



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 02-Jun-2022 | Report No: PIDA34020



**BASIC INFORMATION**

**A. Basic Project Data**

Country Somalia	Project ID P178886	Project Name Additional Financing for Somalia COVID-19 Emergency Vaccination Project	Parent Project ID (if any) P176956
Parent Project Name Somalia COVID-19 Emergency Vaccination Project	Region Eastern and Southern Africa	Estimated Appraisal Date 19-May-2022	Estimated Board Date 22-Jun-2022
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Federal Government of Somalia	Implementing Agency FEDERAL MINISTRY OF HEALTH

Proposed Development Objective(s) Parent

The Project Development Objective (PDO) is to support the Federal Republic of Somalia to acquire and deploy Project COVID-19 vaccines and to strengthen national immunization capacity.

Proposed Development Objective(s) Additional Financing

The Project Development Objective is to support the Federal Republic of Somalia to acquire and deploy COVID-19 vaccines, strengthen national immunization capacity, and support the continuity of essential health care services

Components

- Vaccine Deployment and Acquisition
- Implementation Management and Monitoring and Evaluation
- Continuity of Essential Health Services
- Strengthening solar-powered cold chain

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	23.00
<b>Total Financing</b>	23.00
<b>of which IBRD/IDA</b>	20.00
<b>Financing Gap</b>	0.00



DETAILS

World Bank Group Financing

International Development Association (IDA)	20.00
IDA Grant	20.00

Non-World Bank Group Financing

Trust Funds	3.00
Health Emergency Preparedness and Response Multi-Donor Trust	3.00

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

1. **Somalia has been implementing a poverty reduction strategy and putting in place reforms focused on macroeconomic and fiscal stability.** Somalia is also striving to enhance stability through institutional and political reforms, which began with the adoption of a provisional constitution, and establishment of a Federal Government in 2012. These reforms aim to lay the foundation for inclusive economic growth and to address the needs of the most vulnerable groups. In March 2020, Somalia reached the Heavily Indebted Poor Countries (HIPC) Initiative Decision Point, reopening access to concessional financing from the World Bank Group, including approving the US\$45 million *Somalia COVID-19 Emergency Vaccination Project (P176956)* - the parent project that supports Somalia’s COVID-19 vaccination program, including support for operating costs (e.g., in country transport, training, supply chain, communications) and acquisition of additional vaccines. Somalia Crisis and Recovery Project (SCRIP) (P173315), which has a US\$20.5 million component to support the COVID-19 emergency health response, is providing assistance to cover the medical oxygen gap in-country, and equipping major COVID-19 facilities and laboratories with reagents, medicines and kits. Recurrent Cost and Reform Financing (RCRF) (P167224 and P173731) Project is supporting the female community health workers hired by government, who have proved instrumental in contact tracing, risk communication, and health education for the COVID-19 vaccination program. Lastly, the recently approved US\$100 million health operation (*Improving Healthcare Services in Somalia—Damal Caafimaad*) (P172031). ensures the continuity of essential health services within Somalia

2. **Somalia is among the poorest countries in the world with nearly 70 percent of the population living in poverty.** The country faces multiple challenges, including an ongoing armed insurgency, and frequent natural disasters (e.g., droughts, floods, locust infestations), which have created humanitarian crises with millions displaced internally and millions more living precariously. Poverty, fragility, and insecurity are compounded by weak institutional capacities, which hinder the delivery of basic services. Fiscal capacity remains low with limited ability to expand domestic resource



mobilization. With a population growth rate of almost 3 percent, the number of Somalis is doubling every 24 years, placing higher demands on the emerging Somali health system's ability to provide critical health and social services. Service delivery capacity of the Federal Member States' (FMS) is constrained by several factors, including limited human resources, inadequate financial resources, ongoing armed insurgency in some states, and/or contested relations between the Federal Government of Somalia (FGS) and some Federal Member States (FMS) and Somaliland.

3. **The COVID-19 pandemic runs the risk of undermining the modest recent progress on economic and political reforms in one of the most challenging country contexts in the world.** As of May 21, 2022, there have been 26 565 confirmed cases of COVID-19, with 1 350 deaths reported in the country since the pandemic began and a case fatality ratio of 5.08 percent.<sup>1</sup> The cities reporting the highest incidence of COVID-19 cases are Hargeisa (Somaliland) and Madina (Banaadir region), with a weekly incidence rate of 0.1 percent and 0.4 percent respectively per 100,000 population. Since the first case was confirmed in March 2020, there has been widespread local transmission to all states, diverting limited resources towards the COVID-19 health response, triggering economic disruptions, and exacerbating long-standing vulnerabilities and disparities. To tackle the pandemic, preventive measures such as the closing of borders, schools, limiting travel and large gatherings were adopted. Additional measures include: (a) strengthening of testing capacity at the National Public Health and Reference Laboratory in Mogadishu and establishment of testing capacity in Somaliland and Puntland; (b) putting in place rapid response teams; and (c) expanding the country's intensive care unit bed capacity. Domestic COVID-19 restrictions and international travel restrictions were lifted in April 19, 2022, although social distancing guidelines and wearing facemasks within health facilities remained mandatory. Due to disruptions in economic activity stemming from lockdown measures, the economy contracted by about 1.5 percent in 2020. The growth outlook for 2021 was estimated at around 2 percent given the recovery in household consumption, compared to a pre-COVID 19 forecast of 3.2 percent. Projected growth for 2022 is estimated at 2.7 percent.<sup>2</sup>

#### Sectoral and Institutional Context

4. **Despite modest improvements over the past 15 years, Somalia's health indicators lag both regional and global averages.** Life expectancy is 56 years, maternal mortality is a staggering 692 per 100,000 live births, fertility remains one of the highest in the world (about 7.0 births per woman), while stunting has been rising and is currently estimated at 28 percent. The burden of non-communicable diseases (NCDs) is rising and represents nearly 22 percent of Daily Adjusted Life Years (DALYs) lost with these diseases mostly affecting those over 50 years, who are among the highest at risk for COVID-19. Women face multiple challenges, including gender-based violence (i.e. 12 percent of ever married women reported physical violence during the 2020 Demographic and Health Survey even though this figure is likely to underestimate the actual levels), and difficulties accessing services with men responsible for decisions around health seeking behavior. Coverage of essential health services remains extremely low due to both supply and demand side constraints with only 21 percent of births occurring in health facilities; 8.2 percent of women receiving four antenatal care visits; and a meager 10.7 percent of children fully immunized.

5. **Health sector capacity is limited and concentrated in urban areas.** Public health facilities are inadequate, inequitably distributed and poorly equipped to provide quality care. The availability of human resources (0.92

<sup>1</sup> Somalia Federal Republic Ministry of Health and Human Services and WHO Somalia Country Office. (2022). *COVID-19 Situation Report – Somalia Issue 115 (15-21 May 2022)*. Retrieved from [https://mcusercontent.com/cd9d6d0a38b5bbbd90d426e7e/files/e4348d53-27dd-beef-dfb0-6b8b2022c120/Somalia\\_COVID\\_19\\_Situation\\_Report\\_15\\_21\\_May\\_2022.pdf](https://mcusercontent.com/cd9d6d0a38b5bbbd90d426e7e/files/e4348d53-27dd-beef-dfb0-6b8b2022c120/Somalia_COVID_19_Situation_Report_15_21_May_2022.pdf)

<sup>2</sup> IMF. (May 2022). *PRESS RELEASE NO. 22/160: Somalia and IMF Staff reach Staff-Level Agreement on the Second and Third Reviews of the Extended Credit Facility*. Retrieved from <https://www.imf.org/en/News/Articles/2022/05/19/pr22160-somalia-and-imf-staff-reach-staff-level-agreement-on-reviews-of-extended-credit-facility>



health workers/1000 people) is below the WHO's minimum standard (2.3 health workers/1000 people). The national supply chain faces ongoing challenges, but there have been some modest improvements in vaccine management, including storage capacity, equipment and transport, and management information (Effective Vaccine Management Assessment, 2016). The Government's role in the provision of health services is limited with most services delivered by Non-Governmental Organizations (NGOs). As a result of both supply and demand side impediments health service utilization is low, particularly in the public sector, where it is estimated at 0.23 outpatient visits per person per year and 0.81 hospital discharges per one hundred people per year Service Availability Readiness Assessment (SARA) in 2016. By contrast, the private sector plays a key role in the delivery of health services in Somalia (providing roughly 60 percent of services and delivering 70 percent of medicines), primarily in urban areas, with patients preferring these facilities due to the perceived higher quality and availability of drugs. Pharmacies are one of the most accessible health care delivery platforms for many Somalis. Clan structures play a major role in determining where people access care, highlighting the importance of involving community leaders in the COVID-19 immunization program. Likewise, religious leaders in Somalia are well respected and can also positively influence health seeking behaviour, including improving the uptake of COVID-19 vaccines.

**6. By May 2022, Somalia had received 66.5 percent of the vaccines required to vaccinate the 70 percent target population.** Nationally, 2.74 million COVID-19 vaccine doses have been administered in Somalia since the start of the vaccine rollout, corresponding to 1.42 million people (9.0% of the population) fully vaccinated. In terms of gender, of those vaccinated, 43 percent are female, and 57 percent are male. Uptake of COVID-19 vaccination has largely been skewed towards the urban areas with 89 percent of those vaccinated and only 4.3 percent in rural areas (with remainder distributed between internally displaced persons, nomadic, and refugee populations). Under the COVID-19 Vaccines Global Access Facility (COVAX), 840,000 doses of Astra Zeneca (AZ), and 231,600 doses of Sinopharm were received in March 2021. Additional doses were donated by foreign governments totaling 7,291,290 doses. Donations included vaccines received from China (700,000 doses of Sinopharm), France (360,000 doses of AZ, and 2,505,600 doses of Johnson and Johnson (J&J)), and Turkey (293,000 doses of Sinovac), among others. These additional doses will cover the first and second stage priority population, which for phase one includes health care workers, border patrol staff, police, municipal workers, and teachers. Phase two includes people with co-morbidities and elderly people over 50 years of age. According to the states' micro plans, at least 20-30 percent of internally displaced persons (consisting of 9,976 nomads and 3,159 registered refugees) are being targeted for vaccination. Implementation challenges including inadequate vaccine storage capacity (including sufficient functional cold rooms for storage) due to ongoing bilateral vaccine donations, transportation within Federal Member States (FMS), acquiring tax exemption status when vaccines are airlifted from Nairobi, challenges obtaining vaccine utilization data at the sub-national level, and ensuring vaccines are utilized prior to their expiration date.

**7. The COVID-19 Vaccine Delivery Partnership (CoVDP) provides a new vaccine supply landscape for Somalia, allowing the country to accelerate its efforts to close the vaccine equity gap and achieve a broader population coverage target in 2022.** CoVDP was launched in January 2022 by UNICEF, WHO, and Gavi, the Vaccine Alliance, and supported by a large network of partners. These agencies are accelerating concerted support to 34 countries where national COVID-19 vaccination coverage was below 10 percent and off-track to reach 70 percent by June 2022, to unlock bottlenecks hindering their vaccination efforts. With the current rate of vaccination, Somalia is among the 34 priority countries. The poor infrastructure, weak health system, fragility, inadequate resources, sub-optimal and inadequate human resource capacity to deal with complex planning and operations and security situation are among the bottlenecks facing the vaccine roll out in Somalia.



### C. Proposed Development Objective(s)

#### Original PDO

The Project Development Objective (PDO) is to support the Federal Republic of Somalia to acquire and deploy Project COVID-19 vaccines and to strengthen national immunization capacity.

#### Current PDO

The Project Development Objective (PDO) is to support the Federal Republic of Somalia to acquire and deploy Project COVID-19 vaccines, strengthen national immunization capacity, and support the continuity of essential health services.

#### Key Results

8. **New indicators are added to reflect the expanded scope of the project (Box 1) and monitor the gender gaps.** For Parent Project indicators, the baseline data will be revised where updated data is available.

#### Box 1: Results Framework Modifications

		<b>Modifications (None/New/Revised/Delete)</b>
<b>PDO Indicators</b>		
1.	Percentage of population fully vaccinated, which is included in the priority population targets defined in the national plan (disaggregated by sex) (Percentage)	No change
2.	Percentage of pregnant women who received at least four ante-natal care (ANC) consultations	<b>New</b>
3.	Percentage of children age 12-23 months who received basic vaccinations (BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)	<b>New</b>
<b>(*) Intermediate Indicators</b>		
Component 1	4. Percentage of the population which expresses acceptance of COVID-19 vaccines (disaggregated by sex)	No change
	5. Percentage of vaccine doses administered against allocations, by state.	No change
	6. Number of social mobilization campaigns on COVID-19 vaccination	No change
	7. Number of Effective Vaccine Management (EVM) assessments completed with composite scores of 80 percent or higher.	No change
	8. Number of AEFI system put in place and capable of reporting adverse effects.	No change
	9. <b>Number of Points of entry staff trained on screening and management of suspected COVID-19 cases</b>	<b>New</b>
	10. <b>Number of Vaccination centers with a female vaccinator present</b>	<b>New</b>
Component 2	11. <b>Number of Training attended by healthcare workers (including community health workers) on climate shock emergency preparedness and response</b>	<b>New</b>
GBV	12. <b>Number of Gender-Based Violence (GBV) and SEA/SH cases identified by frontline health workers and reported to the appropriate departments for national support</b>	<b>New</b>
	13. <b>Number of Vaccinators trained on GBV/SEA/SH (disaggregated by sex)</b>	<b>New</b>
CE	14. <b>Number of Beneficiaries reporting that community engagement and outreach meet their needs</b>	<b>New</b>
	15. <b>Number of Complaints to the Grievance Redress Mechanism (GRM) satisfactorily addressed</b>	<b>New</b>
Gen	16. <b>Gender-sensitive educational materials developed for public communications and advocacy, in accordance with demand plan (Yes/No)</b>	<b>New</b>



Component 3	17. <b>Number of health facilities designated with sufficient equipment and medical supplies to provide essential care</b>	<b>New</b>
	18. <b>Number of People who have received essential health, nutrition, and population (HNP Services) - Corporate Results Indicator (CRI)</b>	<b>New</b>
Component 4	19. <b>Percentage of vaccination sites with functional solar-powered cold chain</b>	<b>New</b>
	20. <b>Number of Women trained on the installation, monitoring and maintenance of the cold chain equipment-Female</b>	<b>New</b>

(\*) Numbers in the brackets refers to the component being monitored by the indicator; CE= indicator on citizen engagement; Gen = Gender; GBV = indicator related to GBV/SEA/SH.

#### D. Project Description

9. **The proposed Additional Financing (AF) will bring much-needed support to the Federal Government of Somalia by helping increase the vaccination coverage, strengthening the health system against recurrent COVID surges, and supporting essential health services.** The proposed AF will finance: (a) strengthening national immunization capacity and distribution; (b) strengthening service delivery to support the national immunization program and essential health services<sup>3</sup>; (c) tracking vaccine use and recording adverse reactions to vaccinations; and (d) mobilizing social/community engagement to increase confidence and demand for the vaccine.

10. **Component 1. Vaccine Deployment and Acquisition (parent project: US\$31.0 million, AF: US\$0.0 million IDA, US\$3.0 million Health Emergency Preparedness and Response Trust Fund (HEPRTF)).** This is an existing component in the parent project. HEPRTF resources will support deployment only, and will not be used to purchase COVID-19 vaccines. More specifically, support under this AF would further support the following sub-components:

- **Sub-component 1.1:** *Transportation, supply chain, and logistics capacity strengthening (parent project: US\$11.0 million IDA).*
- **Sub-component 1.2:** *Communication, social mobilization and community engagement to enhance uptake of the COVID-19 vaccine (parent project US\$5.0 million IDA).*
- **Sub-component 1.3:** *Acquisition of Additional Project COVID-19 vaccines (parent project US\$13.0 million IDA)*
- **Sub-component 1.4:** *Health Care Waste Management (parent project US\$2.0 million IDA)*
- **Sub-component 1.5:** *Vaccine Deployment (parent project US\$0.0 million, HEPRTF: US\$3.0 million)*

11. **Component 2. Implementation Management (M&E) (parent project: US\$14.0 million, AF: US\$2.5 million IDA).** This is an existing component in the Parent Project. The proposed AF will provide further support for supervision, coordination, and implementation support. Under implementation support, the proposed AF will complement parent project funding and provide further support to the follow sub-components:

- **Sub-component 2.1:** *Program Management Support (parent project US\$7.0 million IDA)*
- **Sub-component 2.2:** *Supervision, Coordination, Human Resources Management and Training (parent project: US\$5.0 million IDA, AF: US\$2.5 million IDA)*
- **Sub-component 2.3:** *Implementation Support (parent project: US\$2 million IDA)*

<sup>3</sup> Including the provision of Maternal and Child Health Care Services.





12. **Component 3. Continuity of Essential Health Services (parent project: US\$0.0, AF: US\$14.5 million IDA).**

This is a new component. COVID-19 has severely strained the health system, exposing severe gaps in public health infrastructure, placing enormous strain on the system itself as well as highlighting already existing inequities. Great emphasis has been placed on the emergency preparedness of the healthcare systems, yet very little has been done regarding the readiness of pre-curative services, patient management, and capacity for clinical surges both in terms of physical infrastructure, supply chain and human resource capacity. Furthermore, with Somalia facing the worst drought in over 30 years and COVID-19 restricting the movement of people, limited access to food and health services have resulted in prevalent chronic malnutrition and wasting. With this in mind, the activities in this component aim to contribute to the Somalia COVID-19 vaccination deployment and its emergency readiness, by supporting the upgrading of health infrastructure and emergency health response at the primary, secondary, and tertiary level.

- **Sub-component 3.1:** *Building Emergency Response Capacity at Hospitals (parent project: US\$0 million, AF: US\$12.5 million)*
- **Sub-component 3.2:** *Improving the Stocking and Procurement of Essential Supplies and Commodities across the Somalia Health System (parent project: US\$0 million, AF: US\$2.0 million)*

13. **Component 4. Strengthening solar-powered cold chain (parent project: US\$0.0, AF: US\$3 million IDA).**

This is a new component that will support energy efficient and solar-powered technology for cold chain and facility electrification. The component will be informed by and complement electrification investments at primary and secondary health facilities to be made under the Somalia Electricity Access Project (P165497). A Terms of Reference for the national scale electrification of health facilities has been developed to guide investments and identify the appropriate financing sources among the available project financing. The Global Climate Fund (GCF) Cooling facility is planned to finance solar direct drive refrigerators and facility electrification, focusing on cooling facilities, in Damal Caafimaad project areas. This proposed AF will finance solar direct drive refrigerators and facility electrification in areas of the country not covered by the Damal Caafimaad Project.

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**

Institutional and Implementation Arrangements

38. **The proposed AF will leverage shared key positions within the recently established Damal Caafimaad Project Project Coordination and Implementation Unit (PCIU) within the Federal Ministry of Health (FMOH) to support the**





**Parent Project’s COVID-19 PCIU.** The COVID-19 PCIU is headed by the FMOH Director General who provides strategic guidance and oversight to the COVID-19 PCIU team. The FMOH has assigned an acting project coordinator for the Parent Project who works in close coordination with the Senior Project Coordinator contracted for the Damal Caafimaad Project. Both coordinators share the management and oversight of key positions such as the Security Advisor, Procurement Specialist and Financial Management Specialist supporting both projects. The recruitment process for a dedicated environmental specialist and social specialist for the Parent Project is underway as these roles are currently being supported by temporarily assigned individuals from within the FMOH. Furthermore, the Parent Project will hire specific technical experts needed to include an immunization specialist. The COVID-19 PCIU will handle financial management, procurement, M&E, and environmental and social safeguards arrangements and will oversee intergovernmental coordination between the FGS and FMS MOHs. A Project POM has been prepared for the Parent Project which describes the roles and responsibilities of key stakeholders and the monitoring, technical and operational arrangements under the Project. Furthermore, the institutional arrangements will leverage capacity of the WHO and UNICEF which have been collaborating with the FMOH to provide continuous support for the implementation of the COVID-19 vaccination program which will be under the overall responsibility of the FMOH and FMS MOHs. The institutional arrangements by component aim to ensure that the government retains overall responsibility for the COVID-19 vaccination campaign while leveraging existing capacities of the UN agencies.

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**APPROVAL**

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