Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 07-Apr-2020 | Report No: PIDA29061
## BASIC INFORMATION

### A. Basic Project Data

<table>
<thead>
<tr>
<th>Country</th>
<th>Project ID</th>
<th>Project Name</th>
<th>Parent Project ID (if any)</th>
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<tbody>
<tr>
<td>Malawi</td>
<td>P173806</td>
<td>Malawi COVID-19 Emergency Response and Health Systems Preparedness Project</td>
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<th>Region</th>
<th>Estimated Appraisal Date</th>
<th>Estimated Board Date</th>
<th>Practice Area (Lead)</th>
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<tr>
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<td>07-Apr-2020</td>
<td>Health, Nutrition &amp; Population</td>
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<tr>
<th>Financing Instrument</th>
<th>Borrower(s)</th>
<th>Implementing Agency</th>
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<td>Investment Project Financing</td>
<td>Ministry of Finance, Economic Planning and Development</td>
<td>Ministry of Health</td>
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**Proposed Development Objective(s)**

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

**Components**

- Emergency COVID-19 Response
- Supporting National and Sub-national, Prevention and Preparedness
- Implementation Management and Monitoring and Evaluation

## PROJECT FINANCING DATA (US$, Millions)

### SUMMARY

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<th>Total Project Cost</th>
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<tr>
<td>Financing Gap</td>
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### DETAILS

- World Bank Group Financing
The review did authorize the team to appraise and negotiate.

B. Introduction and Context

Country Context

1. **Malawi is a landlocked country in south-eastern Africa and one of the poorest countries in the world.** Malawi’s per capita gross national income is US$360 (2018) and 70 percent of the population incomes are below the international poverty line. Economic development is heavily dependent on the agriculture sector. With limited land, Malawi’s environment is already under stress, and population growth will only increase the burden. These challenges are further complicated by Malawi’s limited regional integration, land-locked geography, lack of agriculture diversification, and by the growing frequency of external climatic shocks (such as Tropical Cyclone Idai), which require improved economic, social and physical risk management.

2. **Malawi’s economy is estimated to have grown by 4.4 percent in 2019 largely due to an increase in agriculture production.** While agricultural production was negatively impacted by Tropical Cyclone Idai, the overall effects were modest, mostly affecting crop production in a number of areas in the southern region. Generally stronger agriculture performance also contributed to growth in agro-processing and household incomes. Improved performance in the industry, mining, and construction sectors also contributed to growth. However, the recent political deadlock and demonstrations have weighed on business activity and investment. This is likely to be further complicated by COVID-19 which is expected to have a negative impact on the economy. Growth for 2020 is currently projected at 3.2 percent, assuming limited local transmission, and there are considerable downside risks to this projection, depending on the extent of local transmission. Lower growth is most likely to be due to business and trade disruptions, lower exports, and reduced investment. Exports could be impacted, particularly for tobacco (which comprises more than half of Malawi’s exports), for which auctions have already been delayed by one month. A potential decrease in imports from South Africa and China could negatively impact the availability of goods – including medical supplies – and increase their prices. Only 14 percent of Malawi’s labor force holds formal wage employment, and the country’s urban informal sector is likely to be heavily affected. In addition, remittances from Malawi’s migrant laborer’s in Tanzania, Zambia and South Africa will reduce, resulting from loss of jobs due to large scale closure in regional countries. Public disorder due to political stalemate is already a key risk, which could be exacerbated during a lockdown. Finally slowing of economy resulting from COVID-19 will negatively affect fiscal resources available for provision of health care services during the
pandemic.

3. **COVID-19 threatens livelihoods, schooling, food security, nutrition and ultimately human capital formation in Malawi.** Malawi ranks 125 out of 157 countries with a human capital index of 0.41. Only 14 percent of Malawi’s labor force holds formal wage employment, and thus the majority of Malawi’s labor force is highly vulnerable to shocks and hold limited safety nets. Education has already been affected as schools were ordered to close on March 23, 2020. Globally, COVID-19 has caused rapid changes in the food environment, for example in food availability, prices, access, affordability, convenience, and desirability, which in turn directly influence consumers’ dietary practices and can lead to deteriorations in nutritional status. Populations that suffer from food insecurity and/or undernutrition and whose immunity may be compromised as a result, are at greater risk of becoming severely ill from infection with COVID-19. Moreover, in Malawi, the community-based care group is the service delivery platform for nutrition-specific (e.g. promotion of exclusive breast feeding) and nutrition sensitive-interventions (e.g. community gardens, promotion of handwashing). Coverage of these critical nutrition interventions will decrease as social distancing is promoted to reduce the risk of community spread.

4. **Water, sanitation and hygiene (WASH) services, safely managed, are essential to preventing disease and protecting human health during infectious disease outbreaks, including the current COVID-19 pandemic.** Good and consistently applied WASH practices especially handwashing with soap serves as essential barriers to human-to-human transmission of the COVID-19 virus in private and public spaces. However, only 15.3 percent of the urban population and 7.4 percent of the rural population in Malawi have access to basic hygiene (with water and soap or alcohol-based hand rub available-2017 data). The provision of safely managed WASH services is also critical during recovery to mitigate secondary impacts on community livelihoods and wellbeing, which could include the ability of affected households to access and pay for WASH services and products; and the ability of schools, workplaces, and other public spaces to maintain effective hygiene protocols when they re-open. If not managed, secondary impacts can lead to the risk of increased spread of water-borne diseases, including a potential for further disease outbreaks such as cholera where the disease is endemic.

**Sectoral and Institutional Context**

5. **Malawi has made progress in improving health outcomes including significantly decreasing the fertility rate.** While progress is being made in increasing coverage of health care services, the overall health system remains weak and vulnerable to shocks. Findings from the draft 2019 Malawi Harmonized Health Facility Assessment (MHHFA) suggest that there are a number of challenges to the health system contributing to poor quality in the delivery of basic services. These include limited health worker capacity; shortage and maldistribution of health workers; inadequate medical supplies and equipment; and suboptimal governance and management of health facilities. The MHHFA findings are consistent with a USAID study on effective coverage which showed how coverage of facility delivery at 93 percent was adjusted downwards to 66 percent due to a low facility readiness score. Given the existing challenges with delivering high quality basic services, even a low case scenario of COVID-19 in Malawi would overwhelm the fragile health system. Resources are often diverted from routine health care services toward containing and responding to the outbreak. An outbreak would limit the ability to not only to address critical care needs for COVID-19 patients but also provide continuity in routine care, such as maternal and child health (MCH), compounding the excess morbidity and mortality risks of COVID-19 alone. For example, during the 2014 Ebola outbreak in Liberia, the delivery of basic MCH services was severely constrained on the supply side due to illness of health staff and because of suppressed demand for those services related to fears that surrounded seeking care in health facilities.

6. **Despite prior efforts to strengthen pandemic preparedness and response, capacity to detect and respond to epidemics and a COVID-19 outbreak is limited.** The 2019 Joint External Evaluation of the core capacities in the
International Health Regulations assessed the strengths and weaknesses of the health system. The report acknowledged the leadership and coordination in public health activities by the Public Health Institute of Malawi (PHIM) but identified critical weaknesses including lack of technical capacity, understaffing, and inadequate financing among others. It outlined recommendations focused on priority interventions to build technical capacity of the system including: a financing mechanism to ensure timely release of funds for emergencies; biosafety and biosecurity training; an effective specimen referral and transport system and national diagnostic network; strengthening capacity for real-time surveillance for surveillance staff; development of an emergency operations center; dedicated quarantine/isolation units at all points of entry; and improved risk communication by a system to develop feedback from the public into public health programs.

7. The COVID-19 situation in Sub Saharan Africa (SSA) is quickly evolving. As of April 3, 2020, the number of SSA countries with reported cases had increased to 44 with more than 3700 cases and 73 reported deaths. It is predicted that all countries will see a substantial increase in number of reported cases by end of May. On April 2, 2020, Malawi confirmed its first cases of COVID-19 and total number of cases as of April 3, 2020 are 4. With evidence of local transmission, the risks of wide spread in Malawi are substantial and increasing as (i) all of Malawi’s immediate neighboring countries are reporting increasing numbers of confirmed cases and (ii) local transmission has started in South Africa, Tanzania and Mozambique (all have migrant labor from Malawi who are likely to travel back due to economic shutdown).

8. The Government of Malawi (GoM) has acted to mitigate a COVID-19 outbreak and enhance preparedness. The GoM developed in collaboration with technical partners a costed contingency plan focusing on critical priorities and immediately committed MWK2.5 billion (US$3.4 million) towards the COVID-19 response. The contingency plan interventions and costs are likely be revised as the situation evolves and based on Government’s approach to contain an outbreak. The GoM has gradually intensified its efforts, initially focusing on measures such as screening at airports and other points of entry (PoE). The measures were enhanced after the President declared a “State of Disaster” (March 20, 2020) including: (i) redeployment of health personnel to border and PoE; (ii) travel suspension; (iii) closing of all schools and colleges; (iv) restricting public gatherings to less than 100 people; and (v) banning travel of foreign nationals from countries highly affected by COVID-19. Southern African Development Community countries are exempt and returning residents and nationals are expected to self-isolate. Subsequently, additional measures included (i) suspension of all cross-border passenger services from April 1, 2020; (ii) suspension of all conferences, meetings and gatherings; (iii) recruitment of 2,000 health workers and (iv) increase in risk allowance of health workers among others.

9. Malawi COVID-19 Preparedness and Response Plan. The GoM’s costed contingency plan (US$20.8 million) has 9 objectives that are aligned to the WHO Operational Planning Guidelines to Support Country Preparedness and Response. The Project under COVID-19 Fast-Track Facility will finance the implementation of the GoM’s Plan. Of the 9 objectives, the Project will finance 7 objectives in parallel with Government and development partners financing to ensure that gaps are covered, and duplication is minimized. The involvement of partners, the commitments made, and the total cost/interventions of the plan are subject to change to adapt to the evolving situation.

10. COVID-19 coordination structures. The GoM has strengthened its preparedness efforts by integrating coordination structures within existing structures. These include: (i) a high-level Special Cabinet Committee chaired by the MoH; (ii) an inter-ministerial taskforce chaired by the Chief Secretary and comprised of Permanent Secretaries from relevant ministries; (iii) the Health Cluster Committee chaired by the Chief of Health Services which meets weekly to discuss health security in Malawi and includes multilateral and bilateral partners; (iv) the Health Emergency Technical Committee (HETC) which provides technical guidance to the Health Cluster Committee; and (v) COVID-19 taskforce teams in relation to each objective and (vi) Emergency Operations Center.
(EOC) within the PHIM.

C. Proposed Development Objective(s)

Development Objective(s) (From PAD)
To prevent, detect and respond to the threat posed by COVID-19 in Malawi and strengthen national systems for public health preparedness.

Key Results

- Percentage of suspected cases of COVID-19 cases reported and investigated based on national guidelines
- Percentage of confirmed COVID-19 cases managed based on national guidelines
- Percentage of designated acute healthcare facilities with isolation capacity

D. Project Description

Component 1: Emergency COVID-19 Response
(US$ 5,297,000)

11. This component would provide immediate support to Malawi to prevent the spread of COVID-19 through surveillance and containment strategies. It would support enhancement of disease detection capacities through provision of technical expertise, laboratory equipment and systems to ensure prompt case finding and contact tracing, consistent with WHO guidelines; and strengthening of case management capabilities.

- **Case Detection, Confirmation, Contact Tracing, Recording, Reporting.** 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.

- **Health System Strengthening.** Assistance will be provided to the health care system for preparedness, planning to provide optimal medical care, maintain essential community services and to minimize risks for patients and health personnel, including training health facilities staff and front-line workers on risk mitigation measures and providing them with the appropriate protective equipment and hygiene materials. Strengthened clinical care capacity will be achieved through financing clinical training of health workers and hospital infection control guidelines. Improved WASH services will be provided for health care facilities to prevent further contamination within the premises.

Component 2: National and Sub-national Prevention and Preparedness (US$ 954,000)

12. This component will support strengthening the capacity of the public health system for preparedness and respond to COVID-19 pandemic and to future pandemics and other threats to health security. The component would support improving prevention of and response planning for Emerging Infectious Diseases in the context of human and animal health system development. The financing of this component will target existing institutions
such as the EOC within the PHIM and strengthen capacity of health workers to respond to EIDs. The activities will include:

- Training of healthcare workers at both national and district level in emerging infectious diseases and control and infectious health care waste management
- Building the capacity of the EOC through minor renovations of the EOC office building, information technology infrastructure

**Component 3: Implementation Management and Monitoring and Evaluation (US$ 749,000)**

13. **Project Management and Monitoring and Evaluation (M&E).** The existing Project Implementation Unit (PIU) of the ongoing SATHSSP will lead coordination of Project activities, as well as fiduciary tasks of procurement and financial management, M&E and environmental and social safeguards. If needed, the PIU will be strengthened by the appointment of additional staff/consultants responsible for specific responsibilities under the Project. To this end, this component will support costs associated with Project management and coordination, monitoring and evaluation, operational reviews to assess implementation progress and logistical support. The component will also support the grievance redress mechanism, including a WhatsApp number to provide feedback and register complaints and other activities in the Environmental and Social Commitment Plan (ESCP).

<table>
<thead>
<tr>
<th>Legal Operational Policies</th>
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<tbody>
<tr>
<td>Projects on International Waterways OP 7.50</td>
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</tr>
<tr>
<td>Projects in Disputed Areas OP 7.60</td>
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**Summary of Assessment of Environmental and Social Risks and Impacts**

14. **The project is expected to have an overall positive impact, insofar as it should improve COVID-19 surveillance, monitoring and containment.** Social impacts for the project are expected to be positive since it will support prevention, detection and response efforts in the fight against COVID-19, as well as the strengthening of national systems for public health preparedness. The environmental and social risks are considered to be Substantial.

15. **The main environmental risks are:** (i) the occupational health and safety issues related to testing and handling of supplies and the possibility that they are not adequately used by the laboratory technicians and medical crews; (ii) environmental pollution and community health and safety issues related to the handling, transportation and disposal of healthcare waste; and (iii) risks associated with the rehabilitation of existing healthcare infrastructure to address increase demand from COVID-19 pressure. Infrastructure rehabilitation is expected to take place within existing buildings and within existing campuses therefore impacts on the environment through impacts on habitats it considered unlikely. However, construction-related risks, including but not limited to, occupation and community health and safety, dust/noise related nuisance, sourcing of construction materials, construction waste management are likely and will be addressed in the Environmental and Social Management Framework (ESMF). To mitigate these risks the MoH will update the existing ESMF prepared for the SATBHSSP within Malawi, applying international best practice in diagnostic testing for COVID-19, handling the medical supplies involved, and will also revise the Infection Control and Health Waste Management Plan (ICHWMP) addressing the
management, handling and disposal of medical wastes. Until the updated ESMF and ICHWMP have been approved, the Project will apply the existing ESMF and ICHWMP in conjunction with WHO standards on COVID-19 response. The relevant parts of the WHO COVID-19 quarantine guidelines and COVID-19 biosafety guidelines will be reviewed while updating the ESMF so that all relevant risks and mitigation measures will be covered. In addition to the ESMF, the client will implement the activities suggested in the Environmental and Social Commitment Plan (ESCP).

16. **The social risks are also considered Substantial.** A central social risk, which could undermine the objectives of the Project, is the exclusion of marginalized and vulnerable social groups, some of whom are already at a greater risk of fatality from COVID-19, such as the elderly and persons with HIV/compromised immune systems, people living with disabilities, consequently making them unable to access facilities and services. Social norms that expect women and girls to be responsible for domestic work including nursing sick family members are likely to exacerbate the risk of females catching COVID-19 in addition to the psychological, physical and socioeconomic harm likely to be caused by this emergency. In general, crises exacerbate social risks, and there is indeed empirical evidence to indicate that during implementation, the risks of Sexual Exploitation, Harassment, and Abuse will be assessed, and mitigation measures put in place. During implementation, the risks of gender-based violence (GBV), sexual exploitation, harassment and abuse will be assessed, and mitigation measures put in place. Children face additional risks as when schools are closed girls may be less able to access health, hygiene, and protection messaging and their caregiving burdens may increase. The economic impact of public health emergencies may force families to take their children, particularly girls out of school to work, potentially exposing them to risks associated with transactional sex or early/forced marriages. To mitigate these risks, the MoH, in the ESCP, will commit to the provision of services and supplies based on the urgency of the need, in line with the latest data related to the prevalence of COVID-19 cases. MoH will also use the interim stakeholder engagement plan (SEP) for stakeholder consultation and disclosure, ensuring engagement with local communities to provide access to information for all populations, accounting for age, disability, education, gender, sexual orientation, and the existence of pre-existing health conditions in this engagement, and take cognizance of the fact that no group is homogenous. In addition, part of the government’s plan being financed by multiple partners, comprising communication preparedness activities including developing and testing messages and materials to be used in the event of a pandemic, will ensure that messages are packaged and disseminated in a manner that reaches marginalized and vulnerable social groups. Meanwhile, MoH will revise and prepare a full SEP, which the client has committed to preparing after Project approval and which will be included as an action in the ESCP. The SEP will also include a Grievance Mechanism for addressing any concerns and grievances raised. The Project will emphasize citizen engagement aspects within the SEP, building on mechanisms supported by SATBHSSP. Measures will include: (i) a grievance mechanism, including a number to provide feedback and register complaints, with stipulated service standards for response times; and (ii) contact details for information, as well as online information for detection and quarantining advice. Implementation of the Project’s activities will take into account gender considerations as needed. Actions to be taken include: (i) tailored mass media messaging incorporating gender considerations; and (ii) female participation in training activities as well as female representation in emergency management groups and decision-making committees. In addition, project indicators will be disaggregated by gender, where feasible. The Project will not entail any land taking hence risks associated with economic or physical displacement are not anticipated.

E. Implementation

Institutional and Implementation Arrangements

17. **The Ministry of Health will be the implementing agency for the Project.** PHIM within the MoH is the
custodian of health security and provides national leadership and coordination in a multidisciplinary and multisectoral manner on surveillance, prevention and control of diseases, health conditions and emerging and re-emerging threats of national and international public health concern. In addition, it generates information that informs policy and practice in public health. PHIM will coordinate implementation and monitoring of the Project through existing structures and collaborations (e.g. the directorates at the national level and the councils at the district level). Project management and coordination will be through existing structures, and no new structures are envisaged to be created.

18. **The Health Cluster Committee chaired by the Chief of Health Services will provide overall stewardship and oversight of the Project.** It meets regularly on a monthly basis. However, during the COVID-19 pandemic, it meets weekly to discuss COVID-19 preparedness and response status updates.

19. **The HETC supported by the COVID-19 Taskforce will provide technical guidance throughout implementation.** HETC is a broader technical grouping which includes technical agencies WHO, UNICEF, and CDC besides bilateral partners both at local and international level and meet weekly to coordinate preparedness and response. The HETC provides technical guidance to the Health Cluster Committee.

20. **The COVID-19 Taskforce is responsible for developing the technical guidelines, interventions, preparedness plans and budget** as well as ensuring operational readiness for any COVID-19 outbreak. The taskforce sits at the PHIM and provides technical support to the HETC. The taskforce includes representatives from MoH units - epidemiology and surveillance, laboratory, WASH, supply chain among others and technical partners including WHO, UNICEF and CDC.

21. **To facilitate rapid implementation, the existing PIU of the SATHSSP will be responsible for the day-to-day management of the Project.** The PIU will be responsible for monitoring and evaluation, fiduciary activities including preparation of consolidated annual workplans and a consolidated activity and financial report for the Project. The SATHSSP is led by the MoH and is housed within the National Tuberculosis and Control Unit (NTBCU) adjacent to PHIM. The PIU reports directly to the Health Secretary and includes technical staff including a Project Coordinator, Finance Officer, Accountant, Procurement Officer, Assistant Procurement Officer (in process), Environmental and Social Safeguards Officer, a M&E Evaluation Specialist and an IT Management Officer. The MoH may also recruit additional specialized technical staff as needed, and some activities such as procurement of medical supplies and equipment may be outsourced to third parties through contract agreements acceptable to the World Bank.

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| Country Director: | Mara K. Warwick | 07-Apr-2020 |