



Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 29-Jul-2021 | Report No: PIDA31604

**BASIC INFORMATION****A. Basic Project Data**

Country Chad	Project ID P176385	Project Name Additional financing for the Chad COVID-19 Strategic Preparedness and Response Project	Parent Project ID (if any) P173894
Parent Project Name Chad COVID-19 Strategic Preparedness and Response Project	Region AFRICA WEST	Estimated Appraisal Date 09-Sep-2021	Estimated Board Date 30-Sep-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Chad	Implementing Agency 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	20.00
Total Financing	20.00
of which IBRD/IDA	20.00
Financing Gap	0.00

DETAILS**World Bank Group Financing**

International Development Association (IDA)	20.00
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IDA Grant	20.00
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Environmental and Social Risk Classification

Substantial

Other Decision (as needed)

B. Introduction and Context

Country Context

- This Project Paper seeks the approval of the Bank’s Regional Vice President to provide a grant in the amount of US\$20 million International Development Association (IDA) for an Additional Financing (AF).** The AF would support the costs of expanding activities of the Chad COVID-19 Strategic Preparedness and Response Project (P173894) under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (MPA), approved by the Board on April 2, 2020, and the vaccines AF to the SPRP approved on October 13, 2020 . The primary objectives of the AF are to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in Chad through vaccination system strengthening, and to further strengthen preparedness and response activities under the parent project. The Chad COVID-19 Strategic Preparedness and Response Project in an amount of \$16.95 million was approved on April 17, 2020 and prepared under the SPRP.
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- The purpose of the proposed AF is to provide upfront financing to help the Government of Chad (GoC) purchase and deploy COVID-19 vaccines that meet Bank’s vaccine approval criteria (VAC) and strengthen relevant health systems that are necessary for a successful deployment and to prepare for the future.** The GoC intends to cover the entire adult population (16 years and older), which represents 49.2 percent of the population, following a phased approach (see Paragraph 15 below). The COVAX Advanced Market Commitment (AMC) Facility will provide vaccine doses to reach 20 percent of the population, an additional 0.6 and 0.7 percent of the population will be covered by vaccines donated by the Republic of China and the Government of the United States (US) respectively. The proposed additional financing will help vaccinate another 4.6 percent of the country’s population. Efforts are underway to identify and mobilize supplementary sources of funding to procure vaccine doses for the remaining 23.3 percent of the population. Bank financing for COVID-19 vaccines and deployment will follow Bank’s VAC. As of April 16, 2021, the Bank will accept as threshold for eligibility of IDA resources in COVID-19 vaccine acquisition and/or deployment under all Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRAs) identified by World Health Organization (WHO) for vaccines procured and/or supplied under the COVAX AMC Facility, as may be amended from time to time by WHO; or (ii) the vaccine has received WHO Prequalification (PQ) or WHO Emergency Use Listing (EUL). As vaccine development is rapidly evolving, Bank’s VAC may be reviewed. The country will provide vaccination free of cost to the population.
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5. **The need for additional resources to expand the COVID-19 response was formally conveyed by the GoC on January 27, 2021.** The proposed AF will form part of an expanded health response to the pandemic, which is being supported by development partners under the coordination of the GoC. Additional World Bank financing will provide essential resources to enable the expansion of a sustained and comprehensive pandemic response that will appropriately include vaccination in Chad.
- 6.
7. **Critically, the additional financing seeks to enable the acquisition of vaccines from a range of sources to support Chad's objective to have a portfolio of options to access vaccines under the right conditions (of value-for-money, regulatory approvals, and delivery time among other key features). The COVAX AMC Facility has put in place a framework that will anchor Chad's strategy and access to vaccines.** Chad's eligibility to the COVAX AMC Facility was approved by the Gavi Board on December 23, 2020. This grants Chad access to vaccine doses at no cost to the country to cover up to 20 percent of the population. It also provides a platform for the procurement of vaccine doses using other sources of funding (e.g. donations by the Government of the US). Besides the COVAX AMC Facility, the GoC is also considering the following procurement mechanisms, including for Bank-financed vaccines (i) the African Union AVAT; (ii) direct procurement from vaccine manufacturers, either individually or jointly with other countries; and/or (iii) purchase of excess stocks from other countries that have reserved excess doses. The Bank is supporting the GoC to source through COVAX as a priority, and to also support the country in accessing vaccines beyond COVAX as necessary. The availability and terms of vaccines remain fluid and prevent the planning of a firm sequence of vaccine deployment, especially as the actual delivery of vaccines is unlikely to be immediate. Rather, the proposed financing enables a portfolio approach that will adjust during implementation in response to developments in the country pandemic situation and the global market for vaccines.

Sectoral and Institutional Context

8. **The epidemic was declared on March 19, 2020 by the GoC following confirmation of the first case which had arrived in the country from Cameroon.** Towards the end of 2020, a second wave of the pandemic was observed in Chad, where the reported COVID-19 cases continued to increase steadily, particularly in the capital of N'Djamena. This led to a curfew in N'Djamena which was recently lifted, though the state of health emergency goes on until September 11, 2021, and this allows the governors to reimpose measures, including curfews, to respond to COVID-19 outbreaks in their areas of jurisdiction. As of July 21, 2021, there have been 4,965 confirmed COVID-19 cases, 4,779 recovered and 12 are under treatment, and 174 deaths have been attributed to COVID-19. Most of the cases have been males between the ages of 25 and 60.
9. **The GoC received the first batch of COVID-19 vaccines on June 3, 2021 (200,000 doses of Sinopharm donated by the Republic of China) and the second batch on June 23, 2021 (100,200 doses of Pfizer from COVAX).** The campaign was launched on June 4 and as of July 15, 2021, the GoC has administered 21,581 doses. The next batch of vaccines is expected in September 2021 and it consists of 230,000 doses of Pfizer donated by the Government of the US and distributed through COVAX (already approved by the GoC) and 880,000 doses of Pfizer financed and distributed by COVAX (pending approval based on vaccine stocks).
10. **Vaccines are administered in 3 provinces (nine vaccination sites in N'Djamena, one in Ouaddai and one in Logone Orientale) and there is a plan to gradually roll-out vaccination to additional provinces, establishing vaccination centers at provincial hospitals.** Mobile vaccination has not yet started and the strategy for mobile teams has not been developed yet. The large majority of vaccines have been administered in N'Djamena where vaccination sites are operating at an average capacity of 67 percent. The GoC is planning to offer vaccines at private facilities and



administering vaccines at designated sites such as police stations and military bases to increase uptake among targeted population groups.

11. **The uptake of vaccines has been slow and uneven.** The coverage of targeted groups in Phase 1 is low: only 8.2 percent of health workers, 0.1 percent of people with com-morbidities and 0.1 percent of the elderly (50 years and above) have been vaccinated. As a result, the GoC has decided to open vaccination to the entire adult population and to put on hold the acquisition of additional vaccine doses. It is expected that this will lead to a revision of the National Vaccine Deployment Plan (NVDP) in September and the revision of coverage targets for priority groups. Further, as of July 15, 2021, only 27.4 percent of the vaccines were administered to women, but no explicit action has been taken to increase access to COVID-19 vaccines for women.
12. **The low uptake of vaccines can be partly attributed to the lack of information on vaccine availability and, more broadly, on the weak implementation of communication campaigns.** As of July 25, mass media communication campaigns had not been launched, and community mobilization in areas where vaccines are available has not started either.
13. **Another important concern relates to the weak M&E system set in place.** Vaccinators use laptops to complete an Excel form that is then aggregated at the central level. While this is already causing delays in the dissemination of data, it will be very difficult to manage once additional vaccination centers are open.

C. Proposed Development Objective(s)

Original PDO

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

Current PDO

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

Key Results

Percentage of population vaccinated, which is included in the priority population targets defined in national plan [by gender]

D. Project Description

14. **The changes proposed for the AF entail expanding the scope of activities in the parent project, the Chad COVID-19 SPRP and adjusting its overall design.** The overall design will be adjusted to increase its scope and provide the funds that will be required to finance (i) purchasing of vaccines and related consumables; (ii) upgrading the cold chain for the vaccines; (iii) strengthening service delivery to ensure effective vaccine deployment; (iv) monitoring, tracking of vaccines use and recording of any adverse reactions to vaccination; and (v) conducting communication campaigns, which are essential to sustain throughout the vaccine roll-out to foster demand for COVID-19 vaccines and address vaccine hesitancy. As the proposed activities to be funded under the AF for the Chad COVID-19 SPRP are aligned with the original PDO, the PDO will remain unchanged. The content of the components (Annex 4) and the Results Framework of the parent project are adjusted to reflect the



expanded scope and new activities proposed under the AF. The implementation arrangements will remain the same. The closing date will be extended to December 31, 2023 to implement the additional activities especially as there is a lot of market uncertainty about the uninterrupted availability of vaccines to Chad.

15. **Despite modest improvements over the last three years, immunization coverage rates in Chad are low and the vaccination program will need to be strengthened to reach COVID-19 vaccination targets.** With support from GAVI and other development partners, Chad has established expertise and skills for childhood immunizations over several years. This creates a foundation, but additional efforts will be required to vaccinate such a large share of the population in such a short period. Even if implemented in a phased manner, as proposed by GoC, an intense focus on expanding immunization capacity is necessary to ensure that the health system can effectively implement a comprehensive COVID-19 vaccine deployment strategy. For this reason, the AF will enhance health system strengthening efforts under the parent project and prioritize investments that contribute to accelerate the COVID-19 vaccination campaign and have a sustained positive impact on the performance of Chad's health system.

(i) Proposed New Activities

16. **The following adjustments are made to the original components of the parent project:**

- a. **Component 1:** the restructuring of the parent project will enable the acquisition of equipment and supplies directly linked to the COVID-19 vaccination campaign. This includes cold chain equipment and consumables. Moreover, a new sub-component (Sub-component 1.5) will be added to finance the procurement and deployment of COVID-19 vaccines, as well as to provide Technical Assistance (TA) to strengthen vaccine planning and management. This sub-component will be entirely financed through the AF and allocated US\$18.5 million. In addition, the proposed restructuring will enable the revision of activities in the original project, as indicated below.
- b. **Component 2:** Additional funds (US\$1.1 million from the AF) will be allocated to this component to implement communication campaigns related to the vaccination campaign and to address vaccine hesitancy.
- c. **Component 3:** Additional funds (US\$400,000 from the AF) will be allocated to this component to strengthen project management and to support M&E functions.

17. **Component 1 will be restructured to enable the purchase of cold-chain equipment (CCE) and other supplies related to the COVID-19 vaccination campaign and to reflect changes in the parent project's design.** As part of the restructuring of the parent project, energy-efficient cold chain equipment will be procured to enhance cold chain capacity at central and regional levels. A request from the GoC received on March 30, 2021 provided a detailed description of the cold chain equipment needed, which includes stabilizers and freezers and ultra-cold freezers (-70°C and -90°C), equipped with remote temperature monitoring devices and freeze-tag/fridge-tags. In addition, Component 1 will be restructured to: (a) drop the activity linked to the provision of TA to strengthen fiduciary mechanisms under the COVID-19 Special Fund, as this support was provided by another World Bank financed project; (b) change the scope of the activity linked to the support provided to refugees and displaced population from the provision of prevention supplies to the provision of gender-based violence (GBV) prevention support with an exclusive focus on refugees to align with other development partners' support; (c) drop the activity linked to the mobilization of additional health personnel, given that this was financed through the activation of REDISSE



IV Contingent Emergency Response Component (CERC); and (d) drop the activity related to the strengthening of health management information systems given that this was supported by WHO.

18. **The acquisition and deployment of vaccines will be covered by Sub-component 1.5.** Sub-component 1.5 will finance the following investments:

- i. **Vaccine procurement (US\$10.2 million).** The procurement of COVID-19 vaccine doses will be one of the main contributions of the proposed AF and it will complement efforts from the GoC to access COVID-19 vaccines beyond the doses provided by the COVAX AMC Facility. It is estimated this envelope will cover up to 800,000 doses (i.e. 4.6 percent of the population for single dose vaccines or 2.3 percent of the population for vaccines that require two doses). Based on the information currently available and given market unpredictability and the financial situation of the country limiting Chad's negotiating power, the COVAX AMC Facility is expected to be the main mechanism to purchase COVID-19 vaccines for doses purchased under the proposed AF. However, the GoC has not ruled out the option of purchasing vaccines through alternative mechanisms as approved by the Board, including: (i) the African Union Platform, (ii) from vaccine manufacturers, either individually or jointly with other countries; and (iii) from countries that have reserved excess doses. The vaccines procured will be those that have been approved by at least one of the SRAs identified by WHO for vaccines procured and/or supplied under the COVAX AMC Facility, or the vaccine has received WHO PQ or WHO EUL. Given the recent emergence of COVID-19, there is no conclusive data available on the duration of immunity that vaccines will provide. While some evidence suggests that an enduring response will occur, this will not be known with certainty until clinical trials follow participants for several years. As such, the GoC has to make provision to allow for re-vaccination efforts if they are warranted by peer-reviewed scientific knowledge at the time. In the case that re-vaccination is required, limited priority populations (such as health workers and the elderly) will need to be targeted for re-vaccination given constraints on vaccine production capacity and equity considerations (i.e., tradeoffs between broader population coverage and re-vaccination).
- ii. **The AF will support the vaccination of the priority population groups.** The GoC has identified five priority groups in the population that will initially be vaccinated. These groups include health workers, elderly aged 50 years and above, people with comorbidities, people in regular contact with the population (including refugees and IDPs) and people aged between 18 – 49 years in the 17 most affected towns. In addition, the GoC has given priority to pilgrims going to Mecca. Since uptake has been low, the GoC has opened vaccination to the entire adult population, but vaccines procured under the proposed AF will be targeted to these priority groups. Moreover, the proposed AF will contribute to the deployment of vaccines, with a particular focus on those groups that might be harder to reach such as refugees and IDPs, through the establishment of partnerships with organizations with a presence on the ground and experience working with these population groups in Chad.
- iii. **Procurement of consumables and strengthening the immunization supply chain system (US\$800,000).** The AF will support the GoC to procure needed ancillary supplies such as needles, syringes, alcohol prep pads and COVID-19 vaccination record cards for each vaccine recipient.



- iv. **Operational costs and logistics (US\$6 million).** The proposed AF will cover the costs linked to the deployment of COVID-19 vaccines. Operational costs will cover the full costs associated to the deployment of vaccine doses procured under this AF. The cost of deploying vaccines purchased by other sources of funding can also be covered, as long as sufficient funds are available and as long as the vaccines meet the Bank's VAC. This support will complement contributions from Gavi (up to US\$5 million bridge funding for the second semester of 2021) and the Global Fund (up to €34 million). Operational costs associated to the deployment of vaccines include, among other activities, the cost of training all actors involved in the vaccination campaign, the daily allowances for vaccinators and other members of the vaccination team, and fuel and rental costs for vehicles transporting vaccine doses to regional warehouses and selected district hospitals. Support for logistics will also contribute to strengthen logistics information systems to accommodate COVID-19 vaccines.

- v. **Operational costs financed by the proposed AF will also include costs linked to strengthening Chad's pharmacovigilance functions.** Pharmacovigilance is key to ensure the adequate monitoring of vaccine's safety and to identify and manage AEFIs. This AF will support (i) updating directives, procedures and tools for planning and implementation of pharmacovigilance of vaccines, including developing protocols for notification of adverse minor and moderate events; (ii) training of health personnel on aspects related to AEFI, including planning, communication, vaccine management, monitoring and evaluation, surveillance, administration strategies, immunization calendars, AEFI notification procedures, and vaccine and injection safety; (iii) health district teams and supervisors at the central level to investigate severe cases of AEFI and clusters of AEFI events; (iv) coordination and functionality of the technical and expert structures involved in the management of AEFI, including the national committee of AEFI experts; (v) the collection and transport of biological samples from cases of AEFI to designated laboratories, and analysis of samples; (vi) procurement and dissemination of emergency KITs for anaphylactic shock management; (vii) the transportation of persons who are victims of severe AEFI to referral facilities; (viii) revision of guidelines and tools for AEFI notification to adapt them to the COVID-19 vaccine context; and (ix) implementation of an electronic notification system for cases of AEFI. Support will also be available to strengthen and adapt the Pharmacovigilance System (PVS) to be sensitive to detect AEFI for COVID-19 vaccines and to undertake relevant traceability activities to ensure capabilities for the system to track and trace from "production to people".

- vi. **The GoC will partner with NGOs and UN agencies to deploy vaccines and to monitor the performance of the vaccination campaign.** Partnerships with organizations that have a strong presence in the field, particularly those already supporting immunization efforts in Chad, will be critical to ensuring a high coverage. These organizations often have the know-how on logistics and operational experience on the ground, as well as the trust from the communities that they serve. Their experience also helps ensure that campaigns take into consideration the socio-cultural norms of the communities that they serve, which is particularly important to ensure access among women. Concretely, these organizations will explore the specific socio-cultural barriers to vaccination among women and lead continued and ongoing SBC communication and logistical support to ensure that the vaccine program addresses and traverses these barriers. Partnerships with organizations that have experience working with target groups in the NVDP (e.g. refugees and IDPs) will be preferred. In addition, NGOs and UN agencies will strengthen supervision of vaccination campaigns to ensure that protocols are adequately followed and to provide support to poor performing vaccination sites.



- vii. **Innovations and digital tools (US\$1 million).** DHIS2 in Chad is still not fully operational so this AF will purchase monitoring and evaluation (M&E) software¹ to improve the collection and administration of databases. Software will be selected to allow interoperability with the DHIS2. Further, software will be purchased to ease the enrollment process and to follow-up vaccinated people, including for the reminder on second doses. This will also allow for the collection of data on AEFI. In addition, the proposed AF will support innovations to improve the registration and management of health workers and vaccine tracking tools that help follow vaccines through the supply chain. Innovations that have a health system strengthening impact will be prioritized.
- viii. **TA, including for program planning and management (US\$250,000).** Based on the gaps identified in the VIRAT/VRAF, the AF will support the GoC in (i) updating and revising the NVDP, (ii) developing a strategy to access vaccines; (iii) developing and/or updating the legal regulatory documents and plans to ensure swift importation of COVID-19 vaccines, if needed; (iv) establishing coordinating mechanisms with relevant stakeholders, including other Ministries and development partners; (v) strengthening the national immunization budgeting and budget tracking capacity; (vi) establishing a no fault compensation mechanism and indemnification arrangements for vaccines procured through mechanisms other than the COVAX AMC Facility; (vii) establishing protocols and forms for consenting to vaccination and processes for approving refusals to be vaccinated, as well as measures to protect those who refuse to be vaccinated; (viii) conducting critical assessments and identifying actions to ensure functional, end-to-end supply chain and logistics management systems for effective vaccine deployment; (ix) setting up an M&E system, including data protection measures; (x) developing national and local roll-out plans and micro-plans that include security considerations; and (xi) identifying actions to improve access to COVID-19 for women. Partner organizations involved in the COVID-19 vaccination campaign (e.g. WHO, UNICEF and Acasus) will be engaged to play various roles such as procurement agents, suppliers and providers of very specialized technical assistance. The TA provided will complement the TA funded by GAVI.
- ix. **Medical waste management (US\$250,000).** The proposed AF will support the procurement and maintenance of low-carbon waste management equipment for safe disposal of sharps and other biological wastes.
19. **Component 2 will be expanded to include communication campaigns linked to the vaccination campaign.** The objective of the expansion of Component 2 is twofold. Firstly, it will finance the dissemination of information related to COVID-19 vaccines and on the vaccination plan and scheduled developed by the GoC. Secondly, this component will finance the reinforcement of activities targeted at addressing vaccine hesitancy. The first step to achieve both objectives will be to conduct studies, surveys and opinion polls to identify the most effective communication channels to reach the different targeted groups, and to understand the main values and behaviors around vaccination. This data will be used to map attitudes and values linked to COVID-19 vaccination and to segment the population based on their beliefs, attitudes, and behavioral patterns. Activities financed under Component 2 will include: (i) the production and distribution of dedicated communication materials, tools and supports following the segmentation of the population based on the above-mentioned studies; (ii) the purchase of air time, SMS,

¹ Examples include software for Appointment booking, Vaccination tracking, Electronic reminders, surveillance of adverse effects.



or other methods of mass media; (iii) the implementation of national media campaigns on vaccination activities; (iv) training of different actors (health professionals at different levels, public and local media professionals, local traditional leaders, political and religious leaders, women and youth associations, community health workers and other community networks) involved in the implementation of communication campaigns. (iv) community mobilization activities through civil society organizations, including religious and traditional leaders, community health workers and community organizations, especially in rural areas; (v) provisions to strengthen the Emergency Operation Center and a national 24/7 call center for responding to inquiries about COVID-19 and COVID-19 vaccination; and (ix) rumor and crisis management. This subcomponent will also include support to update the Grievance Redress Mechanism (GRM) and ensure it is functioning.

20. **Communication campaigns will be used to address the high rates of vaccine hesitancy in the region.** This subcomponent will draw on regional and global experience with communication campaigns to address vaccine hesitancy. Further, SBCC campaigns will tap into existing resources such as the RCCE Knowledge Hub and the Partnership for Evidence-based Response to COVID-19 (PERC) and adapt them to the specific context of Chad. As part of this support, the effectiveness of the COVID-19 communication campaign will be monitored, and messages will be revised if needed. Moreover, the proposed AF will support the collection and dissemination of experiences and positive stories of primary immunization recipients to build confidence in the vaccine.
21. **People-centered, innovative modes of communication will be required to counter any vaccine hesitancy and ensure the program can reach the hard to reach.** Activities financed under this subcomponent will be implemented taking into consideration the socio-cultural norms of the different communities targeted by the COVID-19 vaccination campaign. This includes the identification of beliefs and socio-economic considerations that serve as socio-cultural or structural barriers, concrete activities to address these identified barriers, consistent support to community ownership processes that value local solutions to generate and increase demand for immunization, control the pandemic and mitigate its impacts, prevent and combat stigma and discrimination, and increase resilience to anti-vaccine rhetoric. For this purpose, the campaign will engage and train sufficient female community health workers for community engagement activities to ensure that the perspective of women is adequately captured and to increase the acceptability of these activities among women. Communication activities will also have a focus on climate-related diseases to ensure greater awareness of the risks among key population groups about the climate-related health risks linked to the COVID-19 crisis.
22. **Under Component 3, this AF will support better targeting and tracing of vaccine administration with strengthened M&E capacity.** The proposed AF will allocate US\$400,000 to strengthen M&E functions. All data collection and monitoring will be done in a sex-disaggregated way wherever possible, including for the PDO *'Percentage of priority population vaccinated'*, as defined in the national plan. Comprehensive and effective immunization programs require a robust data infrastructure at different levels of the health system to be able to effectively track and monitor vaccination. Patient tracking is particularly important in the case of COVID-19 vaccinations, which will likely require a two-dose regimen. To achieve this, tools will be introduced to assess and strengthen existing data and monitoring systems (immunization and public health) to be able to effectively monitor and track patients of COVID-19 vaccine deployment as well as to improve data collection, analysis, reporting and use of data for action and decision-making. Efforts will be made to support the GoC in assessing, adapting, and implementing context-appropriate models



for innovative tracking schemes such as digitized health records, electronic immunization records, and individual and community coverage mapping methods. These efforts can lead to long-term visioning, roadmaps and support for integrating unique client health identifiers into digital health infrastructure such as immunization records, case referral, and larger shared health record systems (e.g. newly diagnosed NCD patients).

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

23. The main concerns relate to testing and treatment of infected persons, handling of medical samples and waste by medical professionals and local community health and safety. The project will finance equipment for selected primary health care facilities and hospitals to improve their ability to deliver critical medical services including testing, treatment and hospitalization. The PIU will prepare an ESMF to provide clear guidance regarding the treatment of medical waste, prevention of SEA/SH, security considerations during implementation and guidelines for community engagement. The ESMF will also incorporate international protocols for community health and safety during a pandemic. The ESMF will be consulted with stakeholders using the modified approach currently under preparation and publicly disclosed per the requirements of the ESF no later than 30 days after Project effectiveness.

E. Implementation

Institutional and Implementation Arrangements

24. The existing PCU that is managing the parent project will continue to be used for the AF. The PCU will work closely with the NCC and particularly with the technical, logistics and communication sub-committees. The MPHNS is also working closely with other DPs located in-country, especially UNICEF and WHO, who are providing TA on aspects that include procurement, vaccine registration and risk communication.

25. The main responsibility for the technical coordination of the COVID-19 vaccination campaign is held by the EPI team. The EPI was created by decree No. 224 / MSP / DG / DGE of 23 May 1984 and became operational in 1985. The program focuses on the prevention of vaccine preventable childhood diseases that include measles, poliomyelitis, hepatitis B, pertussis, diphtheria, Tuberculosis, meningitis, chickenpox. The program has also led the integration of child survival intervention such as supplementation of vitamin A. The performance of the program has not been satisfactory due to many reasons that include poor management, instability and demotivation of staff, insufficient logistics, poor quality training and supervision. There is therefore a need to



adapt and strengthen the capacity of the EPI to roll out COVID-19 vaccines. There has been a rapid assessment for vaccine readiness done by the MPHNS, with assistance from the World Bank, WHO and UNICEF. The main findings of the assessment are presented in Table 1 in this document. The EPI has experience introducing new vaccines (e.g. yellow fever in 2005, DTP-HepB-Hib in 2008, IPV in 2015 and MenAfriVac in 2012 and 2017). The experience from introducing these vaccines will be used to facilitate the introduction of COVID-19 vaccines into the EPI program. The program is also planning to introduce the new vaccines ROTA and PNEUMO.

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