

Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Feb-2023 | Report No: PIDA35354

BASIC INFORMATION

A. Basic Project Data

Country South Sudan	Project ID P180277	Project Name Second Additional Financing to the South Sudan COVID-19 Emergency Response and Health Systems Preparedness Project	Parent Project ID (if any) P176480
Parent Project Name South Sudan COVID-19 Emergency Response and Health Systems Preparedness Project	Region EASTERN AND SOUTHERN AFRICA	Estimated Appraisal Date 23-Feb-2023	Estimated Board Date 31-Mar-2023
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) World Health Organization, International Committee of the Red Cross, UNICEF	Implementing Agency World Health Organization, International Committee of the Red Cross, UNICEF

Proposed Development Objective(s) Parent

The objective of the project is to prevent, detect, and respond to the threat posed by COVID-19 in South Sudan, increase access to an essential package of health services in the states of Upper Nile and Jonglei, and develop South Sudan government health sector stewardship and system preparedness capacity.

Proposed Development Objective(s) Additional Financing

To prevent, detect, and respond to the threat posed by COVID-19, increase access to an essential package of health and nutrition services for the target population, develop health sector stewardship and preparedness capacity, and provide an immediate and effective response to an eligible crisis or emergency.

Components

Vaccine Acquisition, Deployment, Cold Chain Equipment, and Community Engagement
 Provision of Essential Health and Nutrition Services in Selected States
 Building Institutional Capacity and Strengthening Health System Emergency Preparedness
 Monitoring, Evaluation, and Learning
 Contingent Emergency Response

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	70.00
Total Financing	70.00
of which IBRD/IDA	70.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	70.00
IDA Grant	70.00

Environmental and Social Risk Classification

High

B. Introduction and Context

Country Context

1. South Sudan is one of the most fragile, conflict-impacted countries in the world with less than 20 years of interspersed peace since 1955. Two almost consecutive civil wars, from 1955-1972 and 1983-2005, between what was then Southern Sudan and the Sudanese Government, left the Southern region systemically underdeveloped. South Sudan became independent from Sudan in 2011. In 2013, civil war broke out, leading to widespread violence between ethnic groups and raising questions about the future of the country. The civil war also plunged the oil rich and dependent country further into economic crisis as oil production decreased due to the civil war. The South Sudan civil war ended in February of 2020, with a peace and power sharing agreement, however the peace remains fragile, and the country faces substantial challenges recovering from deep underdevelopment and economic crisis combined with seasonal flooding and continued intercommunal violence. While the country's economy initially began to recover following the civil war, COVID-19 has compromised economic growth with an expected contraction on 4.1 percent in FY 2020/21 compared to growth of 9.5 percent in FY 2019/2020.
2. South Sudan remains one of the poorest countries in the world with over 80 percent of people living in poverty in 2019¹. Nearly half of urban households lost a job activity since 2013. Conflict and violence triggered the break-down of food production, worsening food insecurity. Women and girls face a disproportionate burden of poverty, poor access to services and insecurity. South Sudan has the world's highest maternal mortality rate and a third of all women experience sexual violence by a non-partner in their lifetime. South Sudan has the highest proportion of children out

¹ World Bank staff estimate.



of school². Youth comprise 70 percent of the population; most are unemployed. The country faces one of the world's worst food insecurity crises, with 7.24 million people – or 60 percent of the population are facing acute severe food insecurity (July 2021³). South Sudan also has one of the world's largest forcibly displaced populations, including 1.76 million internally displaced people (IDP) and more than 2.2 million South Sudanese refugees living abroad, primarily in neighboring countries. The country ranks 172 out of 174 countries on the World Bank's 2020 Human Capital Index (HCI). South Sudan's HCI score indicates that a child born today in the country will only be 31 percent as productive when she grows up as she could be if she enjoyed complete education and full health⁴.

3. South Sudan is vulnerable to seasonal flooding and drought, which are becoming more intense due to climate change and further stress underdeveloped infrastructure, service delivery, and agricultural systems. South Sudan experiences routine annual flooding and during 2020/2021, flooding caused severe population displacement and hampered movement throughout the country, constraining service delivery, including health services. South Sudan also experiences an intense annual hot season. In 2021, the climactic conditions were magnified by a locust infestation, which impacted South Sudan and the Greater Horn of Africa region, impacting crops and food security. South Sudan's Intended Nationally Determined Contribution to climate change outlines its plans to prioritize efforts to adapt to climate change, including improving public health systems, increasing resilience of vulnerable communities, strengthening infrastructure, and increasing institutional capacity. However, efforts to accomplish the climate adaptation measures remain underrealized due to the country's challenging context and competing priorities. South Sudan remains in a serious humanitarian crisis. Some two-thirds of its total population of 11.4 million (2021) are estimated to be in need of humanitarian assistance in 2022. Women and children continue to be the most affected.

Sectoral and Institutional Context

4. South Sudan's health system faces enormous challenges, leading to some of the worst health outcomes in the world: under-five mortality is 91 per 1,000 live births; neonatal mortality is 39 per 1,000 births; and maternal mortality is estimated at 789 per 100,000 births. The country's health system is challenged by ongoing intercommunal violence, a virtual absence of road infrastructure, limited communications infrastructure, access challenges due to seasonal flooding, highly dispersed populations, and substantial population movements. Human resource gaps are one of the single biggest challenges facing South Sudan's health system and are further complicated by South Sudan's challenging context with respect to limited budget, fragile security environment, and organizational fragmentation.
5. Despite the early response to the COVID-19 outbreak, the country remains vulnerable with several sporadic surges in the prolonged pandemic. There has been a total of 18,368 cumulative cases and 138 reported deaths as of January 20, 2023, with three surges in May 2020, then January/February 2021 and lastly a spike in reported cases of more than 3,000 between December 21, 2021, and January 7, 2022. Reported cases have been concentrated in the country's capital, Juba, which reflects the limited testing capacity, and the data reliability concerns in the country. As of January 1, 2023, a total of 2,322,220 vaccine doses have been administered.
6. **The food security crisis has affected all parts of South Sudan.** In the latest Integrated Food Security Phase Classification (IPC) projections, 52 of South Sudan's 79 counties in nine of the country's ten states are expected to

² World Development Indicators.

³ IPC: http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/South_Sudan_TWG_Key_Messages_Oct_2020-July_2021.pdf.

⁴ World Bank. 2020. The Human Capital Index 2020 Update: Human Capital in the Time of COVID-19. Washington, DC.



face a phase 4 – or ‘emergency’ – situation. The counties heavily impacted by food insecurity are largely those heavily impacted by flooding. Many of these areas also have ongoing intercommunal violence, including counties in Jonglei, Upper Nile, and Unity States, which further exacerbates food insecurity and the populations’ vulnerability, although conflict levels do not currently reach those during the country’s civil war, when food insecurity was below current levels. Further, according to the International Crisis Group, flooding has relocated pastoralists in the country, exacerbating intercommunal violence.

C. Proposed Development Objective(s)

Original PDO

7. The objective of the project is to prevent, detect, and respond to the threat posed by COVID-19 in South Sudan, increase access to an essential package of health services in the states of Upper Nile and Jonglei, and develop South Sudan government health sector stewardship and system preparedness capacity.

Current PDO

8. To prevent, detect, and respond to the threat posed by COVID-19, to increase access to an essential package of health and nutrition services including for refugee and host communities in selected states, and to develop South Sudan health sector stewardship and health system preparedness capacity.
9. The proposed revised PDO is to “prevent, detect, and respond to the threat posed by COVID-19, increase access to an essential package of health and nutrition services for the target population, develop health sector stewardship and preparedness capacity, and provide an immediate and effective response to an eligible crisis or emergency”.

Key Results

10. To reflect the expanded scope of the proposed AF2, the following modifications are proposed to the results framework:
 - A. A new PDO level indicator was added to reflect the CERC response activities “number of people affected by the food insecurity crisis in the target areas who received nutrition services”.
 - B. Revising end targets and their dates of the following PDO level indicator were undertaken to reflect expanded scope of the proposed AF:
 - a. Percentage of eligible population fully vaccinated against COVID-19, based on the targets defined in national plan, end target revised to 55% (sub-indicator for female revised to 50%; sub-indicator for refugees revised to 30%)
 - b. Number of people who have received essential health, nutrition and population services: end target revised to 7,000,000 (sub-indicator for female revised to 3,500,000; sub-indicator for refugees revised to 600,000)
 - C. Revising end targets and their dates of the following intermediate results indicators (IRI) were undertaken to reflect the expanded scope:



- a. Number of climate-friendly and energy-efficient cold chain is adopted by the client, end target revised to 126
- b. Number of deliveries attended by skilled health personnel; end target revised to 42,000; disaggregation by refugee and by host communities
- c. Number of pregnant women receiving ANC four visits; end target revised to 90,000; disaggregated by refugee and by host communities.

D. Project Description

The project description is as follows:

Component 1: COVID-19 Vaccine Acquisition, Deployment, Cold Chain Equipment, and Community Engagement (US\$66.5 million equivalent: Parent Project: US\$5.5 million from IDA and US\$2 million from ESMAP Grant; AF1: US\$59 million: US\$8 million IDA WHR, US\$7 million IDA CRW, US\$44 million IDA; AF2:US\$0.0)

11. **Subcomponent 1.1. Climate friendly cold chain (US\$3.5 million of which US\$2 million ESMAP from the parent project and US\$1.5 million AF1)** This subcomponent supports investments to strengthen energy-efficient, climate friendly cold chain in South Sudan's climate vulnerable context and supports planning and preparations for climate friendly cold chain deployment in light of South Sudan's annual floods and droughts.
12. **Subcomponent 1.2: Vaccine Deployment and Climate Sensitive Vaccine Planning (US\$26.5 million; of which US\$5 million IDA from the parent project and AF1: US\$21.5 million: US\$7.5 million WHR, US\$7 million, CRW, and US\$7 million, IDA).** The subcomponent supports COVID-19 vaccine deployment efforts in South Sudan including deployment of vaccines to populations impacted by the flooding.
13. **Subcomponent 1.3. Community Engagement and Behavior Change (US\$1.5 million: 0.50 million parent project IDA and AF1: US\$1 million, IDA).** The subcomponent enables acceleration of the ongoing efforts to increase community awareness on: (i) information on COVID-19 vaccination and its importance, with particular attention to increasing vaccine acceptance; (ii) the risks of COVID-19 disease with the aim of addressing perceptions that COVID-19 is not a health risk; (iii) awareness of signs, symptoms, and control measures for COVID-19; and (iv) messages on preparedness for climate shocks and awareness and containment measures for climate-induced, outbreak-prone diseases; and (v) evidence generation to inform ongoing vaccine deployment.
14. **Subcomponent 1.4: Acquisition of COVID-19 vaccines (AF1: US\$35 million, IDA).** This subcomponent finances COVID-19 vaccine acquisition through the AVAT mechanism to expand the coverage of COVID-19 vaccines by around 30 percent. The support for vaccine acquisition under the project is part of the containment and mitigation measures to prevent the spread of COVID-19 and deaths under Component 1.

Component 2: Provision of Essential Health and Nutrition Services in Selected States (US\$251.5 million equivalent: Parent Project: US\$51 million equivalent, IDA; AF1 US\$132 million: US\$42 million, IDA WHR; US\$33 million, IDA CRW; and US\$57 million IDA grant; proposed AF2 allocation US\$68.5 million: US\$18.5 million, IDA WHR; and



US\$50 million, IDA CRW)

15. **Subcomponent 2.1. Delivery of high impact essential health services in Upper Nile and Jonglei States (UNICEF; Parent Project: US\$43 million IDA; AF1: US\$76.5 million: US\$43.5 million IDA, and US\$33, IDA-CRW; proposed AF2: US\$50 million IDA-CRW).** AF2 will support the replenishment of the project funds for this subcomponent to ensure that some critical originally planned activities are financed and implemented. Through this AF2, financing that was used to support food insecurity response through the activation of the CERC will be provided back. No changes to the activities or the implementation arrangements are envisaged. Under this subcomponent, the project supports the delivery of cost-effective, high impact essential health services to the general population living in the states of Upper Nile and Jonglei implemented by UNICEF. This package of services⁵ includes, but not limited to: (i) maternal, neonatal, and child health services; (ii) basic and comprehensive emergency obstetric and newborn care; (iii) sexual and gender-based violence (GBV) services; (iv) climate emergency preparedness and response activities; (v) disease surveillance and outbreak response; (vi) quality improvement and supervision; and (vii) procurement and distribution of essential drugs, medical equipment and supplies for essential health services. The subcomponent is also supporting the piloting of strengthened supervision and management of health service delivery by financing several critical areas. This includes (i) support basing at least one high level supervisor with management and coaching expertise within each project county to help support improvements in health service delivery coverage and quality with a focus on support for planning and implementation; and (ii) finances additional senior level staff at the State level to conduct field visits to the project sites. This intensified supervision mechanism at the county level aims to (i) provide additional oversight and support to the health service delivery in the country; and (ii) strengthen capacity of and expand the Boma Health Initiative (BHI) workers, that serve as the community-based service providers and referral services, within the current coverage areas to ensure the target communities have adequate population coverage of the BHI services, including WASH and nutrition.
16. In addition, the subcomponent will strengthen the health system resilience and ensure the delivery of essential health and nutrition services to the populations affected by the flooding. Specifically, the subcomponent will finance: (i) expanding the scope of services provided to include an enhanced nutrition package of services and for climate-sensitive diseases with customized modes of delivery to the affected population in the states of Upper Nile and Jonglei; and (ii) sustaining the service provision to the affected population through setup of health tents next to the communities displaced by the floods and rehabilitation of flood-affected health facilities in the states of Upper Nile and Jonglei.
17. **Subcomponent 2.2. Delivery of high-quality secondary services to vulnerable and conflict-affected populations (ICRC; Parent Project: US\$8 million, IDA AF1: US\$13.5 million IDA).** This subcomponent will remain unchanged. The subcomponent supports delivery of hospital level services to vulnerable, conflict-impacted populations in Akobo County, Jonglei State. Akobo is a remote, highly climate vulnerable county which is severely impacted by intercommunal violence. Hospital level services in Akobo provides conflict sensitive secondary level services including: (i) outpatient and emergency services; (ii) surgical service (including obstetrics emergencies); (iii) non-surgical clinical care services (including non-surgical obstetrics, pediatrics, therapeutic feeding services, physiotherapy); (iv) clinical support services (pharmacy, laboratory, and imaging); and (v) non-clinical support services. The subcomponent will

⁵ Same package of essential health services supported by PEHSP and managed by UNICEF under component 1.



continue to support, among other areas: (i) incentives for the hospital staff; (ii) transport costs including support for patients in some cases to reach the hospital, transfers from other facilities and transport back to residence due to challenging context; (iii) essential drugs, medical equipment, medical supplies, and medical consumables; (iv) healthy meals and diets required for admitted patients at the hospital; (v) the cost of fuel for the generators to ensure sustained electricity supply for the hospital and fuel for aircrafts, vehicles and boats to facilitate travel and transport; (vi) the cost of housing for the involved ICRC staff in Akobo; and (vii) the purchasing of required information technology equipment, telecommunication, and office and general supplies. Climate sensitive planning will be incorporated in the subcomponent to help ensure delivery of health services at the hospital throughout the year, given access challenges during rainy season.

18. **Subcomponent 2.3: Provision of an integrated package of health and nutrition services to refugee and host communities. (UNICEF; AF1 US\$42 million IDA WHR; proposed AF2 US\$18.5 million IDA WHR):** This subcomponent will be expanded to support the delivery of essential health and nutrition services in Unity state. Facilities based services, and establishment and expansion of the BHI community health worker program in Unity state will be financed through the subcomponent. The services will mirror the services provided for refugees and host communities in Pariang County in the Ruweng Administrative Area and Maban County in Upper Nile State. The services that will be delivered will be similar to those health services delivered in Upper Nile and Jonglei States as described in Subcomponent 2.1 and include maternal and child health services such as vaccinations, prenatal care, skilled birth attendance, neonatal care and preventive nutrition services. Priority services will also include mental health and psycho-social support and services for victims of sexual and GBV, which is particularly crucial in refugee contexts, where women face elevated vulnerability.

19. In addition, an integrated nutrition package will be provided to refugees and host communities and include: (i) Community-based Management of Acute Malnutrition which focuses on saving the lives of acutely malnourished children under five and acutely malnourished pregnant and lactating women (PLW) by providing curative treatments and preventing deterioration; (ii) Blanket and Targeted Supplementary Feeding Program (BSFP) and (TSFP) for PLW and children of 6 to 23 months;⁶ and (iii) scaling up and ensuring the national coverage of the Integrated Nutrition Surveillance System. Provision of essential health services, including nutrition services, to refugees and host communities in South Sudan will contribute to the improved health and well-being of these populations and consequently their ability to cope with climate shocks, to which they are highly vulnerable, particularly the country's intense floods. Taken together, the package of assistance for refugees and host communities will put their health services situation on a firmer footing, facilitating the transition from humanitarian to development approaches to refugee issues in South Sudan and the local integration of refugees as a durable solution.

20. **Subcomponents 2.1 and 2.3 will be implemented by UNICEF** and will continue to finance costs related to: (i) essential drugs and medical supplies; (ii) technical supervision, monitoring, and oversight by UNICEF of sub-contracted NGO implementing partners; and (iii) program management costs (e.g., transport costs, information technology support, software and platforms, management, monitoring, and reporting) for UNICEF. Climate sensitive planning will be used to help ensure delivery of essential health services throughout the year, given access challenges during rainy season.

⁶ UNICEF is expected to have a bilateral joint program agreement with WFP under the AF to undertake complementary nutrition activities, particularly with regard to prevention and management of Moderate Acute Malnutrition (MAM)



For activities in refugee-hosting areas, the AF2 will coordinate and seek to partner with UNHCR, to (i) benefit from UNHCR's expertise as the lead UN agency working on refugee issues; (ii) capitalize on UNHCR's existing citizen engagement platforms to ensure the target groups are heard; and (iii) identify ways to complement ongoing health activities that UNHCR and its partners are implementing in these areas. In view of their lead role on refugee protection, the AF2 will also closely coordinate with CRA officials in refugee-hosting areas to ensure refugees are equitably included in WHR-financed activities, as well as seek to foster collaboration between local government health officials and CRA on this effort.

Component 3: Building Institutional Capacity and Strengthening Health Emergency Preparedness (US\$7.93 million equivalent; of which, from the parent project: US\$1 million from IDA, US\$1.93 million from HEPR-TF, and AF1 US\$5 million from IDA)

21. Subcomponent 3.1: Building Institutional Capacity at the MoH (UNICEF; parent project US\$1 million IDA and AF1 US\$1 million IDA). This subcomponent will remain unchanged. The subcomponent will continue to finance institutional capacity development at the MoH to support the gradual transition towards government led management of future World Bank projects through customized capacity building activities in the core areas of effective project management. These areas include: (i) financial management; (ii) procurement; (iii) monitoring and evaluation, contract management, and reporting; and (iv) social and environmental risk management. Government capacity will be gradually developed over time through a phased approach and the progress will be measured by a set of pre-identified and mutually agreed upon milestones to ensure the Government has sufficient capacity to manage a project. The World Bank team has been in consultation with GAVI and the Global Fund to ensure a streamlined and coordinated support for the capacity building activities. In addition, the recently approved South Sudan Public Financial Management and Institutional Strengthening Project (P176761) will also support building the foundations of required public financial management systems at the MoH.

22. Subcomponent 3.3: Strengthening Surveillance Systems and Laboratory Capacity (WHO; AF1:US\$4 million, IDA). This subcomponent will remain unchanged. The subcomponent complements the support to strengthen health emergencies preparedness. South Sudan remains prone to disease outbreaks, including outbreaks of climate-sensitive diseases. The risk of disease emergencies, including epidemics or pandemics, is high. This necessitates concerted and coordinated efforts at all levels to enhance national health security. A strong surveillance system is therefore required to prevent, detect, investigate, and respond to disease outbreaks and other public health emergencies. The National Disease Surveillance System remains suboptimal and lacks the required coordination at subnational levels.

Component 4: Monitoring, Evaluation and Learning (US\$8 million equivalent from IDA, of which US\$2.5 million, IDA under the parent project, AF1: US\$4 million, IDA; and proposed allocation of US\$1.5 million IDA)

23. Subcomponent 4.1 Third Party Monitoring and Data Analytics (UNICEF; US\$6.5 million equivalent from IDA, of which US\$2 million, IDA under the parent project; US\$3 million, IDA under AF1; and US\$1.5 million IDA, under AF2): The subcomponent will be expanded to finance third-party monitoring of the delivery of health and nutrition services in Unity state (UNICEF) including the refugees and host communities. The project will draw on the TPM to capture information on CE. In addition, the project will continue to support (i) analytical work and knowledge management activities on the project generated data to inform the implementation of the future projects; (ii) capitalize on the



innovative digital platforms to facilitate supervision and monitoring activities; and (iii) monitor the implementation of climate change response and resilience.

24. **Subcomponent 4.2 Health Service Functionality Platform (WHO; US\$1.5 million equivalent from IDA, of which US\$0.5 million, IDA under the parent project; and US\$1 million, from IDA, under AF1):** This subcomponent will remain unchanged. The project will continue to maintain and build on the common monitoring mechanism to collect and visualize health service delivery and commodities data, across HPF and World Bank-supported zones. WHO will ensure building MoH ownership of the health service functionality for decision making and planning purposes. In addition, the AF will ensure building interoperability with DHIS2 and ODK platforms to allow streamlined modelling of service availability/utilization patterns in a timely manner.

25. **Component 5: Contingent Emergency Response (CERC):** Component 5 will remain unchanged. Any WHR resources that become reallocated to the CERC will only be used to benefit refugees and host communities.

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

E. Implementation

26. AF2 will follow the implementation and institutional arrangements of the parent project. The Project Implementation Manual (PIM) will be updated to set out detailed guidelines, methods, and procedures for project implementation. This includes: (i) roles and responsibilities in implementation and mechanisms for coordination; (ii) budget and budgetary controls; (iii) flow of funds, disbursement procedures and banking arrangements; (iv) financial, procurement and accounting procedures; (v) personal AF2 will follow the implementation and institutional arrangements of the parent project. data collection and processing in accordance with applicable national law and good international practice; (vi) monitoring and evaluation arrangements including third-party monitoring of project implementation; (vii) measures related to the use of security or military personnel in the implementation of project activities or for provision of security observing required safeguards (as described in the projects legal agreements); (viii) environmental and social safeguards; and (ix) the Vaccines Distribution and Deployment Manual. There will be an updated PIM for each implementing agency / project recipient.



CONTACT POINT

World Bank

Moustafa Mohamed EISayed Mohamed Abdalla
Senior Health Specialist

Abeyah A. Al-Omair
Public Health Specialist

Chiho Suzuki
Senior Health Specialist

Borrower/Client/Recipient

International Committee of the Red Cross
Alejandra Castillo
External Relations Manager
acastillocastrillo@icrc.org

UNICEF
Hamida Ramadhani
Representative
hramadhani@unicef.org

World Health Organization
Fabian Ndenzako
WHO Country Representative
Ndenzakof@who.int

Implementing Agencies

International Committee of the Red Cross
Alejandra Castillo
External Relations Manager
acastillocastrillo@icrc.org

UNICEF
Hamida Ramadhani
Representative
hramadhani@unicef.org

World Health Organization
Fabian Ndenzako



The World Bank

South Sudan COVID-19 Emergency Response and Health Systems Preparedness Second Additional Financing (P180277)

WHO Country Representative
ndenzakof@who.int

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):	Moustafa Mohamed ElSayed Mohamed Abdalla Abeyah A. Al-Omair Chiho Suzuki
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Approved By

Practice Manager/Manager:		
Country Director:	Ousmane Dione	23-Feb-2023