Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 25-May-2021 | Report No: PIDISDSA32183
BASIC INFORMATION

A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Parent Project ID (if any)</th>
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<tr>
<td>Sudan</td>
<td>P176824</td>
<td>Additional Financing for Sudan COVID-19 Emergency Response Project</td>
<td>P174352</td>
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<th>Parent Project Name</th>
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<tr>
<th>Practice Area (Lead)</th>
<th>Financing Instrument</th>
<th>Borrower(s)</th>
<th>Implementing Agency</th>
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<tr>
<td>Health, Nutrition &amp; Population</td>
<td>Investment Project Financing</td>
<td>Republic of Sudan</td>
<td>Federal Ministry of Health</td>
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Proposed Development Objective(s) Parent

The objectives of the project are to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sudan.

Components

- Emergency COVID-19 Response
- Implementation Management and Monitoring and Evaluation
- Contingent Emergency Response

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

<table>
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<th>Total Project Cost</th>
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DETAILS

World Bank Group Financing

| International Development Association (IDA) | 100.00 |
B. Introduction and Context

Country Context

1. **Sudan has a small window to seize a once-in-a-generation opportunity to put itself on a path of economic and social renewal.** The 2019 revolution led to the establishment of a transitional government with a mandate to carry out sweeping reforms to reverse decades of economic, social, and political decline. The Government of Sudan (GoS) has acted boldly, making steps towards resolving long-standing internal conflicts, unwinding economic distortions, newing the social contract, and re-engaging with the international community. It has also agreed on a rigorous International Monetary Fund (IMF) Staff Monitored Program to underpin its economic reforms. Notwithstanding a challenging first year in office, the GoS retains the support of the country’s major political forces, including security elements. Most importantly, it also continues to be a source of hope to the population for a better future. But time is short for Sudan to capitalize on the promise of its revolution in the face of mounting pressures.

2. **Sudan faces formidable economic, social, and political challenges.** Sudan has a fragile economy and social contract owing to a history of violent conflict, tension between the center and the periphery, and exclusionary governance. A largely agrarian country, Sudan is significantly impacted by climate change and recently has been battered by frequent floods and droughts as well as a locust invasion. On September 7, 2020, the GoS declared a state of emergency due to flooding which caused more than 100 deaths and displaced around 0.5 million people. Prior to this crisis, about 9.6 million people were estimated to be in acute food insecurity, and over half of the population is now under the national poverty line. The economy is in recession with budgetary and current account deficits exceeding ten percent of Gross Domestic Product (GDP). Large public sector deficits have been monetized, driving inflation to 136 percent as of July 2020. There are shortages of key commodities and power outages are frequent. Trade in goods and services is limited and remittances are curtailed. Dissatisfaction with the economic hardship and pace of reforms has led to protests and prompted a recent Government reshuffle. At the same time, the peace process remains incomplete, the political equilibrium fragile, and some states continue to have security challenges.

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1 Sudan: Integrated Food Security Phase Classification Snapshot | June - December 2020.
3. **Sudan posts very poor human development indicators for its level of GDP.** In 2018 it ranked 139 out of 157 according to the World Bank Human Capital Index (HCI)\(^2\) and 167 out of 189 countries based on the Human Development Index (HDI) with a score of 0.507 in 2018.\(^3\) It did not meet the 2015 Millennium Development Goals (MDGs), and its progress lags behind its neighbors and Sub-Saharan African averages. Education and health indicators remain low and vary markedly across states, gender, and income level. The primary school enrolment rate is only 70 percent (below the target of universal coverage), with substantial disparities across states, richer and poorer, urban/rural areas, and gender. The under-five mortality rate of 68 deaths per 1,000 births in 2014 is still higher than the 2015 MDG target of 41 per 1,000 births, meaning that a lot of efforts are needed to achieve the 2030 Sustainable Development Goal target of 25 deaths per 1,000 births. Sudan’s education system is characterized by unequal access to basic education services, high drop-out rates, weak and outdated infrastructure. Lack of access to basic water and sanitation is a key contributor to low HDI. More than 40 percent of the population still lacks access to safe drinking water, and more than 60 percent lacks basic sanitation.

**Sectoral and Institutional Context**

4. **Sudan’s health system is marked by decades of neglect.** Fragmentation of the service delivery, decision making, and financing is a salient feature of the health system in Sudan at both federal and state levels. Sudan continues to have high maternal and child mortality rate (MMR 311 per 100,000 live births, and under-5 child mortality 70 per 1,000 live births, WHO 2015). The leading causes of under 5 mortalities are acute respiratory infection (18 percent), diarrhea (11 percent), prematurity (14 percent) and intrapartum related complications (12 percent). Diphtheria, tetanus toxoid and pertussis coverage has improved significantly over the years (from 62 percent in 2000 to 93 percent in 2013), however, only 43 percent of children between 12-23 months were fully immunized in 2014 (Multiple Indicator Cluster Survey, MICS, 2015). Low access to essential services impedes any major decline in disease burden and causes premature deaths from these diseases.

5. **Sudan also suffers from persistently high child malnutrition levels which are among the highest in the world.** Despite efforts made by the Government and development partners in the past 25 years, malnutrition rates among children under 5 years old have remained unacceptably high with an estimated 33 percent of children underweight, 38 percent of children stunted, 16 percent of children wasted and 5 percent of children severely wasted UNICEF MICS, 2015). Furthermore, the absolute number of wasted, stunted and underweight children under five years of age has risen significantly (UNICEF, 2014).

6. **Health care in Sudan is generally under-financed.** Total health expenditure per capita remains at US$130 (2015), with a high rate of out-of-pocket payments (75 percent of the total health care expenditures, 2015) which increased vulnerability to health shocks not only among the poor but also among the middle class. Allocation from the Ministry of Finance and Economic Planning (MOFEP) to the system is neither efficient nor based on pre-set priorities and is skewed towards curative services.

7. **Shortage and skewed distribution of the health workforce is very evident.** Health workforce density is 5.6 for physicians per 10,000 population and 47.6 nurses and midwives per 10,000 of the population. More than two thirds (67 percent) of the staff works in secondary and tertiary care. Geographical distribution of health workers is uneven with the majority in urban settings. For instance, even though over 70 percent of the

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\(^2\) https://databank.worldbank.org/data/download/hci/HCI_2pager_SDN.pdf  
\(^3\) http://www.hdr.undp.org/en/composite/HDI
population resides in rural areas, 70 percent of health workers work in the urban areas with 38 percent in the capital, Khartoum. Moreover, 62 percent of specialist physicians and 58 percent of technicians are based in Khartoum.

8. **The COVID-19 crisis has also highlighted the importance of safe water and sanitation and hygiene practices which remain inadequate.** About 5.3 million people lack access to improved water sources, 6.2 million people lack access to improved sanitation, and 7.5 million people lack access to hygiene services. This presents significant challenges in containing the virus if there is widespread community transmission. Many people are unable to comply with required water supply, sanitation and hygiene (WASH) and waste management practices for prevention of human-to-human transmission of the COVID-19 virus, including proper hand hygiene.

9. **Although Sudan remains prone to outbreaks, including cholera, chikungunya, dengue, malaria, measles and Rift Valley, the surveillance system doesn't cover the entire country and is structurally weak** with long delays between alert and confirmation of an outbreak. Sudan lacks adequately trained medical staff, isolation units, intensive care units, infection control materials, medicines and medical supplies to address quickly spreading outbreaks including COVID-19 in all states across the country. COVID-19 cases may force health facilities to close to other patients due to isolation procedures. Regular treatments for malnutrition or maternal care may be adversely affected.

10. **Transmission of COVID-19 has been evolving quickly in Sudan, and the risk of a second wave is high.** As of May 23, 2021, Sudan had 35,071 confirmed cases and 2,568 deaths, with a 6.6 percent case fatality rate. The situation evolved from imported cases to local transmission within few days in early April 2020. Despite the relatively smaller number of new reported daily infections⁴, the risk of the second wave remains high given the recent deadly flooding and the displacement of more than 0.5 million people. According to an analysis undertaken by the Africa Center for Strategic Studies which assess nine of the most important risk factors for the spread of COVID-19 by country, Sudan ranks as one of the top four African countries at highest risk of COVID-19⁵. The weakness of the health system and the population density in cities contribute to the overall ranking. Sudan has limited capacity to control the transmission and contain COVID-19. Without immediate support, the consequences could be catastrophic to Sudan, including the expected spillover transnational effects on the neighboring countries with high traffic to/from Sudan such as Egypt, Gulf Countries, and South Sudan. Accordingly, the proposed project is being processed under the World Bank Policy for Investment Project Financing, paragraph 12: Projects in Situations of Urgent Need of Assistance or Capacity Constraints due to conflict, impending natural disaster and capacity constraints.

**C. Proposed Development Objective(s)**

Original PDO

The objectives of the project are to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sudan.

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⁴ Partially attributed to the limited investigation and testing capacity in the country
Current PDO

The PDO will remain unchanged.

Key Results

11. To measure overall progress in the coverage and deployment of the COVID-19 vaccine, and the gender gaps the project aims to address, the following indicators are added to the project Results Framework:

(a) PDO level
   - Percentage of targeted population fully vaccinated, based on the targets defined in the national plan, by gender

(b) Intermediate results level
   - Number of Solar Direct Drive Refrigerators purchased and installed in health facilities
   - Micro-plans developed and costed for COVID-19 vaccine deployment (yes/no)
   - Standard operating procedures (SOPs) or guidelines updated for collection and disposal of medical waste for COVID-19 (yes/no)

D. Project Description

Component 1: Emergency COVID-19 Response (parent project US$20 million equivalent; proposed AF US$96.9 million equivalent)

New Subcomponents

Subcomponent 1.3: Vaccine Procurement and Deployment (parent project US$0.00 million equivalent; proposed AF US$80.0 million equivalent)

12. Vaccine purchasing will be done through Component 1. The support for vaccines when available, which was anticipated in the parent project, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 deaths under Component 1: Emergency COVID-19 Response. Sudan will potentially use the options of: (i) direct purchase from vaccine manufacturers; (ii) purchase of excess stocks from other countries that reserve excess doses; and/or (iii) purchase through the COVAX Facility for vaccine purchase and financing mechanisms. Given the recent emergency 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 proposed AF will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e., tradeoffs between broader population coverage and re-vaccination). As a prudent and contingent measure, budget for funding has been retained for re-vaccination, if needed of such a subset of the population.

6 On April 26, Sudan has formally expressed interest to purchase vaccines through COVAX cost sharing arrangements
13. To support the Government’s vaccination planning, the proposed AF will finance upfront technical assistance to support Sudan to establish institutional frameworks for the safe and effective deployment of vaccines. These include: (i) guidelines for intra-country vaccination allocation; (ii) guidelines/protocols related to ensuring that there is no forced vaccination and that any mandatory vaccination program (such as entry to schools) is well designed including regarding consent and follows due process for those who choose to opt out; and (iii) the strengthening of accountability, grievances, and citizen and community engagement mechanisms including strengthening of such systems to function in the event of climate hazards.

14. The proposed AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale. To this end, the proposed AF is geared to assist the GoS, working with WBG, WHO, UNICEF and other development partners, to overcome bottlenecks as identified in the COVID-19 vaccine readiness assessment in the country. This subcomponent will support deployment priorities identified in the NVDP. These include but no limited to: (i) logistics along the supply chain, including climate friendly cold-chain equipment; and (ii) enhancing waste management capacity including trainings with modules on health care waste management and climate friendly waste management, with attention to waste management in flood-prone areas. Demand creation and RCCE interventions are critical to the success of the COVID-19 vaccination efforts. The proposed AF will also support: (i) well targeted communication campaigns through mass media, social media and community outreach to improve knowledge and correct myths and misconceptions that cause vaccine hesitancy; (ii) tracking and monitoring of correct knowledge of COVID-19 vaccination and vaccination against climate-induced outbreak prone diseases, and identify views, perceptions, norms and attitudes in order to design correct messaging and effective community outreach strategies; and (iii) facilitation of civil society and citizen engagement mechanisms for feedback, accountability and grievance redressal.

15. The proposed AF will support vaccination of 9.07 percent of the country’s population beyond the twenty percent covered by the COVAX Facility, in accordance with the priority groups identified by the government.

16. **Subcomponent 1.4: Solarization of Health and Vaccine Storage Facilities in Sudan (parent project US$0.00 million equivalent; proposed AF US$0.9 million equivalent through ESMAP).** Nearly 20-40 percent of Sudan’s storages of health facilities have no access to the grid and rely on expensive diesel generators. The remaining have access to the electric grid; however, the power grid in Sudan experiences frequent and extended power outages. With the ongoing COVID-19 pandemic and the need to facilitate COVID-19 cold chain development, solarization of cold storage facilities are a critical priority. The AF will be supplemented by a grant of US$900,000 from the Energy Sector Management Assistance Program (ESMAP) to support urgent need of solar photovoltaic (PV) electricity services to: (i) selected cold storage facilities to ensure the vaccines are kept at the required temperature at the level of localities; and (ii) selected health facilities to ensure vaccines are kept at the required temperature at the point of delivery. The major planned procurement activities under the ESMAP grant will includes but not limited: a contract for the supply and installation of a solar battery-backup system and required wiring reconfiguration; training of local technicians on basic system operation and maintenance; and a contract for the procurement of the Solar Direct Device (SDD) refrigerators.

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7 This figure might vary based on the evolving COVAX cost-sharing arrangements and the availability of new WHO authorized vaccines
Revised Subcomponents

Subcomponent 1.1: Case Detection, Confirmation and Contact Tracing (parent project US$6.5 million equivalent; proposed AF US$8.0 million equivalent)

17. The proposed AF will scale up and support (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities. Support under this sub-component will include but not be limited to the following areas:

- Training of core teams and district teams in rapid response and contact tracing
- Training of laboratory staff for testing of COVID-19 suspected cases
- Procurement, service and maintenance of COVID-19 diagnostic equipment including purchase of testing kits, reagents, sample collection materials and cartridges, related accessories and equipment.

18. The surveillance system will be strengthened to detect COVID-19 and other outbreak-prone diseases including climate-induced outbreak prone diseases.

Subcomponent 1.2: Health system strengthening (parent project US$14.0 million equivalent; proposed AF US$8.0 million equivalent)

19. The proposed AF will scale up and enhance the system preparedness for future COVID-19 waves along with other disease outbreaks such as cholera and acute watery diarrhea. This will cover supporting the EOC and information systems. through (i) specialized training to EOC staff, and (ii) strengthening call/hotline centers and upgrading information systems equipment.

Component 2: Implementation Management and Monitoring and Evaluation (parent project US$1.49 million equivalent; proposed AF US$4.0 million equivalent)

20. To ensure equitable access to vaccines, especially by targeted vulnerable populations, there is a need for close monitoring of the vaccine administration process and putting in place mechanisms to prevent some segments of the population taking advantage of others; in this regard, this component will support: (i) strengthen monitoring and reporting of adverse occurrences such as elite capture, GRM and citizen engagement activities; (ii) implementation of the ESCP; (iii) project coordination and supervision of project activities; and (iv) an independent assessment of the implementation of the Sudan’s COVID-19 response. Climate activities supported by this project will also be monitored within this component.

21. Component 3: Contingent Emergency Response
A zero cost CERC will provide support for future emergency responses. Following an eligible crisis or event, clients may request the Bank to re-allocate project funds to support an additional emergency response. The component will remain unchanged.
Legal Operational Policies

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<td>Projects on International Waterways OP 7.50</td>
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<tr>
<td>Projects in Disputed Areas OP 7.60</td>
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Summary of Assessment of Environmental and Social Risks and Impacts

E. Implementation

Institutional and Implementation Arrangements

22. There is no change in stewardship and oversight. Sudan National Vaccine Deployment Task Force on COVID-19 provides oversight to the implementation of the vaccine deployment plan aided by the National Immunization Technical Advisory Group (NITAG) and FMOH. FMOH and the Project Implementation Unit will continue to facilitate timely coordination arrangements and communication between Government, UN, and NGOs in responding to emergencies and during Preparedness and Response planning process at the state and lower levels. The FMOH is the lead institution for implementing COVID-19 preparedness and response activities and provides the overall leadership for all the technical working groups and advisory committee which provides technical support and expertise through the planning, budgeting and implementation of the COVID-19 response activities.

23. There are modifications to the implementation and monitoring arrangements to reflect the expanded scope of the AF. The EPI structures have also been added to the implementation arrangement since the COVID-19 vaccine deployment will leverage the existing structures. The EPI department at the FMOH is represented at the NTF and is responsible for coordinating the vaccination rollout program at the central and state levels on a daily basis. Agencies such as WHO and UNICEF are providing technical and operational support to the EPI department to ensure the existing structures are efficiently and effectively utilized for a quick vaccination rollout.

24. Project management remains the same. The PIU, housed in FMOH, will continue to be responsible for day-to-day management of the project. The PIU is responsible for M&E, supervision and fiduciary activities including preparation and consolidation of annual workplans and a consolidated activity and financial report for the project. Refer to the parent project PAD for more details.

CONTACT POINT

World Bank

Moustafa Mohamed ElSayed Mohamed Abdalla
Senior Health Specialist
**Borrower/Client/Recipient**

Republic of Sudan

**Implementing Agencies**

Federal Ministry of Health
Amel Al-Fateh
Director for International Cooperation
amel.alfateh35@gmail.com

**FOR MORE INFORMATION CONTACT**

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000

**APPROVAL**

| Task Team Leader(s): | Moustafa Mohamed ElSayed Mohamed Abdalla |

| Approved By |
|------------------|----------------------------------------|
| Practice Manager/Manager: | |
| Country Director: | Milena Petrova Stefanova | 25-May-2021 |