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Report No: PAD4598

INTERNATIONAL DEVELOPMENT ASSOCIATION

PROJECT APPRAISAL DOCUMENT

ON A

PROPOSED GRANT
IN THE AMOUNT OF SDR 31.6 MILLION
(US$45.0 MILLION EQUIVALENT)

TO

FEDERAL GOVERNMENT OF SOMALIA

FOR

SOMALIA COVID-19 EMERGENCY VACCINATION PROJECT

September 28, 2021

UNDER THE
COVID-19 STRATEGIC PREPAREDNESS AND RESPONSE PROGRAM (SPRP)

USING THE MULTIPHASE PROGRAMMATIC APPROACH (MPA)
WITH A FINANCING ENVELOPE OF
UP TO US$6 BILLION APPROVED BY THE BOARD ON APRIL 2, 2020 AND
UP TO US$12 BILLION ADDITIONAL FINANCING APPROVED BY THE BOARD ON
OCTOBER 13, 2020

Health, Nutrition and Population Global Practice
Eastern and Southern Africa Region

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CURRENCY EQUIVALENTS

Exchange Rate Effective August 31, 2021

Currency Unit =	1
US$1.423 =	SDR 1
US$1 =	SDR 0.70211900

FISCAL YEAR
January 1 - December 31

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ABBREVIATIONS AND ACRONYMS

AEFI	Adverse Event Following Immunization
AFREXIMBANK	African Export-Import Bank
AMT	Anti-Money Laundering
ATF	Anti-Terrorist Financing
AU	African Union
AVAT	African Vaccine Acquisition Trust
CERC	Contingent Emergency Response Component
COVAX	Covid Vaccine Access
CPF	Country Partnership Framework
DALY	Disability-Adjusted Life Years
DPF	Development Project Facility
EAFS	External Assistance Fiduciary Section
EPI	Program of Immunization
ESCP	Environment and Social Commitment Plan
ESF	Environmental and Social Framework
ESMF	Environmental and Social Management Framework
ESMP	Environmental and Social Management Plan
ESS	Environmental and Social Standard
EUL	Emergency Use Listing
EVM	Effective Vaccine Management
FCV	Fragility, Conflict, and Violence
FGS	Federal Government of Somalia
FM	Financial Management
FMIS	Financial Management Information System
FMoH	Federal Ministry of Health
FMS	Federal Member States of Somalia
Gavi	Gavi,GAVI, the Vaccine Alliance the Vaccine Alliance
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GRM	Grievance Redress Mechanism
GRS	Grievance Redress Service
HIPC	Heavily Indebted Poor Countries
IBRD	International Bank for Reconstruction and Development
ICR	Implementation Completion Report
IDA	International Development Association
IDPs	Internally Displaced Persons
IFC	International Finance Corporation
IG	Inspector General
IOM	International Organization Migration
IPC	Infection Prevention and Control

IPF	Investment Project Financing
IPSAS	International Public-Sector Accounting Standards
LMICs	Low- and middle-income countries
LMP	Labor Management Plan
M & E	Monitoring and Environment
MoF	Ministry of Finance
MoH	Ministry of Health
MoP	Ministry of Planning
MPA	Multiphase Programmatic Approach
NCC	National Coordination Committee
NCD	Non-communicable diseases
NDVP	National Deployment and Vaccination Plan
NPF	New Procurement Framework
NRA	National Regulatory Authority
NTWG	National Technical Working Group
OHS	Occupational Health and Safety
PAD	Project Appraisal Document
PCIU	Project Coordination and Implementation Unit
PDO	Project Development Objective
PFM	Public Financial Management
PforR	Program for Results
PIU	Project Implementation Unit
PMT	Project Management Team
POM	Project Operations Manual
PP	Procurement Plan
PPE	Personal Protective Equipment
PPSD	Project Procurement Strategy for Development
PQ	Prequalification
RCRF	Recurrent Cost and Reform Financing
SARA	Service Availability Readiness Assessment
SCRP	Somalia Crisis Recovery Project
SEA	Sexual Exploitation, Abuse
SEAH	Sexual Exploitation, Abuse and Harassment
SEP	Stakeholder Engagement Plan
SoCA	Somalia of Chart Account
SRA	Stringent Regulatory Authorities
STEP	Systematic Tracking of Exchanges in Procurement
TPM	Third Party Monitoring
UCS	Use of Country Systems
UN	United Nations
UNC	UN Commitment

UNECA	United Nations Economic Commission for Africa
UNICEF	United Nations Children's Emergency Fund
VIRAT	Vaccine Introduction Readiness Assessment Tool
VRAF	Vaccine Readiness Assessment Framework
WHO	World Health Organization
WMP	Waste Management Plan

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DATASHEET

BASIC INFORMATION

Country(ies)	Project Name	
Somalia	Somalia COVID-19 Emergency Vaccination Project	
Project ID	**Financing Instrument**	**Environmental and Social Risk Classification**
P176956	Investment Project Financing	Substantial

Financing & Implementation Modalities

[✓] Multiphase Programmatic Approach (MPA)	[ ] Contingent Emergency Response Component (CERC)
[ ] Series of Projects (SOP)	[✓] Fragile State(s)
[ ] Performance-Based Conditions (PBCs)	[ ] Small State(s)
[ ] Financial Intermediaries (FI)	[ ] Fragile within a non-fragile Country
[ ] Project-Based Guarantee	[✓] Conflict
[ ] Deferred Drawdown	[✓] Responding to Natural or Man-made Disaster
[ ] Alternate Procurement Arrangements (APA)	[✓] Hands-on Enhanced Implementation Support (HEIS)

Expected Project Approval Date	Expected Project Closing Date	Expected Program Closing Date
15-Sep-2021	30-Jun-2024	31-Mar-2025

Bank/IFC Collaboration

No

MPA Program Development Objective

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

MPA Financing Data (US$, Millions)

MPA Program Financing Envelope	18,000.00

Proposed Project Development Objective(s)

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

Components

Component Name	Cost (US$, millions)
Vaccine Deployment and Acquisition	31.00
Implementation Management	14.00

Organizations

Borrower:	Federal Government of Somalia
Implementing Agency:	FEDERAL MINISTRY OF HEALTH

MPA FINANCING DETAILS (US$, Millions)

Board Approved MPA Financing Envelope:	18,000.00
MPA Program Financing Envelope:	18,000.00
of which Bank Financing (IBRD):	9,900.00
of which Bank Financing (IDA):	8,100.00
of which other financing sources:	0.00

PROJECT FINANCING DATA (US$, Millions)

SUMMARY

Total Project Cost	45.00
Total Financing	45.00
of which IBRD/IDA	45.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	45.00
IDA Grant	45.00

IDA Resources (in US$, Millions)

	Credit Amount	Grant Amount	Guarantee Amount	Total Amount
Somalia	0.00	45.00	0.00	45.00
National PBA	0.00	45.00	0.00	45.00
Total	**0.00**	**45.00**	**0.00**	**45.00**

INSTITUTIONAL DATA

Practice Area (Lead)

Health, Nutrition & Population

Contributing Practice Areas

Climate Change, Digital Development

Climate Change and Disaster Screening

This operation has been screened for short and long-term climate change and disaster risks

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	High
2. Macroeconomic	Substantial
3. Sector Strategies and Policies	Substantial
4. Technical Design of Project or Program	High
5. Institutional Capacity for Implementation and Sustainability	High
6. Fiduciary	High
7. Environment and Social	Substantial

8. Stakeholders	Substantial
9. Other	
10. Overall	High
Overall MPA Program Risk	High

COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

[ ] Yes [✓] No

Does the project require any waivers of Bank policies?

[✓] Yes [ ] No

Have these been approved by Bank management?

[✓] Yes [ ] No

Is approval for any policy waiver sought from the Board?

[✓] Yes [ ] No

Environmental and Social Standards Relevance Given its Context at the Time of Appraisal

E & S Standards	Relevance
Assessment and Management of Environmental and Social Risks and Impacts	Relevant
Stakeholder Engagement and Information Disclosure	Relevant
Labor and Working Conditions	Relevant
Resource Efficiency and Pollution Prevention and Management	Relevant
Community Health and Safety	Relevant
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Not Currently Relevant
Biodiversity Conservation and Sustainable Management of Living Natural Resources	Not Currently Relevant
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	Not Currently Relevant
Cultural Heritage	Not Currently Relevant
Financial Intermediaries	Not Currently Relevant

NOTE: For further information regarding the World Bank's due diligence assessment of the Project's potential environmental and social risks and impacts, please refer to the Project's Appraisal Environmental and Social Review Summary (ESRS).

Legal Covenants

Sections and Description

Section I.A.1 of Schedule 2 to the Financing Agreement:
FGS to enter into subsidiary agreements with each participating FMSs/BRA to facilitate the carrying out of Project activities in the FMSs/BRA under components 1.2, 1.4 and 2.2. of the Project.

Sections and Description

Section I.B.1 (a) through (c) of Schedule 2 to the Financing Agreement:
FGS to maintain throughout the period of implementation of the project: (a) the Project Steering Committee (PSC); (b) the Project Coordination and Implementation Unit (PCIU); and (c) the ESFSUnit.

Sections and Description

Section I.B.1(d) of Schedule 2 to the Financing Agreement:
FGS to select and hire, by no later than six (6) months after the Effective Date and thereafter maintain throughout the period of implementation of the Project, the services of a monitoring and supervision consulting firm, in order to monitor, asses and report on: (a) the Project's compliance with VAC, the POM and international and good practices on protection of personal data: (b) the UN Agencies performance under their respective output agreements; (c) the effectiveness and impact of health workers training and the public information/awareness campaigns/outreach activities; and (d) the accessibility and responsiveness of the various grievance redress mechanisms.

Sections and Description

Section I.C.1 of Schedule 2 to the Financing Agreement:
FGS to prepare and adopt a Project Operations Manual (POM), in a manner and substance satisfactory to the Association and thereafter implement the Project and cause the FMSs/BRA and the UN Agencies to carry out their respective responsibilities under the Project, in accordance therewith.

Sections and Description

Section I.D. of Schedule 2 to the Financing Agreement:
All Project COVID-19 Vaccines to be purchased/procured under the Project shall satisfy the (Association's) Vaccine Approval Criteria (VAC).

Sections and Description

Section I.E.1 of Schedule 2 to the Financing Agreement:
FGS to enter into, by not later than 45 days after the Effective Date, and thereafter maintain throughout the period of Project implementation, and output agreement with WHO, under terms and conditions approved by the Association, for purposes of carrying out Sub-Component 2.1 of the Project.

Sections and Description

Section I.E.2 of Schedule 2 to the Financing Agreement:
FGS to enter into, by not later than 45 days after the Effective Date, and thereafter maintain throughout the period of Project implementation, and output agreement with UNICEF, under terms and conditions approved by the Association, for purposes of carrying out Sub-Components 1.1, 1.2, 1.3 and 1.4 of the Project.

Sections and Description

Section I.F.1 of Schedule 2 to the Financing Agreement:
FGS to, by no later than October 31 of each year, throughout the period of implementation, prepare and furnish to the Association an annual work plan and budget containing all activities proposed to be carried out under the Project during the following fiscal year, as well as the proposed financing plan for the expenditures required thereunder, indicating the envisioned amounts and source of financing, all in accordance with the POM.

Sections and Description

Sections I.E.1 & 2 of Schedule 2 to the Financing Agreement:
FGS ensure, and cause the FMS/BRA and the UN Agencies to ensure, that the Project is: (a) carried out in accordance with the ESSs, in a manner acceptable to the Association and (b) implemented in accordance with the ESCP, in a manner and substance satisfactory to the Association.

Sections and Description

Section I.H.1 of Schedule 2 to the Financing Agreement
All activities carried out by security consultants/consulting firms and/or the FGS or the FMSs'/BRA's security or armed force s under the Project shall be under the control of the Ministry of Health (MoH) and/or the UN Agencies, as the case may be, and shall be undertaken exclusively for the purposes related to the Project. All goods, works, services, incremental operating costs, and training financed by the IDA Grant may be used by the security or armed forces, or paid to the security consultants/consulting firms, under the direction and control of either the MoH or the UN Agencies, and strictly in accordance with the POM and/or other arrangements or protocols that the Association may require d for carrying out these activities.

Sections and Description

Section I.H. 2 of Schedule 2 to the Financing Agreement
The FGS and the FMSs/BRA shall ensure that the ownership of any assets generated, goods procured, and works constructed by the FGS' and the FMSs/BRA's security or armed forces, out of the financing process shall be transferred to, or shall vest with, the MOH or any other appropriate line ministry or agency agree with the Association.

Sections and Description

Section I. B. 1(d) of Schedule 2 to the Financing Agreement
select and hire, by no later than six (6) months after the Effective Date, and thereafter maintain throughout the period of implementation of the Project, the services of a monitoring and supervision consulting firm with

qualifications and experience and under terms of reference acceptable to the Association.

Sections and Description

Section I. D. 5 of Schedule 2 to the Financing Agreement

The Recipient shall, and shall cause the FMSs/BRA, and the UN Agencies to, establish within two (2) months after the Effective Date, publicize, maintain and operate an accessible grievance mechanism, to receive and facilitate resolution of concerns and grievances of Project-affected people, and take all measures necessary and appropriate to resolve, or facilitate the resolution of, such concerns and grievances, in a manner acceptable to the Association.

Conditions

Type	Financing source	Description
Effectiveness	IBRD/IDA	Article IV. 4.01 (a): the Recipient has hired for/seconded to the Project Coordination and Implementation Unit, the following key experts, with experience and qualifications and under terms of reference acceptable to the Association: (i) a fully dedicated social development specialist for the Project; (ii) a gender-based violence specialist; (iii) a security specialist; and (iv) a fully dedicated environmental specialist for the Project;
Type	Financing source	Description
Effectiveness	IBRD/IDA	Article IV. 4.01 (b): the Recipient has prepared/updated, following a consultative process, publicly disclosed and adopted: (i) an Environmental and Social Management Framework (“ESMF”), including a Project-wide Infection Prevention and Control - Waste ManagementPlan (“IPC-WMP”) and SEAH Prevention and Response Plan; (ii) a Security Risks Management Framework; and (iii) Labor Management Procedures, all in a manner and substance satisfactory to the Association
Type	Financing source	Description
Effectiveness	IBRD/IDA	Article IV. 4.01(c): the Recipient has adopted the Project Operations Manual pursuant to the provision of Section I.C.1 of Schedule 2 to this Agreement, in a

		manner and substance satisfactory to the Association.

I. PROGRAM CONTEXT

A. MPA Program Context

1. This Project Appraisal Document (PAD) describes the proposed support to Somalia to expand affordable and equitable access to COVID-19 vaccines under the COVID-19 Strategic Preparedness and Response Program (SPRP) using the Multiphase Programmatic Approach (Global COVID-19 MPA), approved by the World Bank's Board of Executive Directors on April 2, 2020, and the vaccine Additional Financing (AF) to the SPRP approved on October 13, 2020 with an overall Program financing envelope of up to US$18 billion. The World Bank's Global COVID-19 MPA AF is expected to enable vaccination for up to 1 billion people, including in some of the poorest countries such as Somalia. An approval was granted to the Republic of Somalia to benefit from the SPRP MPA.

2. **The Coronavirus Disease (COVID-19) has been spreading rapidly across the world since December 2019, resulting in dramatic losses in lives and livelihoods.** In March 2020, the World Health Organization (WHO) declared COVID-19 a public health emergency of international concern. As of July 26, 2021, the pandemic has resulted in roughly 194 million cases and nearly 4.2 million deaths in over 140 countries. The pandemic has caused the largest global economic contraction since the Great Depression, resulting in over US$12 trillion in economic losses and driving millions of people into poverty. Globally, the pandemic continues unabated with recurrent surges, emergent new strains that are more lethal, and slow rollout of COVID-19 vaccination programs in most low- and middle-income countries (LMICs). These issues reinforce the urgency of accelerating deployment of COVID-19 vaccines in all LMICs, including Somalia. There is broad based recognition that economies will not recover fully until people feel they can live, socialize, work, and travel with confidence. The proposed Project to expand equitable access to safe and effective COVID-19 vaccines in Somalia will form part of the World Bank's emergency health response for one of the most fragile countries in the world.

B. Updated MPA Program Framework

3. Table-1 provides an updated overall MPA Program framework, including the proposed project for Somalia.

Table 1. MPA Program Framework

Phase	Project ID	Sequential or Simultaneous	Phase's Proposed DO*	IPF, DPF or PforR *	Estimated IBRD* Amount (US$ million)	Estimated IDA* Amount (US$ million)	Estimated Other Amount (US$ million)	Estimated Approval Date	Estimated Environmental & Social Risk Rating
	P176956	Simultaneous	To prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness in Somalia	IPF		45.0		September 28, 2021	Substantial
Total			**Board Approved Financing Envelope**		**9,900**	**8,100**	**18,000**		

Note: IPF- Investment Project Financing; DPF-Development Policy Financing; PforR-Program for Results; IBRD-International Bank for Reconstruction and Development; IDA-International Development Association.*

4. **Other sources of financing**. Not Applicable

C. Learning Agenda

5. The Project under the MPA Program will support adaptive learning throughout implementation, as well as from international organizations including United Nations Children's Emergency Fund (UNICEF) and WHO. The Global COVID-19 MPA aims to support the following types of activities which will also benefit Somalia through cross-country learning: (i) *Vaccination readiness assessments*: applying the Vaccine Readiness Assessment Framework (VRAF) and the Vaccine Introduction Readiness Assessment Tool (VIRAT) to identify key gaps and remedial actions; (ii) *Risk communication strategy*: developing strategies and tools to ensure adequate awareness of the benefits of the vaccination program and to address vaccine hesitancy; and (iii) *Performance monitoring*: developing tools for tracking coverage; acceptability; and adverse effects. Somalia will benefit from sharing experiences and early lessons with other countries and tailoring strategies to its unique context.

II. CONTEXT AND RELEVANCE

A. Country Context

6. **Somalia is among the poorest countries in the world with nearly 70 percent of the population living in poverty**. The country faces multiple challenges, including an ongoing armed insurgency, and frequent natural disasters (e.g., droughts, floods, locust infestations), which have created humanitarian crises with millions displaced internally and millions more living precariously. Poverty, fragility, and insecurity are compounded by political crises and weak institutional capacities, which hinder the delivery of basic services. Fiscal capacity remains low with limited ability to expand domestic resource mobilization. With a population growth rate of almost 3 percent, the number of Somalis is doubling every 24 years, placing higher demands on government's limited ability to provide critical health and social services.

7. **Somalia has been implementing a poverty reduction strategy and putting in place reforms focused on macroeconomic and fiscal stability**. These reforms aim to lay the foundation for inclusive economic growth and to address the needs of the most vulnerable groups. In March 2020, Somalia reached the Heavily Indebted Poor Countries (HIPC) Initiative Decision Point, reopening access to concessional financing from the World Bank Group, including the Somalia Crisis and Recovery Project (SCRP) (P173315), which has a US$20.5 million component to support the COVID-19 emergency health response and is providing assistance to train and finance female health workers in rural areas and to pilot behavioral nudges through virtual technologies; a recently approved US$100 million health operation (Improving Healthcare Services in Somalia—*Damal Caafimaad*) (P172031), which represents the cornerstone of the World Bank's engagement in Somalia, and the proposed Project that will support the COVID-19 vaccination program.

8. **Somalia is also striving to enhance stability through institutional and political reforms, which began with the adoption of a provisional constitution, and establishment of a Federal Government in 2012.** Four new Federal Member States (FMS) were established, resulting in a total of five under the Federal Government of Somalia (FGS).[1] Service delivery capacity of the states is constrained by several factors, including limited human resources, inadequate

[1] The new FMS are Galmudug, Hirshabelle, Jubaland, and South-West State. Puntland is a semi-autonomous state and Somaliland is a self-declared independent territory.

financial resources, ongoing armed insurgency in some states, and/or tensions between the FGS and some FMS and Somaliland.

9. **The COVID-19 pandemic runs the risk of undermining the modest recent progress on economic and political reforms in one of the most challenging country contexts in the world**. While Somalia has reported a cumulative total of only 15,230 cases and roughly 800 deaths as of July 26, 2021, these figures likely underestimate the actual scope and magnitude of the pandemic. The cumulative positivity rate is 5.5 percent, and the cumulative case fatality rate is estimated at 3.2 percent with males representing 76 percent of all cases. To tackle the pandemic, the government has: (i) strengthened testing capacity at the National Public Health and Reference Laboratory in Mogadishu and established testing capacity in Somaliland and Puntland; (ii) put in place rapid response teams; and (iii) expanded the country's intensive care unit bed capacity. Since the first case was confirmed in March 2020, there has been widespread local transmission to all states, diverting limited resources towards the COVID-19 health response, triggering economic disruptions, and exacerbating long-standing vulnerabilities and disparities. Border closures have hurt trade, livestock exports, and household incomes.[2] Due to disruptions in economic activity stemming from lock down measures, the economy contracted by about 1.5 percent in 2020. The growth outlook for 2021 is projected at around 2 percent, compared to a pre-COVID 19 forecast of 3.2 percent.

10. **The situation appears to be worsening since February 2021, as Somalia has been experiencing a third wave (Figure 1) with widespread and intense community transmission in all regions, and suspected emergence of new variants**. The vaccination program is underway with the first 300,000 doses of the Astra Zeneca vaccines received in March 2021 through the Covid Vaccine Access (COVAX) Facility that is expected to fund vaccines for 20 percent of the population.[3] Somalia has also received 200,000 doses of the Sinopharm vaccine from China and 2,500 doses of the Sputnik vaccine from Russia. France also donated 108,000 doses of Astra Zeneca vaccine in July 2021. To ensure equitable access, the allocation of the initial 300,000 doses was based on population of each federal member state including Somaliland. As the rollout progressed, and different federal members states had varying acceptance rates, there was a reallocation from low uptake areas to Somaliland which enjoyed a higher uptake. This process minimized the risk of vaccine expiration, improved absorption rates, and augurs well for future deployment of vaccines in Somalia. Out of the vaccines received from the COVAX Facility, nearly 80 percent was administered by early June 2021 with Somalia doing relatively well in comparison to other countries in the region despite its multiple constraints (Figure 2). Moreover, by mid-July over 90 percent had been administered. Overall, roughly 23 percent of health workers; 43 percent of frontline workers; and 34 percent of the elderly have been vaccinated as of mid-July. In total, less than 1 percent of the population has been fully vaccinated and 1.5 percent received at least one dose to date. The majority of the vaccinated who received the first dose consists of males (roughly 75 percent) who constitute the bulk of the initial target groups (i.e., teachers, police, municipal officers and point of entry staff) and those residing in urban settlements (92.5 percent) with easier access to health facilities. Only a small fraction (less than 1 percent) of people living in nomadic settlements and in camps for Internally Displaced Persons (IDPs) have been reached to date as mobile clinics and outreach campaigns have only just started. Women face various barriers, including limited social mobility, and low health literacy with social mobilization efforts planned to support them to benefit from outreach activities during next phase. Modelling and projections show an elevated risk of transmission, underscoring the urgency of accelerating the roll out of the COVID-19 vaccination program.

[2] Daily wages have fallen by 27-33 percent compared to the five-year average. Source: Somalia Food Security Outlook.
[3] The COVAX AMC is an initiative which aggregates vaccine supply and demand, with the goal of providing access to low and middle-income countries to cover 20 percent of the population by the end of 2021.

Figure 1. WHO COVID-19 Daily Situation Report

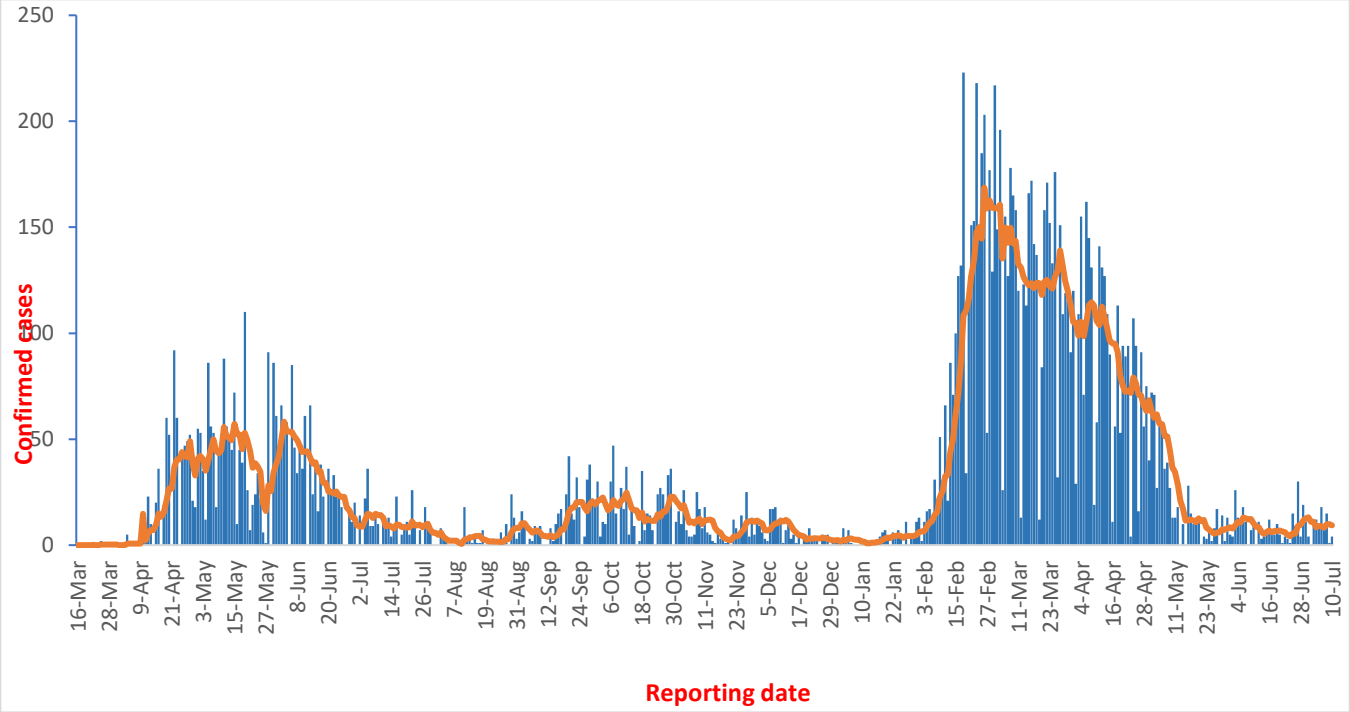
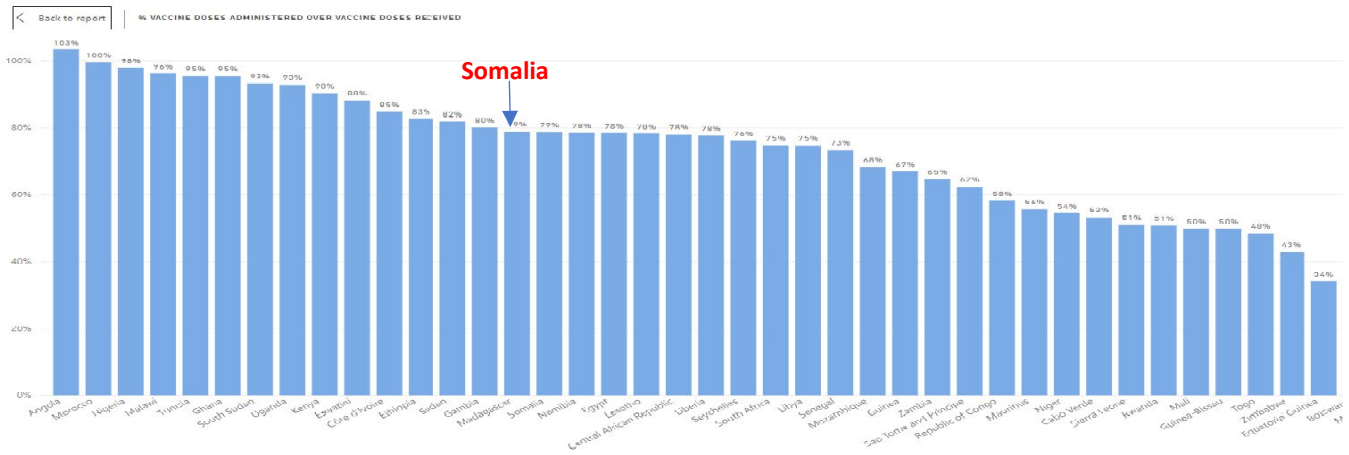


Figure 2. Vaccines Received vs. Vaccines Administered - WHO



B. Sectoral and Institutional Context

11. **Despite modest improvements over the past 15 years, Somalia's health indicators lag both regional and global averages.** Life expectancy is 56 years, maternal mortality is a staggering 692 per 100,000 live births, fertility remains one of the highest in the world (about 7.0 births per woman), while stunting has been rising and is currently estimated at 28 percent. The burden of non-communicable diseases (NCDs) is rising and represents nearly 22 percent of Daily Adjusted Life Years (DALYs) lost with these diseases mostly affecting those over 50 years, who are among the highest at risk for COVID-19. Women face multiple challenges, including gender-based violence (i.e. 12 percent of ever married women reported physical violence during the 2020 Demographic and Health Survey even though this figure is likely to underestimate the actual levels), and difficulties accessing services with men responsible for decisions around health seeking behavior. Coverage of essential health services remains extremely low due to both supply and demand side constraints with only 21 percent of births occurring in health facilities; 31 percent of women receiving antenatal care; and a meagre 11 percent of children fully immunized.

12. **Health sector capacity is limited and concentrated in urban areas.** Public health facilities are inadequate, inequitably distributed and poorly equipped to provide quality care. The availability of human resources (0.92 health workers/1000 people) is below the WHO's minimum standard (2.3 health workers/1000 people). The national supply chain faces ongoing challenges, but there have been some modest improvements in vaccine management, including storage capacity, equipment and transport, and management information (Effective Vaccine Management Assessment, 2016). The Government's role in the provision of health services is limited with most services delivered by Non-Governmental Organizations (NGOs). As a result of both supply and demand side impediments health service utilization is low, particularly in the public sector, where it is estimated at 0.23 outpatient visits per person per year and 0.81 hospital discharges per one hundred people per year Service Availability Readiness Assessment (SARA) in 2016. By contrast, the private sector plays a key role in the delivery of health services in Somalia (providing roughly 60 percent of services and delivering 70 percent of medicines), primarily in urban areas, with patients preferring these facilities due to the perceived higher quality and availability of drugs. Pharmacies are one of the most accessible health care delivery platforms for many Somalis. Clan structures play a major role in determining where people access care, highlighting the importance of involving community leaders in the COVID-19 immunization program. Likewise, religious

leaders in Somalia are well respected and can also positively influence health seeking behaviour, including improving the uptake of COVID-19 vaccines.

13. **Institutional capacity in the health sector is growing but remains modest.** The relatively young Federal Ministry of Health (FMoH) established less than a decade ago aims to play its stewardship role in a challenging context of managing multiple actors with limited human and financial resources. While the FMoH has leadership structures and some policies and procedures in place, its decision-making processes and management systems are not fully defined, and capacity to manage programs independently is limited. Reliance on external financial and technical assistance remains high. The capacity to regulate the private sector and to contract NGOs is limited and governance problems have impeded the transparent management of the operations of the FMoH in the past. The current Government has demonstrated commitment to fight corruption, as evidenced by the passage of anti-corruption legislation in September 2019.

14. **Somalia's Federal Member States' (FMS) Ministry of Health (MoH) capacity is similarly weak.** The capacities of the FMS are variable with the four recently established states (Jubaland, South West, Hirshabelle, Galmudug) having relatively modest capacities with few resources on-treasury (around US$100,000 a year), low budget execution rates, few to no civil servants, and a high dependence on partners to provide stewardship for service delivery. Puntland and the self-declared independent territory of Somaliland are somewhat better off in comparison. Puntland's MoH is more experienced in managing some health programs but also remains highly dependent on partner support with civil servants representing only 26 percent of MoH staffing. Somaliland has the strongest MoH capacity. There is a need to further delineate the roles and responsibilities of the FGS and FMS Ministries of Health ('functional assignment'), to make optimal use of the limited resources in the country. The new US$100 million World Bank funded operation, Improving Healthcare Services in Somalia Project (*Damal Caafimaad*), will support the FMoH to strengthen its managerial, planning, budgeting, contracting and oversight capacities and will assist the FMS to bolster their capacities.[4]

15. **The FMoH with support of partners is enhancing readiness to scale up the COVID-19 vaccination campaign**. The status of key activities and related issues can be summarized as follows:

- A *National Deployment and Vaccination Plan* (NDVP) for COVID-19 Vaccines (February 2021) has been elaborated in collaboration with key partners supporting the government, namely WHO and UNICEF (**Box 1**). The NDVP outlines the main activities to be conducted in preparation for deployment of the vaccine and includes a timetable of key actions. The NDVP discusses the phased approach to the roll out of the COVID-19 vaccination campaign and the target groups for different stages across all FMSs along with potential sources of financing (e.g., COVAX Facility, Gavi, the Vaccine Alliance, World Bank). It outlines appropriate vaccination delivery strategies for reaching different target groups and provides details on the deployment and administration of COVID-19 vaccines (e.g. cold chain and personal protective equipment (PPE) requirements; storage and distribution to Central Vaccine Store and sub-national stores). The NDVP addresses human resource needs, including training, mentorship, and supervisory support. Finally, the NDVP includes a detailed

[4] The Damal Caafimaad Project will support the rapid expansion of an essential package of health and nutrition services and intensive Government capacity development. The operation will focus on high-impact services that will improve health outcomes and can be scaled up across the population in target regions within available resources and service delivery capacity. The project aims to develop the Federal and State Ministries' of Health capacity to act as stewards of the health sector, effectively governing the sector and building core functions that will enable the Government to lead and manage the sector.

discussion of the Communication, Demand Generation and Community Engagement Plan and identifies key measures related to vaccine safety, data monitoring and surveillance. The NDVP flags concerns over the government's very modest fiscal space capacity, and the need to avail funds for operating costs which are relatively high in the Somali context compared to other countries.

- *Vaccine Readiness Assessment* of the country's vaccination capacity completed in April 2021, has generated information on key strengths and major gaps to be addressed in the deployment of COVID-19 vaccines (**Table 1**), including the importance of: (i) financing vaccine deployment; (ii) strengthening human resource capacity; and (iii) addressing vaccine hesitancy through tailored social mobilization strategies and continuous engagement with local leaders and communities.
- A *COVID-19 Vaccine Survey* published in June 2021 by the Somali Institute for Development Research and Analysis (SIDRA) found a relatively high overall level of readiness (77 percent) to accept the vaccine once available with some respondents citing concerns with vaccine effectiveness, and side effects. The major source of COVID-19 information was social mobilizers (43 percent), followed by radio (15 percent) and health workers (14 percent). Another survey conducted by the Africa's Voices Foundation in May 2021 using its multi-media platform (*Imaqal*--- Listen to me) on urban youth found that women expressed more positive attitudes towards vaccination (over 70 percent) than men (56 percent); and 14 percent of respondents mentioned trusting Allah, highlighting the importance of the religious lens for vaccination-related communication, as was done during the early COVID-19 prevention communication strategy. Both studies noted the importance of developing better targeted solutions, including greater use of trusted sources such as religious leaders, nomadic elders, and influential figures who can serve as role models and expanded use of multiple platforms (e.g. radio, social media, women's groups, and the Somalia Social Mobilization Network successfully used for the polio eradication campaigns). A nationwide High Frequency Phone Survey conducted in January 2021, which had a large sample size and was nationally representative found a high acceptance rate of COVID-19 vaccines if the services are offered for free. Acceptance rates were high for all groups, including females (91 percent), nomads (95 percent), and IDPs (86 percent). Acceptance rates ranged from 90 percent in Hirshabelle to 94 percent in South West State. Despite the positive views expressed in various surveys vaccine hesitancy was initially problematic and required a redoubling of efforts that will need to be sustained.
- The FMoH with support of partners has developed a *National Vaccine Coverage and Purchase Plan* (**Table 2**) which is being continuously refined and updated. Somali authorities aim to use a combination of strategies for securing sufficient vaccines and ensuring equitable access, including use of the COVAX facility and the African Vaccine Acquisition Trust (AVAT) convened by the African Union as well as donations from countries with surplus stockpiles.
- Authorities have set a bold target of vaccinating 70 percent of the population (roughly 11 million people) through a combination of fixed and outreach sites. *Priority groups* have been identified in line with the WHO SAGE framework (**Table 3**), namely: (i) health and other frontline workers; (ii) elderly (over 50 years); (iii) people with co-morbidities (e.g., cardiovascular diseases, hypertension and diabetes); and (iv) all remaining adults over 18 years of age, including people with disabilities and IDPs with community health workers and community leaders expected to play key roles in identifying and registering difficult to reach groups. Discussions are underway on strategies for ensuring equitable distribution of vaccines considering the complex political context. To date, each member state was allocated a proportion of the vaccines received based on population size and all have now administered most doses received. Given the variable health system capacity as well as the uneven uptake of the COVID-19 vaccine across member states, vaccine specific state deployment micro plans are being developed and will need to be continuously updated.

- *Coordinating mechanisms* have been established, including a National Coordination Committee (NCC), a National Technical Working Group (NTWG), and an Incident Management Support Team (IMST) for the COVID-19 vaccination program. The NCC and TWG collaborate closely with the IMST which coordinates the national response to the pandemic, including the vaccination campaign. At the sub-national level, each state is to establish sub committees which will be responsible for: planning and implementation; tracking progress on the VIRAT and sharing information with the NCC and NTWG; identifying target groups for the vaccination program; assessing the cold chain needs and ensuring functionality; investigating Adverse Event Following Immunizations (AEFIs) in collaboration with National AEFI committee; and supporting data collections. The head of the FMoH Extended Program of Immunization (EPI) is the focal point who leads vaccine deployment and planning in Somalia. The FMoH has been working in close collaboration with the State Ministries of Health to ensure broad-based ownership. The main roles and responsibilities of the FMoH EPI program has been to prepare the application to the COVAX Facility; identify cold chain needs and make request to GAVI; lead development of operational plans; and develop and share training guidelines, recording and reporting tools, and guidelines on AEFI.
- A *National Regulatory Authority* (NRA) has very recently been established with a mandate to ensure rapid approval of COVID-19 vaccines.
- According to the NDVP, there are modalities in place to enter into *indemnity and liability agreements* for COVID-19 vaccines (**Box 2**).
- The United Nations Mission to Somalia has established a *One UN platform* (UN COVAX Taskforce) to ensure the coordinated rollout of COVID-19 vaccines, including support for supply chain and logistics, training, communications, and resource mobilization. UNICEF is providing support to monitor vaccine utilization and minimize the risk of wastage and to track cold chain functionality and vaccine stock levels.
- Strategies to ensure accountability, traceability and security of the COVID-19 vaccines have been identified, including plans to deploy independent groups to facilitate *third party monitoring*.
- A *mobile telephone based electronic registration system*, CommCare, was introduced to record patient information and to handle vaccine safety surveillance (i.e., monitoring of adverse events) and to send SMS reminders for second doses.
- Deployment has been impeded by both *demand and supply side constraints*, including vaccine hesitancy fueled by misinformation, and accessibility and security challenges. In the start-up phase, the focus was on urban areas and facility-based vaccination, and most recently this has been expanded to include outreach activities tailored to different contexts. The hybrid approach (facility-based and outreach) will enable the program to reach in an equitable manner a larger proportion of the most vulnerable groups through multiple platforms and customized vaccine uptake strategies.

Box 1: Potential Supportive Roles of Development Partner Agencies

WHO	**Financing amount US$ million**
Providing technical support to the National Immunization Technical Advisory Group to define the COVID-19 vaccination policy, strategy, and targets and to address vaccine safety; to support development of guidelines and training on AEFI surveillance; and to provide operational costs for COVID-19 vaccine roll out.	US$14.9
UNICEF	
Supporting development of guidelines and training for COVID-19 vaccination roll-out; supporting the quantification and forecasting of supply needs; supporting the procurement and installation of cold chain rooms and equipment at national and provincial levels.	US$12.9

COVAX/GAVI	
Providing vaccines to cover 20 percent of the population (COVAX); and providing technical and financial support to strengthen cold chain capacity (GAVI).	
World Bank	
Providing financing for deployment of COVAX-supported vaccines and procurement of additional vaccines.	US$45.0

Table 2: Vaccination readiness findings from the VIRAT/VRAF 2.0 assessment

Readiness domain	Readiness of government	Key gaps to address before and during deployment
Planning and coordination	A National Coordinating Committee (NCC) for COVID-19 vaccine introduction with terms of reference, roles and responsibilities has been established and is functional. The frequency of NCC meetings has been on ad hoc basis. A National Technical Working Group (NTWG) for COVID-19 vaccine introduction with terms of reference, roles and responsibilities has been established. The frequency of the TWG meetings has been on ad hoc basis. Identification and planning for the national vaccine acquisition strategy (e.g. COVAX Facility, bilateral purchase agreements, procurement through UN agency, African Union) is underway. The planning and procurement of waste management supplies and equipment has been initiated and waste management protocols have been identified. The Somalia-s COVID-19 NDVP, with input from relevant bodies has been finalized and validated through the Partners Platform in March 2021.	- The NCC lacks the sub-pillar structure formalization to closely coordinate all COVAX pillars. -Procurement of waste management supplies and equipment and procurement of incinerators for hospitals.
Budgeting	The inclusion of COVID-19 vaccine program costs (e.g., vaccines, operating costs, human resources) in government budgetary and/or planning documents is underway but most will be funded using external resources. Management aspects of appropriations from the MoF/Treasury are in place.	-The government's weak domestic resource mobilization capacity and limited fiscal space implies that virtually all activities will need to be funded by development partners.

Regulatory	Regulatory measures are being put in place, including: An expedited regulatory process for approval of COVID-19 vaccines, including timelines and maximum number of days. Use of the Astra Zeneca vaccine produced by the Serum Institute of India (AZ/SII) through the COVAX Facility was approved. However, the COVID-19 situation in India has put a strain on the production of the AZ/SII vaccine and may lead to delays in receiving future shipments. Regulatory procedures are in place for import permits of COVID-19 vaccines and related supplies, describing requirements and documents needed to import COVID-19 vaccines and related supplies, including taxes and tariffs. Expedited import approval procedures from appropriate authorities have been confirmed by WHO. Requirements and documents needed for release of vaccines are clear and there is a system in place to ensure COVID-19 vaccines can be released (lot release) in less than two days by reviewing the summary lot protocol only (testing is not required).	- The recently established national regulatory authority requires support to fulfill its mandate, including technical assistance to complete the remaining steps in the passage of the NMRA law. -The FMoH will facilitate regulatory issues in coordination with the WHO and UNICEF. As confirmed during appraisal, the government will liaise with the WHO to support capacity building.
Prioritization, targeting, surveillance	Priority target groups to be prioritized for vaccination have been identified to reach 70 percent of the population to be vaccinated. The government will provide free COIVD-19 vaccination to all target groups. Coordination with national COVID-19 disease surveillance group to ensure relevant epidemiological data is collected to inform planning of subsequent rounds of COVAX procured vaccines, if applicable, including outbreak responses, is being ensured.	-The FGS, working in close collaboration with relevant stakeholders, will elaborate the detailed lists of priority groups, including IDPs and other disadvantaged groups. -The FMS MoH and FMoH will coordinate the identification pf target populations through the standardized process based on global guidelines provided by the WHO.
Service delivery	Protocols for Infection Prevention Control (IPC) measures including adequate PPE to minimize exposure risk during immunization sessions have been developed. COVID-19 vaccine delivery strategies have been developed and master list and strategy of service providers, points of delivery, including fixed and outreach, is being developed. Identification of implementing agencies and	-Acquisition of IPC supplies and materials to ensure health care workers and beneficiaries are well protected during the vaccination campaign. -Lists of beneficiaries needs to be finalized. -Contractual arrangements with key implementing agencies need to be prepared, including Environmental and

	establishment of contractual agreements to prepare for vaccine introduction is under way. Protocols regarding vaccination consent, process for agreeing to or refusing to be vaccinated, and measures to protect those that refuse to be vaccinated are being put in place as well as Grievance Mechanism for the public and health care and frontline workers. Security Risk Management Protocols, including security risk assessments (SRA) and security management plan (SMP) need to be prepared.	Social Framework (ESF) requirements -Protocols need to be disseminated. -Security Risk Management Company within the SCRP PIU to support preparation process, as feasible.
Training and supervision	Development of a training plan across all participating facilities to prepare for COVID-19 vaccine introduction that includes key groups of participants, and content topic areas is under way. Adaptation and translation of training materials developed by the WHO and development of additional training materials as outlined in the training plan is well advanced and will need to address ESF requirements, including Grievance Mechanisms, Security Risk Management, and CoCs. Availability of security management plans to safeguard the security of staff (e.g., during vaccination campaigns) as well as security of supplies at the central and/or regional storage facilities and for in-transit of products are being ensured. Regulations are in place regarding personnel who will be carrying out vaccinations, including all staff/personnel/consultants engaged in such activities, and include requirements related to chemical, physical and biological substances, not engaging in sexual exploitation and abuse and sexual harassment, participation in training, reporting and non-retaliation. Virtual and/or in person trainings as outlined in the training plan have been initiated.	-Training plan and training materials to be disseminated; and support to be provided for training health care workers and other frontline workers engaged in the vaccination program. -Provide support to ensure staff safety during vaccination campaigns, and to facilitate safe distribution of vaccines in country. -Security management plans, per ESF, at all levels will need to be approved by the MoH and cleared by the World Bank. -On-site supervisors will be deployed to each service delivery outlet to monitor and report on vaccination progress. -Ensure Third Party Monitoring (TPM) contract has a provision for verification of security plans.
Monitoring and evaluation	Existing surveillance and monitoring framework with a set of recommended indicators for COVID-19 vaccine, including gathering information from facilities and contractors participating in vaccine delivery, and ensuring necessary human resource capacity and labor management procedures are in place. Monitoring tools and appropriate institutional	-Provide support to produce and disseminate monitoring tools and to publish daily vaccination updates on the FMoH webpage.

	arrangements have been developed, including vaccination cards/certificates, facility-based nominal registers and/or tally sheets, vaccination reports, medical records, and immunization records. Measures are in place for data protection, and appropriate data governance regulation to monitor legitimate, appropriate, and proportionate use and processing of data which may be routinely collected and managed in the health information system. Monitoring tools have been shared with eligible vaccination providers. Mechanism with multiple intake points has been designed and is operational for providing feedback and reporting grievances at all levels.	
Vaccine, cold chain, logistics, infrastructure	National logistics working group with appropriate terms of reference and standard operating procedures to coordinate COVID-19 vaccines and ancillary product deployment has been established and key roles and responsibilities have been defined. Distribution strategy has been developed: including mapping the potential port(s) of entry, points of storage (stores) and stocking, and fallback facilities in the country with their respective cold chain storage (2-8C, -20C, -60/70C) and transportation capacity for vaccines and ancillary products, and to ensure necessary human resource capacity. Plans to provide for infrastructure needs, including for energy (primary and back-up power, especially in cold chain), IT/communications (including internet connectivity) and water have been done. Dry storage and cold chain capacity and infrastructure need at all levels have been assessed and key gaps identified. COVID-appropriate standard operating procedures (SOPs), protocols, or guidelines for collection and disposal of medical waste, both hazardous and non-hazardous have been developed and shared with relevant stakeholders. Systems and protocols for tracking and monitoring the stock management and distribution of vaccines and key supplies through the Government's existing Vaccine Logistics Management and Information System (VLMIS) are being put in place.	-Provide support to address key gaps in dry storage and cold chain capacity (GAVI, UNICEF) with the World Bank to provide complementary support, as needed.

	Delivery and acceptance protocols are in place ensuring monitoring arrangements, and supervisory focal points at each facility are being identified. Security arrangements are being put in place to ensure the integrity of COVID-19 vaccines and ancillary products throughout the supply chain. Somalia was recently allocated three ultra-low temperature cold chain equipment by UNICEF.	
Safety surveillance	Guidelines, procedures, and tools for planning and conducting vaccine pharmacovigilance activities (AEFI) have been developed, including establishment of a AEFI committee to review COVID-19 vaccine safety data. Trained human resources are available to conduct surveillance of events attributable to vaccination. Plans for active surveillance of specific COVID-19 vaccine related adverse events have been developed. Roles, responsibilities, and a coordination mechanism between relevant stakeholders (NRA, EPI, MAH, MOH, WHO and others) for exchange of COVID-19 vaccine safety information have been developed and shared with relevant regional and international partners. Compensation schemes, in the event that there are unintended health consequences as result of vaccines, including no-fault liability funds, and ensure that associated policies are being put in place.	-Support dissemination of guidelines and tools to strengthen surveillance and provide additional training and capacity building. -Support and/or strengthen AEFI committees at the FMS level to monitor and improve AEFI surveillance.
Demand generation and communication	A social mobilization and engagement strategy and information awareness program to generate demand, bolster confidence, and improve acceptance is being developed, including strategies to engage national and local media, and NGOs, to leverage social media platforms. Human resources for community outreach and risk communication management are being put in place at all levels, including crisis communications preparedness planning. Data collection systems are being put in place including social media listening, rumor management and assessing behavioral and social data.	-Support the implementation and roll out of the government's social mobilization and awareness raising program to address the risk of vaccine hesitancy and to strengthen uptake. -Key activities to be addressed include: development of a vaccine champion/ambassador program with members who are trusted sources of information and influencers; deployment of community mobilizers and prominent religious leaders to raise awareness at household level, reach imams in large mosques to deliver sermons on religious obligations of safeguarding one's health and those of the community; support to national and

		state hotlines to function as information clearing houses and to support rumor/misinformation tracking; creation of social media materials and audio visual quote cards - 5 second clips of religious leaders, health workers, nomads, and traditional elders stating why they got vaccinated; and conducting briefings / trainings with key journalists on Frequent questions and answers about vaccines – to facilitate discussions with communities and gather human interest stories.

Table 3: National Vaccine Coverage and Purchase Plan

Source of financing	Population targeted[5]		Vaccine(s)				Number of doses needed	Estimated total US$ (millions)	World Bank's VAC Status	Contract status	Vaccines already arrived in the country	
	%	Number	Source	Name	Price (US$/dose)	Shipping (US$/dose)					Name	Doses
Phase 1	**3%** (470,115 people - healthcare workers; border patrol staff, police, municipal workers, and teachers)											
COVAX vaccines	2.4	370,115	COVAX	AZ/SII + Pfizer + TBC	0	0	2 doses	0	4 SRA + WHO EUL	Delivered and in the process of being deployed	AZ/SII	300,000 (March 2021)
Donations from China	0.6	100,000	China	Sinopharm	0	0	2 doses	0	WHO EUL	Delivered and in the process of being deployed	Sinopharm	200,000 (April 2021)
Phase 2	**17.6%** (2,758,013 people – population over 50 years old and people living with co-morbidities)											
COVAX vaccines and IDA grant for deployment	17.6	2,758,013	COVAX	J&J + Astra Zeneca + Pfizer	0	0	2 doses	0	4 SRA + WHO EUL	Planned		
Phase 3	**49.4%** (7,741,242 people – all other adults over 18 years old, including people with disabilities and IDPs)											
IDA grant for vaccine procurement and deployment	10.0	1,567,053	AU/AVAT	J&J + other vaccines	8.43	0	1	13,000,000	4 SRA + WHO EUL	Expression of interest to be signed		

[5] The FRS uses a population estimate of 15,670,529 inhabitants, as per the Population Estimation Survey (PESS) of 2021.

Source of financing	Population targeted[5]		Vaccine(s)				Number of doses needed	Estimated total US$ (millions)	World Bank's VAC Status	Contract status	Vaccines already arrived in the country	
	%	Number	Source	Name	Price (US$/dose)	Shipping (US$/dose)					Name	Doses
Bilateral donors	10.0	1,567,053	To be confirmed	To be confirmed	0	0	1 or 2 doses	0	to be determined	Ongoing discussions		
To be confirmed	31.8	4,987,955	COVAX	To Be Confirmed	7	0	2 doses	0	4 SRA + WHO EUL	Pending		
National Total goals as per NDVP	**70%**	**10,969,370**		**Multiple**				**To be confirmed**				**500,000**

[1] The FRS uses the estimation of 15,670,529 people as its total population.

Table 4: Priority groups for vaccination

Ranking of vulnerable group, or inclusion in which phase	Population group	Number of people	% of population
First	Health care workers; border patrol staff, police, municipal workers, and teachers	470,115	3.0
Second	People with co-morbidities, elderly people (over 50 years old)	2,758,013	17.6
Third	All other adults over 18 years of age, including people with disabilities and IDPs	7,741,242	49.4
Total		**10,969,370**	**70.0**

Box 2: Liability and Indemnification Issues in Vaccine Acquisition

Key Points:

- The rapid development of vaccines increases **manufacturers' potential liability** for AEFI.
- Manufacturers want to protect themselves from this risk by including **immunity** from suit and liability clauses, **indemnification** provisions, and other **limitation of liability** clauses in their supply contracts.
- **Contractual provisions and domestic legal frameworks** can all operate to allocate that risk among market participants, but **no mechanism will eliminate this risk entirely.**

For COVAX-financed vaccines for AMC countries:

- COVAX has negotiated model indemnification provisions with manufacturers for vaccines purchased and supplied under the COVAX AMC.
- In providing vaccines through COVAX AMC, COVAX requests COVAX AMC Participants to have in place an indemnity agreement directly with manufacturers, and the necessary indemnity and liability frameworks for that purpose – either in the form of the COVAX model indemnification arrangements or prior bilateral arrangements with manufacturers.
- The COVAX Facility will have a no-fault compensation scheme for AMC countries as part of its risk mitigation strategy. This will cover vaccines supplied only through COVAX AMC.
- Somalia will have to consider what it will take to implement these indemnification provisions (including statutory implementation) and how they can avail of the benefits of the no-fault compensation scheme.

For vaccines purchased outside of COVAX:

- Somalia will need to enter direct indemnification arrangements with manufacturers.
- Somalia does not currently have legislation in place to provide statutory immunity for manufacturers. Somalia does not have national no-fault compensation scheme. The recently established NMRA is filling the gap on the authorization of importation, relying on recommendations of WHO EUL and other countries that have SRAs.
- Adoption of any such indemnification provisions or compensation scheme would have to be in accordance with Somalia's own national strategy and framework.

Possible World Bank support to Somalia, depending on needs, may include:

Information sharing on: (i) statutory frameworks in Organization for Economic Cooperation and Development countries and other developing countries; and (ii) overall experience in other countries; (ii) training and workshops for government officials to familiarize them with the issues; and (iii) provision of Hands on Enhanced Implementation Support(HEIS)for World Bank-financed contracts.

C. Relevance to Higher Level Objectives

16. The Project is aligned with World Bank Group (WBG) strategic priorities, particularly the WBG's mission to end extreme poverty and boost shared prosperity. The Project will support the cost of expanding affordable and equitable access to safe and effective Project COVID-19 vaccines in Somalia under the COVID-19 SPRP using the MPA, approved by the Board on April 2, 2020, and the vaccine Additional Financing (AF) to the SPRP approved on October 13, 2020. The SPRP is focused on strengthening preparedness while the AF is focused on improving access to COVID-19 vaccines. The Project is aligned with the World Bank's support for national plans and global commitments to strengthen COVID-19 vaccination. The Project complements both WBG and development partner investments in the COVID-19 emergency health response and broader health systems strengthening in Somalia. The WBG remains committed to providing a fast and flexible response to the COVID-19 epidemic, including accelerated roll out of COVID-19 vaccination programs, utilizing all WBG operational and policy instruments and working in close partnership with Somali authorities and representatives of other agencies (e.g., COVAX Facility, African Vaccine Acquisition Trust, UNICEF, WHO). The Project is consistent with the World Bank Group Country Partnership Framework for Somalia (FY19-22), discussed by the Board on September 25, 2018 (Report No. 124734-SO), including the objective of improving the quality and equity of basic services. The Project will contribute primarily to the objective to "Improve delivery systems for more inclusive social services" (Objective 1.3) by expanding equitable access to life saving COVID-19 vaccines to groups at greatest risk of getting COVID-19. The Project is also aligned with the World Bank Group Strategy for Fragility, Conflict, and Violence (FCV) 2020-2025 (February 2020), that underscores the importance of inclusive and effective social sector service delivery. To this end, the rapid scale up of the COVID-19 vaccination campaign is critical as part of the World Bank's broader objective of strengthening the social contract and the legitimacy of the state and ultimately helping Somalia transition out of fragility over the long-term.

17. The proposed national COVID-19 vaccination program is in line with this vision to the extent that it proposes to expand access to efficacious vaccines in an equitable fashion and free of charge to all vulnerable groups, using multiple delivery channels (e.g. community outreach, health facilities, NGOs, private sector). The Project is also consistent with the Somalia's Ninth National Development Plan which prioritizes improving health access and outcomes and emphasizes collaboration and cooperation with non-state actors for health service delivery, which is consistent with some of the key implementation modalities proposed under the Project.

D. Lessons Learned

18. **Early lessons from the COVID-19 health response in Somalia as highlighted in the NDVP, and lessons from other FCV countries have been incorporated into the design and rollout of the vaccination program**. Key lessons relate to the importance of: (i) carrying out *social mobilization efforts* to educate health workers and community members about COVID-19, including the benefits of the vaccination program to address concerns over vaccine hesitancy and improve vaccine uptake; (ii) *training health workers and community-based workers* on the health response and vaccination campaign to ensure readiness to deploy vaccines; (iii) *strengthening coordination* between government agencies, implementing partners, and communities; (iv) *contracting experienced organizations* to support key activities (e.g. security, implementation support); (v) *designing a multi-pronged strategy for deploying vaccines* in a complex and diverse environment taking into account both demand and supply side impediments; (vi) *protecting health workers* to ensure their safety; and (vii) maintaining close community contact, using community and health facility based workers as well as volunteers.

19. **The project builds on the experience with the implementation of Somalia's COVID-19 health response,**

including SCRP (P173315) and Recurrent Cost and Reform Financing (RCRF) Project II and III (P167224 and P173731)**.** The Contingent Emergency Response Component (CERC) funded activities under the SCRP supported the Government's initial emergency health response to the pandemic**.** The project also provided resources for improvement of hospital infrastructure and supplies for care of COVID-19 patients. The female community health workers hired by Government with support from the RCRF project provided the much-needed initial response and proved instrumental in contact tracing, risk communication, and health education with this platform to be leveraged for the COVID-19 vaccination program. Building on the experience and lessons from these two operations, several strategic priorities have been identified for the COVID-19 vaccination campaign, including the: (i) roll out of the Risk Communication and Community Engagement Strategy to disseminate key messages through media and in person strategies to enhance public and target group understanding of key aspects of COVID-19 and to increase confidence and uptake of the COVID-19 vaccines; key ongoing or proposed activities include: deployment and monitoring of Social Mobilizers to disseminate preventive messages, reaching people through community awareness sessions, targeting different groups, supporting religious leaders to address refusals and to make mosque announcements, disseminating messages through the radio/TV/social media, and trusted local leaders and celebrities, ensuring that medical staff and other public service providers serve as role models and promote vaccination in places target groups frequent (e.g. mosques, markets, tea shops) and rumor tracking and social listening to feed into adaptive and granular communication strategies, which represent elements of good practice; (ii) training of health workers at the community and hospital levels; (iii) introduction of Infection Prevention and Control measures to protect health staff and the general public; and (iv) support for coordinating the national COVID-19 response. The project design also leverages on the positive experience with the CERC activities of the SCRP that are being implemented through contractual arrangements with experienced organizations (i.e., World Health Organization (WHO), United Nations Children's Fund (UNICEF), International Organization for Migration (IOM)) with clear lines of accountability and well-defined results, and in collaboration with the FMoH to ensure it remains in charge of the overall national COVID-19 response. The SCRP has a detailed Security Management Framework in place supported by a specialist security risk management company that has proven effective in addressing security concerns. While delays have been encountered in preparing the UN contracts, the World Bank team will provide support in this process to enhance chances of an accelerated start-up. Drawing on early results from these activities and a rapid review of what is working so far and increased granularity in communication strategies, the Project will adopt a simplified design.

20. **The Project has also incorporated lessons from the health program experience under the Recurrent Cost and Reform Project, as well as other World Bank-supported projects in Somalia.** Key design features based on these operations include close attention to capacity development as part of the design; using flexible modalities tailored to different target groups and geographic areas of the country; ensuring strong TPM; and commencing the roll out of the vaccination campaign through a phased approach, targeting key groups and geographic areas, and gradually expanding the implementation platforms.

III. PROJECT DESCRIPTION

21. **The Project is being prepared under the procedures provided for under the World Bank Policy on Investment Project Financing** (hereafter the Investment Project Facility (IPF) Policy) Section III paragraph 12: *Projects in Situations of Urgent Need of Assistance or Capacity Constraints,* as approved by the World Bank (memo dated June 13, 2021). The proposed Somalia COVID-19 Emergency Vaccination Project (P176956) meets both criteria under the IPF Policy Section III paragraph 12 when the borrowers/beneficiaries are deemed to: (i) be in urgent need of assistance because of a natural or man-made disaster or conflict; or (ii) experience capacity constraints because of fragility or specific

vulnerabilities (including for small states), given the urgency of expanding vaccination coverage, and considering the ongoing fragility in the country.

22. **World Bank financing for Project COVID-19 vaccines and deployment will follow the World Bank's Vaccine Acceptability Criteria (VAC).** As of April 16, 2021, the World Bank will accept as threshold for eligibility of IBRD/IDA resources in COVID-19 vaccine acquisition and/or deployment under all World Bank-financed projects: (i) the vaccine has received regular or emergency licensure or authorization from at least one of the Stringent Regulatory Authorities (SRA) identified by WHO for vaccines procured and/or supplied under the COVAX 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). Outside of the scope of this Project, the Government is also considering the acquisition of vaccines that do not currently meet the World Bank's VAC. Any proposed vaccine contracts, within the scope of this Project, will be shared with the World Bank for review. The country's regulatory authority remains responsible for its own assessment of the Project COVID-19 vaccine safety and efficacy and is solely responsible for the authorization and deployment of the vaccines in country.

A. Development Objectives

23. The Project objectives are aligned to the results chain of the COVID-19 SPRP and to the results chain of the AF to the SPRP.

24. The MPA Program Development Objective (PrDO) is to prevent, detect and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

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

B. Project Components

26. **The Project is being proposed at a crucial juncture in Somalia's response to COVID-19 with the latest surge in cases and the recent startup of the vaccination program with more vaccines expected soon**. The Project will play a critical role in enabling affordable and equitable access to Project COVID-19 vaccines for Somalia by addressing some of the key gaps identified in the VIRAT/VRAF assessments and in the NDVP, including support for operating costs (e.g., in country transport, training, supply chain, communications) and acquisition of additional vaccines. The proposed Project is expected to play the central role in financing the country's vaccination campaign with other partners providing primarily technical support and modest funding (Box 1).

27. **The proposed Project will include two mutually reinforcing components.** The *first component* (**Vaccine Deployment and Acquisition**) will support investments to bring immunization systems and service delivery capacity to the level required to successfully deliver COVID-19 vaccines at scale and contribute to strengthening national immunization capacity. To this end, the Project aims to assist the government of Somalia working with key partners (UNICEF, WHO) to overcome key bottlenecks identified in the COVID-19 Vaccine readiness assessments and to support the main strategies of the vaccination program outlined in the NVDP. The component will also support the financing of additional Project COVID-19 vaccines over and above those acquired through the COVAX Facility. Based on the

latest discussions, the additional vaccines will be acquired through the African Union's AVAT facility. The existing mechanism used by UNICEF with endorsement of the FMoH and the MoH of Somaliland for allocating COVID-19 vaccines to Somaliland will be maintained as it is working effectively. The population-based formula for allocating vaccines to states and making adjustments progressively based on utilization will also be retained during the deployment phase. The *second component* (**Implementation Management)** will support program coordination and project management as described in greater detail below.

28. **Component 1. Vaccine Deployment and Acquisition (US$31.0 million equivalent).** The main objective of this component is to support the deployment of the COVAX acquired vaccines to cover about 20 percent of the target population and other Project COVID-19 vaccines which meet World Bank financing criteria to cover up to an additional 10 percent of the target population. During appraisal, it was confirmed that lack of funds to support vaccine deployment represents a major impediment to the successful rollout of the national campaign, hence the World Bank is expected to play a key role in this process by providing the needed financing to the Government. To this end, the Project will support the MoH to contract UNICEF to manage:

(i) *Sub-component 1.1 (US$11.0 million equivalent): Transportation, supply chain and logistics capacity strengthening* for in country distribution from the main warehouse in Nairobi to three key locations (i.e., Mogadishu for mainland Somalia; Garowe, Puntland; and Hargeisa, Somaliland), including climate sensitive vaccination planning and purchase of climate friendly cold-chain equipment to complement financing by other partners; this would include acquisition of vaccination supplies (syringes and safety boxes) and related equipment for vaccine administration; purchase/or repair of climate friendly cold chain equipment (as needed), such as solar direct drive refrigerators and low Global Warming Potential refrigerators; recruitment of additional personnel for distribution to lower levels; and provision of operating funds for vaccine deployment, including for security related matters during deployment, to ensure the safety of providers and property. In addition, in the case of Somaliland and Puntland, UNICEF will transfer funds for last mile distribution of vaccines and for Somaliland for supervision. In the case of the FMoH, UNICEF will pay suppliers directly.

(ii) *Sub-component 1.2 (US$5.0 million equivalent): Social mobilization efforts,* to increase confidence in vaccines, improve acceptability, and expand uptake will be a major focus of the Project; to this end, the operation will support the design and roll out of the national risk-communication activities to promote community participation in the COVID-19 vaccination campaigns; this will include developing and refining communication materials to tailor messages to different groups, carrying out community outreach activities, mobilizing local and religious leaders to raise awareness, using multiple sources of information, including pharmacies, developing and piloting a vaccine/ambassador program with trusted sources of information; promoting school-based activities using teachers to raise awareness; conducting social mobilization efforts to address vaccine hesitancy; supporting national and state hotlines to serve as clearing houses for accurate information and for rumor tracking; and creating and disseminating social media and audio visual materials to encourage vaccination and to share results publicly; given the complex context in Somalia, interventions will be tailored to the specific needs of different groups, in particular women and other vulnerable and hard to reach populations (IDPs, nomads); to monitor perceptions, attitudes and beliefs and strengthen vaccine acceptability, the Project will also support operational research with a view to better understand and address obstacles and enablers to vaccine uptake by sex, geographic and socio-economic group.

(iii) *Sub-component 1.3 (US$13.0 million equivalent):* Acquisition of *additional Project COVID-19 vaccines* through the AVAT mechanism to reach an additional 10 percent of the targeted population; the World Bank financing would adopt a portfolio approach that would be adjusted during implementation in response to the evolving situation in country and to the rapidly changing global market for vaccines; all Project COVID-19 vaccines to be procured would meet the World Bank's VAC .

(iv) *Sub-component 1.4 (US$2.0 million equivalent): Health care waste management,* including handling of waste in flood-prone areas, and occupational health; and support for waste management and disposal supplies, collection, transportation, and disposal of waste.

29. **Component 2. Implementation Management (US$14.0 million equivalent).** The Project will support the national COVID-19 vaccination program by strengthening planning and implementation capacity at different levels (e.g., national, and federal member state). To this end, the Project will fund the following activities:

(i) *Sub-component 2.1 (US$7.0 million equivalent): Program Management Support*: Contract the WHO to provide technical support to the MoHs at national, Federal Member State level, and Somaliland to enhance monitoring and evaluation and oversight, including bolstering capacity to implement the vaccination program and to handle regulation of vaccine safety; elaborate contingency plans for safe vaccine delivery in case of climate emergencies; and track and monitor the impact of the vaccination program (i.e., coverage, effectiveness and safety), including climate related activities; this would include technical support to: develop/adapt tools and systems for reporting; design/adapt Vaccine Safety Monitoring tools; develop/adapt systems for AEFI reporting and injection safety; develop/adapt data collection tools and use digital technologies for enhanced monitoring and reporting; design of a monitoring and registration system for vaccinated individuals; and strengthening the Integrated Disease Surveillance and response system to detect AEFIs for COVID-19 vaccination, including dissemination of guidelines. This sub-component would cover the cost of human resources, including salaries and allowances for personnel engaged in the vaccination program, including trained vaccinators employed by the respective MoHs or by NGOs; and recruitment of additional human resources to ensure personnel are not diverted from delivery of essential health services, using the existing mechanism used by the WHO in the ongoing COVID-19 vaccination program. In addition, under this sub-component, the Government will mobilize frontline health workers from the legacy Polio eradication program to support the COVID-19 vaccination campaign.

(ii) *Sub-component 2.2 (US$5.0 million equivalent): Supervision, Coordination, Human Resources Management and Training*: Provide planning and implementation support to the MoHs at the state level and to Somaliland; this would include financing of onsite supervision missions, logistical support, and provision of technical assistance, to respond to the needs of FMS, including strengthening capacity for planning, budgeting and programming activities; and handling quality control and safeguards monitoring. In addition, the federal MoH will be responsible for training of health workers and community workers, and other personnel responsible for the delivery, storage, handling, transportation, including training on continuing vaccination campaigns during climate shocks, with technical support from the UN agencies as needed.

(iii) *Sub-component 2.3(US$2.0 million equivalent): Implementation Support*: Support recruitment of an organization to facilitate third party independent monitoring; and recruitment of a Security Risk Management Company which would conduct security risk assessments and prepare security management plans for each Federal Member State and Somaliland.

30. Table 5 below includes a summary of the proposed cost by component. The bulk of the proposed financing will be used to support vaccine deployment (i.e., transportation, supply chain and logistics; waste management), vaccine acquisition, and risk communication (67 percent), and the balance (23 percent) for implementation management (i.e. human resources, M&E, supervision and coordination, TPM, security).

Table 5: Project cost and financing

Project Components	IDA Financing	Trust Funds	Total
Component 1: Vaccine Deployment and Acquisition	**31.0**	0	**31.0**
• Transportation, supply chain and logistics capacity strengthening	11.0		
• Social mobilization efforts	5.0		
• Acquisition of additional project COVID-19 vaccines	13.0		
• Health care waste management	2.0		
Component 2: Implementation Management	**14.0**	0	**14.0**
• Program Management Support	7.0		
• Supervision, Coordination, Human Resources Management and Training	5.0		
• Implementation Support	2.0		
Total Costs	**45.0**	**0**	**45.0**

Table 6: Summary of vaccine sourcing and World Bank financing

National plan target (population %)	Source of vaccine financing and population coverage			Specific vaccines and sourcing plans	Doses purchases with World Bank financing	Estimated allocation of World Bank financing
	COVAX grant	World Bank-financed through AVAT or direct purchase	Other*			
Phase 1- (3%)	2.4%		China – 0.6%	AstraZeneca Sinopharm		**Purchase:** US$13,000,000 **Deployment:** US$18,000,000 **Other:** US$14,000,000 HR, M&E, supervision, TPM, security
Phase 2- (17.6%)	17.6%			J&J, Pfizer		
Phase 3 (49.4%)	0%	Roughly 10%	39.4% Additional vaccines to be acquired through a combination of strategies: donations, and bilateral agreements with details to be firmed up	J&J and other TBD	1,186,234	

* Other: includes coverage financed by the Government, bilaterally, from other development partners, etc.

C. Project Beneficiaries

31. The main project beneficiaries will be the groups targeted for the COVID-19 vaccination program, including: (i) health and other frontline workers, (ii) elderly (over 50 years), and (iii) people with co-morbidities. Given the large population of Internally Displaced Persons (estimated at 2.6 million) in Somalia, a special effort will be made to ensure equitable access to this group. Ultimately, the entire population of Somalia will benefit, as the country expands vaccination coverage and makes progress toward herd immunity.

IV. IMPLEMENTATION ARRANGEMENTS

A. Institutional and Implementation Arrangements

32. **Given the emergency nature of the COVID-19 vaccination campaign and the limited government capacity to deliver services and provide stewardship to the sector, the proposed institutional arrangements will rely primarily on engaging a limited number of UN agencies (i.e., UNICEF and WHO) that will work under the government's technical leadership.** The added value of the United Nations agencies is four-fold. First, these agencies will help reinforce Government leadership and strengthen capacity of key structures, enabling Somali authorities to assume greater responsibility in the medium to long-term while the *Damal Caafimaad* Project builds stewardship capacity at national and state levels, including contracting health services to non-state actors and strengthening regulatory functions. Second, given the mandates of the UN agencies and the pivotal role they currently play in the ongoing deployment of COVID-19 vaccines they are well placed to provide technical and implementation support. The two UN agencies have been effectively supporting the COVID-19 vaccination rollout with the Project representing the continuation of reliance on well-functioning structures and systems for serving the FMoH, FMS, as well as Somaliland. Third, the UN agencies are well positioned to promote cross fertilization of experiences and lessons on COVID-19 vaccination between Somalia and other countries. Fourth, the UN agencies have established mechanisms to support service delivery in Somaliland where the current political impasse makes it impossible for the FGS MoH to directly support service delivery or channel funds from the national level. Hence, all funds would be channeled through the two UN agencies which will be responsible for accounting on how funds are spent to the World Bank. In the case of the FMoH, UNICEF will pay suppliers directly on behalf of the FMoH.

33. **The Project will leverage capacity of two UN agencies which have been collaborating with the Ministry of Health to provide continuous support for the implementation of the COVID-19 vaccination program which will be the overall responsibility of the FMoH and state MoHs**. To this end, the UN agencies (i.e., UNICEF, WHO) will be contracted by the Government to provide technical and operational support and ensure equitable access to COVID-19 vaccines. Both institutions are well placed to provide technical support given their strong track record supporting the government's national COVID-19 health response, and their in-depth knowledge of Somalia. UNICEF, through a contract with the FMoH and in close coordination with the FMS, will be responsible for supporting the quantification and forecasting of supply needs; facilitating the acquisition and distribution of vaccines, managing the procurement and installation of cold chain equipment, supporting the communication strategy to ensure accurate information about COVID-19 vaccines, strengthen vaccine demand, and bolster uptake, and conducting related training for the COVID-19 vaccination roll out. UNICEF will also transfer funds to the MoH of Puntland, and Somaliland for the last mile distribution of vaccines. The WHO will also pass on funds to Somaliland for supervision of vaccination sites. WHO will continue working closely with the FMoH and the FMS, as well as with the MoH Somaliland, providing technical support for the vaccination campaign, including support to the national Immunization Technical Advisory Group for

policy formulation, target setting and vaccine safety; development and introduction of guidelines and training on AEFI surveillance; helping track and monitor vaccination coverage and adverse vaccine reactions; and supporting related human resources training. Contracts will be prepared to delineate the roles and responsibilities of the two UN agencies and the expected deliverables, drawing on experience with contracting these institutions for the COVID-19 emergency health response under the CERC of the SCRP. The team being recruited for the Project Coordination and Implementation Unit (PCIU) at the FMoH will support the preparation of the contracts to enable a rapid start-up of activities once the Project becomes effective.

34. **The Project will leverage the recently established PCIU within the MoH to ensure strong ownership of the government's COVID-19 vaccination program and to promote close coordination with activities to be funded under the new health sector operation.** To date, the PCIU has recruited a Procurement Specialist and a Financial Management Specialist. The PCIU is being further strengthened through the recruitment of a broader team of specialists (e.g. security, management, environmental and social safeguards, gender-based violence) to manage the Damal Caafimaad Project. As a condition of Project effectiveness, the Recipient will hire or second to the PCIU a: (i) social development specialist; (ii) environment specialist; (iii) GBV Specialist; and (iv) Security Specialist; with (iii) and (iv) to be shared with the Damal Caafimaad Project. The Project will also engage an environment specialist who will work 50 percent of the time in all Federal Member States (FMS); and where the Damal Caafimaad Project does not have, one full time social/GBV specialist, to oversee and monitor implementation of the Project, with the support of the FGS specialists (or in the case of Somaliland UN social specialists), in accordance with this Environment and Social Commitment Plan (ESCP), including the Environment and Social Management Framework (ESMF) and its inclusion plan, Sexual Exploitation Abuse and Harassment (SEAH) Prevention and Response Plan, Stakeholder Engagement Plan (SEP), Labor Management Plan (LMP), and Security Management Plans (including those managed by contractors). Finally, the FMoH will recruit additional Immunization Specialists at FGS (Senior) and at all FMS levels. To further enhance technical capacity and to strengthen the FMoH's leadership functions, the Project will rely on the National Vaccine Coordination Committee for COVID-19 which is comprised of the Director Generals of the MoHs at the Federal and FMS levels to provide oversight. The PCIU will handle financial management, procurement, M&E, and environmental and social safeguards arrangements and will oversee intergovernmental coordination between the FGS and FMS MoHs. A simple Project Operational Manual (POM) will be prepared to describe the roles and responsibilities of key stakeholders and the monitoring, technical and operational arrangements under the Project. The POM will make clear that the country's regulatory authority is responsible for its own assessment of the project COVID-19 vaccine safety and efficacy, and is solely responsible for the authorization and deployment of the vaccines in the country. [6] The World Bank will provide hands on training and capacity building to the PCIU to ensure it becomes operational quickly and will be able to effectively handle management, coordination, oversight, and implementation support for the COVID-19 vaccination program.

35. **The PIU of the SCRP within the Federal MoF and Planning (MoP) which manages the implementation of the World Bank-funded non-COVID-19 vaccine response activities will provide short-term critical support to the MoH PCIU, including on security risk management and procurement.** This will enable the World Bank to respond

[6] The Project Operational Manual will clarify that "compliance with Vaccine Eligibility Criteria (VAC) is required for all Project COVID-19 Vaccines. The VAC does not constitute an approval, validation or endorsement by the Association of the Project COVID-19 Vaccine(s) safety or efficacy. The FDA of the Federal Republic of Somalia is responsible for carrying out the regulatory, technical and due diligence assessment of the Project COVID-19 Vaccine(s) safety and efficacy, and is solely responsible for authorization, deployment of the Project COVID-19 Vaccine(s) in Somalia.

expeditiously and efficiently to the government's request to accelerate the roll out of COVID-19 vaccines in Somalia while the PCIU in the MoH gets fully functional. To this end, the SCRP-PIU which has been effectively managing the COVID-19 response activities (total value of $37.5 Million), will provide short-term support to the MoH PCIU by allowing the health specialists hired under the SCRP to be availed on technical issues to the new MoH PCIU, facilitating the rapid effectiveness of the new Project while recruitment for the FMoH PCIU is completed. Based on their recent experience contracting WHO, and UNICEF to support the implementation of the COVID-19 response, the procurement specialist in the unit will guide the procurement specialist at the new PCIU based at the MOH on how to expedite the recruitment of these agencies for the purpose of COVD-19 vaccine emergency project. The SCRP has contracted the services of a Security Risk Management Company (SRMC) to ensure coherence with provision under Environmental and Social Standard (ESS)1 and 4. The MoH will extend the SRMC's security risk management support to this Project. Through the preparation and implementation process of the CERC-COVID 19 emergency health response, the SCRP-PIU has gained substantial experience managing World Bank operations, working closely with the MoH team and with the main UN agencies (UNICEF, WHO) engaged in the COVID-19 response in Somalia. Leveraging SCRP-PIU's experience at this critical juncture in the COVID-19 vaccination program will support the MoH to hit the ground running more quickly.

36. **The institutional arrangements by component aim to ensure that the government retains overall responsibility for the COVID-19 vaccination campaign while leveraging existing capacities of the UN agencies.** Component 1 (*Vaccine Deployment and Acquisition*) will be supported through a contract with UNICEF with clear deliverables and milestones with the MoH tracking performance and authorizing payments. Component 2 (*Implementation Management*) will be carried out through several modalities, including: (i) a contract with the WHO which would be responsible for Program Management Support, including remuneration of human resources, as the government systems continue to be strengthened and eventually become more agile; as in the case of UNICEF, every effort would be made to ensure that the Government retains key decision-making power over the scope and timing of all activities; (ii) allocation of operating costs for the MoH for supervision, and coordination of activities as well as recruitment and training of human resources; and (iii) contracts for TPM and for security management to ensure transparency and safety in the execution of the national COVID-19 vaccination program. The table below provides further details on roles and responsibilities of key stakeholders.

Table 7: Roles and Responsibilities of Key Stakeholders, by Component and Sub-Component

	FMoH	FMS MoH	UNICEF	WHO
Component 1: Vaccine Deployment and Acquisition				
Transportation, supply chain and logistics capacity strengthening	-Assist with vaccine delivery by air if/when needed	-Facilitate vaccine, clearance, and support logistic and transport for vaccine distribution at state level -Ensure availability of trained vaccinators	-Ship and deliver vaccines to Mogadishu, Garowe, and Hargeisa -Transfer funds to Federal Member States and Somaliland	

	FMoH	FMS MoH	UNICEF	WHO
			for last mile distribution of vaccines; and pay suppliers on behalf of the FMoH	
Social mobilization efforts	-Lead the design of demand generation messages and facilitate dissemination through local channels - Engage mass media and all available channels for citizen engagement and broadcasting of demand generation messages	-Contribute to design of demand generation messages and facilitate dissemination through local channels	-Develop and adapt tools and support community engagement and social mobilization	
Acquisition of additional project COVID-19 vaccines	-Lead the quantification and forecasting of vaccine demand based on utilization of the vaccines		-Procure vaccines based on expressed government needs	
Health care waste management	-Coordinate the development and availability of standardized waste management protocols at all vaccination sites	-Ensure availability of standardized waste management protocols at all vaccination sites	-Procure waste management supplies	-Provide technical support to develop waste management protocols
Component 2: Implementation Management				
Program Management Support	-Implement vaccine safety monitoring guidelines, manage, and report cases and ensure tools and procedures are standardized	-Ensure standardized guideline and tools are available and used at state level; and manage, and report cases at state level through FMoH		-Handle payment of staff salaries and incentives; and provide technical assistance on vaccine safety monitoring management of AEFIs, data management, and COVID-19 surveillance monitoring, and evaluation, including data analysis and dashboard development and use
Supervision,	-Support micro-planning	-Participate in TOT		-Provide technical

	FMoH	FMS MoH	UNICEF	WHO
Coordination, HR Management and Training	and coordination; provide training to FMS teams on micro-planning and related issues; lead recruitment of additional staff as needed; use trainers from the MoH pool of experts and others to be recruited to provide training	training on micro-planning at central level (FMOH), support cascade training on micro-planning and support coordination and supervision at state level -Lead recruitment of additional staff at state level as needed		support to FMOH and FMS on development of training materials and procedures for the micro planning, and supervision tools -Provide funds to Somaliland for supervision of vaccination sites
Implementation Support	-Contract TPM firm and Security Risk Management Company			

B. Results Monitoring and Evaluation Arrangements

37. **The Project's Results Framework will include key indicators to measure overall progress in the COVID-19 vaccination campaign**. These indicators will monitor and measure: (i) *vaccine coverage* in relation to the targets in the national plan; (ii) *vaccine acceptance and absorption,* which are critical; and (iii) *vaccine safety* which contributes to quality and acceptability. These indicators will be disaggregated by sex and will consider citizen engagement. The main PDO and intermediate indicators will be as follows:

PDO Indicators:

- Proportion of population fully vaccinated, which is included in the priority population targets defined in the national plan, by sex.

Intermediate Indicators:

- Proportion of the population which expresses acceptance of COVID-19 vaccines, by sex.
- Proportion of vaccine doses administered against allocations, by state.
- Number of social mobilization campaigns on COVID-19 vaccination.
- Number of Effective Vaccine Management (EVM) assessments completed with composite scores of 80 percent or higher.
- An AEFI system is put in place and is capable of reporting adverse effects.

C. Sustainability

38. **There is strong government commitment in Somalia to the COVID-19 vaccination program which augurs well for sustainability**. The proposed Project will play a catalytic role in providing urgently needed financing for vaccine deployment, creating an enabling environment for other partners to support Somalia's vaccination program. The Project will support activities that further strengthen vaccine deployment and delivery capacity which is critical given the country's weak health system. The capacity building and training activities will contribute to bolstering Somalia's

health care system, especially the immunization program. Key stakeholders in Somalia at the national and state levels are being mobilized to bolster commitment and ownership. The UN partners are also heavily engaged in Somalia's COVID-19 response, including the roll out of the vaccination program, and are expected to play a key role in strengthening the institutional framework for the program which will also contribute to sustainability.

V. PROJECT APPRAISAL SUMMARY

A. Technical, Economic and Financial Analysis

39. **There is a strong economic case for investment in the COVID-19 vaccination and for public provision and financing considering the substantial health and economic benefits and given the high public good nature of immunization**. It is well recognized that disease outbreaks cause severe economic shocks, including loss of jobs, drops in productivity and economic growth; and inflict lasting damage on stocks of both human and physical capital leading to drops in economic productivity and slowing long-term growth (UNDP Human Development Report, 2014). As noted in the Global Economic Prospects (June 2020), the ongoing pandemic has triggered a global crisis that, in addition to the enormous human toll, is leading to the deepest global recession since the Second World War, pushing millions into extreme poverty and causing trillions of dollars in economic losses. Cumulative global losses across 2020 and 2021 are estimated to exceed US$12 trillion. While the full impact of the pandemic in Somalia may not yet be fully understood or documented the economic outlook has been worsened by the pandemic and livelihoods have been seriously disrupted in a country where most of the population is already living in poverty. The successful deployment of COVID-19 vaccines in Somalia represents the best option for saving lives, protecting livelihoods, and restoring growth with benefits expected to exceed vaccine-related costs. The effective administration of COVID-19 vaccines will also avoid the health care costs of additional cases of infection and protect the modest gains made in recent years in essential health services.

40. **The value added of the World Bank's support to Somalia is substantial.** The value added is three-fold. First, World Bank financing is expected to play a major role in supporting the national program in this fragile context where most development partners provide humanitarian assistance and where both governments and NGOs depend heavily on external financing. Second, World Bank technical assistance, working in close collaboration with other agencies (i.e., UNICEF, WHO) will be critical to guiding and informing the roll out of the COVID-19 vaccination program which requires regular information on vaccine acquisition strategies and opportunities. Third, as noted above, Somalia's participation in the MPA will provide numerous opportunities for learning and knowledge sharing with the other participating countries. The learning agenda is substantial and includes a wide range of issues around vaccine readiness assessments, risk communications, and performance monitoring.

B. Fiduciary

Procurement

41. **Procurement will be carried out in accordance with the World Bank's Procurement Regulations for IPF Borrowers** (Procurement Regulations), dated November 2020; the Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants, revised July 1, 2016; and the provisions stipulated in the Financing Agreement**.**

42. **Project Procurement Strategy for Development (PPSD) and Procurement Plan (PP).** The World Bank's New Procurement Framework (NPF) will apply to this Project. In this regard, the client will prepare a PPSD to formulate the

best procurement approaches/solutions to be used during implementation. The PPSD will include a summary of procurement risks, mitigation measures, an action plan and proposed procurement implementation support and supervision plan. The preparation of the PPSD has been deferred to the implementation stage in accordance with paragraph A.3 in Section III of the World Bank Guidance: "Procurement in Situations of Urgent need of Assistance or Capacity Constraints."

43. **Procurement implementation arrangements**. The Project will be managed by the recently established Project Coordination Implementation Unit (PCIU) responsible for the recently approved World Bank funded health operation (Damal Caafimaad) within the FMoH. The PCIU will be responsible for overall project coordination, and technical oversight. The FMoH has limited capacity and previous experience with World Bank financed operations. To mitigate this risk, the PIU has already recruited a qualified Procurement Specialist and a Financial Management Specialist. The PIU will be further strengthened through the recruitment and/or deployment of additional technical, fiduciary, and environmental and social safeguards experts. The SCRP PIU which manages the implementation of the World Bank-funded Contingent Emergency Response Component activities that have supported the COVID-19 emergency health response will provide short-term advice and support in contracting the two main technical agencies involved in the COVID-19 vaccination program (i.e., UNICEF, WHO). The SCRP PIU will provide contracted security risk management expertise to support the Project activities.

44. The FMoH capacity will be enhanced through on-the job training and the World Bank will also provide a need-based training periodically during the Project implementation. The National Vaccine Coordination Committee for COVID-19 will provide technical oversight.

45. **Main procurement activities.** In view of the emergency nature of the Project activities and fragility of the country, the most appropriate procedures for procurement of COVID-19 related goods and services and technical assistance services would be Direct Selection of UN agencies, NGOs and/or private sectors vendors. To this end, the main procurement activities under the Project will consist of: (i) contracting of UN agencies (e.g., UNICEF, WHO) which will be responsible for acquisition of transportation and supply chain equipment, including cold chain equipment (as needed); vaccines that follow the World Bank's VAC; training and capacity building; communications outreach activities; and waste management supplies and equipment; (ii) recruitment of a Security Risk Management Company which will be responsible for conducting risk assessments and preparing security plans; and (iii) provision of operating costs for the Ministry of Health to provide oversight and implementation support to the states. The Federal Ministry of Health shared a draft Procurement Plan for the first 18 months with the World Bank.

46. **Vaccines Purchased through AVAT (African Vaccine Acquisition Trust)**

- The African Union beginning in late 2020 embarked on an ambitious effort to vaccinate at least 60 percent of Africa's population as quickly as possible through a continental approach. The effort to acquire more vaccines has been led by the AU Vaccine Acquisition Trust (AVAT) –the African Union (AU) Special Envoys for COVID-19, Africa CDC, the African Export-Import Bank (Afreximbank) and United Nations Economic Commission for Africa (UNECA). The AU sees this effort as complementary to COVAX and the World Bank has worked alongside AVAT since January 2021 to inform the design of the AVAT mechanism and to ensure that World Bank financing can be used by participating member countries to purchase vaccine doses.
- On June 21, 2021, the African Union and the World Bank held a joint meeting with African Ministers of Finance to officially launch the partnership to accelerate vaccination in Africa. AVAT has already successfully negotiated 220 million doses of Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 vaccine for use by

African countries, with an option for 180 million more based on demand. AVAT is negotiating with other suppliers and expected to secure more doses. World Bank financing and technical assistance is available to help countries obtain vaccines from eligible suppliers through AVAT and to effectively deploy them.

- Once the Republic of Somalia enters into a commitment undertaking with AVAT to purchase eligible vaccines under the mechanism and signs an agreement with UNICEF as the procurement agency, World Bank financing under this Project will be made available for the purchase".

47. **Procurement management risk is assessed as High.** The procurement environment in Somalia remains challenging. The main procurement associated risks are: (i) limited number of competent and dedicated procurement staff; (ii) weak capacity of bidders and limited service providers; (iii) high price bids/ proposals due to security conditions in some parts of the country; (iv) fraud and corruption; (v) collusion among bidders due to limited competition; (vi) inadequate experience with procurement planning, monitoring and contract management; (vii) delays in procurement implementation stemming from the ongoing COVID-19 pandemic which has resulted in disruptions in supply chains and price volatility and unavailability of items; and (viii) weak legal and financial institutions (i.e., commercial banks and insurance agencies are not well established). Proposed mitigation measures include: (i) ensuring the PCIU/PMTs always have in place dedicated Procurement Specialists with relevant qualifications and experience acceptable to the World Bank as well as ensuring that the POM includes a well-documented step by step procurement management process; (ii) conducting a prior review by the World Bank of all procurement activities regardless of value, nature, and categories or packages; (iii) training of the PMT staff by the World Bank on the New Procurement Regulations; and (iv) offering use of World Bank's Facilitated Procurement (BFP) to clients to proactively assist to access existing supply chains**.**

48. **Country procurement approaches will utilize the flexibility provided by the World Bank's Procurement Framework to fast-track emergency procurement.** Key measures to fast-track procurement include: (i) use of simple and fast procurement and selection methods fit for an emergency situation, including direct contracting, as appropriate; (ii) streamlined competitive procedures with shorter bidding times; and (iii) procurement from UN agencies enabled and expedited by World Bank procedures and templates.

49. **Systematic Tracking of Exchanges in Procurement (STEP).** The World Bank's STEP system will be used to prepare, clear, and update PPs and conduct all procurement transactions for the Project. STEP allows the systematic planning and tracking of procurement activities throughout the Project cycle, including online collaboration with clients and recording service level standards through workflows. Staff of the PCIU will be trained in using STEP.

Financial Management

Financial Management Assessment Summary

50. **The World Bank's financial management (FM) team conducted the financial management assessment of the Project and found the financial management risk to be High**. The assessment was conducted in accordance with the Financial Management Manual for World Bank – Financed Investment Operations issued by the World Bank's Financial Management Sector Board on March 1, 2010. The objectives of the assessment were to: (i) evaluate the financial management capacity of the implementing agencies; (ii) identify key risks and challenges that may hinder the implementation of the Project; (iii) develop and agree on risk mitigation measures; and (iv) inform the design of the project FM arrangements.

51. **The World Bank FM Requirements**. The World Bank Policy/Operational Procedures on IPF require Recipients of grants and credits and agencies implementing World Bank-funded projects to maintain adequate FM systems and arrangements to provide reasonable assurance that grants/loan proceeds are used for the intended purposes. The FGS will contract two UN Agencies, WHO and UNICEF to provide technical and operational support and ensure equitable access to COVIID-19 vaccines.

Assessment of UN Agencies

52. The FGS will directly engage the WHO and UNICEF through service contracts. Additional partners may be added based on emerging needs and the capacity of government to deliver. UNICEF working in close collaboration with the MoH will be responsible for facilitating the distribution of vaccines, managing cold chain equipment, and supporting the ministry's communication strategy. WHO will work closely with the Ministry of Health to support human resources training and recruitment, tracking and monitoring of vaccination coverage, and providing guidelines. Contracts will be prepared to delineate the roles and responsibilities of the two UN agencies and the expected deliverables, drawing on experience with contracting these institutions for the COVID-19 emergency health response. Standard Agreements (Output Agreements) between MoH, and each of the two institutions will be elaborated.

Organization of FM Arrangements

53. **Financial Managemen**t. *The financial management risk is assessed as High*. Financial management capacity challenges that are likely to affect the Project include lack of key financial management competencies and internal controls, reliance on consultants, and lack of regulatory framework for key Public Financial Management (PFM) aspects. Various mitigation measures have been identified, both specific to the Project and as part of other World Bank/Donor engagements in the country. Given the consideration for Use of Country Systems (UCS), the Project will adopt the UCS in various aspects of the project's financial management including accounting and reporting, banking, oversight arrangements with the Office of the Auditor General and staffing. The Project will leverage the recently established Project Coordination Implementation Unit (PCIU) within the MoH to ensure strong ownership of the government's COVID-19 vaccination program and to promote close coordination with activities to be funded under the forthcoming health sector operation. The External Assistance Fiduciary Section (EAFS) already established under the Office of the Accountant General and staffed with mainstream civil servants, in consultation with the PCIU to be in the Federal Government's Ministry of Health, will oversee and manage the project financial management (Figure 3). The EAFS units have been fully operational at the FGS for the last six years (Figure 4). Throughout the implementation of the Project, the Government is expected to ensure the EAFS and PCIU are staffed with a team of professionals with relevant and adequate qualification and experience acceptable to the World Bank.

Figure 3: Organization Structure for the EAFS

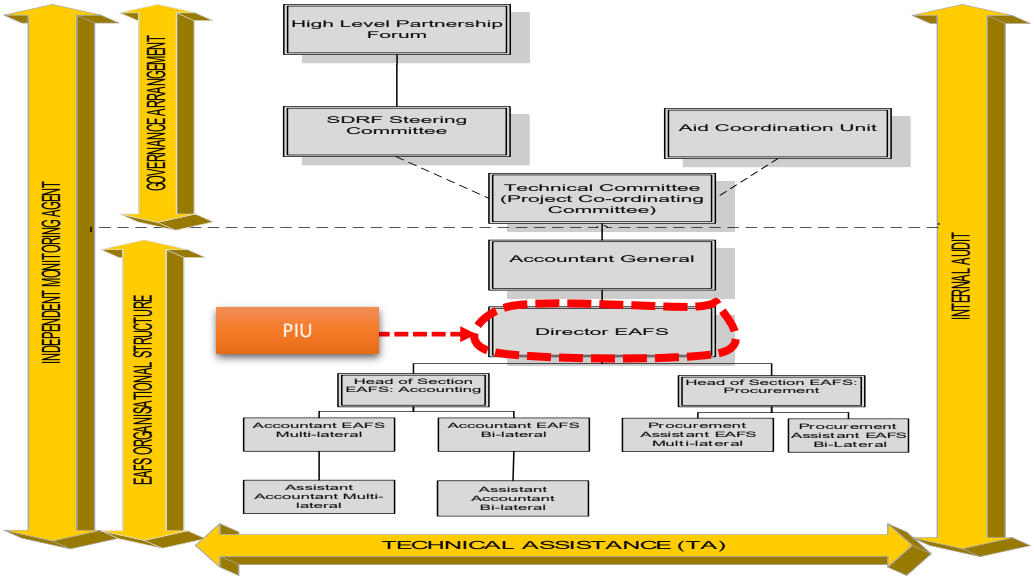
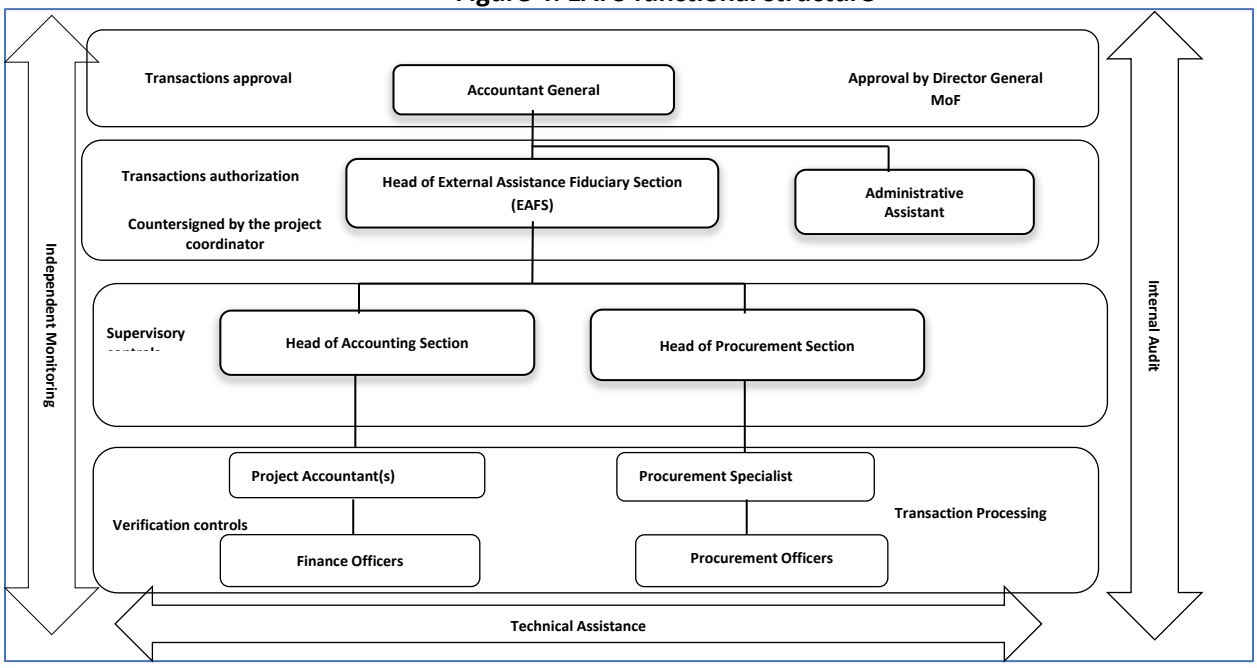


Figure 4: EAFS functional structure



Budgeting

54. **The Government will prepare a detailed budget based on the specific activities to be executed over the life of the project. Initially, this will cover activities to be implemented in the Federal Member States.** This budget will be

agreed with the World Bank for it to be included in the Government Appropriations and the relevant sector within the FGS budget. Monitoring of budget execution will be done through regular submission of quarterly reports to the World Bank. The MoH PCIU will be responsible for preparation, consolidation of the project annual work plan and budget. The work plan and budget will be presented to the National Vaccine Coordination Committee for COVID-19 for review and approval. The activities, funding eligibility criteria, implementation arrangements, accountability, monitoring, reporting and oversight arrangements will be detailed in the POM.

55. **The EAFS Unit working closely with the PIU will prepare and submit the Project's annual work plans and budget and cash flow forecast for each component for the necessary approvals by the World Bank.** The work plans, cash flow projections, and budget will include the figures for the year analysed by month and quarter. The cash budget for each month and quarter will reflect the detailed specifications for project activities, schedules (including Procurement Plan), and expenditures on project activities scheduled for the quarter. All annual cash budgets will be sent to the World Bank at least two months before the beginning of the Government fiscal year for review and approval.

Accounting and Internal Controls

56. **The EAFS in the Office of the Accountant General will ensure that financial reports are designed to provide relevant and timely information to the PCIU and various stakeholders monitoring the Project's performance**. It is expected that all levels of implementation will maintain adequate filing and archival systems of all accounting and relevant supporting documents for review and audit purposes. The Project's original financial records including all supporting documentation shall be maintained at the EAFS units. The Project's financial transactions will be captured, recorded, analysed, summarized, and reported in line with the provisions of the International Public-Sector Accounting Standards (IPSAS) Cash Basis of accounting. These will be supported by appropriate records and documentation to track commitments and to safeguard assets. To facilitate preparation of relevant reports and annual financial statements, the project budgets and expenditures will be recorded, classified, and reported through the FMISs according to the approved SCoA. The PCIU will be required to provide periodic and annual reports covering total expenditures, broken down by components/activities, and an analysis of total expenditures by category (e.g. goods, training, consultants). Eligibility of expenditures will be based on the actual amount incurred and supported by appropriate documentation. Accounting records will be maintained in US dollars. The EAFS in consultation with the FMS and the two UN Agencies which will be contracted by Government, will ensure that invoices and payment requests are consistent with signed contracts before processing and release of payments. They will also monitor and report on the utilization of Project funds, including the fiduciary standards and the reliability of the FM systems. A Project Fixed Assets Register will be prepared, regularly updated, and physical verification of assets routinely carried out. The Fixed Assets Register will reflect details of suppliers; description and location of goods; original costs; disposal of assets; assets reference (identification) numbers; serial or registration numbers; dates of purchase; asset additions; condition of assets; assets' useful life and residual value. Contracts Registers will also be maintained with respect to all contracts with consultants, contractors. and suppliers.

Financial Reporting

57. The Government will extract from IFMIS, the Interim Unaudited Financial Reports (IFRs) and submit to the World Bank not later than 45 days after the end of the quarter. These reports shall form the basis for fund replenishment. The quarterly reports shall provide details on all funds received under the Project as well as any counterpart funds received under the project. The reports shall include a statement showing: period and cumulative inflows by sources

and outflows by main expenditure classifications (components/sub-components); beginning and ending cash balances of the Project; and supporting schedules comparing actual and planned expenditures. Expenditures will be classified by component and by activity.

58. **The two UN Agencies have adequate FM systems and arrangements to provide quality and timely financial management reports**. WHO and UNICEF respective Heads of Finance at the Country offices in consultation with the technical teams and their Head Office counterpart staff shall each prepare and submit to Government (Office of the Accountant General – EAFS section) with copy to the World Bank, quarterly financial reports in a format (*for ease of consolidation in FGS's IFMIS*) to be agreed by the World Bank, Government and jointly with the two UN Agencies. These reports shall be submitted to Government and copy to the World Bank not later than 15 days after the end of the reporting period. The Government will then extract from the IFMIS, the Interim Unaudited Financial Reports (IFRs) which shall include costs incurred on activities directly implemented by Government as well as the UN Agencies and submit to the World Bank not later than 45 days after the end of the quarter. These reports shall form the basis for funds flow draw down. During the FM assessment, it was confirmed that both agencies have the capability to be configured to support generation of the Project financial reports.

59. **Each agency shall configure and create a unique project code in their respective FM systems to ensure the Project specific reports are generated directly from their systems**. The quarterly reports shall provide details on all funds received under the project as a whole as well as any counterpart funds received under the Project (if any). The reports shall include a statement showing: period and cumulative inflows by sources and outflows by main expenditure classifications (components/sub-components); beginning and ending cash balances of the Project; and supporting schedules comparing actual and planned expenditures. Expenditures will be classified by component and by activity. Semi-annual cash forecast statement should also be included. The report formats shall be agreed upon between the World Bank, Government, WHO, and UNICEF.

Table 8: FM – Financial Reporting Key Risks and Mitigation Measures

Key potential Risks	Summary Analysis and Mitigation Measures
Delays in generation and submission of quality and timely financial reports. The basis through which additional funds shall be released from World Bank.	In-built flexibility for both agencies to prepare and submit demand-based project financial reports (funds draw down requests) based on Project's needs.
Internal delays within WHO and UNICEF to obtain necessary budget revisions/amendments/approvals from their respective Headquarters in line with the proposed components flexibilities.	Agreement between the World Bank, Government and Senior Management of both agencies to be agreed during service contracting process. It is recommended that the budget execution reports be a standing agenda to be discussed in the Project Specific Technical Coordination Committee.

External Audit

60. **The two UN Agencies have audit committees that are appointed by their respective Director-General and have a membership which is fully external agreed by the Council on the recommendation of the Director-General and Finance Committee**. The committee consists of five external members and a Secretary ex-officio. All members and the secretary are appointed by the Director-General. Members are selected based on their qualifications as senior

audit and/or investigation professionals. The Committee elects its own Chairperson. The Inspector General (IG) provides secretariat services to the Committee. At the discretion of the Chairperson, the Committee can meet three to four times each year. Additional meetings may be called by the Chairperson if deemed appropriate. The World Bank's audit requirements are expected to be fulfilled through the normal audit functions of WHO and UNICEF's own External Auditors.

61. **The Auditor General FGFS will carry out Project External Audits with support of technical assistance. An external audit firm will be engaged and funded by the Project to carry out the audit of the project activities.** The audited Project financial statements together with any additional information required will be submitted to the World Bank not later than six months after the end of the financial year (see Table 9 below). The audit will be in conformity with the World Bank's audit requirements and in accordance with internationally recognized auditing standards. The auditor will express an opinion on the Financial Statements in compliance with International Standards on Auditing (ISA); and prepare a Management Letter giving observations and comments, and providing recommendations for improvements in accounting records, systems, controls, and compliance with financial management requirements. The external audit will pay special attention to the risks of material misstatement of the financial statements due to fraud, in line with International Standards on Auditing (ISA) 240: "The auditor's responsibilities relating to fraud in an audit of financial statements"). The specific financial management arrangements of the Project will be further spelled out in the Project Operational Manual. Fixed asset control procedures over fixed assets and contracts management will be the responsibility of the EAFS in consultation with the PCIU. The PCIU will liaise with the internal audit unit to ensure that Project internal audit reviews are included in the annual work plans. The project internal audit reports shall be prepared and shared with the EAFS/PCIU and made available to the World Bank during implementation support missions. The internal audit capacity to be strengthened and linked with other government and development partner capacity-building interventions. The internal auditors will carry out risk-based system audits to strengthen the Project's internal control systems. Part of the supporting documentation for the audit will be from the two UN Agencies so that the Auditor General will be able to express an opinion on the entire Project.

Table 9: FM – External Auditing Key Risk and Mitigation Measures

Key potential Risk	Summary Analysis and Mitigation Measures
The Agencies' biannual audit cycle may not be aligned to the project implementation period-leading to protracted delays and resolutions of audit findings that may emerge long after the project is closed.	The World Bank, Government will negotiate with the respective agencies to undertake specific project audits. The life of the Project Financial Statements together with the Management Letter be submitted to the World Bank not later than 6 months after the respective agency's financial year.

Conclusion: *External Audit risk is assessed HIGH*.

Fund Flows, Cash transfers, Banking and Disbursement Arrangements

62. **Based on respective cashflow forecasts, funds for the Project shall be disbursed directly from the World Bank to UNICEF Head Office (New York) and WHO Geneva.** UNICEF and WHO will have negotiated charge administrative/ overhead charges which shall form part of the consolidated budget to be submitted as part of the FM Report. The request for fund withdrawals shall be requested through the World Bank Client Connection (CC) in line with UNICEF

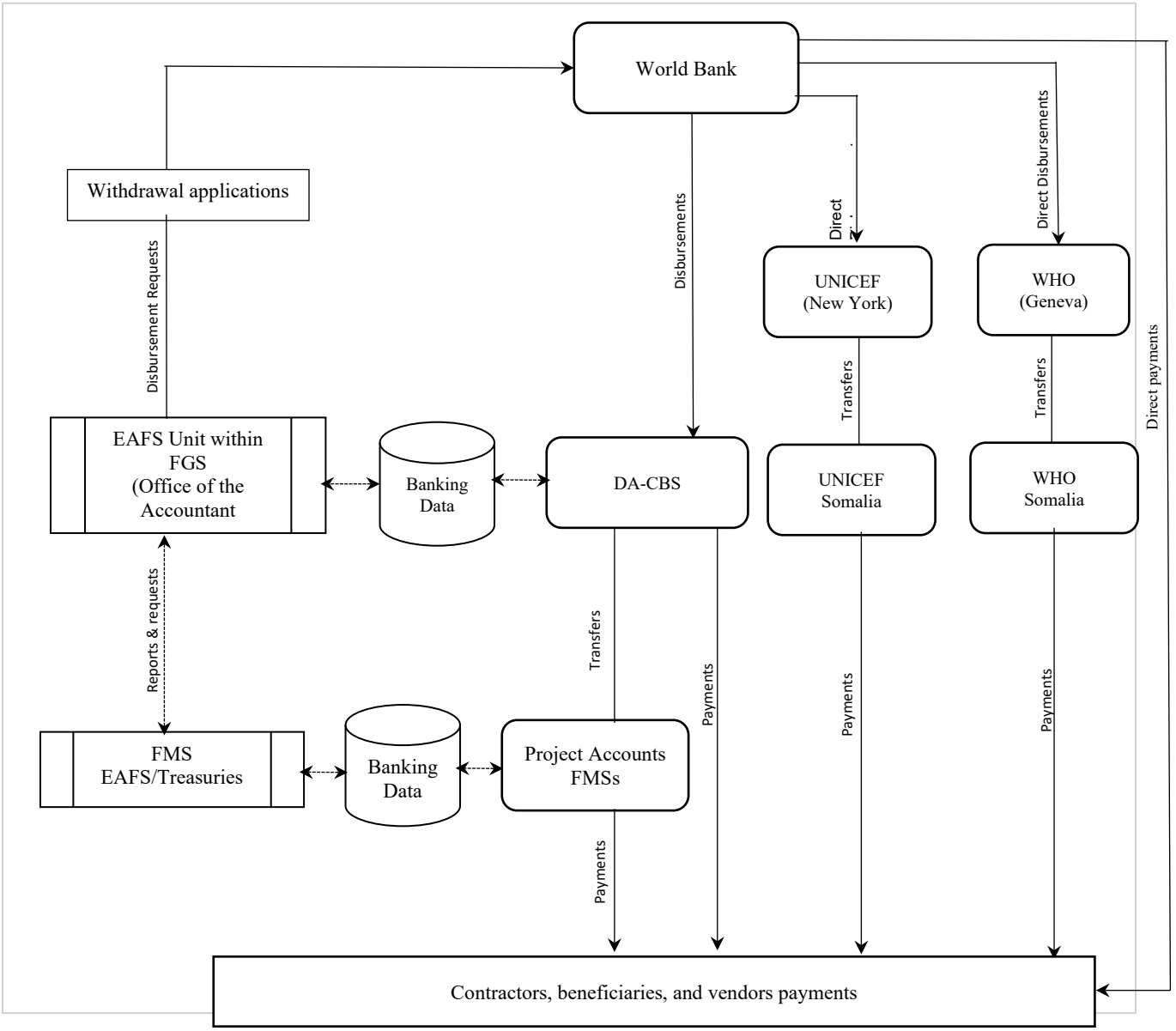
and WHO withdrawal procedures. UNICEF and WHO FM systems have the capability to track and report withdrawal proceeds, receipts, commitments, expenditures, and balances.

(i) Fund flows and banking arrangements shall be domiciled in a financial institution acceptable to the World Bank[7].
(ii) The maximum amounts (ceilings) to be disbursed from World Bank to UNICEF (New York) and WHO (Geneva) shall be negotiated with Government during contracting. The disbursements and related accountability mechanisms (including reporting periodicity and formats) shall be detailed in the Service Level Agreement between the Government and UN Agencies.
(iii) Funds will be disbursed through the UN commitment (UNC) procedure to the UN Agencies HQ for onward disbursement to WHO and UNICEF Somalia country offices through their internal mechanisms
(iv) The fiduciary responsibility and associated risks rests with WHO and UNICEF.
(v) Initial withdrawals shall be based on negotiated lump sum amounts based on cash forecasts. Subsequent withdrawals shall be report based and approved by Government.
(vi) All project expenditures shall be incurred and reported in US dollars.
(vii) For the funds disbursed directly to Government, the Government shall open a designated bank account in a financial institution acceptable to World Bank. The signatories to this account shall be as per existing mandate provided by Government unless otherwise changed: Category A: Panel A: Director-General of Ministry of Finance (MoF); and Panel B: Accountant General.
(viii) Payments and disbursement methods – including modalities to UN agencies and vendors outside Somalia shall be detailed in the Project Disbursement Letter.
(ix) Due consideration shall be accorded to the need to maintain adequate cash to finance the Project operations.

Detailed fund flows arrangements are shown in Figure 5 below:

[7] On terms and conditions in the World Bank Disbursement Guidelines for Projects (May 1, 2006:11).

Figure 5: Fund Flows Mechanisms



63. Key potential risks and mitigation measures are as follows:

Table 10: FM – Fund Flow/ Banking Arrangements Key Risks and Mitigation Measures

Key potential Risks	Summary Analysis and Mitigation Measures
Liquidity constraints due to rapid scale up to meet increased demands of the project.	Continuous engagement with the implementing agencies to consider review and possible revision of Bank Account replenishment ceilings based on the

Key potential Risks	Summary Analysis and Mitigation Measures
	projected cash requirements.
Inadequate financial sector and banking systems and regulatory framework that may further exacerbate Anti-Money Laundering (AML)/Anti-Terrorist Financing (ATF) risks and pose reputational problems.	Consider avenues through which opportunities presented by the new project are linked and mainstreamed to the Use of Country System through other World Bank supported operations.

64. ***Conclusion:*** *Funds flow and banking arrangements risks for the project are assessed as HIGH.* This is on account of inherent AML/ATF risks coupled by weak, nascent, and unregulated banking and financial sector.

Fraud and Corruption

65. **The two UN Agencies are expected to adhere to World Bank Anti-Corruption Guidelines as outlined under BP 10.0 paragraph 20 and in tandem with alternative arrangements modeled on the integrity provisions of the FPA to which they are both signatories.** Unless otherwise negotiated, both agencies are expected to adhere to the World Bank Anti- Corruption Guidelines. There could be consideration to waive paragraph 22 of Bank Directive, Investment Project Financing to allow the respective UN agency's procedures for fraud and corruption, instead of the World Bank's Anti - Corruption Guidelines. *The Assessment recommends the applicable Anti-Corruption Guidelines applicable to this operation be negotiated between the World Bank and the two UN agencies.*

66. **The possibility of circumventing the internal control system with colluding practices as bribes, abuse of administrative positions, mis-procurement etc., is a critical concern.** Key issues to be addressed include: (a) late submission of supporting documents; (b) poor filing and records; (c) lack of system integration; (d) lack of budget discipline; (e) unauthorized commitments to suppliers, bypassing budget and expenses vetting procedures; and (f) unsecured safekeeping and transportation of funds. These are mitigated as follows: (i) specific aspects on corruption auditing would be included in the external audit Term of Reference; (ii) FM Procedures (as part of POM) approved and in operation for the project; (iii) strong FM arrangements (including qualified Project Accountants in the EAFS; (iv) periodic IFRs including budget execution and monitoring; and (v) measures to improve social accountability and transparency built into the project design.

Conclusion and Supervision Plan

67. **The overall residual FM risk for this operation is assessed as High, requiring World Bank implementation support supervision once every six months.** This assumes that the Project oversight, implementation, and coordination arrangements shall be centralized within the Ministry of Health. The implementation support supervision will be consistent with a risk-based approach and will involve a collaborative approach through the project implementation arrangements. Additional supervision activities will include desk reviews of quarterly IFRs and internal audit reports, audited Financial Statements and Management Letters as well as timely follow up of issues arising, and updating the financial management rating in the Implementation Status and Results Report (ISR) and the Portfolio and Bank Risk Management System. A collaborative approach will be adopted to separate review/offer World Bank FM implementation with WHO and UNICEF.

C. Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No

D. Environmental and Social Standards

68. **The environmental** risks for the project are rated as Substantial. The likely environmental risks and impacts include substantial occupational health and safety (OHS) risks that healthcare workers working on the COVID-19 vaccination rollout are likely to encounter. Other environmental risks include increased community exposure to infection and healthcare waste management risks posed due to significant capacity constraints. In addition, there are likely to be risks emanating from vaccine storage and transportation and the general environmental impacts of vaccine cold chain logistics. It is also noteworthy that the client is relatively inexperienced in management of environmental risks in health project settings and has limited technical (including staff) and institutional capacity.

69. There is expectations of an increase of medical waste, hazardous use and disposal of disinfectants, masks, and gloves, and the burden of untreated waste. This will pose new environmental risks. Following the accelerated campaign of vaccine deployment planned countrywide, a substantial increase in the amount of glass, plastic and rubber residues from vaccine containers is anticipated. The sharp increase in the amount of medical and hazardous waste due to the projected widespread use of masks, especially by workers administering the vaccines, may also threaten local ecosystems during the pandemic. There are also additional risks from the use of fossil fuels (including diesel) for provision of off-grid power to refrigerate vaccines – risks of exudates from fuel containers and subsequent contamination of soil systems and groundwater resources. The burden generated will be particularly great for low-income Somalia, which has little resources for waste management, with detrimental short and long-term environmental impacts.

70. Environmental risks and their mitigation measures will be articulated in the project's ESMF, which is under preparation. The medical wastes likely to be generated by the project will be mitigated using the procedures described in the Infection Prevention and Control –– Waste Management Plan (IPC-WMP) for the project, as well as in area-specific Environmental and Social Management Plans (ESMPs).

71. **The social** risk is rated as Substantial taking into account the following key risks and impacts: (i) conflict and security risks for workers and communities due to: opposition to the vaccination program by radicalized armed groups and other conservative interests; increased social tension given vaccination hesitancy and misinformation; and the impact and conduct of security personnel, (ii) potential exclusion of disadvantaged and vulnerable groups from project benefits and elite capture, both in service delivery and recruitment of workers, (iii) labor risks including poor terms and conditions and lack of functional grievance redress, (v) contextual challenges in conducting effective and inclusive community consultations, and communicating to a range of groups including disadvantaged groups with different concerns about vaccination, levels of literacy and accessibility to mainstream media. Grievance management is constrained by lack of trust in service providers to resolve grievances confidentially and protect whistle blowers.

72. The risk of sexual exploitation and abuse, sexual harassment, and other forms of gender-based violence (GBV) is rated as moderate. Restrictive gender norms and lack of decision-making power are often cited as barriers to women accessing vaccines or other medical services and may increase exposure to harm. Risks of violence or assault may also increase as women travel distances to access vaccination centres. Other factors such as opportunism, vaccine shortages and rationing can contribute to the perpetration of sexual exploitation and abuse and mistreatment in the health sector as workers may request sexual or other favors in exchange for vaccines. There is also potential sexual harassment of female health workers by communities and co-workers. These measures will be mitigated by a) conducting sensitization and capacity building to improve understanding, management, and monitoring of SEAH risks throughout the life of the project; b) ensuring regular community consultations to raise awareness of the risk of SEA/GBV and measures for reporting and response; c) ensuring that grievance redress measures include mechanisms for safe and confidential reporting of cases of SEAH. A project wide SEAH prevention and response plan will be prepared before effectiveness, and contractor plans will be prepared before contracting. SEAH risk mitigation requirements will be integrated into all ESMPs.

73. An ESMF will be prepared before effectiveness outlining how environmental and social risks will be mitigated. These measures will be detailed in contractor specific ESMPs and area specific ESMPs as part of the integrated vaccination roll out plans. The plans will assess key stakeholder groups including disadvantaged groups and how they will be reached in information dissemination, stakeholder feedback and the grievance mechanism. LMP will outline fair treatment, non-discrimination and equal opportunity of project workers and contractors and OHS and child and forced labour requirements for other categories of workers and will be reflected in contractors LMPs. A security management framework will outline the way in which security is managed, and security risk assessments and management plans will be developed for each phase of vaccination roll out by an accredited security risk management firm.

VI. GRIEVANCE REDRESS SERVICES

74. Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level grievance redress mechanisms or the World Bank's Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed in order to address project-related concerns. Project affected communities and individuals may submit their complaint to the World Bank's independent Inspection Panel which determines whether harm occurred, or could occur, as a result of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate Grievance Redress Service (GRS), please visit: http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service. For information on how to submit complaints to the World Bank Inspection Panel, please visit *www.inspectionpanel.org*.

VII. KEY RISKS

75. **The overall risk to achieving the PDO is "High".** The large-scale acquisition and deployment of COVID-19 vaccines in Somalia entails significant risks. While mitigation measures have been identified the residual risks remain important as discussed below. The Project faces four major risks which are rated High, namely political and governance, technical design, institutional capacity, and fiduciary. The other risks are all rated as substantial.

- **Political and governance**: *High*. The precarious political situation in Somalia may adversely affect the roll out of

the vaccination campaign. With the first popular elections in more than a half-century postponed to October 2021 there are persistent risks of political instability, renewed violence, and rising insecurity. There have also been governance concerns at the FMoH which resulted in leadership changes. To mitigate these risks the Project will build and leverage on mitigation measures being put in place in the context of the *Damal Caafimaad* Project which will be managed by the same PCIU. This includes supporting regular consultations and stakeholder engagement at the technical level between the FGS and FMS to ensure continuity in activities during politically unstable periods; and assisting the FMoH to strengthen fiduciary capacity, including use of standardized mechanisms used across the World Bank's Somalia portfolio. In addition, the Project will be implemented through two experienced UN agencies with a sound record supporting the COVID-19 vaccination program.

- *Linked to the political situation, security risks of gathering large number of people* for publicly advertised vaccination campaigns and reaching rural areas are high, as some regions remain under the control of armed groups. These militias have targeted healthcare workers during past vaccination campaigns and have expressed negative views about vaccination. Most recently, Al Shabaab raised concerns over the Astra Zeneca vaccine which likely exacerbated vaccine uptake in areas under its control. Publicized vaccination campaigns may provide an easy target for terrorist attacks with risks for health staff, frontline workers, groups targeted for vaccination, and health facilities. These risks will require putting in place security plans for vaccination campaigns to ensure the safety of people and property. The use of pre-existing specialist security risk management services contracted by the SCRP PIU will offer expedient risk assessment and mitigation opportunities. In accordance with the ESF provisions, a security management framework will outline the way in which security is managed, and risk assessments and management plans will be developed by an accredited security risk management company which will monitor their implementation.

- **Technical Design**: *High*. There are inherent high risks in the design of the Project. The main risks stem from uncertainties concerning the vaccine global supply chain, given the steep global demand, variable manufacturer production capacity, and limited negotiating power of most low- and middle-income countries. This risk is considered high and has potential repercussions for the timely availability and deployment of vaccines. While this risk is beyond the government's control, several actions can be taken to partly mitigate the risk, including working through the COVAX facility as well as the African Union AVAT mechanism. The other risk relates to the feasibility of vaccinating millions of people at record speed in one of the most challenging country contexts in the world. To mitigate this risk the Project includes both demand and supply side interventions.

- **Institutional Capacity:** *High***.** Institutional and management capacity at the FMoH is modest. The Government's fiscal situation severely impedes its ability to mobilize resources, resulting in a heavy dependence on external financing. The VIRAT/VRAFT assessment highlighted key gaps that need to be addressed for effective deployment of the COVID-19 vaccines. To mitigate these risks and facilitate a swift rollout of the vaccine program, the Government and World Bank have agreed to contract key activities to the WHO and UNICEF while building FMoH oversight capacity. The two agencies have been working with the Government to support the national COVID-19 health response and are well positioned to provide support and continuity. The Government has gained experience in contracting activities/services under the COVID-19 CERC of the SCRP and will now leverage this capacity to expand the scope and mandate of the two UN agencies. Moreover, the recently approved Damal Caafimaad Project will bolster overall institutional capacity at the FMoH and the FMS with potential synergies and cost efficiencies of implementing the Project though the same PCIU.

- **Fiduciary:** *High***.** Financial management challenges at the FMoH may affect the Project. The recent governance

incidents highlighted the need for substantial support in handling financial management and procurement. In line with the mitigation measures for the Damal Caafimaad Project, these risks will be mitigated through use of the External Assistance Fiduciary Sections (EAFS), except for Hirshabelle State where transitional arrangements are underway. The EAFS units in the Accountant General's Department, are charged with overseeing financial management functions for all donor-funded projects and are supported under the Public Finance Management Capacity Building for Somalia Project (P117074). Contracting the UN agencies will also reduce fiduciary risks. The Project will benefit from the fiduciary experts recruited under the new project and from capacity building activities for the FMoH.

- **Macroeconomic:** *Substantial.* The macro-economic risks are substantial due to limited capacity of the Government to respond to external shocks and modest fiscal space capacity. Given that the economy's mainstay is agriculture, climate shocks could lower output, damage infrastructure, exacerbate water stress, displace people, and disrupt services. The key mitigation of macro-fiscal risks is the ongoing support from development partners, including the International Monetary Fund (IMF), to expand revenue mobilization.

- **Sector Strategy and Policies**: *Substantial*. While various strategies, policies, and plans (e.g., National Deployment and Vaccination Plan; National Vaccine Coverage and Purchase Plan; Priority Groups for Vaccination) have been elaborated these remain to be finetuned, fleshed out, and finalized. To mitigate this risk, the World Bank will coordinate with other partners (WHO, UNICEF, GAVI) to assist authorities to make these plans fully operational.

- **Environmental and Social**

  Environmental. *Substantial*. The environmental risks are substantial due to potential negative impacts, including risks emanating from vaccine storage and transportation and vaccine cold chain logistics. Other environmental risks include community health and safety risks, generation of medical waste (including contaminated waste), occupational health and safety risks involving medical workers involved in the vaccination program, such as risk of disease transmission. The increase in medical waste, haphazard use and disposal of disinfectants, masks, and gloves, and the burden of untreated waste pose potential environmental risks. Given the accelerated vaccine deployment strategy planned for the country, a substantial increase in the amount of glass, plastic and rubber residues from vaccine containers is anticipated. The sharp increase in the amount of medical and hazardous waste due to the projected widespread use of masks, especially by workers administering the vaccines, may threaten local ecosystems and place a heavy burden on the country which has limited resources for waste management. There is also a possibility for infectious microorganisms to be introduced into the environment if they are not contained within laboratories or quarantine facilities due to accidents/emergencies (e.g. fires or natural disasters, such as floods). Medical waste can also include chemicals and other hazardous materials used in diagnosis and treatment that can cause pollution. Other risks may include excessive use of non-renewable energy sources at service and storage centers, increased air pollution by medical waste incineration, transporting material and equipment, transporting workers to/from service points, as well as risks of accidental releasing of refrigerants used in cold chain facilities and vehicles used in supply chain into the atmosphere.

- **Social**. *Substantial*. *Elite capture*, whereby some groups get preferential treatment, and other groups suffer from potential exclusion is another important concern that affects all COVID-19 vaccination programs globally with potential reputational risks for both the government and the World Bank. There are potential risks that vulnerable or marginalized groups (e.g., IDPs, nomads, minorities, people with disabilities) may be excluded from or discriminated against in accessing vaccine services. Health seeking behavior in Somalia is often clan based and may disadvantage minority groups, who may not be comfortable seeking services particularly if they are not

purposefully included. To address these concerns, the government has identified clear criteria and an appropriate sequencing of who is expected to get the COVID-19 vaccine with the plan for reaching target groups considered equitable and in line with the WHO SAGE framework. The government has also proposed deployment of independent groups to facilitate third party monitoring and track compliance. To this end, the plan is to engage local CSOs to facilitate citizen engagement and oversight, seeking views of beneficiaries about satisfaction with the program leveraging popular forums and platforms, which give a voice to citizens. In addition, grievance mechanisms will be put in place to allow beneficiaries to report concerns and lapses in service delivery.

- **Stakeholder**: *Substantial*. *Vaccine hesitancy* is a major risk in Somalia, given widespread perceptions that the pandemic is under control and considering stigma and rumors associated with COVID-19. Stakeholder engagement and strong behavior change communication will be critical to address these risks. Virtual communication with key stakeholders and representatives of disadvantaged and marginalized groups including women, IDPs, minority groups, and nomadic pastoralists will be necessary. The NVDP includes a multi-prong demand generation and community engagement strategy to improve awareness and knowledge of COVID-19 vaccine, increase trust, and reduce misinformation by: (i) mobilizing key stakeholders (e.g., faith leaders, local authorities, social media), (ii) tracking rumors, (iii) introducing two-way conversations at community level, (iv) training of health and community workers and media, and (v) establishing a hotline where people can call in privately.

- There are also *access barriers for different stakeholders,* whereby some may face geographic or cultural impediments. Access barriers will require putting in place a well targeted strategy that is tailored to different stakeholders and reflects the highly variable conditions in different states, considering both demand and supply side impediments. Special attention will be given to ensuring that females have equitable access to vaccines through women-friendly platforms and tailored communication materials, given the various barriers they face to accessing health services (e.g., limited access to trustworthy information; inability to travel to health centers on their own if husbands are not supportive; or increased exposure to harm if they need to travel long distances to access health facilities, particularly in insecure areas). To this end, the Project will support the following types of activities: (a) conducting sensitization and capacity building to improve understanding, management, and monitoring of SEAH risks throughout the life of the project; (b) ensuring regular community consultations to raise awareness of the risk of Sex Exploitation Abuse (SEA)/GBV and measures for reporting and response; and (c) ensuring that grievance redress measures include mechanisms for safe and confidential reporting of cases of SEAH. SEAH risk mitigation requirements will be integrated into all relevant safeguard instruments. Health workers in both public and private facilities, together with medical associations and female health workers (funded under RCRF) who are leading by example and actively promoting vaccination among priority groups, via house to house visits and supporting with information materials are expected to play a key role. The Project will also adopt a robust series of SEAH risk mitigation measures to prevent incidences from occurring.[8] Furthermore, a tailored strategy will be used for reducing access barriers for IDPs and ensuring they have equitable access to vaccines.

[8] These measures will include: (a) conducting sensitization and capacity building to improve understanding, management, and monitoring of SEAH risks throughout the life of the project; (b) ensuring regular community consultations to raise awareness of the risk of SEA /GBV and measures for reporting and response; and (c) ensuring that grievance redress measures include mechanisms for safe and confidential reporting of cases of SEAH. SEAH risk mitigation requirements will be integrated into all relevant safeguard instruments.

- *Occupational safety* and health concerns will require ensuring that terms and conditions of employment are adequate and redress mechanisms are in place and are functional to ensure personnel is adequately protected. To this end, Labor Management Procedures will outline fair treatment, non-discriminatory and equal opportunity policies for health workers and contractors and to address child labor, to be reflected in labor management plans. Likewise, appropriate prevention measures will need to be taken during vaccination campaigns such as social distancing and mask wearing to protect both health staff and people being vaccinated.

76. **Environmental and social risks and mitigation measures will be articulated in the Environmental and Social Management Framework (ESMF) for the Project, as well as in area-specific Environmental and Social Management Plans (ESMPs).** The SEPs will outline procedures to identify key stakeholders, including vulnerable and marginalized group representatives to ensure inclusive and transparent consultation processes throughout the project cycle before implementation begins. The SEPs, will include a description of a Project Grievance Redress Mechanism (GRM) which will link to mechanisms at the point of service and will have separate and confidential mechanisms for receiving complaints of sexual exploitation and abuse and sexual harassment and other forms of gender based violence and established protocols to enable survivor-centered responses. The GRM will also link to wider beneficiary feedback mechanisms that would look at service standards, beneficiary satisfaction, and other citizen engagement tools. Risks related to infection prevention and control and medical waste will be mitigated through measures articulated in the IPC-WMP.

Gender

77. **Despite considerable progress, gender inequality continues to be a societal problem in Somalia, primarily due to cultural norms and traditions.** Somalia has one of the highest gender inequality indices (GII) in the world at close to 0.8 (2012), ranking fourth worldwide in terms of gender disparities. Women are often impeded from fully accessing health and education services, and benefitting from employment opportunities, leaving many with limited autonomy and heavy dependence on spouses. This is further exacerbated by conflict, insecurity, and widespread poverty, which leave women disproportionately vulnerable to gender-based violence. The health and economic impacts of COVID-19, in tandem with government mandated lockdowns, have only amplified these challenges. Furthermore, with the initial focus on target groups which are comprised of women has lagged during the initial stage with women representing only 25 percent of those vaccinated to date.

78. **To address gender related vaccination concerns several strategies have been identified and built into the project design**. Under Component 1 Vaccine Deployment and Acquisition: Sub-Component 1.2 Social Mobilization Efforts (US$5.0 million IDA financing), the Project will support social mobilization efforts such as tailoring communication materials to target women and adapting outreach services to reach women, including use of women-led community platforms. A special emphasis will be placed on leveraging the voices of Somali women to promote COVID-19 vaccine acceptance, drawing on findings from the Africa Voices Foundation survey. The Project will also train health workers at community and hospital levels and sensitize them to understand and address the needs of female clients. Finally, to address geographic disparities in uptake of vaccine by sex, the Project will support tracking and monitoring of acceptance of COVID-19 vaccines by women with a view to identifying gaps early and identifying remedial actions.

Climate

79. **The project has been screened for short and long-term climate change and disaster, and a high risk to the project was identified due to extreme precipitation and flooding as well as droughts.** Somalia is in the Horn of Africa. The country's topography ranges from hilly in the north, to flat in the central and southern regions. The mean annual

temperature is close to 30℃ throughout the country. Mean annual temperatures are projected to increase by around 3℃ across all areas of Somalia by the end of the century. Precipitation is generally low across the country and takes the form of showers or localized torrential rains, subject to high spatial and temporal variability. Precipitation projections indicate a general increase in annual rainfall by the end of the century. In the past 30 years, droughts have become more intense and frequent in Somalia. The country has faced four severe droughts during the current decade, namely in 2012, 2017,2019, and 2021. Droughts are projected to increase in terms of frequency and severity. In addition to intensified droughts, flooding is also increasing, creating a cyclic-flood-drought pattern. Somalia also has the longest coastline in mainland Africa, and is prone to cyclones, a source of extreme precipitation and flooding along with high winds. According to both the IOM and the United Nations high Commission for Human Rights, droughts and floods have created internal displacement, which is projected to increase as the impacts of climate change intensify.

80. **The health impacts on climate change in Somalia are numerous.** Flooding and droughts, hamper food security, and contribute to malnutrition. Higher temperatures contribute to cardiac, respiratory, and heat-related diseases. Mass displacements caused by droughts, coupled with lack of access to potable water, place large numbers of people at high risk of contracting water-borne diseases. Heavy rainfall also increases the incidence of water-borne diseases such as acute watery diarrhea/cholera and the range of mosquitoes, results in a high incidence of vector-borne diseases. Somalia has a high incidence of Typhoid with between 100 and 1,000 cases per 100,000 people per year. Cholera is also a persistent problem with periodic outbreaks, such as in 2017. Meningitis, another disease which is exacerbated by climactic conditions, is endemic in Somalia, accounting for 3.7 percent of all deaths in 2018, and ranking the country as the fourth most impacted by Meningitis globally. Malaria is endemic in the Central and Southern areas of the country. In addition to the direct health impacts of climate change, flooding inhibits movement of supplies and can destroy health facilities, water supplies and transportation networks. For example, flooding in 2019 caused over US$270 million in damage in the country, including substantial damage to transportation networks, health facilities, and water and sanitation services. Extreme heat makes it more challenging for patients to access health services. Vulnerable groups, namely women, migrants and displaced populations are particularly affected by climate and disaster risks.

81. **Somalia has shown a commitment to address climate change with the climate-related activities under the Project aligning with the country's climate priorities.** The Ministry of Environment in Somalia prepared the Nationally Determined Contribution in line with the UN Framework Convention on Climate Change to formulate Somalia's policy, plans and mitigation and adaptation projects intended to achieve climate resilience. Somalia ratified the Paris Agreement on April 22, 2016. The country has also developed a National Adaptation Program of Action (NAPA) in 2013, in consultation with the United Nations Development Program. The NAPA (2013) identifies key health risks associated with droughts, including food shortages leading to malnutrition, psychological disorders, increased incidence of pneumonia, asthma, and other lung and nasal diseases, and higher levels of mortality. The Project aligns to the strategic priorities of the NAPA, such as building community awareness of climate change, increasing monitoring and risk forecasting capacities, and contributing to enhancing climate resilience.

82. **The Project intends to address these vulnerabilities and enhance climate resilience and adaptation through the following measures:**

Table 11: Climate Adaptation Measures

CLIMATE ADAPTATION ACTIVITIES FINANCED BY THE PROJECT			
Project Component	**Activity**	**Climate-related action**	**How will activity address climate-related vulnerabilities?**
Component 1: Vaccine Deployment and Acquisition (US$31.0 million)			
Subcomponent 1.1: Transportation, supply chain and logistics capacity strengthening for in country distribution (US$11.0 million)	• Climate vulnerability assessment	• Assess the potential impacts of climate (floods, droughts, extreme heat) on vaccine distribution and other project activities	• Generate information on potential ways the climate may impact project activities to facilitate adaptation measures
	• Climate-sensitive vaccine distribution planning	• Integration of climate risk considerations in the event of floods, cyclones, and droughts, in the vaccine logistics plan and identification of how to protect health workers and patients from extreme heat • Development of contingency plans for vaccine distribution during climate emergencies, particularly droughts and floods	• Reduce vaccine deployment vulnerability to climate change-induced extreme weather events
Subcomponent 1.2: Social mobilization efforts (US$ 5.0 million)	• Climate-communication campaigns to mitigate against climate-induced outbreaks	• Risk communication messages on preparedness for climate shocks and awareness and containment measures for climate-induced, outbreak-prone diseases, such as water-borne diseases, to raise public awareness on climate resilience. For example, risk communication will include messages on how to prevent the risk of acquiring climate-related diseases in the event of flooding such as typhoid and cholera, and how to prevent dehydration and heat stroke in the event of extreme heat	• Reduce people's vulnerability to climate change related diseases

Subcomponent 1.4: Strengthening health care waste management (US$2.0 million)	• Waste management in flood-prone areas	• Improve medical waste management capacity of health workers in flood-prone areas through specialized training modules on health care waste management for these areas by financing guidelines and staff trainings to manage protective equipment. The guidelines will specifically address differentiated waste management practices in flood-prone areas to ensure flood water is not contaminated with disposed supplies and waste is not buried in flood prone areas to be unearthed by floods	• Reducing waste in flood-prone areas enhances climate resilience and reduces environmental and health hazards
Component 2: Implementation Management (US$14 million)			
Component 2.1: Program Management Support (US$7.0 Million)	• Monitoring climate activities under the project	• Monitor implementation of climate related activities in the project, including climate risk communication campaigns, climate-related disease surveillance, waste management capacity trainings and climate friendly cold chain purchases	• Strengthen project capacity to adapt to, prepare for, and respond to climate risks
Component 2.2: Supervision, Coordination, HR, & Training (US$5.0 million)	• Training on vaccination campaigns during climate shocks	• Train healthcare workers on vaccine distribution during climate emergencies. Trainings will include specific modules on disaster risk management/response to ensure patient access to vaccines in case of extreme weather events or other climate-induced disruptions to vaccine delivery	• Ensure continuity of vaccination during climate shocks

83. **The project intends to mitigate against the impacts of climate change through the following measures which aim to contribute to greenhouse gas reductions:**

Table 12: Climatic Impact Mitigation Measures

CLIMATE MITIGATION ACTIVITIES FINANCED BY THE PROJECT			
Project Component	***Activity***	***Climate-related action***	***Intended mitigation***
Component 1: Vaccine Deployment and Acquisition (US$31.0 Million)			
Subcomponent 1.1: Transportation, supply chain and	• Procurement of solar direct drive refrigerators for vaccine deployment	• Purchase solar direct drive refrigerators, for vaccine deployment. Procurement conditions will be used to ensure	• Contribute to reduced greenhouse gas emissions

logistics capacity strengthening for in country distribution (US$11.0 million)	(as needed)	solar direct drive refrigerators are purchased (as needed)	
	• Route optimization to reduce fuel use	• Route optimization will be taken into account for vaccine transportation by adjusting routes for vehicles depending on weather and road conditions. This will improve fuel mileage and fuel efficiency of the vehicles	• Reduce the use of fuel and emissions

VIII. RESULTS FRAMEWORK AND MONITORING

Results Framework
COUNTRY: Somalia
Somalia COVID-19 Emergency Vaccination Project

Project Development Objective(s)

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

Project Development Objective Indicators

Indicator Name	PBC	Baseline	End Target
COVID-19 vaccine coverage			
Proportion of population fully vaccinated, which is included in the priority population targets defined in the national plan, by sex (Percentage)		0.00	27.60

Intermediate Results Indicators by Components

Indicator Name	PBC	Baseline	End Target
Vaccine Deployment and Acquisition			

Indicator Name	PBC	Baseline	End Target
Proportion of the population which expresses acceptance of COVID-19 vaccines, by sex (Percentage)		77.00	90.00
Proportion of COVID-19 vaccine doses administered against allocations, by state (Percentage)		80.00	90.00
Number of social mobilization campaigns on COVID-19 vaccination. (Number)		0.00	50.00
Number of Effective Vaccine Management (EVM) assessments completed with composite scores of 80 percent or higher (Number)		0.00	6.00
A AEFI system is put in place and is capable of reporting adverse effects (Number)		0.00	6.00

Monitoring & Evaluation Plan: PDO Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Proportion of population fully vaccinated, which is included in the priority population targets defined in the national plan, by sex	Numerator: Number of people that received a full COVID-19 vaccine course; Denominator: Total population of Somalia	Every 6 months	Ministry of Health (MoH)	Monitoring system of the MoH	MoH

Monitoring & Evaluation Plan: Intermediate Results Indicators					
Indicator Name	**Definition/Description**	**Frequency**	**Datasource**	**Methodology for Data Collection**	**Responsibility for Data Collection**
Proportion of the population which expresses acceptance of COVID-19 vaccines, by sex	Proportion of the population which expresses acceptance of COVID-19 vaccines, by sex	Every six months	MoH	Monitoring system for vaccine roll out	MoH
Proportion of COVID-19 vaccine doses administered against allocations, by state	Numerator: Number of COVID-19 vaccines administered; Denominator: Total number of COVID-19 vaccines doses allocated; Disaggregate by state	Every 6 months	MoH	MoH monitoring system for vaccine roll out	MoH
Number of social mobilization campaigns on COVID-19 vaccination.	Number of social mobilization campaigns on COVID-19 vaccination.	Every six months	MoH and UNICEF	Risk communication and social mobilization data tools	MoH and UNICEF
Number of Effective Vaccine Management (EVM) assessments completed with composite scores of 80 percent or higher	Number of states that have completed an EVM and had a score of 80% or above	Every six months	UNICEF and WHO supply chain assessments	UNICEF and WHO supply chain assessments	MoH, UNICEF and WHO
A AEFI system is put in place and is capable of reporting adverse effects	Numerator: number of states that have set AEFI systems in place;	Every 6 months	MoH and WHO AEFI monitoring systems at state level	MoH and WHO monitoring system outputs	MoH and WHO

ANNEX 1: Status of Vaccines as of August 16, 2021

Vaccine	SRA Emergency Use Approval	WHO PQ/EUL
BNT162b2/COMIRNATY Tozinameran (INN) - Pfizer BioNTech	United Kingdom: December 2, 2020 Canada: December 9, 2020 United States of America: December 11, 2020 European Union: December 21, 2020 Switzerland: December 19, 2020 Australia: January 25, 2021	WHO Emergency Use Listing (EUL): December 31, 2020
mRNA-1273 - Moderna	USA: December 18, 2020 Canada: December 23, 2020 EU: January 6, 2021 Switzerland: January 12h, 2021 UK: January 8, 2021	WHO EUL: April 20, 2021
AZD1222 (also known as ChAdOx1_nCoV19/ commercialized as COVISHIELD in India) - AstraZeneca/Oxford	UK: December 30, 2020 EU: January 29, 2021 Australia: February 16th, 2021 (overseas manufacturing); March 21, 2021 (for local manufacturing by CSL – Seqirus) Canada: February 26, 2021	WHO EUL: February 15, 2021 for vaccines manufactured by SK Bio and Serum Institute of India
Ad26.COV2.S - Johnson & Johnson	USA: February 27, 2021 Canada: March 5, 2021 EU: March 11, 2021 Switzerland: March 22, 2021 UK: May 28, 2021 Australia: June 25, 2021	WHO EUL: March 12, 2021
BBIBP-CorV - Sinopharm		WHO EUL: May 7, 2021 for vaccines manufactured by Beijing Institute of Biological Products Co Ltd E-Town Vaccine Industry Base No. 6 &9 Bo'xing 2nd Road Economic-Technological Development Area Beijing, P.R. China
CoronaVac - Sinovac		WHO EUL: June 1, 2021 for vaccines manufactured by Sinovac Life Sciences Co., Ltd. No. 21, Tianfu Street, Daxing Biomedicine Industrial Base of Zhongguancun Science Park, Daxing District, Beijing, P.R. China

ANNEX 2: Project Costs

COUNTRY: Somalia
Somalia COVID-19 Emergency Vaccination Project

Program Components	Project Cost (US$ million)	IBRD or IDA Financing	Trust Funds	Counterpart Funding
Vaccine Deployment and Acquisition	31.00	31.00	0.00	0.00
Implementation Management	14.00	14.00	0.00	0.00
Total Costs	45.00	45.00		
Total Costs				
Front End Fees				
Total Financing Required				

ANNEX 3: Implementation Arrangements and Support Plan

COUNTRY: Somalia
Somalia COVID-19 Emergency Vaccination Project

1. **The World Bank's implementation support will focus on helping the FMoH to build its capacity to oversee the national COVID-19 vaccination program and work in close collaboration with the UN agencies being contracted to provide technical leadership.** To this end, the World Bank will support the FMoH to play its normative functions by providing policy advice, supporting complementary analytic work, and facilitating knowledge sharing and learning with other countries participating in the MPA. A learning agenda is under discussion and is expected to address key issues such as vaccine readiness, vaccine hesitancy and risk communication and performance monitoring. Somalia is expected to benefit from World Bank-facilitated knowledge sharing events with other countries implementing COVID-19 vaccine programs in similar contexts.

2. **In terms of strengthening fiduciary compliance, technical assistance may be needed as described in the relevant sections of the Project Appraisal Document.** With the relatively modest capacity of the FMoH with World Bank operations, technical support and training on procurement and financial management procedures will be provided to complement the implementation support of the UN agencies to be recruited. The Project will leverage the recently established PCIU within the MoH to ensure strong ownership of the government's COVID-19 vaccination program and to promote close coordination with activities to be funded under the new health sector operation. To date, the PCIU has recruited a Procurement Specialist and a Financial Management Specialist. The PCIU is being further strengthened through the recruitment of a broader team of specialists (e.g. security, contract management, environmental and social safeguards, gender-based violence, communications, M&E) to manage the Damal Caafimaad Project. These specialists will provide support to the new Project with an additional Social Development Specialist, Behavior Change Communication Specialist, and Environmental Specialist to be recruited to support the additional workload. In addition, the Project may also leverage support from social and environmental specialists being recruited under the *Damal Caafimaad* Project at the FMS level (i.e. in three of the five FMS supported under the *Damal Caafimaad* Project there will be one social development/gender based violence specialist and a part time environmental specialist; in the other two FMS, additional specialists may be recruited as required). To further enhance technical capacity and to strengthen the MoH's leadership functions, the Project will rely on the National Vaccine Coordination Committee for COVID-19 which is comprised of the Director Generals of the MoHs at the Federal and FMS levels to provide oversight. The PCIU will handle financial management, procurement, M&E, and environmental and social safeguards arrangements and will oversee intergovernmental coordination between the FGS and FMS MoHs. As a condition of effectiveness (within 90 days), POM will be prepared to describe the roles and responsibilities of key stakeholders and the monitoring, technical and operational arrangements under the Project. The World Bank team will provide hands on training and capacity building to the PCIU to ensure it becomes operational quickly and will be able to effectively handle management, coordination, oversight, and implementation support for the COVID-19 vaccination program.

3. **The PIU of the SCRP within the MoF and Planning, Investment and Economic Development (MoPIED), which manage the implementation of the World Bank-funded CERC activities, will provide short-term critical**

support to the MoH PCIU, including on security risk management. This will enable the World Bank to respond expeditiously and efficiently to the government's request to accelerate the roll out of COVID-19 vaccines in Somalia while the PCIU in the MoH gets fully functional. To this end, the SCRP-PIU which has been effectively managing the CERC, will provide short-term support to the MoH PIU by allowing the health specialists hired under the SCRP to be availed on technical issues to the new MoH PCIU, facilitating the rapid effectiveness of the new Project while recruitment for the MoH PCIU is completed. The SCRP has contracted the services of a SRMC to ensure coherence with provisions under ESS1 and ESS4. The SRMC will provide short-term interim support on security risk management for the COVID-19 Emergency Vaccination Project. In parallel, the PCIU at the MoH will be initiating the process of recruiting a company to support security risk management for both health operations. The terms of reference for the recruitment of a company for the new health operation is currently under review. Through the preparation and implementation process of the CERC-COVID 19 emergency health response, the SCRP-PIU has gained substantial experience managing World Bank operations, working closely with the FMoH team and with the main UN agencies (UNICEF, WHO) engaged in the COVID-19 response in Somalia. Leveraging SCRP-PIU's experience at this critical juncture in the COVID-19 vaccination program will support the MoH to hit the ground running more quickly.

4. **Development partners are expected to continue providing technical assistance, and operational support, to strengthen the implementation of project activities, in line with their respective mandates.** The WHO, with its in-country expertise and overall coordination role for COVID-19 response activities, will continue to be an important technical partner. GAVI will be leading the policy dialogue on the acquisition of vaccines through the COVAX facility. UNICEF will provide operational support with respect to the procurement and delivery of COVID-19 vaccines. The FMoH, specifically the PCIU, will enter into service agreements with the two main UN agencies (UNICEF, WHO) to support the implementation and roll out of the COVID-19 vaccination campaign. The contracting arrangements will build and leverage on experience with the recruitment of the two UN agencies which manage the CERC-funded activities under the SCRP. The World Bank will coordinate its implementation support with these partners to get the most value-for-money, avoid duplication, and exploit synergies.

5. **While support will be provided throughout project implementation, it is anticipated that more intense support will be needed in the first 12 months after project approval.** The World Bank technical, fiduciary, security, and environmental and social development specialists will provide in-depth support during the first 12 months as they have done throughout the preparation process. Implementation support will focus on contracting UN Agencies and other groups for third party monitoring; and capacity building of key stakeholders at the relevant institutions—MoH, Public Health Directorate and EPI—to support effective deployment of COVID-19 vaccines.

Table 3.1: Summary of activities in the implementation arrangements and support plan

Timeline	Focus	Skills Needed	Resource Estimate
0–12 months	Setting up project implementation activities through institutional capacity strengthening, preparation for first procurement packages and technical assistance for implementation design.	Project management, operational, technical (including M&E), fiduciary, environment, and social.	At minimum, 3 formal implementation support missions. Just-in-time technical assistance.
12–24 months	Continued institutional capacity enhancement, implementation monitoring, operational and technical assistance to support implementation.	Project management, operational, technical (including M&E), fiduciary, environment, and social.	Two formal implementation support missions; just-in-time technical assistance.
Completion phase	Implementation Completion Report (ICR) and final payments	Project management, technical, fiduciary.	ICR mission