Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 13-May-2020 | Report No: PIDC29246

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Uganda	P174041	Uganda COVID-19 Response and Emergency Preparedness Project	
Region	**Estimated Appraisal Date**	**Estimated Board Date**	**Practice Area (Lead)**
AFRICA	29-Apr-2020	29-May-2020	Health, Nutrition & Population
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	Ministry of Finance, Planning and Economic Development	Ministry of Health	

Proposed Development Objective(s)

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

Components

Component 1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting
Component 2: Strengthening Case Management and Psychosocial Support
Component 3: Implementation Management and Monitoring and Evaluation

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	15.20
Total Financing	15.20
of which IBRD/IDA	12.50
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	12.50

IDA Credit	12.50
Non-World Bank Group Financing	
Trust Funds	2.70
Pandemic Emergency Financing Facility	2.70

Environmental and Social Risk Classification

Substantial

Decision

A. Introduction and Context

Country Context

1. **Uganda is a landlocked country located in East Africa with an estimated population of 41.6 million, and a population density of 173 persons per square kilometer.** Over the past eight years, the country's economy has grown at a slower pace in comparison to past trends and peer countries. Annual real GDP growth rate was 7.2 percent on average between 2000 and 2011, compared to 4.6 percent between 2012 and 2018. The slowdown was mainly driven by adverse weather, unrest in South Sudan, private sector credit constraints, and poor public finance management. Consequently, the GDP per capita (current US$) rose from US$262 in 2000 to US$739 in 2014 after which it started declining—reaching a low of US$609 in 2016—before increasing slightly to US$643 in 2018. With the majority of the population reliant on subsistence agriculture and/or small informal enterprises with low productivity and little prospects for growth, the bottom 40 percent of the population has not sufficiently benefitted from incomes arising from economic progress. Consequently, the national poverty level increased from 19.7 percent in 2012/2013 to 21.4 percent in 2016/2017 with the number of rural poor increasing by 1.1 million as compared to 200,000 for the urban poor.

2. **The disconnect between economic growth and poverty reduction could be attributed to the high population growth rate of 3.7 percent per annum over the period 2015−2018 which is higher than the average for low income countries.** High levels of population growth reflect persistently high levels of fertility among adolescents, and this has created pressure on the existing public services and constrained growth in annual GDP per capita to 1.1 percent on average over the period 2012−2018. As large cohorts of children enter the reproductive age, Uganda is expected to continue experiencing significant population growth, and this will outstrip the capacity of the economy to generate enough jobs and provide quality services. With a Human Capital Index (HCI) of 0.38 in 2018, vulnerability to falling back into poverty is very high in Uganda as the majority of the population is unable to cope with negative shocks. Therefore, the COVID-19 pandemic is most likely to have adverse effects on incomes at household level and economic growth. Although economic growth is projected at 6.1 percent per annum over the period 2020−2022, these estimates have now been revised downwards to account for the shock to the economy as a result of the Covid-19 pandemic. Specifically, economic growth is expected to slow down due to direct health and social effects of the disease; and preventive measures (i.e. lockdowns) to contain the spread of the disease. Preventive measures to contain the pandemic will first affect

households engaged in the services sector (around 30 percent of the labor force), tourism and agriculture. Eventually, disruptions in supply will lower the aggregate demand, which added to an overall slowdown in trade, will reduce the demand for food and agricultural products, and this will further decrease rural incomes.

3. **Slowdown of the economy, due to the COVID-19 pandemic, is expected to further reduce the fiscal space for health and other social sectors.** This is compounded by the fact that Uganda already has one of the lowest domestic revenue mobilization rates in East Africa and donor grants have almost halved over the past five years due to allegations of weak public finance management. Given the high degree of vulnerability for the bottom 40 percent of the population, particularly in rural areas and refugee-host communities, the COVID-19 pandemic is bound to disrupt essential health and social services and exacerbate gender-based violence (GBV).

4. **Increasing violence against women and children and protection risks.** GBV is likely to arise primarily from the breakdown of economic and social activities, restrictions on movement and shutting down of schools placing women and girls at heightened risks of intimate partner violence and other forms of exploitation and sexual violence. In addition, life-saving care and support to GBV survivors (i.e. clinical management of rape and mental health and psycho-social support) is limited and may be disrupted when health service providers are overburdened and preoccupied with handling COVID-19 cases.

Sectoral and Institutional Context

5. **Over the past two decades, Uganda has made significant progress in improving health and nutrition outcomes, but progress is insufficient to achieve the Sustainable Development Goals (SDGs) on health and nutrition.** About 60 percent of the Years of Life Lost in Uganda is attributed to reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) and nutrition conditions, while non-communicable diseases (NCDs) have also been increasing. This could be attributed to low provision and poor quality of essential health services. For instance, a study by the Uganda Ministry of Health shows that the quality of healthcare in 98 percent of the health facilities, in 74 selected districts, (55 percent of the districts in Uganda) is poor.[1] There are also inequities in coverage and access to quality healthcare by income status, education, and geographical location. The key constraints in the health system include: (i) critical shortages in human resources for health (especially in specialized fields and in intensive care); (ii) erratic supply of critical inputs such as drugs and medical supplies; (iii) inequitable distribution of health infrastructure; (iv) insufficient funding to sustain and expand access to quality healthcare. The health sector is mainly financed by development partners who contribute 42 percent of the total health expenditure followed by households at 41 percent, and the Government of Uganda at 15 percent.

6. **Despite its challenges, Uganda remains a regional leader in outbreak preparedness and response.** This is demonstrated through its relatively strong performance on the 2019 Global Health Security Assessment (GHSA)—ranking 63 out of 195 countries[2] as well as in the WHO's Joint External Evaluation (JEE)[3] (see Annex 4). Leveraging these strengths, the country has successfully contained a series of outbreaks in the last few years, including Crimean Congo hemorrhagic fever, Marburg virus disease, Rift Valley fever, Anthrax, Meningitis, Measles, Cholera, and Ebola. At the height of the West Africa Ebola outbreak in 2014-2015, Uganda provided technical support to the most affected countries. Further, between June 2019 and March 2020, the country implemented several activities to prevent the Ebola outbreak from the

[1] Ministry of Health. 2019. Assessment of health facility compliance with HFQAP. Draft Report.
[2] Worldwide, the average score on the GHSA index is 40.2%. The average for the African region is 30.8% and only four countries in the region exceed the world average (South Africa, Kenya, Uganda, and Ethiopia). However, the overall score for Uganda on the GHSA is 44.3% which means that there is scope for improvement.
[3] The JEE is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events.

neighboring Democratic Republic of the Congo (DRC) from spilling into Uganda. The Ebola outbreak provided an opportunity for authorities to step up disease outbreak preparedness efforts by: (i) strengthening capacities in 23 districts along the DRC border; (ii) intensifying screening and surveillance capacity at Points of Entry (PoE); (iii) vaccinating nearly 5000 health workers and contacts; and (iv) establishing nine Ebola Treatment Units in the five highest risk districts. The experiences acquired in containing past outbreaks will undoubtedly help Uganda to manage the COVID-19 pandemic. However, responding to the COVID-19 pandemic also presents a unique set of challenges given the gaps in knowledge worldwide on the pathogeneses and epidemiological characteristics of the disease, the considerable toll on the economy (from lockdown and social distancing), and the tremendous pressure that the outbreak could place on an already fragile health system. These challenges underscore the need for additional investments in prevention, detection and response to COVID-19 pandemic.

7. **The existing human, material, and financial resources in the health sector in Uganda are insufficient to effectively respond to the COVID-19 pandemic.** On March 21, 2020, Uganda confirmed its first case of COVID-19. As at April 18, 2020, about 6,661 samples had been tested leading to the confirmation of 55 COVID-19 cases in Uganda—28 days after the first COVID-19 case was detected. These cases were identified in 11 districts countrywide with the majority of them from the capital city of Kampala (21), followed by Wakiso (14), Mpigi (6), and the remaining eight districts had a total of 14 cases. The main mode of transmission was through importation (87 percent), local transmission (9 percent), and unclear transmission (4 percent). As testing and early detection efforts pick up pace in Uganda, the country anticipates higher levels of infection and more rapid community transmission[4]. Global evidence on the evolution of the pandemic reveals that: (i) 80 percent will experience mild illness up to and including mild pneumonia; and (ii) the remaining 20 percent will experience moderate to severe illness, with about 5 percent requiring intensive care. Though in most countries, mild cases are managed—at home through self-quarantine—in Uganda, prior violations of 'stay-at-home' orders for infected patients has made it necessary for the Government to mandate institutional quarantine for all. This has meant isolating all confirmed cases in hospitals and ensuring that all severe cases have adequate support at the Regional Referral Hospitals for intensive care. This approach, though necessary in Uganda, puts significant pressure on the health system (both from an infrastructure and a human resource perspective). Currently, Uganda has less than one hospital bed per 1,000 people, and there are only 60 Intensive Care Units nationwide. This is woefully inadequate. Lessons learned from countries like Italy, Spain and USA, also emphasize the importance of health system readiness to adequately and safely manage the investable caseload of COVID-19 patients.

8. **The Government of Uganda has been proactive in implementing measures to prevent, detect and respond to the outbreak.** First, the President of the Republic of Uganda declared—on March 18, 2020—COVID-19 a national emergency, and has since made several directives aimed at mitigating the transmission of COVID-19 through social distancing. The measures include: (i) suspension of passenger travel across Uganda's borders; (ii) closure of all education institutions; (iii) suspension of mass gatherings; and (iii) a 14-day lockdown (later extended by 21 days) which prohibits people from moving, suspension of public transportation, restricting markets to selling foodstuffs, and shutting down of shopping malls, lodges, bars and restaurants. In addition, the Ministry of Health has also put in place the following measures: (i) activated the National Task Force committee which meets regularly to provide technical guidance to the response, (ii) activated the incident management system and the Emergency Operations Center to respond to the outbreak, (iii) deployed officers to conduct surveillance, active case search, contact tracing, follow up of high risk travelers, and (iv) intensified screening and management of patients at Mulago and Entebbe National Teaching Referral Hospitals.

[4] According to projections by the MoH, it is expected that there will be 1.7 million cases, with 336,000 hospitalized (20%) and 50,400 (3%) in intensive care 80 days after the first case. Such an astronomical increase in infection would completely outstrip the health system.

9. **Uganda has also developed a one-year National COVID-19 Preparedness and Response Plan costed at US$126.2 million through which the Ugandan Government, the World Bank, and other Development Partners have aligned financial support to respond to the outbreak.** The goal of this plan is to provide a framework for prevention and control of COVID-19 by curtailing importation of the disease; interrupting transmission early and fast through rapid detection and containment; and minimizing morbidity, mortality, and social and economic disruption. This goal will be achieved through the following pillars: (i) development of country capacity for early detection, confirmation, reporting and referral of suspected cases to designated isolation units; (ii) development of the capacity for case management including management of severe case; (iii) raising of public awareness on the risk factors for transmission, prevention and control of COVID-19; (iv) strengthening of infection prevention and control measures required to mitigate spread of COVID-19 in health facilities, institutions and at the community level; (v) strengthening of capacities for coordination, data management and surge capacity; and (vi) application of multi sectoral approach to minimize social and economic impact. The plan was developed by the Ugandan Government in collaboration with several development partners (including the World Bank) and is aligned with the World Health Organization's 2019 Novel Coronavirus Strategic Preparedness and Response Plan.[5] However, there is a huge financing gap as most of the key areas in the plan such as laboratory (-77 percent), logistics (-63 percent), and case management (-30 percent) are under-funded. This reflects the huge need for financial support in these areas to mount a successful response.

10. **The World Bank is a major financier of the COVID-19 response in Uganda.** Through support from the World Bank, the Government has mounted a comprehensive and sequenced approach to the COVID-19 pandemic, leveraging its full country allocation through the FTCF, and drawing on different instruments. Through this proposed Project, the Government will build upon the ongoing activities noted above and expand delivery of emergency response services, especially in areas where resources have been limited. The financing gap in the national response, currently is estimated at 77.9 million. This Project alone, costed at US$15.2 million, will directly reduce the funding gap by nearly 20 percent from US$77.9 million to US$62.7 million.

B. Proposed Development Objective(s)

Development Objective(s) (From PAD)
The objective of the Project is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in the Republic of Uganda.

Key Results

- Proportion of COVID-19 suspected cases having laboratory confirmation within 48 hours
- Proportion of targeted hospitals with adequate clinical capacity to manage COVID-19 cases[6]

C. Project Description

15. **This Project is designed to fit within the context of Uganda's overall COVID-19 preparedness and response plan, as well as its broader readiness for public health emergencies.** It builds upon prior interventions funded through the Government, the World Bank, and other partners to respond to COVID-19. Its scope and components are fully aligned with the World Bank's COVID-19 Strategic Preparedness and Response Program (SPRP), and focus on areas that are: (i)

[5] WHO (February 2020). 2019 Novel Coronavirus (2019-nCoV) Strategic Preparedness and Response Plan. https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf.
[6] Staffing, medicines, equipment and working space

currently underfunded in the national plan (i.e. case management, laboratory capacity strengthening, and psychosocial support); and (ii) scale up prevention and early detection efforts in a quest to better control the spread of the pandemic; and (iii) geared towards strengthening core public health functions and health systems for COVID-19 and beyond. In addition, it provides resources for supporting areas like WASH and communications, that are essential to complement the national response.

16. **The description of the components, activities, and indicators follows the standard guidance as indicated in Annex 2 of the COVID-19 Board paper**. However, there are some adaptations—where necessary—to fit the evolving context in Uganda, while maintaining the overall objectives and strategic direction of the SPRP. Given the limited resources (US$15.2 million), the Project has focused interventions on a limited number of districts, Regional Referral Hospitals (RRH), and General Hospitals (GH). The selection of these beneficiaries is based on considerations of current capacity, geographical location, equity, and level of susceptibility to cross-border threats.

Components

Component 1: Case Detection, Confirmation, Contact Tracing, Recording, Reporting

17**. This component leverages investments made through the EAPHLNP to enhance early detection and reporting of COVID-19 cases.** It focuses on interventions to: (i) strengthen disease surveillance systems, including screening and contact tracing; (ii) strengthen public health laboratories and epidemiological capacity for early detection and confirmation of COVID-19 cases; and (iii) provide on-time data and information to guide real-time decision-making. In addition, it will provide cascading of training for screeners, laboratory personnel, and public health staff,[7] as well as advance innovative approaches for testing by leveraging GeneXpert for the detection of the COVID-19. This approach provides rapid detection of the virus in approximately 45 minutes with less than a minute of hands on time to prepare the sample. Finally it will help strengthen risk communication in order to enhance key preventive measures.

Component 2: Strengthening Case Management and Psychosocial Support

18. **Component 2 focuses on strengthening the capacity of the health system** to: respond to the disease burden of COVID-19; improve infection prevention control within hospitals; enhance clinical and intensive care; and equip key personnel to care for COVID-patients and their families—both from a clinical and a psychosocial perspective. It has two sub-components. On

- **Sub-Component 2a: Strengthening COVID-19 Case Management:** In order to ensure that Uganda's health system is adequately prepared for the inevitable caseload of COVID-19 patients, this component will focus specifically on strengthening the capacity for case management and clinical care especially in hospitals designated to treat the severely and acutely ill patients. Interventions in this sub-component will contribute towards ensuring that COVID-19 patients can access life-saving treatment, without compromising public health objectives of safety for health workers.

- **Sub-Component 2b: Psychosocial Support & Gender-Sensitive Considerations:** Patients and their families would need support, especially those who are isolated. Consistent with the recommendations of the SPRP document, mental and psychosocial support will be provided to COVID-19 patients, survivors, their families, and frontline health providers. Specifically, the Project will recruit two psychosocial specialists to support case management and counselling. For health workers, the Project will provide guidance and counselling on how to better manage burn out and stress, given the enormous strain on the health workforce. In addition, experience from past outbreaks—such as Ebola—also show the importance of placing attention on gender issues in containment and mitigation efforts to improve the effectiveness of health interventions and promote gender and health equity goals. Within this context, the Project intends to address gender norms and roles that influence differential vulnerability to infection, exposure to pathogens, and treatment accessibility. The project will also provide essential medical supplies for comprehensive care of Sexual and Gender-Based Violence (SGBV) survivors. The MoH will collaborate with the Ministry of Gender and other relevant actors to ensure the dissemination of information on available services for SGBV, use of established response hotlines and community outreach. These interventions are also being supported through the COVID-19 CERC under the URMCHIP.

Component 3. Implementation Management and Monitoring and Evaluation

23. **This component will focus on three main areas, namely: (i) Project Management, (ii) Communications & Informative Technology Capacity, and (iii) Learning.**

- **Project Management.** The existing Project Implementation Unit (PIU) of the ongoing EAPHLNP will lead coordination and implementation of the Project-funded activities. To this end, this component would support costs associated with project management and coordination, and monitoring and evaluation. The component will also support the grievance redress mechanism and other activities in the Environmental and Social Commitment Plan (ESCP).

- **Communications & Informative Technology Capacity**: Given the current context of social distancing, the Project will procure ICTs to facilitate remote meetings and trainings. These technologies will serve both the immediate needs of the COVID-19 response, as well as future emergencies and events of public health concern. The EAPHLNP sites have VC capacity that could be further leveraged to support implementation and virtual supervision.

- **Learning:** The component will fund just-in-time studies and operational research geared towards expanding the evidence base on the evolution of the outbreak in Uganda, as well as the country-specific health, and socio-economic impacts. It will leverage the knowledge and expertise of the Uganda Virus research Institute, regional bodies such as the East, Central and Southern Africa Health Community, the Africa Centers for Disease Control, and academia.

F. Project Beneficiaries

24. The Project scope is nationwide, and the expected primary beneficiaries will be suspected and confirmed COVID-19 cases, medical and emergency personnel, port of entry officials, medical and testing facilities, and other public health

agencies engaged in the response. The Project will also benefit refugees in line with the Government policy of integrating refugee health services into the routine service delivery systems.

Legal Operational Policies

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

Summary of Assessment of Environmental and Social Risks and Impacts

D. Implementation

Institutional and Implementation Arrangements

25. **The Project will be fully embedded within the MoH Long-Term Institutional Arrangements (LTIA) which aim to strengthen ministry structures and ensure broad-based ownership.** The Project will be under the supervision of the Permanent Secretary/Accounting Officer, MoH but implemented under the Department of Integrated Epidemiology, Disease Surveillance and Public Health Emergencies.

26. **The existing Project Implementation Unit (PIU) of the East Africa Public Health Laboratory Networking Project (EAPHLN) will lead coordination and implementation of the Project-funded activities.** Fiduciary activities for the Project, will be managed by a dedicated team in the MoH under the Accounting and Procurement units. A similar arrangement will be used for Social & Environmental Safeguards. The Fiduciary and Safeguards Specialists are consultants, whose costs are currently covered through URMCHIP. Their full costs will be absorbed by this Project once URMCHIP closes in June 2021.

27. **The PIU consists of a Project Coordinator, Operations Officer, Monitoring and Evaluation Specialist, six Laboratory Mentors, ICT Officer, and a Project Administrative Officer.** For the purposes of this Project, additional technical experts including a Medical Epidemiologist may be recruited to support the PIU. This PIU will perform the following functions: (i) preparation and implementation of annual work plans and budgets; (ii) implementation of the Project against the agreed work plan; (iii) monitoring and evaluation of project performance against the Results Framework; and (iii) preparation of the Implementation Completion Report.

28. **The National COVID-19 Taskforce will provide overall oversight for the implementation of the Project.**

CONTACT POINT

World Bank

Julia Mensah
Operations Officer

Borrower/Client/Recipient

Ministry of Finance, Planning and Economic Development

Implementing Agencies

Ministry of Health
Diana Atwine
Permanent Secretary
datwine1273@gmail.com

FOR MORE INFORMATION CONTACT

The World Bank
1818 H Street, NW
Washington, D.C. 20433
Telephone: (202) 473-1000
Web: http://www.worldbank.org/projects

APPROVAL

Task Team Leader(s):	Julia Mensah

Approved By

Environmental and Social Standards Advisor:		
Practice Manager/Manager:		
Country Director:	Antony Thompson	13-May-2020