



The World Bank

Second Additional Financing for the Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)
(P178100)

Additional Financing Appraisal Environmental and
Social Review Summary
Appraisal Stage
(AF ESRS Appraisal Stage)

Date Prepared/Updated: 11/23/2021 | Report No: ESRSAFA281



BASIC INFORMATION

A. Basic Project Data

Country	Region	Borrower(s)	Implementing Agency(ies)
Mauritania	AFRICA WEST	Islamic Republic of Mauritania	Ministry of Health
Project ID	Project Name		
P178100	Second Additional Financing for the Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)		
Parent Project ID (if any)	Parent Project Name		
P173837	Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	12/9/2021	12/23/2021

Proposed Development Objective

To strengthen the national public health preparedness capacity to prevent, detect and respond to the COVID-19 pandemic in Mauritania

Financing (in USD Million)	Amount
Current Financing	5.20
Proposed Additional Financing	20.00
Total Proposed Financing	25.20

B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?

No

C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]

Public Disclosure



The Ministry of Health (MoH) with the support of the World Health Organisation (WHO) has developed and is implementing Mauritania’s National COVID-19 preparedness and Response Plan. The plan focuses on scaling-up and strengthening all aspect of preparedness and response, including coordination, surveillance, case management, communication and social mobilization, psychosocial response, logistics and safety. Its implementation is already supported by the Regional Disease Surveillance Systems Enhancement (REDISSE) Project (IDA-D3140). Activities that will be financed under the COVID-19 Fast-Track Facility will be coordinated by the MoH with the support of WHO to ensure that gaps are covered and duplication is minimized.

The proposed Project will address critical, country-level needs for preparedness and response for COVID-19. The scope and the components of this project are fully aligned with the COVID-19 Fast Track Facility and adapted to the country’s urgent preparedness and response needs related to the COVID-19 outbreak. The proposed Project will consist of two components supporting the country’s detection and response efforts in the fight against COVID-19. It will support activities aimed at strengthening the country’s capacity to: (i) identify, isolate, and provide care for patients with COVID-19 in a timely manner to minimize disease spread, morbidity and mortality; (ii) prepare and strengthen the health system for increasing levels of demand for care; and (iii) provide timely, transparent and evidence-based information to support healthcare interventions. The total Project cost, including this proposed second Additional Financing (AF), is US\$40.2 million, of which US\$0.8 million is in counterpart funding (CF) from the Government of Mauritania. This 2nd AF will scale up the parent project’s (PP) activities, as well as the first AF (P176526), to better respond to the threat of COVID-19 in Mauritania and to prepare immunization systems for the deployment of COVID-19 vaccine. The 2nd AF will strengthen the national immunization and related health delivery system in a way that will promote an effective COVID-19 response and generate, as far as feasible, long-lasting resilience. Purchasing vaccines is just one step in a complex, multi-dimensional effort that involves detailed planning and implementation of a vaccine deployment program in Mauritania. This includes a variety of issues, such as effective microplanning, safe and appropriate transportation, storage, training, ancillary materials, registration, effective vaccine logistics and a suitable information management system. Technical assistance services, training, social mobilization campaigns, and mechanisms that remove demand-side barriers to access are also essential to foster confidence and promote the early up-take of vaccines.

D. Environmental and Social Overview

D.1. Detailed project location(s) and salient physical characteristics relevant to the E&S assessment [geographic, environmental, social]

As it was for the PP and the first AF, the 2nd AF will also be implemented nationwide in existing health facilities in urban areas and remote areas. The 2nd AF will form part of an expanded health response to the pandemic. The activities will build on a COVID-19 MPA-Program Covid-19 Strategic Preparedness And Response Project (SPRP) (P173837) as well as on the Bank’s existing health portfolio Health System Support (P156165), Health System Support Additional Financing (P170585) and REDISSE (P161163), and support other developing partners in the context of the overall government COVID-19 response.

Mauritania registered its first COVID-19 case on March 14, 2020, and as of November 21, 2021 there were 38 699 confirmed cases and 821 deaths. The initial confirmed COVID-19 cases were few with only 8 cases reported in the first two months and fewer than 100 cases confirmed until May 20, 2020. Similarly, to other neighboring countries, Mauritania experienced a third wave in July 2021, registering 401 daily confirmed cases on July 29, 2021 (peak). There is a potential fourth wave developing as confirmed cases are rising in eastern part of the country. Mauritania is ranked

Public Disclosure



fifth in the highest number of cases and third in the highest number of deaths due to COVID-19 in West Africa. Mauritania's COVID-19 Vaccination campaign started on March 24, 2021 with priority groups as planned in the National Deployment and Vaccination Plan (NDVP). By June 2021, the vaccination was extended to people over 18 years of age due to low turnout. As of November 14, 2021, 666,011 people or 24.8 percent of the target population were reported to be fully vaccinated. Mauritania is considered one of the leading countries in the region in terms of vaccine deployment and coverage.

The 2nd AF is organized around two components: Component 1: Emergency COVID-19 Response: Through this component, the 2nd AF will continue to support the reinforcement of the health system to prevent, detect, and treat COVID-19 cases. It will support new activities, such as : (i) oxygen and resuscitation equipment; (ii) 6 fuel-efficient ambulances; and (iii) acquisition of 4 fuel-efficient trucks (under sub-component 1.2); (iv) acquisition of audiovisual equipment for the development and recording of messages for the general public; (v) acquisition of cameras and other communication supplies; and (vi) recruitment of communication professionals (under sub-component 1.3); and (vii) the recruitment of specialists/personnel to provide additional technical assistance and human resources at the regional level for vaccine deployment as a new activity (under sub-component 1.4).

Component 2: Implementation Management and Monitoring and Evaluation: the 2nd AF will continue to support the implementation actors at central and local levels regarding coordination, financial management (FM), procurement, and the development of project monitoring and the evaluation. New activities include (i) the recruitment of a technical coordinator, an implementation specialist, a program assistant, and an agent ; (ii) the acquisition of energy-efficient computer and office equipment; and (iii) the procurement of 3 energy-efficient vehicles for supervision (under sub-component 2.1); (iv) the establishment of a digital vaccination platform for the management of the vaccination process and the management of surveillance and pharmacovigilance data and monitoring, which will improve data collection, analysis, reporting, the use of data for action and decision making, and provide online access to vaccination cards for the population and (v) the procurement of 2,000 tablets to reduce record the loss, training, and recruitment of personnel to provide technical assistance for the digital vaccination platform being established under sub-component 2.3).

D. 2. Borrower's Institutional Capacity

As with the Parent and the first AF Project, this 2nd AF will be implemented by the Ministry of Health, as the main recipient and executing agency of the project. The MoH has previous experience implementing the parent project and INAYA project (P156165), as well as its Additional Financing (P170585). The Department of Public Hygiene of the Ministry of Health has been responsible for the implementation of INAYA environmental and social safeguards and will continue with COVID-19 activities. The scope of the proposed project can be accommodated by drawing on existing capacity in the Directorate of Public Health, as well as drawing on the expertise of the environmental and social specialist in the INAYA project. Project-appropriate Environmental Management Plan checklists have been prepared for each participating health facility. The Department of Public Hygiene has carried out a strong, nationwide training program on public health and hygiene for health workers and community-based health and sanitation workers.



The MoH has prior experience with World Bank investment projects and has already applied the Bank’s Environmental and Social Framework (ESF). MoH staff benefited from several rounds of training on World Bank Operational Policies and, more recently, on the ESF. The project has recruited a social specialist who will continue to support the second AF as well. The project has recruited a social development specialist under the first AF. It needs to recruit one environmental specialist, as the Environmental consultant who was supporting the environmental and social risk management aspects of the Project Parent, and the first AF, left. The new specialist will benefit from capacity building from the World Bank group team. To date the PP and implementation of the first AF make it possible for some of the main lessons learned to be shared. The COVID-19 pandemic poses a unique set of challenges in terms of preventive, responses and control measures that go beyond current MoH capacity. Specifically: i) challenges in implementing the agreed E&S measures on time due to the extreme pressure imposed on the MoH and other health structures by the pandemic to and to the subsequent need of reassessing priorities and acting upon them; ii) the need of additional human and financial resources to address the specific needs imposed by the pandemic in a timely and proper manner; and iii) the criticality of coordination among the different units managing the pandemic.

In addition, this second AF will strengthen the country’s national capacity to coordinate and collaborate with other agencies currently responding to the crisis, such as WHO, the United Nations Children’s Fund (UNICEF) and the Global Vaccine Alliance (Gavi).

II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

The environmental risk classification for the project remains Substantial. The project will have positive long-term environmental impacts, as it should improve COVID-19 surveillance, monitoring, treatment and containment. Nevertheless, there are a number of substantial short-term environmental risks that need to be addressed. The main environmental risks identified are: (i) the Occupational Health and Safety (OHS) issues related to a large extent to the testing and handling of supplies, transportation and conservation of vaccines etc., as well as to a lesser degree to civil works renovations inside functional health care facilities. The OHS issues are also related to the use of new trucks and ambulances to be provided by the project, as well as to the availability and supply of personal protective equipment (PPE) for healthcare workers, and the logistical challenges involved in transporting PPE across the country in a timely manner; (ii) the production and management of medical healthcare waste (especially the handling of highly infectious medical waste from COVID-19); and (iii) community health and safety issues related to the handling, transportation and disposal of hazardous and infectious healthcare waste, disposing of supplies and medical samples, and the rehabilitation of health centers. As no civil works other than refurbishing the facilities on existing hospital grounds or other government-owned sites are to be undertaken, environmental risks associated with these works are expected to be minor and readily mitigated. Health care waste and chemical waste (including water, reagents, infected materials etc.) generated from disease detection capacity can have a substantial impact on the environment and human health. Waste that may be generated from health facilities/labs could include liquid



contaminated waste, chemicals and other hazardous materials, and other waste from labs/quarantine/isolation centers, including sharps used in diagnosis and treatment. All of this requires special handling and awareness, as it may pose an occupational risk to health care workers of infections and to communities if not disposed of properly.

Social Risk Rating

Moderate

As for the PP and first AF, the anticipated overall social risks for the second AF remain moderate. The proposed second AF is anticipated to have a positive social impact both at the individual and community levels, as it addresses the health sector responses to the COVID-19 emergency. Nonetheless, social risks related to the challenges of the COVID-19 epidemic are anticipated. These include: i) difficulties in accessing health facilities and services for the overall population; ii) marginalized and vulnerable social groups being unable to access vaccines, facilities, and services designed to combat the disease; iii) complaints regarding the vaccine administration process, and risks to human security resulting from diagnostics testing, the limited availability of vaccines, and social tensions related to the difficulties of a pandemic situation; iv) Sexual Exploitation and Abuse/Sexual Health (SEA/SH) risks among patients and health care providers, especially in relation to the distribution of lifesaving vaccines; v); inappropriate data protection measures and insufficient/ineffective stakeholder communication on the vaccine rollout strategy; vi) risks associated with Adverse Events Following Immunization (AEFI); and vii) the risk of elite capture and/or corruption as the Covid-19 vaccine will be in short supply relative to the demand. There is also an institutional contextual risk, given the unique set of challenges in terms of preventive responses and control measures related to the pandemic. In all, risks and impacts are considered mostly temporary, predictable and/or reversible, but some could become widespread given the highly infectious nature of the COVID-19 virus.

B. Environment and Social Standards (ESSs) that Apply to the Activities Being Considered

B.1. General Assessment

ESS1 Assessment and Management of Environmental and Social Risks and Impacts

Overview of the relevance of the Standard for the Project:

As the first AF project, this 2nd AF is expected to result in positive environmental and social impacts as it seeks to improve planning, processes and on-the-ground service delivery for COVID-19 surveillance, containment and response. Lessons learnt from the implementation of the parent project and first AF will continue be capitalized on through this 2nd AF, and include: the availability of a dedicated environmental specialist; capacity building on biomedical waste management; regular monitoring meeting with Bank specialists in order to make up lost ground on E&S implementation. Minutes, with proposed corrective measures, help to set interim goals and document incremental progress. The Project Implementation Unit (PIU) is building on the Grievance Mechanism (GM) from the INAYA (parent) project, as well as from regular information and a communication campaign. Nonetheless, second AF activities still present some E&S risks. Environmental and social risks and impacts under Component 1 are related to risks associated with labor and working conditions, medical waste, and community health and safety. Under component 1, small works rehabilitation is expected to take place to upgrade existing health facilities. Land acquisition is not expected as the project will focus on existing facilities. Risks and impacts related to the rehabilitation of selected health care facilities are anticipated to be moderate and site-specific.

Key environmental risks are related to: (i) management of biomedical waste, and (ii) OHS issues related to testing, handling, transporting, disposing of supplies and medical samples, and upgrading of designated health facilities.



There is a possibility of adverse risks and impacts to human health and the environment taking place from infectious micro-organisms, if adequate control measures are not in place within labs and/or health facilities. The infectious waste expected includes waste streams generated from COVID-19 patients. Medical waste may also include chemicals and other hazardous materials used in diagnosis and treatment. Contamination may cause severe human disease, present a serious hazard to workers, and/or present a risk of spreading to the community.

Among the main social risks there is the potential inability of disadvantaged/vulnerable individuals or groups to access facilities, services and vaccines. The Stakeholder Engagement Plan (SEP) has identified the main disadvantaged/vulnerable individuals/groups, including: the elderly; chronically ill and immuno-depressed persons; pregnant girls and women; populations with previous health problems; persons with disabilities and their caregivers; the homeless, including street children; female-headed households or single mothers with underage children; the unemployed; illiterate people; and populations living in remote and isolated areas. Their vulnerability varies and is related to their origin, gender, age, health condition, income, distance from health centers, marginalization, and their disadvantaged status in the community and dependence on other individuals, among others. These persons may be exposed to additional risks due to their vulnerable status, including the risk of missing out on vaccination given their inability to reach health facilities. This might be the case for the elderly, disabled people or people living in remote and marginalized areas. Homeless, illiterate people and people with no/limited access to main communication channels might also be at risk of not being aware of vaccination processes. Specific attention will be devoted to disadvantaged/vulnerable individuals or groups to ensure their current vulnerabilities won't jeopardize their access and rights to vaccination and to any information related to it. The National Vaccine Development Plan (NDVP) includes measures and/or policies to ensure voluntary consent for vaccination. To date, the Borrower has not planned mandatory vaccination for the public or for a defined group of people. If vaccination is made mandatory for the public or a defined group of people, regulations for this will be integrated into the NDVP, including any provisions for exceptions, due process, grievance mechanisms and restrictive measures, such as measures that may interfere with labor and working standards described in ESS2. Priority groups for vaccination have been defined in accordance with WHO and the Schémas d'Aménagement des Eaux (SAGE) values framework for the allocation and prioritization of vaccination for 20 percent of Mauritania's population. Submission to the COVAX facility aims to have enough doses to cover 20% of the Mauritanian population according to a prioritization agenda as follows : (1) health care personnel; (2) people over 65 years of age; (3) people with chronic illnesses; and (4) other essential workers and most at risk adults. However, due to vaccine hesitancy issues, the Government of Mauritania has opened up vaccination to its population of 18 years and over.

Although vaccinations have opened up for anyone 18 years and over, the government continues to follow the vaccination strategy in the NDVP, which aims to prioritize the vulnerable population, such as: 1) employees at gateways; 2) public transport drivers; 3) national education personnel (public + private); 4) armed and security forces personnel; 5) subjects aged 60-65; 6) prison population; 7) public administration employees; 8) subjects aged 45-59; 9) butchers; and 9) hotel and restaurant personnel in a first phase. In a second phase (CY22), the government would like to vaccinate as a priority an additional 10 percent of the population covering informal sector workers whose age exposes them, to a lesser extent, to Covid-19, and whose mobility and number of contacts exposes other, more vulnerable people to the risk of morbidity and mortality related to Covid-19. The second AF financing will also enable the government to cover parts of the third phase (33 percent of the population) with vaccine acquisition as well as vaccine deployment of vaccines that were donated and purchased by the government. This would enable the country to reach close to the 63 percent coverage target for the country.



The identification of people belonging to priority groups for vaccination will be carried out locally by health centers, using the registration systems of the National Health Service and, if necessary, through the collaboration of existing services outside the - National Security Stock. According to the respective institutional context, for frontline workers the identification of target population will be done by the managing entity or employer, in consultation with the health/police stations. Through the parent project, medical equipment, vehicles, personal protective equipment (PPE), chemical/biological reagents and other medical or laboratory supplies or materials have been provided to health service workers. Infectious medical waste generated by health facilities has been managed in accordance with the Medical Waste Management Plans (MWMPs).

To manage the risks, the MoH will prepare the following instruments: 1. An updated Environmental & Safety Management Framework (ESMF): the Borrower will update the first AF ESMF, updated from the PP to reflect the proposed new activities under the 2nd AF, identify additional potential risks and E&S impacts, and outline appropriate mitigation measures based largely on adopting WHO guidance, World Bank Group EHS Guidelines, and other good international industry practices (GIIP). The ESMF will be updated and finalized by project effectiveness. This ESMF will include an Environmental Safety Management Plan (ESMP) template for minor works associated with the rehabilitation of the health facilities; cold chain needs assessment for vaccine transport, storage and distribution and associated mitigation measures, MWMP template; updated Labor Management Plans (LMPs) for contracted workers to ensure proper working conditions and management of worker relationships, OHS, and to prevent potential sexual harassment; and an updated SEA/SH Prevention and Response Action Plan (SEA/SH AP) to propose mitigation measures to address SEA/SH risks related to the AF activities. The ESMF will also devote specific attention to data protection concerns and to risks of exclusion/elite capture. The ESMF will be updated to a standard acceptable to the World Bank and disclosed on the Ministry of Health (MoH) website and on the World Bank website by project effectiveness. Until the ESMF has been approved, the Project will strictly follow current WHO Guidance and avoid activities such as the establishment of isolation units and treatment facilities at scale.

The updated MWMP under the first AF will be used for this 2nd AF. Waste that may be generated from labs, screening posts and treatment facilities to be supported by the COVID-19 readiness and response project could include liquid contaminated waste and infected materials, both of which require special handling and awareness as they may pose an infectious risk to healthcare workers in contact with the waste. Informal disposal may lead to the contamination of soil and groundwater and/or further spreading of the virus to nearby communities. In order to mitigate the risks associated with Medical Waste Management (MWM) and disposal, the Project will ensure all medical waste is transported safely to the existing incinerators and invest in the procurement of appropriate waste management equipment, including containers and PPE, as well as in the training of medical, lab and waste management personnel to ensure compliance with MWMPs, WHO guidance and GIIP. Healthcare workers are particularly vulnerable to contagions: Healthcare-associated infections due to inadequate adherence to OHS standards can lead to illness or death. The MWMPs contain the protocols necessary for treating patients and handling medical waste, as well as EHS guidelines for staff.

ESS10 Stakeholder Engagement and Information Disclosure

Like the Parent and the first AF Projects, the social risks of the second AF remain moderate. Original activities under sub-component 1.3 (Communication Preparedness) will be maintained to ensure effective risk communication and



community/citizen engagement to raise public awareness and knowledge on the prevention and control of COVID-19 among the general population. New activities will be added to the sub-component to enhance multifaceted communications campaign as part of a broader social engagement and mobilization strategy to address vaccine hesitancy, with tailored content and channels, to target priority groups. The communication campaign will be implemented at all stages of the national vaccination rollout and will leverage mass media, social media, and healthcare workers. Activities that will be financed include: (i) the implementation of a national risk-communication and outreach campaign, demand creation, and community engagement plans for COVID-19 vaccines; (ii) ensure vaccines reach the target populations; and (iii) strengthen and adapt a Pharmacovigilance System (PVS) to be sensitive to detect (adverse Events Following Immunization (AEFI) for the COVID-19 vaccine.

Stakeholder engagement is a critical tool for social and environmental risk management, project sustainability and success. To ensure a participatory, inclusive, and culturally appropriate approach during the project's life cycle, the Borrower prepared a Stakeholder Engagement Plan (SEP) for the parent project in compliance with ESS10 requirements. The PP SEP updated under the first AF was reviewed to provide an update related to the 2nd AF. Potential stakeholders, other interested stakeholders, and vulnerable groups and/or persons remain the same as for the first AF. During consultations for the updated SEP, specific attention was given to the vaccine rollout strategy. The SEP was updated and disclosed prior to the project's appraisal. The SEP will also release routine information on the project's environmental and social performance, including opportunities for consultation.

An assessment of the current GM was conducted as part of the SEP, with updating to ensure it includes requirements in relation to the potential risks and impacts of the AF and measures that are accessible to potential new stakeholders. The current GM already has recommendations regarding SEA/SH, and was strengthened to include SEA/SH-sensitive measures related to vaccines, including multiple channels to initiate a complaint and specific procedures for SEA/SH, such as confidential and/or anonymous reporting with the safe and ethical documenting of SEA/SH. Further training will be conducted among selected Focal Points to improve their capacity for handling potential cases related to vaccine deployment.

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B.2. Specific Risks and Impacts

A brief description of the potential environmental and social risks and impacts relevant to the Project.

ESS2 Labor and Working Conditions

This standard is relevant. Most of the activities financed by the AF will mainly be carried out by health and laboratory staff. During implementation, the client will include existing Labor Management Procedures (LMP) in contracts, which will define how project workers are to be managed in keeping with the requirements of national law and ESS2. Due diligence is also necessary to ensure that the client meets requirements for child labor, forced labor, and occupational health and safety. The LMP will include measures to ensure that labor is provided on a voluntary basis and further ensure that the health and safety of workers, especially women, receives adequate attention. As such, these measures will also address risks related to SEA, as well as health and safety in the workplace for project staff.



As for the parent project, workers recruited under the 2nd AF will have to sign a code of conduct and be trained and sensitized in SEA/SH and GBV issues. The LMP for workers was updated to ensure proper working conditions and the management of worker relationships, OHS, and to prevent potential sexual harassment; and a GBV/SEA/H Prevention and Response Action Plan (SEA/SH AP) was updated to propose mitigation measures to address SEA/SH risks related to the AF activities. The prevention strategy adopted by the parent project will be maintained and reinforced as needed, with a procedure for entering health care facilities, including minimizing visitors and submitting them to strict checks before entering. The provisions referred to in the Infection Control Plan and Biomedical Waste Management plan will be enforced, along with a worker protection procedure with regard to infection control precautions. These requirements will be included in workers' contracts. All workers will be continuously trained in preventive measures and adequate signage will be placed in the appropriate places (public spaces, offices, etc.).

The plans also has details of the GM for workers and an outline of the roles and responsibilities for those monitoring workers; as for the project, the GM for workers also outlines specific procedures to ensure the ethical and confidential management and resolution of SEA/SH complaints, including the prompt referral of survivors to the appropriate support services. The operationalization of the GMs included in the LMP will be accessed and updated if need be by the time of project effectiveness. These different arrangements for dealing with the SEA/SH risk for workers with external companies must also be included in the tenders made to suppliers and in contractual documents. For health and laboratory personnel, a key issue to be addressed in LMP will be COVID-19 contamination. The project will ensure the application of OHS measures in accordance with WHO guidelines. The availability of PPE (especially a face mask, gowns, gloves, hand washing soap and disinfectant) should be ensured at all times to minimize the risk of virus proliferation in accordance with Environmental Health and Safety Guidelines (EHSGs) in general, and industry-specific EHSGs in particular, and follow evolving international best practices in COVID-19 protection.

ESS3 Resource Efficiency and Pollution Prevention and Management

This Standard is relevant. Pollution prevention and management—specifically medical waste management—will be a particularly important activity under the Project. Medical waste, including chemicals, contaminated PPE and equipment, and lab testing kits from healthcare facilities will need to be safely stored, transported and disposed of. Waste generated from labs, screening posts and treatment facilities (to be supported by the COVID-19 emergency response project) may include contaminated waste (e.g. blood, other body fluids and contaminated fluid) and infected materials (used water, lab solutions and reagents, syringes, bed sheets) with most of the waste coming from labs and isolation centers, and require special handling and awareness, as it poses a risk to healthcare workers coming into contact with it. Its informal disposal may lead to the contamination of soil and groundwater but, just as importantly, to further spreading of the virus to nearby communities. The current, updated ESMF pays attention to the cold chain for vaccine transport, storage, and distribution. The evaluation of the delivery and storage capacity of the existing cold chain under the Effective Vaccine Management (EVM) initiative, carried out in collaboration with the WHO and UNICEF, shows an overall storage country capacity of 97,307 liters. This storage capacity will increase to 100,093 liters through the acquisition of additional units. Capacity building will ensure the storage capacity is ready to



support the introduction of new vaccines by providing 18 electrified health facilities and 75 health posts without a cold chain, some in remote areas that are difficult to access. Systems and protocols for tracking their distribution are in place. The current ESMF, which includes a Medical Waste Management (MWM) Plan, complements the already existing procedures also include WHO COVID-19 guidance and other international good practice to prevent or minimize contamination from inadequate waste management. This Medical Waste Management Plan describes in detail the entire process and the responsibility shared between those responsible for the generation of infectious medical waste and its disposal. It also takes into account the challenge of moving within and between Mauritania urban areas and describes measures to be taken in most rural areas. This is reflected in the updated National biomedical Waste Management plan, updated under the 1st AF to consider waste from vaccination's activities, that will continue to be used under the 2nd AF.

ESS4 Community Health and Safety

Medical waste and general waste from health care facilities have a high potential of carrying SARS-CoV-2 and other microorganisms that could infect the community at large if they are not properly disposed of. There is a possibility for the infectious microorganism to be introduced into the environment if it is not well contained within health care facilities or in the case of accident or emergencies such as fire or natural disasters. The updated ESMF includes measures on Medical Waste Management, including: (j) how Project activities will be carried out in a safe manner with (low) incidence of accidents or incidents, in line with Good International Industry Practice (WHO guidelines); (ii) measures to prevent or minimize the spread of infectious diseases; and (iii) emergency preparedness measures. Health care facilities will follow specific procedures and protocols in line with WHO guidance on the appropriate waste management of contaminated materials; the transport of samples; and on the disinfection of workers before leaving the workplace to go back into their communities. With regards to the risk of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), the PIU has prepared and updated an SEA/H.

The Prevention and Response Action Plan, which includes an Accountability and Response Framework: As part of the Plan, the UGPE will map out and assess SEA/SH prevention and response actors in the project implementation area. The Plan is integrated in the ESMF and will be disclosed by effectiveness. The Project will also implement specific measures to prevent SEA/SH risks, relying on the WHO's Code of Ethics and Professional Conduct for all workers in the facilities, as well as the provision of gender-sensitive infrastructure, such as segregated toilets and enough light in quarantine and isolation centers. The Project will also ensure, via the above-noted provisions including stakeholder engagement, that facilities are operated effectively throughout the country, including in remote areas. Use of the security forces is not anticipated for the implementation of this AF. In case any party to an activity requests the involvement of security personnel, the Recipient shall ensure that security personnel follow a strict code of conduct and avoid an escalation of the situation in accordance with the requirements of ESS4 and in a manner acceptable to the World Bank. Government security personnel deployed to provide security or other services as part of implementing activities related to the Project shall be managed consistent with the requirements of ESS4 and in a manner acceptable to the Bank.



ESS5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement

As the PP and AF1, this standard is not relevant. Under sub-component 1.1: Strengthen national and sub-national COVID-19 case detection and clinical management capacities, the AF will invest in small works to rehabilitate existing health facilities. It will not however finance new construction or the expansion of existing ones. As such, no new land will be acquired or accessed, nor is any economic displacement expected to happen. Nonetheless, the Borrower will conduct regular E&S screening before the start of the works to ensure AF activities will not lead to resettlement issues or economic displacement.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

This Standard is not relevant. No construction or major rehabilitation activities are expected in this project and all works will be conducted within existing facilities. Hence, the likely impact of the project on natural resources and biodiversity is low. However, infectious medical waste could affect natural resources if it is handled and disposed of inappropriately. Special attention must be paid to the potential risk associated with the contamination of certain primates (local wildlife, such as monkeys). All the personnel involved in the project must follow the requirements delineated in the ESMF/ESMPs and Medical Waste Management Plan to ensure the safe handling and disposal of medical and hazardous waste outlined in ESS1 and ESS3.

ESS7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities

This standard is not relevant as there are no Indigenous Peoples/Sub-Saharan Historically Underserved Traditional Local Communities in the project areas.

ESS8 Cultural Heritage

Since there is no planned construction or major rehabilitation, this standard is not relevant at this time. However, out of an abundance of caution, the ESMF will include measures for “chance finds” of archaeological or other cultural heritage.

ESS9 Financial Intermediaries

This standard is not relevant for the suggested project interventions as no financial intermediaries will be used.

B.3 Other Relevant Project Risks



Relevant project risks include potential vulnerable peoples, e.g. those would may be exposed in highly rural areas, where medical care is not present, as well as refugees within refugee camps on the border near Mali.

C. Legal Operational Policies that Apply

OP 7.50 Projects on International Waterways No

OP 7.60 Projects in Disputed Areas No

B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts

Is this project being prepared for use of Borrower Framework? No

Areas where “Use of Borrower Framework” is being considered:

This project will not use the Borrowers’ Environmental and Social Frameworks in the assessment or in the development and implementation of investments. However, it will comply with all relevant environmental and social laws, policies, and regulations.

IV. CONTACT POINTS

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Borrower/Client/Recipient

Borrower: Islamic Republic of Mauritania

Implementing Agency(ies)

Implementing Agency: Ministry of Health

V. FOR MORE INFORMATION CONTACT

Public Disclosure



The World Bank

Second Additional Financing for the Mauritania COVID-19 Strategic Preparedness and Response Project (SPRP)
(P178100)

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Web: <http://www.worldbank.org/projects>

VI. APPROVAL

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