



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 29-Nov-2021 | Report No: PIDA32914

BASIC INFORMATION
A. Basic Project Data

Country Mozambique	Project ID P178068	Project Name COVID-19 Strategic Preparedness and Response Project Additional Financing	Parent Project ID (if any) P175884
Parent Project Name COVID-19 Strategic Preparedness and Response Project	Region AFRICA EAST	Estimated Appraisal Date 18-Nov-2021	Estimated Board Date 13-Dec-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Ministry of Economy and Finance	Implementing Agency Ministry of Health

Proposed Development Objective(s) Parent

To support the Government of Mozambique to acquire, manage, and deploy Project COVID-19 vaccines, and to strengthen its pandemic preparedness, response, and health systems' capacity.

Components

Vaccines, Medical Supplies, and Cold Chain Equipment
Vaccine Administration, Follow-up, and Community Engagement
Continuity of Essential Services
Project Implementation and Monitoring

PROJECT FINANCING DATA (US\$, Millions)
SUMMARY

Total Project Cost	100.00
Total Financing	100.00
of which IBRD/IDA	100.00
Financing Gap	0.00

DETAILS
World Bank Group Financing

International Development Association (IDA)	100.00
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IDA Grant

100.00

Environmental and Social Risk Classification

Substantial

B. Introduction and Context

Country Context

- 1. The coronavirus disease (COVID-19) pandemic hit Mozambique as it was attempting to recover from multiple shocks, including a hidden debt crisis in 2016, two tropical cyclones in 2019, and ongoing conflict affecting the northern and central regions.** Mozambique's track record of sustained high growth has been disrupted, taking a heavy toll on the economy. In 2020, Mozambique experienced its first economic contraction in nearly three decades. Real gross domestic product (GDP) is estimated to have declined by 0.8 percent in 2020, compared to a pre-COVID estimate of 4.3 percent growth, with significant downside risks. Mozambique is expected to continue to experience large external and fiscal financing gaps in 2021. This will further constrain already underfinanced social services for health, education, and social protection as demand increases.
- 2. The pandemic and its side effects have jeopardized years of hard-won development gains, with a sizeable number of Mozambicans expected to fall back into poverty.** Livelihoods, food security, and nutrition have worsened with reduced incomes. The pandemic has had a particularly severe impact on the poor in urban and peri-urban areas, more affected by containment measures and business closures. Mozambique's urban poverty rate is projected to have increased from 32 to at least 34.1 percent by the end of 2020, widening inequalities and pushing an additional 250,000-300,000 urban people into poverty on account of employment and income losses, price increases and a deterioration of public services. The pandemic is also likely to exacerbate pre-existing factors of fragility, aggravate existing gender inequalities, and increase risks of gender-based violence (GBV).
- 3. Efforts are needed to protect and advance lagging human capital gains jeopardized by service interruptions.** Mozambique's Human Capital Index (HCI) shows that a child born today will be 36 percent as productive when she grows up as she could be if she enjoyed full health and complete education. This places Mozambique below the average for the sub-Saharan Africa region of 0.40, limiting the country's potential for growth. COVID-19 threatens to reverse gains in human capital outcomes by exacerbating weakness in health, education and social protection systems. Investing and protecting frontline health workers and teachers is crucial to ensure safe service provision and minimize impacts on children's learning, safety and well-being. The development and widespread deployment of COVID-19 vaccines will be at the core of a resilient recovery from the pandemic's dual impacts on the economy and human development in Mozambique.

Sectoral and Institutional Context



4. **Mozambique, with a population of 30 million, reported its first case of COVID-19 on March 22, 2020, and as of October 26, 2021, a total of 151,232 cases and 1,928 deaths have been reported.** Over 80 percent of active cases are concentrated in the Greater Maputo Area with the remaining number of active cases spread throughout the other nine provinces. Since the first COVID-19 case was reported, Mozambique saw a slow increase in the number of weekly cases recorded – reaching a first peak in notifications in mid-September. A second and more severe wave hit Mozambique in mid-January 2021. The second wave also resulted in a much higher rate of hospitalization, averaging 200 per week. While actual mortality from COVID-19 has been relatively low in Mozambique, with a case fatality rate of around one percent, the disruption of essential services, impact of deepening poverty, and threats of increasing fragility and conflict provide strong justification for investment in urgent vaccination deployment. Similar trends have been observed in neighboring countries.

5. The Government of Mozambique (GoM) aimed to vaccinate 54 percent of the population in Mozambique above 15 years of age, as outlined in the National Deployment and Vaccination Plan for COVID-19 (NDVP). This proposed Additional Financing (AF) supports the acquisition of approximately eight million extra doses from Sinopharm procured through the COVID-19 Vaccines Global Access Facility (COVAX) Cost Sharing Mechanism. The need for additional resources to expand the COVID-19 response was formally requested by the GoM to support the Ministry of Health (MoH) in this effort.

6. **The vaccination rollout was successfully initiated but has been constrained by limited vaccine supply.** The GoM committed to vaccinating all adults by the end of 2022. Mozambique is receiving vaccines under the COVAX Advance Market Commitment (AMC), initially committed to cover 20 percent of the population, but supply has been slower than expected and future delivery schedules are uncertain. Through the World Bank-financed COVID-19 Strategic Preparedness and Response Project (COVID-19 Response Project, the parent project to this proposed AF), the GoM also signed an agreement with the Africa Vaccine Acquisition Trust (AVAT) to procure nine million doses of Johnson and Johnson (J&J) vaccines. While delivery of these doses has also started, tranches are arriving in country more slowly than expected. At the launch of the mass vaccination campaign, the Ministry of Health (MISAU) reported vaccinating approximately 100,000 people per day through concerted mobilization of resources. The momentum of the campaign has now been jeopardized by limitations in vaccine supply. The AF proposed to the COVID-19 Response Project will help overcome these challenges, financing a large tranche of doses through COVAX Cost Sharing which can be delivered in 2021 and early 2022, to achieve more meaningful vaccination coverage in a timely manner and free of charge to the population.

C. Proposed Development Objective(s)

Original PDO

To support the Government of Mozambique to acquire, manage, and deploy Project COVID-19 vaccines, and to strengthen its pandemic preparedness, response, and health systems' capacity.

Current PDO

To support the Government of Mozambique to acquire, manage, and deploy Project COVID-19 vaccines, and to strengthen its pandemic preparedness, response, and health systems' capacity.

Key Results

PDO level indicators:

Percentage (%) of priority population fully vaccinated¹, based on the targets defined in national plan [disaggregated by sex]

Number of children fully immunized with routine vaccinations [disaggregated by sex]

Intermediate Indicators:

- National plan developed and costed for COVID-19 vaccine procurement and deployment
- Percentage of targeted sites where requested Cold Chain Equipment has been installed and functional
- Standard operating procedures (SOPs) or guidelines updated for collection and disposal of medical waste for COVID-19
- Rate of vaccine wastage (total number of vaccine doses discarded / total number of doses used)
- Consultations on multi-media platforms with key information on COVID-19, including vaccinations
- Percentage of complaints to Grievance Redress Mechanisms satisfactorily addressed within required
- Number of community health workers (*Agentes Polivalentes Elementares* - APEs) trained to deliver key messages to promote demand for COVID-19 vaccines and other essential services
- APE kits distributed monthly to health facilities, including COVID-19 related supplies (average number of kits per month distributed)
- Average outpatient visits per month [disaggregated by sex]
- Average number of institutional deliveries per month
- Essential health service data monitored quarterly by the Ministry of Health to inform efforts to strengthen delivery
- People who have received essential health, nutrition, and population services (Corporate Results Indicator)

D. Project Description

7. The parent project has four components. **Component 1 on Vaccines, Medical Supplies, and Cold Chain Equipment** supports vaccine acquisition and ancillary supplies and equipment for deployment systems. **Component 2 on Vaccine Administration, Follow-up, and Community Engagement** supports the implementation of prevention, detection and response activities in the National COVID-19 Preparedness and Response Plan, the NDVP, and the continuity of essential health services. **Component 3 on Continuity of Essential Services**, supported through a Global Financing Facility Grant of US\$15 million, with complementary systems strengthening investments across Components 1 and 2, supports targeted interventions to address the disruptions of the COVID-19 pandemic in routine essential maternal, child and adolescent health services, while strengthening resilient health systems at the primary and community levels. **Component 4: Project implementation support** strengthens the existing Program Implementation Unit (PIU) of the World Bank-financed portfolio in MISAU, including, inter alia, recruiting additional staff and covering operating costs, procuring necessary training and equipment, providing support for procurement, financial

¹ The WHO Fair Allocation Framework defines as priority population i) frontline workers in health and social care settings; ii) the elderly; iii) and people who have underlying conditions that put them at a higher risk of death. For most countries, an allocation equal to 20% of the population would be enough to cover most of the population comprising initially prioritized target groups. By initially prioritizing these groups, a vaccination program may achieve an enormous impact in reducing the consequences of the pandemic even in conditions of supply constraint.

management, environmental and social risk and impact management, and monitoring and evaluation (M&E) and reporting for activities.

8. **The proposed AF in the amount of US\$100 million will enhance the scope of the original project to enable a scale-up of project activities.** The primary objective of the AF is to reimburse the GoM for the acquisition of approximately eight million doses of the Sinopharm vaccine. These doses were made available to the Government in September through a narrow window of opportunity through COVAX, requiring an immediate advance of US\$44 million to Gavi, for which the Government has requested retroactive financing through this AF. The additional resources that will be made available through this AF will finance the distribution, administration and ancillary costs related to the Sinopharm vaccine as well as additional medical supplies, equipment, renovations, health systems strengthening, and communications.

Table 1. Revision of Project Component Allocations

Project Components	IDA Financing (Parent Project Original)	IDA Financing (Parent Project Revised)	IDA Financing (Parent Project + AF)	Trust Funds – GFF	Total
Component 1: Vaccines, Medical Supplies and Equipment	75	81	140	0	140
Component 2: Vaccine Administration, Follow-up and Community Engagement	20	14	55	0	55
Component 3: Continuity of Essential Services	15	15	0	15	15
Component 4: Project Implementation and Monitoring	5	5	5	0	5
Total Costs	115	115	200	15	215

*Note this table reflect the adjustment increasing component 1 from US\$75 million to US\$81 million for vaccine acquisition and ancillary supplies through AVAT.

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



9. The environmental risks from the project stem mainly from (a) medical and pharmaceutical waste management issues related to waste handling and collection, transportation and disposal of hazardous and infectious healthcare waste (including waste resulting from vaccine delivery such as sharps and the disposal of expired or damaged vaccines); (b) occupational health and safety issues (infections, injuries and accidents during handling, administration and disposal of vaccines); (c) pollution (soil and water contamination from health and pharmaceutical waste); (d) community health and safety due to increased risk of exposure and contact with COVID-19 virus during vaccination campaigns or at healthcare facilities; and (e) civil works. The social risks relevant to the project include (i) labor management; (ii) GBV/SEA/SH risks during consultations and vaccine provision; (iii) spread of COVID-19 and other infectious diseases during consultations; (iv) marginalization of vulnerable groups including IDPs during vaccine roll out; and (v) the security situation in Cabo Delgado.

10. Following the ESF directive and safeguards instruments an Environmental and Social Management Plan (ESMP) and an Environmental and Social Management Framework (ESMF) were prepared for the parent project, and have been updated to reflect the scale-up enabled through the project's AF. A preliminary screening against sexual exploitation, abuse and harassment (SEAH) risks has been performed using the draft HD risk screening tool for the health sector, resulting in a low risk level.

E. Implementation

Institutional and Implementation Arrangements

MISAU is the primary implementing agency for this project, including the activities covered by the AF. The National Directorate for Monitoring and Evaluation of the Ministry of Economy and Financing (MEF) has been the Coordination Authority responsible for coordinating the implementation of the COVID-19 emergency activities under the Immediate Response Mechanisms, in close coordination with MISAU and the National Social Assistance Institute (INAS) under the Ministry of Gender, Children and Social Assistance. The existing Project Implementation Unit (PIU) in MISAU, which supports the management of other World Bank operations in the health sector, has been expanded to cover fiduciary and safeguards management for the project, and coordination with key MISAU departments, the Central Medicines Warehouse (CMAM), the National Institute of Health (INS), and other stakeholders for implementation of project activities. While based in the Directorate of Planning and Cooperation, the PIU relies on focal points and experts embedded in different departments, including CMAM and provincial authorities. Technical assistance and coordination with internal and external stakeholders will be pivotal for the success of this project. A substantive package of technical assistance during the preparation phase was provided by the United Nations, Gavi, and other partners. Additional technical assistance through this project will also be critical to support implementation and deployment.

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APPROVAL

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