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Report No: PAD4792

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT PAPER

ON A

PROPOSED RESTRUCTURING AND ADDITIONAL CREDIT

IN THE AMOUNT OF SDR12.9 MILLION
(US\$18 MILLION EQUIVALENT)

TO

Nepal

FOR A

COVID-19 EMERGENCY RESPONSE AND HEALTH SYSTEMS PREPAREDNESS PROJECT

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

January 12, 2022

Health, Nutrition & Population Global Practice
South Asia Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective December 31, 2021)

Currency Unit = NPR

NPR 118.94 = US\$1

US\$ 1.4 = SDR 1

FISCAL YEAR

July 16 – July 15

Regional Vice President: Hartwig Schafer

Country Director: Faris H. Hadad-Zervos

Regional Director: Lynne D. Sherburne-Benz

Practice Manager: E. Gail Richardson

Task Team Leader(s): Sangeeta Carol Pinto

ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AEFI	Adverse Events Following Immunization
AF	Additional Financing
Ag-RDT	Antigen-Rapid Diagnostic Test
AMC	Advance Market Commitment
AZ	Astrazeneca
AIIB	Asian Infrastructure Investment Bank
CERC	Contingency Emergency Response Component
CERHSP	COVID-19 Emergency Response and Health Systems Preparedness
CFR	Case Fatality Rate
COVAX Facility	COVID-19 Vaccines Global Access Facility
COVID-19	Coronavirus Disease 2019
CPF	Country Partnership Framework
DO	Development Objective
DOHS	Department of Health Services
DP	Development Partner
EMA	European Medicines Agency
EPI	Expanded Program on Immunization
ESRS	Environmental and Social Review Summary
FM	Financial Management
FOC	Free of Cost
FTCF	Fast Track COVID-19 Facility
GAVI	Global Alliance for Vaccines and Immunizations
GON	Government of Nepal
GRS	Grievance Redress Service
HCWM	Health Care Waste Management
HEIS	Hand-on Enhanced Implementation Support
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IDA	International Development Association
IEC	Information, Education and Communication
IFC	International Financial Corporation
MoHP	Ministry of Health and Population
MPA	Multiphase Programmatic Approach
NDA	Non-Disclosure Agreement
NDVP	National Deployment and Vaccination Plan
NHEICC	National Health Education Information Communication Center
PDO	Project Development Objective
PPE	Personal Protective Equipment
PrDO	Program Development Objective
PZ	Pfizer-BioNTech
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SAGE	Strategic Advisory Group of Experts on Immunization
SEA/SH	Sexual Exploitation and Abuse/Sexual Harassment
SII	Serum Institute of India
SP	Sinopharm
SPRP	Strategic Preparedness and Response Program, also known as Global COVID-19 MPA
SRA	Stringent Regulatory Authorities

TA	Technical Advice
TOR	Terms of Reference
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
US FDA	US Food and Drug Administration
VAC	Vaccine Approval Criteria
VIRAT	Vaccine Introduction Readiness Assessment Tool
VRAF	Vaccine Readiness Assessment Framework
WBG	World Bank Group
WFP	World Food Programme
WHO	World Health Organization

Nepal COVID-19 Emergency Response and Health Systems Preparedness Project

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BASIC INFORMATION – PARENT (Nepal: COVID-19 Emergency Response and Health Systems Preparedness Project - P173760)

Country	Product Line	Team Leader(s)		
Nepal	IBRD/IDA	Sangeeta Carol Pinto		
Project ID	Financing Instrument	Resp CC	Req CC	Practice Area (Lead)
P173760	Investment Project Financing	HSAHP (9543)	SACSN (8295)	Health, Nutrition & Population

Implementing Agency: Ministry of Health and Population

Is this a regionally tagged project?				
No				
Bank/IFC Collaboration				
No				
Approval Date	Closing Date	Expected Guarantee Expiration Date	Environmental and Social Risk Classification	
03-Apr-2020	15-Jul-2024		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 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 074)

The project development objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal.

Ratings (from Parent ISR)

	Implementation		
	03-Sep-2020	14-Dec-2020	22-Sep-2021
Progress towards achievement of PDO	S	S	S
Overall Implementation Progress (IP)	S	S	S
Overall ESS Performance	MS	MS	MS
Overall Risk	S	S	H
Financial Management	S	S	S
Project Management	S	S	S
Procurement	MS	MS	S
Monitoring and Evaluation	S	S	S

BASIC INFORMATION – ADDITIONAL FINANCING (Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project - P178205)

Project ID	Project Name	Additional Financing Type	Urgent Need or Capacity Constraints
P178205	Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project	Scale Up	No
Financing instrument	Product line	Approval Date	
Investment Project	IBRD/IDA	12-Jan-2022	



Financing			
Projected Date of Full Disbursement	Bank/IFC Collaboration		
15-Nov-2024	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 type="checkbox"/> Responding to Natural or Man-made disaster
<input type="checkbox"/> Alternate Procurement Arrangements (APA)	<input checked="" type="checkbox"/> Hands-on, Enhanced Implementation Support (HEIS)
<input checked="" type="checkbox"/> Contingent Emergency Response Component (CERC)	

Disbursement Summary (from Parent ISR)

Source of Funds	Net Commitments	Total Disbursed	Remaining Balance	Disbursed
IBRD				%
IDA	104.00	67.57	34.98	66 %
Grants				%

MPA Financing Data (US\$, Millions)

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

Board Approved MPA Financing Envelope:	18,000,000,000.00
MPA Program Financing Envelope:	18,000,000,000.00
of which Bank Financing (IBRD):	9,900,000,000.00



of which Bank Financing (IDA):	8,100,000,000.00
of which other financing sources:	0.00

PROJECT FINANCING DATA – ADDITIONAL FINANCING (Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project - P178205)

FINANCING DATA (US\$, Millions)

SUMMARY (Total Financing)

	Current Financing	Proposed Additional Financing	Total Proposed Financing
Total Project Cost	104.00	18.00	122.00
Total Financing	104.00	18.00	122.00
of which IBRD/IDA	104.00	18.00	122.00
Financing Gap	0.00	0.00	0.00

DETAILS - Additional Financing

World Bank Group Financing

International Development Association (IDA)	18.00
IDA Credit	18.00

IDA Resources (in US\$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Nepal	18.00	0.00	0.00	18.00
National PBA	18.00	0.00	0.00	18.00
Total	18.00	0.00	0.00	18.00

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

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	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

Digital Development

Climate Change and Disaster Screening

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

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

Name	Role	Specialization	Unit
Sangeeta Carol Pinto	Team Leader (ADM Responsible)		HSAHP
Chandra Kishor Mishra	Procurement Specialist (ADM Responsible)	Procurement	ESARU
Shambhu Prasad Uprety	Procurement Specialist	Procurement	ESARU
Bishwa Raj Basaula	Financial Management Specialist (ADM Responsible)	Financial Management	ESAG2
Alidu Babatu Adam	Social Specialist (ADM Responsible)	Social Development	SSAS1
Annu Rajbhandari	Environmental Specialist (ADM Responsible)	Environment	SSAEN
Ajay Ram Dass	Team Member	Program Management	HSAHP
Amit Bhandari	Team Member	Health Specialist	HSAHP
E. Gail Richardson	Program Manager		HSAHP
Engila Mishra Maharjan	Environmental Specialist	Environment Safeguards	SSAEN
Junko Funahashi	Counsel	Legal Counsel	LEGAS
Mamata Ghimire	Team Member	Health Economist	HSAHP
Neena Shrestha	Procurement Team	Procurement	ESARU
Rekha Shreesh	Social Specialist	Social Development	SSAS1
Rene Antonio Leon Solano	Team Member	Practice Leader	HSADR
Satish Kumar Shivakumar	Team Member	Loans	WFACS
Sunita Gurung	Team Member	Program Management	SACNP
Wolfgang Mohammad Taghi Chadab	Team Member	Loans	WFACS

Extended Team

Name	Title	Organization	Location
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I. BACKGROUND AND RATIONALE FOR ADDITIONAL FINANCING

A. Introduction

1. **This Project Paper (PP) seeks approval to provide an IDA credit in the amount of SDR12.9 million (US\$18 million equivalent) for an Additional Financing (AF) to the Nepal COVID-19 Emergency Response and Health Systems Preparedness Project (CERHSP; P173760).** The proposed AF would scale-up support to the Project for vaccine procurement under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020.¹ The primary objective of this scale up AF is to enable Nepal to provide free and equitable access to COVID-19 vaccines to eligible population. This Project Paper also seeks approval to restructure the CERHSP Project to (a) update allocations to sub-component 1.3 for vaccine financing; and (b) introduce modifications to the Results Framework.

2. **Nepal has gone through two devastating waves of COVID-19 in the last 20 months.** The first wave persisted from September to December 2020, while the second wave peaked between April and June 2021 (attributable to the Delta variant). Over 275,000 persons tested positive in the first wave and 627,000 during the second wave, with male populations more significantly affected in both waves (65 percent positive in wave 1 and 56 percent positive in wave 2). Since the second peak on May 9, 2021, there has been a steady decline in COVID-19 cases, with weekly new confirmed cases decreasing by 94 percent as of October 24, 2021, which could be on account of increased coverage of COVID-19 vaccines and reduced testing. The positivity rates have decreased from 44.7 percent at the peak of the second wave to 7 percent as of October 26, 2021. However, a recent uptick in cases indicates that continued prevention efforts are required amidst changing population behaviors and the emergence of new variants.

3. **Nepal deployed a strong health sector emergency response to COVID-19, despite the challenges of global recession, trade and travel restrictions, and market distortions exacerbated by the pandemic.** As of October 26, 2021, over 900,000 persons were tested positive through 5 million Reverse Transcription Polymerase Chain Reaction (RT-PCR) and Antigen-Rapid Diagnostic Test (Ag-RDT) tests deployed through accredited laboratories and in the community respectively. Over 97 percent of the tested positive patients have recovered, and a cumulative case fatality rate of 1.4 percent was observed with a high rate of 7.2 percent in 60+ age group.

4. **The national health system was significantly strengthened to manage the pandemic.** The laboratory network capacitated to undertake RT-PCR tests was expanded from one (National Public Health Laboratory) to 101 (59 public and 44 private) as were capacities for isolation (7,984 beds), intensive care (2,944 beds) and high dependency units (3,234 beds) for treatment with supporting trainings, infrastructure, and operational support. With the increasing availability of safe and effective vaccines to prevent and minimize spread of the pandemic, Nepal has tenaciously developed a strong vaccine portfolio through bilateral diplomacy with other countries, direct procurement from manufacturers using domestic

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



resources and credits, and leveraging grant and cost-share allocations under the COVAX Advance Market Commitment (AMC) facility. Over 25.4 million doses of vaccines² were already delivered to Nepal as of November 19, 2021 and a pipeline of approximately 21 million doses are expected to be delivered before June 2022. As of October 26, 2021, 6.7 million people (30.8 percent of population) have been fully vaccinated and 8.6 million people (39.7 percent of population) are partially vaccinated. It is expected that the IDA financed vaccines will be able to vaccinate at least 16.5 percent of the population, prioritizing adolescents 12 years and older, so they can safely return to school and curb learning losses exacerbated by COVID-19. Nepal also intends to expand its COVID-19 vaccination coverage to children 5-11 years with safe and effective vaccines as well as provide booster doses to immunocompromised individuals and those over 60 years of age.

5. **The COVID-19 health response has leveraged a robust strategy for community engagement and risk communication, which are instrumental in strong vaccine acceptance and minimal hesitancy.** The National Health Education Information Communication Center (NHEICC) with the technical support of United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) has intensely engaged with the community, leveraging social-, mass-, mid- and print-media as well as inter- personal risk communication in multiple languages. Campaigns for masking-up, testing, home isolation/quarantine and treatment were deployed nationally. Engagement with media, local government, community influencers, private sector and social sector workforce has been strengthened with deployment of tested Frequently Asked Questions (FAQs), public service messages and technical information. Social listening, rumor tracking and prompt squashing through multiple Information, Education and Communication (IEC) channels have been an effective mechanism for tackling misinformation. Mobile technology has been used with SMS-based mass messaging and toll-free helplines with supporting call centers to address the COVID-19 information needs of the population.

6. **Data from existing information systems, surveys and supervision visits continually inform the health response including the vaccination strategy.** Two seroprevalence studies have been conducted with technical assistance from the WHO to inform nuanced health response to the pandemic. Joint supervision visits by Ministry of Health and Population (MoHP) and Development Partners (DPs) were conducted in July 2021 to each of the seven provinces to monitor the COVID-19 health response and impact on routine health services. The Integrated Health Information Management Section (IHMIS) of the Department of Health Services (DOHS) and the Family Welfare Division with the technical assistance of DPs are working towards an integrated data management system for COVID-19 management and vaccination.

B. Consistency with the Country Partnership Framework (CPF)

7. **The proposed AF is consistent with the World Bank Group (WBG) Approach Paper “Saving Lives, Scaling Up Impact and Getting Back on Track,”** contributing to two of the four pillars of the Approach Paper: (i) World Bank emergency support to health interventions for *saving lives* threatened by the virus, and (ii) focused WBG support for *strengthening policies, institutions, and investments* for resilient, inclusive, and sustainable recovery by Rebuilding Better. Additionally, the proposed AF is aligned with the WBG’s Nepal Country Partnership Framework FY19-23 (Report No. 83148-NP) discussed at the Board of Executive Directors on August 7, 2018, including adjustments made to respond to the pandemic.

² Astrazeneca: 6.83 million doses; Verocell: 17.02 million doses; Janssen: 1.53 million doses and Pfizer-BioNTech: 0.1 million doses



Specifically, the Project contributes to Focus Area 3 of enhancing inclusion and resilience and its Objective 3.3 of increased resilience to health shocks, natural disasters, and climate change. The Project, including the proposed AF, significantly enhances the World Bank's support to Nepal's health sector.³

C. Project Design and Scope

8. **The design, scope, and implementation arrangements of the parent Project will be maintained in the proposed AF.** The proposed AF will increase IDA allocation to Sub-component 1.3 to finance the purchase of additional COVID-19 vaccines from Pfizer-BioNTech. Additionally, a level II restructuring is proposed to (a) drop from the Results Framework one outcome and one intermediate indicator each, which are no longer appropriate to measure; and (b) revise upwards the target of the outcome indicator measuring COVID-19 vaccination coverage.

D. Project Performance

9. **Progress towards achievement of Project Development Objectives (PDO) as well as Implementation Progress (IP) are assessed to be Satisfactory and in compliance with all legal covenants.** The CERHSP, in the amount of US\$29 million was approved by the Bank's Board of Executive Directors on April 2, 2020, with the Development Objective *to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal*. A first AF in the amount of US\$75 million was approved by the Board on March 18, 2021 to largely support the purchase and distribution of safe and effective COVID-19 vaccines to eligible populations and to augment the planned activities under the Project.

10. **The Project has financed procurement and deployment of testing equipment, RT-PCR and Antigen Test Kits, consumables, hygiene products and Personal Protective Equipments (PPE).** Intensive Care Units (ICUs), High Dependency Unit and Isolation ward equipment and accessories, oxygen concentrators, drugs and consumables were supplied to designated COVID-19 hospitals. Additionally, seven energy efficient and climate friendly, Pressure Swing Adsorption (PSA) oxygen generation plants, one in each province in Nepal, have been installed and are being managed and maintained by the United Nations Office for Project Services (UNOPS). IDA financing has been used to procure Moderna vaccines through the COVAX cost-share option, with delivery scheduled before June 2022. The Project is also supporting citizen engagement and risk communication through toll-free helplines and call centers run by the MoHP.

11. **Environment and Social Safeguards performance is rated moderately satisfactory.** An environmental and a social specialist have been hired in line with the Environmental and Social Commitment Plan (ESCP) and are supporting implementation of the Environmental and Social Framework (ESMF), Stakeholder Engagement Plan (SEP) and redressal of project-related grievances. The capacities of the specialists are being built through targeted training programs. Risk screening of sub-project activities has been carried out as per the procedures in the ESMF, noting minimal environmental and social

³ Program document for Nepal Health Sector Management Reform Program available here: <http://documents.worldbank.org/curated/en/930761468195577608/Nepal-Health-Sector-Management-Reform-Program>; and Program document for Nepal Development Policy Financing Credit with Catastrophic Deferred Drawdown Option (CAT DDO) available here: <http://documents.worldbank.org/curated/en/449271584151294262/Nepal-Development-Policy-Financing-with-a-Catastrophe-Deferred-Drawdown-Option-Cat-DDO-and-Pandemic-Emergency-Financing-Facility-Project>



concerns that require mitigation during site selection, construction, and operation of the plants. Health care waste management (HCWM) remains a significant issue in the Project. With technical support from the HCWM Technical Working Group, the MoHP has drafted and adopted a three-year HCWM plan to be implemented at health facilities and vaccination centers. However, a decision on which aspects of the plan would be financed by the Project to complement the technical and financial assistance from other partners such as *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ), United Nations Development Programme (UNDP), WHO and UNICEF, is pending. In terms of social safeguards, there is implementation progress, but some strengthening is required. The current mechanism for grievance redressal is limited to toll-free helplines and associated call centers. The centers allow complaints to be lodged but lack procedures for addressing and resolving complaints as well as pathways for documenting and transferring sexual exploitation and abuse/sexual harassment (SEA/SH) related complaints to appropriate authorities and Gender Based Violence (GBV) service providers. A capacity needs assessment covering both centers has been concluded and will inform key measures for enhancing the functionality of the centers. The MoHP with support of the Bank and WHO is exploring opportunities including training and basic orientations for call center operators and relevant staff/consultants with a focus on Grievance Redressal Mechanism (GRM) management and protocols for appropriate referral of SEA/SH related communication.

12. Overall, 66 percent of the committed funds under the Project have been disbursed as of December 23, 2021. This comprises a disbursement of 82.6 percent of the original Credit of US\$29 million, which financed the COVID-19 public health response in Nepal. The first Additional Financing of US\$75 million (90 percent of which was allocated to vaccine financing) has registered a disbursement of 62.2 percent. Procurement of drugs, consumables, equipment for health care waste management and integrated data systems, and consulting services are proposed with the remaining Credit to support public health response to COVID-19.

E. Rationale for Additional Financing

13. An AF is requested by Government of Nepal (GON) to support its endeavors to fully vaccinate its population 12+ years of age with safe and effective COVID-19 vaccines that meet the World Bank's vaccine approval criteria. Nepal has received over 25.4 million doses of vaccines as of November 19, 2021 with a pipeline of approximately 21 million doses to be delivered before June 2022. Nepal requires an additional 6.6 million doses to vaccinate its adolescent population 12+ years of age to meet its target for vaccinating 82.4 percent of its total population. To help meet this target, the GON is in the process of finalizing a contract with Pfizer for the purchase of Pfizer-BioNTech vaccines, and it plans to use proceeds from the first AF as well as the proceeds of the proposed AF to finance this contract.

14. Based on a detailed assessment of the cold chain capacity of Nepal conducted by the WHO earlier in the year, Nepal has built ultra-cold chain capacities for safe deployment of vaccines. These ultra-cold chain capacities are being further augmented at federal and provincial levels with technical and financial support from USAID. Additionally, both the WHO and UNICEF with financial assistance from the Global Alliance for Vaccines and Immunizations (GAVI), have supported the MoHP to build technical and operational capacities at federal and provincial levels of technicians and bio-medical engineers for the maintenance and management of the ultra-cold chain, as well as logistics management teams and health workers to safely deploy Pfizer-BioNTech vaccines. Once the eligible population of Nepal is fully vaccinated against COVID-19, the ultra-cold chain capacities will be re-deployed to strengthen the National Public

Health Laboratory as well as the capacities of blood banks in major hospitals. The National Deployment and Vaccination Plan (NDVP), further detailed in paragraph 16, has been revised to include deployment strategies and plans for Pfizer-BioNTech and Moderna (Spikevax) vaccines,⁴ which require ultra-cold chain (-70 to -80 deg C) and cold chain (-50 to -15 deg C), respectively, and are assessed to be safe candidates for age groups 12 years and older. The revised NDVP was approved by the National Immunization Advisory Committee on November 2, 2021 and the National Immunization Committee on November 26, 2021. Given the experience of deploying Pfizer BioNTech vaccines supplied through COVAX,⁵ the health system is capacitated to deploy 6 million doses of Pfizer-BioNTech vaccines in tranches that are aligned with the strategic plans for deployment to specifically targeted beneficiaries. Table 1 provides an updated summary of ongoing and potential coordinated technical and financial assistance provided by various partners to Nepal towards the COVID-19 health response. This support has been coordinated through mechanisms of the COVID-19 health cluster and its technical work groups (e.g., risk communications and community engagement, logistics and supply chain management), the external DP forum, and the international DP group platform, that convene on a weekly basis, to maximize complementarities and efficiencies.

Table 1: Potential Supportive Roles for Partner Agencies in Implementation *

WHO	Estimated Financing	Available/To be financed
1. Technical leadership support for vaccine introduction	- US\$374,000 support through COVAX for TA	- Available and near full utilization
2. Technical support to National Immunization Advisory Committee for COVID-19 vaccine policy and evidence recommendations		
3. Technical support to National Adverse Events Following Immunization (AEFI) Investigation Committee for investigation and causality assessment	- US\$1,367,000 from German ACT-A award	- Available; utilization within 2021
4. Technical Assistance (TA) for defining strategy and targets for vaccine deployment		
5. TA for finalizing/updating vaccine deployment plan	- US\$1,100,000 COVID-19 Vaccine Delivery Support (CDS), COVAX	- Approved/ in process for receipt
6. TA for developing program guidelines, each vaccination phases guidance and strategies, each vaccine-specific interim guidance and recommendations, training materials including TA for providing technical training.		
7. TA for vaccination session site monitoring	- Gap of US\$1,000,000 for 2022	- Needs to be financed
8. Technical support for AEFI and Adverse Events of Special Interest surveillance, including technical support for field investigation		
9. TA support for national review and evaluation (PIE)		
10. Logistics support: vaccine carriers, AEFI kits, server for digital vaccination card system		

⁴ European Medicine’s Agency confirms Moderna (Spikevax) to be administered as a course of 2 doses of 0.5 mL each dose, 28 days apart, among those aged 12 and over, with close monitoring for AEFI.

⁵ As of October 26, 2021, 100,620 doses of Pfizer-BioNTech vaccines arrived in Nepal through COVAX, as a donation from the US Government. These vaccines have been deployed through 22 hospitals throughout the country to immunocompromised individuals.

UNICEF	Estimated Financing	Available/To be financed
<ol style="list-style-type: none"> 1. TA for development of a roadmap for improved integration of COVID-19 vaccine deployment with Expanded Program on Immunization (EPI) and other primary health care (PHC) services 2. TA for quantification and forecasting of supply needs 3. TA for completing cold chain assessment 4. Support to procure and install quality cold chain and logistics at national and sub-national levels 5. TA for community engagement and risk communication etc. 6. Support to procure PPE for immunization workers, test kits, IEC materials, AEFI kits, etc. 7. UNICEF's support in COVID-19 response in support of MoHP: <ul style="list-style-type: none"> ▪ Crisis Media Hub at MoHP, in collaboration with NHEICC. Supported strategic engagement with news media, daily content responding in real time to social listening and national campaigns on mask wearing and mental health ▪ Monitoring of Essential Health Services ▪ Community Based Surveillance (CBS), Contact Tracing (CT), Vulnerability Assessment (VA) ▪ Health service access and referral facilitation at household & ward levels ▪ Mental health support ▪ Logistics support ▪ Risk Communication and Community Engagement working group for standardization of message, content, and dissemination ▪ Partnership with Nepal Red Cross Society and Nepal Scout volunteers to engage with communities for vaccination promotion, support at vaccination sites and COVID-19 preventive behaviours ▪ Collaboration with provincial government and municipalities for compulsory mask use movement ▪ Mass media and social media content creation and dissemination ▪ Support in COVID-19 vaccination roll-out, supplies, cold chain ▪ Reproductive maternal, newborn, child and adolescent health orientation on interim guideline during COVID-19 pandemic ▪ Support for interim nutrition guidelines for COVID context ▪ Essential Critical Care Training ▪ Health kits support for people in home isolation ▪ Additional 1,200 oxygen concentrators for provincial and district oxygen banks 	<p>- TA: US\$1,500,000 million</p> <p>- Supplies: US\$1,850,000 million</p>	<p>- TA: US\$1,154,000/ US\$2,011,620</p> <p>- Supplies: US\$930,000/ US\$5,767,006</p>
Gavi/COVAX	Estimated Financing	Available/To be financed
<ol style="list-style-type: none"> 1. Subsidized vaccines to cover the first prioritized 20% of the population 2. Available COVID-19 vaccines as requested to meet needs beyond first 20% of prioritized population 3. TA for COVID-19 vaccine preparedness to MoHP 	<p>- US\$97,800,000</p> <p>- YTD</p> <p>- US\$750,000</p>	<p>- To be confirmed</p> <p>- To be confirmed</p> <p>- US\$750,000</p>

4. Support to strengthen cold chain equipment for deployment of COVID-19 vaccines for first 20% of prioritized population etc.	- US\$730,000	- US\$730,000
5. Covid-19 Vaccines Delivery Support (CDS) through WHO/UNICEF implementation	- US\$2,150,000	- US\$2,150,000. Full disbursement in November 2021
ADB	Estimated Financing	Available/To be financed
1. COVID-19 vaccines (Loan signing - August 2021)		- US\$165,000,000 Loan
2. TA grant to supporting implementation for RCCE, HCWM, M&E, and project management		- US\$1,200,000 TA grant
German Development Cooperation (KFW)	Estimated Financing	Available/To be financed
COVID-19 vaccines, and any other pandemic related investments/expenditures		€10,000,000 budget support provided
USAID	Estimated Financing	Available/To be financed
1. TA to federal and sub-national governments for COVID-19 vaccine deployment and delivery. This includes inclusive vaccine deployment plan, development of guidelines training, logistics, human resources support and procurement of cold chain equipment to fill critical gaps	US\$12,000,000	Obligated to the current implementing mechanisms
2. Support planning and coordination among local governments and donors		
3. TA for risk communication and community engagement		
UK	Estimated Financing	Available/To be financed
1. COVID-19 vaccines through COVAX AMC	In 2020/2021 BEK repurposed over £40,000,000 budget to COVID-19 response.	For FY 2021/22, £12,200,000 is available for health program including COVID-19 response
2. UK funded Nepal Health Sector Program III (NHSP3) has been providing TA to GON/MoHP in vaccine preparedness policy, technical note and vaccine deployment plan, budgeting, information management, COVID-19 data management/analysis and seroprevalence survey and design of warehouses for COVID-19 vaccines storage facilities in all seven provinces. Potential TA will be on preparation of technical specification of medicines and supplies during vaccination, costing of the vaccination program, preparing monitoring framework, vaccine progress reports, logistic management of vaccines in three provinces (Province 2, Lumbini and Sudurpachhim), and orientation to health workers (few) in the three provinces (38 municipalities).	From health program, Financial Assistance up to £9,780,000 (2019/20) and £4,100,000 (2020/21), and TA up to £2,800,000 contributed in COVID-19 response.	
GIZ	Estimated Financing	Available/To be financed
1. Rapid assessment, procurement of HCWM required equipment & refurbishment at 13 hospitals (completed)	In-kind	In-kind
2. TA for HCWM at 13 (covid-19 designated) public hospitals on operation and maintenance, including MIS for waste generation,		

<p>treatment and recycle and disposal in line with national guidelines; development technical guidelines, SOP, orientation to health workers, hospital committees and municipalities; peer-learning and national/international networking (Global Green Hospital); including TA for integrated waste management in two municipalities (ongoing)</p> <p>3. TA to TWG of Management Division/MoHP institutionalize the sustainable HCWM at all level of HCF (ongoing).</p>		
United Nations Population Fund	Estimated Financing	Available/To be financed
<p>Support is specific to Reproductive, Maternal, Newborn, Child and Adolescent Health service continuity, especially TA for Reproductive Health cluster coordination, HR (service continuity, Supply Chain Management/Logistics, TA), Family Planning/Maternal and Newborn Health commodities and capacity building/training, rapid assessments/evaluations, GBV response, risk comms and community engagement. No financing support for the vaccines.</p>	In-kind human resource time	In-kind human resource time
EU and its Member States	Estimated Financing	Available/To be financed
<ol style="list-style-type: none"> 1. 244 ventilators 2. 12 BPAP airflow machines 3. 102 oxygen concentrators 4. 398 air regulators 5. 50 defibrillators 6. 728 oxygen regulators 7. 50 respiratory monitors 8. 50 oxygen cylinders 9. 147,425 antigen test kits 10. 494,600 face shields 11. 96,000 visors 12. 24,500 protection glasses 13. 30,400 pulse oximeters 14. 2,050 nasal oxygen cannulas 15. 214,500 pairs of gloves 16. 128,000 isolation gowns 17. 25,000 litres hand disinfectant 18. 38,636,540 surgical masks 19. 3,341,920 KN95 masks 20. 600,000 non-sterile medical facemasks 21. 109,750 protective overalls 22. 400 gum boots 23. 230 thermometers 24. 200 body bags 25. 5 isolation centre tents 	€12,000,000	
EU	Estimated Financing	Available/To be financed
<ol style="list-style-type: none"> 1. To WHO to the strengthen clinical course monitoring and rapid referral to hospitals of all home isolated cases through tele-health / tele-medicine services and support for emergency medical teams' deployment 	- €500,000	- €500,000

2. To UNICEF to procure COVID-19 equipment and supplies on behalf of the UN agencies in Nepal. Key equipment and supplies include oxygen equipment including oxygen gas cylinders, oxygen concentrators, home care kits, diagnostics including antigen RDT kits and PPEs	- €1,500,000	- €1,500,000
3. To IOM to strengthen the Isolation centres and Ground Crossing Points (GCPs) management for rapid response and preparedness against COVID-19	- €1,000,000	- €1,000,000
4. To UNICEF to mitigate and address protection risks arising from the pandemic	- €500,000	- €500,000
5. To WHO for health emergency preparedness of prehospital, hospital and post-hospital response to COVID-19 pandemic	- €1,500,000	- €1,500,000
6. To UNICEF to adapt the nutrition services delivery system to the COVID situation	- €250,000	- €250,000
Bill & Melinda Gates Foundation	Estimated Financing	Available/To be financed
1. Grant to WHO Nepal to support genomic surveillance for SARS CoV2. Facilitating reagents and necessary supplies for this work	- US\$150,000	
2. Grant to UNICEF Nepal to support oxygen systems resilience and oxygen delivery	- US\$650,000	
3. Supported laboratory systems and data analytics at Dhulikhel Hospital	- US\$250,000	

* Financiers such as the Asian Development Bank (ADB), European Union (EU)/member states, UK, United States Agency for International Development have been providing technical assistance and operational support through WHO/UNICEF. Therefore, there is likelihood that support confirmed by the financiers may be duplicated with the support indicated WHO/UNICEF.

F. National Capacity and COVID-19 Vaccination Plan

(a) Vaccine Readiness Assessment

15. **Nepal completed its assessment for COVID-19 vaccination readiness using the VIRAT-VIRAF 2.0 joint tool in January 2020.** The assessment indicated that on all four core activity areas and each of the assessment areas under them, Nepal was in a high state of readiness to roll out a COVID-19 vaccination campaign (Table 2). Nepal has over 16,000 vaccination centers managed by trained health workers that cater to its exemplary expanded program on immunization (EPI). Nepal's COVID-19 vaccination campaign has astutely leveraged the infrastructure, expertise, and capacities of the EPI for a successful roll-out. In view of the current constrained vaccine supply, there are approximately 3,800 vaccination sites activated for COVID-19 vaccination with a high cumulative daily vaccination target of 300,000.⁶ With increased availability of vaccines, Nepal has the capacity to vaccinate over 1 million people per day under 16,000 vaccination sites. In view of the preparedness, technical know-how and existing capacities, the health system is assessed as fully equipped to complete vaccination of the eligible population by mid-year 2022.

⁶ Immunization session sites/strategic locations are selected or added by the District Health Officer under the direction of the District Coordination and Monitoring Committee for COVID-19 vaccination. The sites are selected only in appropriate locations where security can be provided, AEFI management done, vaccine wastage minimized and vaccination of targeted beneficiaries as per phased plans ensured.

Table 2: Summary of Vaccination Readiness Findings from the VIRAT/VRAF 2.0 Assessment

Readiness domain	Readiness of government	Key gaps to address before deployment
Planning and coordination	<p><u>Readiness: Completed</u></p> <p>Vaccination objectives and targets. Vaccination objectives including target population defined. Number and geographies of the cadre of workers defined.</p>	No gaps remaining
Budgeting	<p><u>Readiness: Completed</u></p> <p>The GON to utilize domestic resources and secure grants and loans to procure vaccines. The NDVP has details of the budget.</p>	No gaps remaining
Regulatory	<p><u>Readiness: Completed</u></p> <p>All regulation and standards are in place. The NDVP confirms that GON's standards for vaccine are: (i) approval by three Stringent Regulatory Authorities (SRAs) in three regions OR (ii) WHO prequalification and approval by one SRA. If any vaccine with the above criteria is not available or is available but cannot be programmatically deployed in Nepal, the provision of section (13), sub-section (3) of the Immunization Act, 2072 can be followed. Protocols regarding consent to vaccinations developed.</p> <p>The NDVP has been revised for inclusion of age-group 12+ as per the Strategic Advisory Group of Experts on Immunization (SAGE) recommendations in the cohort of COVID-19 vaccine beneficiaries and is approved by the National Immunization Advisory Committee on November 2, 2021 and the National Immunization Committee on November 26, 2021.</p>	No gaps remaining
Prioritization, targeting, surveillance	<p><u>Readiness: Completed</u></p> <p>Target population defined and prioritized. Guidelines and tools for planning and conducting vaccine pharmacovigilance activities finalized. ToRs and training the AEFI committee to review COVID-19 vaccine safety data developed. Guidelines finalized based on SAGE/ Global Advisory Committee on Vaccine Safety (GACVS) guidance. ToRs and trainings have been aligned with the vaccine characteristics.</p>	No gaps remaining
Service delivery	<p><u>Readiness: Completed</u></p> <p>Points of delivery has been identified as follows- for first 3% institutional/fixed delivery and for remaining, both institutional and outreach. Micro-plans developed with timing and numbers to be vaccinated. Training plan, delivery protocol across all participating facilities finalized with TA from WHO.</p>	No gaps remaining
Training and supervision	<p><u>Readiness: Completed</u></p> <p>Guidelines and training manuals for immunization workers are in place and health workers have been trained in line with specific vaccine characteristics for deployment. All the trainings are monitored and supervised to ensure the quality of the training, especially at the service delivery levels by federal, provincial and district supervisors.</p>	No gaps remaining
Monitoring and evaluation	<p><u>Readiness: Completed</u></p> <p>Existing digital surveillance and monitoring framework with a set of recommended indicators for COVID-19 vaccine, including gathering information from facilities and contractors participating in vaccine delivery, and ensuring necessary human resource capacity is in place. Mechanism with multiple intake</p>	No gaps remaining

Readiness domain	Readiness of government	Key gaps to address before deployment
	points has been designed and is operational for feedback and grievances in relation to the vaccine program.	
Vaccine, cold chain, logistics, infrastructure	<p><u>Readiness: Completed</u></p> <p>The national logistics working group with appropriate terms of reference and standard operating procedures to coordinate COVID-19 vaccines and ancillary products deployment established. Key roles and responsibilities needed for vaccine and ancillary products deployment mapped. Distribution strategy, including mapping the potential port(s) of entry, points of storage (stores) and stocking, and fallback facilities in the country with their respective cold chain storage (2-8C, -20C, -60/70C) and transportation capacity for vaccines and ancillary products, and ensure necessary human resource capacity is in place. Dry storage and cold chain capacity and infrastructure need at all levels with regards to the COVID-19 vaccines characteristics and supply and logistics gaps assessed. Steps being undertaken to augment cold chain capacities where required with TA from WHO, UNICEF and GAVI and financing from agencies such as USAID.</p>	No gaps remaining
Safety surveillance	<p><u>Readiness: Completed</u></p> <p>Guidelines and tools for planning and conducting vaccine pharmacovigilance activities finalized. Planning and preparation for surveillance and management of AEFI including potential referral centers for serious AEFIs in place. All vaccinators and related health care workers in COVID-19 vaccination program are trained on types, causes, identification, prevention, management and reporting of AEFI including anaphylaxis.</p>	No gaps remaining
Demand generation and communication	<p><u>Readiness: Completed</u></p> <p>Plan of action for community engagement is in place and is included in the NDVP. Details of community engagement finalized. Content for community engagement and advocacy is in place. System for community engagement and risk communication is fully functional.</p>	No gaps remaining

(b) National Deployment and Vaccination Plan (NDVP)

16. **The NDVP for COVID-19 Vaccine, the main framework for Nepal’s vaccine deployment and vaccination efforts, was approved and adopted by Nepal in January 2021.** The plan confirmed Nepal’s goal to vaccinate 72 percent of its population (approximately 21.75 million). The beneficiaries included persons 15 years and older, with front line workers of health and social sectors, elderly, migrant labor and persons with co-morbidities, and refugees afforded higher priority. The NDVP provides detailed guidance on (i) COVID-19 vaccine options, regulatory preparedness and indemnification, (ii) vaccination strategies, (iii) logistics planning and cold chain, (iv) governance and macro-planning, (v) micro-planning, (vi) conduct of vaccination sessions, (vii) financial resources for COVID-19 vaccination, (viii) management of adverse event following immunization, (ix) communication, information and social mobilization, (x) recording and reporting, (xi) human resources and training, (xii) supervision and monitoring, and (xiii) evaluation. The NDVP was reviewed and approved by the Regional Review Committee (RRC) with membership of WHO



and/or UNICEF regional offices, and members from GAVI's independent review committee amongst others.

17. **As mentioned in paragraph 14, Nepal has secured approval from the National Immunization Committee for the revised NDVP to include expanding vaccination coverage to adolescents 12-15 years and supporting strategies across critical parameters indicated above.** With the inclusion of approximately 3.3 million adolescents (12+ years) in the prioritized groups for vaccination, Nepal's goal for COVID-19 vaccination has been revised to increase coverage from 72 to 82.4 percent of its population. The revised NDVP addresses the use of m-RNA vaccines for use in adolescent and high-risk populations.

18. **There is need for additional resources to independently review all performance aspects of the COVID-19 vaccination campaign on an ongoing basis and support improvement measures.** The current strategy, plans and guidelines for COVID-19 vaccination have been successfully deployed. As the vaccination campaign gains momentum, there is need to undertake rapid assessments to ascertain the (i) effectiveness of microplanning, (ii) quality of training of health workers, (iii) compliance with standards and guidelines for COVID-19 vaccination, (iv) management of adverse events following immunization, (v) recording and reporting of data, (vi) grievance redressal, (vii) vaccine stock management and (viii) risk communications and community engagements, amongst other issues, and use the findings to improve planning, deployment and measurement of the vaccination campaign.



Table 3: National Vaccine Coverage and Acquisition Plan

[Based on the estimates as of November 19, 2021]

Source of financing (IBRD, IDA, TF, Govt, Other)	Population Targeted (out of 30.39 million population)		Vaccines				Number of doses needed with 15% wastage	Estimated total US\$ (millions)	World Bank's VAC Status of the vaccine	Contract Status	Vaccines already arrived in the country	
	%	Number (in million)	Source	Name	Price (\$/dose)	Shipping (\$/dose)					Name	Doses
Phase 1: Frontline workers of health and social sector												
a. Grant, India (AZ) b. Domestic (AZ)	3.00	0.91	a. SII b. SII	a. AZ, SII b. AZ, SII	a. FOC b. N/A		2,096,087		All sourced vaccines meet WB VAC	Domestically financed contracts signed under NDA; COVAX supplies provided under NDA	a. AZ (SII)	a. 2,096,087
Phase 1 total	3.00	0.91										
Phase 2: All elderly ≥ 55 years of age; persons with co-morbidity in 40 – 54 years age-group; migrant labor and refugees with co-morbidity												
a. Domestic (AZ) b. Grant, COVAX c. Grant, China (SP) d. Grant, China (SP) e. Grant, China (SP) f. Domestic (SP) g. Grant US thru COVAX (AZ) h. Grant Bhutan (AZ) i. Grant Japan thru COVAX (AZ)	16.97	5.16	a. SII b. COVAX c. Sinopharm d. Sinopharm e. Sinopharm f. Sinopharm g. COVAX h. SII i. COVAX	a. AZ, SII b. AZ, SII c. Verocell d. Verocell e. Verocell f. Verocell g. Janssen h. AZ i. AZ	a. FOC b. FOC c. FOC d. FOC e. FOC f. N/A g. FOC h. FOC i. FOC		11,877,819		All sourced vaccines meet WB VAC	Domestically financed contracts signed under NDA; COVAX supplies provided under NDA	a. AZ, SII b. AZ, SII c. Verocell d. Verocell e. Verocell f. Verocell g. Janssen h. AZ i. AZ	a. 3,913 b. 348,000 c. 800,000 d. 200,000 e. 800,000 f. 4,000,000 g. 1,534,850 h. 230,000 i. 1,109,291
Phase 2 total	16.97	5.16										
Phase 3: Remaining population over 15												



Source of financing (IBRD, IDA, TF, Govt, Other)	Population Targeted (out of 30.39 million population)		Vaccines				Number of doses needed with 15% wastage	Estimated total U\$ (millions)	World Bank's VAC Status of the vaccine	Contract Status	Vaccines already arrived in the country	
	%	Number (in million)	Source	Name	Price (\$/dose)	Shipping (\$/dose)					Name	Doses
a. Grant, Japan thru COVAX (AZ)	51.62	15.68	a. COVAX	a. AZ	a. FOC		36,066,650		All sourced vaccines meet WB VAC	Domestically financed contracts signed under NDA; COVAX supplies provided under NDA	a. AZ	a. 505,769
b. Grant, UK thru COVAX (AZ)			b. COVAX	b. AZ	b. FOC						b. AZ	b. 131,120
c. Grant, China (SP)			c. Sinopharm	c. Verocell	c. FOC						c. Verocell	c. 100,000
d. Domestic (SP)			d. Sinopharm	d. Verocell	d. N/A						d. Verocell	d. 6,000,000
e. Domestic (AZ)			e. SII	e. AZ, SII	e. N/A						e. AZ	e. 1,000,000
f. Grant, US thru COVAX (PZ)			f. COVAX	f. Pfizer-BioNTech	f. FOC						f. Pfizer-BioNTech	f. 100,620
g. ADB thru COVAX (SP)			g. COVAX	g. Verocell	g. N/A						g. Verocell	g. 1,020,000
h. Grant, Maldives (AZ)			h. Maldives	h. AZ	h. N/A						h. Verocell	h. 201,600
i. Grant China (SP)			i. Sinopharm	i. Verocell	i. FOC						i. Verocell	i. 1,600,000
j. Grant China Military (SP)			j. Sinopharm	j. Verocell	j. FOC						j. AZ	j. 300,000
k. Grant, COVAX (AZ)			k. COVAX	k. AZ, SII	k. FOC						k. Verocell	k. 348,000
l. Grant Swiss, thru COVAX (AZ)			l. COVAX	l. AZ, SII	l. FOC						l. Verocell	l. 492,000
m. Grant Canada, thru COVAX (AZ)			m. COVAX	m. AZ, SII	m. FOC						l. AZ	m. 368,000
n. ADB COVAX cost-share (SP)			n. COVAX cost-share	n. Verocell	n. N/A						m. AZ	n. 2,200,000
o. IDA, COVAX cost-share			o. COVAX cost-share	o. MD	o. N/A						n. Verocell	
				p. MD	p. FOC							
				q. AZ	q. FOC							
				r. J&J	r. FOC							



The World Bank

Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project (P178205)

Source of financing (IBRD, IDA, TF, Govt, Other)	Population Targeted (out of 30.39 million population)		Vaccines				Number of doses needed with 15% wastage	Estimated total U\$ (millions)	World Bank's VAC Status of the vaccine	Contract Status	Vaccines already arrived in the country	
	%	Number (in million)	Source	Name	Price (\$/dose)	Shipping (\$/dose)					Name	Doses
p. Grant COVAX												
q. Grant COVAX												
r. Grant COVAX												
Phase 3 total	51.62	15.68										
Phase 4: 12+ years old												
a. IDA (PZ)	10.80	3.30	a. Pfizer-BioNTech	a. Pfizer-BioNTech	a. N/A		6,600,000		All sourced vaccines meet WB VAC	IDA financed PZ contract under negotiation		
Phase 4 Total	10.80	3.30										
NATIONAL TOTAL	82.40	25.05										

AZ=Astrazeneca; J&J=Janssen; MD=Moderna (Spikevax); SII= Serum Institute of India; SP=Sinopharm; PZ=Pfizer-BioNTech

FOC= Free of Cost

N/A= Information not available

Box 1: Liability and Indemnification Issues in Vaccine Acquisition

Background. While vaccines save millions of lives, there is also a risk that they can cause serious adverse events (SAEs). Such events can lead to litigation against vaccine manufacturers. Rapid development of vaccines increases the risk of vaccine manufacturers' potential liability for AEFI, which can in turn affect research and development and future supply. Manufacturers seek to protect themselves from this risk by including clauses to limit their liability in their supply contracts, such as indemnification provisions and immunity from suit and liability clauses. While contractual provisions and domestic legal frameworks can all operate to allocate that risk among market participants, no mechanism will eliminate this risk entirely. Some countries also have no-fault compensation schemes to provide compensations to claimants for vaccine-related injuries.

For vaccines acquired under the COVAX AMC, recognizing that manufacturers will require participants to provide a form of indemnity against product liability claims, COVAX has developed model language for indemnity agreements for vaccines purchased and supplied under the COVAX AMC. In providing vaccines, 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 model indemnification arrangements or prior bilateral arrangements with manufacturers. Additionally, as part of its risk mitigation strategy, the COVAX Facility will have a no-fault compensation scheme. This will cover vaccines supplied only through COVAX AMC.

In the COVAX Vaccine Request submitted by Nepal to COVAX on January 8, 2021, Nepal agreed to indemnify the applicable vaccine manufacturer against product liability claims associated with the use or administration of the COVAX vaccines by entering into an indemnity agreement with such manufacturer.

For vaccines purchased outside of COVAX, Nepal will need to enter into direct arrangements with manufacturers.

The NDVP confirms that the Cabinet has decided to provide indemnification to manufacturers, distributors, and donors in case of the occurrence of adverse event following immunization for COVID-19. Nepal has established and maintains with adequate domestic resources a no-fault vaccine injury compensation fund for vaccine beneficiaries suffering from adverse events. This fund will also be used to address any compensation merited to beneficiaries of COVID-19 vaccines.

World Bank Assistance. The World Bank may assist the country through: (a) sharing information on (i) statutory frameworks in Organization for Economic Cooperation and Development (OECD) countries and other developing countries; and (ii) overall experience in other countries; and (b) providing training and workshops for government officials to familiarize them with the issues. For World Bank-financed contracts, World Bank can provide Hands-on Expanded Implementation Support (HEIS).

II. DESCRIPTION OF ADDITIONAL FINANCING

A. Proposed Changes

19. This restructuring proposes the following changes to the Project:

- (a) Increase Sub-component 1.3 allocation by US\$18 million (full amount of proposed AF) to purchase additional COVID-19 vaccines.
- (b) Drop the following outcome and intermediate indicators from the Results Framework:

- (i) **Outcome indicator:** *Percentage of suspected cases of COVID-19 reported and investigated based on national guidelines.* In view of the rapid, nation-wide spread of the pandemic, with a large proportion of infected persons being asymptomatic, it is difficult to quantify total suspected cases (denominator for the PDO indicator). Moreover, since all investigated cases (numerator for the PDO indicator) are those which were suspected in the first place, 100 percent will always be achieved.
- (ii) **Intermediate results indicator:** *Percentage of confirmed cases whose contacts were traced as per the MoHP protocol.* Given the widespread community transmission (over 68 percent of the population was exposed to the COVID-19 virus according to the second seroprevalence study), contact tracing is no longer a meaningful strategy.
- (c) Revise by 10 percent the target of outcome indicator *Proportion (%) of prioritized population fully vaccinated, as per protocol, disaggregated by gender* to include the additional population that will be vaccinated through this AF.

Table 4: Priority Groups for Vaccination in Nepal

Phase	Population group	Number of people	% of population
Phase 1	Frontline workers of health and social sectors	911,342	3.00
Phase 2	- Elderly: all >55 years (high Case Fatality Rate, CFR) - Population aged 40-54 years with co-morbidities - Migrant labor with co-morbidities	5,164,269	16.97
Phase 3	- Remaining population aged 40-54 years with co-morbidities (minus those within the age group and vaccinated in Phase 1, 2B and 2C) - Remaining population aged 15-39 years (minus those within the age group and vaccinated in Phase 1 and 2C)	15,681,152	51.62
Phase 4	Adolescent Population 12+ years	3,300,000	10.80
Total		25,056,763	82.4*

*prioritized proportion of recipients of COVID-19 vaccines from the total population of Nepal

20. **The AF will support vaccination of approximately 10.8 percent of Nepal’s population, which comprises, approximately 3.3 million adolescents 12+ years of age (Table 4).** Table 5 below provides an update on Bank financing for vaccines under the Project, including the first AF and the proposed new AF.

Table 5: Summary of COVID-19 Vaccine Sourcing and Bank financing

National plan target (population %)	Source of vaccine financing and vaccine			Specific vaccines and sourcing plans	Doses purchased with Bank finance (2 doses assumed)	Estimated allocation of Bank financing (US\$)
	COVAX grant	Bank-financed	Other*			
		Through COVAX	Through direct purchase			
Phase 1A: 3.00%		-	-	- Grant from India (AZ, SII) - Domestic (AZ, SII)	N/A	Deployment: 7.5 million

National plan target (population %)	Source of vaccine financing and vaccine				Specific vaccines and sourcing plans	Doses purchased with Bank finance (2 doses assumed)	Estimated allocation of Bank financing (US\$)
	COVAX grant	Bank-financed		Other*			
		Through COVAX	Through direct purchase				
Phase 2A: 12.29%	AZ	-	-	- Domestic (AZ, SII) - Grant COVAX (AZ, SII) - Grant China (SP) - Domestic (SP) - Grant US thru COVAX (J&J)		N/A	
Phase 2B: 3.68%		-	-	- Grant Bhutan (AZ)		N/A	
Phase 2C: 1.00%		-	-	- Grant Japan thru COVAX (AZ)		N/A	
Phase 3A: 9.55%	-	-	-	- Grant Japan thru COVAX (AZ) - Grant UK thru COVAX (AZ) - Grant China (SP) - Domestic (SP)		N/A	
Phase 3B: 42.07%	AZ J&J MD	- MD	-	- Domestic (SP) - Domestic (AZ) - Grant US thru COVAX (PZ) - ADB thru COVAX cost-share (SP) - Grant Maldives (AZ) - Grant China (SP) - Grant COVAX (AZ, SII) - Grant Swiss thru COVAX (AZ) - Grant Canada thru COVAX (AZ)		N/A*	
Phase 4: 10.8%			- PZ				Purchase: N/A** (100%) Deployment: 7.5 million

*Other: Includes coverage by the government, bilateral and other MDBs; AZ=Astrazeneca, J&J=Janssen, MD=Moderna (Spikevax), SII= Serum Institute of India, SP=Sinopharm; PZ=Pfizer-BioNTech

N/A = Not Applicable

N/A* = Information has been provided to the Bank in confidence and remains restricted from public access unless and until there is prior written consent to disclose

N/A** = Not Available

21. In accordance with the provisions under the MPA-Program, Retroactive Financing will be available for this AF for disbursing resources quickly in response to urgent needs for vaccine procurement. Retroactive financing up to 20 percent of the Credit amount (up to US\$3,600,000 equivalent) of the total AF amount will be allowed for eligible expenditures paid by the Government from September 01, 2021. The Bank will review government expenditures for eligibility to be reimbursed.

III. KEY RISKS

22. **The overall risk to achieving the PDO with the AF for vaccination is High.** The risks associated with this AF are consistent with the risks identified for the first AF to the Project and are articulated in the associated Project Paper.⁷ Additionally, the following risks were identified under the proposed AF which cause for the overall residual risk to be maintained at High: (i) deployment of a new vaccine candidate (Pfizer) that requires ultra-cold chain and additional processing steps, unlike other vaccine candidates that require 2-8 degrees cold chain and have been extensively deployed in Nepal; (ii) vaccination of adolescent populations, which is a new demographic prioritized for vaccination with limited experience and science available on risks and benefits; (iii) volatile vaccine and ancillary markets and inconsistent supplies; and (iv) continued unpredictable trajectory of the pandemic. These risks are being systematically managed by leveraging the programmatic experience of deployment of grant dose of 100,620 Pfizer vaccines provided by COVAX to Nepal in October 2021. The ultra-cold chain capacity in Nepal is being augmented with support from COVAX and USAID at federal and sub-national levels. Citizen Engagement and Risk Communications are being tailored and deployed with technical support of UNICEF and WHO to maintain a strong demand from targeted populations. Finally, Nepal is securing necessary ancillary items in support of vaccinations through timely bilateral procurements, procurements through UN agencies, bundled supplies through COVAX mechanism and grant support from friendly neighbors, bilateral agencies, and development partners.

IV. APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

23. The Technical, Economic and Financial summary for this AF is consistent with the analysis presented in the Project Paper for the first AF of the Project.⁸

B. Financial Management

24. The Financial Management appraisal summary comprising financial management systems, fund flow and reporting arrangements, risks mitigation measures and disbursement arrangements for this AF are consistent with the analysis presented in the Project Paper for the first AF of the Project.⁹ It is expected that the Credit (IDA 68470) allocated to vaccine financing from the first AF will be fully disbursed prior to draw down of Credit from this AF towards financing of vaccine contracts to be done on a parallel financing basis. Direct payments method may be used for vaccine purchases. There are no overdue audit reports under Bank-financed projects. The audit report for 2020-21 will be due nine months after the completion of the financial year.

⁷ Project Paper for the Additional Financing to Nepal for COVID-19 Emergency Response and Health Systems Preparedness project available here: <https://documents1.worldbank.org/curated/en/190961616378534881/pdf/Nepal-COVID-19-Emergency-Response-and-Health-Systems-Preparedness-Project-Restructuring-and-Additional-Financing.pdf>

⁸ Ibid

⁹ Ibid

C. Procurement

25. The procurement appraisal summary for this AF is consistent with the analysis presented in the Project Paper for the first AF of the Project.¹⁰

D. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

E. Environmental and Social

26. The Environment and Social appraisal summary for the AF is consistent with the analysis presented in the Project Paper for the first AF of the Project.¹¹

F. Gender

27. The appraisal summary for gender for the AF is consistent with the analysis presented in the Project Paper for the first AF of the Project.¹² This proposed AF is aligned with the measures instituted by the Project and its first AF to address gender gaps, and hence, is gender tagged.

G. Climate

28. The Climate appraisal summary for the AF is consistent with the analysis presented in the Project Paper for the first AF of the Project.¹³ With a preliminary assessment, this AF has secured zero percent climate co-benefits.

H. Citizen Engagement

29. The Citizen Engagement appraisal summary for the AF is consistent with the analysis presented in the Project Paper for the first AF of the Project.¹⁴

I. Jobs and Economic Transformation (JET)

30. The COVID-19 pandemic has caused loss of lives and livelihoods globally, including in Nepal, which has manifested in a global economic downturn. Vaccinating at least 70 percent of the Nepali population is critical to safeguarding their health and the nation's economy, by way of reducing mortality, morbidity, and mutations that have the propensity to keep the pandemic raging. COVID-19 vaccinations, which this AF proposes to finance, will support a COVID safe population that can get back to jobs and livelihoods and

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

¹³ Ibid

¹⁴ Ibid

help the economy recuperate, thereby meeting the corporate commitment to support jobs and economic transformation.

V. WORLD BANK GRIEVANCE REDRESS

31. **Communities and individuals who believe that they are adversely affected by a World Bank (WB) supported project may submit complaints to existing project-level grievance redress mechanisms or the WB'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 WB's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of WB 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 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

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		✓
Implementation Schedule		✓
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)
1. Emergency COVID-19 Response	98.50	Revised	1. Emergency COVID-19 Response	116.50



2. Community Engagement and Risk Communication	3.00	No Change	2. Community Engagement and Risk Communication	3.00
3. Implementation Management and Monitoring and Evaluation	2.50	No Change	3. Implementation Management and Monitoring and Evaluation	2.50
4. Contingency Emergency Response Component	0.00	No Change	4. Contingency Emergency Response Component	0.00
TOTAL	104.00			122.00

Expected Disbursements (in US\$)

Fiscal Year	Annual	Cumulative
2020	5,800,000.00	5,800,000.00
2021	16,752,423.15	22,552,423.15
2022	52,000,000.00	74,552,423.15
2023	40,447,576.85	115,000,000.00
2024	5,000,000.00	120,000,000.00
2025	2,000,000.00	122,000,000.00

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

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



Overall	● High	● High
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LEGAL COVENANTS – Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project (P178205)

Sections and Description

Section I.C, Schedule 2, Financing Agreement:
 All activities carried out by MoHA under the Project, if any, shall be under the coordination of MoHP and shall be undertaken exclusively for the purposes related to the Project. All goods, works, services, Incremental Operating Costs, and Training financed by the Financing proceeds may be used by MoHA under the coordination of MoHP and strictly in accordance with the Vaccine Delivery and Distribution Plan and other arrangements or protocols that the Association may require for carrying out these activities.

Section I.C, Schedule 2, Financing Agreement:
 Except as the Association may otherwise agree, the Recipient shall ensure that the ownership of any assets generated, goods procured, and works constructed by any security or military unit out of the Financing proceeds shall be transferred to, or shall vest, with MoHP or any equivalent or appropriate line ministry or agency agreed with the Association.

Section I.E, Schedule 2, Financing Agreement:
 The Recipient, through MoHP, shall take the following measures related to the use of security or military personnel, if any, in the implementation of Project activities and for provision of security to Project workers, sites and/or assets, in a manner satisfactory to the Association:

- (a) ensure standards, protocols and codes of conduct are followed for the selection and use of security or military personnel, and ensure that such personnel have not engaged in past unlawful or abusive behavior, including sexual exploitation and abuse (“SEA”), sexual harassment (“SH”) or excessive use of force;
- (b) ensure that such personnel are deployed in accordance with the relevant requirements of ESSs and the ESCP;
- (c) ensure that such personnel is adequately instructed and trained, prior to deployment and on a regular basis, on the use of force and appropriate conduct (including in relation to civilian-military engagement if any, SEA and SH, and other relevant areas), as set out in the Environmental and Social Management Framework, Security Management Plan;
- (d) ensure that the stakeholder engagement activities under the Stakeholder Engagement Plan include a communication strategy on the involvement of security or military personnel under the Project; and
- (e) ensure that any concerns or grievances regarding the conduct of such personnel are received, monitored, documented (taking into account the need to protect confidentiality), resolved through the Project’s grievance mechanism; and reported to the Association no later than fifteen (15) days after being received.

Conditions

Type	Financing source	Description
Disbursement	IBRD/IDA	Section III.B, Schedule 2, Financing Agreement: Withdrawal Period: No withdrawal shall be made for payments made prior to the Signature Date, except that



		withdrawals up to an aggregate amount not to exceed SDR 2,580,000 may be made for payments made prior to this date by on or after September 1, 2021, for Eligible Expenditures under Category (1) (and for the avoidance of doubt, consistent with the requirements set out in the ESCP).
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VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY: Nepal

Second Additional Financing to Nepal COVID-19 Emergency Response and Health Systems Preparedness Project

Project Development Objective(s)

The project development objective is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal.

Project Development Objective Indicators by Objectives/ Outcomes

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Prevent, detect and respond and strengthen MoHP systems for public health preparedness						
Percentage of suspected cases of COVID-19 cases reported and investigated based on national guidelines (Percentage)		0.00	70.00	80.00	85.00	90.00
Action: This indicator has been Marked for Deletion						
Proportion of prioritized population fully vaccinated, as per protocol, disaggregated by gender (Percentage)		0.00	20.00	30.00		50.00
Action: This indicator has been Revised	Rationale: The end line target is enhanced by 10 percentage points to account for the adolescent population vaccinated with IDA financed vaccines					



Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Proportion of prioritized female population fully vaccinated, as per protocol (Percentage)		0.00	20.00	30.00		50.00
<i>Action: This indicator is New</i>						
Proportion of prioritized male population fully vaccinated, as per protocol (Percentage)		0.00	20.00	30.00		50.00
<i>Action: This indicator is New</i>						
Proportion of cold chain capacity gaps filled. (Percentage)		0.00	40.00	50.00		60.00
Proportion of female community health volunteers fully vaccinated, as per protocol (Percentage)		0.00	40.00	50.00		60.00
Proportion of vaccination sites/outreach with at least one female health care provider/volunteer (Percentage)		0.00	80.00	80.00		80.00

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Emergency COVID-19 Response						
Number of health staff trained in infection prevention and control per MoHP approved protocols		0.00	50.00	500.00	750.00	1,000.00



Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
(Number)						
Percentage of specimens submitted for SARS-COV2 laboratory testing and confirmed within WHO stipulated standard time (Percentage)		0.00	90.00	90.00	90.00	90.00
Percentage of confirmed cases whose contacts were traced as per the MoHP protocol (Percentage)		0.00	60.00	70.00	75.00	80.00
Action: This indicator has been Marked for Deletion						
Number of acute healthcare facilities with triage capacity (Number)		1.00	6.00	7.00	8.00	10.00
New/rehabilitated ICU beds established in the public hospitals for managing public health emergencies (Number)		0.00	40.00	60.00	100.00	135.00
Number of designated laboratories with staff trained to conduct COVID-19 diagnosis (Number)		1.00	30.00	35.00	40.00	45.00
Nepal has activated its public Health Emergency Operations Centre or a coordination mechanism for COVID-19 (Text)		No	Yes	Yes	Yes	Yes
Nepal adopted personal and community non-pharmaceutical interventions (schools closures, telework and remote meetings, reduce/cancel mass gatherings (Text)		No	Yes	Yes	Yes	Yes



Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents (Number)		1.00	30.00	35.00	40.00	45.00
Number of acute healthcare facilities with isolation capacity (Number)		1.00	48.00	49.00	50.00	50.00
A National Deployment and Vaccination Plan (NDVP) is approved and adopted (Text)		No	Yes	Yes		Yes
Community Engagement and Risk Communication						
Symposium on surveillance, treatment and prophylaxis conducted (Number)		0.00	1.00	2.00	3.00	4.00
Nepal has contextualized its risk communication and community engagement strategies (Text)		No	Yes	Yes	Yes	Yes
Proportion of callers to COVID-19 helplines satisfied with support/services provided (Percentage)		0.00	40.00	50.00		60.00
Proportion of SEA/SH calls received by COVID-19 helplines referred to OCMC or Women’s Commission for appropriate support (Percentage)		0.00	60.00	70.00		80.00
Implementation Management and Monitoring and Evaluation						
M&E system established to monitor COVID-19 preparedness and response plan (Text)		No	Yes	Yes	Yes	Yes



Indicator Name	PBC	Baseline	Intermediate Targets			End Target
			1	2	3	
Joint supervision and monitoring visits conducted (Number)		0.00	1.00	2.00	3.00	4.00

Monitoring & Evaluation Plan: PDO Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Percentage of suspected cases of COVID-19 cases reported and investigated based on national guidelines		Annual	NPHL records/Teku Hospital Records/ EDCD records	Monthly report from these agencies	HEOC/HCD of MoHP
Proportion of prioritized population fully vaccinated, as per protocol, disaggregated by gender	Numerator: No: of individuals from prioritized population provided requisite number of doses of COVID-19 vaccine as per protocol (male and female) Denominator: Total number of individuals on the prioritized list of population	Annual	HMIS of GON		MoHP
Proportion of prioritized female population fully vaccinated, as per protocol	Numerator: No: of females from prioritized population provided requisite number of doses of COVID-19	Annual	HMIS of GON		MoHP



	vaccine as per protocol Denominator: Total number of individuals on the prioritized list of population				
Proportion of prioritized male population fully vaccinated, as per protocol	Numerator: No: of males from prioritized population provided requisite number of doses of COVID-19 vaccine as per protocol Denominator: Total number of individuals on the prioritized list of population	Annual	HMIS of GON		MoHP
Proportion of cold chain capacity gaps filled.	Numerator: No: of new full complement of cold chain equipment established Denominator: Total number of new full complement of cold chain equipment required to vaccinate first 20 percent of population	Annual	MoHP asset registers	Asset Audit	MoHP
Proportion of female community health volunteers fully vaccinated, as per protocol	Numerator: No: of female community health volunteers vaccinated with requisite doses of COVID-19 vaccine, as per protocol Denominator: Total no: of female community health	Annual	HMIS of GON		MoHP



	volunteers				
Proportion of vaccination sites/outreach with at least one female health care provider/volunteer	Numerator: No: of vaccination sites/outreach with at least one female health care provider Denominator: Total no: of vaccination sites/outreach	Annual	DOHS		DOHS

Monitoring & Evaluation Plan: Intermediate Results Indicators

Indicator Name	Definition/Description	Frequency	Datasource	Methodology for Data Collection	Responsibility for Data Collection
Number of health staff trained in infection prevention and control per MoHP approved protocols		Annual	MoHP records	Review training agenda, participant list and dates of workshop/training conducted	HEOC/MoHP
Percentage of specimens submitted for SARS-COV2 laboratory testing and confirmed within WHO stipulated standard time		Annual	NPHL records	NPHL shares monthly reports	NPHL/EDCD/Teku hospital
Percentage of confirmed cases whose contacts were traced as per the MoHP protocol		Annual	NPHL/EDCD/Teku hospital information	Review records of NPHL/EDCD/Teku hospital	HEOC/HCD of MoHP
Number of acute healthcare facilities with triage capacity		Annual	MoHP reports	Review MoHP reports and visit designated facilities	HEOC/MoHP



New/rehabilitated ICU beds established in the public hospitals for managing public health emergencies		Annual	MoHP records	Review MoHP records and visit sites to confirm on a sample basis.	HEOC/HCD of MoHP
Number of designated laboratories with staff trained to conduct COVID-19 diagnosis		Annual	MoHP records/Lab records	Review MoHP records and visit the labs	HEOC/NPHL/MoHP
Nepal has activated its public Health Emergency Operations Centre or a coordination mechanism for COVID-19	Health Emergency Operation Centre or similar coordination mechanism of MoHP is activated as a central command and control facility for the effective administration of emergency preparedness and response	6 monthly review of its functioning	MoHP records/website	Review of HEOC updates- reports and website	MoHP in coordination with Bank team
Nepal adopted personal and community non-pharmaceutical interventions (schools closures, telework and remote meetings, reduce/cancel mass gatherings)		Will be monitored during the emergency period	Public disclosures/gazettes	Review public disclosures and national gazettes	MoHP
Number of designated laboratories with COVID-19 diagnostic equipment, test kits, and reagents	The labs designated by the MoHP will have necessary test kits, equipment and reagents to diagnose COVID-19	Annual	MoHP records	NPHL would verify the capacity of the designated labs to diagnose COVID-19 cases	HEOC/NPHL
Number of acute healthcare facilities with isolation capacity		Annual	MoHP reports	Visit the designated healthcare facilities	HEOC/MoHP



A National Deployment and Vaccination Plan (NDVP) is approved and adopted	A National Deployment and Vaccination Plan (NDVP) with input from relevant bodies (National COVID-19 Response Coordinating Committee, National Immunization Program, National Regulatory Authority, AEFI committee and other relevant groups) is developed, approved by competent authority and adopted by MoHP.	Annual	MoHP official notification		MoHP
Symposium on surveillance, treatment and prophylaxis conducted		Annual	MoHP reports	Review MoHP reports	HCD/HEOC/ MoHP
Nepal has contextualized its risk communication and community engagement strategies		Continuous	MoHP records	Review public disclosure of information and stakeholder engagement forums	HEOC/MoHP
Proportion of callers to COVID-19 helplines satisfied with support/services provided	Numerator: Numbers of callers to the COVID-19 call centers in a year, who provide a 75% and above satisfaction score with information provided Denominator: Total number of callers to the COVID-19 helplines in the year	Annual	Call Center records and satisfaction surveys		MoHP
Proportion of SEA/SH calls received by COVID-19 helplines referred to OCMC or	Numerator: Numbers of referrals of SEA/SH calls to	Annual	Call Center, OCMC, NCW		MoHP



Women’s Commission for appropriate support	the OCMC and Women’s Commission as per protocol for GBV/SEA/SH Denominator: Total number of calls pertaining to GBC/SEA/SH on the COVID-19 helplines in the year		records		
M&E system established to monitor COVID-19 preparedness and response plan		continuous	MoHP reports	verify by reviewing reporting system for COVID-19	HEOC/MoHP
Joint supervision and monitoring visits conducted		Annual	MoHP records	Review MoHP records and WB confirms as WB will be part of the visits.	HEOC/HCD of MoHP



ANNEX 1 – LIST OF COVID VACCINES MEETING WORLD BANK APPROVAL CRITERIA

as of 12/19/2021

	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL ¹⁵		
				Platform	NRA of Record for WHO EUL	Status of assessment
1.	Pfizer BioNTech Manufacturing GmbH	BNT162b2/COMIRNATY Tozinameran (INN)	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	Nucleoside modified mRNA	EMA	<ul style="list-style-type: none"> ▪ Finalized: 31/12/2020 ▪ Additional sites: <ul style="list-style-type: none"> – Baxter Oncology GmbH Germany (DP). 30/06/2021 – Novartis Switzerland. 08/07/2021 – Mibe (Dermapharm) Germany (DP). 16/07/2021 – Delpharm, Saint-Remy FRANCE (DP). 17/09/2021 – Siegfried Hameln GmbH, Germany (DP). 11/11/2021 – Patheon Italia S.p.A, Italy (DP). 07/12/2021 ▪ Shelf-life extension: 09 months at -70 to -90°C. 20/09/2021

¹⁵ https://extranet.who.int/pqweb/sites/default/files/documents/Status_COVID_VAX_15Dec2021_0.pdf



	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL ¹⁵		
				Platform	NRA of Record for WHO EUL	Status of assessment
						<ul style="list-style-type: none"> – Sanofi-Aventis Deutschland GmbH Germany 06/10/2021 ▪ Diluent suppliers: <ul style="list-style-type: none"> – Pfizer Perth, Australia Fresenius Kabi, USA 18/06/2021
					USFDA	<ul style="list-style-type: none"> ▪ Additional sites: <ul style="list-style-type: none"> – Pharmacia & Upjohn, Kalamazoo (DP) PGS McPherson (DP) 16/07/2021 – Exelead, Inc. Indianapolis USA 30/09/2021
2.	AstraZeneca, AB	AZD1222 Vaxzevria	UK: December 30, 2020 EU: January 29, 2021 Australia: February 16th, 2021 (overseas manufacturing); March 21st, 2021 (for local manufacturing by	Recombinant ChAdOx1 adenoviral vector encoding the Spike protein antigen of the SARS-CoV-2.	EMA	<ul style="list-style-type: none"> ▪ Core data finalized. 16 April 2021 ▪ Additional sites: <ul style="list-style-type: none"> – SK-Catalent – Wuxi (DS). 16 April 2021 – Chemo Spain. 30 April 2021 – Amylin Ohio US (DP). 23 July 2021
					MFDS KOREA	<ul style="list-style-type: none"> ▪ Finalized. 15 Feb



	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL ¹⁵		
				Platform	NRA of Record for WHO EUL	Status of assessment
			CSL – Seqirus) Canada: February 26, 2021		Japan MHLW/PMDA	<p>2021</p> <ul style="list-style-type: none"> ▪ Finalized. 09 July 2021 ▪ Additional site: <ul style="list-style-type: none"> – Nipro Pharma Corporation Ise, Japan. 11 October 2021
					Australia TGA	<ul style="list-style-type: none"> ▪ Finalized. 09 July 2021 ▪ Additional site: <ul style="list-style-type: none"> – Siam Bioscience Co., Ltd Thailand. 11 October 2021
3.	Serum Institute of India Pvt.Ltd	Covishield (ChAdOx1_nCoV-19)		Recombinant ChAdOx1 adenoviralvector encoding the Spike protein antigen of the SARS-CoV-2.	DCGI	<ul style="list-style-type: none"> ▪ Finalized. 15 Feb 2021 – DS and DP Manjari Bk Pune. 11/12/2021
4.		COVOVAX™ COVID-19 vaccine (SARS-CoV-2 rS Protein Nanoparticle [Recombinant])		Recombinant nanoparticle prefusion spike protein formulated with Matrix-M™ adjuvant	DCGI	<ul style="list-style-type: none"> ▪ Finalized. 17 December 2021
5.	Moderna	mRNA-1273	USA: December 18, 2020	mNRA-based vaccine	EMA	<ul style="list-style-type: none"> ▪ Finalized. 30 April 2021



	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL ¹⁵		
				Platform	NRA of Record for WHO EUL	Status of assessment
			Canada: December 23, 2020 EU: January 6, 2021 Switzerland: January 12 th , 2021 UK: January 8, 2021	encapsulated in lipid nanoparticle (LNP)	USFDA	<ul style="list-style-type: none"> ▪ Additional Sites. 06 August 2021 <ul style="list-style-type: none"> – ModernaTx. Norwood (DS) – Catalent Indiana, LLC (DP) – Lonza Biologics, Inc. Portsmouth, USA (DS) – Baxter, Bloomington, USA (DP)
6.	Sinopharm / BIBP1 Beijing Institute of Biological Products Co., Ltd. (BIBP)	SARS-CoV-2 Vaccine (Vero Cell), Inactivated(InCoV)		Inactivated, produced in Vero cells	NMPA	<ul style="list-style-type: none"> ▪ Finalized. 07 May 2021 ▪ <i>2 and 5 dose presentation (new manufacturing site) -- TBC after ongoing inspection</i>
7.	Sinovac Life Sciences Co., Ltd. Sinovac Life Sciences Co., Ltd.	COVID-19 Vaccine (VeroCell), Inactivated/ Coronavac™		Inactivated, produced in Vero cells		<ul style="list-style-type: none"> ▪ Finalized. 01 June 2021 ▪ 2 dose presentation. 30 September 2021
8.	Janssen–Cilag International NV	Ad26.COVS.2.S	USA: February 27 th , 2021 Canada: March 5 th , 2021 EU: March 11 th , 2021 Switzerland:	Recombinant, replication-incompetent adenovirus type 26 (Ad26) vectored vaccine encoding the	EMA	<ul style="list-style-type: none"> ▪ Core data finalized (US +NL sites). 12 March 2021 ▪ Additional sites: <ul style="list-style-type: none"> – Aspen RSA (DP). 25 June 2021



	Manufacturer / WHO EUL holder	Name of Vaccine	SRA approval received	WHO EUL ¹⁵		
				Platform	NRA of Record for WHO EUL	Status of assessment
			March 22nd, 2021 UK: May 28th, 2021 Australia: June 25th, 2021	(SARS-CoV-2) Spike (S) protein		<ul style="list-style-type: none"> – Catalent Agnani Italy (DP). 02 July 2021 – Grand River Aseptic Manufacturing Inc., USA. 05 Nov 2021 – MSD (Merck), West Point/PA, USA (DP). 05 Nov 2021
9.	Bharat Biotech, India	SARS-CoV-2 Vaccine, Inactivated (Vero Cell)/ COVAXIN		Whole-Virion Inactivated Vero Cell	DCGI	<ul style="list-style-type: none"> ▪ Finalized. 03 Nov 2021

ANNEX 2 – LATEST COVID-19 SITUATION IN NEPAL

1. Nepal has faced two devastating waves of COVID-19 that significantly challenged its public health system. The first wave persisted from September to December 2020 and the second wave peaked between April and May 2021, when Nepal declared community transmission of COVID-19.
2. As of October 26, 2021, over 900,000 persons were tested positive through 5 million Reverse Transcription Polymerase Chain Reaction (RT-PCR) and Antigen-Rapid Diagnostic Test (Ag-RDT) tests deployed through accredited laboratories and in the community respectively. Kathmandu valley contributed overwhelmingly to the case load, with three districts within the Bagmati province bearing more than 500 active cases. Across the country, 4 districts have more than 500 active cases. Through the two waves, overall 58.5 percent of the tested positive cases were male, with the proportion of tested positive females increasing from 35 percent in the first wave to 44 percent in the second wave. Over 77 percent of the tested positive cases are in the economically productive and mobile age group of 20-59 years. With a recovery rate of over 97 percent, over 788,630 patients have recovered from the infection. The cumulative case fatality rate is 1.4 percent with over 11,372 fatalities to date. The age-specific case fatality rate has been highest (>7%) in the 75+ age group. Over 9.3 percent of the ICU beds and 6.8 percent of the ventilators are occupied in the hospitals across the nation.
3. With the increasing availability of safe and effective vaccines to prevent and minimize spread of the pandemic, Nepal has tenaciously developed a strong vaccine portfolio through bilateral diplomacy with friendly nations and neighbors, direct procurement from manufacturers using domestic resources and Credits, and leveraging grant and cost-share allocations under the COVAX AMC facility. Over 25.4 million doses of vaccines¹⁶ are already delivered to Nepal as of November 19, 2021 with a pipeline of approximately 21 million doses to be delivered before June 2022 (refer to Table 3 in the main text). IDA financing has been used to procure Moderna vaccines through the COVAX cost-share option, with delivery scheduled in Q1, 2022. Additionally, contract negotiations are ongoing for procurement of Pfizer vaccines, partially financed by the first AF and remainder through this second AF. As of October 26, 2021, 6.7 million (30.8 percent) population has been fully vaccinated and 8.6 million (39.7 percent) population is partially vaccinated. Nepal also intends to expand its COVID-19 vaccination coverage to children 5-11 years with safe and effective vaccines as well as provide booster doses to immunocompromised individuals and those over 60 years of age.

¹⁶ Astrazeneca: 6.83 million doses; Verocell: 17.02 million doses; Janssen: 1.53 million doses and Pfizer-BioNTech: 0.1 million doses

ANNEX 3 – SUMMARY OF THE PARENT PROJECT COMPONENTS

The Nepal COVID-19 Emergency Response and Health Systems Preparedness Project (CERHSP), in the amount of US\$29 million was approved by the Bank’s Board of Executive Directors on April 2, 2020, with the Development Objective to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal. An Additional Financing (AF) in the amount of US\$75 million was approved by the Board on March 18, 2021 to largely support purchase and distribution of safe and effective vaccines for COVID-19 to eligible populations and also augment the planned activities under the project’s four components, namely:

- a. **Component 1: Emergency COVID-19 response (US\$98.5 million)** for capacitating the MoHP and its implementing bodies with technical and material assistance for sub-component 1.1: case detection, confirmation, contact-tracing, recording and reporting as per MoHP protocols; sub-component 1.2: health systems strengthening at all levels of the federation for a strong COVID-19 health response including (i) development of national policies surrounding prioritization of vaccine allocation; regulatory standards for vaccination; standards and protocols surrounding cold chain, supplies, storage, logistics, training and equitable vaccine deployment taking into account voluntary vaccination, occupational health and safety, gender and vulnerable populations; (ii) procurement, supply and distribution of COVID-19 vaccine related cold chain equipment, vehicles, vaccine management information systems, logistics information systems, medical supplies, consumables, PPE and hygiene materials in support of vaccination; (iii) trainings and post training support for vaccinators, technical and managerial cadres engaged in the vaccination campaign; and (iv) technical and material support for compliance with health care waste management regulations of GON; and sub-component 1.3: COVID-19 vaccine purchase and deployment in Nepal.
- b. **Component 2: Community Engagement and Risk Communication (US\$3 million)** to support a comprehensive community engagement and risk communications strategy for vaccines, focused on planning and prioritization for vaccine deployment, management of vaccine hesitancy and addressing misinformation, including (i) cultural contextualization of all targeting and vaccine deployment plans; (ii) social and behavior change communication (SBCC) for preventive and promotive health leveraging mass, social, print and interpersonal counseling; (iii) outreach interventions; and (iv) stakeholder and community engagement for feedback and GRM
- c. **Component 3: Implementation Management and Monitoring and Evaluation (US\$2.5 million)** to support project implementation and management, including (i) procurement, financial management, environmental and social risk management, reporting, monitoring and evaluation, and knowledge management and learning; and (ii) support for a framework of digital technology- based information systems (routine data, surveillance and monitoring) and periodic studies providing evidence and data to inform COVID-19 vaccine purchase, delivery and distribution.
- d. **Component 4: Contingency Emergency Response Component (CERC) (US\$0 million)** to finance a national response, in face of an eligible emergency or crisis, if required.