



# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 23-Sep-2020 | Report No: PIDC29718



**BASIC INFORMATION**

**A. Basic Project Data**

Country Sudan	Project ID P174352	Project Name Sudan COVID-19 Emergency Response Project	Parent Project ID (if any)
Region AFRICA EAST	Estimated Appraisal Date 13-Aug-2020	Estimated Board Date 30-Sep-2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) Republic of Sudan	Implementing Agency Federal Ministry of Health	

Proposed Development Objective(s)

The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sudan.

Components

Emergency COVID-19 Response  
Implementation Management and Monitoring and Evaluation  
Contingent Emergency Response Component

The processing of this project is applying the policy requirements exceptions for situations of urgent need of assistance or capacity constraints that are outlined in OP 10.00, paragraph 12.

Yes

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

**SUMMARY**

<b>Total Project Cost</b>	21.99
<b>Total Financing</b>	21.99
<b>of which IBRD/IDA</b>	0.00
<b>Financing Gap</b>	0.00

**DETAILS**

**Non-World Bank Group Financing**



Trust Funds	21.99
Trust Funds	21.99

Environmental and Social Risk Classification

Substantial

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

**B. Introduction and Context**

Country Context

1. **Sudan has a small window to seize a once-in-a-generation opportunity to put itself on a path of economic and social renewal.** The 2019 revolution led to the establishment of a transitional government with a mandate to carry out sweeping reforms to reverse decades of economic, social, and political decline. The government has acted boldly, making steps towards resolving long-standing internal conflicts, unwinding economic distortions, renewing the social contract, and re-engaging with the international community. It has also agreed on a rigorous International Monetary Fund (IMF) Staff Monitored Program to underpin its economic reforms. Notwithstanding a challenging first year in office, the government retains the support of the country’s major political forces, including security elements. Most importantly, it continues to be a source of hope to the population for a better future. But time is short for Sudan to capitalize on the promise of its revolution in the face of mounting pressures.

2. **Sudan faces formidable economic, social, and political challenges.** Sudan has a fragile economy and social contract owing to a history of violent conflict, long-standing tension between the center and the periphery, and exclusionary governance. A largely agrarian country, Sudan is significantly impacted by climate change and recently has been battered by frequent floods and droughts as well as a locust invasion. On September 7, 2020, the government declared a state of emergency due to deadly flooding which caused more than 100 deaths and displaced around 0.5 million Sudanese. Prior to this crisis, about 9.6 million<sup>1</sup> people are estimated to be in acute food insecurity, and over half of the population is now under the national poverty line. The economy is in recession with budgetary and current account deficits exceeding ten percent of GDP. Large public sector deficits have been monetized, driving inflation to 136 percent as of July 2020. There are shortages of key commodities and power outages are frequent. Trade in goods and services is limited and remittances are curtailed. Dissatisfaction with the economic hardship and pace of reforms by the new government has led to protests and prompted a recent government reshuffle. At the same time, the peace process remains incomplete, the political equilibrium fragile, and some states continue to have security challenges.

<sup>1</sup> Sudan: Integrated Food Security Phase Classification Snapshot | June - December 2020.



3. **Sudan has very poor human development indicators for its level of GDP.** In 2018 it ranked 139 out of 157 according to the World Bank Human Capital Index (HCI)<sup>2</sup> and 167 out of 189 countries based on the Human Development Index (HDI) with a score of 0.507 in 2018.<sup>3</sup> It did not meet the 2015 Millennium Development Goals (MDG), and its progress lags behind its neighbors and Sub-Saharan African averages. Education and health indicators remain low and vary markedly across states, gender, and income level. The primary school enrolment rate is only 70 percent (below the target of universal coverage), with substantial disparities across states, richer and poorer, urban/rural areas, and gender. The under-five mortality rate of 68 deaths per 1,000 births in 2014 is still higher than the 2015 MDG target of 41 per 1,000 births, meaning significant efforts are needed to achieve the 2030 Sustainable Development Goal target of 25 deaths per 1,000 births. Sudan's education system is characterized by unequal access to basic education services, high drop-out rates, weak and outdated infrastructure. Lack of access to basic water and sanitation is a key contributor to low HDI. More than 40 percent of the population lacks access to safe drinking water, and more than 60 percent lacks basic sanitation.

4. **The new transitional government is facing one of the most challenging environments in the world.** The country faces a macroeconomic crisis: rampant inflation, massive currency devaluation, rapidly increasing arrears on international debt, and ostracism from the dollar-based international financial system. Modest economic growth persists, and the country is marked by deep poverty and inequality. Social indicators remain low and vary markedly across states, gender and poverty level. Social indicators are aggravated by the country's service delivery disfunction, which is characterized by low levels of public expenditure, shortage of relevant personnel and dilapidated infrastructure.

5. **The deteriorating economic situation has impacted much of the population's abilities to cover basic needs.** It is estimated that over 50 percent of the population was under the poverty line (of US\$3.60) prior to the COVID-19 outbreak, compared to the reported 36.1 percent in 2014/2015.<sup>4</sup> Poverty in Sudan, including geographic dispersion, severity of deprivation, and its direct linkage with the fragility, conflict and violence (FCV) context, present significant challenges in the provision of and access to basic services. Yet, implementation of economic stabilization measures is the only sustainable pathway to create fiscal space for investment in essential services in the context of significant indebtedness and lack of foreign direct investment to generate growth.

6. **Sudan is experiencing the unprecedented social and economic impact of the COVID-19 pandemic.** The economic impact of COVID-19 includes increased price of basic foods, rising unemployment, and falling exports. Restrictions on movement are making the economic situation worse, with commodity prices soaring. According to IMF projections, consumer prices are expected to increase by 81.3 percent in 2020. The IMF has already forecasted an overall economic stagnation in 2020 in Sudan. GDP is expected to decrease between 4-10 percent in 2020 due to the combined impact of the economic crisis exacerbated by the social distancing measures to curb the spread of COVID-19. Slowing growth, activity and COVID-19 policy responses will have a significant negative impact on government revenues.

7. **The government has established a high-level emergency committee to oversee the operations to deal with COVID-19 pandemic.** Sudanese authorities attempted to act quickly in the face of the spreading virus.

<sup>2</sup> [https://databank.worldbank.org/data/download/hci/HCI\\_2pager\\_SDN.pdf](https://databank.worldbank.org/data/download/hci/HCI_2pager_SDN.pdf)

<sup>3</sup> <http://www.hdr.undp.org/en/composite/HDI>

<sup>4</sup> Sudan: Poverty Assessment Update, 2019.



On March 14, 2020, the Government announced closure of schools and prohibition of mass gatherings. Two days later, they closed airports, ports, and land crossings, banned travel between states, and required a one-month quarantine for incoming travelers. On March 25, 2020, authorities released 4,217 prisoners as a precautionary measure to reduce the risk of transmission in detention. Starting July 8, 2020, Sudan began loosening lockdown measures in and around the capital Khartoum after three months of tight restrictions. According to the Multi-hazard Emergency Health Preparedness Plan prepared by the government and guided by the World Health Organization (WHO), the financing needs to cope with COVID-19 related health care is about US\$230 million. The plan is currently under funded and the needs are imminent especially with the expected second wave and the recent flooding. Despite the significant efforts made by the government and other key partners, progress under the plan has been relatively slow under most of the pillars due to the lack of funding and the delayed procurement of required supplies.

**8. Several technical and resource partners are supporting Sudan's response to COVID-19.** So far, the domestic private sector has pledged to contribute US\$2 million. The government reallocated US\$3 million, and the United Nations (UN) with other international partners are expected to contribute US\$9 million. The United States Government has also announced a grant of US\$8 million, while the European Union announced a support package of EUR70 million, including EUR11.5 million for health<sup>5</sup>. The Islamic Development Bank is also expected to contribute US\$35 million. The current available funding mobilized through different sources for the COVID-19 national response plan is estimated at around US\$70 million. Given the significant financing gaps under the response plan, the proposed project will complement the ongoing support under the identified pillars which is closely coordinated by the National Task Force (NTF).

#### Sectoral and Institutional Context

**9. Sudan's health system is marked by decades of neglect.** Overall, fragmentation of the service delivery, decision making, and financing is a salient feature of the health system at both federal and state levels. Sudan continues to have high maternal and child mortality rate (MMR 311 per 100,000 live births, and under-5 child mortality 70 per 1,000 live births, WHO 2015). The leading causes of under 5 mortalities are acute respiratory infection (18 percent), diarrhea (11 percent), prematurity (14 percent) and intrapartum related complications (12 percent). DPT3 coverage has improved significantly over the years (from 62 percent in 2000 to 93 percent in 2013), however, only 43 percent of children between 12-23 months were fully immunized in 2014 (MICS, 2015). Low access to essential services impedes any major decline in disease burden and causes premature deaths from these diseases.

**10. Sudan also suffers from persistently high child malnutrition levels which are among the highest in the world.** Despite efforts made by the Government and development partners in the past 25 years, malnutrition rates among children under 5 years old have remained unacceptably high with an estimated 33 percent of children underweight, 38 percent of children stunted, 16 percent of children wasted and 5 percent of children severely wasted (UNICEF MICS, 2015). Furthermore, the absolute number of wasted, stunted and underweight children under five years of age has risen significantly (UNICEF, 2014).

**11. Health care in Sudan is generally under-financed.** Total health expenditure per capita remains at US\$130 (2015), with a high rate of out-of-pocket payments (75 percent of the total health care expenditures, 2015)

<sup>5</sup> Most of the EU funding is to address the humanitarian situation caused by COVID-19 including food insecurity, health situation, unemployment, and urban mobility. Of which, Euro 11.5 million were dedicated for COVID-19 support through WHO as of June 24, 2020.



which increased vulnerability to health shocks not only among the poor but also among the middle class. Allocation from the Ministry of Finance and Economic Planning (MOFEP) to the system is neither efficient nor based on pre-set priorities and is skewed towards curative services.

**12. Shortage and skewed distribution of the health workforce is evident. Health workforce density is 5.6 for physicians per 10,000 population and 47.6 nurses and midwives per 10,000 of the population.** More than two thirds (67 percent) of the staff works in secondary and tertiary care. Geographical distribution of health workers is uneven with the majority in urban settings. For example, while over 70 percent of the population resides in rural areas, 70 percent of health workers work in urban areas with 38 percent in the capital, Khartoum. Moreover, 62 percent of specialist physicians and 58 percent of technicians are based in Khartoum.

**13. The COVID-19 crisis has also highlighted the importance of safe water and sanitation and hygiene practices which remain inadequate.** About 5.3 million people lack access to improved water sources, 6.2 million people lack access to improved sanitation, and 7.5 million people lack access to hygiene services. This presents significant challenges in containing the virus if there is widespread community transmission. Many people are unable to comply with required WASH and waste management practices for prevention of human-to-human transmission of the COVID-19 virus, including proper hand hygiene.

**14. Although Sudan remains prone to outbreaks including cholera, chikungunya, dengue, malaria, measles and Rift Valley, the surveillance system doesn't cover the entire country and is structurally weak** with long delays between alert and confirmation of an outbreak. Sudan lacks adequately trained medical staff, isolation units, intensive care units, infection control materials, medicines and medical supplies to address quickly spreading outbreaks including COVID-19 in all states across the country. COVID-19 cases may force health facilities to close to other patients due to isolation procedures. Regular treatments for malnutrition or maternal care may be adversely affected.

**15. Transmission of COVID-19 has been evolving quickly in Sudan, and the risk of a second wave is high.** As of September 23, 2020, the Government of Sudan (GoS) reported 13,578 confirmed cases and 836 fatalities. The situation evolved from imported cases to local transmission within few days in early April 2020. Despite the relatively smaller number of new reported daily infections<sup>6</sup>, the risk of the second wave remains high given the recent deadly flooding and the displacement of more than 0.5 million people. According to an analysis undertaken by the Africa Center for Strategic Studies which assess 9 of the most important risk factors for the spread of COVID-19 by country, Sudan ranks as one of the top four African countries at highest risk of COVID-19<sup>7</sup>. The weakness of the health system and the population density in cities contribute to the overall ranking. Sudan has limited capacity to control the transmission and contain COVID-19. Without immediate support, the consequences could be catastrophic, including the expected spillover transnational effects on the neighboring countries with high traffic to/from Sudan such as Egypt, Gulf Countries, and South Sudan.

### C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

The Project Development Objective is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Sudan.

<sup>6</sup> Partially attributed to the limited investigation and testing capacity in the country

<sup>7</sup> <https://africacenter.org/spotlight/mapping-risk-factors-spread-covid-19-africa/>



## Key Results

### PDO Level Indicators

16. The Project Development Objective will be monitored through the following PDO level indicators:

- Proportion of reported suspected cases of COVID-19 that are investigated based on national guidelines
- Number of designated laboratories with COVID-19 diagnostic capacity (equipment, test kits, reagents)
- Proportion of designated healthcare facilities with isolation capacity

### D. Project Description

17. **The project aims to help Sudan immediately respond to and mitigate the risks associated with COVID-19.** Based on the Sudan Preparedness and Response Plan, the project aims to fill critical gaps in implementing evidence-based interventions, such as: points of entry (POE) interventions; leadership and coordination; risk communication and community engagement; national laboratories; infection prevention and control; case management and gender-sensitive isolation; and operational support and logistics. These areas are identified to immediately strengthen the local capacity to respond and address the current COVID-19 challenges, while working within the country's existing systems and providing technical assistance as needed for local health institutions at the federal and state levels. Emphasis will be placed on strengthening capacities at both the federal and state levels through a balanced approach. This plan is designed to leverage the capacities of other key stakeholders to engage multiple actors and sectors active in Sudan, such as the Ministries of Social Development and Education.

### Component 1: Emergency COVID-19 Response (US\$20.5 million)

18. **The aim of this component is to prevent and limit the spread of COVID-19 in the country.** This will be achieved by providing immediate support to enhance case detection, testing, case management, recording and reporting, as well as bolster contact tracing and risk assessments. Specific areas to be supported include: (i) rapid detection and screening at critical POEs; (ii) disease surveillance, emergency operating centers and rapid response teams to allow timely and adequate detection, tracing, and reporting of suspected cases; (iii) establishment and equipment of isolation and clinical management capacity at a select number of health facilities/hospitals across the country to respond to symptomatic cases; (iv) infection prevention and control at facility and community levels to ensure coordinated supply and demand side hygienic practices; (v) enhanced COVID-19 testing and diagnostic capacity at a targeted number of hospital-based laboratories across the country; (vi) nationwide risk communication and community engagement campaigns to raise awareness of COVID-19 and other pre-existing health priorities; (vii) leadership and coordination across different ministries, departments at the federal and state levels. Specifically, this component will finance the procurement of medical and non-medical supplies, medicines, and equipment<sup>8</sup> as well as financing training, systems' development, and implementation expenses and minor rehabilitation and upgrading/refurbishment of existing facilities to support the COVID-19 response.

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<sup>8</sup> Supplies in line with WHO's list of disease commodities or any updates will be procured. There are no medicines for COVID-19 yet. Only when WHO or an internally recognized agency approves any medicines and vaccines as applicable and effective, they will be procured.



**Sub-Component 1.1: Case Detection, Confirmation and Contact Tracing (US\$6.5 million)**

19. This sub-component will help (i) strengthen disease surveillance systems, public health laboratories, and epidemiological capacity for early detection and confirmation of cases; (ii) combine detection of new cases with active contact tracing; (iii) support epidemiological investigation; (iv) strengthen risk assessment, and (v) provide on-time data and information for guiding decision-making and response and mitigation activities.

**Sub-Component 1.2: Health System Strengthening (US\$14.0 million)**

20. This sub-component includes five mutually reinforcing areas. It will: (i) Strengthen Sudan’s health system to provide optimal medical care to COVID-19 patients while minimizing risks for other patients and health personnel. (ii) Enhance the system preparedness for future COVID-19 waves along with other disease outbreaks such as cholera and acute watery diarrhea. This will cover supporting the emergency operating centers (EOC) and information systems. (iii) Support nationwide risk communication and community engagement campaigns with key decision makers and stakeholders, including community and opinion leaders, to raise awareness of COVID-19 and other pre-existing health priorities. (iv) Support leadership and coordination activities across different ministries and departments at the federal and state levels. (v) Support laying the foundations for managing the supply and cold chains along with the distribution of COVID-19 effective and internationally approved vaccines.

**Component 2: Implementation Management and Monitoring and Evaluation (US\$1.49 million)**

21. **This component will support administration and monitoring and evaluation (M&E) activities** to ensure smooth and satisfactory project implementation. The component will finance: (a) direct cost for staffing and establishment of the Project Management Unit (PMU) at the Federal Ministry of Health (FMOH); and (b) hiring of Third-Party Monitoring (TPM) agent and auditor, with terms of reference satisfactory to the Bank.

**Component 3: Contingent Emergency Response Component (CERC) (US\$0.00)**

22. **A zero cost CERC will provide support for future emergency responses.** Following an eligible crisis or event, clients may request the Bank to re-allocate project funds to support an additional emergency response. This component would draw from the uncommitted grant resources under the project from other project components to cover the emergency response. CERCs can be activated without needing to first restructure the original project, thus supporting rapid implementation. To facilitate a rapid response, formal restructuring is deferred to within three months after the CERC is activated.

23. These components will be complemented by a World Bank executed Trust Fund which will cover the operational support as well as the analytical and technical assistance provided by the World Bank team throughout the duration of the 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

24. The project will have positive impacts as it should improve COVID-19 surveillance, monitoring and containment. However, the project could also cause environmental, health and safety risks due to the dangerous nature COVID-19 and reagents. Healthcare associated infections due to inadequate adherence to occupational health and safety standards can lead to illness and death among health and laboratory workers. The laboratories and health facilities which will be used for COVID-19 diagnostic testing and isolation of patients can generate biological and chemical waste, and other hazardous biproducts. As the laboratories to be supported by the project will process COVID-19 that has the potential to cause serious illness or lethal harm to the laboratory staff and the community, effective administrative and containment controls should be put in place to minimize these risks. Environmentally and socially sound healthcare including laboratory operation will require adequate provisions for avoiding/reducing occupational health and safety risks, proper management of hazardous waste and sharps, use of appropriate disinfectants, proper quarantine procedure for COVID-19, appropriate chemical and infectious substance handling and transportation procedure, institutional/implementation arrangement for environmental and social risks, etc. In line with WHO Interim Guidance (February 12, 2020) on 'Laboratory Biosafety Guidance related to the novel coronavirus (2019-nCoV)', COVID-19 diagnostic activities and non-propagative diagnostic laboratory work (e.g. sequencing) could be undertaken in BSL2 labs with appropriate care. Any virus propagative work (e.g. virus culture, isolation or neutralization assays) will need to be undertaken at a containment laboratory with inward directional airflow (BSL-3).

25. To manage the anticipated environmental and social risks and impacts, the client will prepare an Environmental and Social Management Framework (ESMF) which will serve as a basis for preparation of site specific environmental and social risk management tools. The FMOH/PMU will prepare an ESMF along with a Labor Management Plan (LMP) and an Infection Control and Medical Waste Management Plan (ICWMP) one month after effectiveness so that the laboratories and quarantine facilities to be supported by the project will apply international best practices in COVID-19 diagnostic testing and other COVID-19 response activities. The ESMF will have an exclusion list for COVID-19 lab activities that may not be undertaken unless the appropriate capacity and infrastructure are in place. The client has also prepared a draft Stakeholder Engagement Plan (SEP) ensuring targeting of Sub-Saharan African Historically Underserved Traditional Local Communities and in case of quarantine and isolation centers in areas of their presence, the client will prepare a site-specific social management plan.

26. International best practice is outlined in the WHO 'Operational Planning Guidelines to Support Country Preparedness and Response', annexed to the WHO 'COVID-19 Strategic Preparedness and Response Plan' (February 12, 2020). Further guidance is included in the WHO 'Key considerations for repatriation and quarantine of travelers in relation to the outbreak of novel coronavirus 2019-nCoV' (February 11, 2020).

## E. Implementation

### Institutional and Implementation Arrangements

27. **The FMOH will be the recipient and implementing agency for the project.** A dedicated PMU will be established to manage the daily activities supported by the project and will include adequate staffing covering



the skill mix required for the daily management of the project. The PMU will work directly with the NTF at the FMOH and will establish clear coordination mechanisms with the relevant departments at the Federal and State Ministries of Health. The overall planning, coordination, resource allocation, financial management and procurement are centralized at the federal level, while stakeholders at the state level are supporting the implementation of activities in coordination with the federal level. In addition, the PMU will work closely with the UN agencies including WHO, UNICEF, WFP, and UNFPA as needed to facilitate smooth procurement and distribution of some needed supplies under the project. The TORs for the PMU has been agreed and shared with the FMOH who is familiar with similar arrangements under different projects with other development financial institutions.

28. In addition, an inter-ministerial project steering committee (PSC) consisting of the MOFEP, FMOH, and other ministries will be formed to oversee the project progress towards its objectives, and facilitate its smooth implementation at the strategic level. The NTF is responsible for the overall response in the country with representation from the majority of stakeholders to coordinate any nationwide precautionary measures. The PSC is project specific and will be established to address potential bottlenecks affecting the project during implementation given the limited institutional capacity and inter-ministerial coordination.

**29. The Coronavirus NTF will coordinate the national response and provide strategic guidance for the implementation of the national program.** The taskforce includes representatives of key ministries and government agencies, international and national organizations, UN agencies; as well as the main development partners active in the health sector, hence it is well placed to provide general oversight and advice. The taskforce is assisted by an Expert Advisory Team and technical working groups for each pillar of the national COVID-19 response plan. The Expert Advisory Team provides timely scientific advice for coordinated and informed decision-making process. The COVID-19 technical working groups consist of multi-disciplinary teams from different departments/divisions of the Federal and State Ministries of Health responsible for the implementation and operationalization of the COVID-19 Plan. The working groups report to the NTF with respect to overall workplan implementation status, results framework update, procurement plan status, risk management plan, and escalates implementation bottlenecks for immediate decision and remedial actions.

**30. The PMU at the FMOH** will handle the following functions: (i) financial management, including flow of funds to different stakeholders; (ii) procurement of goods, medical and laboratory equipment, and supplies to ensure economies of scale and efficiencies; (iii) securing consultant services; and (iv) oversight of social and environmental risk management provisions. The World Bank has reviewed the current capacity of the FMOH and found it satisfactory. To handle the additional workload from the project, the PMU will appoint the following: (i) Project Focal Point; (ii) Environmental and Social Risk Management Specialist; and (iii) Procurement Specialist. A simple Project Implementation Manual will be prepared within one month of effectiveness, describing the main project activities and implementation modalities.

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## CONTACT POINT

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**APPROVAL**

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