffed with trained health workers. It has also reinforced clinical care capacity of treatment center staff including hospital infection control and guidelines and other risk mitigation measures to ensure staff security. Moreover, it provided health workers with the appropriate protective equipment and hygiene materials including handwashing materials, and hydro-alcoholic gel.
5. As COVID-19 was expected to place a substantial burden on inpatient and outpatient health care services, support has been provided to equip selected primary health care facilities and hospitals to deliver critical medical services, cope with increased demand of emergency services posed by the outbreak and develop intra-hospital infection control measures. This has included support for intensive care facilities set up within treatment centers through provision of medical equipment and training of health teams. Support to ensure handwashing materials in health facilities, training of health personnel, provision of medical supplies, and diagnostic reagents have been provided.

##### **Component 2: Implementation Management and M&E (US\$0.33 million)**

6. **Sub-component 2.1: Project Management (US\$0.13 million).** This sub-component has supported costs associated with project coordination and management at central and decentralized level of the MOH through the strengthening of existing structures for coordination of activities. The sub-



component has also financed operating costs related to project management including project coordination, supervision, and fiduciary's tasks of procurement and FM.

7. **Sub-component 2.2: M&E (US\$0.20 million).** This sub-component has provided funds to support M&E of the project through the collection of data from essentially MOH, the compilation of data into project implementation progress reports, and carrying out of annual expenditure reviews. In addition, it has supported evaluation workshops.