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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 02-Feb-2021 | Report No: PIDA30914

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Nepal	P175848	Additional Financing: COVID-19 Emergency Response and Health Systems Preparedness Project	P173760
Parent Project Name	**Region**	**Estimated Appraisal Date**	**Estimated Board Date**
Nepal: COVID-19 Emergency Response and Health Systems Preparedness Project	SOUTH ASIA	01-Feb-2021	23-Mar-2021
Practice Area (Lead)	**Financing Instrument**	**Borrower(s)**	**Implementing Agency**
Health, Nutrition & Population	Investment Project Financing	Government of Nepal	Ministry of Health and Population

Proposed Development Objective(s) Parent

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.

Components

1. Emergency COVID-19 Response
2. Community Engagement and Risk Communication
3. Implementation Management and Monitoring and Evaluation
4. Contingency Emergency Response Component

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	75.00
Total Financing	75.00
of which IBRD/IDA	75.00
Financing Gap	0.00

DETAILS

World Bank Group Financing	
International Development Association (IDA)	75.00
IDA Credit	75.00

Environmental and Social Risk Classification

Substantial

Decision (as needed)

B. Introduction and Context

Country Context

1. **Over the past decade, Nepal's economy has performed reasonably well, though vulnerabilities have increased with COVID-19.** Real growth domestic product (GDP) growth averaged 4.9 percent (at market prices) over 2010-19. Although declining as a share in the economy, agriculture continues to play a large role, contributing over 29 percent of GDP in FY2019. The service sector has grown in importance, accounting for 46 percent of GDP in FY2019. Industry and manufacturing have grown more slowly and their relative share in the economy has averaged 14 percent of GDP over the past decade. Similarly, exports continue to struggle, while imports are fueled by remittances. Remittances remained stable, between 2010-19, with its share as a percentage of GDP averaging 24.5 percent, supported by an increased transfer of funds through formal channels in recent years. Inflation has been in single digits for most of the past decade, with the peg of the Nepalese rupee to the Indian rupee providing a nominal anchor. Fiscal balances remained sustainable owing to strong revenue growth and modest spending. However, the federal government is now sharing revenue and transferring grants to provincial and local governments, as part of the recent reforms linked to federalism. The poverty headcount ratio (at the international line of US$1.90/day) is estimated at 8 percent in 2019, down from 15 percent in 2010. At a higher line (US$3.20/day), 39 percent of the population is estimated to be poor in 2019. With the COVID-19 pandemic, the risk of falling into poverty has increased. About 31.2 percent of the population that are estimated to live between US$1.9 and US$3.2 a day face significant risks of falling into extreme poverty in 2020, primarily because of reduced remittances, foregone earnings of potential migrants, job losses in the informal sector, and rising prices for essential commodities as a result of COVID.

2. **The global COVID-19 pandemic imposed both a supply and a demand shock on Nepal's economy, which is adversely affecting growth.** GDP growth is expected to go down to 0.2 percent in FY20 from 7 percent the year before. The tourism sector has been severely impacted. The four-months nationwide lockdown enforced on March 24,2020 affected industrial and agricultural output as well as services, leading to a 57.5 percent (y/y) drop in credit provision to the private sector between mid-March and mid-July 2020. The poor are expected to be disproportionally affected by the crisis. Government revenues grew by 0.2 percent in FY20, the lowest rate in more than two decades, due to widespread trade restrictions, supply chain disruptions and weaker demand. COVID-19 social distancing and

lockdown measures also reduced budget execution to a four-year low of 71.4 percent in FY20 despite an increase in spending on wages and COVID-19 related expenditures on health and social assistance. At the end of FY20, only 47 percent of the capital budget had been executed, much less than the average of 74.9 percent in the last three years as the last quarter of the fiscal year, which normally absorbs most capital spending, coincided with the national lockdown. The lower budget execution helped the fiscal deficit in check, increasing marginally by 0.4 percentage points to 3.2 percent of GDP in FY20. Total public debt is estimated to have increased to 38.3 percent of GDP from 30.1 percent of GDP in FY19.

3. **The Government of Nepal has responded to the crisis through fiscal and monetary measures.** Fiscal measures fall into three broad categories. *First*, there are immediate health measures aimed at increasing access to testing for COVID-19 infections, establishment of quarantine facilities, and availability of medical items such as masks, sanitizer, and surgical gloves. *Second,* to reduce the crisis' impact on livelihoods, the government has ensured continued delivery of its core safety net programs, implemented food distribution programs, extended eligibility for the Prime Minister's Employment Program, and provided discounts on utility bills. *Third,* to provide economic support to firms, the government has deferred the payment of taxes and provided concessional loan facilities to severely affected sectors. The cumulative cost of these programs is estimated at 5 percent of GDP. Measures taken by the Nepal Rastra Bank – the central bank – included a relaxation of regulatory requirements for banks and financial institutions and a reduction of targeted interest rates as part of the country's interest rate corridor and were aimed at providing liquidity support to banks and facilitating the provision of credit to the private sector.

Sectoral and Institutional Context

4. **Nepal has achieved significant improvements in health, though the outcomes are still not at satisfactory levels.** Between 1996 and 2016, maternal mortality ratio decreased from 543 to 259 per 100,000 live births, while under- five child mortality decreased from 118 to 39 per 1,000. The stunting rate among children under five declined from about 50 percent in 2006 to 36 percent in 2016. According to the Bank's Human Capital Index (HCI), a child born in Nepal today will be 49 percent as productive when she grows up as she could be if she enjoyed complete education and full health. Among the HCI Indicators and compared to neighbors and peers, Nepal is farthest from the frontier in stunting and learning outcomes. There is also room for improvement particularly on maternal and neonatal mortality and risks from air pollution and road traffic accidents.

5. **Health is one of the most decentralized sectors in Nepal's new federal structure.** The provision of basic health services is now under the mandate of the 753 autonomous municipalities; and 7 Provinces have responsibility over the delivery of basic hospital services. The Federal government is responsible for overall sector policy, public health surveillance, disaster preparedness and delivery of specialized care through national hospitals and public health institutions. As this governance reform is still in its nascent stage of implementation, clarity of functions between the different governments has not yet been established and the capacity of the governing administration and in health service delivery units like hospitals and primary health care clinics is not yet developed. Even prior to the current governing transition, there were significant gaps in human resources for health. This appears to be exacerbated due to the civil servant adjustment process which is part of the Federal transition.

6. **Nepal is particularly vulnerable to climate change, natural disasters and disease outbreaks and**

has limited capacity to respond. Nepal has a high frequency of hazards such as seasonal outbreaks of dengue, floods, landslides, avalanches, and earthquakes. Among 200 countries, Nepal ranks 11th and 30th with regards to its vulnerability to earthquake and floods respectively. Notably, the magnitude 7.8 earthquake in 2015 resulted in the loss of nearly 9000 lives as well as damages and losses to health infrastructure and disruption in essential health care services delivery for which the country is still recovering. Nepal's risk for the COVID-19 outbreak is ranked as a Tier 1 (high) risk according the US Centers for Disease Control and Prevention due to its border with China and India, low health security capacity[6], and point-of-entry capacity. Areas of vulnerability include the ability to detect an outbreak with limitations on the epidemiological workforce, weaknesses in the real time surveillance and reporting system, the capacity and accessibility of health clinics and hospitals, socioeconomic resilience and prone to public health emergencies.

7. **The Ministry of Health and Population (MoHP) endorsed a National Pandemic Preparedness and Response Plan (NPPRP) in 2019.** The objective of the plan is to address emerging disease outbreaks of epidemic and pandemic potential. Unlike the previous plan which only covered influenza viruses, the NPPRP covers six groups of viruses, including influenza, which have potential for greater social and economic impact if they cause widespread outbreaks including epidemics and pandemics. New human pathogens have emerged such as pandemic influenza, Ebola and Zika viruses and Middle East respiratory syndrome (MERS), and the current SARS-COV2. Nepal is considered at high risk due to its location to the global "hotspots". Small rural and backyard poultry farming with mixed animal farming and seasonal migration of wild birds from affected countries and the significant number of Nepal's youth population working in various countries are two factors for easy transmission of novel virus. The NPPRP defines the roles and responsibilities of the three tiers of the government and their coordinating mechanism in the evolving federal structure during emergency response to disease outbreaks. It establishes command and control mechanisms, risk assessments, surveillance, responses to different pandemic phases, communication strategies and, during outbreaks, the rapid deployment of emergency services including treatment and prevention of the spread of diseases, while continuing to provide essential health care services. The plan abides by the prevailing laws and code of ethics relating to emergency response.

8. **Nepal has responded expeditiously to the unprecedented challenges posed by the COVID-19 pandemic. Different committees and task teams are established to support and oversee preparedness and response to COVID-19.** These include:

(a) the High-Level COVID-19 Crisis Management Committee (CCMC) under the chairmanship of the Honorable Deputy Prime Minister and Minister of Defence leading overall oversight efforts;
(b) the Corona Crisis Management Center to coordinate operations, logistics, media, IT and security;
(c) Steering Committee led by the MoHP to coordinate the health response;
(d) Surveillance and Case Investigation and Contact Tracing Committee; Case Management Committee; and Logistics and Information Management Committee, each led by Senior Officials of the MoHP; and
(e) the incident command system for day-to-day management of the health sector response.

9. **Based on a request from Government of Nepal, the Nepal: COVID-19 Emergency Response and Health Systems Preparedness (CERHSP) Project in an amount of US$29 million equivalent, approved on April 3, 2020 was prepared under the Fast Track COVID-19 Facility (FTCF).** The PDO of the CERHSP

project is to prevent, detect and respond to the threat posed by COVID-19 and to strengthen national systems for public health preparedness in Nepal. The project included the following four components:

a. **Component 1: Emergency COVID-19 Response (US$ 25 million)** for capacitating the MoHP and its implementing bodies with technical and material assistance for sub-component 1.1: rapid case finding, contact-tracing and reporting as per MoHP protocols, and sub-component 1.2: strengthening health systems at all levels of the federation.

b. **Component 2: Community Engagement and Risk Communication (US$ 2 million)** to ensure the Nepali populace is empowered with timely and correct information to prevent and manage COVID-19 infections as well as to promote health during the pandemic.

c. **Component 3: Implementation Management and Monitoring and Evaluation (US$ 2 million)** to strengthen the MoHP and its coordinating structure and implementation divisions for exercising requisite technical, fiduciary and safeguards due-diligence in the COVID-19 health sector response and knowledge, management and learning.

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.

10. **The health response to the pandemic, as financed through CERHSP project is encouraging. As of January 27, 2021, the Ministry of Health and Population (MoHP) reported 270,375 confirmed COVID-19 cases, of which 265,069 (98 percent) have recovered and 2,020 (0.75 percent) have died.** Fifty percent of general and ICU beds in all hospitals are reserved for COVID-19 patients. 194 hospitals with over 1,146 ICU beds and 461 ventilators are designated for case management of patients. Test kits, consumables and PPE are procured, initially through UNICEF and UNOPS, to meet the emergency needs of the nation, and thereafter from national and international suppliers. The laboratory network is substantially strengthened with 81 RT-PCR testing laboratories (46 in public and 35 in private sectors), with a cumulative capacity for over 22,000 tests per day and a turnaround time of 24-48 hours. The National Public Health Laboratory (NHPL) has taken a lead role in strengthening technical, management, and M&E requirements of various cadres of laboratory and health workers at national, sub-national and local levels through online training programs that are ongoing. Over 1,000 case investigation and contact tracing teams (CICTT) are formed, trained and mobilized at local levels. Hazard pay is operationalized for front line workers. Technical and management capacity for screening at points of entries (international airports and ground crossings) is strengthened. The National Health Education Information Communication Center (NHEICC) with TA from UNICEF and WHO, has developed standardized messages on risk communication and community engagement and deployed these through press briefings and leveraging mass, social and print media to encourage social distancing, use of masks, sanitation and other COVID-19 preventive measures. Two dedicated call centers are established to service information needs of general public and to help address project-related complaints and grievances. The call centers are linked to one stop crisis management centers to address the potential increase in cases of domestic violence due to lockdown and mobility constraints. Component-wise implementation progress is as follows:

11. **Towards Component 1: COVID-19 Emergency Response:** MoHP has tailored the health sector response to the pandemic by drafting and operationalizing rolling four monthly rapid action plans. The

first plan which lasted until October 15 is now followed by a second plan. Case Investigation and Contact Tracing (CICT) is being conducted with the help of sub-national governments. Over 47 acute care health facilities were strengthened with isolation capacity, while four acute care health facilities were strengthened with triage capacity. Guidelines have been issued for the deployment of CICT teams at the local level. There has been an increase from one lab (the National Public Health Laboratory) which is able to conduct the necessary molecular testing for diagnosing COVID-19 to 46 labs in the public sector and 35 labs in the private sector as of December 30, 2020. National lab testing capacity has increased to more than 22,000 daily tests, which includes throughput of both public and private labs. Results for over 89 percent of specimens submitted for testing were confirmed within 48 hours, the WHO stipulated standard time. The CERHSP project has financed at least 40 new/rehabilitated ICU beds in public hospitals for managing the public health emergency. Due to revision in policy, encouraging home isolation of infected people with minor symptoms, recent assessments indicate the ICU beds and ventilators capacity is adequate. MoHP has developed and disseminated various guidelines to subnational entities in relation to COVID-19 response. It has enhanced the capacity of health care providers in infection prevention and control, case investigation and contact tracing, etc. via various platforms including online trainings.

12. **Towards Component 2: Community Engagement and Risk Communication.** Risk communication messages are being delivered to the public through various channels including twice-a-week media briefing, radio, FM radio, televisions, posters at strategic locations. Similarly, social media are also used extensively for community engagement including the Viber, mobile application, Facebook page, call centers, etc. In addition, two dedicated call centers have been established to share reliable information about the COVID-19 virus with citizens who dial in and to handle complaints made through the call centers.

13. **Towards Component 3: Implementation Management and Monitoring and Evaluation.** MoHP has formulated a 13 member PIU led by Chief Specialist of the Ministry and comprising officials from the Ministry and the Department of Health Services (DOHS) to oversee implementation of external assistance, including from IDA, to support its COVID-19 response. Teams comprising high-level officials from MoHP have been regularly visiting and coordinating the response in all provinces. Trainings have been conducted at provincial, district and municipal levels in case investigation and contact tracing (CICT), health care waste management and reporting. MoHP is in the process of recruiting environment and social development specialists to strengthen the implementation of Environment and Social Commitment Plan (ESCP). Additionally, procurement is ongoing for deployment of a COVID-19 client satisfaction and a mortality survey.

14. **Component 4: Contingency Emergency Response Component (CERC) is not activated.**

C. Proposed Development Objective(s)

Original PDO

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.

Current PDO

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.

Key Results

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

PDO Result Indicators:

(a) Proportion (%) of prioritized population fully vaccinated, as per protocol, disaggregated by gender
(b) Proportion (%) of female community health volunteers fully vaccinated, as per protocol
(c) Proportion (%) of vaccination sites/outreach with at least one female health care provider/volunteer
(d) Proportion of cold chain capacity gaps filled

Intermediate Results Indicators:

(a) A National Deployment and Vaccination Plan (NDVP) is approved and adopted
(b) Proportion (%) of callers to COVID-19 helplines satisfied with support/services provided
(c) Proportion (%) of SEA/SH calls received by COVID-19 helplines referred to one stop crisis management center (OCMC) or Women's Commission for appropriate support

D. Project Description

16. The changes proposed for the AF entail expanding the scope of activities in the parent CERHSP project and adjusting the overall design. As the proposed activities to be funded under the AF for Nepal CERHSP are aligned with the original PDO, the PDO remains unchanged.

17. The content of the components and the Results Framework of the parent project are adjusted to reflect the expanded scope and new activities proposed under the AF. The Implementation arrangements would remain the same. The Closing Date of the AF would be July 15, 2024. The parent project closing date will also be extended to July 15, 2024 in alignment with the AF closing date as the activities proposed under the AF complement those being undertaken by the parent project.

Proposed New Activities

18. **Vaccine purchasing will be done through Component 1 of the Global COVID-19 MPA (SPRP).** The support for vaccines when available, which was anticipated in the initial Global COVID-19 MPA, will be added as part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1: Emergency COVID-19 Response. Nepal will use the COVAX AMC facility, direct purchase from vaccine manufacturers and purchase of excess stocks from other countries holding such stocks, for vaccines and Loans/Credit (WBG/ADB/AIIB), Grants (UN, bilateral agencies, INGOs, private sector) and domestic resources for financing the vaccines and its deployment. GON also anticipates that 20 percent of its population, which will be able to afford the vaccines, will secure them from the market, with out of pocket expenditure. Given the recent emergence of COVID-19, there is no conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants

for several years. As such, this additional financing will allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e. tradeoffs between broader population coverage and re-vaccination). As a prudent and contingent measure, re-vaccination, if needed, for such a subset of the population, may be financed by the AF.

19. **To support the GON's vaccination planning, the AF will finance upfront TA to support Nepal to establish institutional frameworks for the safe and effective deployment of vaccines.** These will include a) establishment of policies related to ensuring that there is no forced vaccination and that any mandatory vaccination program (such as for entry to schools) is well designed including regarding consent and follows due process for those who choose to opt out; b) acceptable approved policy for prioritized intra-country vaccine allocation; and c) the creation of accountability, grievances, and citizen and community engagement mechanisms. The policies for prioritizing intra-country vaccine allocations will follow principles established in the WHO Allocation Framework, including targeting an initial coverage of 20 percent of a country's population; focusing first on workers in health and social care settings; and then focusing on the elderly and younger people with an underlying condition which places them at higher risk.

20. **The AF will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale, through Components 1, 2 and 3 of the parent project.** To this end, the AF is geared to assist the GON, working with WBG, WHO, UNICEF and other development partners to overcome bottlenecks as identified in COVID-19 vaccine readiness assessment in the country. More specifically, the AF will support existing efforts under sub-component 1.1, in the amount of US$1.5 million with goods, consulting and non-consulting services and operational costs to test, trace, treat and report on the infection for appropriate public health response. Additional Financing to sub-component 1.2 in the amount of US$4.5 million will support further strengthening of health systems in preparation for streamlined COVID-19 vaccine purchase and deployment by way of planning and coordination, regulation, targeting and surveillance, service delivery, training and supervision and logistics and supply chain for vaccines that meet WB regulatory standards for vaccines. The bulk of the AF, in the amount of US$67.5 million will be towards a new sub-component 1.3, for purchase of approved COVID-19 vaccines through eligible mechanisms. Under Component 2, the AF, in the amount of US$1.0 million will finance a comprehensive community engagement and risk communications strategy focused on planning and prioritization for vaccine deployment, management of vaccine hesitancy and addressing misinformation. Under Component 3, the AF will support, in the amount of US$0.5 million, operational and management costs, including support and strengthened oversight of environment and social safeguards compliance, strengthening of digital technology-based information systems (routine data, surveillance and monitoring) and periodic studies and assessments particularly in relation to COVID-19 vaccinations.

21. **The AF will support the population groups as summarized in Table 1 below.**

Table 1: Priority groups for vaccination

Phase	Population group	Number of people	% of population
Phase 1	Frontline workers of health and social sectors	911,342	3.00%
Phase 2A	Elderly: all >55 years (high CFR)	3,722,463	12.29%
Phase 2B	Population aged 40-54 years with co-morbidities	1,117,912	3.68%
Phase 2C	Migrant labor with co-morbidities	312,894	1.00%
Phase 3A	Remaining population aged 40-54 years with co-morbidities (minus those within the age group and vaccinated in Phase 1, 2B and 2C)	2,901,104	9.55%
Phase 3B	Remaining population aged 15-39 years (minus those within the age group and vaccinated in Phase 1 and 2C)	12,780,048	42.07%
Total		**21,756,763**	**71.60%***

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

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

22. **The anticipated overall environmental and social risks as in the parent project remain Substantial.** The measures to address social and environmental risks in the parent project remain relevant, including infection prevention and control improvements in health facilities, such as assessment and mitigation measures for medical waste risk management that will be expanded as inoculation sites expand. While experience indicates that moderate risk ratings can be expected for environment, for example, if medical waste and occupational health and safety risks are well-managed, the social risk is anticipated to be substantial in Nepal because there is a broader social risk of inequity in access to vaccines, such as due to long-held caste systems, and in some instances, potential political pressures to provide vaccines to groups that are not prioritized due to need or vulnerability or elite capture, or should target groups be misaligned with available vaccines. Lack of COVID-19 vaccines in the market for off-the-shelf purchase, exacerbates the risk of potential elite capture. These risks will be mitigated through several measures to ensure vaccine delivery targets the most vulnerable and marginalized populations, particularly women, elderly, poor and minorities in accordance with criteria specified in this AF. First, the Bank will support Nepal to develop and adapt explicit, contextually appropriate, and well-communicated criteria and implementation plan including criteria for access to vaccines. The Borrower will ensure that this plan is subject to meaningful consultations in accordance with ESS 10. An engaging 360-degree communication campaign with technical assistance from UNICEF, leveraging interpersonal (community, political and faith leaders), print, mass, mobile and social media will be deployed to address myths, misconceptions, vaccine hesitancy and also manage vaccination

expectations. There is consensus to first target heath workers, other essential workers, and the most vulnerable populations, which will include a mix of the elderly, people with co-morbidities. The Bank will also continue to provide technical and implementation support to mitigate this risk. All targeting criteria and implementation plans will be reflected in country's national vaccination program. Another potential risk is the increased incidence of reprisals and retaliation especially against healthcare workers and researchers. This risk will be mitigated through explicit inclusion in robust stakeholder identification and consultation processes. Further, and linked to the social risks stated above, it is important to have clarity on the risks that may arise related to any mandatory aspect of the national program and whether and how this mandatory element relates to cultural, social and traditional community practices and values. Such risks need to be considered in light of the mitigation hierarchy and balanced against the health-related requirements of any mandatory vaccination program. In addition, the grievance mechanisms required under the ESF should be in place and equipped to address community, worked, and/or individual grievances related to such issues. This includes requirements related to being able to have GRMs in place to address labor and working conditions, and SEA/SH.

E. Implementation

Institutional and Implementation Arrangements

23. **There will be no change in the institutional or implementation arrangements for the AF.** The implementation of AF will be through MoHP and DoHS and their institutional bodies. Specifically, the COVID-19 vaccination program, including planning and management and program delivery will be implemented through the Family Welfare Department of the DoHS with support from its other centers (Epidemiology and Disease Control Division and NHEICC). Procurement of vaccines and other commodities including logistics will be done by the Management Division of the DoHS. AF will use existing staff and structures as much as possible for additional tasks that may be required to support the new activities.

24. **There will be no significant changes to the Fiduciary arrangements under the AF.** The Environment and Social Management Framework, the Environment and Social Commitment Plan, Stakeholder Engagement Plan will be updated for the additional scope of the AF and implemented. The Environmental and Social Review Summary (ESRS) too will be similarly updated.

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