Project Information Document/ Identification/Concept Stage (PID)

Concept Stage | Date Prepared/Updated: 27-Jul-2020 | Report No: PIDC225191

BASIC INFORMATION

A. Basic Project Data

Project ID	Parent Project ID (if any)	Environmental and Social Risk Classification	Project Name
P174366		Substantial	COVID-19 Pandemic Emergency Financing Facility Project
Region	**Country**	**Date PID Prepared**	**Estimated Date of Approval**
AFRICA EAST	Tanzania	27-Jul-2020	
Financing Instrument	**Borrower(s)**	**Implementing Agency**	
Investment Project Financing	United Republic of Tanzania	Ministry of Health, Community Development, Gender, Elderly and Children	

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	3.79
Total Financing	3.79
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	3.79
Pandemic Emergency Financing Facility	3.79

B. Introduction and Context

Country Context

1. Tanzania's growth has been robust. Between 2013 and 2018, average GDP growth was estimated at 6.5 percent[1]. GDP growth through the first three quarters was 6.9 percent, close to the 2018 official rate of 7.0 percent. Despite substantial economic growth, poverty reduction was modest, and based on the national poverty line, dropped from 28.2 percent in 2011 to 26.4 percent in 2018[2]. Tanzania's population is

estimated at 59 million. With a high population growth rate of about 3 percent, the number of the poor in Tanzania rose from 12.3 million in 2011 to about 14 million in 2018. Tanzania between 2000 and 2017 registered sustained improvements in the key health outcomes. Life expectancy increased from 51 to 65 years i.e. the probability of dying before age one (from 51 to 43 deaths per 1,000 live births); under-five mortality rate, i.e. probability of dying before age five (from 81 to 67 deaths per 1,000 live births); and prevalence of stunting (short for age) among children under five years (from 42 to 34.4 percent). and under-five mortality and infant mortality dropped from 148 deaths per 1000 live births and 98 deaths per 1,000 live births to 67 deaths per 1,000 live births and 43 deaths per 1,000 live births, respectively[3]. On the other hand, the country's maternal mortality rate increased from 454 to 556, while total fertility rate remained stubbornly high at 5.2 children per woman. Although stunting has reduced, the levels remain high with one-third of the children under five being stunted,

2. The outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in China. On March 11, 2020, the World Health Organization (WHO) declared the outbreak a global pandemic. As of June 20, 2020, the outbreak had resulted in an estimated 8,385,440 infections and 450,686 deaths globally. Tanzania reported its first COVID-19 case on March 16, 2020, and as of April 29, 2020 had recorded a total of 509 cases with 21 deaths. The economic impact of COVID-19 in Tanzania is still evolving but is expected to erode the gains made in the recent years. Current estimates based on assumptions of strengthened government action on containing the pandemic and mitigating the economic impact, as well as improving external conditions, show real GDP growth slowing to 2.5 percent in 2020. The unprecedented economic impact is likely to adversely affect the health sector. Not only are resources needed to respond to the pandemic, but there is need to maintain the delivery of essential health services to avoid reversing the gains made previously in the health sector.

3. The Insurance Window of the Pandemic Emergency Financing Facility (PEF), which provides financial support to IDA-eligible countries in case of major multi-country disease outbreaks, was triggered for COVID-19 and has made available a total of US$195.84 million 64 PEF eligible countries, including Tanzania, which was allocated US$3.79 million. under the global framework of the World Bank COVID-19 response financed under the PEF. The proposed COVID-19 Pandemic Emergency Financing Facility Project for Tanzania is being prepared under the global framework of the World Bank COVID-19 Response (Fast Track COVID-19 Facility-FTCF) and financed by the PEF.

[1] Tanzania Economic Update, June 2020.

[2] Household Budget Surveys 2011/12 and 2018.

[3] Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015/16

Sectoral and Institutional Context

1. The government has established disease outbreak and preparedness structures and adopted appropriate policies and strategies to respond to any epidemic in the country. In 2017 Joint External Evaluation (JEE) of the core capacities in line with International Health Regulations (IHR) assessed the strengths and weaknesses in Tanzania with average score of 40 percent. It also identified priority interventions to improve the preparedness of the health system as a whole, which included: enact legislation or policies to enable IHR implementation and coordination structures; strengthen quality management system for point of care testing; improve capacity and sustainability of the Public Health Emergency Operations Center (PHEOC) and develop a multi-sectoral pandemic preparedness plan. To date, a lot of progress has been made including review of the National Action Plan for Health Security (NAPHS) and development of essential package for health security. This has translated into an increase of the average score to 57% (WHO Resource Mobilization Tool).

2. In response to COVID-19, Tanzania developed the National COVID-19 Response Plan (April 2020), and activated its response coordinated by the National Task Force in Prime Minister's Office. In addition, the development partners under the leadership of the World Health Organization Country Office established a coordination framework aligned to the National Task Force. The national response plan is based on the WHO COVID-19 strategic guidance and prioritizes 5 major pillars: surveillance in contract tracing and control at Point of Entry, case management including strengthening of water, sanitation and hygiene and infection and prevention control (WASH/IPC), strengthening laboratory capacity, risk communication and community engagement, and coordination of rapid response operations.
3. While Tanzania did not impose a strict lockdown, several social distancing measures were instituted including wearing masks, restricting large public gatherings, closure of schools, and closure of the international airports from mid-April to early June, 2020. Other measures were also introduced including screening at the points of entry, surveillance systems including contact tracing, quarantining of contacts in designated places, strengthening laboratory capacity to collect samples and test for COVID-19, designation of selected health facilities to treat COVID-19, training of health workers, and rolling out risk communication activities in six high-risk regions. To-date government has raised US$53 million[1] of the US$150 million needed to support the national response.
4. In recognition of the potential for COVID-19 to disrupt access to and provision of essential health services, if appropriate mitigation measures are not promptly adopted to sustain these services, government and partners have agreed to develop an overarching plan to maintain essential services. Severe disruption in the provision of essential health services could potentially increase child mortality by 17 percent and maternal mortality by 16 percent over the next year[2].
5. The proposed project will assist the Government of Tanzania to strengthen its health systems to respond to the COVID-19 epidemic. More specifically, it will support strengthening diagnostic capacity of laboratories and improve management of COVID-19 cases.
6. The proposed COVID-19 PEF project is being developed taking account of the support by other parties. The supply of oxygen is prioritized, as currently there is limited support for oxygen. Secondly, because of the huge requirements for laboratory supplies and equipment, the project will extend

support to avail the key equipment, supplies and reagents.The project will be implemented over a period of six months up to January 31, 2021.

[1] Includes US$6.5 million by Health Basket Fund to which the Bank project contributes and US$3.79 million by PEF (under preparation). The US$6.5 million will support the provision of PPEs to primary health care facilities countrywide.

[2] GFF: Preserve Essential Health Services during the COVID-19 Pandemic – Tanzania.

Relationship to CPF

The proposed project is consistent with the Country Partnership Framework (CPF) Report No. 121790-TZ (2018) and aligns well with focus area 2: "Boost human capital and social inclusion - A life cycle approach to human development challenges". This thematic area focuses on among others improving quality health care services.

Furthermore, the project aligns with the NAPHS and the recently developed Response Plan for COVID-19.

C. Project Development Objective(s)

Proposed Development Objective(s)

To strengthen capacity for laboratory diagnosis and management of COVID-19 cases.

Key Results

1. Number of targeted hospitals with functional oxygen generation plants.

2. Number of SARS-CoV-2 tests carried out at the National Public Health Laboratory.

D. Preliminary Description

Activities/Components

Component 1: Strengthening Laboratory Diagnosis Capacity: would provide immediate support to the country to control further spread of COVID-19 and support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing. Effective implementation of these activities will necessitate: (a) adequate training of all health workers and other relevant staff; and (b) procurement and distribution of required equipment, reagents and supplies. It was also clarified that the proposed project will focus on strengthening the SARS-CoV-2 diagnostics and testing capacity at the National Public Health Laboratory (i.e., expect to reach the capacity of conducting 500 tests per day by the end of the project).

Component 2: Improving Management of COVID-19 Cases: would support the GoT to improve case management by availing oxygen to patients who are in need through procurement and installation of liquid oxygen plants together with manifold systems. The proposed project will focus on ensuring that oxygen generation plants are installed and functional in seven regional referral hospitals (RRHs). It is expected that the targeted RRHs would in turn supply oxygen cylinders to neighboring hospitals i.e. primary health care facilities including district hospitals, health centers and dispensaries.

Component 3: Implementation Management and Monitoring and Evaluation (M&E): would support the strengthening of the existing structures for coordination and management of the project, including arrangements for financial management and procurement.

Environmental and Social Standards Relevance

E. Relevant Standards

ESS Standards		Relevance
ESS 1	Assessment and Management of Environmental and Social Risks and Impacts	Relevant
ESS 10	Stakeholder Engagement and Information Disclosure	Relevant
ESS 2	Labor and Working Conditions	Relevant
ESS 3	Resource Efficiency and Pollution Prevention and Management	Relevant
ESS 4	Community Health and Safety	Relevant
ESS 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
ESS 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
ESS 7	Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
ESS 8	Cultural Heritage	Not Currently Relevant
ESS 9	Financial Intermediaries	Not Currently Relevant

Legal Operational Policies

Safeguard Policies	Triggered	Explanation (Optional)
Projects on International Waterways OP 7.50	No	
Projects in Disputed Areas OP 7.60	No	

Summary of Screening of Environmental and Social Risks and Impacts

This project is to be implemented in seven (7) Regional Referral Hospitals namely Amana, Mount Meru, Mbeya, Geita, Ruvuma, Mtwara and Lindi in the regions of Dar es Salaam, Mbeya, Ruvuma, Kilimanjaro, Geita, Mtwara and Lindi. The proposed emergency project will support: case management and response which include activities such as procurement and installation of liquid oxygen generating plants in regional referral hospitals (RRH) and Installation of oxygen supply Manifold System to RRH among others. It will also support strengthening laboratory testing where the supported will include procurement and installation of equipment including reagents for decentralization of COVID-19 testing laboratories. The social risks and impacts associated with the proposed project activities are minimal and may be localized within the project sites. While the risks associated with COVID-19 and infectious medical waste are serious, with use of personal protective equipment and other behaviors outlined in WHO Guidelines, the risks are manageable and should not result in large-scale or significant impacts. The Infection Control and Waste Management Plan (ICWMP) will include risk mitigation measures that consider the health sector's capacity challenges. The main environmental risks are: (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not safely used by laboratory technicians and medical crews; and (ii) medical waste management and community health and safety issues related to the handling, transportation and disposal of healthcare waste. WHO has reported that 20% of total healthcare waste would be infectious waste, and improper handling of health care waste can cause serious health problem for workers, community and the environment. Transmission of disease through infectious waste is the greatest and most immediate threat from healthcare waste. If waste is not treated in a way that destroys the pathogenic organisms, dangerous quantities of microscopic disease-causing agents?viruses, bacteria, parasites or fungi?will be present in the waste. These agents can enter the body through punctures and other breaks in the skin, mucous membranes in the mouth, by being inhaled into the lungs, being swallowed or being transmitted by a vector organism. Wastes that may be generated from the seven (7) Regional Referral Hospitals supported by the COVID-19 readiness and response will require special handling as it may pose an infectious risk to healthcare workers with contact or handle the waste. There is a possibility for infectious microorganisms to be introduced into the environment if they are not contained due to accidents/ emergencies e.g. a fire response. The contamination of the laboratory facilities, and equipment may result from laboratory procedures: performing and handling of culture, specimens and chemicals. In view of that, appropriate medical waste management system and public awareness mechanisms need to be put in place by the client to reduce risks linked to clinical operations and infections generated by exposure to COVID 19. These risks will be managed through the site specific ESMPs with a dedicated chapter on LMP and a SEP prepared for the project. Disposal and overall management of pressurized containers will be looked at as part of the Infection Control and Waste Management Plan (ICWMP) which will either be customized from the existing guidelines on waste management or prepare a new plan (such as an ESMP as will be stipulated in the updated ESMF) based on the identified risks associated with waste. There are several key social risks including: : (I) health workers exposure to COVID-19 due to lack of provision or poor management of PPE; (ii) community health and safety due to exposure to infectious waste handling and transportation; (iii) exposure of the construction workers to infection in hospitals while installing the liquid oxygen concentration plants and associated works and the laboratory equipment; (iv) cross infection of patients from workers accessing the facilities to install the plants financed in Component 1 and 2 of the project; (v) lack of engagement and risk prevention communication to health facilities' neighboring communities, project workers and health care

personnel in targeted facilities; (vi) exposure of persons visiting the health facilities to construction related hazards during implementation of Component 1 and 2 of the project; (vii) possibility of sexual harassment and sexual exploitation and abuse due to the interaction of construction workforce with the neighboring communities and persons in the health facilities; (viii) exclusion of vulnerable individuals such as the poor from benefiting from facilities financed by the project due to cost limitations. These will be managed through the Environmental and Social Management Plans which will include a Labor Management Procedures to be prepared by the MoHCDEC.

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Implementing Agencies

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