Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 30-Mar-2023 | Report No: PIDA35605

BASIC INFORMATION

A. Basic Project Data

Country	Project ID	Project Name	Parent Project ID (if any)
Chad	P180680	Chad Health Emergency Preparedness and Response Additional Financing	P173894

Parent Project Name	Region	Estimated Appraisal Date	Estimated Board Date
Chad COVID-19 Strategic Preparedness and Response Project	WESTERN AND CENTRAL AFRICA	04-May-2023	30-Jun-2023

Practice Area (Lead)	Financing Instrument	Borrower(s)	Implementing Agency
Health, Nutrition & Population	Investment Project Financing	Republic of Chad	Ministère de la Santé Publique

Proposed Development Objective(s) Parent

To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Chad.

Components

Component 1: Emergency COVID-19 Preparedness and Response
Component 2. Community Engagement and Social and Behavior Change Communication
Component 3: Implementation Management, Monitoring and Evaluation and Coordination

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	3.94
Total Financing	3.94
of which IBRD/IDA	0.00
Financing Gap	0.00

DETAILS

Non-World Bank Group Financing

Trust Funds	3.94

Health Emergency Preparedness and Response Multi-Donor Trust	3.94

Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

1.   **In August 2017, Chad did a self-evaluation of the IHR Country Core Capacity Assessment (EEC/JEE).** The results indicated that despite some progress, there are still gaps in the country's core capacities to prevent, detect, and respond to public health emergencies and epidemics. All the capacity areas are rated below the regional average of 49 percent, mostly hovering around 40 percent or below (see https://extranet.who.int/e-spar/Home/Capacity). Recognizing the requirement for a multi-hazard and multi-sectoral approach to emergency preparedness and disaster risk management, the country has undergone a priority exercise for risks in Chad. The 2021 State Party Annual Report (SPAR) assessment showed some progress, but generally still very weak. Chad has done well in Infection Prevention and Control (IPC), Laboratory and Surveillance. On the other hand, Chad is not doing well in many areas, especially in risk communication, health emergency management, points of entry and border, policy, legal and normative tools. In the most recent review in 2021, Chad was ranked 178th country out of 195 on the Global Health Security Index (GHS) index with a score of 23.9, and with its SPAR capacity averaging around 39 percent based on results from 174 countries in 2021.

2.   **The current National Action Plan for Health Security (NAPHS) covers the period 2018-2021, and it is structured according to three categories where the cost is conservatively estimated at (i) Prevention $27.5 million; (ii) Detection $15.1 million, (iii) Response $9.3 million and (iv) others (Entry points, IHR etc., $1.8 million.** Apart from the REDISSE IV project funding that started in March 2020 and subsequent funding from the Chad COVID-19 Strategic Preparedness and Response Project (P173894), it is quite difficult to get information about funding for the plan by either the government or other development partners, although several donors have supported the One Health agenda, but the funds are not predictable, and the MPHP tends to rely heavily on the Bank. There is a need to continue funding the implementation of the plan. The AF activities will complement the support provided by COVID-19 project and REDISSE IV.

Sectoral and Institutional Context

3.   **The impact of the pandemic on essential health services in Chad is enormous.** This is particularly the case in medical supplies. The low availability of essential drugs and commodities in health centers in the country contributes to poor health outcomes. Availability of health products in health centers across the country is less than 50 percent, with only 14 percent of Reproductive Maternal, neonatal and Chad Health (RMNCH) products. Over 20 percent of health facilities experience delays of up to two months in receiving supplies from higher level facilities, deliveries are generally infrequent supplies at all levels. In support of the government's effort to improve the situation, the Bank commissioned a feasibility study on innovative supply chain mechanisms for transporting essential drugs and commodities in Chad with a focus on using drones to transport medical supplies to the hard-to-reach facilities. The study found that using drones to transport medical supplies is possible in Chad. But it identified several gaps that would need to be filled for implementation of successful and sustainable drone transport program.

4.   **Major factors contributing to the poor supply of medical products are**: (i) highly fragmented supply chain system with multiple parallel systems; (ii) absence of electronic records and inventory systems leading to increased errors and delays; (iii) poor stock management in health facilities due to lack of trained staff and inadequate storage conditions, and (iv) lack of vehicles to transport commodities to health facilities (80 percent of health facilities collect their own stock). The situation is compounded by external factors such as floods and other weather conditions (sandstorms), as well as poor road infrastructure and security in the country.

C. Proposed Development Objective(s)

Original PDO

5.   To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Chad.

Current PDO

6.   To prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Chad.

Key Results

7.   The proposed Results Framework will use existing indicators and data to measure the progress of both the project and its contribution to the overall national program. This will help strengthen and increase the efficiency of existing data collection mechanisms.

Table 1: New intermediate indicators added to the parent project

Indicator	Baseline	Target
Intermediate Results Indicators		
Component 1: COVID-19 Emergency Preparedness and Response		
Interoperable and interconnected real-time electronic notification system exist (Yes/No)	No	Yes
A strategy and plan in place for dis-and misinformation (Yes/No)	No	Yes
Software to link surveillance electronic tools with the laboratory information management system at all levels (Yes/No).	No	Yes
Integrated real-time electronic reporting system operational (Yes/No).	No	Yes
A website for the Integrated Epidemiological Surveillance Service developed (Yes/No)	No	Yes
Component 2: Community Engagement and Social and Behavior Change (SBC) Communication		
Risk communication capacities developed through cascade training and/or mentorship at the subnational level (Yes/No)	No	Yes
Health personnel trained on counter-misinformation strategy and public health emergency management (Number)	1,514	2,014
Community platforms supported and carrying out awareness-raising activities on health emergencies (Number)	0	40
Simulation exercises carried out with all sectors involved	0	2

D. Project Description

8.   The additional activities to be incorporated into the existing components of the parent project are described below.

COVID-19 Emergency Preparedness and Response. (US$50.15 million from IDA: US$13.45 million from the parent project; US$36.7 million from the AF; US$3.085 from HEPR TF).

9.   **Support surveillance and collaborative intelligence at country and regional level to prevent and detect human and animal disease outbreaks and other health emergencies.** The AF will support the establishment of early warning system (EWS) with a focus on establishing interoperable and interconnected real-time electronic notification systems. The AF will also finance training and capacity building in surveillance and investigations and support development of event-based surveillance strategy and standard operating procedures (SOPs).

10.	**Support to digital health ecosystems and digital health solutions.** The support to this activity will entail: (i) developing a strategy for integrated electronic real-time reporting system for public health surveillance with the involvement of multisectoral stakeholders and partners available; (ii) establishing a software to link surveillance electronic tools with the laboratory information management system at all levels and (iii) equipping targeted functional laboratories with solar devices.

11.	**Strengthening the "One Health" platform.** The government established the "One Health" platform in November 2022, but its operationalization has been slow. The members of the permanent secretariat have not yet been appointed. The AF will help accelerate the appointment process and ensure that the secretariat plays a key role in the operations of the platform through supporting regular meetings, cross sectoral coordination, capacity building, and additional simulation exercises.

12.	**Support maintaining essential services, particularly in hard-to-reach remote areas.** Discussions with the authorities are far advanced and the government has shown great interest in using drones to transport medical supplies to health facilities in the remote areas. This support is particularly relevant during the rainy season, where large parts of the country become completely inaccessible by land. The World Bank, with support from the Japan Policy and Human Resources Development (PHRD) Fund financed by the Government of Japan, is supporting the Government of Chad to close policy and regulatory gaps to create a positive enabling environment for the use of drones to transport essential medicines in Chad. This support will be delivered by June 30, 2023, and it includes the development of SOPs and safety protocols to operate drones. The AF will help finance the initial costs of establishing a drone operation, including the acquisition of vertical takeoff and landing (VTOL) capable aircrafts and batteries, the installation of launching pads and ground control stations, as well as the training of operators.

Community Engagement and Social and Behavior Change (SBC) Communication (US$3.6 million IDA: US$2.5 million parent project; US$1.1 million AF; US$0.85 from HEPR TF).

13.	**Support to risk communication.** The AF will also support risk communication capacities by developing a cascade training and/or mentorship at the subnational level. The focus will be on building a robust surveillance system at provincial level.

14.	 **Strengthening public health institutions.** Key activities to be supported include: (i) establishing functional Integrated Epidemiological Surveillance Service (IESS); (ii) training of health facilities staff and front-line workers on health emergency preparedness; (iii) developing a website for the IESS; and (iv) training of Rapid Response Teams (RRTs). Cross sectoral capacity, including simulation exercises involving all the sectors at provincial level will be built.

15.	**Support leadership awareness creation and communication about health emergencies.** The AF will also support leadership awareness creation and communication about health emergencies. Support will be provided for strong involvement of community leaders to raise their awareness of health emergencies. Women's community platforms for sensitization about health emergencies will also be established. The AF will support provision of educational materials for health communication and establish partnership contracts with community and non-community radio stations for dissemination of awareness messages.

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

16.   **The Ministry of Public Health and Prevention (MPHP) is the implementing agency for the project.** The MPHP has established a well-functioning Project Coordination Unit (PCU) responsible for the overall project planning, oversight, coordination, and management, in collaboration with relevant directorates of the MPHP. The PCU staff has experience in working on the World Bank-financed projects, including REDISSE IV and Health System Performance Strengthening Project (HSPSP) (P172504). The PCU is staffed with experienced specialists: Project Coordinator, Financial Management Specialist, Procurement Specialist, Internal Auditor, Accountant, Monitoring and Evaluation Specialist, Environmental Specialist and Social Development Specialist, Public Health Expert, and Communication Specialist. A functioning project Steering Committee, headed by MPHP, provides oversight of project implementation. Representatives of the Ministry of Finance and Budget (MFB), Ministry of Economic Prospective and International Partnership (MEPIP) are key members of the Steering Committee. The Steering Committee meets bi-annually to evaluate and monitor implementation of the project's annual work plan and budget (AWP&B). The unit has experience in collaborating with United Nations (UN) agencies by managing contracts with UNOPS, WHO and UNICEF as well as some national Non-governmental Organizations (NGOs).

CONTACT POINT

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APPROVAL

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